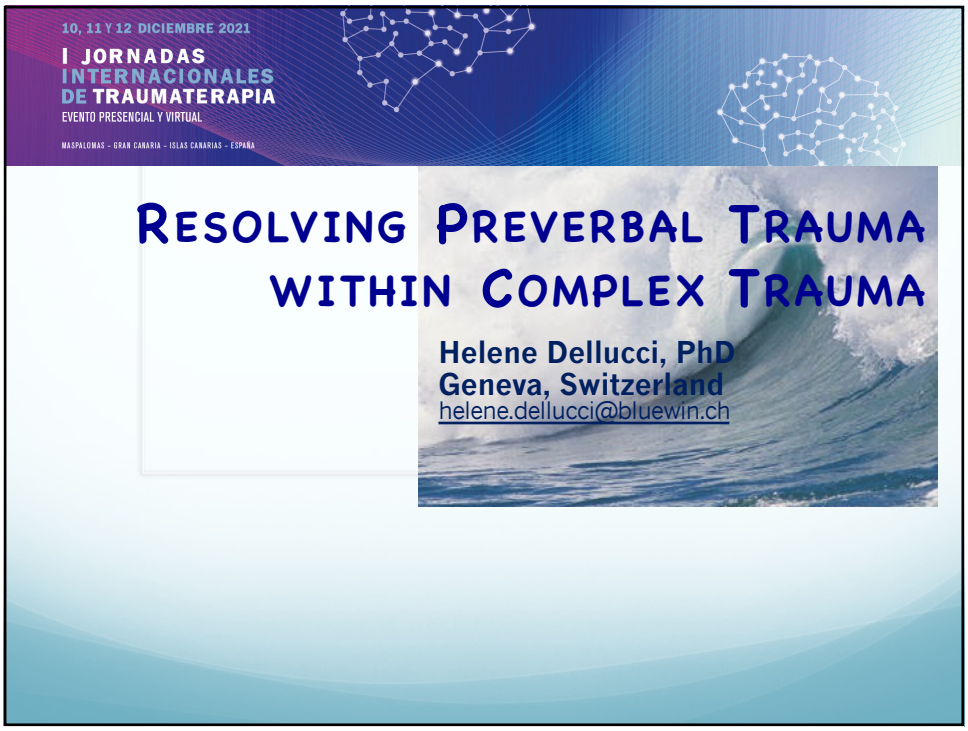

1

Preverbal Interactions : important components of the personality

- The importance of early childhood interactions is recognized in numerous therapeutic approaches
- Development of
  - Safe attachment
  - Social skills
  - Foundation of the Self
  - Learning of fundamental functions
    - Affect tolerance
    - Self-esteem
    - ...
- The quality of the relationship between infant and caregiver is crucial
- In order to learn confidence, a basic sense of safety, and important resources

2

Preverbal « Memories » a paradox ?

- Preverbal material are about „memories“, which are not connected to the semantic memory
- This means that they can not be put in words and they escape rational conceptualization:
  - They cannot be explained,
  - They are shared in other ways: by acting upon the interpersonal relationship
- These are about contents which are implicitly stored, in archaic brain zones
- Often, preverbal contents are only linked with body sensations

3

Physiological Basics

- Porges (2001, 2011) explains through his Polyvagal-Theory:
  - Hyperarousal aims to help us escaping danger
- In infants this is the attachment cry
- If the danger doesn’t stop, or when the body cannot fight or flee, there is a dorsal parasympathetic Activation and our body goes in Hypoarousal

4

Action systems aroused during Sympathetic Distress

- Hypervigilance
- Attachment cry
- Fight
- Flight

5

Physiological Basics

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6

Action systems in case of a life threat: dorsal parasympathetic arousal

Submission

Playing dead

Kollapsus

7

Physiological Basics

- The foetus, the new-born, and the infant cannot flee nor fight
- When the body senses danger, the baby cannot escape it
- Higher probability of a freeze response
- As well as physiological Hypoarousal

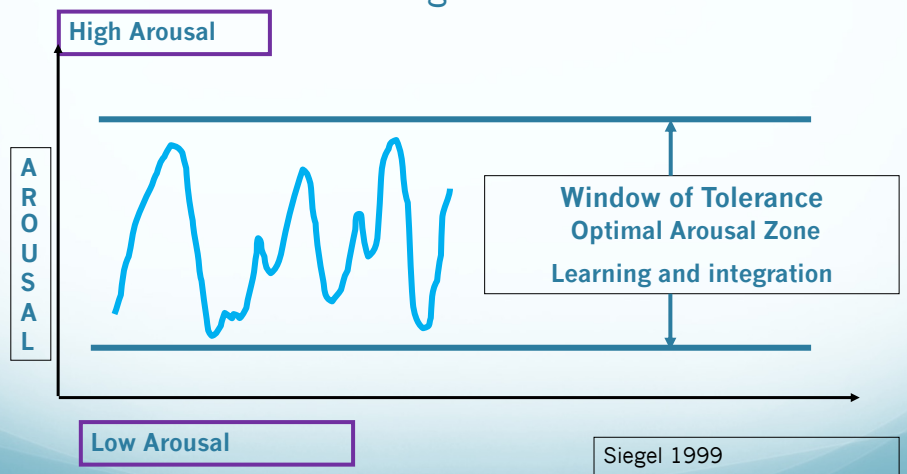
8

Freeze response
(Schore, 2003)

- No escape
- ↑ Sympathetic hyperarousal
- ↑ Parasympathetic hyperarousal (dorsal vagus)
- Immobilization
- Especially neurotoxic for the CNS of a developing child

9

Window of Tolerance
condition sine qua non for learning and integration



Siegel 1999
Ogden and Minton (2000)

10

Upcoming stress in babies

- The baby being in its window of tolerance is doing well, in connection with an adult
- If the baby gets stressed, by activating a sympathetic response, there will be activation of the attachment system
- If there is an adult reacting adequately, the stress will calm down back to balanced physiology

11

Stress out of the window of tolerance

- If the attachment cry doesn't receive an adequate response: the infant goes into panic, up to fear of death
  Hyperarousal > freeze response
- If the danger doesn't stop the hyperarousal switches into hypoarousal: with a slackening collapse response
- If this process in experiences again and again, it will lead to trauma networks, which cannot be named as such

12

Action systems

- **Panksepp** (1998) – emotional operating systems (containing behaviour, emotions, thoughts and social behaviour)
- Action systems – evolutionary based psychobiological systems involving limited response flexibility directed toward specific goals related to survival
- Serving the daily life functioning – survival of the species
  - Mediated by balanced autonomous nervous system
  - Mostly ventral parasympathetic system
- Defence reactions to danger and life threat – survival of the individual
  - Mediated mostly by sympathetic and dorsal parasympathetic systems

13

Action systems for daily life
(species survival)

- Energy management, looking for food
- Exploration – Curiosity
- Attachment Child<>Parents
- Care giving
- Friendship: cooperation
- Play
- Sociability and social ranking
- …

Panksepp, 1998[14]

14

Action systems

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Development of action systems

Innate separate systems at the beginning of life. In good enough conditions:

- Mature and develops influenced by experience
- Integrate during (child) development
- Become more flexible and incorporate wider variety of actions
- Integration in the child development is mediated by interaction with primary caregivers – within attachment interactions
- In cases of chronic childhood trauma, this is not possible

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Epigenetic Factors

- Research on rodents has shown that insufficient maternal care has a lasting effect on brain structures and hormone balance which are responsible for coping with stress (Liu et coll., 1997 ; Francis et coll., 1999)
- These authors interpret these mechanisms as epigenetic, i.e. these changes involve the expression of genes
- Other authors confirm these ideas and show that these effects are effective until adulthood (Weaver et coll. 2004)
- These researchers describe that these results do not only refer to animals, but that they can also be demonstrated in humans (Weaver et coll., 2004 ; Szyf et coll. 2005)

17

Hormone Factors - SHRP

- In Rodents (rats) there is the SHRP – Stress Hyporesponsive Period –
between the 4th and 14th day of life, where ordinary stress factors do not trigger a stress response (adreno-corticotropic hormone and cortisol)
- However, if a major stress arises, e.g. an infection, then stress hormones are still released (Levine et al. 2000). One of the greatest stressors is a lack of care due to a removal of the new-born from their mother for 24 hours
- This has a direct and strong effect on the hormonal stress response (HPA - hypothalamic-pituitary-adrenal). This stress response does not occur in animals that have experienced this time under normal care conditions (de Kloet et al., 2005)

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SHRP in humans

- This Stress Hyporesponsive Period has also been proposed for humans (Davidson et al., 2004)
  This period develops during the first year of life. However, the exact time is not yet clearly defined
- Infants between 12 and 18 months can react to new elements in their environment, but this is not related to cortisol levels (Gunnar & Donzella, 2002)
- It has been described that especially during this SHRP phase, the quality of early childhood interactions and care has an effect on reducing cortisol levels towards stressors
- The attachment type of the mother seems to play a role. Nachmias and coll (1996) have shown that moderate stress during the SHRP period causes increased cortisol levels in the infant when the mother suffers from insecure attachment

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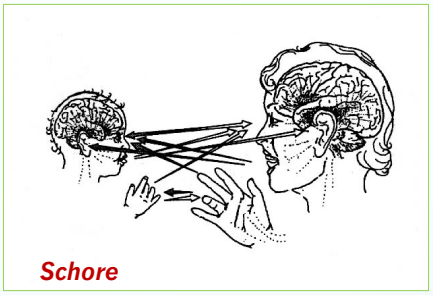
SHRP in humans

- Today we know that when a young child grows up in an environment where hostility and indifference prevail, that complex post-traumatic disorders then develop, mostly in connection with dissociative states and a disorganised attachment style (Lyons-Ruth et al. 2005)
- Clinically observed, we know that attachment failures and and repeated inadequate actions, unpredictable attachment figures at crucial moments, leave traces that we find again in our adult patients
- Hypothesis: these experiences are perceived by the young child's body as traumatic experiences, including the hormonal response, which are stored, leading to permanent changes in the way the person reacts and copes with stress in everyday life

20

Attachment interactions and development of the maturing brain

- What can I see in the in the face of the caretaker ?
- What can I hear ? putting words, vocalizing, between….
- What do I smell ?
- How am I touched, hold ?



Schore

How reliable are my primary caregivers for me?

Are they emotionally available again after separation?

How are they able to "act" on my emotions ?
Can they also withstand and regulate high or low levels of arousal ?

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Disorganized attachment pattern

Caretakers switch between

Anger — Fear — Unavailability — Taking care — back and forth

The child	The child feels himself as a threat for the caretaker	The child feels as being not-existent	The child experiences be taken care of
experiences fright, threat			

Consequence for the child: Feelings of permanent tension, confusion

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Early childhood traumatic relationship wounds

- When parents get out of the window of tolerance, it becomes difficult for them to calm the infant and meet his or her needs
- This can show up with a the lack of empathy, from parent to child, much less from child to parent
- The child is dependent on the adult and cannot survive without the caregiver

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Early childhood traumatic relationship wounds

So it comes that :

- A baby has a triggering effect on the adults preverbal trauma,
- that young children become attuned to the needs of adults
- and take on their shoulders problems from their parents, from a very early age
- This takes place in trauma as well as in developmental gaps

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Working on preverbal contents with EMDR

- **Katie O'Shea** (2001, 2006, 2009) has had the idea to target these preverbal periods with EMDR
- To prepare, she works on affect tolerance, to widen the window of tolerance
- Then she proposes to address 3 distinct periods :
  - The fetal period
  - The time around birth
  - The 0-3 years period

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Indications for processing preverbal content according to K.O'Shea

- Adoption
- Multiple foster families or home care
- Traumatic pregnancy or birth
- Emotional distress of the mother during pregnancy
- Development difficulties in the child
- Hospitalisation or surgery during the preverbal period
- Known neglect and abuse
- Alcohol syndrome at birth
- Unsecure attachment vulnerability

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Indications for processing preverbal content according to K.O'Shea

- Autistic Spektrum Disorder
- Asperger Syndrome
- ADHS
- Sleeping problems, eating disorder, elimination disordes
- If there has been or still is a strong and pervasive emotional burden
- If there are dissociative symptoms
- Somatisations
- When there is a non-coherent narrative
- Any intuition that there has been suffering during the preverbal

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Some more indications for processing preverbal contents

- Multiple phobias, anxiety disorder which doesn't get better through processing known events and triggers
- When the relationship with the parents is disturbed: parentification, inadequate behaviour
- A family trauma during this preverbal period: accident, loss, violence, ...
- Domestic violence between parents
- Divorce of the parents during this preverbal time
- postpartum Depression or other disorders in the mother
- A psychiatric disease of one of the parents
- Addiction of one or both parents
- Difficult environment impact : Migration, family isolation, poverty, ...

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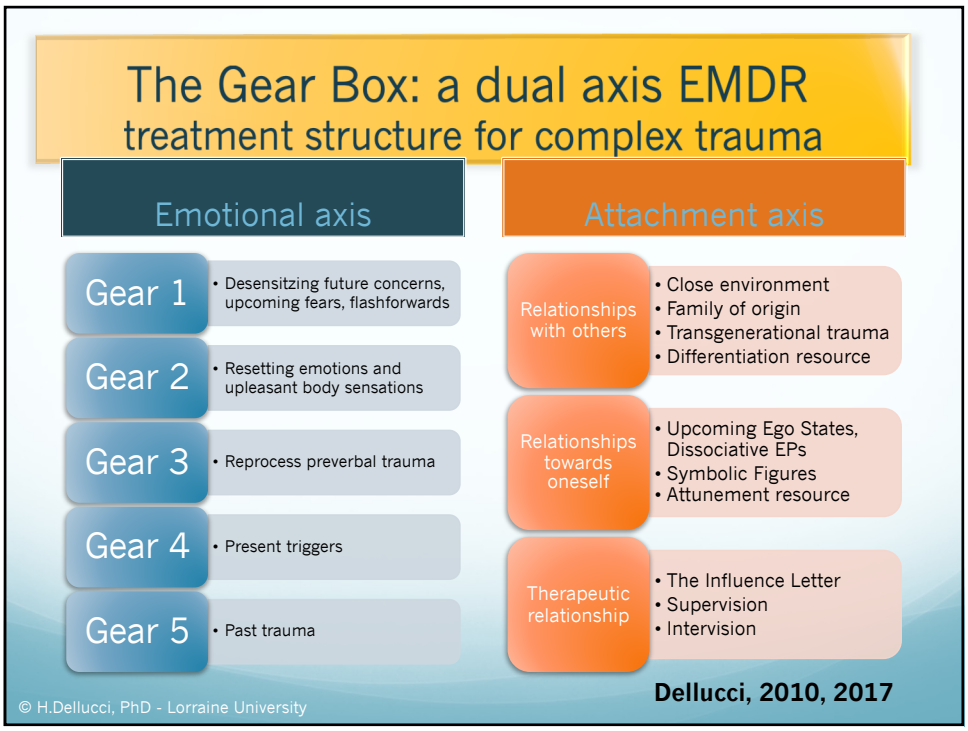

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Road Map: 5 Questions to navigate at each session

1. Is the client stable ?

- NO ⇒ go on with Stabilization
- If there is actue stress about a recent event which takes all the attention? Apply EMDR procedure for recent events and do stabilization, while focusing on the immediate needs and bringing back benchmarks of every day life
- YES ⇓ (go to the next question)

2. Where is the client on the safety scale ? Is the value below 5, or did it drop since last time ?

- YES ⇒ Ask what you could do as the helper, in order to help the client to feel more safe.
- NO, the value on the safety scale is satisfactory : ⇓ (go to the next question)

3. Is there a specific fear, which could affect/block our project today ?

- YES ⇒ Ask the client if she/he would like that this (irrational) fear could be less disturbing. If yes, focus on this fear with the standard protocol, while setting all trauma into the container.
- NO ⇓ (go to the next question)

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Road Map: 5 Questions to navigate at each session

4. Is there an emotion/feeling/body sensation, which takes up all the place?

- YES ⇒ Ask the client if she/he would like that this emotion/feeling could be less disturbing? If yes, work on resetting emotion with a reduced EMDR protocol (no cognitions in phase 3).
- NO ⇓ (go to the next step)

5. Today project

- reprocessing a past event
- Neutralizing a trigger
- Working on a letter (relationship trauma)
- **Reprocessing preverbal trauma**
- Targeting a transgenerational event
- Resetting an emotion/craving/…

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The gear box: **gear 3**

- **Goal**: reprocessing touchstone roots below dissociation
- **G 3: reprocessing preverbal trauma (preverbal memories)**
  - A: oscillation between resources, here and now orientation and safety and a stressful image and body sensation
  - B: directly reprocessing preverbal trauma
- 3 periods targeted
  - Foetal period
  - Perinatal period
  - Age 0 to 3
- After reprocessing the preverbal trauma, the desensitization and reprocessing often follows a normal process

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Why reprocess preverbal trauma specifically ?

- Having a specific frame for reprocessing early imprints makes this process on preverbal memories smoother and more understandable
- It allows being predictable ➔ a better affect tolerance ➔ more motivation
- The preverbal material is per definition under amnesia
- Often, preverbal trauma take place before dissociation
- The symptoms out of preverbal trauma have effects on attachment and on building the foundations of the Self (O'Shea): reprocessing them leads to
  - More secure attachment
  - More assertiveness: a better knowledge about own needs
  - Being able to set limits
  - A better self esteem

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Reprocess preverbal trauma with EMDR: How ?

- Directly: by using an adapted EMDR protocol while following the associative process as it unfolds
- With an oscillation technique between a resource and a negotiated time for trauma confrontation

What is necessary:

- A good therapeutic bond functioning with the quality of a safe attachment relationship
- The client having given informed consent:
  - « *Are you still willing us to work together about your preverbal experiences before the age of 3 ?* »
- Please set a predictable Framework :

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Reprocess preverbal trauma with EMDR: How ?

"We are going to deal with three distinct periods: first of all the foetal period, before your birth, then the time around your birth followed by the period from 0 to 3 years old. It is normal for you to have no conscious memory of these periods. The author of the protocol, Katie O'Shea, says that if there is preverbal trauma, our bodies and brains will find it immediately.
I'm going to ask you simply to let things come, without judging what emerges. There is no right or wrong answer. What comes up may be in the form of thoughts, images, impressions, bodily sensations or emotions. These may be impressive and all that you are required to do is observe whatever comes into your mind, while paying attention to and noticing what's going on in your body. As for me, if an emotion comes up, I will tend to continue the stimulation until it calms down, then we'll have a break, I'll ask you to breathe in and I will ask you what comes up. We're not looking for the truth nor for memories. What may emerge could be things that you may have experienced, perceived or picked up on, or things that have been passed on to you. We don't know. If something emerges, I will tend to simply accompany you and your brain will do the work.
You may say STOP at any time if you need to. How are you going to say stop? (Wait for the person showing her/his STOP sign.) *Ok.*
The bilateral stimulation takes place by means of tapping. Would you prefer tapping on your knees, or would you prefer it on your hands?"

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Reprocess preverbal trauma with EMDR: How ?

- Target : **Fetal period**
- « *When you think about yourself,*
  as a fœtus,
  being carried by your mother,
  in her belly,
  during the pregnancy,
  what comes to you now ? »
- Pay attention to keep the prosody of this rhythm
- Then desensitize the channel as usual

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Reprocess preverbal trauma with EMDR: How ?

- In these networks there are often hypoarousal symptoms emerging: pay attention about the clients' dual attention and reprocess these as usual.
- Stay focused on body symptoms !!
- Preverbal trauma reprocess along themes: there can be associations including the whole life span
- The themes during foetal period:
  - Existential themes: about being alive, existing
  - Transmitted material

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Protocol for reprocessing the foetal period

- During phase 4, as soon as there are two positive or neutral contents upcoming, and the client's body feels relaxed, you can go back to target
- If you go back to the target, and the upcoming material stays positive, and the body remains relaxed, please ask about a representation of the foetus.
- Take care that the representation is about the client (check for avoidance) in order to find hidden material to reprocess
- If reprocessing has been successful, then the client can access to a representation (an image) of an unborn foetus doing well.
- Then we measure SUDs. As long as the value is above 0, reprocessing continues. When SUD = 0, then do another BLS set to consolidate
- Phase 5: Define a positive cognition: *„When you think now about yourself, as a foetus, how it appears now, what are the words, which are coming to your mind, that say something positive about yourself ?"*
- The positive cognition is installed until VoC 7.
- Then comes the bodyscan (phase 6)

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Reprocess preverbal trauma with EMDR: How ?

- Target : **The time around birth :**
- « *When you think about yourself,*
  as a new-born baby,
  at the time of your birth,
  what do you notice/comes to your mind ? »
- Here abreactions are more frequent
- It is important, as the therapist, having the perspective of the new-born in mind, in order to model calm, good-natured attitude with adequate reactions
- Themes which are reprocessed around this period :
  - Attachment and its foundation
  - Things which happened at this time: hospitalization, incubator, deaths in the family, ….
  - The role given by the family

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Protocol for reprocessing the neonatal period

- During phase 4, as soon as there are two positive or neutral contents upcoming, and the client's body feels relaxed, you can go back to target
- If you go back to the target, and the upcoming material stays positive, and the body remains relaxed, please ask about a representation of the foetus.
- It is important to check, whether the representation is about the client, in connexion with an important attachment figure (check for avoidance) in order to find hidden material to reprocess
- If reprocessing has been successful, then the client can access to a representation (an image) of an new-born baby, doing well.
- Then we measure SUDs. As long as the value is above 0, reprocessing continues. When SUD = 0, then do another BLS set to consolidate
- Phase 5: Define a positive cognition: *„When you think now about yourself, as a new-born baby, how it appears now, what are the words, which are coming to your mind, that say something positive about yourself ?"*
- The positive cognition is installed until VoC 7.
- Then comes the bodyscan (phase 6)

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Reprocess preverbal trauma with EMDR: How ?

- Target : **The period between 0 and 3**:
- « *when you think about the little* [the name given at this period],
  between the age of 0 to 3,
  what do you notice/comes to your mind ? »
- Generally themes appearing:
  - The role, the client has taken in his family
  - Experiences and other events
    - about the client him/herself
    - about people around

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Protocol for reprocessing the period between 0 and 3

- Please use the name the client received at this period
- During phase 4, as soon as there are two positive or neutral contents upcoming, and the client's body feels relaxed, you can go back to target
- If you go back to the target, and the upcoming material stays positive, and the body remains relaxed, please ask about a representation of the little [name given at this period],
- If reprocessing was successful, the client can see the little one, worry-free, who is doing well
- Then we measure SUDs. As long as the value is above 0, reprocessing continues. When SUD = 0, then do another BLS set to consolidate
- Phase 5: Define a positive cognition: *„When you think now about yourself, as the little* [name given at this period], *how it appears now, what are the words, which are coming to your mind, that say something positive about yourself ?“*
- The positive cognition is installed until VoC 7.
- Then comes the bodyscan (phase 6)

42

What to do, if the process gets stuck ? (1/5)

Different situations

1. **Looping**: the clients stays over and over with the same content, the body sensation doesn't change

- Interweaves:
  What would this foetus/new-born/little one need ?
  What if … (describe an adequate action) e.g. the foetus would move?
  Who could be there for her/him now ?
  If the client has no idea, the therapist can offer suggestions by questioning
- What we need to keep in mind is presentification: helping this adult, today in 2021, responding adequately to the needs of the foetus/new-born/little one
- If the client's adults part isn't able to do so: bring in a symbolic figure, responding adequately, and ask the client to observe this interaction in order to learn vicariously

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What to do, if the process gets stuck ? (2/5)

Different situations

2. **The client goes out of the window of tolerance**: becoming more and more emotional, or withdrawing from the contact with the therapist, or using the STOP sign

- Stop the process and do Grounding and Orientation in the here and now, until the client is back. Don't let go until the clients' body is calm and the client is well oriented
- Discuss together, and evaluate what has been overseen, what the client would need in order to reprocess safely, until the safety feeling (in the client and also in the therapist) is satisfying again
- Either gear back (to gear 1 or 2) or continue with an Oscillation/Pendulation Technique

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What to do, if the process gets stuck ? (3/5)

Different situations

3. An **upcoming blocking fear**

- Set any trauma into the container
- Reprocess this irrational fear with an EMDR standard protocol (Gear 1)

4. **An emotion/feeling becomes pervasive**

- Set any trauma into the container
- Reprocess this emotion/feeling by resetting it through a standard Protocol without cognitions in phase 3 (Gear 2)

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What to do, if the process gets stuck ? (4/5)

Different situations

5. **Too many relational trauma with an important relative** are coming up and block the process (mother, father, elder brother/sister)

- Stop the process
- After having evaluated together, the therapist asks the client to write a letter to this important person
- Everything which doesn't belong to this letter, let it go into the container
- Work out this letter with the Letters Protocol (Dellucci 2009, 2017, 2019)

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What to do, if the process gets stuck ? (5/5)

Different situations

6. **Missing resources within the attachment system**: the client shows hostility/aggressivity/lack of empathy towards the foetus/new-born/little one

- Stop the process
- After mutual evaluation, install a fundamental attunement resource (Dellucci 2018) with EMDR
- To do this, please set up all trauma into the container

N.B: Here it is crucial to have symbolic figures available !

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The fundamental attunement resource with EMDR (Dellucci, 2018)

Installing an adequate response towards the inner baby, while keeping the cooperation system activated

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Installing a fundamental attunement resource with EMDR

How concretely?

1. Let's remember: Disorganized Attachment supposes in the same time :
   - An inner movement needing to be comforted, and
   - A phobia about any attachment dimension as it is wounded
2. We start by sharing with the client our view about attachment shortly:
   - explaining about the strange situation paradigm, the reactions of the little one, the controlling strategies, with simple words, allowing the client to recognize
   - coming to the shared conclusion that the little one might not yet received an adequate response. So this is what we will do together now.

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Installing a fundamental attunement resource with EMDR

3. Ask the client to set any trauma into a container. This is about resource installation
4. Ask the client to visualize himself between 0 to 1 year
5. Invite and guide the client to comfort the inner baby,
   while desensitizing all what comes up: fear, lack of empathy, hostility, awkwardness, ...
   by reframing this emerging material as the client being already in contact with this memory network.
   Go on with quick BLS until the body calms down, and the client can access an adequate response.

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Installing a fundamental attunement resource with EMDR

5. Remember that a response corresponding to a secure attachment is a quick, warm and adequate answer, I .e. answering the needs.
   It will be important to support, encourage and guide the client by providing him this type of response.
6. The goal of this reprocessing is for the adult part being able to take care adequately of the imaginary baby part

   This can take some time (up to several sessions) and interweaves. The most important is to go little step by little step by guiding the adult without letting go until there could be an adequate answer provided to the baby.

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Installing a fundamental attunement resource with EMDR

7. If the adult client cannot provide this accurate response, we use symbolic figures so to provide for the baby an adequate response.

   We ask the client to watch the interaction, and reprocessing continues, until the baby is calm and doing well, and the adult can watch this interaction while feeling touched

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But ...

- Several clients don't seem able to get any image of a baby, they seem having no idea of an adequate interaction
- Even here the process seems to get stuck by lack of imagination, despite a real desire to engage in this kind of work
- If the client has no internal image, we can get him/her one

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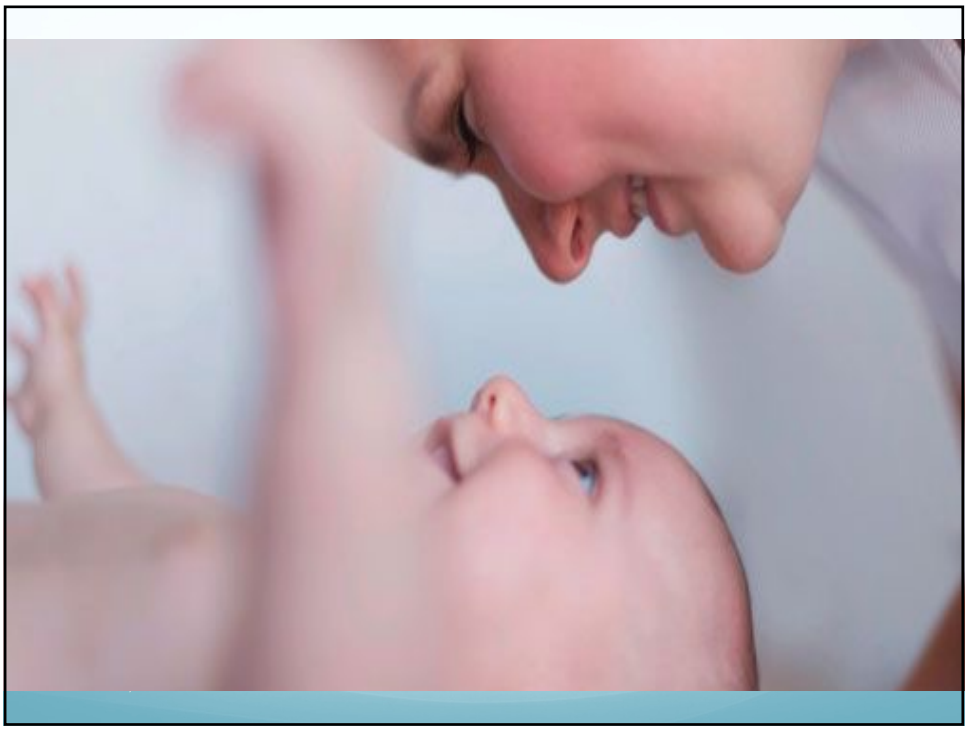

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Installing a fundamental attunement resource with EMDR

1. "what do you see?" please let describe the client, then BLS
2. If this is not possible, ask the client if she/he sees the baby who looks at the adult? Which is the emotion she/he sees in the baby while she/he looks at his expression? BLS
3. Does the client see the expression of the adult? Which emotion could feel the adult? BLS

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Installing a fundamental attunement resource with EMDR

4. If the client feels anger, resistance, phobia, hostility, or "nothing": "you are already connected to this part of you. Let you feel whatever comes up" BLS
5. Continue reprocessing until the client feels body feelings which come close to what the image expresses, and BLS

N.B: if the client feels nothing, look where this "nothing" (= mute, tense, frozen place, ...) is noticed in the body, and BLS

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Installing a fundamental attunement resource with EMDR

6. Then, explore which could be feelings and emotions which could be shared among the baby and the adult in this image, BLS

Go on with BLS until the clients' body is calm, the client well oriented

Then debrief about the exercise

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Building such a constructive inner bond towards the inner baby…

- Functions as an important resource installation
- If this succeeds, it will become easier to install other constructive inner bonds
- Whatever the client experienced in the past about neglect, abuse and despair

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Treatment plan for reprocessing preverbal trauma

- Stabilization
- Gear box emotional axis
  - Raising the affect tolerance
  - Foetal period
  - The period around birth
  - Period between 0 – 3
  - Specific events
- Gear box attachment axis
  - Relational resources (fundamental attunement resource)
  - Working about relational wounds with important people (Mother, father, sibling, …)
  - Phylogenetical dimension: Transgenerational preverbale Trauma

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Conclusions

- Preverbal trauma is always present in C-PTSD patients
- This can be targeted and reprocessed with an appropriate EMDR protocol
- Adequate attachment interventions are crucial in order to repair attachment issues, whatever happened during this life period
- Within a comprehensive framework which includes
  - Managing upcoming irrational fears
  - Overwhelming emotions/feelings/body sensations
  - Pervasive relationship wounds
- Relational stabilization needs specific tools focusing on the attachment dimension
- Research would be needed to confirm empirical practice

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