

# Reversing Intergenerational Trauma through the Application of EMDR therapy: Unburdening from the Past

Theme: Nurturing Communities and Transforming Lives through EMDR, Sub-theme: Case Studies  
Elaine LM Chua and Individual 10

## Abstract

### Introduction

This case study was a collaborative effort between therapist and client (Individual 10) to honor the legacy of trauma and transformation across two generations in a mixed ethnicity family on the city island of Singapore.

### Description

The transformative journey began from the pioneer years (born on or before 1949) of her grandparents, to her parents of the Majullah generation (termed young seniors in their 50s and 60s), eventually culminating with a young adult, whose life mirrored the terrors of childhood deprivation, emotional neglect, family dysfunctionality and disintegration.

The client's journey started at the point of realization that her fragile self-esteem, heightened social anxiety and fear of commitment in relationships were a by-product of childhood trauma, which had a profound and negative impact on her. She struggled with self-image issues and was burdened by daily struggles with anxiety and traumatic triggers in social situations, the workplace and within her immediate family.

As she reached her 30s, she determined that her parents' lives would not be hers and embarked on a healing process. First with talk therapy for a year then on-line sessions with a psychotherapist using primarily Cognitive-Behaviour Therapy. Thereafter, with an EMDR therapist (myself) to address the trauma from 30 years of her life.

This poster presentation will highlight the inevitability of the 'past in the present', provide an overview of significant clinical choice points and targets for EMDR reprocessing, discussion of client self-determination in the successful reprocessing of early childhood and present-day triggers.

### Learning Objectives:

- To highlight the socio-emotional and psychological burdens passed down the generations in a family struggling to survive in the pioneer era in Singapore.
- To illustrate clinical choice points and EMDR targets for reprocessing.
- To provide a discussion of client self-determination in the successful reprocessing of childhood and present-day triggers.

## Introduction

### Definition

M. Nickerson 2010 (updated 11/15/2023) defines Intergenerational Trauma :

"The transmission of trauma or its legacy, in the form of a psychological consequence of an injury or attack, poverty, and so forth, from the generation experiencing the trauma to subsequent generations. The transference of this effect is believed to be epigenetic—that is, the transmission affects the chemical marker for a gene rather than the gene itself. The trauma experienced by the older generation is translated into a genetic adaptation that can be passed on to successive generations. The trauma reactions vary by generation but often include shame, increased anxiety and guilt, a heightened sense of vulnerability and helplessness, low self-esteem, depression, suicidality, substance abuse, dissociation, hypervigilance, intrusive thoughts, difficulty with relationships and attachment to others, difficulty in regulating aggression, and extreme reactivity to stress."

### Global Examples of Intergenerational Trauma

- Ireland where a period of conflict known as The Troubles (1960s – 1998)
- Studies on the impact of the Holocaust by Yehuda et al on epigenetics. Offspring of Holocaust survivors, namely third gen survivors were found to higher levels of PTSD, depression and anxiety.
- Adverse Childhood Experiences by Felitti and Anda highlighted the "correlation between childhood trauma experiences and obesity, diabetes, depression, liver disease, cancer, stroke, chronic obstructive pulmonary disease and broken bones".

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## Assessment, Presenting Difficulties and Goals

### Assessment

Early childhood attachment deprivation and disruptions,  
Chronic neglect  
Psychological and physical abuse  
ACES > 4  
DES = 16.7  
Likely to have complex trauma, PTSD and possibly ADHD, though not diagnosed

### Presenting Difficulties

#### Self:

Poor self image  
Persistent anxiety symptoms  
Persistent depressive symptoms  
Fearful of long-term commitments  
Retreats when guys show interest

#### Work:

Suicidal ideation everyday waking up for work  
Triggered daily in social situations

#### Family:

Intrusive thoughts (Core memory of father's violence)  
Weight concerns relating to poor nutrition and consistent food supply  
Anger outbursts towards mother  
Chest pains when father came to mind

### Treatment Goals

#### Self:

*To go through a day without being angry with people*  
*To work through trauma relating to parents and grandmother's ill-treatment, chaos in the home, and be able to trust again.*  
*Being at ease in social situations.*  
*To be alright and to belong even though different.*

#### Work:

To be consistent, calm, open, and positive  
To be focused at work and not overly anxious  
To be able to work differently and be alright with it

#### Family

To be alright and 'safe' when father is visiting,  
To be able to draw healthy boundaries with father  
To be different from family members and alright with it

#### Relationships:

To be able to relax with guys and be able to have close relationships without being triggered  
To be able to trust again  
To be able to have intimate relationships

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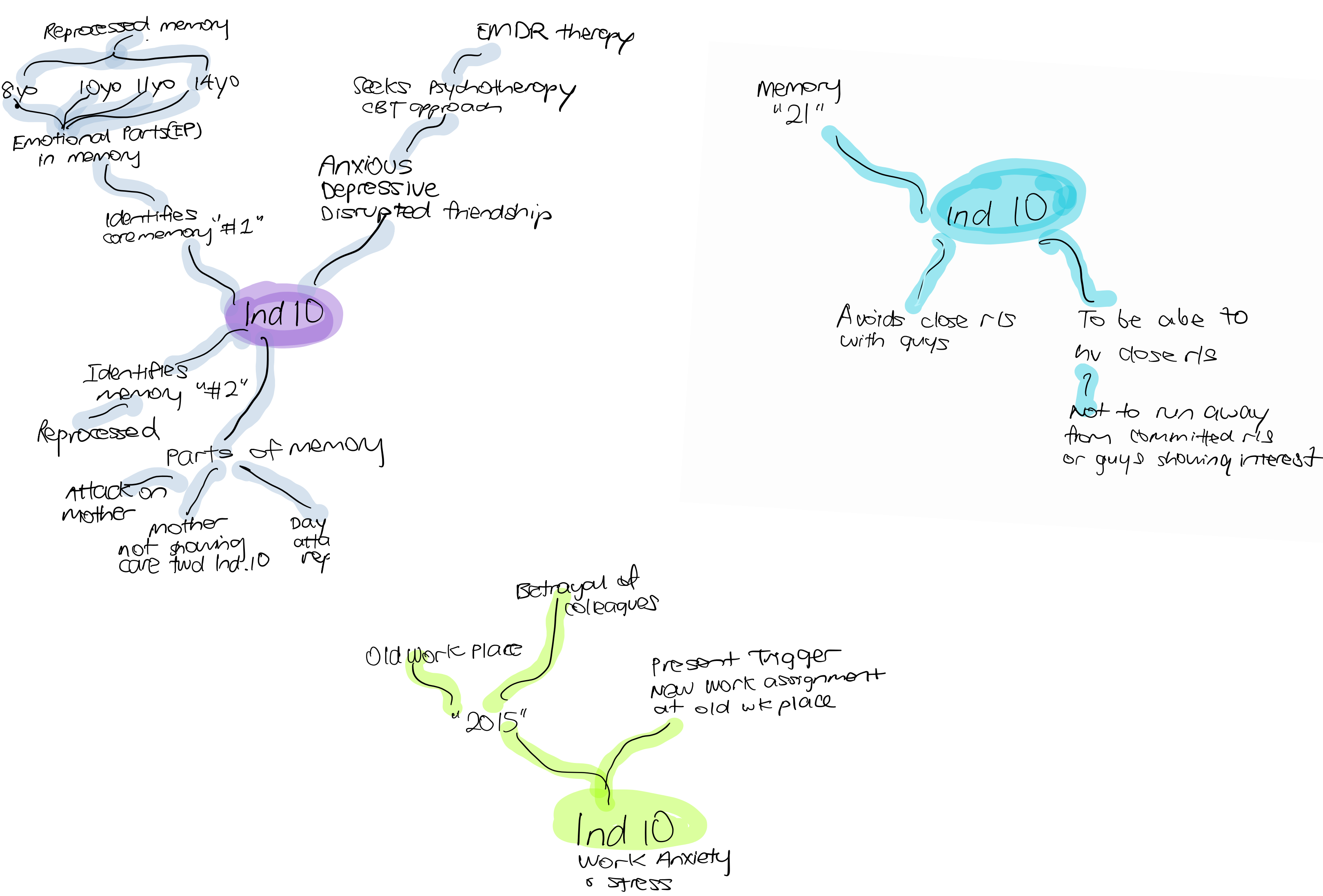
## Interventions

EMDR Protocol used:  
8 phase protocol  
Clinical landscape (Past, Present Future)  
Parts work  
EMD  
Loving eyes protocol

### Intervention Adaptations- Therapeutic Story

Therapeutic Story for young parts to 'unblend' and reintegrate with time orientation, being acknowledged and appreciated, shed and share roles, be cared/shown compassion for as young parts.

### Mindmaps and Clusters of Memories



### Interventions – Session Outline Phase 1-7

- Stabilization and preparation (resourcing)
- Reprocessing starting with most difficult triggering and difficult experience from the past. “No. 1” (touchstone memory)
- Present triggers (Chest pains when father visits, lashed out at male friend, discomfort with close proximity to guy on a bus)
- Future template ( To be consistent, calm, positive and open) and relaxed and safe when father visits

### Phase 8

At session 7, Individual 10 continued to experience memory “No. 1” as neutral; no negative charge.

## Interventions

Set up TICES for “No. 1” in session 5.

Phase 4-7 Standard Protocol with 14yo self. NC: I’m not safe. PC: I’m safe now. VOC: 3. Feelings: Alone. Sensations: in eyes, chest, heaviness.

Session 6, SUDS was 0 VOC 7 PC : I’m safe now

14 yo self relinquished role of protecting self and mother.

## Internal Family Systems and Parts Work

Session 12, cluster memory “no. 1” had 4 EPs :  
14yo part, 11yo part,  
10yo part, 8yo part

TICES for each EP was elicited and reprocessed separately, then again as one memory.

### Results and Reflections

- Able to go back to old work place with fewer triggers and greater self-awareness and aware and comforting to activated part.
- Able to focus and enjoy her work a lot more.
- Appreciation and compassion for parts through increased knowledge of emotional parts.
- Emotional parts unburdened from trauma of the past. Adult could reintegrate with EPs and manage feelings of fear, confusion, danger, lack of safety and security.
- Able to set boundaries with father after young parts were connected with adult self.
- Able to extend compassion towards mother. Acceptance of father.

EMDR gives space for client to make connections between disjointed memories on her own.

Process gives permission to young parts to validate their experience of abuse and neglect.

Process empowers young parts with words and expression of thoughts, unspoken emotions, for traumatic memories stored in the body (“name it to tame it” by Dan Siegal)

Recognizes client's resilience and tenacity of mind and spirit, resourced into useable strengths.

## Reflections of the therapist

### Limitations of Case Studies

- Lack of scientific rigor which make it impossible to generalize.
- Personal opinions of clinician implicit in report (may be biased).
- Difficulties replicating as findings are unique to this case.
- Process is expensive and time-consuming (over 40 sessions).
- Extent to which qualitative data could be analyzed was limited by time and nature of data.

### Implications for Clinical Practice and Research

**Resource Allocation:** Future research should examine the effects of Adverse Childhood Events across generations and assess the economic burden of trauma-related mental health issues on the current population.

**Evidenced-based policy development:** Quantitative and qualitative studies of individuals who have experienced childhood trauma to inform policies aimed at early identification and intervention for at-risk children and families.

**Intergenerational focus:** Studies on the transmission of trauma to inform policies that address individual and family, as well as, community-level interventions, breaking the cycle of trauma across generations.

**Training and Education:** Research findings can be used to develop guidelines and training for educators, healthcare providers, and social workers to recognise and respond effectively to signs of childhood trauma.

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