

CLINICAL CASE OF A RELEASE: IN WHICH THE GHOSTS WERE TRANSFORMED INTO ANCESTORS AND WERE ABLE TO REST.

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Abstract: *It is about the treatment of a 14-year-old girl who lives with great anguish and fear, to the extreme that she cannot attend school, occasionally she cuts herself and talks about suicide. Throughout the treatment - in which psychiatrists intervene and EMDR is practiced - multiple traumatic elements appear, some from previous generations, which are analyzed and allow an excellent recovery of the girl. It is worth noting the extensive teamwork between the main therapist, Molet, the auxiliary therapists, the parents and the psychiatrists for this success. Atlas' book (2022) and the discussion with her about the case at the IX Conference of the IARPP (October 21-22, 2022), gave meaning, a posteriori, to all the work done.*

Key Words: trauma, transgenerational transmission, ancestors

This interesting clinical case that we have discussed with Dr. Galit Atlas in the IX Conference of the IARPP, has been, and continues to be, a difficult therapy, with a lot of complexity and a lot of pain. We have a patient identified as a pathological member of the family, but there is a complex context in which she lives. To understand what is happening and to be able to start the process of change, we have to work with the whole system, with all the members of the family. There is a mutual and reciprocal influence between the patient and her family.

Tiana is the name of my patient. Disney's "The Frog and the Princess" is the name of her favorite movie. We can think of the meaning of the metamorphosis concept as a process of change or transformation. One interpretation or approach may be that Tiana is attempting to move past her traumatic emotional heritage to live her own life. Actually, she chose the name, Tiana, one session after we talked about certain family secrets that were kept to protect her. All the therapeutic work we did session after session can also be condensed in her way of healing.

Tia-na - AUNT designates a close relative, the mother's or father's sister. In my patient's life there are three figures of aunts who are, or have been, determining factors in her history; two of them are present in her present life and, and the first and most important one was forgotten and has been remembered through the meticulous, precise and artisan therapeutic work that we have been doing both with Tiana and with her very helpful parents. I personally believe that intuition never fails and that it is very important to be able to listen to it.

Tiana

Tiana was 14 years old the first time we met, a year and a half ago. She suffered several symptoms; when we started, she came to our sessions extremely sad and devitalized, she did not attend her school regularly, she harmed herself and had suicidal thoughts. She was also bullied at school. Tiana, [like Eva in chapter 1 "Life and death in loving encounters" of Atlas (2022)] is the eldest of 4 siblings in a family where unconsciousness and emotional death abounded.

Tiana used to say: "I HATE MYSELF". We picked up this statement and began to hear it from the language of shame: in whose eyes did she feel hated, ashamed? We have been working to get through the feeling of shame, and also, to transform her feeling of devaluation, of her devalued identity, her feeling of smallness and the conviction of being crazy, of being weird, insignificant and we did this in such a way that she can accept herself, that she can feel proud of herself and dares to be herself.

Sometimes she is fully present (she is alive) but at other times she is absent-frozen. Tiana goes offline to avoid feeling her intense pain, trying to hide her fear. I realize that in her attempt to spare her parents and herself her pain, she can't see just what's in front of her eyes, which requires putting her life on hold [as in Atlas chapter 8 (2022) "Dead brother, dead sister"]. How can we, as psychotherapists, get our patients' lives back on track? This has been the main goal of our sessions: to help her connect or reconnect first with herself, and then with others. She needed to feel and digest her own traumatic experiences and those of her family. Also, she needed to reconnect with all the emotions that were too painful or distressing to connect with.

I was concerned about the intense suffering she was experiencing, so at first I focused the sessions on the most painful and dangerous symptoms, those that alarmed her parents the most: her suicidal thoughts and self-harm, but always with an open mind, listening with a second ear to capture what remained unspoken. As her condition began to improve somewhat, Tiana, for a short period of time, developed a new pattern, a defiant behavior disorder. We established a series of therapeutic resources of professionals from our team, Hogar Relacional, to help her and her family in the best possible way: a psychiatrist to regulate the medication and an EMDR practitioner, during a short but productive period.

In an effort to survive, Tiana had to be in a "Don't Remember" mode, dissociated, which allowed her to keep her pain as far from her conscious mind as possible. But now she has begun to feel, to think, and she wants to know more about what has happened to her. We have been identifying and transforming the emotions that she felt "too much" and that she felt as dangerous. It was time to remember, to start connecting with all the traumatic past.

In September we introduced EMDR, Eye Movement Desensitization and Reprocessing, (an intervention developed in more detail by Concepció Garriga in the next section of this paper) which helped me sort out Tiana's mental and dissociative chaos, after having found out about a traumatic experience. in a ski accident. We were on the way to the process of emotional integration.

In the following sessions I raised the concept of "psychic equivalence", according to which Tiana recognizes that she feels internal reality as if it were external and real; the flashbacks that he suffers are felt as real events that are taking place now instead of as past memories, because among other things, she does not remember them. There is an empty space, a nebula (dissociation).

The antidote to psychic equivalence is to be present and fully aware, and secondly, to mentalize or reflect on what is happening. This is what leads to realistic perception.

In the course of a session she told me of the following experience: she was lying in bed terrified and unable to move or speak. As she was explaining it to me, she was distraught and worried that she would go crazy! She couldn't articulate words, but in her head she was screaming: "Dad, mom, HELP!!!" and she drew a figure very similar to Munch's scream (a terrified scream she couldn't articulate when she was trapped, hanging from the chair lift, the day she had the ski accident, drowning before going into a coma). This is the traumatic memory that she did not remember and she could not feel. Gradually the dissociated and disconnected parts of her self appeared.

On several occasions I had asked her parents if Tiana or other members of the family had suffered traumatic experiences that would allow us to understand her degree of dissociation, and they always answered no, until one day they asked me: "Do you remember that we told you that Tiana three years ago had a ski accident? I said yes, but they hadn't given me any more details, so they went on saying that Tiana had been in a coma for a few weeks. It struck me that such a dramatic event had been given so little value as a traumatic experience. They had never discussed how she had experienced it or how the patient or themselves had felt. All of this unformulated experience was buried deep with a complete lack of attunement. Perhaps that deep, deaf cry was related to the ski accident.

From that moment on, a chain of traumatic experiences began to emerge, thanks to the psychotherapeutic work and also thanks to the EMDR sessions that were carried out in parallel, which helped her remember and reconnect.

Present and transgenerational traumas

As I have previously pointed out, Tiana had suffered bullying. But when we began to talk and remember the ski accident, some ideas from the past reappeared: the hypothesis that both the parents and Tiana had considered at some point about whether she might have been pushed by a partner, instead of falling off the chairlift alone. This could explain, in part, her difficulties in attending school. Tiana had also suffered other traumas that she did not remember: she had been abused by a music teacher. A fact that she had never talked about before. These are the present traumas, behind of which were those transmitted transgenerationally that emerged throughout the treatment.

Her father's name is the same as that of an uncle of his who had died in a traumatic accident just the day before he was born. This also struck me, but there was no emotional resonance in the parents, they were even surprised when I gave it so much importance. I realized that both Tiana and her sisters and brother had been named after relatives who had died in tragic circumstances or had had life-threatening experiences. Clearly there was a legacy of transgenerational emotional inheritance. Neither her mother nor her father were aware of their unconscious desire to bring his relatives back to life.

Her favorite aunt had committed suicide when Tiana was 5 years old. She just disappeared from her life. The “official” version was that she had moved to work abroad. Tiana often felt a “PRESENCE” at night. In sessions with her parents we sought to understand what was happening to her. When they told me that Aunt A had committed suicide, I talked to them about the importance of telling their daughter the family “SECRET” themselves. Perhaps it was her aunt's ghost that needed to be released and rest like an ancestor? How deep did these secrets live in her body and in her mind? Maybe a part of Tiana went with her. In an attempt to shield her parents from the pain, she managed to keep these memories, these events, forgotten, disassociated and hidden from her mind. In part she knew them, although she did not remember them. The reality is that “our unconscious minds are always loyal to our loved ones and to the unspeakable fact within their souls. So, while something familiar lives inside us, we treat it as a stranger” (Atlas, 2022).

Childhood secrets are formless events that leave traces in our minds, but have no narrative attached to them. They are skeletons of our existence. They remain hidden within us while they mold and shape us. This has been the case with Tiana. When we co-construct a narrative, formulated and verbal, our patients can feel alive; revitalized, like Tiana.

Our last session was especially emotional. She began by saying “I am much better, I no longer hate myself, I have accepted myself”. This sentence is the opposite of I HATE MYSELF from the first session. I feel her aliveness. She has started at a new school. It is surely a necessary change to kick start her life that was on hold, to meet new companions, and to leave the old school in her past and to look forward to her way/ path to healing.

EMDR intervention by Garriga in Tiana’s therapeutic process

Since July 2021, I had known that Molet was working with a 14-year-old patient who presented multiple signs of unrecognized, and therefore unprocessed, traumatic situations. Due to the symptoms that Tiana presented, Molet suspected either that Tiana had suffered her own traumas, or that she was a carrier of traumas transmitted from previous generations. Initially, she was inclined to work on “known elements”; in case there were other underlying ones, they would eventually come out.

Molet told me about her plan for all of us to support this family, when she still lacked a lot of data that would verify that this necessity. As she herself says: “we have to trust our intuitions”.

Tiana is the eldest of four from a highly cultured family living in Barcelona. In July 2021, they arrived overwhelmed by the bizarre behaviors (difficulties with eating, self-harm, absences from school, relationship difficulties, bad behavior at home, impulsiveness, suicidal ideation, ...) that their daughter had presented since January and the consequences they had for the whole family (irritability, yelling, difficulty meeting the emotional needs of all members since Tiana absorbed almost exclusively the attention and dedication of her parents,...).

It is very likely that Tiana has high intellectual capacities, since at the age of 14 she was already very fluent in French and English, she wanted to study space sciences, she was interested in quantum physics and she also knew the language of music and played the clarinet. At the level of sexual orientation, at that moment, she was interested in girls and had a girlfriend. Nowadays her election is heterosexual.

At that time, Laura had just opened Hogar Relacional and several colleagues joined the project, so when it occurred to her that this was a case that we could work on together, it seemed like an excellent idea given the level of complexity and the multiple needs of this family.

On the other hand, there was a psychiatric service to which Tiana's family went that, that same July, suggested an immediate admission and medication that Laura ruled out as too invasive, being as it was that she envisioned an alternative treatment.

She asked me to address her traumatic situations with EMDR¹, a task to which I applied myself in September 2021, as soon as they returned from vacation.

By then, some of these underlying traumatic elements had already emerged thanks to the input of Tiana's parents, who were very cooperative throughout. They talked about many situations of bullying at school and about a skiing accident in which Tiana almost lost her life, and which required a short hospitalization, but which, as it came to nothing, they had downplayed, and, after a few sessions, Tiana remembered some sexual advances from her clarinet teacher when she was 8 years old, totally inappropriate for her age and context.

With the help of her parents, I made a list of traumatic situations that I understood could be addressed with EMDR to see if, through this technique, she would be able to progressively modify her belief system about herself so that they were of a more positive nature.

From the list of traumatic elements listed (see Tiana's EMDRs²) in increasing order from the youngest to oldest, we did number one: that of the clarinet teacher, in

¹ EMDR stands for eye movement desensitization and reprocessing (Shapiro, 2001), a therapeutic technique consisting of encouraging the patient to make eye movements (EM) following the right-left movements of the therapist's fingertips with the aim of induce the desensitization of his/her traumatic elements and their reprocessing. In addition to eye movements, tapping (alternate tapping on each knee) or alternate sound in each ear can be used. EMDR therapy is a treatment for acute and chronic post-traumatic stress disorder (PTSD), caused by an episode that is harmful to the subject.

The word stress comes from engineering. In its application to biology, it is defined as a conditions that seriously disturbs an organism's physiological/psychological homeostasis (de Iceta, 2002)

² EMDRs Tiana

1. 8-10 yo. Clarinet teacher, hip movements, sexual abuse. 2016
2. 9 yo. Year 4 Tiana was emotionally weak. 2017
3. 9 yo. Tiana and Celia on one side and the rest on the other. Socially Tiana didn't seem to open up to other kids in the class.
4. 9 yo. September 2017. First phase, Tiana was afraid to express her opinions or disagree with Celia's points of view.
5. 9 yo. Celia poured derogatory opinions and judgments on Tiana very frequently.
6. 9 yo. Celia took school supplies from him.
7. 10 yo. Tiana was too influenced by Celia.

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8. 10 yo. Celia started to pressure Tiana with challenges and started giving Tiana lists of challenges. Examples include getting 50+ in calculus [when they did it later and Tiana got 49, Celia told her she was dumb, slow, etc], not doing any wrong math for a week, keeping the glue stick clean, sucking on the wall during recess [Tiana did], etc.
 9. 10 yo. That sucks the seat of the FFCC. Tiana resisted and they reached their destination.
 10. 10 yo. Every time he didn't meet a challenge, Celia gave him a new one,
 11. 10 yo. Celia is granted possession of the truth by Tiana. Before ratings on movies, Celia said that she had put three stars to one and that Tiana had put one. Tiana told her that she had put two stars, but Celia told her "what are you saying, you have put one".
 12. 11 yo. Stringing bracelets became Tiana's top priority one afternoon. Her parents brought the wrong kind of bracelets. He was upset and cried a lot.
 13. Celia asked Tiana for her agenda. He began writing Gabriela's name on various dates. He had to antagonize her for a week, and if not for a month, and if not for a year, and if not for a century.
 14. Also in the agenda he wrote that he had to ask to be with Didac.
 15. She had to tear out a "miss" from the booklet and change the date of another.
 16. She had to say "I hate you" to Gabriela.
 17. Written by Celia "If not, you will suffer."
 18. Tiana remembers that, on one occasion, she sucked on the garbage, she ran to rinse her mouth in the fountain, and she repeated this three times sucking on other things she doesn't remember
 19. Celia was the queen, Nico the princess, Tiana the "tester" and Tanit the slave. At a time when Tanit was not there, Tiana had to suck the floor in the dirtiest place. Tiana finished off with her tongue reaching for dirt. Celia told her that she had to swallow it and Tiana resisted but she thinks she remembers that she did.
 20. Tiana "tester": Eating glue. Celia poked the point of her pencil into the stick of glue, making a lump the size of a chickpea or something smaller. He said "Here, eat it". Tiana answered "Swallow?". "Yes. Don't look at it so much, eat it now, until you've eaten it I won't let you go to the bathroom. Tiana ate the glue. However, Celia told her that she could no longer go to the bathroom to rinse herself off.
 21. Tiana told Celia that she didn't like challenges. To Celia, she replied that instead of 10 challenges, she would pose 8 but strong ones.
 22. One day he gave him the challenge of serving himself a lot of food, choosing what he least liked, and finishing it all. That afternoon at home he did not want to eat dinner.
 23. Celia: "What bothers me the most is your face" "When you make this face, I'll give you another challenge." "Tiana you are pathetic, you are useless."
 24. Celia: "Does this seem normal to you?", which made her feel like an adult was scolding her.
 25. Celia: "What sports do you do? rhythmic gymnastics, this is very little sport". That day Tiana cried in the presence of the babysitter and her sister, but did not reveal the reason.
 26. Celia often judged Tiana's work. Celia: "this is fatal. Have you seen your handwriting? Do you find this normal? Tiana: "I'm getting better." Celia: "Well, I don't see the difference between these two letters."
 27. Celia: "I wish Tiana failed the English exam and that Constanza and Gabriela would pass" [Tiana got the best grade out of the three].
 28. Celia asked Tiana multiplications, and when she took a while to answer, she despised her "you don't know anything, you do it fatally, you have no idea about anything".
 29. One day he reproached her: "You do it fatally, you don't even know how to turn a rope. Does it seem normal to you?"
 30. When Celia was class president, she asked Tiana to put messages in the mailbox so that the assembly would be longer and livelier. Tiana didn't agree with the papers she deposited, but she did.
 31. When Tiana was president, Celia told her "You will be a very bad president, your assembly will be a pain." On this occasion, the challenge consisted of Tiana writing a "I like you" saying that she liked a boy.
 32. On one occasion, Celia cut Tiana's pants with a cutter, making a hole. He told her that this freed her from one of the challenges he had set for her.
 33. Celia asked Nico to convey a message to Gabriela and Constanza, according to which Tiana said that Gabriela believed she was the best in rhythmic gymnastics and Constanza was her lap dog.
 34. Nico believed that was true and conveyed the message. Celia told Tiana that she had helped her with the challenge and that she should play along. Tiana met Constanza and Gabriela that day at the English academy. She could see that they were very angry with her. Tiana asked Constanza if Nico had conveyed that message to them. Constance denied it. Tiana told her that if she did, they shouldn't believe her because it was a challenge.
 35. They both encouraged Tiana to share it with her parents. Tiana told him everything. That same night (Thursday), we made an appointment with his tutor, whom we saw on Friday afternoon. We told Tiana that during that day she had to be strong and that everything would be fine. Tiana told Celia that she had shared the secret with Constanza and Gabriela. Celia was worried. Tiana apologized for doing it. Celia said that they should lie, that it would remain between the two of them.
 36. Gabriela and Constanza told Tiana "How could she have understood that you wanted to continue with the challenges? Who would want to continue this? Tiana was shaking with fear and anguish.
 37. Celia told her "I can do very bad things, you are really earning it". Tiana tried not to talk to her and to get through the assembly as quickly as possible. Anguished, Tiana asked her parents not to go to Chino's extracurricular activity, in which she coincides with Celia. He feels so much better having talked.
 38. Tiana was irascible, disobedient and treated her sisters badly.
 39. Accident Boí – T- between life and death.
 40. 3. German teacher, winked at her. 2019

which Tiana was able to modify her negative belief from “I am responsible” to “I am not responsible for my teacher's behavior”; we also did number two with which she was able to change her negative cognition, from “I am boring” to “I am fun”; and we started working on the third, where the belief “I don't have a personality” was replaced by “I have a personality”. She then interrupted her participation in the EMDR sessions. She adduced the predictability of the technique and that she could not avoid cheating her participation.

Trauma

It is often recognized that a patient has suffered some trauma because it presents characteristics of post-traumatic stress disorder (PTSD), which, according to the DSM IV-TR (APA, 2002) occurs when a person has been exposed to an event that :

- a) It represents a real danger to his/her life or his/her physical integrity is threatened; or when he/she witnesses an event where there are deaths or injuries, or there is a threat to the lives of other people;
- b) The response to these events is of intense fear, hopelessness and horror, manifested by recurring and intrusive memories and activation symptoms: nightmares and difficulties in falling asleep or staying asleep; concentration difficulties; psychological discomfort; and irritability.
- c) The event exceeds a person's capacity to respond and his/her usual coping and defense mechanisms, which is why he/she experiences feelings of reduced interest, restricted affective life, and a limited future (T. Talarn, personal communication, 7 May 2003).

There are Traumas (with a capital T): accident, rape, surgical intervention..., which are characterized by a single traumatic episode; and traumas (with a small t), which take place repeatedly and/or continuously, such as: omission of care or relational trauma; physical, mental and/or sexual abuse, in which the psychological development of the boy or girl (who will later become adults) is trapped and stuck in the affective distress of children: fear, impotence, helplessness, inability to choose, lack of control, inadequacy,... something that does not allow him/her to reach the mature adult perspective: responsibility, security, self-control, confidence in his/her own abilities to make decisions; In short, they cannot reach maximum development in any, or in few, of the five modules of the transformational modular model: 1) self/heteropreservation; 2) self-esteem; 3) psychobiological regulation; 4) the search for sensual/sexual pleasure and 5) in a relational context of secure attachment (Bleichmar, 1997).

The concept of *historical trauma* explains the profound impact that the wounds of history have on the psychological functioning of people, which is transmitted transgenerationally (Grand and Salberg, 2017, Salberg and Grand, 2017), they are "the emotional and psychological wounds that they emanate from massive group trauma and accumulate throughout life and from generation to generation" (Brave Heart, Chase, Elkins, & Altschul, 2017, p. 252). Historical events that have long-term psychological consequences include collective catastrophes such as war, famine, forced colonization, and genocide even in the absence of war. Historical trauma has a profound impact on the psychological makeup of those affected. Historical trauma is associated with

emotional distress, specifically depression and anger. When someone is in psychotherapy, looking for the possible roots of their individual and interpersonal conflicts in historical trauma has significant beneficial effects, as can be seen in some clinical cases (Garriga, 2012, 2018, 2019; Hosseini, 2017; van der Kolk, 2014).

Basic premises of EMDR

The brain has an innate information processing system prepared to achieve adaptive resolution (model of adaptive information processing, MPIA) (Bower, 1981; Lang, 1979). A trauma can unbalance and stop the system because it disturbs its psychophysiological homeostasis.

From a neurobiological model, the relationship between stress and memory/learning is complex (Bleichmar, 2000; de Iceta, 2002); traumatic experiences produce intense and vivid memories that last over time, but it is also true that they deteriorate memory, even inducing amnesia (its dissociative effects) (Terr, 1995).

Facing a stressful emotional stimulus, a double circuit is activated: 1) neural (ascending synaptic connections from subcortical to cortical, from the hippocampus and the amygdala to the frontal cortex and the associative areas) and 2) endocrine (catecholamines) that has a deteriorating effect. It is more serious on memory/learning the more defenseless the subject is.

Most pathologies are born from early negative experiences (when helplessness is greatest), according to most psychopathological theories. The pathological structure is formed on unprocessed or detained information (physiologically stored in procedural memory) so that the person, in the present, continues to react in the same way as they reacted in the past, at the time of the trauma.

During the experience of trauma, the catecholamines released block the innate processing system of the brain, isolating the information, storing it in a neural network that contains the emotions, beliefs, and physical sensations of the traumatic moment (Shapiro, 2001; van der Kolk, 2014).

EMDR is based on empirical observation of the beneficial effects of bilateral stimulation (eye movements/tapping/sounds) on emotional-cognitive processing. This fact was discovered by chance by Shapiro in 1987 (Shapiro, 2001).

EMDR works with *dual attention*: the traumatic memory (traumatic neural network) and current awareness. It is based on the hypothesis that bilateral stimulation reactivates the innate processing system, which allows the memory to be integrated through the connection of neural networks and becomes adaptive. The essence of the treatment is the restoration of a neurological equilibrium (Freud, 1919/1981; Janet, 1889; Krystal et al., 1989; Pavlov, 1927; van der Hart, van Dijke, van Son and Steele, 2000). Although Shapiro (2001) is based on an empirical observation of a personal experience of the beneficial effects produced by bilateral eye stimulation, which have been experienced

repeatedly with multiple people, what follows is his attempt to give a theoretical foundation to her technique. These effects have not been possible to contrast empirically by other rigorous studies. Shapiro's (2001, p. 339-343) explanation is that eye movements have a direct effect on the brain, via the optic chiasm and the corpus callosum, producing beneficial hemispheric synchronization (Drake, 1993) similar to REM phase of sleep. Bihemispheric activation functions as a pacemaker for the limbic system that facilitates cortical function (Bergmann, 2000).

EMDR would "clean" the neural channels of traumatic elements. There is disturbing information stored (locked) in a traumatic neural network, the person has other adult adaptive neural networks and cannot make new connections between them. With EMDR stimulation, both networks are connected until the information is assimilated and no longer bothers.

Through EMDR stimulation, the unprocessed and traumatically stored information can be transmuted into adaptive information. During the processing with EMDR, releases of deep tensions at the body level can be produced. Then the changes can happen quickly and easily. The therapist's training must enable her to appreciate the relevance of what is happening.

The EMDR technique

EMDR is an interactive, intrapsychic, cognitive, behavioral, body-oriented and client-centered therapy, whose therapeutic objective is: accessing stuck memories, processing them and reducing/eliminating symptoms. It is compatible with other therapeutic methods: cognitive-behavioural, Reichian or bioenergetic, Gestalt, psychodynamic...

EMDR integrates the past with the present (it has one foot in the past –in the traumatic memory- and one in the present –in the current negative cognition); updates and modifies the belief system (negative and positive) about oneself; and connects the emotional world (focuses on emotions/feelings) and the body (sensory perceptions) in a very fast and systematic way. That is, it works with multiple experience channels.

Particularly, in 2011 I required a period of psychotherapy and decided to try EMDR. It did me good, and I also realized that this technique had a benefit that I valued very much: the speed with which the application protocol places the person in multifocal attention between the mind, the body and the emotions while maintaining a part of the self acting as an observer.

EMDR simultaneously brings to mind: the traumatic memory; the person's negative belief about her/himself associated with the experience/memory; the present emotion and attention to the body in the here and now; to which must be added, in a second step, that the person will end up with a positive belief about her/ himself. My hypothesis is that all this multichannel focusing of attention manages to put memory in a labile state (Bleichmar, 2001).

As Bleichmar (2001) wonderfully develops in his extensive article on the reorganization and reconsolidation of memory, it is precisely this moment of lability that makes it possible to add elements to the cognitive system that were not in the original situation. What happens with EMDR probably has to do with this phenomenon, and this is what makes it so therapeutically effective. For a positive change to take place, it is not enough to relive in itself, but it is necessary that at the moment of remembering -at the moment of this labile state of memory- a change occurs; that the original memory is *reinscribed*, giving rise to another experience, another meaning (Bleichmar, 2001). The same "EMDR protocol application sheet" makes it possible. While, in the desensitization phase, the negative belief score associated with the traumatic memory is lowered to a disturbance level of 1 or 0 (on a scale of 10), this moment of lability is generated, but calmly, since EMDR also produces a relaxation response (Shapiro, 2001, p. 338). The main task in the reprocessing phase is to connect with a linked positive belief and integrate it into the neural network. It is at this moment that the memory is reinscribed with the addition of the person's positive belief about her/himself. That is, the memory is positively *resignified*.

On the other hand, the fact that EMDR is "an interactive, intrapsychic, cognitive, behavioral, body-oriented, and client-centered therapy" (Shapiro, 2001, p. 54), that is, that it is highly integrative, encouraged me to be trained in this model, which I did in 2012-2013, with the purpose of having one more technique available in my toolbox. Its efficiency and speed in placing the person in the state of labile memory that I have just described, with all the channels open simultaneously: memory, beliefs, emotion and the body; explicit and procedural memory; plus my experience of its therapeutic efficacy in the re-inscription of traumatic memories with a new positive valence, finally convinced me³.

It is essential to have a plan to follow for each patient: the author herself is very flexible about this although she prefers to start with the oldest and most disturbing childhood memory (Shapiro, 2001). In a recent work (Bongaerts, Van Minnien and de Jong, 2017) I read that you can start with the most traumatic episode. Personally, inside the folder of each patient to whom I apply EMDR, I have a colored sheet (so that I can easily find it) where I have recorded their traumatic history in increasing order, from the oldest event to the most recent, as can be seen in my list, and I'm getting tics as I "clean up" traumatic episodes.

Reflections of Carmen Aranda, therapist of the second daughter of the family

This sentence from Dr. Atlas' book, "Emotional Inheritance", will allow me to start my reflections on the family:

³ I want to make a point, at this point, about the advisability of training with the official EMDR association if you want to apply this technique. Doing the training has, among other advantages, that its application is done uniformly throughout the world. But in addition, the members of the association acquire the commitment not to train on our own. Therefore, I appeal to the responsibility of whoever wants to apply this technique so that he/she is officially trained in order not to detract from the rigor and homogeneity of the method.

“Each traumatic experience is retained in each family in a unique way and leaves its emotional mark on those yet to be born”

As we are going to see, traumas are transmitted from one generation to the next as a silenced emotional inheritance, which traps future generations, preventing them from living with their full potential. Tiana's case is an example of what happens.

We know from experience that family matters are not a simple issue, since, as we have mentioned, the burden of inheritance has a specific weight that does not arise or take a concrete form at the beginning of the treatment. Causes, secrets and empty narratives are created due to the lack of prospective function and mentalization within the family that cause a false self for the following generations, leading them to loneliness and confusion in which events occur (trauma) in future generations.

Tiana's case has plenty of lack of narrative and of the traumas of previous generations, and how these have left their mark on the present generation. We will begin by saying that within the family there is an (unconscious) tradition, which is to name future generations after relatives who died in tragic circumstances. For example, the father of the family that we have introduced to you bears the name of an uncle who died the day before his birth. The mother is named after an aunt who, after being tortured, had a psychotic break; the eldest daughter is named after an aunt, whom they do not know, who suffers from a mental illness; the same is true of the second daughter, my patient, who is named after a relative who died in a plane crash, and the son, who is named after a paternal uncle who died in prison during the war.

We understand this fact as a way to uniquely retain the traumas of the family. Their own way to move forward without entering into painful events, but which are at the same time very present at an unconscious level, is to bring the dead of the past to the present. If we understand names as a repairing role, we see that the history of this family is full of ghosts, their names hold the hopes that parents have in their children, contain the past and project into the future. As Dr. Atlas explains, to name someone after the name of somebody who died in tragic circumstances, is an attempt to relive what was lost; to repair and resurface the trauma; and to re-establish the survivor's guilt. Such guilt is held by the parents in an implicit, unconscious and defensive way. At the moment they cannot recognize the traumas and the feelings that they generate for them out of fear; the fear of breaking the loyalty of those they love. To find out about the meanings is experienced as a betrayal (Atlas, 2022).

As Dr. Atlas mentions, what happens if what you don't remember is actually remembered despite your best efforts? Well, then one gets sick, one gets mentally and physically sick, one starts running away so as not to listen to what is happening to you, you run away from things that hurt and apparently don't make sense. When this happens, feeling immersed in madness is the meaning of life. The person, then, becomes an object and ceases to be an agent of a life of his/her own.

As is shown and can be seen in the clinical case, the absence of a narrative of traumatic events has caused enormous damage to the emotional contact system of these family members from one generation to the next. This has prevented the prospective function for them, whose purpose is not to be trapped in the fate determined by the family history, but to build their own model and be agents of their own destiny (Atlas, 2022).

This is the way we understand that dissociative and denial defenses, together with a great role of intellectualization, occupy a large space within the current family. To understanding from the cognitive realm calms the sensation of hopelessness that these parents feel in the face of the dysregulations of their daughters, because feeling sadness and pain is experienced as something pathological. This leads them to a tireless search for diagnostic classification. To pathologize what happens, allows them to understand, make sense of, and calm those great efforts to not remember what is actually present.

Picking up the second sentence, "What happens if what you do not remember is, in fact, remembered despite your best efforts?", allows us to delve into epigenetics, a developing discipline that shows how the environment intervenes in the transmission of intergenerational trauma. This discipline takes us into the interaction between genetics and the environment, and helps us understand the activation or deactivation of certain genes in early development in relation to the environment and the attachment and bond figures.

Bond marks and trauma are intimately related to life experiences, biological program and environment. Epigenetics understands that environmental signals are manifested in molecular signals that will dictate the functioning of the genome and influence its instructions (Monrós, 2021).

Postnatal development is conditioned by experiences and learning. An environment rich in experiences will allow greater brain and cognitive development (Monrós, 2021), that is, dendritic arborization helps new neural connections, and these depend on the environment. As a summary we will divide the brain into three parts:

- 1) Reptilian brain (Hypothalamus), this brain area continues to develop postnatally until 8 months after birth, here the hypothalamic pituitary adrenal system is found and develops. It is in charge of stress regulation from 0 to 8 months. The safety and survival regulation system generates in this brain area. The pre-verbal memories that permeate the body through hormones are found in this area. This first brain interacts with the
- 2) Emotional brain (Amygdala, Hippocampus) where the episodic memory is located. This "brain" helps to build the language of emotions and the I-You, giving way to the system of otherness. If everything goes well and the security regulation system establishes good connections for stress regulation, the otherness system builds words that identify emotions. Then an adequate migration of neurons will move to the
- 3) Prefrontal lobe (Neo Cortex) that will give way to the will regulation system. This last system comes into play from the age of 7 and

develops consciousness, intellect, conceptualization, time/life/death and symbolization. So, we call neurogenesis to the movement of neurons from one area to another and to its dendritic quality. A nurturing environment, bond and safe relations are neurogenic aspects, so psychotherapy is neuroreparative (Monrós, 2021).

Studies have shown that the GR gene (located in the hippocampus) is susceptible to stress, its function being affected by early experiences of stress and trauma. The epigenetic marks generated by the quality of parenting cause a cascade of physiological events that affect the emotional and behavioral, as well as the developing psychology, just as it happened in Tiana's case, that we are presenting. Throughout this process, the segregation of different hormones (serotonin, dopamine, oxytocin, cortisol), in interaction with the environment, marks the transmission of trauma. For this reason, complex mental pathologies are a group of environmental and relational factors that, due to genetic polymorphism, make it easier for the subject to have a greater vulnerability to events.

As the therapist of the second daughter in the family, my vision is that understanding the family dynamics is a crucial element in doing our job. Molet and I have been working and discussing the elements that were emerging so as to give shape to an explanation of what initially puzzled us.

We have understood that past traumas make all family members suffer a lot. A father and mother who experience their own suffering, and have gone through it without being able to look at the past, have possibly suffered acute pain. They want to avoid showing it so as not to cause more suffering to their loved ones or, as mentioned before, betray them. Not being able to become aware of one's own state has facilitated the absence of an "emotional holding", a term coined by Winnicott, which refers to the necessary support to the growing baby in order to enable him/her to establish a secure bond. Family relationships that don't make possible to develop this emotional bonding give way to maternal collapse which cause ambivalent-avoidant ties. These kind of ties lead to confusion and the absence of individualization of family members.

Discussion

During the sessions of the conference we had the opportunity to ask Dr. Atlas some questions. In this section we will discuss and elaborate them.

Molet wonders who Tiana identifies with between the princess and the frog in the Disney story. The answer is explicitly given by Tiana when she says: "I identify with this princess because she is not stupid like the others. She is independent and intelligent". Intelligence is the most valued trait in her family. Both her mother and father are scientists. At another time, Tiana also said that she doesn't like princes because they tend to be arrogant; That she prefers frogs. Dr. Atlas talks about the ambiguity and even resistance of patients. She says that patients want to know, but at the same time they are afraid to know. She states that parents live within us and that, in the case of Tiana, there is this ambivalence between what is forgotten and the desire to know. In this family the

problem is what is forgotten: there is the forgotten aunt; the forgotten ski accident, the history of tragic accidents and forgotten family deaths.

In one of our last sessions, Tiana's father used the expression "to swallow the frog". Tiana laughed and said: "Dad is the frog". In the story, when the princess kisses the frog, it turns into the enchanted prince. The toad/frog is all about transformation. Hope and health. The desire to transform pain into health and healing.

Dr. Atlas understands that her own and transgenerational secrets and traumas kept Tiana frozen. Stop life/freeze. If she wakes up, she connects and she is healed. This is what we have stimulated, among all the therapists; to wake up, to understand that what happened to her was not banal, but that being in a coma is traumatic; being inappropriately touched by the music teacher is abuse; ignoring that her aunt has committed suicide becomes a taboo that cannot be talked about, and the combination of all these elements generates the emotional discomfort (anguish/worry) in which she lives submerged. In short, her therapists perceived that Tiana was able feel; was able to be alive... We, her therapists, got down to work to see if we could make sense of her situation so that she could get out of it.

The frozen experience is the state in which "Sleeping Beauty", the princess, was plunged, who at the age of 11 woke up as a sexual woman. She had been frozen and forgotten. It is a silenced mute experience. Although this was not the case with Tiana. What happened to her was that at this age her clarinet teacher touched her inappropriately and she drifted away from the world of music.

Dr. Atlas explains that the identified patient (in this case Tiana) is the family member who appears as "sick", the one who expresses the family's problems, and the one who sustains the family pathology. The whole family projects the pathology onto one member. The identified patient is like the "garbage can" of a family, who carries a lot of what does not belong to her.

The ski accident, which is a trauma suffered by Tiana, is unconsciously connected to transgenerational traumas. Dr. Atlas explains that the ghosts of the unspoken, which form the transgenerational unconscious, connect with current traumas by placing themselves in empty spaces. So, continues Dr. Atlas, although the patient has forgotten the link with the trauma, when she's at work, she (Atlas) tries to listen to what has not been said; she tries to listen to what the patient does not tell us, but that they know somehow, and when she thinks she has figured it out, she confronts her ideas with the patient. She does the detective work of classic Freudian psychoanalysis.

Dr. Atlas also introduces the notion of "survivor's guilt." It refers to the fact that often people who survive others who have died feel guilty for having survived; for example, children who outlive their siblings. There are multiple layers of trauma, sometimes guilt keeps them from connecting.

Names are a significant element in Tiana's story. As we have seen, their parents named their children after people who had tragically died. Putting these

names is equivalent to a desire to revive the dead person in a newborn; it is a desire to repair the past; and also, a way to feel less guilty. Doing so, that is, transforming a victim into a victory, is experienced by adults as a form of reparation. Like a “We don't give up! “. Like the Phoenix bird.

Tiana's story is full of emotional ghosts. Her family thus tries to be loyal to the people they loved. They are not allowed to betray them. Giving their names to their offspring, they stay close to those who left. Thus, the names are very significant and are connected to the emotions they evoke; the name is a role and a role is assigned to it, says Dr. Atlas. Names may have to do with:

1. The hopes that parents place in their children, related to the characteristics of the person who died.
2. The origin of the name and its meaning may not seem to make sense, but often, when inquiring, their meanings appear.
3. The name can express the parental feeling towards the child, their way of loving him/her.
4. To find out who named the baby and what roles they have in the family, both the one who names the baby and the name they give are often significant.
5. Names as a memory of the past, but with a projection towards the future.
6. A name can be someone the parents loved. By giving it to a child they may place expectations and responsibilities on him/her.

Conclusions

This clinical case is a good example of how we work as a team in the relational approach. First, by trusting our intuitions, which are based on our years of psychotherapeutic experience, and then trying to verify them. Molet has put a large group of people to work around the Tiana case, so that they were generating hypotheses and threads to pull from. The first level of collaboration was the parents, who agreed willingly and concerned. Molet managed to make them participate in the spirit of inquiry (Lichtenberg, 2003) that moved her, which facilitated their involvement without mobilizing neither their guilt nor their shame. The contributions of these parents were decisive in unwrapping the multiple threads that formed the tangle that confused Tiana.

Another fundamental level of intervention by Molet was to stop the psychiatrists who wanted to admit her, which was important to gain the trust of both Tiana and her parents because she showed them how carefully she looked after their well-being. Then she brought in another team to help with the medication.

She then introduced EMDR, which allowed her, Tiana and her parents to talk about the traumas that Tiana had suffered. EMDR made clear that, sadly, the list of traumatic elements was very long and had to be addressed.

Another step was to incorporate a vision of the family as a complex system in interaction, and to see that there were other damaged members and Molet tried to put them in treatment, too. She introduced Aranda as another children therapist.

And little by little the ghosts that haunted them came to light: the aunt with whom Tiana was well linked who committed suicide and her parents told her that she had gone abroad; the relative who died in an accident and who gave his father his name; another relative killed at the beginning of the war, who gave his name to one of the brothers,... they could vanish as ghosts and become ancestors with an understandable story behind them.

For all these reasons, we came to hypothesize that Tiana's life was on pause and that we had to "unpause" it, that is, to put it back into motion. A mother-therapist was needed to do this job, not a prince, who would help her to be reborn thanks to being able to listen to what was in the empty spaces. This work allowed us to process the traumas.

The therapists invited Tiana to life while being alive, with the capacity to tolerate and sustain pain, and to recognize guilt. Our work is about making connections, about establishing links between the past and the future, since trauma breaks everything; fragments it. To push the process ahead we had to help Tiana to answer these questions: Who was I before? Who am I now? In which direction do I walk?. "Reliving our ancestors' pain allows us to reference the traumatic past as a way to imagine a possible future, a trajectory from chaos to order, from hopelessness to agency, and from destruction to re-creation. In this sense, our work is a way to process and recall past liberation, and also look forward to future redemption" (Atlas, 2022, p. 236).

"When we can learn to identify the emotional inheritance that lives within us, things start to make sense and our lives begin to change. Slowly, a door opens, a gateway between present life and past trauma. On our way to healing, that which seemed impossible now becomes tangible, the pain diminishes, and a new path appears – to love" (Atlas, 2022, p. 236).

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