

## Academic/Research Article

# Wounded healers: An exploration of psychotherapists' experiences using the Intergenerational EMDR protocol in adults with childhood trauma

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lived experiences integrating the Intergenerational EMDR protocol into clinical practice with adult survivors of childhood trauma.

## Literature review

Generations are boxes within boxes; inside my mother's violence you find another box, which contains my grandfather's violence, and inside that box . . . you would find another box with some such black secret energy (Morrow, 1995, cited in Maté, 2019 p. 216).

This quotation illustrates the idea at the heart of intergenerational trauma; that what is unresolved in one generation can be passed on to the next. The American Psychological Association (APA, 2023) defines intergenerational trauma as “a phenomenon in which the descendants of a person who has experienced a terrifying event show adverse emotional and behavioral reactions to the event that are similar to those of the person”.

Intergenerational trauma is a complex topic, first described in 1966 (Danieli, 1998). Intergenerational transmission of unresolved trauma and attachment patterns is believed to pass from parents to children through behaviour, family dynamics, and

*This article explores the experiences of psychotherapists integrating an attachment-informed Intergenerational EMDR protocol into clinical practice with adult survivors of childhood trauma – an area with limited research*

## Introduction

Intergenerational trauma can be transmitted to family members across generations without direct exposure to the original event (Isobel et al., 2018). Eye Movement Desensitisation and Reprocessing (EMDR) is an evidence-based trauma therapy (de Jongh et al., 2019) and the Intergenerational EMDR protocol is an attachment-informed intervention for adults with childhood trauma (Brayne, 2022).

There is limited research on the views and experiences of clients and therapists using EMDR for the healing of childhood trauma (Marich et al., 2020; Whitehouse, 2019), and no published research on the Intergenerational EMDR protocol. It is important to explore therapists' experiences and perceptions of working with trauma in order to inform practice. This study is a qualitative phenomenological exploration of therapists' subjective

epigenetically (Hesse & Main, 2000). Recent research supports the possible role of epigenetic mechanisms of gene expression in this transmission (Yehuda & Lehrner, 2018).

EMDR therapy is recognised as one of the most effective and researched treatment modalities for trauma, and growing evidence supports the use of EMDR to treat complex childhood trauma (Chen et al., 2018; de Jongh et al., 2019; Valiente-Gómez et al., 2017).

Attachment-Focused EMDR (AF-EMDR) was created by Parnell (2013) as an orientation to EMDR practice for childhood trauma, incorporating core principles of client safety, the importance of the therapeutic relationship, and a client-centered focus. In the UK, Brayne developed Parnell's work and introduced Attachment-Informed EMDR (AI-EMDR), including the Intergenerational EMDR protocol as an intervention to work with intergenerational trauma (Brayne, 2022). Although several EMDR clinicians have developed approaches to working with intergenerational trauma – for example, Yoeli and Prattos (2009), Robinson (2016), Alter-Reid and Heber (2017), and Gomez (2021) – this author was unable to locate any published research about the use of EMDR therapy with intergenerational trauma.

With limited research exploring the views and experiences of clients and therapists using EMDR therapy, even fewer studies explore the therapeutic experiences of psychotherapists using EMDR for the healing of childhood trauma. Whitehouse's (2019) qualitative systematic review of client experiences of EMDR therapy found that EMDR changes a person in a core transformational way, while Marich et al.'s (2020) examination of client and therapist experiences of EMDR therapy emphasised the

importance of therapists attending to the therapeutic relationship. Research by Boterhoven de Haan et al. (2021), exploring therapist experiences using EMDR in adults with childhood trauma, reported that trauma-focused therapy produced changes in clients' sense of self. A paper on AF-EMDR concluded that the approach was appreciated by therapists (Kemal Kaptan & Brayne, 2022). There is no published research on therapists' experiences of using the Intergenerational EMDR protocol.

For this study, the primary research question was: What is the experience of psychotherapists integrating the Intergenerational EMDR protocol into clinical practice with adult survivors of childhood trauma? A secondary research question was: How do therapists integrate the Intergenerational EMDR protocol into clinical practice?

### Methodology

Interpretative Phenomenological Analysis (IPA) was used as a qualitative framework for the research process, focusing on making meaning and interpretation rather than quantification and prevalence of events. IPA has become a popular methodology in qualitative psychotherapy research, seeking to capture the experiences and meanings of participants and identify key themes (Braun & Clarke, 2006; Smith et al., 2009).

### Participants

Six accredited and experienced EMDR psychotherapists who worked in private practice in the UK were recruited using convenience sampling. All had clinical experience of using the Intergenerational EMDR protocol in adult clients with childhood trauma. The therapists were all female between the ages of 42 and 69. The length of time they had worked as therapists ranged from seven to

23 years; and as EMDR therapists from five to 15 years. Smith et al. (2009) consider three to six participants a reasonable sample size for an IPA study.

### Data collection and analysis

Data collection and analysis were conducted by the author, supervised by an academic research supervisor. Each participant attended an individual, one-hour, semi-structured online interview with the author, recorded on Zoom and transcribed verbatim. All identifying information was removed and each participant was given a pseudonym to ensure anonymity.

Data were analysed using IPA, in accordance with Smith et al. (2009), following the step-by-step method for reading, noting, coding, and interpreting information, with the researcher engaging in a two-stage process of interpretation called a double hermeneutic, making sense of the participant making sense of their own experience (Farrell et al., 2014).

### Ethics

Full ethical approval was granted by the Research Ethics Committee, South East Technological University, Carlow. Signed informed consent was obtained before each interview. Participants were fully informed about the nature and purpose of the research, that participation would be voluntary, data would be anonymised, and that each participant would have the right to withdraw at any time. On completion of the interview, a debriefing was offered to each participant. The research team had no conflict of interest.

### Themes

Three master themes and six subthemes were conceptualised as an overall process of transformation (see Figure 1).

<b>Transformation in self as therapist - personal informing professional</b>
<ul style="list-style-type: none"> <li>• Therapist as wounded healer</li> <li>• Inside out: Experiential learning</li> </ul>
<b>Transformation in self of client - power of intergenerational EMDR therapy</b>
<ul style="list-style-type: none"> <li>• Being with: Attunement</li> <li>• Working at relational depth</li> </ul>
<b>Transformation in self of client - power of intergenerational EMDR therapy</b>
<ul style="list-style-type: none"> <li>• Compassion and understanding</li> <li>• Becoming unstuck: Releasing childhood trauma</li> </ul>

Figure 1: Master themes and subthemes

**Transformation in self as a therapist – personal informing professional**

Each participant described a process of ongoing transformation of self as a psychotherapist, personally and professionally, and shared experiences of learning the protocol experientially, from the inside out.

*Therapist as wounded healer*

Participants reflected on their personal journeys as wounded healers and shared significant personal experiences of healing intergenerational trauma within their own families and how this experience of transformation and healing helps to inform therapists when working with clients.

Reference was made to an early awareness of intergenerational trauma: “Even as a child ... I was very aware of the story of my father and later also of my mother” (Participant 2). In describing the experience of separating from her father’s trauma as a “very personal process”, the therapist made sense of her subjective experience of releasing her own inherited trauma: “I don’t need to carry your sadness anymore. So

*The relational context of being present with clients in their experience was a catalyst for transformation*

that for me, was a very precise moment of separating that out ... and it was very powerful” (Participant 2).

Another participant described a “powerful and sort of inexplicable experience” (Participant 4), which transformed her understanding of feeling controlled by her mother’s anxiety: “I don’t feel controlled ... I understand ... that really helps my client work ... you just need to go into that world ... just go down that rabbit hole” (Participant 4).

*Inside out: Experiential learning*

Participants expressed a felt sense of learning the Intergenerational EMDR protocol from the inside out, with rich descriptions of the ongoing journey of integration through learning from clients in clinical practice.

Therapists shared how use of the protocol has been integrated as a routine part of their work: “I’ve used it with nearly every single client at some stage or other” (Participant 6), and also expressed their struggles, conflicting experiences and moments of self-doubt: “It’s been mixed ... sometimes it’s been really, really powerful ... and transformative ... other times I think people find it slightly harder to engage with the part of the imaginal aspect” (Participant 3).

A participant described the importance of feeling supported to learn experientially through supervision and peer practice group: “It’s felt very, kind of, safe” (Participant 1). Interestingly, therapists expressed self-doubt. For example, a therapist with 23

years’ experience shared that she still doubts herself, and wondered if she was doing it correctly: “Sometimes I think ‘am I skipping something ... or am I fast enough?’” (Participant 2).

**Transforming the therapeutic relationship – moments of connection**

Participants expressed a deep respect for working at relational depth and being with clients in an interplay of therapeutic relationship and technique.

*Being with: Attunement*

Participants shared how the relational context of being present with clients in their experience was a catalyst for transformation in the therapeutic relationship. They also spoke about the need for careful attunement to the needs of each client in order to integrate a new and powerful way of working. They reflected on the importance of working collaboratively and trusting each client’s healing potential: “Just trust it and you know it helps if it’s clients that you’ve worked with for a little while, and they trust you, and they trust the process” (Participant 4).

A participant expressed her struggle to introduce a new way of working while remaining attuned to the client: “Bear with me if I’m looking down [at the protocol] but also kind of trying to stay in the room, stay with the client” (Participant 1).

*Working at relational depth*

Participants described working at relational depth in the therapeutic relationship through resourcing clients and being available as an attachment figure for the client.

One described her experience as “just the depth of the work”, reflecting further “I don’t think we’d get the depth and the ability to really drill down ... to that mine with all those diamonds in it ...

sometimes what's revealed is the depth of love and respect the client already has for that parent" (Participant 1).

Another therapist reflected on how the use of the intergenerational protocol while working at relational depth "helps build attachment ... that's what we are or hoping to be is someone they can establish attachment [with] where they didn't have that" (Participant 5).

While all participants shared their respect for the power of Intergenerational EMDR, one therapist expressed concern about the potential liability of such a powerful approach: "EMDR can sometimes be quite powerful in terms of how strong it can feel which, in some ways, I feel is some of the downside of it" (Participant 3).

### **Transformation in the self of the client – power of Intergenerational EMDR**

This theme captured participants' impressions of the power of Intergenerational EMDR therapy to help clients heal inherited trauma.

*Compassion and understanding*  
Therapists shared experiences of witnessing clients transform from blaming to understanding that their parents are people with their own childhood wounds. The use of the Intergenerational EMDR protocol seemed to support clients in transforming inherited trauma through a felt sense of compassion: "Really beginning to get a sense of their parent ... as a person who's had their own childhood experiences and what it may have been like for them" (Participant 1); "That was their story, their lives, it was their difficulty, their limitation" (Participant 2); "Sense of forgiveness and compassion ... compassion I think is the biggest thing ... when they bring it in

## *Participants described how the protocol facilitated experiences of personal healing from childhood trauma, and how this impacted their clinical practice as wounded healers*

that sense of understanding and compassion for the parent, [it] is quite big" (Participant 5).

### *Becoming unstuck: Releasing childhood trauma*

Each participant described a narrative of transformation as they shared accounts of clients separating from enmeshment with caregivers and getting to the heart of healing intergenerational trauma, with the potential to transform the legacy of inherited trauma for future generations; "the shift in emphasis being from blame, towards understanding", which helps to "really get rid of those blocks in clients' understanding of their caregivers' process and then of their own process" (Participant 4).

The Intergenerational EMDR protocol was experienced as a tool that allows access to a part of the client's story that kept them enmeshed with parents: "It gives a release of that toxic, what I call the toxic attachment hook ... unhook from the parents ... from that enmeshment ... this is not my stuff" (Participant 5).

Therapists shared their hopes that healing in the present can also heal ancestors and future generations: "By doing the healing in the present time there is nothing to say that we're not also healing our ancestors and healing our future generations" (Participant 6).

## **Discussion**

Findings suggested that psychotherapists experienced the Intergenerational EMDR protocol as a powerful and effective tool to facilitate deep change and growth in their work with adult survivors of childhood trauma. Participants described how the protocol facilitated their experiences of personal healing from childhood trauma, and how this impacted their clinical practice as wounded healers. These findings are consistent with Parnell's (2013) assertion that the effectiveness of the AF-EMDR therapist is dependent on the therapist's personal healing and relationship to their own attachment history, and Rosoff's (2019) view that EMDR therapists working with complex trauma need to be engaged in their own emotional work.

The results also align with research (Duncan et al., 2010; Marich, 2012) that therapist qualities influence the effectiveness of therapy. The importance of therapists healing their own intergenerational trauma is consistent with previous research identifying the importance of therapist comfort with trauma work (Chouliara et al., 2011; Marich, 2012) and more recent research that therapists can avoid trauma treatment due to fear of destabilising clients or discomfort with trauma work (Boterhoven de Haan et al., 2021).

These experienced therapists shared narratives of ongoing journeys of experimenting and learning from clients, personal experiences, and peers; as well as tolerating discomfort, struggle, and self-doubt, while accessing support through supervision and peer practice. This finding contributes to the limited research on the training and development of EMDR therapists (Marich et al., 2020) and is consistent with literature highlighting the importance of

supervision to consolidate teaching and learning following training (Farrell & Keenan, 2013; Grimmatt & Galvin, 2015).

Meaningful moments of connection and relational depth were experienced as transformative for the therapeutic relationship. Participants spoke about careful attunement to the needs of each client as they described working collaboratively to create a sound therapeutic alliance. This emphasis on the relational aspects of EMDR therapy corroborates a small but growing body of qualitative EMDR research literature (Boterhoven de Haan et al., 2021; Marich et al., 2020) and is consistent with Whitehouse's (2019) research findings that clients talk about EMDR in a transformative manner, and experience the therapeutic relationship as central to this transformation. These findings accord with research supporting the centrality of the therapeutic relationship to support therapeutic technique and intervention (Duncan et al., 2010). This contrasts with Boterhoven de Haan et al. (2021) who reported that the importance of the therapeutic relationship was not shared by all therapists in their study.

Finally, these results are contrary to a general trend in EMDR literature identified by Marich (2012) to privilege technique and protocol over relational issues. The heart of complex trauma is the experience of being wounded in relationship, and healing is mediated through relationship (Herman, 2022). The therapeutic relationship creates the opportunity for earned secure attachment internally and in relationship with the therapist (Wallin, 2007).

Therapists experienced the power of intergenerational work to evoke a felt sense of compassion and understanding as core to clients' healing and recovery from childhood trauma. Despite the lack of research on therapist experience

of compassion in EMDR literature, there are some possible theoretical explanations for this result. Siegel's (2020) theory of interpersonal neurobiology supports a shift from a left-brain cognitive understanding to a more experiential right-brain approach and the possibility that interpersonal relationships shape neural processes throughout life. Buddhist psychology describes the experience of connection as healing through the alchemical transformation of compassion to heal suffering (Nhat Hanh, 2006).

Finally, participants shared their hopes and experiences that healing unresolved early trauma could extend beyond merely suppressing symptoms, to a profound transformation of inherited trauma into a legacy of healing for clients, their families, and future generations. These findings of how the resolution of childhood trauma was perceived by therapists as impacting the client's sense of self is consistent with Fishbane's (2019) view of healing the past to heal the future.

### Strengths and limitations

The homogeneity of the group of participants could be considered as both a strength and a limitation. The group size was small to allow in-depth consideration of individual experience. However, the group was not culturally or gender diverse. A further strength is the focus on examining therapists' experiences and perceptions of using the protocol in practice, rather than assessing adherence to a protocol. As an idiographic study, a limitation is that the findings are not necessarily generalisable to psychotherapists working in different contexts or settings whose experiences may differ. Another limitation is the influence of bias and assumptions, both the researcher and participants, about AI-EMDR therapy, which may limit the representation of findings.

### Implications for clinical practice and further research

- The Intergenerational EMDR protocol appears to be a powerful intervention to use during EMDR therapy with childhood trauma.
- It seems important to use the Intergenerational EMDR protocol in the safety of an attuned, collaborative, therapeutic relationship.
- Engagement in an ongoing personal healing journey with subjective awareness of intergenerational trauma can enhance the therapist's understanding, confidence, and skill using the Intergenerational EMDR protocol for trauma.
- Integrating the Intergenerational EMDR protocol into clinical practice after training may require a willingness to tolerate discomfort, and openness to ongoing experimentation and learning from clients and peers.

Future research could explore therapist experiences of the role of compassion in recovery from childhood trauma. Additional research could include the voice of the client by exploring lived client experiences of the Intergenerational EMDR protocol.

### Conclusion

This qualitative research study explored therapists' experiences of integrating the Intergenerational EMDR protocol into clinical practice with adult survivors of childhood trauma. Key themes identified were conceptualised as an overall process of transformation for therapists, the therapeutic relationship, and clients. The overall findings suggest that psychotherapists experienced the Intergenerational EMDR protocol

as a powerful and effective tool to facilitate deep change and growth, personally and professionally, transforming the legacy of inherited trauma through compassion.

However, such a powerful tool in the AI-EMDR therapist's toolkit must be used in a relational context, in collaboration with clients, to avoid unintentional harm. As the first known research on the use of Intergenerational EMDR, this study makes an important contribution to the expanding field of healing intergenerational trauma. It adds to the small but growing

body of qualitative research on therapist experiences of using EMDR for childhood trauma. ☺

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