

**MULTI-TIERED TRANS-GENERATIONAL GENOGRAM (MTTG) –**  
**An Exciting New Approach to Resolving Deep, Elusive, and Resistant Physio-Emotional Challenges**

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Healthiness can be defined as a state of physical, social, mental, and emotional well-being. True wellness requires attention to health at all levels; when one part of the system breaks down, it affects each of the others. Modern therapists have developed new ways to address this connection between physical and mental health.

The effect of the mental state on the physical body has been clearly established. One element of this, stress, is now commonly discussed in both scientific circles and popular culture. Scientists and physicians are learning that an individual's mental health is tied to the physical body at a cellular level. They are finding that physical and mental ailments can be caused by the patient's emotional and physical history, as well as the emotional, social, and physical history of earlier generations of the patient's family. Therapies have been developed to better help clients work through issues while addressing the historical and traumatic events that have invaded and eroded the person's sense of well-being.

Among the modern mental health therapies that have evolved over the past twenty years, two have shown themselves to be maximally effective in helping patients recover to deeper levels of wellbeing. Eye Movement Desensitization and Reprocessing (EMDR) was developed and introduced in 1989 by Dr. Francine Shapiro as a form of treatment for trauma and has been shown to successfully improve the mental states of both seriously and moderately traumatized individuals. EMDR facilitates the processing of the earliest event(s) that are reminiscent of the current issues, thus enabling the client to reach an adaptive resolution of the current symptoms more efficiently and effectively. Evolving more recently is the method of BrainSpotting (BSP), developed by Dr. David Grand in 2003. BSP is neurologically based and attends to the "felt sense" of a presenting issue; it "penetrates into the cellular level to release trauma memory" by removing both the neuro-physiological and emotional sources of the discomfort from within, producing a deeper sense of wellbeing. Both of these therapies involve a relatively short - albeit very intense - treatment period, but yield exciting long-term results.

Maximizing the positive effects of these and other methods of treatment requires an in-depth understanding of the significance and impact of various historical and cultural elements (including the legacy inherited from previous generations) that are fundamental to the current behavioral patterns and illnesses presented by the client. The interactive process of acquiring these elements (before effective therapy is employed) can be as enriching for the therapist as it is for the client. While the responsibility for treatment - and awareness of the key issues - is largely in the hands of the therapist, both client and therapist need to be open and able to explore history and trans-generational patterning that determine how and why the client exhibits certain reactions to certain traumas or stressors, in order to resolve the client's emotional challenges more completely and more rapidly. Special attention must be paid to client reactions that are learned from prior generations and to cultural lifestyles that affect or determine such

reactions. Both therapist and client explore how family reactions are predictors of presenting issues and evaluate whether these historical reactions are appropriate today. The process of finding these behavior patterns is contained in what has become known as the Multi-tiered Trans-Generational Genogram (MTTG), conceptualized by Yoeli & Prattos in 2005.

By combining the historical information from the MTTG with the methodologies of EMDR and BSP, a deeper sense of healthiness and wellbeing is born.

### **PTSD & Development of MTTG**

MTTG evolved out of the search for a deeper understanding of the symptomatology of Post Traumatic Stress and Post Traumatic Stress Disorder (PTS and PTSD). Researchers have been intrigued because not everyone develops PTS/D following a crisis event and because each person with PTS/D develops an individually unique symptom style. Further, individuals experiencing the very same traumatic event can have very different outcomes. Family history, heritage, and lifestyle appear to determine whether or not a person develops PTS/D, and these factors seem to be related to the variation and intensity of symptoms experienced. In order to understand the PTS/D reactions to traumatic events, it is important to understand the Multi-Tiered Trans-Generational behavioral patterns that have been generated in each client.

### **Understanding MTTG**

Clients always present with a historical narrative, which reveals behavioral patterns that repeat themselves in the stories they tell their therapist. The behavioral pattern itself is the key to understanding the deepest level of the “embedded” emotional history of the client, even though each story has its own flavor, color, weight, melody, and rhythm.

Empirical observation of many clients over the years has shown that the presenting issues, problems, and disturbances relayed by the client are largely “repeat performances” of early childhood-learned reactions to crises that “feel similar” to the client. As the therapist listens attentively to a client reporting life events and reactions to these events, the client’s repertoire of dysfunctional reactions becomes apparent. These reactions are the product of the culture, heritage, and legacy of generations. They are reactions that were learned or adopted as positive resources in the past, in order to cope with potentially threatening historical situations, just as table manners and other behavioral patterns are learned.

The MTTG is designed to identify those learned negative behavioral patterns and positive resources that sustained the previous generations. The concept of multi-tiered history taking is useful both as a general tool and for crisis interventions. Recognizing the significant impact of historical and cultural factors learned in the past can enable both client and therapist to examine and decipher whether or not such historical reactions are appropriate today. Examining multi-generational patterns helps the client and therapist recognize the possible historical sources for the currently presenting dysfunctional reactions.

We carry with us the memories of our parents and families’ reactions that served them in difficult

situations. These reactions, both positive and negative, are incorporated into our repertoire of reactions to trauma in similar situations. Through the treatment process, the clients can now own their reactions and release those that no longer serve them. MTTG's comprehensive evaluation of the inter- and intra-generational effects on the client quickly highlights inherited weaknesses, strengths and resources, which form the client's historical legacy. Through the use of this format the client gains perspective and recognizes that recovery, survival, and overcoming crisis are all possible.

As we mature, we come to realize that our old resources for coping with a crisis may no longer work and we must develop new coping skills to avoid developing dysfunctional behavior. The goal is to deposit into our memory bank more efficient behavioral patterns for survival in today's world.

### **EMDR - Accelerated Information Resourcing (EMDR-AIR Protocol)**

The Multi-Tiered Trans-Generational Genogram (MTTG) protocol evolved simultaneously with what is termed "EMDR - Accelerated Information Resourcing protocol" (The EMDR-AIR protocol, Yoeli & Pratto, 2009). The EMDR-AIR protocol was developed as a means for eliciting the story that contains the reactions each client regularly dramatizes in his or her life, reactions that often reach "theatrical" proportions following stressful situations, crisis, or trauma. The AIR protocol, which is an extension of EMDR, was developed to find the client's own historical, cultural, and learned behavioral patterns.

The AIR Protocol seeks the historical information **within** the clients' life, while the MTTG pursues **generational behavior patterns** that are presented in the client's story.

The AIR protocol looks for the client's historical story that has manifested **the same reaction pattern generated by the current event**. As the client recognizes where that same reaction appeared historically, he or she becomes ready to process the issue.

The MTTG protocol focuses on the multi-generational history, which provides access to information about transmitted behavior and enables the client to begin comprehending what is otherwise largely impossible to comprehend when the client is in a traumatized state. Experience with this process has shown that when the patient and therapist uncover the root of the reaction pattern, there is often a cathartic release, and the current stress response is resolved at a deeper level.

While the AIR protocol has a standardized, teachable format, the newer MTTG allows for more intuitive, inquisitive history taking that derives from the practitioner's innate curiosity and attention to details. **The practitioner's fascination and interest in the client's history are highly empowering to the client.**

The MTTG, EMDR-AIR protocol, EMDR, and BSP work hand-in-hand. Together, they efficiently elicit the client's history, heritage, and legacy while providing a roadmap for accelerated emotional and related physiological healing.

### **The MTTG Process**

The MTTG process is a joint effort towards attunement and learning between the client and therapist. Within the first few hours of work, they must create a space that has trust, respect, genuine interest, and belief in their respective abilities to go through the healing process. This format works best when the practitioner has a **profound fascination and curiosity** about the client's issues, physical sensations, belief systems, and choice in symptoms (which can often imitate, in part or in whole, patterns learned from previous generations).

The client is invited to narrate the story, while the therapist listens attentively, absorbing the story as well as focusing on emotions elicited at specific points in the narrative, noting the people involved and their behavior patterns while observing any visual cues that may be present. While the MTTG and AIR protocols include guided questions, the practitioner's intuition leads to additional questions that paint the fullest picture. The process requires intensive attunement of the therapist to the many elements in the history of the client, as well as any intra-generational and inter-generational traumas, connecting the dots in order to find the sources of "stuck" emotions and "embedded" anxiety - which are the primary elements of PTS/D symptoms - so that healing may occur.

The MTTG format explores more than the client's life experiences - it seeks to gather information over three to five generations, examining events on multiple levels - individual, societal-cultural, and global - for each person involved in the client's history. It creates a map encompassing family history, lifestyle, birth dates, cultural information, belief systems, and familial practices around historical events, cultural rituals, and styles of celebration. Finding the primary stories allow both client and therapist to gain awareness of and access to the historical strengths and resources that enabled the survival of earlier generations. This information enables the therapist to identify behavior patterns that are similar to or different from those of previous generations. By examining the multi-generational history, behaviors passed down from previous generations become apparent and the clients are able to "evolve" and generate their own reactions, while releasing those that are no longer of service to them. Through releasing old behavioral patterns, clients can change their response to current issues and effect true healing. Thus, the MTTG is needed to awaken the individual on a cognitive level, speeding up the EMDR/BSP processing.

### **Michelle's Story**

Michelle is a troubled little girl with unexplained fears, phobias, and difficult behavior. She comes from a very loving and supportive family. Michelle's parents and grandparents were concerned for her and could not find an explanation for her anxiety and depression. One day she came into the office for her play therapy session and chose to play with some small dolls and their dollhouse.

Most children put the dolls in beds, chairs, or playrooms. As the therapist was quietly watching Michelle play, he saw the girl take a tiny doll and place it in the kitchen oven. At this, he opened his eyes wide, having discovered the explanation for the child's anxiety.

Michelle's great grandparents were Holocaust survivors. Her grandparents and parents made a point of keeping the anxieties and difficulties resulting from the holocaust out of the home.

Michelle emotionally absorbed and acted out stories of the horrors of the Holocaust that must have been discussed when her family believed she could not hear or understand them.

The child picks up on body signals, smells, vocal tones, and other physiological “tells” (subtle yet revealing signs) that can be categorized as “negative energy.” Later, her responses to stimuli in her own life tend to mirror the responses of others to the event that started the process.

This may occur when children are still very young, during the pre-verbal stage, which is roughly up through age three. During this time, the child has limited memory retention and may not be able to communicate fully and effectively. The child can still physically copy what the adults have been experiencing emotionally. It is largely a pre-verbal reaction to events around the child, which carry anxiety or depression. The anxiety is “stored deep within the child’s body” to become and create behavior patterns that are repeated throughout life.

EMDR and BSP can remove the anxiety at this deep “cellular” level. As one therapist has described the process in popular lingo, these therapies theoretically “enable the interconnected network of cells to ‘release the substance’ which theoretically absorbed the anxieties” and other negative emotions. This “release” is often in the physiological format of tears, yawns, belching, stomach rumbling, or other physical reactions. As this release occurs, the “cell networks” are “cleaned” and have the potential to “regenerate” and reconnect without the “stored” emotional burden.

### **Jessica’s Story**

Jessica has a severe fear of flying. Her history revealed roots of this ‘phobia’ in both pre-verbal childhood experiences and ancestral trauma. When Jessica was just three months old, her uncle died in a small plane crash. As a result, Jessica’s mother experienced a fear of flying, which evolved into a fear of all accidents. The mother was traumatized again when her first husband was paralyzed in Vietnam, leading to anxieties and panic. Jessica mimicked these behavior patterns in her multi-faceted fear of flying.

Through the MTTG approach, the therapist was able to go beyond the conventional scope of mental health treatment that would emphasize Jessica’s personal experiences, to see what may have affected her earlier on. Examining her MTTG revealed how her anxiety mirrored that of her mother’s and possibly even previous generations.

Knowing who experienced the original trauma is very important to the healing process. If the client and therapist cannot determine the core of the issue, the symptoms can re-appear in another time and place. Once persons recognize that their current behavior patterns are learned responses and not their own, they can generate their own, more appropriate reactions to events in their life.

While the EMDR and BSP therapies address the traumas experienced by the client, it is through this additional information of the Multi-Tiered Trans-Generational Genogram (MTTG) that they can get to the deepest cause of the issue. Therapists have found that it is the underlying history that keeps the person

stuck in anxiety or a behavior pattern, and not necessarily the trauma itself.

### **Mina's Story**

In the aftermath of a helicopter accident where dozens of soldiers died, an 18-year-old new female soldier came out to help. As she was picking up the pieces of human remains, she stopped for a moment to look up at the clear night sky. The bright stars and beautiful moon made her smile. Looking back on the carnage, she became overwhelmed with guilt for smiling on such a terrible night. She went to bed and stayed bedridden for several weeks, until an EMDR therapist came to help. Mina had been suffering for a while now, and was unable to talk about the smile. An EMDR session enabled her to get in touch with that smile, to release the "stuck" felt sense of shame and guilt of smiling during the event, and recover her self.

Once the therapist was able to help Mina identify the smile as the root of her current trauma, she could use the MTTG history to better understand why this had such a grip upon her. In a situation such as this, the therapist may discover that as a small child the client got in trouble for smiling when someone was angry, or perhaps her ancestors were made to suffer if they were not solemn when confronted with death. The therapist uses the MTTG to find events early in life or in previous generations that have embedded these reactions, reactions that are not useful or effective in dealing with present day situations. All behavior patterns developed to assist with or enhance the likelihood of survival in some way, but those patterns that are appropriate in some situations can cause behavioral dysfunction in other situations. In Mina's situation, smiling at the night sky did not prevent her from respecting the fallen soldiers and assisting with clearing debris, yet her overwhelming guilt made her unable to function in today's world.

In summary - Eye Movement Desensitization and Reprocessing (EMDR) and Brainspotting (BSP) are innovative therapeutic techniques, which allow the release of old traumas and behavior patterns while promoting healing at a deep, cellular level. Through the use of the Multi-Tiered Trans-Generational Genogram (MTTG) and Accelerated Information Resourcing protocol (the EMDR-AIR protocol), therapists are now better able to identify factors affecting their clients' wellbeing. Well-attuned and attentive therapists can assess and understand the dynasty of the clients, their history, heritage, and legacy to find the "core target" or touchstone event for processing, which best suits the individual client. Over the past few years, these techniques have evolved into a means of even more effectively empowering individuals - enabling recovery of their self-esteem and self-confidence, enhancing and accelerating emotional healing, and dramatically improving their quality of life.

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# **EMOTIONAL HEALING AT “WARP SPEED”**

## **THE SCIENTIFICALLY PROVEN POWER OF EMDR COMBINED WITH HIGHLY EFFECTIVE BRAINSPOTTING: Detoxification of Mind and Spirit**

Stress? Major Illness? Anxiety? Physical, Emotional, Medical/Surgical trauma? ADD/ADHD? Hypertension? Panic? Insomnia? Performance issues? Sexual issues? Fibromyalgia/Chronic Pain? Addictions? Cravings? Migraines? Stuttering? Environmental Illness? Depression? Fatigue? Phobias? Asthma? Anger? rage?

**EMDR (Eye Movement Desensitization and Reprocessing)**, a therapy developed about 20 years ago (currently used by over 40,000 therapists worldwide), can heal the symptoms of trauma as well as other emotional conditions, and dramatically enhance performance and creativity. Extensive scientific research has shown that (when practiced as taught) it is the most effective and rapid method for healing PTSD (Post Traumatic Stress Disorder).

**Brainspotting (BSP)** is a more recent addition to the spectrum of holistic therapies. Utilizing Brainspotting in conjunction with EMDR (and even partly **in lieu of** EMDR in some cases) can make treatments even more successful!

**First, let's focus on what makes EMDR unique:** It is its use of **bilateral** eye movement and/or alternating bilateral sound or tactile stimulation, which repeatedly activate the opposite sides of the brain. This activity, combined with appropriate verbal interactions, helps the neuro-physiological system to free itself of “blockages” - negative emotional and behavioral patterns associated with painful memories of acute traumas (sudden, often surprising or shocking short term events) or chronic trauma (emotional pain or fear or negative emotions sustained over a long period of time, including long-term illness). This can allow the neuro-physiological system to “reconnect” itself - to “erase” the negative emotions (e.g. guilt, inadequacy, fear of loss, anxiety) and associated behavioral patterns that prevent us from attaining happiness, maximizing our potential, and fulfilling our life's goals.

EMDR therapists have successfully healed over a million people suffering from PTSD stemming from serious accidents, rape, muggings, the murder or suicide of a loved one, terrorism, torture, military combat and natural disasters, in as little as one to three extended sessions, as opposed to the months and years other treatments usually require to treat this condition. Although considerably more time is necessary, EMDR is also remarkably effective in the treatment of adults who have been traumatized by ongoing mental, physical and sexual abuse in childhood, or other forms of emotional, mental, physical, and social stress.

A performer or athlete suffering from performance anxiety and loss of confidence show the same neurological effects found in those suffering a traumatic event. EMDR resolves these performance inhibitions in the same rapid, effective manner as is seen with trauma and achieves astonishing results in performance and creative enhancement with athletes, actors, performers, artists, and writers.

EMDR can benefit most human situations, including phobias (social anxiety, fear of public speaking or flying), depression, dissociation disorders, OCD (obsessive-compulsive disorder), overeating, anger management, low self-esteem and body image distortions, as well as bodily manifestations of stress (head, stomach and back pain). EMDR is also a valuable tool with the traumas of divorce, illness or death of a loved one, financial crisis, alcohol & drug abuse by a parent or a child, and family violence.

EMDR's bilateral stimulus stimulates powerful brain activity. The client reactivates an image of a traumatic event with its accompanying sensory experiences, along with the associated negative self-beliefs (guilt, inadequacy, fear...). This process generates emotions and body sensations. While bilaterally stimulated, the client is instructed to follow thoughts & associations in an uncritical manner, often leading to retrieval of old memories, rapid insights, and “letting go” of the traumatic event and the symptoms associated with it. After an EMDR experience, clients can accept that the crisis is in the past, they were not responsible, they are safe now, and they can go on with their lives. This results in finally letting go, finding profound recovery, and healing.



**Now, to even more powerful Brainspotting (BSP):** BSP is a powerful, focused treatment method that works by identifying, processing and releasing core neuro-physiological sources of emotional/body pain, trauma, dissociation and a variety of challenging symptoms. Brainspotting is a simultaneous form of diagnosis and treatment, enhanced with "BioLateral" sound and tactile stimulation. Brainspotting identifies activated eye positions designated as "Brainspots." Located through either one or both eyes, Brainspots are observed from either the "inside window" of the client's subjective sense, and/or the "outside window" of the client's reflexive responses (blinks, eye twitches/wobbles, pupil dilation, quick breaths, and subtle body shifts), which are evaluated objectively by the therapist in order to achieve the desired therapeutic effect. Brainspotting can be practiced independently of EMDR, and in many cases its benefits exceed those of EMDR, based on my experience with many patients in various countries (Israel, Greece, Thailand, and Sri Lanka) and United States (Minnesota, New York, Washington, Missouri).

Brainspotting exploits the inter-connections between the brain's associative cortex areas and areas where basic emotions are "stored," to dramatically enhance the benefits of EMDR. By interacting with the brain's Limbic System, which controls emotions, emotional Responses, hormonal secretions, mood, motivation, and pain & pleasure sensations, the practitioner affects the entire physiology when BSP and (to a lesser extent) EMDR are employed interchangeably. **The limbic system** includes well-known brain structures such as the Amygdala (controlling anger, avoidance, defensiveness, arousal, fear responses, and hormonal secretions), the Hippocampus (consolidation of new memories, emotions, navigation, spatial orientation), the Cingulate Gyrus (coordinates sensory input with emotions, emotional responses to pain, aggressive behavior), the Hypothalamus (controls autonomic functions, emotions, endocrine functions, homeostasis, motor functions, regulates food and water intake and sleep-wake cycle), and the Fornix (connects the Hippocampus to the Hypothalamus). Less known is the OrbitoFrontal Cortex, considered by some to be a part of the limbic system because of its functions in emotion and reward. Possibly, this **OrbitoFrontal** link is responsible for locating Brainspots whenever certain emotions and memories are accessed.

"Brainspotting is based on the profound attunement of the therapist with the patient, finding a somatic cue and extinguishing it by downregulating the amygdala. It isn't just PNS activation that is facilitated, it's homeostasis." Robert Scaer, MD, The Trauma Spectrum

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