



EMDR IN GROUP TREATMENT OF PSYCHOTRAUMA FOR HYPOFERTILE COUPLES

PILOT STUDY

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INTRODUCTION

This study evaluates a multi-component group intervention, with EMDR (Eye Movement Desensitization and Reprocessing) as a pivot, in hypofertile couples engaged in an Assisted Reproduction Technology (ART) process, in order to provide psychotherapeutic assistance, taking into account the dimension of potentially traumatic events, recognized as such or not by people.

Managing psychotraumas can lead to pregnancy, but also strengthens the bonds in the couple, with or without a child. The technicality required in an ART often puts psychological issues in the background, which is an added trauma factor. Oxidative cellular stress attacks the genome, and plays an important role in infertility.

More than 80 million people worldwide suffer from infertility. Group management in ART structures is therefore desirable.

The program goes beyond trauma resolution with EMDR, towards a more holistic change in the lives of people and couples, and integrates other components, activated by neuroplasticity of the brain, such as:

- a mindfulness group practice (FOVEA), with special attention to the five senses, to develop the body experience and compassion,
- a dance practice (Harry Albert), which allows to release emotions and express them safely, and mobilize the creative potential of human beings, personal or couple (baby),
- advice on healthy living and reducing the oxidative stress associated with psychological stress.

OBJECTIVES

- Study the impact of traumatic memories on fertility.
- Study the utility of a multi-component treatment based on EMDR to enhance fertility.
- Evaluate the possibility of joint management of psychological stress and oxidative stress.

- Increase the couple's well-being and its procreative potential.
- Reduce psycho-hospital traumas (raise awareness of ART medical teams).
- Strengthen research in EMDR and medical pathologies.

MATERIAL AND METHODS

PARTICIPANTS

- 10 hypofertile couples engaged in an ART process.

BEFORE THE PROGRAM STARTS

- An experienced psychologist meets each member of the couple individually to develop the clinical history of each and choose with him the traumatic memories that will be reprocessed during the internship.

RESIDENTIAL INTERNSHIP, GROUP WORK

- A multi-component multi-phased therapeutic approach based on trauma treatment is developed (Roque-López, 2013). EMDR, EMDR-IGPT (EMDR Integrative Group Treatment Protocol) and EMDR G-TPE (EMDR Group Traumatic Episode Protocol) are used at different moments in the program, to target past experiences, current triggers and potential challenges of the future.

- Couple members learn to talk to each other about their feelings and emotions.
- Couples learn to develop strategies for dealing with everyday stress.
- Couples acquire the basic skills for a healthy lifestyle avoiding cellular oxidative stress.

MEASUREMENTS

- Measurements are made before and after the program:
 - SPRINT (Short PTSD Rating Interview): Trauma severity
 - SOS-10-F (Schwartz Outcome Scale-10): Psychological health and well-being
 - General Happiness Scale
 - Oxidative stress test
- Phenomenological observations are made during treatment and within two years.

RESULTS

A first step of the program, carried out in 2017 in groups of intensive multi-component therapy in adults in France, gave very encouraging results, and showed that we can:

- find psychotraumas and difficult life experiences in people,
- use different EMDR protocols in accordance with the situations experienced during the internship, and reprocess the traumas,
- observe rapid improvements in individuals during the course of the internship.

The next step on couples groups is a work in progress.

At the current point of the study, the authors found in the literature and observed in their consultations with patients that:

- infertility remains of idiopathic etiology in 10% or more of cases. The role of age (women), STIs, tobacco and nutrition must be emphasized.

- up to more than 50% of the couples drop out of ART without achieving pregnancy before they have completed all the cycles of treatment because of the psychological burden of ART.
- each stage of ART is a potential provider of psychotrauma (announcement of infertility, examinations, medical treatments, surgery, embryonic reduction, devaluation of an infertile partner, failures, adoption, etc.).
- the unmet desire of child can be a factor of stress and psychotrauma.
- individual stories may carry mild or profound psychotraumas (childhood trauma, sexual or psychological abuse, difficult motherhood, in the individual or in his ancestors, etc.).
- the story of the couple itself can be peppered with stress and psychotrauma.
- the harmonious interaction between the medical team and the couple can avoid psycho-hospital trauma.
- lifestyle factors deserve specific care (smoking and addictions, environmental pollution, nutrition, dietary supplements – B vitamins, etc.) as well as prevention of cancer and chronic disease.

DISCUSSION AND CONCLUSION

The present study is based on the fact that:

- individual stories may carry psychotraumas, from childhood to adulthood.
- the story of the couple itself can be marked with stress and psychotraumatism.
- the obsessive desperate desire of a child can be indicative of deep anxieties.
- the technical expertise of the ART is itself a source of trauma.
- lifestyle factors, including smoking, diet and pollution, are oxidative stressors related to psychological stress in both directions.

The neurobiological bases of the program are:

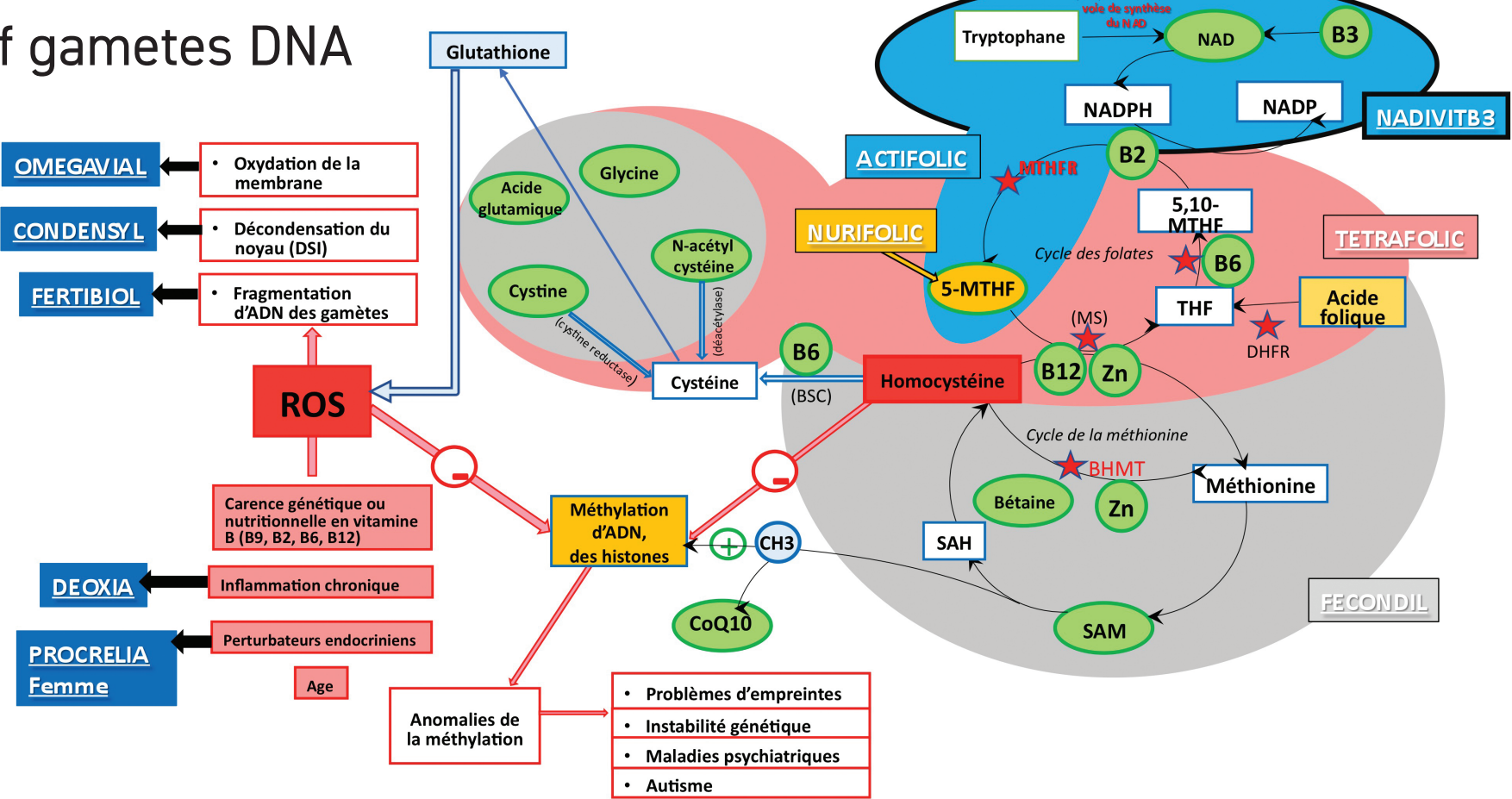
- reduce stress and its negative effects on brain neuromediators and central and peripheral hormones, such as the adverse effects of cortisol on the gonads.

- reduce oxidative stress factors related to psychological stress.
- relaunch the process of adaptative information processing by acting on the amygdala and the pre-frontal cortex (AIP model of EMDR).
- strengthen the connectivity between the three cerebral cortices, with in particular a hypothalamo-pituitary axis regulation action.
- stimulate the functioning of the mirror neurons of both partners, and strengthen the neurobiological interactions within the couple.

Our hypotheses are that helping each member of the couple to have an authentic inner life, to be free from traumatic memories and to live a harmonious relationship with his / her partner, can mobilize the creative potential of "fertile resources".

AGGRESSION OF THE GENOME BY STRESS VIA METHYLATION

Aggression of gametes DNA



KEYWORDS

infertility, hypofertility, ART, EMDR, EMDR-IGTP, EMDR G-TPE, multicomponent phased psychotherapy, intensive psychotherapy, group psychotherapy, oxidative stress, free radicals, stress

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