

Constellations under the Sign of Multi-generational Systemic Psychotraumatology

Franz Ruppert

Translated by Alexandra Chalfont

1. The demand for constellations

What motivates people to do family constellations and what concerns do they bring with them? In my experience the concerns are primarily relationship problems with partners, children, their own parents, and sometimes constantly recurring conflicts with work colleagues. In addition, people who have symptoms of the so-called mental disorders, such as phobias, depression, diverse physical complaints or psychosis, and even people suffering from cancer, hope that doing family constellations will help them. Many people have been searching for places to get relief or healing for their emotional or physical suffering and now hope to trace the unconscious and hidden roots and causes of their symptoms in a constellation.

Where the relationship conflicts and symptoms of emotional and physical suffering which people bring into the constellations seminars are comprehensive, serious and long-term, it is particularly important for the facilitator of a constellation to be familiar with a consistent model of how relationship problems and symptoms of suffering are related. I regard it as very helpful when, as a therapist, one is in the position of understanding the causes of emotional wounds and enmeshment, and knowing how emotional change processes take place, in order to be able to facilitate them therapeutically in a solution focussed way through one's interventions. Every form of therapy harbours the danger of intensifying the problem instead of healing it, if the actual causes and progression of the illness are unknown.

2. Attachment and trauma

Ten years' experience working with the constellations method (which I have, to my great satisfaction, applied for myself and always apply when I have an emotional problem to solve) have led to several fundamental insights converging.

- a) almost all serious relationship conflicts that are difficult to solve are based on attachment disorders in the relationship between a mother and her child.
- b) Most attachment disorders have their cause in the mother's traumatisation.
- c) By way of the emotional attachment traumatic experiences and the mother's reactions are passed on to her children.
- d) People suffering from a serious attachment disorder are in great danger of themselves becoming either victims of traumatisation or perpetrators who traumatise others.

The experience of facilitating thousands of constellations has enabled me to expand my knowledge about attachment research and developments in the field of psychotraumatology, and to connect this knowledge with the therapeutic constellations work.

John Bowlby (1907 – 1990) is the founder of psychological attachment theory research (Bowlby 1973, 1995, 1998; Holmes 2002). In his own comprehensive studies and in the merging of many findings in developmental psychology, ethnology and behavioural research he convincingly presented the fundamental significance of the mother-child attachment for the emotional health of a human being. These studies show that the development of a child is almost always impeded if it has had to forgo its mother's care physically, intellectually and socially, - and that symptoms of physical and emotional illness can materialize.

Bowlby also recognised that the separation of a child from its mother produced three fundamental feelings:

- a) fear of being abandoned and of being alone
- b) protest against the separation and ensuing rage about being abandoned
- c) resignation and withdrawal when separation cannot be hindered by protest

These discoveries by John Bowlby led to the realisation that the attachment to the father has its own quality which is different from that with its mother. From the point of view of the small child, the father plays only second fiddle, and his significance grows only as the child itself learns to become more independent.

Depending on the experiences of a child with its mother in its early years the child develops certain patterns for this relationship which it then in later life transfers to other people. A child who has secure attachment to its mother is capable of developing sustainable attachments to other people. A child with an insecure attachment to its mother cannot have healthy and stable relationships with other people. It constantly gets into relationship conflicts which mirror the conflicts of its early mother attachment. This phenomenon can be observed in constellations.

A significant disturbance in the mother-child relationship can be caused in various ways. It is dramatic if the mother dies in childbirth or shortly thereafter, or if the child is given up for adoption or put into care. In such cases the child suffers traumatic loss, which leads to hopelessness and thus forms the basis for the development of depressive illness.

However, even a mother who is physically present can be unavailable for her child. In my observations in

constellations this is usually the case where the mother herself has suffered a trauma. Why? The recognition that a mother's experience of trauma can cause an attachment disorder in the relationship with her child arises from the insight into the emergence, development and the overcoming of traumatisation / traumatic events. A trauma can overtax a person's capability to process feelings. In a traumatic situation (such as suffering an act of violence or experiencing the death of a relative), a person can be overcome by feelings, particularly by fears, rage and emotional pain. To recover emotional stability during and after a traumatic experience a kind of emergency mechanism numbs emotional and neurological sensitivity to feeling and pain. In many cases it is only through such numbing that survival of a traumatic event can be ensured. This protective mechanism not only thwarts and prevents the memory of this past trauma, but also blocks the emotional connection to the present and thus the emotional exchange with other people. This has particularly negative consequences for couple's attachment and above all for the mother-child attachment. The frozen feelings and the fear of the traumatised person of being drawn into his feelings of trauma inhibit emotional attachment.

In the child's experience it looks as though the mother is emotionally absent and that her warmth and love are hard to discern. The mother's soul is a smooth wall for the child, to which it is unable to fasten its emotional tentacles. It can also happen that from time to time uncontrolled and split off feelings from the mother's traumatic experience spill into the relationship space between her and her child. The child notices, for example, fear and helplessness when it looks into its mother's eyes. Or, when it is hugged or touched by its mother, it senses

her internal tension, disgust, sexual stimulation or abysmal hate and other similar feelings that stem from its mother's original traumatic situation. It can also detect the echo of trauma in its mother's voice. All this confuses the child and stirs it to either console its mother or to be afraid of her and withdraw from her internally. The child's need for symbiosis and its desire for stability and motherly love thus remain unmet throughout its life.

The drama of the mother may have happened to her as the loss of a child, as (sexual) violence or, for example, as the experience of war and terror. The attachment disorder between mother and child can also have its roots in the disturbance of the mother's attachment to her own mother, because the grandmother had suffered from the consequences of traumatisation. In this way a multi-generational blockage of love, warmth and cordiality can arise, and a trans-generational passing on of unresolved traumatic feelings are 'inherited' through skin, eye and ear contact between mother and child. This connection between a mother's trauma and attachment disorders is becoming increasingly clearly recognised through attachment research (Brisch und Hellbrügge 2003).

The worst kind of traumatisation is what I call 'attachment trauma'. A mother's experience of violence and abuse or rejection by her own mother mask her motherly instincts and lead in turn to her not being able to accept her own child, to rejecting it and abusing it emotionally and physically. Children of such mother-child relationships usually develop severe personality disorders.

A further escalation in undermining secure mother-child attachments takes place when a child is intentionally neglected, so that it dies, or is even intentionally killed and

murdered. In practice this is, for example, the case when a child that is born as a result of rape, or that is disabled, is done away with. In such cases a whole family attachment system is severely traumatised over generations. Thus I talk about an attachment trauma. In my experience such events bring about

schizophrenia and various forms of psychosis in a family attachment system (Ruppert 2002).

In **Table 1** I have put together an overview of which kinds of traumatisation in first and second generations can lead to what kinds of emotional illness.

Table 1: consequences of trauma for the mother concerned, for her children and for their children, depending on the kind of trauma

consequences of trauma	For the mother concerned and her relationship to her child	For the children in the following generation	For children in the generation after
After life-threatening traumatisation	Splitting off fear of death, over-solicitude, anxiety, fear of the future	Latent anxiety, sudden panic attacks and anxiety illness	Mild forms of hyperactivity
After traumatic loss	Splitting off pain of loss, dejection, lack of energy, low emotional resilience to because of the children's problems	Latent depressiveness, sudden onset of severe depression, medication dependency, significant suicidal ideation	Depression, latent suicidal ideation
Attachment trauma without self-experience of other forms of trauma	Internal emptiness, lack of ability for attachment, superficial care-taking of children	Narcissistic personality disorder, histrionic and other personality disorders	Milder forms of personality disorders
Attachment traumas with experiences of sexual abuse	Borderline personality disorder, rejection of children, ignoring abuse	Borderline personality disorder, serious substance abuse	Severe forms of hyperactivity, Borderline personality disorder, bulimia, washing compulsion
Attachment traumas with experiences of violence	Split off fear, rage and pain, various physical symptoms of illness, violence against own children	Antisocial personality disorder	Antisocial personality disorder
Attachment traumas with children from incestual relationships	Split off confusion, emotionless functioning	Denial of reality, latent schizophrenia	Mania, schizoid psychosis
Attachment traumas with murdered children	Death of all attachment feelings, flight into a fantasy world	Inner emptiness, confusion of identity, latent schizophrenia	Manifest schizophrenia, paranoid hallucinatory psychosis, anorexia, morbid obesity

3. The classic family constellation

A classic family constellation, as developed by Bert Hellinger between 1980 and 1995, utilises neither the concept of attachment nor the concept of trauma. It originates from the so-called 'orders of love', which fall into disarray through specific events (Hellinger 1994). Hellinger numbers amongst these the child's non-acceptance of the gift of life from its parents. He also observes that some family members are forgotten (eliminated) from family memory, for example, children who died at an early age or people who committed suicide (Weber 1995).

Hellinger extrapolated from this and brought into play above all those family members whose existence had been suppressed. In doing so he learned that there are certain basic structures in a family which are experienced by all participants to be complete and healing for their emotional welfare, because each of them can take up the place to which he is entitled in the structure, or the place to which the other family members grant him indisputable entitlement. In these 'ordered' structures a stream of positive feelings of mutual love and respect can flow, giving each individual strength for his own life and thus also for the separation from his family of origin.

4. Constellations as movements of the soul

On closer observation of these classic family constellations it becomes evident that there is an implicit assumption in the work that the attachment disorders of family members originate in traumatic events in the family. Is Hellinger asking about anything other than traumatisation when he asks the client about his 'events' without

wishing to hear any psychological interpretations or judgements? 'Events' are for him the early death of family members, the giving up of a child for adoption, the suicide of a family member, and much more. All these are events which are or were traumatic for the parents or the grandparents of a client.

In his concept of 'uninterrupted movement' Hellinger also reflects on an attachment disturbance in the relationship between mother and child, without explicit reference to the concept of attachment and to the stages of an attachment disorder described by Bowlby.

The more Hellinger moved away from the highly structured and very schematic form of the classic family constellation, and offered the representatives in a constellation the chance to give their feelings free expression and follow their impulses to move, (he called it 'movements of the soul'), the more markedly were enacted in the constellations the emotional processes that accompanied and steered the attachment process. Equally it became evident that in the attachment space of a family there are feelings which result from the traumatic experiences: fearful panic, deepest pain, emotional blockages and inability to move.

5. Constellations as the link between attachment and trauma therapy

Work with the 'movements of the soul' has given me access to better understanding of traumatisation. Through studying trauma-specific literature (including Levine 1998; van der Kolk 2000; Herman 2003; Putnam 2003), I was able more clearly to recognise in constellations when representatives were mirroring symptoms and reactions specific to trauma. Out of this I developed new

kinds of intervention in my work, including a method of introducing, at specific points in a constellation, representatives who symbolized resources for the traumatised person. This work clearly shows that trauma experienced by the patients themselves (e.g. sexual abuse), can be far more successfully overcome when the disturbed attachment processes in their souls are healed.

6. A case study.

Since the constellations process with groups is very complex and thus rather difficult to explain, I will give here an example of one-to-one work with a client. I also base one-to-one work on the theory of multi-generational systemic psychotraumatology (MSP) that I have developed. Instead of choosing representatives, as would be the case in a group setting, the patient chooses cushions of varying sizes, colours and shapes and lays these out a constellation on the floor. He then steps behind each of the cushions and senses what he feels there. For me as a therapist, observing and steering the process from an external position, the difference between the various emotional states in the different places is often very striking.

Case study: what binds also separates

Roman (28 years old) has been in psychoanalysis for six years. It has been a positive experience and allowed him to gain clarity in many areas. Nevertheless, he constantly gets into chaotic situations in his relationships. After starting an intimate relationship with his ex-wife several months ago, he was unfaithful to her with a work colleague a few days ago. He asked

for a one-to-one session. His descriptions of the conflict with his ex-wife and current partner show that this woman presents clear signs of a personality disorder. It was no accident that Roman chose this partner. In his childhood he had been become enmeshed with his mother in an unhealthy way, and now his child part continues to be enmeshed, even though his adult part succeeds in distancing himself.

His mother seems to display a narcissistic personality structure and overwhelms him emotionally. He cannot do anything right. She makes him responsible whether she is feeling healthy or ill. When Roman responds to her wishes, she demands more and more. When she thinks Roman's father is taking more care of him than of her she becomes jealous of him. She insists that Roman's father choose her and take sides against his son. Roman's father is helplessly entangled in his wife's divisive dynamic and usually takes her part. Afterwards he apologises to Roman for punishing him unfairly. The mother constantly splits this little family with her uncontrolled outbursts and mood swings. This can lead to no peace or harmony for the three people involved.

Roman's powerlessness to form a relationship with a woman repeats itself in principle with his wife. In times when she feels bad he is allowed to play consoler and at these times she allows him to come near. At times when she is better, she becomes cold and rejecting. She keeps him at a distance, believing that he will make her small and dependent through his empathy.

Although his past therapy enabled Roman sees through this interplay,

he is unable to extricate himself from this pathogenic entanglement. He is split within himself into an adult part, which he manages quite well thanks to his long term therapy, and into an infant part, which is tortured by fears of abandonment. It is this part which keeps entangling Roman in challenging relationships and also keeps him from ending unpromising relationships in spite of the emotional wounds that he suffers through them. This part hopes that the impossible will still one day come about – a lasting and secure attachment to his mother.

In this session Roman wanted to come to understand why he is so trapped in this relationship and

how he can extricate himself from it. First I asked him to take two cushions to represent his adult part and his child part. When Roman stood behind the adult part, he felt strong and independent, but when he stood behind the child part, his whole energy collapsed and he felt small, weepy, helpless and powerless. I then asked him to take cushions to represent his mother, his father and his girlfriend. Later he added his mother's parents. He had learned from his mother that her father had died when he was fourteen years old, and that her mother was a very cold woman and had probably had two miscarriages or abortions before his mother's birth.

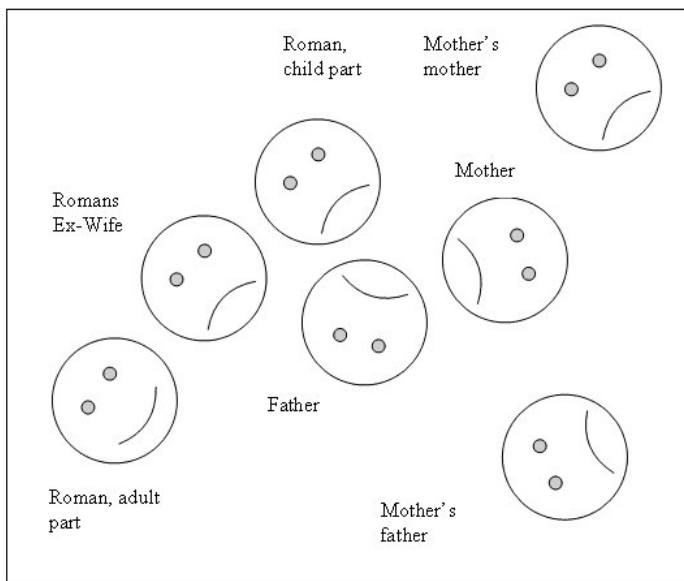


Figure 1: Roman's splitting into an adult and a child part and his entanglement in his family of origin and his ex-wife becomes visible.

The picture illustrates Roman's entanglement with his parents and reveals that his parents also had no stable attachment to their own parents. It shows clearly that his ex-wife intensifies rather than heals his personality split. Roman took time to become aware of this entangled attachment system and the emotional splitting that resulted

from it. After a while I suggested that he take a cushion to represent the reality of the wish and desire of a child to have a secure attachment to its mother. He suddenly became very sad. Step by step he pushed all the other cushions round this cushion in a circle. 'They all want to get to this campfire and warm themselves'. (Figure 2)

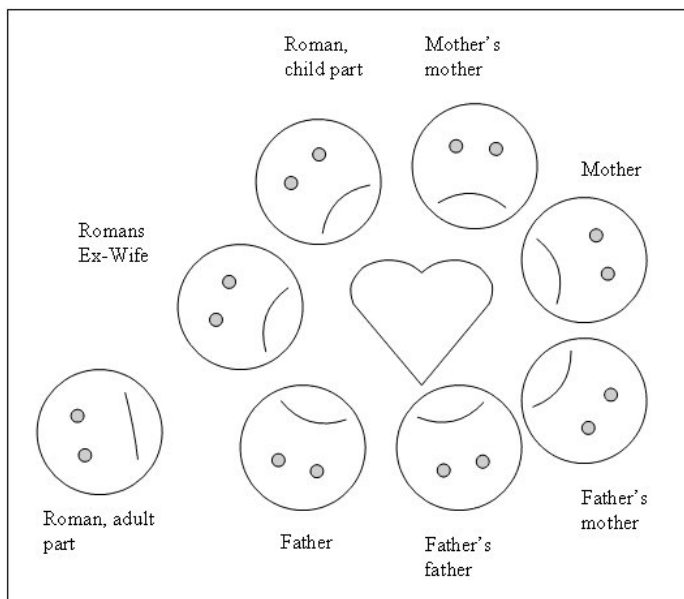


Figure 2: the core of the split and the entanglement: the reality of the need of each participant to have stability and a loving attachment to their own mother.

He left outside this circle only the cushion that represented his adult part. Roman then observed the situation from this position as someone who is leaving. His sadness grew more and more. He now sensed that it was impossible for all participants to really come together, 'although each on their own is not a bad person'. I

suggested he say the sentence: 'Our unmet need to want and have a warm connection to our mother is in reality what connects us - and what separated us, because we have sought in the wrong people what we as children need from our mother.' The session was closed at this point.

Roman wrote the following commentary one week after the one-to-one session:

'In the constellation I wanted to find out how it was that a part of me put hope above everything else and was unable to allow a separation from my partner, although I knew and was aware how unhappy I was. After all, I knew there was no chance of improvement, and that she would continue to drive me crazy, and that I just kept on trying to win through to her and was completely ignoring my own needs. This part was so much stronger than any reason and any other feeling, stronger than any suffering. When I did try to go up against it, I could not stand it. I became panicky, like a small child that is left alone.

In the constellation it transpired for me that even after twenty-eight years there was a child in me that was still looking for the emotional stability and security that it had never received in childhood. This part clung so intensely to the relationship and the minimal prospect that things could turn out alright and that I would at last be noticed and so get the stability that I missed, that nothing else seemed to count. It turned out (and I did in fact know about this on some level) that my ex-wife had also lacked stability, and in view of the many relationships she had had in past years, apparently even to a greater extent than I had had. In the beginning things went well, because we both talked openly about our needs, and that in itself was sufficient support for me. But when she started to close up again there was chaos, because she kept presenting herself as strong and independent, and reproached me for my sensitivity, at the

same time remaining needy and needing this sensitivity. The more I tried to adapt to her, the more chaotic I became myself. The reason why I tried at all to adapt to her was because of the helpless part, which was willing to do anything to make things better. That became very clear in the constellation and in retrospect helped me to see things differently afterwards.

In time I developed an internal tranquillity. The more I managed to accept that it simply existed, the more it grew. And thus, gradually, the pressure to find someone who could give me exactly what I thought I wanted slowly disappeared. I no longer need to find and do anything for someone just to give me this stability. If I do then I will really become unstable.'

7. Future developments

In my opinion a method is only as good as the theory on which it is based. Thus a discussion of the theory has priority over a discussion of methodological strategies.

Through the multigenerational systemic psychotraumatology I have created for myself a theoretical framework on which to build my psychotherapeutic procedure.

The constellation method that I often use in doing this does have its own idiosyncrasies which require consideration.

As with any other method it poses the question as to how objective, reliable and valid the constellation is. As a consequence I established a research group in Munich, which is currently empirically working on the questions:

- a) What specific therapeutic effect can a patient gain from a constellation?
- b) How can substitutes decide whether they are following their own feelings or the feelings of the role?
- c) How do patients deal with a situation when the constellation indicates that there might be family secrets?

Constellations work is currently viewed with great mistrust in academic

circles. Unfortunately to date there has been little empirical research data regarding constellations methodology. This might change once the connection between the existence of so-called mirror neurones and the phenomenon of representing perception is better understood (Rizzolatti 2002; Bauer 2005). For me the discovery of mirror neurones presents a possible basis for the understanding of the constellations phenomenon. Cooperation between brain researchers and constellations workers could lead to very interesting and enlightening findings.

Further Reading

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Franz Ruppert is Professor of Psychology at the Catholic University of Applied Science in Munich. He has been practising psychotherapy for more than twenty years and has developed his own style to work with the method of family constellations. His latest book, 'Trauma, Bonding and Family Constellations,' is now being translated into English. Since 2005 he has been offering seminars in England.

Contact: professor@franz-ruppert.de; www.franz-ruppert.de.