

LOVE'S ILLUSIONS
Symbiotic Entanglement & The Trans-
Generational Nature of Trauma
*(Based on the theoretical ideas of Professor
Franz Ruppert)*
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Introduction

Trauma fosters illusions, particularly in our ability to love and to be loved. My aim here is to present an understanding of why the presence of unresolved trauma will always distort our perception of ourselves and of those with whom we try to come into loving contact.

In order to understand the multi-generational impact of unresolved trauma on ourselves and our clients, we need to understand bonding processes and trauma processes. Professor Ruppert, a German psychologist and psychotherapist, in his research into bonding and trauma over the past ten years, has combined a scientific perspective with practical work using the methodology of systemic constellations as a means of understanding the psychological and spiritual dynamics of people.

Systemic Constellations, also known as Family Constellations, emerged in Germany in the late 1980's as the work of Bert Hellinger, and presented us with a powerful and strange new way of working. On the surface the constellations method looks similar to psychodrama or family sculpts, but the underlying power of the work is in the fact that the representatives (or role-players) are not given any kind of script, attitude or preordained idea of behaviour (it is possible for the representatives to have no information about who or what they represent at all; these are called blind constellations.) Instead their experiences

in the role, which are often very distinct and strong, are assumed to have some relevance to the issue presented. We have come to call this 'the representative experience'. It is hard to explain this in rational thinking terms, but over the time that constellations have been practiced (some twenty years), facilitators have come to trust it. This gives the basic premise of the constellations method: the assumption that the representatives' experiences in a set up constellation have relevance to the issue at hand and as such will help the client move towards integration and resolution of the issue. The phenomenon of the representative experience raises interesting issues as to the nature of our interconnectedness, and must have some relevance to our understanding of transference, counter transference, projection and projective identification. (Broughton, 2010)

Bonding and Belonging

Our initial bonding is a deeply spiritual, emotional, psychological and physical process that probably begins at our conception and where, in this first instance, we are not separate from the person with whom we bond. Our primary bond is with our mother, and the secondary bonding is with our father. From the beginning, our sense of safety and survival is absolutely linked to our sense of belonging and bonding with our parents and our family. All our later relationships in life will reflect and be influenced by this initial bonding. A good bonding creates in us the ability to love clearly and make realistic relationships. It is the foundation upon which we can move into individuation and autonomy. For the initial ideas about attachment Ruppert was very influenced by the work of John Bowlby, however, Bowlby was not thinking about attachment disturbances as necessarily in themselves being trauma situations. In infant observation of course we are dealing with what is observable. The contention here is that the transmission of unconscious unresolved trauma effects from mother to child is not at the level of observable phenomena.

Our belonging to our family system, which in the beginning is completely bound up with our survival, also requires that we comply with various conventions of the family system; that we are loyal. These conventions, many of which are deeply unconscious and never discussed, form a kind of contract for membership of the system, and are often born out of traumatic events in the family history.

Example: a woman's brother was killed at a young age, say in an accident or war event, when she was 14. This is a traumatic event

for the whole family, and in some sense they are never the same again. She has lost a beloved brother; her mother's grief is unbearable for her to see; her father withdraws from her and from the mother. In a sense she has 'lost' both her parents as well as her brother. She dares not express her grief for fear of upsetting her parents. Her grandparents have lost a beloved grandson and may also be lost to her. No one can bear to look into the eyes of the others, because when they do they see the lost boy and the suffering in the other, and feel their own grief. There is no place for the gripping, bottomless agony of feelings. Relationships between the survivors are shaped by this event, and by how the family manages it, and it is not unusual for such a family to drift apart, because even to see each other re-stimulates the buried feelings. The pain is so unbearable that everyone, without conscious discussion, agrees not to mention it again, and this then becomes an unwritten but well understood contract of the system, and over time becomes part of the narrative of the family, without the underlying trauma ever having been properly processed. This narrative, in the absence of the truth of the trauma experience of the family, can over time become distorted, neutralised and sanitised in order to protect the system from feeling the split off trauma feelings (see below for more on the splitting that occurs in traumatic events). In a couple of generations family members make no connection between this traumatic event and the family tendency towards depression, alcoholism or a myriad of other deflection and dissociative strategies including, in some instances, suicide.

Loyalty within the Family

Very early in our life we quickly develop a deep sense of belonging to our family that guarantees our safety and survival, and loyalty and guilt are the forces that hold us thus in the family. Our barely conscious experience is that any transgression of the family's unspoken conventions causes us strong feelings of guilt and a sense that we have been disloyal. So in the example above, the forces at play in such a family dictating that no one talk about the son's death are formidable, and the excruciating experiences of guilt feelings if anyone approaches talking of such things are akin to fearing for one's life. These bonds of loyalty and the associated crippling feelings of guilt can dominate us all our lives.

Trauma

Trauma is a situation where the affected person is completely helpless in the face of overwhelming forces, which are experienced as life threatening. Fight or flight, in this instance, are not possible (one is not helpless if one can conceive of fighting or fleeing), so the only option is freezing and fragmentation. Ruppert considers that the flight/fight ability must be considered a high stress situation, not a trauma situation. His definition of trauma is very specific. (Ruppert, 2008) Freezing is a primitive response similar to a prey animal playing dead in front of a predator. The fragmentation is of a very specific type where the emotional component of the trauma (shock, terror, rage or extreme grief) is split off into the unconscious. In this moment of utter helplessness where we perceive our survival is at stake, there is no place for emotional expression. All energies must go to surviving the moment. Feelings take energy and at this point are an extraneous luxury.

Types of trauma that Ruppert identifies:

1. **Trauma of existence:** a perceived or actual mortal threat, e.g. severe accident, torture etc.
2. **Trauma of extreme loss:** usually an un-anticipated loss of a closely bonded person, e.g. loss of a young child, or of a parent when one is a child; loss of a son or daughter, brother or sister by accident or war.
3. **Trauma of bonding:** the bonding process between mother and child is a traumatic experience for the child, primarily due to dissociative strategies of the mother in trying to keep her own unresolved and unconscious trauma buried.
4. **Trauma of the whole bonding system (family):** usually after some initial event, which may have some criminal or severe anti-social element, that in the attempted suppression is persistently restimulated and re-enacted across generations, e.g. systemic abuse, violence, incest.

Other types of trauma may include witnessing persecution, terrorism or abuse, and the perpetration of these (the trauma of the perpetrator).

Ruppert proposes that in situations of such trauma the psyche splits into three components:

1. The Traumatized part
2. The Surviving part
3. The Healthy part

The characteristics of these components are:

Personality Component	Function	Characteristics
Traumatized Part	Holding the trauma feelings and the memory of the trauma.	<ul style="list-style-type: none"> • Is always the same age as the time of the trauma • Is constantly engaged with the trauma as if it is still happening • Can unpredictably and suddenly be triggered – re-traumatization
Survival Part	Constructing and guarding the splits by developing survival strategies. Preventing the trauma from breaking through. Denying and suppressing the trauma experience. Producing new splits to maintain the suppression.	<ul style="list-style-type: none"> • Avoidant behaviour* • Inappropriately aggressive behaviour • Controlling behaviour • Compensating behaviour • Dissociation • Somatisation • Fostering illusions and delusions • Inability to make good bonds and relationships
Healthy Part	Being in contact with reality without illusions. Attempting to integrate the trauma experiences – and so is in direct conflict with the Survival aspect.	<p>These characteristics are compromised by the existence of the split personality.</p> <ul style="list-style-type: none"> • Openness to truth and reality • Capable of expressing and regulating feelings • Capable of genuine empathy** • Is able to make safe bonds • Is able to resolve destructive bonds • Sexual desire and behaviour is appropriate • Has a good memory of their past • Capable of self-reflection • Is able to be self-responsible • Seeks clarity and truth • Desires integration within self • Is confident and makes good contact • Feelings of guilt are situation appropriate

* All or any of these can be seen in any kind of addiction or compulsive behaviour, as well as in the more severe forms of mental illness.

** As opposed to compulsive and merged empathy.

Common feelings that indicate that our trauma has been re-triggered include all the symptoms we know from PTSD symptomatology (See DSM IV): panic (including panic attacks), extreme anxiety, distress, despair, helplessness, hopelessness, intense loneliness, suppressed terror, rage or grief, fear of death, and many physical symptoms. Depression and psychosis can also be seen as forms of suppression of these feelings.

Implications for bonding if mother has suffered trauma

So what is the situation in the bonding process with her child if a mother is traumatised? What follows will also hold for the father/child bonding, but since it usually comes a bit later, we tend to see the mother/child bonding as the primary bond.

The child can only bond with his mother as she is, and so bonds with her internal psychological splits. He merges with her trauma feelings along with other feelings. He merges with her survival strategies and the compulsion to suppress the trauma. And he merges with her healthy abilities, as they are possible for her. He can do no other.

The mother in turn cannot regulate what aspects of her being her child connects with, and since her trauma is unconscious, she does not know it anyway. She can only be who she is.

So the child takes on his mother's unconscious trauma component along with other aspects of her.

Symbiotic Trauma

'Symbiotic trauma' is a term recently devised by Professor Ruppert in his new book (Ruppert, 2010). It refers to the traumatic experience of a child who bonds with a mother for whom the bonding process itself re-stimulates her own trauma feelings, **forcing a split in the child very early in his psychological development.**

What we need to understand here is that *any* move towards intimacy and feelings for a traumatised person will also, *always*, re-connect them to some extent with their unconscious trauma feelings, stimulating some of the feelings given above. This helps in understanding why many of us find intimate relationships so difficult and painful, and will compulsively push people away when they come too close, or deflect from intimacy. Any form of intimacy is likely to re-stimulate these painful, turbulent and frightening feelings. So when a traumatised mother holds her child, as the trauma feelings arise she will immediately go into her survival strategies, which will include creating distance and deflecting contact. Ruppert has said that

trauma destroys the ability of the traumatised person to bond properly (personal communication). This makes the bonding process potentially traumatic for the child, which is compounded by his merged connection with the mother's split-off trauma to create a complex trauma situation for the child.

The Child's Dilemma

The child's dilemma is this: "I want to get close to my mother, but when I do I see/sense her terror and must protect her from her feelings by staying away from her. But being out of contact with her is very painful and makes me fear for my survival." The child ends up feeling fear *for* his mother and fear *of* his mother, and develops a desire to *take care* of his mother, to protect her from her difficult feelings, and a desire to *stay away* from his mother to protect himself.

The consequences for the child are an inability to distinguish between his own feelings and those of his mother, an inability to separate. He will tend to idealise the mother and identify with her survival strategies and her split-off trauma, and all his later relationships will replicate this entanglement.

Ruppert has asked an interesting question: Why is it that many of us remain in unsatisfying, entangled relationship with our mothers for our entire lives? Why is it that above all, we find it hardest to understand and resolve this relationship with our mother? Could it be that because trauma that is unconscious, and so efficiently protected by our survival strategies, is so difficult to access that as yet we have not found a way of doing so?

Implications for the therapist

In his book on trauma and bonding Ruppert (Ruppert, 2008) discusses what he calls 'trauma blindness'. This is the understanding that, because we all have very good survival strategies in order to keep our own trauma unconscious, we may be blind to another's trauma. As the other person's trauma feelings surface, our own difficult feelings may surface, just as outlined above in the mother with her child, and, without consciousness, we may deflect away from such difficult areas or topics. This has profound implications for us as therapists and counsellors.

What kind of healing is involved here?

Essentially two steps are required:

1. The disintegration of the reified split structure, thereby bringing the fragmentation into full awareness.
2. Followed by integration – bringing the split-off aspects of the person into good contact and relationship.

Of course, this process will require many steps and cannot happen all at one go. In addition it can only happen if the therapist fully understands the dynamics involved, and his or her own trauma background.

Ruppert has also observed that it is likely that, since the symbiotic trauma is the primary trauma of our lives, our ability to bear any other personally experienced trauma later is dependent on the intensity of that initial trauma. The more devastating the original trauma, the more vulnerable one is likely to be in later trauma situations. Additionally, it is likely that we cannot properly unravel later trauma experiences without having first untangled this initial trauma.

The Constellations Process as a Means of Working with Trauma Issues

The constellations process is the process I know. There may be other methods that can reach the kind of depths that I am discussing here, but I can only talk about this method. The constellations method works well with these processes for the following reasons:

- It is an embodied experience, and so reaches a more holistic sense of truth than talking.
- As an embodied experience, the necessary experiences and expression of feelings is more possible and more likely.
- It enables the splits of the psyche to be embodied separately by different representatives (other people or markers). This is the disintegration of the reified splits.
- It enables the client to have others represent some of his internal complex experiences for him, which can be relieving and affirming.
- It shows graphically the nature of the relationships of the split components to each other by how the representatives are placed by the client in the constellation. For example if two people representing different aspects of the client are placed a long way apart and facing in opposite directions, the likely experiences of the representatives is that there is no contact, even as if the other person doesn't exist. This is very informative of the implied inner state of the client.
- The representatives' experiences give valuable information about the needed processes for the split components to come into better contact (integration).

One of the most common experiences I have found in working in this way is that of the client confirming the representatives' experiences as being how he or she often feels in her life. Hearing another person, who he has not met before, describing experiences he knows very well can be very affirming for the client

The Representative Experience

A word about this strange phenomenon: the representatives in a constellation seem to be able to connect with experiences that are acutely relevant to the element/person they represent, and thereby to the client and his issue. This phenomenon is the basis of the success of the constellations process. It is not possible to understand the representative experience with our intellect; it uses our more right brain, intuitive, interconnected sense. One can only begin to understand this process by being a representative in another's constellation and experiencing it for oneself.

Conclusion

The more I work with these theories and the methodology of trauma constellations, the more I am convinced that we are on the threshold of a very important shift in our understanding of trauma processes, and particularly how symbiotic and trans-generational trauma are likely to underlie most of our personal and relational difficulties. There is much further work to be done, but the notion that unresolved trauma carries across the generations and that this most likely happens in the intimate bonding processes, takes psychotherapeutic thinking into a much broader realm of thinking than we have traditionally held. We have no difficulty in seeing physical likenesses across generations and we know that we can inherit physical vulnerabilities. We also know that we often inherit personality characteristics, and even certain more pathological characteristics such as depression, alcoholism and violence, but what we haven't properly considered is the role of trauma in our emotional and psychological inheritance. Indeed it seems there is research that states the following: **"McGill University and Douglas Institute scientists have discovered that childhood trauma can actually alter your DNA and shape the way your genes work. This confirms in humans earlier findings in rats, that maternal care plays a significant role in influencing the genes that control our stress response."** (Report from McGill University)

One reason is that, if we consider that the war trauma suffered by a great grandfather may cause someone's present day tendency towards depression, compulsiveness or alcohol dependency, in our general practice of psychotherapy we do not, so far, have the means to access this or work with it. Most of the work

of psychotherapy is engaged with the person's own life experiences, their relationship with their parents and perhaps, in some instances, with events that happened in their parents' childhood, but usually only at the level of explaining their behaviour, i.e. in behavioural terms. We do not consider the possibility of a much deeper and completely unconscious legacy. The difficulty is of course the unconscious nature of the splitting off of the trauma emotions; since unconscious, how can we talk about it? As the function of our survival strategies is to keep us 'safe' from these very strong and frightening feelings by holding them out of our consciousness, we are always in a bind. On this point Ruppert considers that it is impossible for anyone to access this unconscious legacy without the assistance of someone who understands and is familiar with this thinking and work.

In addition as a profession we are still exploring and trying to understand trauma processes, and how to work with the fall out of personally experienced traumatic events. There is still dispute in the field as to how best to work with post-traumatic experiences, predominantly whether to help the person avoid any kind of re-triggered experience or whether healing must involve an experiencing of the feelings in a safe environment. And how, then, to work with trauma experiences that are carried across generations? In order to answer this question we must at the very least include such a possibility in our thinking.

References

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