

Trauma constellations with a Gestalt perspective

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Received 9 January 2013

Abstract: In this article I focus on the theoretical developments of Professor Franz Ruppert on the topics of trauma and attachment, and his adaptation of the constellations process originally developed by the German philosopher and psychotherapist Bert Hellinger. My Gestalt background encourages me to seek connections between Ruppert's work and a Gestalt approach. I will draw on other theories and comments on the topic to give context.

Key words: Gestalt, constellations, trauma, attachment, phenomenology, symbiosis, autonomy, symbiotic trauma, entanglement.

We have shed the classical psychoanalytic denial of the reality of . . . trauma . . . [N]ow we are free to create new models [that can] help us direct our efforts to heal. (Kepner, 1995, p. xiii)

Introduction

Trauma is perhaps the most avoided, ignored, belittled, denied, misunderstood, and untreated cause of human suffering. (Levine, 2008, p. 3)

The last twenty-five years have seen a steadily increasing focus on the role of trauma in psychotherapy from different perspectives, reflected in a proliferation of literature on, for example, shock and trauma (Herman, 1992; Weingarten, 2003), Post Traumatic Stress Disorder (PTSD) and the physiology of trauma (Rothschild, 2000; Etherington, 2003; Levine, 1997, 2008; Ogden, Minton and Pain, 2006; Friedman, Keane and Resick, 2007; Naparstek, 2005, 2006; van der Kolk, McFarlane and Weisaeth, 1996), childhood sexual abuse and domestic abuse (Wieland, 1997; Whitfield, 1995; Cloitre, Cohen and Koenen, 2006), combat trauma (Shay, 1994, 2002), the neurology of trauma (Stein and Kendall, 2004), and the transgenerational aspect of trauma (Laub and Auerhahn, 1989; McGlothlin, 2006; Danieli, 1998; Fromm, 2012), amongst many others. Indeed, it seems at this time that trauma is *the* developing topic of psychotherapeutic investigation. Added to this is the flow of information coming from the neurosciences (Schore, 1994, 2012, 2012a; McGilchrist, 2010; Lewis, Amini and Lannon, 2001; Siegel, 2010; and the epigenetic work on the potential transgenerational effects of trauma on the DNA (Murgatroyd et al., 'Bioscience and Epigenetics';¹ Yehuda and Beirer in Ford, 2009).

The theoretical developments of Professor Franz Ruppert² bring together the topics of trauma, attachment, and the transgenerational transmission of unresolved trauma through the child/parent bonding process, in a way that I have not seen anywhere else, and while many of his ideas are not in themselves new, the whole that he presents, I think, is. That 'whole' includes an adaptation of the methodology of the constellations process as an effective practice for resolving the psychological fragmentation resulting from trauma and its transgenerational entanglements: an intrapsychic integrating constellation.

It is more than twenty years since the constellations work of Bert Hellinger came to the attention of the psychotherapy world, generating much controversy and criticism. Since then there has been some separation of the methodology of constellation from the persona of Hellinger, and various explorations of other ways of using the methodology of the constellation (Sparrer, 2007), Ruppert's 'constellation of the intention' being one.

As a Gestalt psychotherapist, my original connection to constellations work back in the mid-1990s always involved an innate and troubled discomfort with the facilitation methods of Hellinger and others as being 'un-Gestalt', in my view often far too authoritative, directive, and non-relational. Even though Hellinger's stated intention was phenomenological, in fact I did not see his work as phenomenological in the Gestalt sense at all. However, I continually found myself intrigued by the phenomenon of the constellations process, and in my first book, a textbook on working with constellations, I put a considerable focus on this problem, attempting to explore a more Gestalt form of facilitation (Broughton, 2010). I was also uncomforta-

ble with the ‘theoretical underpinnings’ of family constellations, the ‘Orders of Love’, as prescriptive and not really a theory at all. This article follows one I wrote last year on Gestalt for *The Knowing Field, International Constellations Journal*, in which I made the connections I make here in the other direction: to constellations facilitators about Ruppert’s work and Gestalt (Broughton, 2012).

I should add here that Ruppert’s work is by no means accepted by the family constellations community, since it challenges many of the central themes of family constellations, and many people’s loyalty to Hellinger. There is interest but most adherents to Ruppert’s work have come from outside the family constellations community, primarily those whose major interest is the topic of trauma. Also, I do not propose to address the deeper philosophical and theoretical comparisons between the work of systemic constellations and Gestalt, ‘which can easily be seen to be structurally and methodologically parallel’ (Wheeler, in Hausner, 2011, p. 290). Gordon Wheeler has made a much better job of this than I could ever do in the afterword of Stephan Hausner’s book on systemic constellations (op. cit.).

My first contact with Ruppert in 2005 was through his practical work with constellations, which seemed much more in line with a Gestalt approach than I had previously seen: non-interfering, phenomenological, respectful, working at the edge of the here-and-now reality without enforcing any hypotheses or biases, descriptive rather than interpretative, leaving the meaning-making with the client, and supporting improved contact between client and the representatives in the constellation.

Ruppert’s psychotherapeutic roots are in employment psychology, moving to psychotherapy in the early 1990s, along with a developing interest in bonding, and thence trauma. His particular allegiance in practice is to the work of Carl Rogers and the notion of the client as the central authority for the work, and the therapist as the person who holds an interested, respectful and inclusive role (Broughton, 2010a). He is not a Gestalt practitioner.

Since 2005 I have become increasingly committed to Ruppert’s theoretical and practical developments.³ My commitment is to do with a conviction that trauma, and particularly attachment trauma and transgenerational entanglement with other family system traumas, underlies all psychotherapeutic work, and has been insufficiently recognised. This commitment has continually been tempered by a parallel interest in holding a Gestalt orientation to Ruppert’s theories and practice. This has led to many discussions and arguments between Ruppert and myself that have enlivened this process greatly for me.

A brief look at the history of the study of trauma

The study of trauma since the early work of Janet, Charcot, Freud, and others in the late nineteenth century has had a very chequered history (Herman, 1992; van der Kolk, 2007):

People have always been aware that exposure to overwhelming terror can lead to troubling memories, arousal and avoidance However, psychiatry . . . has periodically suffered from marked amnesias, in which well-established knowledge was abruptly forgotten, and the psychological impact of overwhelming experiences [were] ascribed to constitutional or intrapsychic factors alone. Mirroring the intrusions, confusion, and disbelief of victims whose lives are suddenly shattered by traumatic experiences, the psychiatric profession periodically has been fascinated by trauma, *followed by stubborn disbelief about the relevance of our patients’ stories.* (van der Kolk, 2007, p. 19, my italics)

The defining experience of trauma is terror, helplessness, and a fear for one’s survival, and the natural instinct is to avoid this experience. Our strategies for surviving the original trauma, strategies of avoidance and dissociation, remain after the event, attempting to ensure that we never go near such terrifying experiences again. So it seems likely that those who studied trauma have also operated from a collective avoidance, what the German Professor of Child Psychiatry at Hamburg University, Peter Riedesser, has described as a ‘trauma-blindness’ in relation to the study of trauma (Riedesser, 2004, in Ruppert, 2008).

An example of this avoidance of trauma is Freud’s presentation, *The Aetiology of Hysteria* published in 1896, setting out what became known as his ‘seduction theory’, and his subsequent retraction of this theory in the face of ‘an icy reception’ from his colleagues (Masson, 1984), which Kepner refers to in the quotation at the beginning of this article.

The paper was oriented around Freud’s patients’ accounts of childhood sexual abuse, as having been traumatic and implicated in the development of ‘hysterical neurosis’, what we would now call neurosis of trauma. Freud’s subsequent abandonment of this thesis set in train a journey towards valuing the internal world of fantasies and dreams over patients’ accounts of real trauma experiences, that eventually formed the cornerstone of psychoanalysis. What also got missed, perhaps because of the outrage at the notion of such a prevalence of sexual abuse at the time, was domestic violence and emotional neglect (sexual abuse by its nature is of course violent, but many children are violently or neglectfully abused, but not sexually abused).

The unfortunate consequences of this included the

discrediting of the reliability of, primarily, women's self-accounts (Herman, 1992), the reversal of the perpetrator/victim role in relation to children where the accused parent becomes the victim to the 'accusing' perpetrator-child, and a pervasive subculture in psychotherapy generally of the client being troublesome, resistant, defensive, stubborn, blind, and manipulative,⁴ and one of the periods of 'marked amnesias' of the study of trauma mentioned by van der Kolk in the quotation above.

It is interesting to speculate, if this line of enquiry had been pursued, how it might have influenced Bowlby's work in the 1950s (Bowlby, 1958; Holmes, 1993). Might there have been more attention given to infant development and bonding before Bowlby, and to the attachment process as potentially traumatic by Bowlby and subsequent attachment theorists?

The study of war trauma developed after the Holocaust of WWII, but really only in relation to the Holocaust, until the work of Jonathan Shay (Shay, 1994; 2002) and others working with the American Vietnam and Korean veterans.⁵ And in the 1970s, '80s and '90s, the slow, painful emergence of the prevalence of childhood sexual, violent, and neglectful trauma, and the domestic violence against women in the secret privacy of the home, forced trauma back into the limelight.

The study of trauma has been dogged by its own survival strategies of dissociation, avoidance, and distraction.⁶

Ruppert's MGPT Theory⁷

Ruppert's multi-generational theory of trauma involves a definition of trauma as an overwhelming and life-threatening experience, where one is completely helpless, choiceless, and entirely at the mercy of the forces at play (whether natural or relational). The strategies of 'fight and flight' having failed, the strategies of freezing and psychological fragmentation follow:

The difference between stress and trauma can be expressed thus: in a stressful situation one has the option of either fighting or fleeing ('fight or flight'), while in a trauma situation there is only one possibility – to become frozen and split inwardly ('freeze and fragment'). (Ruppert, 2008, p. 81)

The distinction is important because the physiological and psychological reactions are exactly opposite to each other:

The stress reaction leads to a mobilisation of the body's energy, while the trauma-emergency mechanism leads to a demobilisation and disconnection of energy The stress reaction opens the psychological channels, whereas trauma closes them down. (ibid.)

The process is through a high stress situation, which, if unresolved, becomes a trauma: 'While it is true that all traumatic events are stressful, all stressful events are not traumatic' (Levine, 2008, p. 7).

Trauma survival strategies therefore involve physiologic and psychic freezing and fragmentation, by means of dissociation and the splitting off of the unbearable and terrifying experience. Dissociation according to Etherington:

. . . has not yet been fully explained but is thought to be a mechanism that creates a split in conscious awareness that allows the traumatised person to disconnect from parts of their experience in order to reduce the impact [of trauma] and thereby survive. (Etherington, 2003, p. 27)

However, surprisingly, as Rothschild states ' . . . dissociation . . . is not mentioned by either the DSM III or DSM IV as a symptom of PTSD . . . although it is acknowledged as a symptom of acute stress disorder' (Rothschild, 2000).

Freud defined dissociation as a 'splitting of consciousness', citing Janet's work (Schoore, 2012).

Types of trauma

Ruppert defines four types of trauma:

1. **Existential trauma** – a threat to one's life, e.g. car accident, attack, rape.
2. **Trauma of loss** – loss of a closely bonded person, particularly a child or a parent for a young child; death of a son or daughter in unexpected circumstances, such as accident or combat. Also, miscarriages, stillbirths, abortions and adoption.
3. **Symbiotic trauma** – trauma of the early attachment process with the mother.
4. **Trauma of the bonding system** – where the whole family over several generations is traumatised, usually originating with an extreme act within the family, e.g. murder, persecution, torture, violence, incest, sexual violence. It has a massive impact on the family, involving shame and guilt; the system closes in on itself, establishing behaviours aimed at keeping the issue secret, while re-enacting the original event repeatedly over subsequent generations.

All the above revolve around hopelessness, helplessness, and the experience of threat to one's survival.⁸ The fourth category deals with the threat involved in divulging the secret, becoming the whistleblower. All trauma experiences are experiences of 'life-threat'.

The split self

Janet proposed that when people experience 'vehement emotions' their minds may become incapable of matching their frightening experiences with existing cognitive schemes. As a result the memories of the experience

cannot be integrated into personal awareness; instead, they are split off from consciousness . . . [with a] failure to integrate traumatic memories. (van der Kolk, 2007, p. 52)

The splitting that occurs is unconscious and out of our control. The primary split structure is into three components: a healthy part, survival part, and traumatised part. Each component has its own function that it eternally tries to fulfil, and its own characteristics. Below are the characteristics of the splits.



Personality Component	Function	Characteristics
Traumatised Part	Holds the memory and emotions 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 – retraumatisation
Survival Part	<p>Constructs and guards the splits by continually developing and refining the survival strategies.</p> <p>Prevents the trauma feelings from breaking through.</p> <p>Produces new splits if necessary to maintain the suppression.</p>	<ul style="list-style-type: none"> • Avoidant behaviour* • Denial • Inappropriately aggressive behaviour • Controlling behaviour • Compensating behaviour • Dissociation • Somatisation • Fostering illusions and delusions • Inability to make good relationships
Healthy Part	<p>Can be in contact with reality without illusions.</p> <p>Attempting to integrate the trauma experiences – and so is in conflict with the survival part.</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 and shame are situation appropriate

* These can be seen in any addiction or compulsive behaviour, and the more severe forms of mental illness.

** As opposed to compulsive and merged or entangled empathy.

Splitting and dissociation

We can make a distinction between ‘dissociation’ and ‘splitting’ by seeing dissociation as a temporary emergency process, while splitting is more permanent and more structural. Van der Hart et al. make the distinction between what they call ‘dissociation of the personality’, what we would call splitting, and ‘dissociation of consciousness’, what we call dissociation (van der Hart and Nijenhuis, 2008).

Ruppert makes a further distinction between ‘splitting off’ the intolerable experience during the trauma moment, and the ‘splitting up’ of the personality as the more structural result.

The survival strategies over the subsequent weeks, months, even years after the trauma, become more solidified and refined, eventually becoming the ‘personality’, or a ‘self’ in itself. Apart from the more serious forms of distractive strategies, such as addictions, eating disorders, self-harming behaviours, obsessions and compulsions, serious psychological disturbances (all of which can be seen to be forms of dissociation and deflection away from the trauma feelings), any activity, however seemingly innocent, if it has this distractive function can be understood as a survival strategy. As an example, many highly successful business executives become successful precisely because of their survival strategies.⁹

Symbiotic trauma

Feed and clothe a human infant but deprive him of emotional contact and he will die. (Lewis et al., 2001, p. 72)

Our first position in life, in the womb, is one of symbiosis from which, given the right circumstances, we develop our autonomy. Ruppert discusses our life-long need for symbiosis ‘as a permanent challenge of how we get along with other humans . . . and all life on the planet’ (Ruppert, 2012), always in a figure/ground tension with our need for autonomy.

Symbiotic trauma is the trauma of the parent/child symbiosis, and is the gateway to a multigenerational perspective. During our time in the womb we are not separate from our mother; we eat what she eats, we drink what she drinks; our whole nervous system is not separate from her nervous system; our metabolism is not separate from her metabolism, and our psyche is not separate from hers.

The human baby is more vulnerable and helpless pre- and post-partum than any other mammal, and these are exactly the conditions under which traumatising is most likely to occur. We literally need our mother to survive.

The needs of the newborn child are:

- nourishment;

- physical contact: warmth and metabolic regulation through limbic resonance;¹⁰
- emotional contact: love and emotional regulation through limbic resonance;
- safety and protection.

All these are interlinked and equally crucial to the wellbeing and survival of the child; without one the child will fear for his life, and may even actually die. Ideally, they need to be with the mother, as a continuation of the *in utero*-established connection.

The traumatised mother

The reasons why parents are unable to satisfy their children’s symbiotic needs sufficiently lie in their own trauma experiences. Because they are traumatised they are unable to give their children the necessary emotional strength, or support their autonomous development. (Ruppert, 2012, p. 8)

- The main cause of symbiotic trauma¹¹ is if the mother herself has suffered trauma, and so is psychologically split:
- In the symbiotic phase, the first imprint on the child’s psyche will be the split psyche of the mother: the child absorbs his mother’s split psyche configuration. He cannot *not* connect with his mother in this way just as, because her trauma is unconscious, she cannot protect her child from her own split psychological state.
- When we feel any emotion the gateway is opened for other feelings that are pressing for expression. So when the mother feels love for her baby, her split-off trauma feelings of terror/grief/rage will be re-stimulated and she will likely experience anxiety or panic.¹² She then will dissociate and withdraw from the child. Intimacy with her baby becomes a potential re-traumatisation for the mother, stimulating her dissociative survival strategies whenever she comes into close contact with the child.
- When the mother withdraws or dissociates the baby experiences the mother’s panic as his own, and experiences her dissociation as abandonment. He will likely experience despair, desolation, and a fear for his survival – a trauma.
- Eventually the baby may become the source of suppressed terror for the mother, and the mother becomes the source of anxiety for the baby.
- The child cannot separate himself from the traumas and split-off feelings of his mother and experiences them as his own.

Symbiotic traumas and symbiotic entanglements increase the risk of further traumatising, and this continues across the generations in all parent-child relationships if these processes are not recognised and interrupted. (Ruppert, 2012, p. 8)

The result is confusion for both child and mother, and because unconscious and essentially unresolvable without outside intervention, it leaves him helplessly entangled with his mother and her traumas (symbiotic entanglement). The child cannot distinguish between his own feelings and those of his mother. All his later close relationships are replicas of this early traumatic entanglement; all later situations of intimacy re-stimulate these first experiences of intimacy, and all later trauma situations re-trigger this original (primary) trauma, causing further splitting and increasingly limiting and dangerous 'survival' strategies. The child grows into an adult with a confused traumatised split psyche that then may be the cause of a symbiotic trauma for his own child.

Traumatised fathers

The first contact for the child is always with the mother, beginning in the womb, and so the situation is different with the father. The earliest contact with the father is at birth, and even then the mother/child bond is so crucial for the survival of the child that any real connection with the father must be secondary. If circumstances require the father to take on the major parenting role, perhaps because the mother is ill or dies, the child will always experience a loss of connection with the mother thereby causing a symbiotic trauma. The psychological state of the father of course has a big impact on the child, but usually after the original trauma.

As a final note, needless to say any situation that results in the child losing contact with the mother, even for a short time, such as incubation, adoption, or putting the child with someone else because the mother is ill or in danger is likely to be a symbiotic trauma for the child.

Resolving trauma

A simplified description of the healing process is:

1. The disintegration of the reified split structure, allowing for movement, connection and better contact between the split parts; followed by
2. The integration of the split-off trauma components.

This occurs by the following:

1. Strengthening of the healthy structures. This is akin to Kepner's 'healing tasks' (Kepner, 1995).
2. Increased awareness of survival strategies.
3. Increased safely regulated contact with the trauma.
4. Increased integration of the split-off parts of the self.

The challenges of healing are:

1. That the healthy and survival components are essentially in an impasse of conflict, the healthy self desiring integration, which must involve making the trauma experience conscious, while the survival

self's entire function is to keep the trauma out of consciousness.

2. That the splits are unconscious and, in the case of very early symbiotic trauma, pre-verbal and pre-explicit memory.
3. That the experiences involved are truly terrifying, and it is entirely natural to avoid them.

We can understand that the survival strategies, as potentially destructive and life-limiting as they are, provide a thin protection between us and the terrifying forces of trauma, and will only dissolve when the person feels safe enough.

Comments on Ruppert's theory in relation to Gestalt theory

Ruppert's main contribution, in my view, is in bringing together many ideas about trauma into a coherent theoretical whole. His more specific contributions I think are:

1. A clear definition of trauma as distinct from high stress or 'traumatic stress' (van der Kolk et al., 1996). Many writers on trauma assume an understanding of what we mean by the word trauma without a clear definition.¹³
2. Whereas theories of splitting discuss the splitting off of the trauma experience (van der Kolk et al., 1996; Schore, 2012; Ogden et al., 2006), Ruppert gives us the three-part split model, redefining the defence/resistant strategies into a self-part with its own function, identity and characteristics.
3. The concretisation of the concept of symbiotic trauma as a reaction to bonding with a traumatised mother.
4. The concept of symbiotic entanglement with the mother's unresolved traumas, and thereby establishing a clear multigenerational context and process.
5. The means of effectively and safely working with trauma and the split psyche using the constellation, as I will discuss below.

As a Gestalt therapist, I have struggled with the concept of self-parts,¹⁴ but I find that clients find it helpful. It is also true that in our attempts to understand, such graphics and schemas do help.¹⁵ What I see in the constellation is how it is in process, with the 'self' that is 'created at the boundary' always mediated by unresolved trauma, providing the ground against which every new experience is set. In relationship we may move through all 'parts' from moment to moment: the healthy aspect desiring relationship, but when confronted with increased intimacy the split-off traumatised dimension may register as anxiety and suppressed

panic, which immediately stimulates the protective survival strategies.

The process is an avoidance of contact with the trauma, and can be mapped on to the cycle of experience, with the survival strategies as the interruptions to contact. However, I think understanding these ‘interruptions’ in terms of trauma gives a different feel: they are indeed interruptions to contact, but contact at this stage would potentially be a terrifying re-traumatisation, which must be avoided at all costs until the person feels safe enough.

The survival strategy is of course a ‘creative adaptation’ (Kepner, 1995; Wheeler in Hausner, 2011), but this term, if applied to trauma, in my view diminishes the seriousness of it. The word ‘creative’ has far too much of a positive spin on it, as does ‘adaptation’, and I think came into vogue as a way of attempting to give hope and support to the client. However, I think it actually serves to diminish and undermine the reality of trauma. In a real trauma situation there is no question of creativity or adaptation, there is only survival. The term may serve in situations of ongoing high stress, but not in my view of trauma.

The concept of attachment ‘misattunement’ being traumatic has big implications. I have often worked with people who would come under the categorisation of ‘secure attachment’ who in the process of the constellation come into contact with symbiotic trauma. Symbiotic trauma is not just confined to those with the more serious attachment designations, it is much more prevalent than that.

Most current work with trauma¹⁶ is oriented towards PTSD, which is limited to trauma that can be remembered. Even in cases of severe childhood abuse, where the memory has been obliterated, if it can be recalled and discussed in therapy it is likely to be a secondary trauma, available in the explicit memory, as opposed to implicit, which is not generally recoverable. Kepner’s¹⁷ model deals with childhood abuse, and sees this as ‘a developmental problem for the child’ (Kepner’s italics). He focuses on the development of skills, functions, experiences, and supports that have not been possible due to the abuse. In contrast, I think Ruppert’s model offers a ground from which to understand all traumatic phenomena, including later abuse trauma.

As a final note I want to put forward briefly Ruppert’s current thinking about the perpetrator/victim issue. For him, while there is of course a real victim – trauma creates a victim – the development of a ‘victim attitude’ uses the victimhood as a survival strategy, i.e. as a means to avoid the real trauma. The perpetrator, by contrast, perpetrates acts against another precisely as a means of avoiding his or her trauma. His act of perpetration makes the other feel the feelings that he cannot feel, and so is his developed (often learned from the person who

perpetrated acts of trauma on him) form of survival. So we can say that those that perpetrate acts against others do so precisely because they are already traumatised. This is not an excuse, but it is a rationale (see note 10).

The constellation

Most people if you ask them about their parents will begin by telling you about them from the age that the client was born. We conceive of our parents primarily as parents, and often only when particularly asked will think of them as children with parents of their own. Of course we know the facts, but rarely think about what it might have been like for them as children. How many therapists ever enquire into their clients’ families further back than that? The perception required to work with transgenerational trauma is an ability to think in terms of at least four generations, with an interest in where people came from, how they got there, and what happened to them on the way.¹⁸

If you ask people about their pre-verbal life, most will tell you what they know, which is usually what they have been told by others. Most therapeutic work does not venture too far into these areas for two very good reasons:

1. Our clients do not think that way, and neither does the therapist, and so the therapy content stays within the familiar ‘present life’ framework.
2. How does one usefully access such information and relevant experiences?

The answer to this question is the experimental process known as the constellation. Taken apart from all the hype, excitement, and criticism of its beginnings, the constellation is a very simple process that does seem to allow access to our unconscious reservoirs of such information. The phenomenon involved, where representatives for people in a constellation seem to gain access to experiences and, at times, information they could not possibly have known beforehand, is in the same vein as such things as transference, projection, and projective identification. We accept all these, but we do not really know yet how they work – we have tentative explanations in all sorts of areas such as field thinking, mirror neurones, limbic brain resonance and so on – but it does work, as does transference.

As a Gestaltist, my approach to the constellation is experimental and phenomenological, and in this way I think it compatible with a Gestalt approach. I see it as a collective intelligence phenomenon, oriented around the client’s intention. I do not see it as something the therapist manipulates, but as something the therapist can trust, respect, and work with, as a source of insight and understanding that is at times quite beyond whatever the therapist may think. I see it as relieving me of

having to have answers because answers emerge from engagement with the process. As simple a process as it is, even so, it is only as effective as the theoretical framework and insights that underpin it. So the theory outlined above and the process of the constellation meet, and provide meaning. A therapist can look at anything and will only see what their theoretical framework allows. Field theory of course holds the possibility of a transgenerational perspective, but only if the therapist thinks in that way.

The form of constellation devised by Ruppert is an intrapsychic process, where the initial set up is the client herself, and a representative for her stated intention. Already we have the potential for a split: two parts of the self. The 'intention' and the client are free to attend to their experience, move, speak, relate or not, and find their own way. Other representatives, for example for the mother, father, grandparents, younger parts of the client, may be added as the constellation proceeds, usually in response to what happens between the original two.

The focus for the constellation is always the subtle nuances of relationship between the client and her 'intention'. Other family members represented in the constellation are only useful in order to illuminate our understanding of the wider trauma system, and are never the focus of the constellation. The therapist's attention stays with the client and her 'intention' and no interventions are addressed to other representatives.

The most electrifying and frequent phenomenon is that the experiences reported by the 'intention', which are often detailed and may be enacted, shown or spoken, are experiences that the client knows. The 'intention' tends to reflect back to the client her own, often never fully realised, experience. It is as if the 'intention' gains access to a deeper part of the client that is related to the presented intention.

Another frequent occurrence is that the 'intention' herself feels split in her body, which may be translated experientially into two parts of the client embodied in the representative for the intention. The 'intention' seems to hold the originally stated intention, and an experience of whatever it is that prevents the stated intention from being achieved.

So, for example, a client may state as her intention a want to feel more in control of her life. One may think then that the 'intention' is likely to feel out of control, but actually the experiences reported tend to be much more subtle, discriminating and particular than this, and may not express anything related to control at all. The 'intention' may reflect something quite different, such as a yearning for the mother and an unexplained profound sense of sadness. At this point the client may offer information about her mother's emotional unavailability. Perhaps the mother is included as a repre-

sentative, and shows that she just does not see the client, or the 'intention', but moves in quite a different direction. At this stage the client may offer further information, that her mother's mother lost a baby when her mother was three-years-old. We may include representatives for the grandmother and the baby to see what happens. The movements that occur at this point are quite spontaneous, nothing is engineered. What may happen is that the 'mother' looks appealingly at her mother, who is overcome with emotion and holds the 'baby'. As this happens the 'intention' and the client may see each other, perhaps for the first time, and come together. The 'intention' may say that she doesn't feel the sadness anymore.

In a constellation such as this, one cannot avoid the impact of a three-year-old child whose mother is so absorbed with grief that she doesn't even see her child, the mother. The 'intention' has reflected the client's entanglement with the grandmother's and the mother's sadness and loss, by the split and initial sense of intense sadness. The client's wish to have more control can be understood as a natural desire to be whole and unconfused with the systemic sadness. A useful way of putting this, and one that I may suggest the client say to her 'intention', is 'we have to find our own sadness, separate from our mother's'.

The relationship of this constellation to the real situation of the client's mother is irrelevant. It is the client's internal process of distinguishing and integrating what is hers that is important. This constellation would be seen as a first step, creating some separation from the mother's trauma, on the way to the underlying unresolved personal trauma involved in her infantile attempts to attach to her dissociated mother. The material of the constellation is the client's internal reflection of the external realities, and this inner reflection is what the constellation draws on.

This is not relational work in the intersubjective sense, the internal relationship of the client with herself being seen as more important. But the relationship between therapist and client (and therapist and representatives) is crucial even so. Trust is a formidable issue in trauma, since traumatic events destroy trust and confidence, and so the constellation cannot move one step beyond the level of the client's trust in the therapist. At the same time the constellation also cannot move one step beyond the therapist's trust in the autonomy of the client (even though the client may not feel trusting of herself) and the constellation. There are tremendous issues of power and authority in trauma work, the trauma situation being one of complete powerlessness. The therapist must never usurp power, even if the client's survival mode is to devolve power to others.¹⁹

Advantages of the constellations method

- It is an embodied experience;
- It is experimental;
- It enables the split-off aspects of the self to be embodied separately, allowing for movement and disintegration of the reified structure;
- It shows the nature of the relationship structure between the split components;
- The 'representative experiences' give valuable information about the needed processes for integration.

Conclusion

In my view, trauma is endemic not exotic. Given our multigenerational history and the life-and-death reality of attachment, we are all subject to and influenced by trauma, we just prefer to look the other way. It is extraordinary to me, although I understand why, that it is only in the last fifteen or so years that we have really begun to make trauma a central topic, after nearly 150 years of psychotherapy. Freud's recantation was not an isolated event; trauma avoidance has been a collective phenomenon.²⁰

As a Gestaltist I have always valued the more philosophical and process-oriented approach of Gestalt, the tendency to avoid specialisms in favour of an underlying existential and phenomenological stance towards everything. And while this article may seem like a call for some specialisation, it isn't. It is an attempt to put forward a perspective that I think fits well with a Gestalt approach. Trauma, like shame, is shy, and unless we consciously look at it, we will not see it. How is a client to approach her pre-verbal and unconscious trauma if the therapist does not have such concepts in her frame of reference?

Acknowledgement

I would like to thank the two peer reviewers, whose comments on my first draft helped me immeasurably.

Notes

1. <http://www.landesbioscience.com/journals/epigenetics/article/11375/> Accessed 6 January 2013.
2. Professor of psychology at the Munich University of Applied Sciences in Germany.
3. I have organised, edited and published the translation of three of his books from German into English, with a fourth one currently in translation.
4. I feel shocked sometimes when I think back on my training days and how much this attitude pervaded it at the same time as we were aspiring to respect, inclusion, and 'unconditional positive regard'.

5. There is so much more to say about this that is beyond the scope of this article.
6. The book translated by Gordon Wheeler and Cynthia Oudejans Harris (Heimannsberg and Schmidt, 1993) is centred around how the Nazi past was obliterated from psychoanalytic training in Germany in the years after the war.
7. Multi-Generational Psycho-Traumatology.
8. Even in 'trauma of loss', in a sense extreme grief is an experience we are unsure we will be able to survive. Robert Stolorow has written of this beautifully in his book *Trauma and Human Existence* (2007).
9. There is intriguing evidence surfacing with regard to the criminal justice designation of the psychopath (not a DSM IV diagnostic category), to show that some top business executives fulfill the psychopathy criteria of the Hare Psychopathy Checklist. The distinction between criminal violent offenders and top business executives (most commonly men) seems to be to do with childhood influences, i.e. a violent offender is a person who has the 'psychopath gene' plus an abusive childhood. The main designation of the psychopath is an absence or severe limitations of empathy, which is exactly what survival strategies aim to do: control or obliterate difficult feelings. The so-called 'psychopath gene', known as MAO-A, is a gene that has been consistently found in offenders diagnosed with psychopathy. The Hare Checklist is commonly used as a means of diagnosis for justice systems purposes, and has been researched in relation to non-offenders, i.e. people in positions of authority in business. However, one difficulty is that the psychopath is usually highly intelligent and successfully manipulative, and often charming and charismatic, and very capable of avoiding or manipulating tests. A recent precedent in US law has been set where a violent offender's sentence was altered from death to life imprisonment because it was proved that he had the MAO-A gene and a highly abusive childhood.
10. It is now established knowledge within the field of neuroscience that, quite apart from the emotional benefit of bonding, at the beginning of life the child is unable to regulate his internal metabolic processes and relies on the mother's regulatory processes through the resonance and regulation provided by the limbic brain system. This means that without sufficient connection with an adult (whose regulatory system is established) the child literally will die (Lewis, Amini and Lannon, 2001; McGilchrist, 2010).
11. I also call this the primary trauma, since it is extremely common and all later traumas have their roots in this trauma, in effect all later traumas are also re-traumatisations of this original trauma.
12. This may be a major cause of post-natal depression, where the mother's own symbiotic trauma and entanglement with her mother is re-stimulated by her experience of becoming a mother.
13. Even the DMS IV PTSD designation does not describe what trauma actually is; it describes the necessary context and the post-trauma symptomatology.
14. It is interesting to remember that it was a Gestalt practice, perhaps not popular now, to work with the top-dog and under-dog in two-chair work, a kind of split, and the Gestalt experiment often is a dialogue between parts of the self.
15. How helpful the several different diagrams of the cycle of experience are.
16. Levine's Somatic Experiencing, Kepner's Healing Tasks, Rothschild's body work, Ogden's Sensorimotor approach, Schore's Affect Regulation Therapy, EMDR, EFT, etc.
17. This is the only work that I could discover within the Gestalt

literature that attempts to deal explicitly with trauma, apart from an article in the *BGJ* on EMDR (Figgess, S., (2009). Working with trauma. A journey towards integration: Gestalt and EMDR. *British Gestalt Journal*, 18, 1, pp. 34–41).

18. My supervisor, who is professor of narrative therapy at Bristol University, actually does work in this way, with stories.
19. This raises issues connected with our view of ourselves as therapists . . . are we a ‘helper’? If so what does this do to the power balance where one is a helper and the other helped?
20. I wonder to what extent a persistent allegiance to and adulation of Freud has influenced our ‘trauma blindness’.

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