Trauma, bonding and family constellations

with Professor Franz Ruppert

Hong Kong 15 and 16 September, 2007
Welcome

We are proud to present this very special seminar with Professor Dr. Franz Ruppert which introduce his work exploring how traumatic events experienced in the past can affect you now. This can even occur across generations.

Dr. Ruppert use the methodology of family constellations to explore and understand how traumatic experiences affect our life.

We wish to thank Dr. K.C. Yeung of the Hong Kong University for making this workshop and lectures possible. We hope this seminar will be a great learning experience.

The Solutions Group
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Approximately 10 years ago I saw Bert Hellinger work, and since that time I have been experimenting with the methodology of constellations. My own constellations have been exceptionally helpful for my personal development, and in my collegial supervision groups I always use the constellations method as a means of moving forwards personally. Over time I have also seen how constellations are of enormous help to many of my patients and trainees. I am also convinced that using constellations can help in understanding the causes of serious psychological disorders and can influence these in a specifically targeted way. Disorders of bonding and the effects of traumatic psychological injuries can be healed. (Ruppert 2002; Ruppert 2005) Symptoms of panic-stricken anxiety, serious depression, and massive personality disorder, even schizophrenia and psychoses, can be better understood in their formative contexts by using the methodology of constellations. Patients who are open to working in this way have a realistic chance of becoming healthy. It is true that the aim of psychological recovery is not achieved with one single constellation and that it needs the support of the process of longer-term psychotherapy. Nevertheless it is the constellation which is often the key for right diagnosis and targeted cause-oriented therapy.

A constellation is basically only a method. The core of it is that representatives in a group situation show the psychological structures of a patient, i.e. make them visible and expressed.

People always implement a method with their respective body of thought at the back of their minds. Therefore the presumptions, hypotheses and theories that a constellations facilitator works with are important, together with the intentions that an individual brings to his own constellation.

The theoretical framework within which I work in psychotherapy has formed gradually over the last ten years through many therapeutic sessions with patients, both in individual and group situations. It is now based on three underlying concepts:

1. The recognition of the fundamental significance of ‘bonding’ for the human soul.
2. The understanding of traumatisation and its effects on the individual, and on the individual’s complex bonding and relational systems.
3. The insight that traumatisation has a trans-generational effect by means of transmission through interpersonal bonding.

The theory of a ‘multi-generational systemic psycho-traumatology’ (MSP) that I have developed is fundamentally about the effect of trauma in human bonding systems on the ‘soul’ of a person. I differentiate between the terms ‘psyche’ and ‘soul’. By ‘psyche’ I am defining all the basic functions of human experience and behaviour such as perception, sensory registration, feeling, imagining, thinking or remembering. By ‘soul’ I am defining the internalized representation of other people within the individual. The soul of the individual person is, according to this, the basis of the whole personality structure and extensive to the degree to which it contains other people and mirrors them.
The concept ‘trauma’ has been used in medicine and psychology for over a hundred years to render comprehensible the causes of psychological illnesses (van der Kolk, McFarlane and Weisaeth 1996). However there seem to be powerful individual and social resistances to promoting this knowledge with the recognition that it deserves in relation to the aetiology of psychological illnesses. Because those who are traumatised cannot understand the psychological processes within themselves, and guilt and fear in social communities leads to the suppression of painful experiences rather than looking at them, there is still a widespread ‘trauma blindness’ amongst professionals as well as amongst laymen (Herman 1997). However the number of catastrophes that have occurred throughout the world in recent times, and happen nearly every day in societies, has increased awareness of the phenomena of trauma.

There are many attempts to define ‘Trauma’, e.g. Fischer und Riedesser write: “A trauma is a vital experience of discrepancy between threatening situational factors and the individual’s coping capacities, that is associated with feelings of helplessness and the lack of any protection, thus creating a permanent instability of the self-concept and the conception of the world.” (Fischer und Riedesser, 1999, S. 79). I prefer a point of view according to which a traumatic situation brings someone to a point of hopelessness, where it is a question of her bodily, spiritual and social survival. In this situation she can only survive by abandoning parts of her psychological functioning capacity. This means, above all, that feelings are suppressed and ‘switched off’, memories are pushed aside and tarnished, parts of the person’s own identity are split off, and the personality structure is split up into two or more separate identities.

As a result of my practical experience in psychotherapy I have differentiated four types of trauma:

1. Existential trauma: here it is a question of physical survival, e.g. in the case of an attempted murder, a traffic accident or a natural catastrophe. The consequence of such an experience is an excessive and ongoing state of angst or fear of death which, together with the part of the personality that experienced the existential trauma, must be split off from the rest of the personality structure so as not to die of over-excitation, e.g. by a heart attack. If in situations later in life an emotional connection is established between the surviving part and the traumatised part, the person concerned ends up in a re-traumatised state and goes into panic.

2. Loss trauma: the causes of loss trauma are the sudden and unexpected death of people with whom the person has a close soul bond, for example if a mother’s child dies or a child loses his mother (e.g. through adoption or death). As a consequence of this traumatisation part of the personality is split off. Because of the sudden death or loss, this part remains in a state of shock for the rest of the person’s life. Loss trauma finds its symptomatic expression in depression.

3. Bonding trauma: bonding to the mother is one of the elementary needs of a child. If a mother refuses this possibility – say, a mother who sees the bonding need of the child as a threat to herself – then that child finds itself in
a hopeless situation. The person on whom the child is most dependent for her survival and soul development faces her with hostility. As the rejecting mother on her part is split in her own soul by bonding trauma experiences of her own, she projects her childish needs onto her child and tries in this way to attach the child to herself symbiotically.

The result is chaotic feelings of fear, anger, hopelessness, guilt and shame that become the basis of the personality structure of the child - transferred from the mother to the child in the bonding process. In such cases it often happens that the mother does not protect the child sufficiently from interference by others, so that for the child the experience of sexual abuse may often be added to the bonding trauma. The child itself, rejected by her mother, is prone to cling emotionally to the father. This can cause further multiple splits in the personality structure of the child. Personality disorders such as ‘borderline’ personality disorder or eating disorders and serious forms of drug addiction are the symptomatic results of bonding traumata.

4. Bonding system trauma: there are things that happen in families that cannot be justified by anything. These include sexual abuse of daughters by their fathers, incest with ensuing pregnancy or cases of children murdered because they are not wanted. Such deeds are suppressed, as they lead to social ostracism. Their denial leads to extreme emotional confusion. Feelings of love, fear, hate, guilt and shame are entangled in inextricable and unbearable contradictions in the souls of the family members concerned. The perpetrators of such deeds try to define the disordered association of sexuality and love, and life and death as ‘normal’. In a family system like this the effect of the confusion of thoughts and feelings on the mother-child bonding is such that the mothers cannot establish a clear bonding to their children, and the children in the family bonding system are immersed in emotional chaos which builds up over generations. It makes some of them seriously ill or even crazy. These children make it apparent by the symptoms of their ‘psychoses’ and ‘schizophrenia’, that their family hide secrets that relate to life and death.
Bonding

The fact that trauma experienced by an individual can have an impact over several generations exists because of the phenomenon of bonding. Bonding is one of the most powerful psychological forces defining a personality structure. Everyone is existentially dependent on bonding in the first instance to his or her mother. Without this secure and stable maternal bonding, the development of a child’s soul is very difficult and can only progress if the child splits off his traumatic experience of finding no emotional connection to his mother. Such a splitting provides an opportunity for adaptation, but it predetermines the future relational life of the individual. Relationships involving close bonding always activate the split off part of soul, resulting in exceptionally disturbing and frustrating relationships – whether with partners, as parents with children, in friendships or with colleagues at work (Ruppert 2001).

It has become very important in my work to distinguish clearly between the terms ‘bonding’ and ‘relationship’. There are relationships that do not involve bonding (e.g. if two spouses do not feel anything for one another) and there can be a strong bonding without an existing relationship (e.g. if someone is soul bound to someone who has already died). Bondings are based on an emotional dependency and they are pre-linguistically and unconsciously created.

The specific value of the method of constellations in my opinion lies in its ability to make the bonding level visible. My experience shows that only when someone solves their problem on the bonding level can they then form their relationships with freedom and clarity.
The constellation method

Constellations is a method that seems simple to practice: an individual takes other people (‘representatives’), to represent people in his family system. How complete strangers can reliably mirror family members as they obviously are able to do is so far an unsolved mystery. At present although constellations work is a highly effective therapeutic method, so far no one knows exactly why the method works.

However, there are attempts to explain the phenomenon of constellations using the term ‘knowing field’. Albrecht Mahr has borrowed the expression from the theoretical work of English biologist, Rupert Sheldrake. Sheldrake speaks of ‘morphogenetic fields’ (Sheldrake 1988; Mahr 2005).

In my first published book on the method of constellations, I assumed that the constellations worked because we as humans have our own apperceptive sense for bonding and relating. Representatives in constellations do not think themselves into their roles analytically; they immediately and directly perceive the psychological conditions of the person they are representing (Ruppert 2001, page 40-44). Since then I think this is confirmed by a revolutionary discovery in brain research. It involves the discovery of so-called mirror neurones by the Italian physiologist Giacomo Rizzolatti (Rizzolatti, Fadiga, Fogassi und Gallese 2002). Rizzolatti discovered, initially in animal experiments and then in experiments with human beings, the existence of specific nerve cells, which always fire when a specific action is executed by the executing being, but also fire if this action is observed being executed by another. In this way these nerve cells mirror the environment in the brain of a human being. Once these particular nerve cells had been noted, brain researchers discovered the principle of mirroring in other areas of the brain, and connected with other significant psychological functions:

“There are networks of the pre-motoric system, which serve action planning, and the networks of bodily sensation, which make use of our senses so that we know how an action feels or would feel for the observed person. The latter work in connection with the emotional centre of the brain: there are also mirror nerve cells here which, like a kind of simulator, activate in us what initially were only the emotions and feelings of the other. Resonance triggered by mirror nerve cells means that if we can feel in ourselves the intended actions, sensations and feelings of another, we can gain a spontaneous and intuitive understanding of what motivates the other. The resonance pattern, of summoning up what is physically and psychologically close to us in ourselves, becomes a fixed installation within a short time. There is then a dynamic inner configuration of the other, composed of his living qualities: his conceptions, sensations, physical feelings, longings and emotions. To have available such an inner representation of a person who is standing close to us, is something like having the other person inside us.” (Bauer 2005, S. 87 f.)

Sympathy, empathy, intuition, transference, counter transference and inner representations are terms that are basic concepts in psychology. It seems they now have found their physical correlation in the mirror nerve cells. For the constellations method this offers, in my opinion, nothing less than scientific proof that the phenomenon of representation of the psychological condition of
a person by another is not in any way esoteric game-playing but a fact to be taken seriously. Every human being has the capacity to intuitively understand another’s action, feeling and sensing, in that it is simulated in herself by mirror neurones. This understanding of the soul reality of another person does not primarily take place through verbalised transmission of information but through perception and observation of the other’s facial expression, gesture and body posture.

I suspect that every individual is both a transmitter and a receiver of relationship-relevant information in a far wider sense than we can conceive of today. The praxis of the constellations method indicates quite clearly that we do not just represent one other person in ourselves when we are mirroring a person. We also mirror all the other individuals that that person represents in himself. So it becomes possible for a child, through his relationship to his mother, also to represent his great grandmother and great grandfather in himself. In family systems all-important family members are mutually mirrored transgenerationally in the respective other.

For this reason it is possible that the person – if this is necessary for a healing process – can find out what trauma has occurred in the family. She has only to be prepared to open herself to this information and let it come to light. This is possible through a constellation.

A further puzzle concerning the constellation method is made understandable by other new discoveries in brain research: how can representatives be simultaneously totally in the role they play, be able to observe themselves doing it, and also be able to quit these emotionally laden roles relatively quickly at the end?

Another statement of Joachim Bauer from his book in which I came across the phenomenon of mirror neurones I find particularly noteworthy. He says: ‘From a neurological point of view there is every reason to suppose that there is no apparatus nor biochemical method that can ever register and influence the emotional state of one human being as well as another human being is able to.’ (Bauer 2005, S. 51)

Thus constellations are one of the best methods for diagnosing the soul condition of a person and influencing him therapeutically. In my opinion a psychotherapist can do no better in coming to understand the conflictual dynamics of psychological illness than to participate in constellations with patients who have anxiety disorders, depression, personality disorders or psychoses. In my experience assuming representative roles and actually leading constellations has been the most effective and shortest route to gaining insight into the soul processes of my patients.
As with any other therapeutic method, the constellations method has its own specific interplay of person, theory and practice. Theoretical concepts change the use of the method, and the altered use of method in turn brings new insights to light. Personal vulnerability and blind spots will block the thinking behind a method as well as the implementation of the method. Personal development, therefore, enables the discovery of new and creative techniques.

In a constellation my orientation towards bonding theory, for example, leads to my pronounced focus of attention to the mother/child bonding. My knowledge of the consequences of trauma steers my attention to personality splits, and as a result of that I usually have more than one representative appearing for the patient in a constellation. From trauma theory I also derive the idea of using representatives for resources and aids - to help the overcome of emotional blocks and personality splits.

Generally as a therapist I regard it as important to guard myself from getting involved in a patient's trauma. Keeping boundaries is therefore as important as empathic care for the patient, particularly if the patient is as yet unable or unwilling to assume full responsibility for his own development. On the one hand it is important to encourage the patient to risk a further step in their personal development, but on the other hand it is important always to make clear to him that only he can decide how far he can go with his old traumatic experiences for the moment. Constructive therapeutic steps cannot be made arbitrarily. Work on trauma can only take place if there are sufficient resources at hand. In a group situation the group itself can become a very important support for the patient as he approaches the task of resolving his trauma-conditioned personality splits.

Case study

Below I give a case study. A participant in a workshop at a conference recently requested that I facilitate a constellation for him.

Werner (name changed) had been in a crisis of his soul for some months, which was expressed in partnership conflicts and his inability to make clear vocational decisions. Asked what he wanted from this constellation, his reply was that he wanted to be free of this inner crisis and to find new solutions for himself as to how he should proceed with his life.

The question of what a patient wants from a constellation is vitally important for my own orientation as the constellation facilitator. It is how I get a feeling for the sort of change the patient is ready to make, or whether he is in fact open to personal change, so that the constellation can produce a satisfactory result for him. In this way I try to protect myself from wanting the constellation to achieve too much change for the patient. The constellation can, with this insight, also be ended when what the patient initially wanted has been provided.

As I thought that Werner was seriously interested in an inner change, and was willing to engage in the risk of a constellation with awareness, I initially asked him to select two representatives, one to represent himself and one to represent the part of himself that was in need and in crisis.
Werner constellated both people approximately one metre apart, so that the ‘Part in Need’ looked past ‘Werner’ slightly to the left (Fig. 1).

Fig. 1: Both parts of Werner in the opening constellation

The ‘Part in need’ gradually turned further and further to the left away from ‘Werner’. He became increasingly restless and looked about searching for help from ‘Werner’. ‘Werner’ stood steadfastly in his position. He could not understand the agitation and anxiety of the ‘Part in need’. This disappointed the representative for the ‘Part in need’ who then started to wander aimlessly about in a confused state.

In my view at this point the phenomenon of Werner’s split personality structure was quite clearly demonstrated. There was one part that organised life and another part that was stuck in his soul need. The presumed ‘adult’ part had no access to the presumed much younger ‘soul’ part, which must have had an experience in his childhood that rendered him powerless and desperate. Werner had apparently overcome this problem by splitting himself inwardly. This was the only way he could survive.

I then asked Werner to choose a representative who could help the ‘Part in need’. Werner hesitated as to whether he should choose a man or a woman and finally decided on a man (‘Help 1’). As this representative entered the constellation the ‘Part in need’ took no notice of him. ‘Werner’ however looked at him with interest and went over to him. So it seemed that Werner had chosen some help only for the adult part of his personality. The ‘Part in need’ continued to feel very helpless and alone. I therefore asked Werner to position another person, who could help the ‘Part in need’. This time he chose a woman (‘Help 2’). Almost as soon as this representative entered the constellation, her heart started racing and she moved back several steps. With every step she disassociated more: she didn’t feel anything - she was as if in a fog - only her lower right arm reached forward with open palm and fingers spread out. She experienced her hand as if it were a foreign object, as if it did not belong to her.
These are clear indications of disassociation, pointing to a trauma. I then asked Werner to constellate a representative for what happened here originally. He again selected a woman for this (‘What happened’) and he placed her next to ‘Help 2’. She remained there for a long time without moving but was extremely alert and concentrated.

As I thought that this was a question of a traumatic situation to which Werner was entangled through his mother, I asked him to choose a representative for his mother. He positioned the representative for his mother close to ‘Help 2’. The mother’s heart immediately started racing, she was short of breath and weak at the knees. So she also showed clear signs of a traumatisation, in particular with symptoms of panic-stricken fear. This symptomatic picture led me to conclude that there was an existential trauma that Werner’s mother had experienced.

I asked Werner whether he knew what had happened to his mother. He referred firstly to her two partnerships, then to a miscarriage and finally to a serious breast operation. All these events when specified were registered with a low degree of excitement by the representatives, in particular by ‘Mother’ and ‘Help 2’. So I thought that the facts referred to by Werner were not the true events that the constellation referred to. So I continued to observe how the constellation developed. The ‘Mother’ approached the ‘Part in need’, who meanwhile positioned himself close to ‘Werner’ and ‘Help 1’. The ‘Part in need’ now, like a small child seeking help, clung to ‘Werner’s’ jacket sleeve. The ‘Mother’ came closer which made him feel even more helpless. The ‘Mother’ for her part was looking to him for stability, but on the other hand she also saw him as a small and helpless boy. Suddenly she saw ‘Help 1’ behind ‘Werner’ and the ‘Part in need’ and approached ‘Help 1’ and lay her head on his chest. She said she now felt safe and secure.

The ‘Part in need’ said he felt like a child, and that for his traumatised mother to seek help from him was too much for him. ‘Help 1’ was presumably someone had provided Werner’s mother with stability and protection after her traumatisation. ‘Werner’ and the ‘Part in need’ observed that when the ‘Mother’ was with ‘Help 1’ she was relaxed and Werner’s two personality parts felt they could also relax more. They now had good contact with one another. (Fig. 2).
So already the constellation had achieved a good result as the split parts of Werner had come close together. I asked Werner whether we should stop the constellation at this point. Werner thought he felt stronger now. He said: “I feel as though I have one foot planted on the ground and the other is already lifted as if to take another step forward, but that foot is still in the air.” I told Werner that if he wanted to move forward he would probably have to know more about what had happened to his mother, and that this might be hard for him to bear. He reckoned he was willing to find out, and so I asked him to tell the representatives in the group that something as yet unknown and hidden in unconsciousness could now be revealed. I use this technique because my experience is that representatives are dependent on what kind and amount of information the patient transmits to the representatives. They can only experience what is released in the inner images of the patient and isn’t blocked by him. In this way the patient can always have control over the constellation and can avoid re-traumatisation.

‘Help 2’ then started to unfreeze. She moved forward a couple of steps, stretched out an arm and gestured as if she were shooting a gun. The ‘Mother’ was again panic-stricken; she ducked and sought cover behind ‘Part in need’. After a while she said that it was now quite clear to her. She had seen something but she was not to blame. She stood up again and went towards ‘Help 1’. ‘Help 2’ now sank to the ground and looked like a person who had died or had been shot.

Then ‘Werner’ was drawn to this dead person. He knelt down next to her and after a while stretched out full length beside her. ‘Help 2’ seemed to represent a person his mother had watched being shot with a gun which induced panic-stricken fear in her in addition to sadness for the dead person. These feelings seemed to be the very strong bonding feelings connecting Werner with his traumatised mother.

I asked Werner himself to enter the constellation and say to his ‘Mother’, “In order to get close to you I looked for you amongst the dead.” Werner found it very difficult to say these words. One could see the enormous inner conflict as he approached his mother in this way. He ruffled his hair and bent forward in inner pain. He started to cry and groan. I encouraged him to express his pain.
and he uttered cries that affected one’s very core. Then, full of reproach he said to his mother: ‘You allowed the woman next door to ill-treat me.” Since his mother’s trauma had come to light it was now apparent that his own trauma could be revealed, that had been triggering his mother’s trauma as represented in his own soul. So I suggested that he say to his mother: “It was bad for me. I needed your protection.” He did this and gradually Werner and his ‘Mother’ came closer to one another. The ‘Mother’ was obviously now in a position to see her child as her child and not as an embodiment of her own anxiety and suffering from when she herself was a little child.

Werner then remembered that his mother had once said to him that when he was born it was already too late. This statement made sense in relation to the murder that the mother had witnessed as a small child. So I asked the mother to say to Werner: “It is too late for that” – pointing to the dead person on the floor, “but not too late for you!” She found it difficult to let the words come out but in the end she managed it, and there was a loving rapprochement between Werner and his ‘Mother’. Meanwhile ‘Werner’ had stood up and from his position next to ‘Help 2’ moved to place himself next to ‘Part in need’. Both observed what was happening between Werner and his ‘Mother’ happily and with great attention. ‘What happened’ now lay down on the floor next to ‘Help 2’ and said: “I could not have lain down if all this had not happened.”

‘Werner’ and the ‘Part in need’ approached Werner and his ‘Mother’, and Werner now also felt the need to rest his head against ‘Help 1’. As he did this the other representatives embraced him. It looked as if the split in his soul was now on course to come together in unity, therefore I ended the constellation. (Fig. 3).

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Fig. 3: Integration of the parts of Werner’s personality
What an individual sees in a constellation depends on that individual's prior theoretical assumptions. There is no such thing as pure looking and perceiving, this runs counter to all known results in brain and perceptual research. The perception of each and every species, including that of humans, is to a high degree selective and dependent on mood, feelings, attitudes and expectations, influenced by thinking. We see what we can see and what we want or expect to see. We do not see what we do not want to see or are unable to see, for example the split off components of our own personality structure.

Thus it is my conviction that every constellation leader comes to a constellation with hypotheses – and these hypotheses correspond to his or her own experiential world. If you lead constellations with an attitude of scientific research, you can see the constellations as experiments, either confirming or contradicting your hypotheses, and so gradually leading you to a better understanding of what goes on in human souls. It is in this way that I have accumulated my knowledge - knowledge that has brought me to the theoretical framework of multigenerational systemic psychotraumatology. I do not see this process as in any way finished. Again, the constellation described above provided me with new insights: the understanding that a child, as the agency of help, can experience what helps the mother in a positive sense, giving her soul stability, as well as experiencing the trauma and deep sadness that the mother bears within herself. In either case the child goes to the mother with an inner movement of searching for the place in her soul where her feelings are strongest. So in this case I have seen my hypothesis, that the main aim of a helpful constellation is to unify split psychological structures confirmed.

Results from a research project

Up to now there exist some research projects that show the usefulness and the reliability of the constellations methods (Franke 2006, Höppner 2001, Mraz 2006, Pänzinger 2004, Schlötter 2005, Schwer 2004). From a methodological point of view for me there are three main questions about the constellations method:

- What are the special therapeutic effects of a constellation?
- How can representatives separate their own mood, feelings and thoughts from what is transferred to them in the roles they have assumed?
- How reliable is it, if something totally new in the family system comes to light (e.g. a child’s father is a different person from that maintained or the mother suffers from sexual violence) and how do patients cope with such information?

I have formed in Munich a research team, which has investigated these questions. From 2005 to 2006 we made interviews on the basis of a questionnaire with 54 questions. 71 persons that had a lot of experiences with the constellations method as well as clients as representatives answered those questions mentioned above. Some results are:
- Constellations can serve as a special technique in psychotherapy to understand the deeper roots of suffering and the relation between the past and the presence.

- Constellations help clients to come directly into contact with their emotions that they cannot express verbally.

- Constellations can support the wish of many clients to overcome repetitive and self-destructive patterns of behaviour.

- Representatives have a series of abilities to distinguish between their own perceptions and those resulting from the role. The most important way is to go into a close contact with body sensations.

- Experienced representatives have a high sensibility not to mishmash their own sensations with those belonging to the role and the client.

- 96% of the interviewed persons said that the new information coming to light during a constellation made sense for them. They felt relieved by the new information and found answers to their questions. It helped them to change a lot in their life.

How effective the constellations method can be used in psychotherapy depends from to different processes:

- The one is the mirroring process that can be supported by the clearness of the applied theories, the personal clearness of the facilitator and the transparency of the whole setting.

- The other is the resonating process that depends on the clients will to come into a closer contact with his own feelings especially those that are painful and under the influence of trauma.

So the constellations method is submitted to the general principles every effective method in psychotherapy depends on.
Literature


Herman, J. (1997). Trauma and Recovery. Basic Books..


For the translation and editing into English of this paper I wish to thank Oliver Fry, Vivian Broughton and John Mitchell very much.
Profile

Dr. Franz Ruppertz has been Professor of Psychology at the University of Applied Sciences, Munich since 1992, having gained his Ph.D. in organisational psychology at the Technical University of Munich. Since 1990 he has worked as a psychotherapist and psychoanalyst, later studying Gestalt and Family Therapy. He came across the Family Systems work of Bert Hellinger in 1995 and since then has worked with family and organisational constellations in a variety of settings.

He has written several books in German on this subject and has offered post-graduate training in family and organisation work since 1998. He has found his own way to connect his insights about trauma and bonding with constellations work.

He is particularly passionate about the need for psychotherapists and counsellors to address the trauma in their own system in order to be able to work with the trauma in their clients’ systems. His view is that psychotherapy is in the process of being required to work to a new level and depth to respond to the growing needs of the world, and that this requires a deeper understanding of the place of trauma within systems, both the therapists’ and their clients’.