

ERO LANGLOTZ: Chapter 6: SELF, TRAUMA AND SELF-ALIENATION

Some personal remarks

The concept presented here arose during the previous 25 years while doing therapeutic work in my practice as a neurologist and psychiatrist. Confronted with the suffering of my psychiatric clients, I had to come to the conclusion that neither the educational psychiatry nor the established psychotherapeutic procedures were helpful. Educational psychiatry diagnosed clients according to their symptoms that were understood to be a deficit and unalterable, and recommended a treatment of psycho-pharmaceuticals, usually for the rest of the clients' lives. Even established psychotherapeutic procedures did not provide a practicable alternative for the clients. Furthermore, they were too theoretical, the procedures too time-consuming and complicated.

In 1983 I took part in protest actions of the freedom movement against the US American Pershing nuclear missiles, which were directed at targets in the then GDR. We blockaded the exits of the missile facilities and let ourselves be carried away by the police – non-violently. We were convicted for that for “duress”. Ten years later these verdicts were rescinded by a judgment of the constitutional court. In this way I noticed my tendency to adapt to authority, and overcame it. And I experienced that non-violent resistance can achieve something. I developed a healthy critical distance to governmental – and medical – authorities.

I recognized that my personal contribution to changing public awareness did not consist of sit-ins but rather in helping clients free themselves from their adaptation and subservience by means of autonomy training. This is how a vision of an emancipatory therapy came into being, which was both easy as well as being effective very quickly. Without being trained as a psychotherapist I thus began to experiment with setting up the constellation work 25 years ago. In doing so, I oriented myself towards the problems of my clients, my own perceptions – and my intuition. Thereby I observed many phenomena in my clients like over-adaptation, subordination, dependency, and even manipulation, dominance, self-destruction and excessive delimitation. I tried to describe these characteristics more and more precisely and to better understand the conditions they were created under as well as the effects on the lives of the affected.

That vision led to this concept.

6.1 AUTONOMY AND SELF-CONNECTION

The need for self-determination (autonomy) is an inborn basic human need. If we perceive our own ideas and needs and can fulfill them during our lives, then we are satisfied. We experience ourselves as being self-effective.

If we treat others with respect on a level playing field, we can also recognize their ideas and needs. We perceive conflicts of interests, endure them and find compromises that are satisfactory for both sides.

As the source of our ideas and needs we assume a SELF, our core essence, that which makes us unique. We obtain it together with our lives as a gift, so to speak. The Self thus also includes an awareness of belonging to a greater whole – like nature or TAO¹. Hence, it also has an inner dignity, regardless of whether someone achieves something or not. The SELF is, you might say, a part of our “basic equipment”. Even if we are not connected with it, or if we do not know it at all, it cannot be lost or destroyed. However, it is initially a disposition, a potential.

¹The ancient Chinese doctrine of Taoism describes the greater whole as: “The Tao that can be named is not the true Tao.”

Autonomy, the ability to live one's life in a SELF-determined way – and not EXTRINSICALLY determined – requires a connection with one's core essence, one's own SELF. This connection enables us to perceive our own needs and convictions and to orientate ourselves towards them instead of towards other people's needs and convictions. This is a prerequisite for happiness and satisfaction. It makes searching for substitute satisfaction from surrogates unnecessary.

I am going to explain the phenomenon of self-determination using an example from the field of competitive sports.

6.2 “Intrinsic Motivation”

Sports trainers differentiate between self-determined and extrinsically determined motivation of an athlete. “Extrinsically motivated” (externally determined) describes a behavior that is driven by external incentives that do not lie within the activity itself, e.g. a reward for a certain achievement or fear of punishment.

They describe “intrinsic” (self-determined) as motivation in which the activities correspond to one's own interests, so that a feeling of *self-determination* arises. Thus the individuals perceive themselves as the initiators of their own actions. They do not act on the basis of external influences, but experience their own ability to achieve something. This enables a feeling of *joyful immersion* in the activity itself which we call *flow*. Intrinsically motivated behavior leads to better cognitive flexibility, greater creativity and creates a more positive emotional state – happiness! It even enables better performance, *although* – or to be more precise *because* the performance is not the main focus of the activity! This sounds like a paradox, but even Oriental philosophies see it as the secret of success.

Every sports coach knows that extrinsically motivated athletes can achieve high performance for a short period of time. But because their SELF-regulation is blocked by this one-sided motivation, they tend to get exhausted and to get injuries due to over exertion as well as showing signs of attrition. Therefore, coaches try to nurture the intrinsic, SELF-determined motivation of athletes.

Let us keep in mind that self-determination combines happiness with better performance while needing less energy.

6.3 The SELF and its Development

The development of the Self requires a friendly environment (family) that perceives and appreciates the uniqueness of a child and, secondly, allows the child to reject things, to say NO and thus to set own boundaries. This enables a child to learn to distinguish between its own needs and those of others, between their own area of responsibility and that of others. This creates a feeling for one's own – emotional – SPACE in which one's SELF is able to differentiate.

If the development of autonomy is impaired

From birth on a child shows agreement or resistance to a given situation either with happy or upset facial expressions, through different movements, by satisfied sounds of happiness or by crying loudly. Empathic, sensitive adults react accordingly. At the age of about one and a half, a child says “NO!” for the first time. Parents who have developed their own autonomy, who can say “NO” themselves, are happy about this sign of their child's independence and support it. Of course, a child also has to experience limits being set. But parents who have learned to say “NO” themselves are also able to set their child limits in a loving way.

But more than 70% (!) of parents are not able to be happy about their child's first NO – because they themselves were raised in an authoritarian way and therefore were never able to experience that their NO would be accepted. On the contrary! The parents worry,

“If my child already says NO at the age of one and a half, what will I do when it is 17???”
And true to their family’s authoritarian traditional way of bringing up children they also try to expel NO from their children as quickly as possible, initially by “withdrawing their love” and if that is not enough, by raising feelings of guilt, “Mommy will be very sad if you say NO!”
A feeling of guilt is a powerful method to make people compliant and obedient. But if that doesn’t work either – there are some very energetic children! – then mommy “*unfortunately*” has to become physical, which they then belittle and dismiss as being trivial. To be able to survive in its own family – on whom it depends – the child adopts its parents’ point of view (sees it through “their lenses”). It learns: my SELF is not wanted in my family and setting my own boundaries and saying NO is also not wanted. Its survival strategy is then: suppress the unwanted own SELF, disconnect from it, and instead orientate towards an authority that is alien to its own innate sense of autonomy – e.g. the father or mother. In this way they get a place within the child’s own space, instead of the child’s SELF. Thereby they become introjects that are alien to its sense of self – and the child’s SELF gets suppressed. This creates tension and stress.

6.4 TRAUMA

If a painful event cannot be processed and forgotten, it is saved as a pathogenic memory – maladaptive processing. This introject is incompatible with our own SELF, which is our innate sense of orientation and self-regulation, and displaces it from its central place. With the loss of this SELF-connection, however, the ability to orient oneself and to regulate oneself is also lost. This puts the system into a state of alarm (creates stress). The trauma-introject and the loss of one’s SELF affects the structure: the awareness of boundaries and one’s personal space gets lost. This triggers regular compensatory mechanisms: instead of SELF-determination, external determination takes its place (symbiosis pattern as a consequence of a trauma disorder). This can lead to submission and dependence, but also to assault and destructiveness.

A vicious circle ensues: self-alienation strengthens external determination and vice versa. AND: the healthy power potential (aggression) can no longer be used constructively – e.g. by setting sensible boundaries – instead it seeks other destructive channels: self and external destruction.

Thus one trauma generates further traumas, which are likewise not processed and are therefore also stored as pathogenic memories. The result is a network of stress stimuli, which pushes the stress level even higher. This is a cause of mental and physical disorders.

A Definition of Trauma

Trauma has so far been commonly defined (ICD10) as

“exposure to a stressful event ... of an exceptionally threatening or catastrophic nature.”

Based on our deliberations regarding the consequences for the development of autonomy, trauma can be redefined as

“an event that is able to impair the development of a person’s autonomy.”

This directs our focus to early childhood – regarding the development of their autonomy, children are extremely needy and dependent on the devotion of their parents.

Parents who are themselves traumatized can

- treat their child as if it did not exist – if they themselves are emotionally absent
- reject their child – because it reminds them of an unloved partner

- blame their child – because they got married because of it and now regret it
- use their child to satisfy their own unmet needs – for support, for self-affirmation, to act out their own anger, or by engaging in sexual abuse.

That opens up a wide spectrum of traumas.

6.5 Trauma Consequences

When experiencing a trauma, a person might erroneously incorporate external elements as introjects into their own identity, in which case the own SELF is displaced from its place. This causes stress and insecurity. The differentiation between EGO and NOT-EGO becomes unsure, and thereby the own BOUNDARY and the feeling for an own personal SPACE. This survival strategy can thus lead to a

- restricted ability to differentiate clearly between I and YOU.
- restricted delimitation from the counterpart
- restricted feeling for one's own space – and the space of others

This again means that the people concerned tend to

- feel responsible in other people's spaces,

and permit that

- others occupy their spaces or even feel responsible.

If one's own strength is blocked, i.e. if setting healthy boundaries is not possible, then

- this force is destructively directed against oneself.

Dissociation

Every constellation with substitutes for a share of one's SELF shows: as long as the own space is still occupied by something external – e.g. by an own or adopted trauma – then the share of the SELF retracts from being connected! This corresponds to the phenomenon of dissociation (Latin: separation from something that actually belongs together). Even the affected person internally goes at a distance to the trauma, as if they were prepared to leave their space for it. In order not to feel the trauma they distance themselves from the trauma and their own bodies.

This can be tested within a constellation by stepping onto a stool, which symbolizes the dissociation by representing another, higher level. Does this situation feel familiar to them: Do they feel better on the stool? Do they have the feeling that everything is – even the others are – more under control because of this? However they are then not grounded and are detached from themselves. That makes them feel very lonely. As long as they erroneously cling onto the trauma in their space, dissociation is perhaps an acceptable survival skill. But as soon as they realize that the trauma is not part of their current identity, then they can relinquish the dissociation, represented by the stool, and remove the trauma from their space. Only when they have taken possession of their own space in this way and have freed themselves from foreign "introjects" does a connection with the own SELF become possible!

Dissociation thus has various aspects:

- Detachment from reality, instead living in fantasy worlds.
- Detachment from oneself, from one's own needs, perceptions, convictions.
- Detachment from parts of one's self, e.g. the body, in order not to feel any pain.
- A sudden change in behavior, since the affected person – in case of a missing attachment to their own self – always orientates themselves to their respective counterpart.

Dissociation affects people to different degrees. It is always a consequence of a trauma and can be triggered by elements that preceded the trauma at that time.

Dissociation makes people stronger or weaker as if in a trance. It is so widespread that it is usually not even noticeable.

The obedience to authority described by Milgram can be understood as a consequence of a person in a state of dissociation. The loss of one's SELF and the resulting lack of SELF-regulation leads to an over-adaptation to external circumstances. This also seems to me to be the reason for the apathy and resignation of the population in the face of the global crisis.

6.6 Symbiosis Pattern as Post-Traumatic Stress Disorder

These aspects: an alienation from one's own SELF in connection with an over-adaptation to others (obedience) right through to a symbiotic fusion and a suppression of one's own healthy strength (prohibition of aggression) can be understood to be a survival strategy. However it leads to numerous problems. Affected people thus often develop compensation strategies. A lack of delimitation becomes *over-delimitation*, dependency becomes dominance, and suppression of aggression becomes destructive behavior. This complex pattern is called a symbiosis pattern. It is linked to increased stress, it is very confusing and requires a lot of energy. Furthermore it has many bizarre aspects. It also determines the form of relationships.

A "Symbiotic" Relationship

If the Self-connection is disturbed due to a traumatic experience, then it is not possible to create a bond between two independent and self-determined people. Instead of attraction an aspect of needing one another respectively being needed occurs.

Both partners in the relationship pay more attention to the other person than to themselves. They orientate themselves more towards the other person – than to their own SELF. They feel more responsible in the space of the partner – than in their own. They have lost the awareness for their personal space as if there was no boundary between themselves and the other person. If they "learned" in their family of origin to take on a certain role for a parent, e.g. that of a father that passed away at an early stage, they will intuitively find a partner where they can apply what they "learned" and likewise get into the role of a father. Instead of a relationship between an I and a YOU, a relationship can develop by becoming important for the other person, as a "prosthesis" or a "helmsman" on their ship – and vice versa. That means that without a boundary and self-connection there is a tendency to a relationship that is determined by mutual dependency.

This means the bonding in symbiotic relationships is not primarily based on an exchange on an equal footing but based on the need to feel "needed" or "being needed". If this is

one-sided then a power imbalance will develop with a one-sided dependency. If this is mutual, a mutual dependency will develop.

Symbiosis and Language²

A symbiotic relationship is thus less characterized by an I-YOU encounter than by dependency. Thus the language is used less in the sense of messages from I to You, but manipulatively in order to bind the partner to oneself

- by awakening needs in the partner, that one believes one can fulfill,
- by emphasizing one's own needs, which one hopes the other person can fulfill,
- by for example frightening the other person only to subsequently offer one's help.

Symbiosis patterns are the cause of all (!) relationship problems and emotional disorders, including burnout, depression and psychosis.

The individual characteristics of these autonomy and symbiosis aspects can be evaluated with the help of an "autonomy questionnaire". An "autonomy diagram" created from the questionnaire enables one to realize the extent of one's own traumatization and at the same time to recognize one's own hidden potential.³

6.7 "Self-Integrating Trauma Constellation"

Based on this concept of autonomy, trauma and SELF-alienation, a new therapy method has been developed. The so-called "Self-Integrating Trauma Constellation". It is a variant of the Systemic Constellation. With the help of various elements such as SELF, DELIMITATION, BOUNDARY and PERSONAL SPACE it is possible to investigate and deal with the prerequisites for the development of SELF-determination respectively autonomy – respectively the causes that blocked such a development using a constellation with substitutes.

Thereby it turns out that the development of autonomy requires

- an appreciation of one's own SELF, which has "its value in itself regardless of whether it is useful for others or not" and
- the ability to distinguish between I and Not-I so that
- the BOUNDARY becomes clear which creates an own personal SPACE. And furthermore
- the ability to use one's aggressive potential constructively, that is to say in a "healthy manner" of setting boundaries between one-Self and the other person (non-Self), so that one's own SPACE becomes free, and thus one's own (SELF) can unfold.

²See also Elisabeth Schratzenholzer, „Macht macht Sprache – Sprache schafft Wirklichkeit: Für ein Fundament ohne Fundamentalismus“, Berlin (Germany)/Vienna (Austria):LIT Publisher 2015

³See www.e-r-langlotz.de „Selbst-Diagnose und Selbst-Therapie“

Self-Integration

The connection with one's own SELF can be laborious and at times may even seem to be impossible especially if the client never had the chance to get to know their own SELF or erroneously rejected it because it was depreciated by their environment. If however, due to the process of resolving the issue, the client succeeds in establishing a connection with their SELF for the first time, then it is linked to an **awakening out of a trance of dissociation**. The consciously experienced perception of the SELF is like an initiating experience; linked to a feeling of more self-esteem and self-confidence. Resilience (ability to withstand burdens) and the ability to deal with conflicts improve. Instead of an over adaptation to the other person, contact is now possible, meaning an encounter between and autonomous I and an autonomous YOU. If a client is attached to their own SELF in such a way, they can show themselves how they really are – regardless of other people's expectations. They are identical to themselves and thus have a genuine and authentic effect, which makes them likeable and appealing.

If two authentic people meet and find each other attractive, then a deep meaningful relationship can develop between them based on *attraction*. Being different to the other person is then not perceived to be something threatening that triggers a fear of loss. On the contrary it makes the other person even more appealing. This enables both partners to change and grow – in contrast to being addicted to the harmonious closeness of a symbiotic relationship.

Many people who only know the closeness of a symbiotic relationship fear that setting boundaries and self-connection would harm their relationship – but on the contrary they are a prerequisite for the second basic need, which is for contact and encounters.

6.8 The Trauma Solution “Algorithm”

Until recently neurobiologists were absolutely convinced that memorized traumas could not be deleted. Current neuroscience discoveries have however shown that the brain remains able to learn and that memorized traumas can be deleted again (“memory reconsolidation”). A systematic, active and adaptive change of pathogenically memorized memories is possible. For that it is necessary to follow a set of defined instructions. This procedure is called an algorithm.⁴

The following “Self-Integrating Trauma Constellation” therapy method corresponds to this new paradigm⁵. The method consists of the following steps to resolve the issue:

1. The trauma-introjects – memorized pathogenic memories – together with the pertaining trauma feelings are visualized symbolically.
2. The suppressed resource of an own SELF is updated. This enables a
3. differentiation: the difference between the trauma and the resource is perceived and the trauma is now understood to be an external issue. Now the client can
4. detach themselves from the trauma. This enables a

⁴Wikipedia, “An **algorithm** is an unambiguous specification of how to solve a class of problems ... and other tasks.”

⁵The trauma therapist Thomas Hensel summarized these latest research results and developed a new paradigm of therapy. Thomas Hensel, “Stressorbasierte Psychotherapie”. Stuttgart/ Germany Kohlhammer 2017

5. connection to the SELF, in other words a better connection to the to-date suppressed resource of one's SELF. Now the
6. removal of the trauma-introject out of one's own private space is possible: the client regains the feeling that they are in control and are self-effective – instead of feeling helpless and powerless as before.
7. The client *uses their own body* to symbolically set a boundary between themselves and the introject. Thereby the “frozen” aggression is freed and can then again flow in “healthy” channels of delimitation. In the
8. mutual delimitation the client once again moves towards the trauma – which was until now considered to be a part of their identity – and now experiences that **they** are stopped by their therapist: “That’s not you. That has nothing to do with you.”

The effect is fast and lasting. Due to the regained self-connection the client becomes more self-confident, autonomous and resilient. The stress level decreases. Confusion and loss of energy diminish. The symbiotic post-traumatic symptoms disappear. And the client learns to use their personal power for themselves again – and not against themselves as before.

Here are two case studies to explain the procedure.

6.9 Case Study “Insecurity in the face of Authority”

Claudia, 35, an energetic and successful businesswoman, comes to therapy sessions because she always feels so insecure, small and helpless when dealing with people in authority – and this annoys her.

It reminds her of her feelings towards her mother when she was a child. Her mother was a very dominant and derogatory person. My hypothesis is that Claudia had memorized an early “devaluation trauma” (introject) in her “space of identity” that was caused by her mother. Whenever she encounters a person of authority this introject is triggered again with the consequence that the trauma feelings well up in her again.

I recommend that this hypothesis should be verified by a systemic constellation in a one-to-one session. She takes two chairs, each with a round meditation cushion, that are going to represent her grown-up self and her child-like self and a stool for her trauma.

She places the “devaluation trauma” opposite and close to herself, and the child-like SELF next to it. Her grown-up SELF, which “feels complete even without the trauma”, she puts into the corner with an averted look.

Obviously, the trauma caused by her derogatory mother was the reason that she had given her trauma – her mother's statements – more space, more influence and paid more attention to it than her own “sovereign” SELF, as if it still now belonged to her identity!

Using a scarf she marks a border between herself and the trauma and says the clarifying sentences: “You are the trauma of the young Claudia and I am the grown-up Claudia of today. I am complete even without you. And you happened more than 30 years ago!”

That feels as if it's forbidden and yet at the same time like a relief. Next, she puts the trauma back into her space. This is familiar to her. But this time it feels strange and uncomfortable and she withdraws herself.

With the help of a “test using a stool” she examines the dissociation phenomenon. She does in fact recognize parallels between her issue and some aspects of dissociation: there is a tendency to want to control situations with the consequence that she is neither grounded nor attached to herself the confident Claudia.

She recognizes here and now that the trauma does not belong in her space and dismisses the dissociation (the stool). Although her feelings contradict, – “prohibition of demarcation” as a consequence of a traumatic experience, – she is able to move the trauma out of her space and set boundaries so that her space is unoccupied and available for her grown-up SELF, for the “sovereign Claudia” so to speak.

As this trauma was linked to her mother, Claudia verifies whether her mother is still an introject within her space. Since this is the case, she also moves her mother out of her space and sets a boundary between herself and her mother.

Now she can finally turn to her SELF – instead of identifying herself with the trauma and her derogatory mother as before. But she hesitates.

My hypothesis: Because Claudia had conceded the central space to the trauma, she was neither able to perceive nor heed her adult SELF! I recommend that she honors her SELF by bowing deeply to her SELF. She immediately agrees and can now become “one” with herself – instead of as before with her earlier trauma. This feels new and good to her. Then she turns to her child-like SELF.

Disconnected from her grown-up Self she was, to this day, obviously never able to protect the little, needy and vulnerable Claudia. Instead she entrusted a “complete stranger”, e.g. a publisher with whom she did business. Claudia says the following suggested sentences: “The dreadful situation of that time is over and will never happen again. From today on only I am responsible for you! And I will never let you down again!” Deeply touched she takes the child-like self – the cushion – into her arms and in this way shows it that it now has a safe place with her. Connected to both parts of her SELF she feels wholly and completely at home with herself.

At the next appointment two weeks later, she announces, “I must tell you something. Last week I was invited to a very well known publisher. I felt as if I was on pins and needles because when he invited me the last time he introduced me as somebody’s former girlfriend without mentioning my name. I was furious but I didn’t dare to say anything. I wondered whether it would happen again. Suddenly I was standing in front of him and I heard myself say, “This time you will introduce me by name otherwise I will stomp on your foot so hard that you will think of me for the next three days!” He was absolutely surprised by my spontaneous reaction – and I was just as surprised! But I was successful. He introduced me by name!

Comment

Clearly Claudia was now able to resolve her conditioning, using the systemic constellation, caused by her childhood trauma, by sensing and consciously “crossing” the unconscious “prohibition” of setting boundaries around the trauma. Thereby the prohibition of setting boundaries, which she got from the conditioning, was resolved. And she was even able to transfer this newly acquired ability into another relationship, so that she could set boundaries between herself and another “person in authority” in this case the publisher. Her reaction might have been a bit unconventional but it suited this very dynamic woman.

This case study also shows the phenomenon of “triggering a trauma”. The mother’s negative reactions towards the little – and obviously very lively – Claudia had a traumatic effect on her. The trauma and the linked traumatic feelings such as fear, insecurity, helplessness and anger were still memorized within her space as introjects. Due to the encounter with a “person in authority” – in this case the publisher – the trauma was “triggered” as well as the dissociation survival strategy that was acquired at that time,

namely the disconnection from the grown-up Claudia that can successfully assert herself against people in authority. So at that time she was helplessly subjected to the feelings of trauma that belonged to the little Claudia back then and not to the big Claudia of today.

6.10 Case Study “Professionally unsuccessful”

Beatrice (name changed) told me that at the age of forty she still had not found the right job.

In order to find a solution, I suggested using a new format of the SELF-Integrating Trauma Constellation. It is called "Problem as a key to the solution" and is based on two basic assumptions:

1. Every person has a “Self” that is able to appropriately solve a specific problem.
2. If someone has an unsolvable problem, then their connection to their own “Self” is blocked by a “blocking element” (BE).

Clients can themselves investigate what is hidden behind the blocking element. The blocking element often proves to be an “introject” either in form of an adopted core belief or a traumatic event from one’s own life or from their family constellation.

Beatrice places a stool – representing the BE – between herself and a representative of her Self.

“If you think that your blocking element does not belong into your personal space any longer, then you can mark a border using this scarf so that the blocking element is outside of your personal space while your Self is inside.”

Beatrice follows the suggestion. Strangely enough she now misses the blocking element as if she were not complete. “Would you like to have it back – or would you like to find out what is behind this?” She does not follow her - obviously confused – feelings, but her common sense.

Beatrice stands in the position of the BE, senses her feelings and suddenly feels sad and burdened. She suddenly remembers that her mother had fled from Czechoslovakia. There she had completed an academic education in a profession she would have liked to pursue. But in Germany she was never able to work in this field since her education was never officially recognized. Soon she became pregnant and from then on she took care of the children.

Now it is possible for Beatrix to clearly *recognize* that the blocking element was her “mother’s occupational trauma”. Once again, Beatrix puts it back into her private space. The feeling that arises feels familiar. Despite her reluctance she decides to remove the introject out of her private space: “You are my mother’s occupational trauma and don’t belong in my space.”

Only now does she feel a bonding to her Self and can fuse with it – instead of with her mother’s trauma.

In the end, she sets a boundary between herself and the trauma. She is now able to physically sense that she is not responsible for her mother’s trauma. After completing all these steps, she still feels an inner resistance and at the same time an immense relief.

Hypothesis regarding the Dynamics

It is a common phenomenon that clients do not want to “release” the blocking element. They cling onto the BE as if it were a treasure – although it is responsible for their suffering.

My hypothesis regarding this unconscious dynamic: when a child directly (without any delimitation!) experiences the pain of their beloved mother, the thought arises in the child: if I cannot help my beloved mother, then I at least want to share the pain with her. The desire to share the pain is an expression of their love for their mother. This thought then works – unconsciously – like a resolution, like a vow and determines one’s own destiny! To distance oneself from this destiny feels loveless, like a betrayal of one’s mother! This feeling of prohibition up to now prevented clients from parting from this blocking element. The client’s suffering thus becomes an expression of the loving bond with their mother. In other words, the bonding to the mother was based on their suffering, their trauma.

Clearly there seems to be an unconscious **blending** of one’s own pain with the mother and the mother’s pain. And this **blending complex** is incorporated into one’s own “identity space” as an introject. It becomes a blocking element and creates the problem.

For the solution, it is vital to recognize the blending of love for one’s mother and her suffering and to solve it through differentiation. Only then is it possible to separate from the suffering taken over from the mother *without* having to “betray” the love for the mother.

BLESSING

This distinction becomes easier as soon as the client understands that this dynamic does not make the parents happy but upsets them. During a constellation it can be brought to light through a ritual of blessing. A representative of the mother – irrespective of whether she has passed away or is still alive – touches the client’s head with their hand and says: “I give you my blessings. Live your life, live your strength and live your love. You are free.”

The Bottom Line

The concept of the “SELF-Integrating Trauma Constellation” is an excellent short-term therapy as one can see in further examples⁶. Very few targeted interventions have a quick and long-lasting effect. The procedure is structured in such a way that affected people can process their own problems by using the set of instructions: (“Do it Yourself”)⁷.

⁶<https://www.youtube.com/channel/UCuqF2nRlxDkn67675JDTGQg>

⁷https://www.e-r-langlotz.de/systemische_familientherapie/familientherapie_selbsttherapie.php