SYSTEMIC CONSTELLATIONS

Ursula Franke

In My Mind's Eye

Family Constellations in Individual Therapy and Counselling

CARL-AUER

Carl-Auer

Dedicated to my mother

In My Mind's Eye

Ursula Franke

Family Constellations in Individual Therapy and Counselling

Translated by Colleen Beaumont

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Letter from Bert Hellinger

Dear Ursula,

As I read this book, I often closed my eyes and allowed myself to be guided by you, letting forgotten images arise in my mind's eye and finally truly looking at them. This is a book that held my attention from beginning to end. You guide your readers gently along in small steps, until suddenly they find themselves on a journey of adventure and discovery through their own souls, families, personal histories, and, above all, into a future less burdened by tensions. As they feel themselves carried along, they are also painlessly learning how to bring order into confusion, in themselves and in others. It is easy to forget that this is primarily a book meant for those who wish to use family constellations, particularly in the protected setting of an individual session, in order to help people in difficult, sometimes hopeless, situations come to new insights and recognize new possibilities.

The repertoire that you offer here is astounding, but always clear and easy to understand in the richness of examples. It is a beautiful and useful book that has been long awaited. Congratulations!

Bert Hellinger

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Above all, I thank all those who have come to me as clients and students, and who have shared the adventure of therapy with me. Through their questions, their life stories, and ideas, they stimulated a continuing interest in developing co-operative interventions and adapting these to their needs and inner movements until we were able to find a peaceful place to stand.

Foreword

My work as a therapist began after my course of study, quite naturally, with individual therapy. I had begun a training programme in George Downing's body-oriented psychotherapy, and was learning to examine and analyse the inner process in bioenergetic work on the physical, cognitive, and emotional levels, and in internal images as well. We were asked to make precise observations and to approach the total therapeutic process slowly and carefully. We saw how easy it was to provoke dramatic outbursts, and we concentrated on observing the effects of interventions, and understanding and interpreting these in all aspects of the client's personality structure. During my training in behaviour therapy, I discovered other aspects of psychotherapeutic reality. I realized the importance of a clear and systematic structure for looking at learning process and context, and in identifying repeating patterns.

In my first encounter with family constellations, almost ten years ago, my experience as a representative made a deep impression on me. I suddenly experienced myself differently, had thoughts I had never had before, and felt a strong, affectionate connection to a complete stranger. The moment I moved back out of the role, these all disappeared again. I knew immediately that I would have to explore this marvel in my own work. I was lucky enough to find a group of colleagues who were also infected with enthusiasm for constellation work, and we began to experiment. At that time, Bert Hellinger had not yet published any material, so we could only explore the rules and dynamics of family systems through our own experience and observations. As I was doing individual therapy in a psychiatric clinic at that time, I could see, within the contained framework of an individual therapy session, how family systems, traumas, and experiences affect people's symptoms and how they cope with them.

Shortly thereafter, I chose the topic of systemic family constellations for my doctoral thesis, which provided a good opportunity for

me to address these issues in detail. As I was not in a position to lead constellation groups, I set about examining family systems and their effects in individual sessions with my clients. I had learned imaging techniques in my studies and training as well as in my own therapy, and was familiar with inner images, fantasies, associative development of pictures, scripts, and dreams. I experimented with various techniques, and found that I could most easily identify the images of systemic connections and life experiences by using observations and interventions taken from body work therapy.

One day, I decided to set up a small constellation with a client using floor markers, as I had observed and experienced in the work of Eva Madelung. This experience was pivotal in my work. I suggested that my client imagine her father standing in the room. She moved immediately into her inner images, and feelings and emotions burst forth out of her. I chose not to interrupt this imaging process, and followed her through her inner space and the dynamics that were appearing before our very eyes. With astounding ease, we arrived at insights, explanations, and an understanding of her situation and her connections within her family system. A few weeks later she came to a seminar with her husband, and these first images were confirmed in her constellation at that time.

I was quickly relieved of any doubts whether other clients had this capacity for inner visualization and my own doubts whether I was capable of following these images and helping them to develop. Most importantly, it became apparent to me that difficulty in finding images is already an indication of the dynamics in the family system. At this point, in individual therapy, I work almost exclusively with constellations in the mind's eye. The space is ample, and all the people we need for the process and for resolution are there at hand.

Introduction

Constellation work in individual therapy provides an opportunity for both client and therapist to become familiar with a way of thinking systemically and the resultant effects. It is well suited for developing competence in leading constellations later in group settings. Constellations in individual sessions provide a contained framework for gathering experience in small steps with dynamics, possible interventions, and helpful procedures. In this way, one develops the capacity for coping with increasing complexity. In personal contact with the client, the therapist can experiment with the structure of the process, various sentences, and their effects on feelings and bodily sensations in the search for a good resolution and good images for the client.

In order to do constellations in individual therapy and counselling, it is strongly recommended that the therapist have observed and experienced constellations and read the background literature on the subject. The therapist needs the basis of the systemic orders, bonding, and balance before working with actual clients. The dynamics have been detailed in many books. Personal experience doing one's own constellation – also in individual sessions, depending on the opportunities available – and particularly, experience as a representative in others' constellations lay a foundation for guiding a client through this process in individual therapy. The optimal preparation is, of course, a training programme in this work and professional supervision. Various institutes and colleagues offer such training world-wide. Information about training programmes is available through the International Arbeitsgemeinschaft Systemische Lösungen nach Bert Hellinger e.V., [The International Working Group for Bert Hellinger's Systemic Resolutions] c/o Germaniastr. 12,

D-80802 Munich, Germany, Tel. +49+89+381 027 10, Fax +49+89+381 027 12, e-mail: network@hellinger.com or on Bert Hellinger's website at www.hellinger.com.

This book is divided into two sections. In the first part, I describe the foundations of my therapeutic work. The second part addresses the inner processes, questions, and decisions leading to interventions, that guide me through the process of a constellation. The main focus is on the techniques of constellations in the imagination, which I have developed over years of experience and observation. The procedures presented in this book rest on a broad range of therapeutic knowledge and experience from various psychological methods and approaches.

I have changed names and personal details in all examples so that clients will not be identifiable.

I. On Theory

The Development of Constellations

Bert Hellinger's constellation work is a form of brief therapy with an orientation towards resolution. This work quickly and precisely reveals dynamics that bind a person to his or her relationship system in a dysfunctional way, and that constrain coping strategies and personal development, thereby preventing the person from structuring his or her life in a positive way. The methods of constellation work incorporate techniques, procedures and experiences from other psychotherapeutic approaches including hypnotherapy, behaviour therapy, gestalt therapy, and systemic therapy.

Constellation work has built on the contributions of many predecessors, including Jakob Moreno, Ivan Boszormenyi-Nagy and Virginia Satir. A brief introduction to these three important approaches will clarify how constellations, in a psychotherapeutic context, use spatial images, spatial representation, and trans-generational perspectives (Franke 2002; Sparrer and Varga von Kibèd 2000).

The psychiatrist Jakob Moreno was the pioneer of systemic dramatic therapy. In the thirties, he began using improvisational theatre with his patients, an approach he called psychodrama. He thus introduced a completely new concept of therapy and offered this theatre-like scenario as a contrast to the usual psychoanalytic, static individual approach of that time. Moreno brought in observers who soon became participants in the play. He presented the problems and suffering of each patient in a public arena, with an unfolding of creative potential for everyone present. He turned away from an examination of the past as he guided his clients' awareness towards the actions and interactions of the present.

Moreno had stages constructed on which scenes could be acted out: inner dramas, dreams, fantasies, and reality. Props provided a

representation of the life context that was as close as possible to reality. Using this freedom of presentation and the creativity of all the participants, he attempted to penetrate levels not usually apparent to the patient in his or her daily life.

Psychodrama was designed to develop alternative methods of handling difficult situations. As a therapeutic method, it created a space in which a client could experiment with new behaviours within a social context, and also supported the development of spontaneity. Clients could test their fears and anxieties against reality, and the role-playing facilitated changes in behaviour.

At the beginning of the seventies, Ivan Boszormenyi-Nagy described structures of relationship which were beyond the boundaries of individual and transactional approaches to psychotherapy. He drew these structures from the repetitive, almost predictable events he had observed in the family histories of thousands of families in his psychiatric hospital practice. These led him to the conclusion that the depth of relationships was determined by existential ethical dynamics.

As these structural effects were not externally visible, he described them as "Invisible Loyalties", the title of his first book (1973). In his experience, these invisible loyalties have a stronger effect than those actions which can be seen, or the learned patterns that can be assumed from the biographical information.

The strong influence of Martin Buber is visible in Boszormenyi-Nagy's emphasis on a balance between giving and taking (Buber, 1996). An essential element of relationship was described by Boszormenyi-Nagy as an implicit ethic which demands justice and retribution, often extending over multiple generations. He developed the model of a personal accounting ledger of debt and contribution, monitored by an intrinsic trans-generational tribunal. There must be a balance in the relationship between what is received and what is given. The burden of settling the account rests with the future and the next generations rather than with past generations and past actions. When one person contributes, there is a credit established in the system which entitles that person to receive something. Debts which are not cancelled out, are passed on to the next generations. Boszormenyi-Nagy's "contextual therapy" with individuals, couples and families, attended primarily to this balance of intra-psychic ledgers (Boszormenyi-Nagy: Between Give and Take, 1986).

Virginia Satir developed a broad repertoire of therapeutic techniques. Her work was strongly focused on communication within the system. The members of a family who came to her for counselling or therapy were guided and supported in open communication with one another. Her work was based on the following principles:

- Change is possible.
- We already have within us the resources we need for our personal development and growth.
- People do as well as they can at any given time.
- The more we can accept the past, the greater will become our capabilities for dealing with the present.
- People connect on the basis of their similarities, and grow through their differences.
- We are all manifestations of the same life force.
- Healthy human relationships are based on an equality of values.
- When it is possible to raise a client's feelings of self-esteem so that he or she can accept others as they are, the basis for change is established.

According to Satir's metaphor of an iceberg, we can only see the tip of a client's behaviour. Underlying this is the "self" which is based on attitudes, awareness, feelings, expectations, and longings.

Satir called the family sculptures that she developed "techniques of a family simulation." In this method, the family members were arranged to reveal the relationships in the structure of the family by using a spatial presentation. The family members themselves took on the roles, or else these were played by participants of the workshop. Every family member presented a picture of the family, which made it clear to everyone how the communication patterns and family rules were experienced differently by each person.

Satir used this sculpture work within the framework of her family reconstructions, her term for the client's intense confrontation with his or her family history. The client brings in pictures, a family tree, and a genogram which describes the relationships and all known details of the lives of the family members. In reconstructions, which often went on for days, the inter-relationships and social network of the family members were examined and presented, and missing pieces of the family history could be expanded upon.

What Is a Constellation?

Building on these methods, Bert Hellinger developed constellations as a form of group therapy. In a seminar, a client identifies an issue, a problem, or symptoms, and describes what he or she is seeking as a resolution. The therapist collects information about the important people and events in the client's life, and in the lives of the parents and grandparents. Based on the facts and feelings, the therapist develops a hypothesis about the family dynamics involved, and tests this hypothesis in a constellation.

Clients choose representatives from the group participants to represent important family members, including a representative for themselves, and set them in a spatial relationship to one another, according to their inner image. The therapist asks each representative for feedback about physical sensations, feelings, and awareness. These statements confirm or change the original hypothesis. The therapist broadens his or her picture of the dynamics and resolutions and begins to experiment with changes in the constellation placements. Often, additional representatives are added for people who have an impact on the dynamics of the system. When all the representatives have found a "good" place, the client takes the place of his or her representative in the constellation. The therapist may ask the representatives of the family to utter certain sentences, or complete certain rituals in order to help the client move towards a resolution. Many constellations lead to insights about inter-psychic dynamics or relationships that are having an effect on the health and well-being of the client. Some lead to an image of resolution that brings physical and emotional relief, and that continues to have an effect over a long period of time.

For some years now, these insights have also been applied in individual therapy. This can be useful when there is no group setting readily available, when time considerations preclude a group expe-

rience, or when a client, for whatever reason, is not in a position to participate in a group. So much experience has now been gathered and refined using constellations in an individual setting, both with constellations in the imagination and those utilizing floor anchors, that this can now be considered a good alternative to constellations in groups.

Many clients come to individual therapy sessions accompanied by their partner or spouse. In this case, as in a regular group setting, the therapist can ask each of them to set up a constellation of the current relationship. If it becomes clear that one or the other of the couple is carrying a heavy burden from their family of origin, the therapist can move to a constellation of the family of origin of that person. The partner remains present as an observer. Since the two have shown a mutual trust and interest by coming to a therapy session together, allowing the partner to remain as a support in the background almost always meets with a positive response. In the final, resolving image of the constellation, the partner can be included as a resource for the client and as the primary relationship partner in the present. Constellations done in the presence of a partner or spouse strengthen understanding between the two and deepen the bonds. (Further references to constellations with couples: Neuhauser 2001.)

When a therapist is feeling at a loss for ideas in a particular case and brings this dilemma into supervision for assistance, a constellation can often provide clarity and stimulate new impulses for movement. The dynamics which lead the therapist to supervision are usually due to personal blind spots or to difficult, complicated family structures. Such questions can also be addressed in an individual setting. Using a constellation, the position and attitude of the therapist can be looked at in relation to the family dynamics of the client in question. At the same time, the therapist can find strength and resolution from his or her own family system by gathering resources from that system and examining his or her own family structure in relationship to that of the client.

Constellations in groups, as well as individual sessions, are applicable in psychosomatic clinics, counselling, schools, in mediation, in organizational consulting, and in human resources development. They help to clarify the dynamics of the context, to gain understanding of the family connections, and to find a position of inner strength and helpful inner images for the client.

Constellations in an Individual Setting or in a Group?

In therapy, we come into contact with the biographical-constructivist and the systemic-phenomenological levels of reality. Usually, the client describes his or her symptoms at an ego level, formed by experiences in life. The client has experienced injuries, influences, and has learned patterns of behaviour. He or she has usually tried to escape the symptoms through willpower and discipline, and to realize hopes, visions, and desires in others and in him or herself.

Constellations allow a view of the dynamics of the family systems which lie beyond the level of biographical experiences: the "systemic entanglements" (Hellinger) or the "invisible bonds" (Boszormenyi-Nagy). This level of archaic order represents a more comprehensive dimension, and is normally at an unconscious level for the client. Nevertheless, the person feels the effects. In a constellation group, the client finds access to this archaic level through the experience and feedback of the representatives. The response from the representatives does not spring from the biographical level of experience, but rather from the phenomenological level. The representatives are not bound to the client's family system, and normally have very little information about this system at all. Nonetheless, they can provide clear statements about relationships and their qualities. Physical reactions provide further indications about dynamics which the client cannot recognize.

In an individual setting, this external source of information is not available. The basic question arises whether it is possible to achieve the phenomenological quality that comes from the statements of neutral representatives, and if so, how. The question for the therapist is how to test out the client's images for this quality.

Advantages of Constellations in Groups and in Individual Sessions

In constellation groups, a client is not only exposed to his or her own family dynamics, but also has an intense experience of the family

dynamics of other participants over a period of several days. The experiences as observer, or sometimes as a representative, provide a differentiated insight into systemic connections and possible resolutions. When some complicating factor in the system is far removed from the client, and cannot be tapped cognitively through memories or other methods, the resonance of the entire group, as well as the body awareness and comments of representatives may be particularly useful in providing clues.

A group is advantageous for clients who are dealing with early childhood issues or traumas as well as for addressing a so-called interrupted reaching-out movement. When a client regresses physically and emotionally to an infantile state, interventions appropriate to the inner processes of that stage are helpful. Appropriate methods for these deeply emotional processes occasionally include the methods of primal therapy as well as procedures from holding therapy. The support of a group and/or a co-therapist is a great help in this situation.

Individual work has an advantage for a therapist who is just beginning to work with constellations, in that he or she is not subjected to the complexity of the numerous comments and dynamics brought in by representatives in a group. The therapist can begin by looking at a single dynamic or examining the formative or feeling qualities of a relationship, and observe the changes when one or more persons appear in the relationship structure. Particularly in constellations using floor markers or figures, the client can look at the family from various perspectives, and observe the family structure from all sides, that is, from a meta-position from without. Individual sessions serve to make the client familiar with the method and the art of thinking systemically, and also facilitate clarification of questions following the constellation.

The decision between individual or group work is, in practice, determined mostly by external circumstances or necessities. Individual sessions are beneficial when clients are too fearful to expose themselves to a group, or when considerations of time or space present difficulties. Sometimes, there is simply no group available.

Constellations in Individual Therapy

With almost ten years of experience with constellations in individual therapy, I have become convinced that a constellation in this setting

can be just as effective as a constellation in a group. One purpose of writing this book is to offer my experience and conviction in the hope that others will also find this approach useful.

Over time, a deductive model of dynamics and procedures has emerged that help to form productive hypotheses. The practical application has also proven useful in groups, in that the phenomenologically orientated representation usually confirms the hypotheses, since both the representatives' awareness and the therapist's ideas arise out of the client's field.

A constellation is based on biographical facts and the people who belong to the client's system. Their relevance for a resolution is determined by testing them against the reactions of the client and the therapist. Attention is directed towards traumatic events in the client's life, and the lives of family members, including those of earlier generations. As a working hypothesis, I proceed on the assumption that such events have caused the client or another family member to withdraw, and this continues to cause disruptions in the present, expressing itself in current symptoms.

During a constellation, there are underlying questions that focus attention on the basic inner movement of the client and on models of understanding the secondary feelings of the client and other members of the system. The therapist's orientation is in alignment with the on-going processes and a continual search for an image of resolution that might lead the client to the desired goal: one that will allow him or her to breathe out in relief with an inner sense of harmony.

The therapist has the means at hand to determine the relevance of the client's statements. In individual work, the therapist sits opposite the client, whose total being reflects the movements and memories in the field. In addition to the quality of the person's inner images, this total resonance of the organism provides information that is physically, atmospherically, and emotionally precise. The therapist too is in resonance with the verbal and non-verbal messages of the client and can draw information from this input that will help in the development and testing of hypotheses.

When clients ask me whether they should have an individual session or come to a group, I suggest that they imagine themselves doing one or the other and see how it feels. Then, I usually get a very clear answer that reflects what they are ready and able to do at that moment.

Setting

Time Frame

In my individual practice, fifty minutes is the usual time for a single session. It is sometimes possible to answer a client's question or develop an image of resolution to a problem with one constellation in a single session. It is, of course, possible to vary the length of sessions, for example, to one and a half or two hours if that seems useful or necessary. If it becomes clear that a client will need more than the allotted time for the presenting problems and the family history, these can be dealt with in a constellation in a second or later session. However, fifty minutes has usually proven to be adequate, and the available time can be easily subdivided into individual steps, which are:

- 10 minutes for the description of the presenting difficulty and clarification of the issues
- 10 minutes for a family case history
- 20 minutes for the constellation and steps towards an image of resolution
- 10 minutes for a follow-up discussion and homework assignments.

Within this framework, it is possible to accompany the client through a process that is often deeply emotional and guide him or her back into everyday life. If it becomes clear after taking the case history that it is too late to begin a constellation and complete the whole process within the available time, it is advisable to postpone the constellation until the next session. The time in the session can be used to make issues more concrete through body and breathing experiments, practising relaxation techniques, and clarifying the first homework exercises. These exercises, familiar from systemic therapy and

behaviour therapy, will serve as a useful resource in the constellation.

An important consideration in determining the use of time in a session is that the visualization of family members often brings up deep emotions. Sometimes a trance is so deep that it makes sense for a client to spend some time in the waiting room after the session to get back to a 'normal' state. It is the responsibility of the therapist to ensure that a client leaves in a state conducive to travelling and is able to get safely home or to work.

Space, Furnishings, and Equipment

To identify the positions of family members within the working space, we use so-called floor markers. A client can experiment with these marked places during the constellation process. The person stands in context within the system and finds a good place to stand by noticing any difference when changes are made. This physical experience will be anchored in the physical organization as a new structure. When I do constellations using floor markers, I prefer to work with full-sized sheets of typing paper. These are readily available and provide exactly enough room for both feet.

White sheets of paper, or surfaces and objects with no particular meaning offer an ideal screen for the projection of inner images. Pieces of felt in various colours of a similar size are also pleasant to work with and easily differentiated. One can also cut cardboard markers, large enough to stand on, using round forms for females in the system and square for males. When using paper, cardboard, or felt, the direction the person is to be facing can be indicated by cutting out a small 'v' on one side, or drawing an arrow. The markers can also be identified with names, initials, or symbols. When the client is asked directly how a person in question is looking at him or her, the answer will also include the direction. For example, she is looking lovingly, or demandingly, or looking through the client, or in another direction which the client will indicate. The question itself guides the client to an inner contact with that person and sets the therapeutic process in motion.

Flat markers, as opposed to cushions, have the advantage that you can stand on them and they remain stable. We know from body therapies that standing has a different effect on the body organiza-

tion than sitting or lying down. A standing position is the end result of our physical developmental process. Experiencing an emotional process in a standing position gives a person a sense of being able to 'stand it'. When the client's inner structure demands it, sitting allows for more distance in the role of observer.

The organization of the available space is determined by what is possible given the external situation and by the way the therapist chooses to work. In seminar rooms or counselling centres, there are often enough chairs available that can be used to represent individual family members and identify their positions. Chairs are somewhat unwieldy to use, but many clients feel more secure sitting than being exposed to the eyes of the therapist in an unaccustomed standing position.

Even a small space usually has enough room to lay out two or three markers. I have about 12 square metres available, which is quite sufficient for a constellation with markers. The limitations help concentrate the work on the essential aspects. If, for example, the client or another family member seems too close, it is possible to imagine extending the space. "In your inner picture, move away until you find a distance that feels right for you," or, "Imagine that your grandfather is moving away from you, as far away as necessary." In a very small room constellations can be done using small figures or objects on a table.

Constellations in On-Going Individual Therapy

Family constellations can also enrich and complement an on-going therapy. If you are already working with a client in individual, 'classical' therapy and would like to do a constellation in an individual session, taking the first steps may feel awkward. A good way to do this is by introducing short exercises or choosing one single dynamic to be explored and examined together with the client. The transition can be very smooth and undramatic. Take a family history, if that has not already been done, and choose the most important people from the history. You can put all the information you have to date in order by drawing a systemic genogram. In the course of the therapy and based on your previous work with constellations, you may have already formed some hypotheses about which members of the system and which dynamics could be influencing the current issues. If, for

example, you know of someone in the family who died at an early age, or you know that the relationship with one parent is problematic, you can lead the client into an imaginary encounter with that person and observe the feelings, the physical reactions, and the quality of contact. A good experience can be deepened with homework exercises. Gradually, as your familiarity with the system increases and flows into the work, you can address various topics and dynamics in successive sessions.

When a client first initiates individual therapy, look at the presenting problem, symptoms, and issues for possible family connections. Perhaps someone is seeking support in issues of everyday functioning that do not necessarily call for treatment from a systemic viewpoint. Even when it does appear that the family dynamics are playing a role in the presenting issues, it does not necessarily mean that a constellation is the first step to be taken. Sometimes an explanation of the psychological dynamics can be helpful. Sometimes a direct behavioural or cognitive approach is called for. From time to time simple exercises in physical relaxation will answer the client's needs and wants.

Frequency of Sessions

Clients often come in with problems with underlying dynamics that are multi-layered and highly complex. From a systemic viewpoint, it is sufficient to take a single step in the desired process of resolution. There will be an impact on the total organism because of the reciprocity of all elements and the complex connections of the various layers. This first, small impetus may lead to extensive beneficial changes over a period of time. What we have observed is that working through and integrating deeply emotional processes is a long term undertaking. Only when this step has been completed is someone prepared to take another step of this emotional quality. It can take weeks or months, sometimes years, before an additional constellation is appropriate and useful.

Whereas behaviour therapists usually tend to have a weekly rhythm and analytic therapists prefer more frequent sessions, resolution-orientated and systemic brief therapies are distinctive in that there are fewer sessions with longer periods of time between. When my clients ask when they should come again, I follow their wishes

and feelings. If it is not yet clear, we leave the next appointment open: "Call me when you feel ready to take another step, or if any questions arise that you want to look at". This has proven very satisfactory. Clients take responsibility for themselves, attend to their own intuition, and come to the point when they feel motivated from within to look at their problems anew.

Following a constellation, if a client wants to continue to come regularly to deal with everyday problems or discuss further issues, it is helpful for the therapist to have a broad range of therapeutic and methodological experience to draw upon. In the time between sessions the client can observe everyday situations from a new, altered inner perspective, try out new behaviours, and observe the effects of these new alternatives (see also chapter "Practice and Homework", p. 142).

In the middle of a crisis, a client will want continuous therapeutic support and more frequent sessions during the most critical period. In this case, appointments once or twice a week or at least every two weeks would be advisable, until the person has acquired some beginning strategies that allow him or her to approach problems differently, outside the therapy sessions as well as within them. A number of sessions are also helpful at the beginning of the therapy to give the client an adequate understanding of the systemic viewpoint. Understanding the basis, he or she can integrate the experiences from constellations into a broader and more practical understanding. If a constellation and therapeutic interventions have resulted in the original problems being replaced by new images that provide inner strength, the sessions may be four to six weeks or more apart, as in brief therapies.

New Constellations

As with the question of how often or how many sessions are needed, the decision to do a new constellation is also a very individual matter. As long as the images are continuing to have an active effect, it is not advisable to add new images that may obscure or block the earlier ones. To reach a decision, you can ask yourself and the client what would be gained by doing a new constellation at this point in time.

A client who has a very concrete question, or who has had a lot of therapeutic experience, will seldom want long-term therapy, but

rather a few single meetings. In such cases the issue can often be settled with a single constellation, either in a group or individually. Sometimes, however, clients come back months later to do a constellation to look at some further aspect that has moved into the foreground, or to take the next step in an area that has already been initiated.

New themes sometimes appear very quickly after doing a constellation, as if a layer had been peeled off and the next is only now visible. For example, perhaps a client has done a constellation having to do with something from the maternal line of the family, and a few weeks later questions arise about the paternal side of the family.

If you discover numerous critical events in a person's life and family history and few resources to deal with them, a number of constellations over a longer period of time sometimes serves to bring the client step by step nearer to the early learned patterns and deeply buried dynamics. It may take years of struggle and delving before a client is ready and able to look at the central issue. Through the therapeutic process, he or she builds up a network of awareness and inner stability that provides enough security to open up the deeper levels. These areas are usually connected to physical sensations and feelings which are experienced as life threatening and therefore have been avoided for the client's entire life.

A client sometimes requires a series of small steps that do not involve much emotion in order to feel secure with a therapist, or to test out how trustworthy and dependable the therapist is. For this reason, it is not advisable to go any further in a constellation than the original contract with the client allows, even if it is clear to the therapist that there are further dynamics in the background that might be having an effect on the client's current state.

Techniques for Constellations in an Individual Setting

There are various techniques for doing constellations in an individual setting. Many therapists draw from their original therapeutic orientation and, consequently, may emphasize more elements from gestalt, body, or behaviour therapy.

You can visualize a constellation in your imagination and complete all the movements and rituals in your mind's eye. Alternatively, using figures, dolls, or blocks to represent the family members allows the client and the therapist to look at the constellation together from the outside. Constellations using markers consisting of felt pieces or sheets of paper are also effective. The client or therapist can stand in the various marked positions, thereby gaining additional information about the dynamics in the family system through bodily sensations and any changes following interventions.

All of these methods can provide experiences of high intensity and awareness and serve well to test out hypotheses, develop resolutions, and create effective images of resolution. The best method is the one that you feel most comfortable and secure with. In the course of a constellation process, you can also move smoothly from one method to another. The interventions can be adjusted to suit the particular conditions of a specific therapeutic situation, and the client can easily move from a pure visualization to physical involvement. You could also add a person to a constellation of figures, and then, for example, make physical contact by supporting the client's back or shoulders. Someone standing in a system laid out with floor markers could also imagine additional people added to the constellation.

Constellations with Floor Markers of Paper, Cardboard, or Felt

In a constellation using floor markers, the client positions pieces of paper or another material within the working space, in the same way

representatives would be placed in a group setting. Once the case history has been taken, the therapist chooses people who seem relevant to the problem and to the resolution. The client receives a number of sheets of paper and is guided just as would be done in a group setting. "Here is a sheet for your father, your mother, yourself, etc. Find a good place here in this space for each of these people. Start with your father." The client lays out the markers and sits down, or perhaps takes his or her own place in the system immediately. The therapist can also lay an additional piece of paper somewhat removed from the constellation and have the client stand on this marker. Remaining outside the constellation gives the client a meta-position and allows an inner distance, facilitating a so-called 'therapeutic splitting' , or a 'witness state'. This is a state in which people consciously observe their previously unconscious feelings and actions, becoming an inner witness for themselves and looking at their personal life context from the outside, without a feeling of being at the mercy of these overwhelming, incomprehensible events. This external position eases the process considerably.

If the therapist chooses to look at a single relationship or dynamic, he or she can lay out two pieces of paper on the floor, facing each other. "This paper is for your mother and this one is for you. Stand in your place and exhale deeply." In cases where the client seems very hesitant or unsure about the placement of a marker, the therapist can take over the responsibility. "I'll find a place for your sister."

From the perspective of body therapy, standing gives a body image which is representative of a more advanced developmental stage than the child-like position of lying or sitting. When the client stands in any one place in the constellation, the inner images and emotions are connected to the unconscious physical experience and the sensations produced by posture, tension, weight, and proclivities. While standing, kneeling, bowing, or relating to other people in the space, the organization of the body anchors the psychological and emotional experience in the field of the kinesthetic memory.

Discourse: The Morphic Field

In our process of socialization, we learn that everything that happens inside our body and our psyche belongs to 'I' and we are responsible for it. We learn that our feelings, our actions, and our

thoughts come from us and make sense within us. When we think in terms of systemic connections and experiences in constellations, it would seem that this is only partially true.

In this aspect, the work of Bert Hellinger has revolutionized the concept of the individual. The invisible bonds within a family or system become visible in a constellation, as representatives and clients physically experience the way an individual is embedded in a system and how the presence and proximity of each individual has an effect on every other individual in the system. For example, a daughter facing her father in a constellation can experience and precisely describe a physical and emotional state that changes when a further person (for example, her mother, or her father's father) steps in.

We can imagine that our bodies take in information from the environment like a resonating instrument, rather like the way a musical instrument or vessel of water vibrates with surrounding sounds. In this way we are capable of sensing others through feelings and bodily states, and of experiencing and sensing these qualities of other people in ourselves, particularly physically. This means that the feelings we have and the physical states we experience may not always come from within ourselves and belong to us. Instead, foreign feelings and sensations resonate within us but we believe that they are our own because we experience them in our own bodies and psyches.

Rupert Sheldrake has revived and expanded the old idea of an all-encompassing unity and included this in a central position in his research. He describes the basic principles of the morphic field, from Thales's concept of the world soul to Carl Jung's collective unconscious. Every structure, whether it be an organization, an organism, or a system, lives in a morphic field that functions as a memory, storing all the important information of the system. The individual elements, as parts of the whole, resonate with the entire whole. Each piece of the structure, every member of the system, or every individual in an organization participates in the knowledge of the whole and all important events. This memory cannot be thought of as a function or personal achievement of our mind, but as a memory field in which we move, rather like a radio in the midst of radio waves (Hunter Beaumont in Conversation with Rupert Sheldrake 2001).

The image of a morphic or morphogenetic field serves as a model of understanding what happens in a constellation. Any model is use-

ful and meaningful as long as it proves itself under examination, and as long as the effects are congruent. Particularly in the areas where we cannot be certain of what the 'truth' really is, models and hypotheses are useful for explaining, understanding, and dealing with what happens.

The phenomenon of awareness with no direct transfer of information can be observd in various therapeutic contexts:

- With clients who have access to information about events and people from previous generations, even though the person was actually too young to have known about them, or when the family has kept the secrets hidden.
- With therapists who experience inner images and physical reactions to a client and the client's system that later turn out to be accurate, even though this information was never communicated verbally.
- During a constellation when representatives have physical sensations or thoughts about relationships and sense things which turn out to be accurate about the client and the client's family, as if the representatives had access to the in-forming field of the client's experience (see chapter "Discourse: Counter-Transference", p. 75)

In this model, we might imagine that the client's field stimulates a counter-transference in us as therapists. We experience the inner dramas of our clients as we travel with them through the landscape of their personal history. We can feel with them what they are feeling, and sense the forces that are affecting them. We can see people associated with a client, and sense their qualities as well.

Such awareness is also possible outside of a therapeutic setting, but it appears that certain conditions improve an observer's capabilities in this area as well as increasing the intensity of the awareness. When an entire group concentrate and focus on one theme, as happens in a constellation, the field seems to be activated and strengthened. Since our physical body is an instrument of resonance that carries precise information about the world around us, we can improve our sensitivity and awareness by developing and sustaining our physical capabilities. Exercises for relaxation and body awareness help to support this state (see chapter "A Short Exercise for Body Awareness", p. 62).

Getting Information about Other People

In groups we get information about other people from the representatives' experiences. In an individual setting, the client has access to this information when he or she stands within the family system and visualizes another family member. Or the therapist may take on a role and give feedback while standing in that person's position. A further variation is for the client to stand in another person's place and gather experience from that viewpoint.

As we know from gestalt therapy, there are advantages to having a client take on the roles of various members of the family system and experience differences from those perspectives. This method is helpful for clients who have little experience with therapeutic procedures or with thinking systemically. For example, when a man stands in his father's place, it is as if he enters his father's field. He may notice things that alter his previous feelings. From this change in perspective, the man can experience how his father feels towards him, his physical sensations, and how his father stands in relation to other people in the system. The therapist can accompany and support him in this process by asking appropriate questions, "How do you feel when you stand in your father's place?" The therapist then includes the information provided by the client standing in his father's place, "How does it make you feel when you hear that, when you see your son in this way?" When the client is back in his own place, "How are you feeling now, after the experience you had in the role of your father?"

To emphasize the differences between individual roles, the therapist can set some parameters of body awareness while the client is standing in his or her own place, and then refer back to these parameters from other positions and also following interventions. For example, the therapist might ask repeatedly for a description, "How are you standing on the floor? What is your weight like in this place? How is your breathing, your posture?" If there is something very noticeable in the person's posture or movement, you can draw attention to this in various positions. If the client seems off-balance, has neck and shoulder tension, or has breathing difficulties, you can observe how these symptoms change in other roles. Such experiences have a strong impact on clients, and open up new perspectives that are often far beyond the previously held images.

If a client steps into many different roles, the information and sensations can easily be overwhelming. You have to respect the individual limits of concentration and use that as a guide to the limits of this method. In addition, someone may be so deeply touched by an experience in another role that gathering more information would cloud the inner process.

As therapist, you can also stand in different positions, report your experience and awareness in that place, and discuss them with the client. When it seems helpful and desirable to do so, you can support and anchor the client's images through physical touch, for example, by taking over the role of a father, and having the client lean against you, or simply by putting a hand on his or her shoulder.

This particular method produces a lot of information and presents a challenging task for any therapist. The various roles bring about changes that are often highly intense, and demand that the therapist remain acutely alert. One requirement for a therapist, therefore, is the ability to discriminate between his or her own processes and the sensations that are coming from the client's family system. A client's transference on to the therapist is also to be taken into consideration as there may be consequences for the on-going therapy. Some colleagues have reported in supervision sessions that they find taking on many roles in individual work very taxing. Others report that they have had good experience with this technique, and very precise information becomes accessible.

During a constellation, the therapist can remain outside the situation, or, as in groups, accompany the client through the process, standing slightly off to the side. In this way the therapist has the same perspective as the client, but can still easily step back to get a different perspective. This broadens the picture of the individuals and their relationships to each other.

Visualized Constellations

In imagined constellations, the entire process plays out in the mind's eye. The person visualizes what is happening, but remains seated in a chair. Beginning with the first image, an inner representation of the presenting issue, the client can draw up an entire visualized constellation. With the guidance of the therapist, the client can make changes leading to a resolution image. The therapist can also bring additional

people into the picture, one by one. The dynamics are looked at initially in a relationship between two people and then gradually expanded into a more complete picture.

Since we are guiding the client through powerful, old, deep feelings, the therapeutic process works best when the client feels comfortable and secure. Before beginning a visualization, I briefly describe what I am going to do. "I'm going to suggest a couple of exercises for you to try out and you can see how they are for you. You can keep your eyes open or closed, and change your mind about that whenever you want. If you feel like you need a break, we can stop at any time." When someone has some control over what is happening, it reduces the discomfort caused by an unaccustomed situation. Some clients can experience their inner process easily whether their eyes are open or closed. For others, it seems important for them to keep their eyes open to retain some visual control over the situation. When these exercises are very new and unusual for clients, they will probably only feel comfortable closing their eyes when they have already had a positive experience in response to some therapeutic intervention.

A relaxation exercise can help set the tone, especially if a client is nervous, tense, or fearful. This could be a short journey through the body, or the support of quiet, deep breathing. Such exercises interrupt the flow of a problem-orientated discussion. They contribute to relaxation, slowing down, and increased concentration. The client experiences these diversions as pleasant, a chance to pause for thought, make observations, and experience the effects of small, limited alterations.

This has a positive effect on motivation and on the therapeutic relationship.

The first short exercises for body awareness take only a few minutes. If it seems right for you and for the client, the exercises can be repeated at the beginning of each session. "Breathe out deeply and feel your feet on the floor. Feel your weight on the surface of the chair, the contact of your body with the back of the chair. Feel your hands and how they are touching."

Any of these instructions can be varied to suit the posture and position of the client. "Feel your hands. Feel the weight of your hands on the arms of the chair." If there is visible tension or strain, "Let your shoulders go a bit," or, "Lower your eyebrows". If there is ri-

gidity in the head or neck area, you might say, "Tip your head slightly forward and drop your chin down". This is a movement that we will return to later.

If the person is clenching their teeth, you can suggest, "Open your mouth slightly and breathe out deeply". Or, "Let your jaw drop a bit and allow your tongue to relax". In order to continue the practice of breathing out with awareness and to remind the client of this practice, you can begin each instruction with the words, "Each time you breathe out deeply now, relax a bit more, (and feel how…, then let yourself …)".

If the client repeatedly forgets to breathe, is not aware of his or her breathing, or cannot describe it, you can offer support by saying, "Lay your hand on your chest (your heart, your breast – whichever formulation suits you), so that you can feel the movement as you breathe in and out". This too is a gesture which could possibly arise later in the course of a constellation.

While a client is paying attention to the process of relaxing, it is a good opportunity for us, as therapists, to observe breathing patterns, body language, and posture. This way, we get information about the physical coping strategies and tension patterns limit this client in chronic reaction patterns, and we can identify the areas of the body that are primarily being affected. This information serves as a basis for later interventions.

I generally take a case history before beginning the exercises so that the meditative state during the constellation process is not interrupted by questions about family events, and so the client's attention is not diverted from inner images. I have most of the important information at the start, and I can form an opening hypothesis. The constellation can then follow its natural flow. Stay in continual contact with the client, verbally or non-verbally. The client describes an inner picture and at the same time, the therapist is observing the body reactions, noticing what the posture, movements, and impulses are saying as well as the feelings being expressed.

Sometimes a client speaks aloud or silently to a relative, leans physically while imagining leaning against someone, or makes some other movement congruent with the image being described. Some bow down physically, even when you have only suggested that they should imagine doing so. Or they might say, "I would like to actually try that out right now", and they stand up to bow down.

If you are interrupted in a session for some reason, it does not mean you have to break it off. The client can remain in the current on-going process. If he or she is experiencing a positive image, you can say, "Stay with this image and I'll return shortly". If the current task is attending to a breathing process, "Continue breathing deeply and calmly and notice how you feel physically". In this way, the person's attention remains with the inner process.

Constellations Using Figures

I was impressed by a demonstration by Sieglinde Schneider of constellations in an individual setting using Playmobile figures. She sits opposite the client at a low table 60 by 60 centimetres. The figures represent men, women, and children with various hair colours and clothing. One advantage of using this method is that a complex family system involving many people can be clearly and concretely represented in a small space. There is even enough room on the table for multiple family systems in relationship to each other, for example, the family of origin and the present family.

The therapist and the client look at the constellation together and talk about the situation and the dynamics. Sitting opposite one another, the therapist can also observe the client's reactions, which provide additional information.

The client chooses suitable figures from a large selection and positions them on the table, the same way representatives would be positioned in a group setting. The bridge here, between representation and imagination, is a fluid one. The therapist names the dynamics and suggests sentences for the individuals represented, testing the effects of each of these on the client in order to develop further movements. As will be discussed in more detail later, the transition from visual awareness to inner images is easily made, and brings a physical anchor seamlessly into the process.

Example

A woman came for help with a marital problem. Her husband had lost interest in her, and rightfully so, since she found it very difficult to show him the affection he deserved. Still, she was suffering from the fact that he no longer paid any attention to her and was clearly pulling out of the relationship. She had lost an earlier boyfriend, af-

ter many years together, in a similar way. She felt helpless and did not know what to do.

The therapist had her choose two figures, one for the man and one for herself. The client placed the figures far apart. The figure representing the woman stood somewhat off to the side, bent over so that she could not see her husband. The positions of the figures reflected exactly what the woman had described.

The therapist stated her hypothesis that the constellation suggested some major event in the client's family of origin. Just as in a constellation in a group, the figure looking down meant that someone had died young and was drawing everyone's attention. The woman began to cry and said that the child born before her in the family had died during a premature birth.

The therapist suggested looking first at this dynamic in the woman's family and moved the husband's figure off to one side. The woman agreed to this. A dead sibling was laid where the client's figure would see it, and a figure added for the mother of the two. The therapist described how the mother probably felt looking at the dead child (grief, pain, despair), and the feelings of the client (fear of being abandoned, or of dying as well). The woman nodded in agreement and, very moved, began to weep. She could barely feel her mother, even though the mother's figure was placed close by her own figure, so the therapist inquired about the mother's family history, and then added figures for the mother's parents and other family members who had been killed in a bombing attack. She explained the dynamics of bonding, following someone into death, and identification, and described how the woman's mother must have felt as a survivor, "You can imagine how your mother, back then, …" She had the client's mother speak to her own parents, "I would so love to be with you. I miss you so much. Part of me has gone with you …" and then to her daughter, "I would like to have been a good mother. My heart is elsewhere, …"

This made it clear and understandable why the woman's mother had been so closed off and not present for her daughter. This pattern of pulling back inside, despite the wish to turn towards someone, reflected the structure of the client in relation to her husband. "I would like to be a good wife. My heart is elsewhere, with my mother and her dead …"

At this statement, the woman began to sob. The therapist moved over to her and put her arm around her. "I am standing in for your mother. Imagine that you are a five or six year old child. Lean back against her and she will hold you." At this point, the therapist is working with both dynamics: through the constellation with the systemic entanglements, or bonds, and through body contact and the client's regression with the interrupted reaching-out movement.

Sobbing, the client clung to the therapist, and then quietened visibly and finally was calm. The therapist went back to her seat, turned the figure of the client with her back to her parents and leaned the figure backwards somewhat. Then, as the therapist placed the husband's figure opposite his wife, the client could repeat the resolving sentences with clarity and strength, and felt satisfied and relieved.

These sentences of resolution, which lead a client to his or her feelings, present a positive description of the symptoms and dynamics, and a broader perspective towards the next generation or further. Seeing the figures and visualizing the process supports the inner pictures.

Through the therapeutic work, a person changes his or her images and awareness of the world. We help the client to cognitively understand now the things that could not be understood in those influential phases of childhood and those things that weren't seen in the complete context of the life history of the family. We support the person to feel emotions and express now what could not be felt then, those things that he or she had to pull back from in order to bear them. We also support the feelings and awareness of body sensations that could not be felt and borne at those times. In this way, the client can follow the impulses that were not successfully completed earlier. The patterns laid down in the past can be changed when new, broader experiences produce a new pattern. In this sense, we can change the past. In the words of Milton Erickson, "It is never too late to have a happy childhood."

Symptoms, Feelings, and Inner Movements

Reaching Out, Turning Away – Primary and Secondary Feelings, Feelings Taken Over from Another, and Meta-Feelings

In searching for the relevant events and individuals in a family system, we look closely at the connection between symptoms and the psychic structures, and track two contrasting movements for diagnostic clues. These are the movements of reaching out and of turning away. These movements reflect structures we usually learn very early in life in contact with others, as well as the coping mechanisms that we have developed for dealing with those contacts, both within the framework of our family and subsequently in the course of our life. They have utmost importance for our capabilities for being in the world. These movements engender and influence feelings with a reciprocal effect. We can ask clients at the very beginning of a therapy, even during the first description of the presenting problem, which movement is more typical for them and what inner movements they are prepared to make.

A reaching-out movement can be understood as an interest in the world, turning towards life and openness as an unconscious or intentionally adopted attitude. This reaching-out movement can be described as a primary movement directed towards contact with other people and objects. It has the function, essential to life and survival, of establishing and maintaining contact. The patterns of reaching-out movements reflect so-called primary feelings and the physical state is marked by relaxation, flexibility, and spontaneous reactions appropriate to the situation. The basic attitude is one of interest and agreement and basically says 'yes' to the world. In this sense it is strengthening, life-bringing, and guides us further along our path.

A turning away movement can be understood as a kind of withdrawal, pulling back, and closing up. This serves primarily to pro-

tect us in situations that cannot be met and mastered any other way. It is physically recognizable in chronic tension, and cognitively in fantasies and concepts of how things should be, rather than reflecting the actual situation. There is often a pattern of refusal, rejection, and defence, or a constant readiness for a row. This is understandable as a more or less active strategy to set personal boundaries. Secondary feelings round out the picture. The general attitude says 'no'. This attitude or pattern of withdrawal is usually the result of experiences at an early age, unless there has been some massive trauma later, after the early childhood formative phases, that has changed and damaged the original basic structure of saying yes to life.

From developmental psychology, we know that a child begins to communicate at a very early age – immediately following birth, or possibly even before. The formative phase, during which a child is open to influences on basic structures, has already come to an end by the age of three according to Bowlby (cf. Trautner 1978). The patterns laid down during the first three years of life are stable but not irreversible. A psychotherapeutic treatment can support learning more functional, more appropriate, more meaningful, and more helpful patterns.

As students on a course in developmental psychology, we were shown a film of the well-known "still face" experiments by Brazelton. The communication between a mother and her child are shown in sequences (Brazelton and Cramer 1989). The camera is directed at an infant of several months lying propped up in a baby seat. There is a mirror nearby in which we can see the mother's face, so that the viewer can see both faces at once. As the film begins, the mother approaches the baby who then laughs. In the first trial, the mother reacts and laughs back, turning and touching the baby. The baby is delighted, and laughs and gurgles with pleasure. In the second trial, the mother approaches the baby, who again laughs. This time, however, the mother has been instructed not to respond. She looks expressionlessly at the baby with no friendly recognition (with a still face). The baby laughs and reaches out to its mother, but she does not respond. The child tries again and begins to look distressed. The mother still does not react and the baby becomes visibly more tense and restless. Finally the baby gives its mother a questioning glance, looks away and goes limp, or begins to scream and cry. These film

sequences lasted only a few minutes each. Further examination showed that the relationship between the baby and mother quickly returned to normal when the mother met her baby with constant attention and a friendly manner. After the first mistrustful moment, the child soon turned openly to its mother again. If a mother's rejection of her child is a continuous pattern, the child remains in a state of tension and resignation. In such cases, further investigation has shown that the mother's behaviour has its roots in her experience with her own mother.

Symptoms Are Right

The symptoms and problems that clients complain of, their inappropriate behaviour, and the puzzling emotions that cause such a disturbance can all be regarded as meaningful symbols. They are "right", and in the right context, it is understandable why a person behaves or feels this way. We see the negative, as in a bronze casting of a relief, and extrapolate what the positive must have looked like. In this sense, the symptoms are the key to the missing data.

Inexplicable symptoms are distressing and weigh heavily on our clients, who feel responsible for them and are self-critical when they cannot get themselves under control. It is an enormous relief when these symptoms finally make sense, or take on meaning through a systemic understanding.

When a symptom or feeling that has been taken over from the family system appears in an another situation, we assume that it is "right" in its quality and quantity, but it is not in the right context or time frame. It seems as if it belongs to another person. The important questions towards a new understanding of the symptoms are: How is it to be interpreted? In what context does it make sense? What situation and person in the family system does it fit with?

Example

Ms Kramer was a 25-year-old student preparing to take her final examinations. She reported having nightmares that had to do with war, from which she awoke terrified and bathed in sweat. As we looked at her family system for structures where these feelings and images would have meaning, we found that both her father and her grandfather had had traumatic war experiences, since they had both been

soldiers on the front. It was as though Ms K was re-living the terror and feelings of her father and grandfather.

Primary Feelings and Inner Reaching-Out Movements

A central goal in therapy is to support the client in primary feelings. We regard these as original feelings, connected to a movement of turning towards. They are identifiable through the following characteristics: Primary feelings give strength. They express an inner reaching-out movement and are appropriate to the situation. They may express affection or a deep love, but could also include anger in response to an injustice or fear in a threatening situation. A primary feeling runs through a predictable sequence beginning with the first appearance, followed by a building up, then receding and coming to an end. We can experience primary feelings with our eyes open and still remain in contact with the outside world. This is something that is not possible with secondary feelings. Primary feelings produce a resonance in us as therapists and we can accompany our clients through their process with understanding, patience, and empathy.

When a child is born, the baby's expression and communication comprise a complete reaching-out movement. We assume that this inner reaching-out movement arises out of a need to belong. Perhaps we still have the echoes of the ancient mammalian instinct of needing to belong to the herd, which gives us protection and security and provides what we need for survival. If we are excluded or too far astray, the predators will devour us.

As Ivan Boszormenyi-Nagy describes it, we can prompt others to give us something by giving them something ourselves (s. Boszormenyi-Nagy et al. 1973, 1986; Franke 2002). If parents are available for their children and are not dominated by their own needs, the children feel safe and secure. Their physical and emotional needs are met and they feel satisfied. Everything that is essential for life is learned as a child in a family, above all the difference between right and wrong, that is, what has to be done and what must be tolerated in order to belong to this family.

Those who are able to feel their primary feelings and live in a reaching-out movement generally do not come into therapy. They are able to seek out contact and exchange with others and in this way create satisfying relationships. We usually see those people whose

open access has been denied because of their history and experiences. They suffer from inner boundaries that they cannot cross by themselves using the means currently at their disposal. We assume, as a working hypothesis, that the problems or undesirable symptoms that the client presents are not a result of primary movements, but instead, that we are dealing with secondary feelings or feelings taken over from someone else.

Secondary Feelings, Inner Turning-Away Movements and Interrupted Reaching-Out Movements

For a child, the entire world is initially comprised of the relationship to his or her parents or caretaker. Being recognized, being cared for and touched, and having a feeling of belonging all contribute to a healthy development. The child lives within these relationships and exchanges, and experiences the assurance that his or her needs will be met when they are expressed, and that affection and attention are forthcoming.

When a child's movements towards relationship are not responded to, and when attempts at closeness lead repeatedly to rejection or helplessness, the child takes that to mean that the environment cannot be relied on to provide what is needed at the moment. As in the trials described above, even a child not yet capable of speech becomes physically distressed and turns away when this occurs. This can be understood as a basic pattern of secondary feelings. If it continues as a pattern through life, we describe it, in Bert Hellinger's terms, as an interrupted reaching-out movement.

If the disruption in the relationship occurs frequently and over long periods of time, a limit is clearly reached where resignation takes over and the child ceases to make any more attempts at contact. It is as if the child comes to the decision to never again submit to such a painful experience that results in that physical state, and never again to try to establish a close, deep relationship, but rather to do everything alone.

Particularly in cases of underlying depression and resignation, it is often clear that a person has been repeatedly subjected to situations and the associated feelings in which the reaching-out movement found no responding recipient. What this experience means for a young child is that no actions will have an effect on others. It is

as if the child suspects that at the bottom line, he or she is helpless and at the mercy of death itself. In therapy, as clients come closer to the primary feelings underlying the secondary coping strategies, they often describe feelings of fear, or general anxiety, deep dread, panic, fear of death, horror, indescribable outrage, existential danger, and the feeling, or the fear, that they will come apart, disintegrate, or disappear.

In practice, we can identify the pattern of an interrupted reaching-out movement when the child's contact with an important caretaker was interrupted, for example, when the father or mother was unreachable due to illness, travel, or war, or when the child was isolated in a hospital, or was sent away from home for a period of time.

When clients have experienced an early, lengthy separation, they often comment that their parents later reported that the client as a child had behaved very well after the absence. We take that to mean that the child adapted to the situation in hopelessness. The child bowed to the external structure and ceased trying to have an effect on the environment.

Often, clients have experienced such interruptions when their parents were entangled in their own system or life experiences. For example, if a mother had lost her own mother when she was a child, or if a father was a soldier, away at war, then presumably neither would have been emotionally available for their child, our client.

In the same way, it seems that any massive event which results in trauma has the effect that "the soul pulls back", as Hunter Beaumont has described it. This could apply to a difficult birth that endangered the life of the child or the mother, serious, life-threatening accidents, or even when someone has experienced a life-threatening situation or death of another person. It is as if the entire organism, physical and psychic, freezes in the experience and cannot find a way back to normality alone.

Example

Mrs Gray, aged 32, came in a deeply depressed state. She felt driven and did not know which way to turn. She lived her life in despair, feeling incapable of taking charge of things or creating anything for herself. Ever since childhood she had been plagued by images which pulled her away from reality. She imagined her own death in various ways, which made her very fearful. Relating her family history,

she reported that when she was five years old she had seen her cousin fall from a tree. She thought at the time that he was dead, and that night he appeared to her in a dream, demanding her favourite shoes. In total panic, she had refused him. Only later did she find out that he had survived practically unharmed. At that point her trance-like states began, lively daydreams full of horror and distress. None of the numerous psychologists or medical treatments had helped.

As she haltingly described this scene, she was trembling and crying. I suggested that she imagine her cousin standing opposite her, and that she look him in the eye. She was not able to do this because he would not look at her. She began to sob in despair. I told her my suspicion that a part of her had got stuck with him. She nodded wordlessly and became calmer. I suggested that she bring that episode to closure through a ritual, "something appropriate to the significance of the situation." She nodded in agreement. Together, we thought about what she could do. Since she was raised as a Catholic, she decided to put a large candle in her church for her cousin. Then she pictured her cousin standing opposite her, symbolized by a piece of paper on the floor. She bowed to him silently. Whatever this ritual did, the inner images that had tortured her and the distress she had felt were gone by the time she came to the next session a few weeks later. The symptoms of depression had let up and she was able to cope with them with a behaviour therapy treatment (cf. Peter Levine 1997).

Recognizing Secondary Feelings in the Therapeutic Process

Just as primary feelings represent a reaching-out movement, secondary feelings move away. There are particular qualities that make these feelings easily recognisable in the therapeutic process. The strength of secondary feelings is usually not appropriate to the situation, even if the feelings themselves fit. They serve as coping mechanisms to protect, limit, and decrease tension. Since secondary feelings and the accompanying physical states are fed by inner images and earlier experiences rather than the actual present situation, clients tends to interrupt contact with the therapist, or to close their eyes. Since it is impossible to be in the past and present at the same time, secondary feelings can easily be interrupted by having the client look the therapist directly in the eye and by doing so, come back into the present.

Secondary feelings are chronic, with no concrete beginning and no clear end. Like primary feelings, these secondary feelings also run a predictable course. They persist and appear repeatedly in session after session. As therapists, we then also react with secondary feeling patterns and close off. We experience the client's feelings as false, and feel impatient, aggressive, or bored. A sense of disbelief sets in and sometimes even indignation, in any case not empathic responses.

Secondary feelings and movements distract from the primary feelings which are appropriate to the situation. They weaken because they are not connected to a personal goal. The client wastes time and energy with symptoms that do not lead forward on life's path. Usually the person has a clear sense of this and is angry or sad about it without being able to identify the connections.

Although secondary feelings do not seem to make sense in the context of the client's actual life, we still assume that the feelings and awareness are correct in some way and begin the search for an appropriate context. The pattern may have been in operation for the person's entire life. In current, similar situations, old feelings are stimulated by memories and awakened. For example, when clients describe their relationship with their mother or father, precisely the same feelings and physical reactions appear, even though some of the events being described may have occurred decades in the past.

If a person's relationship with his or her parents was or is difficult, the pattern will probably be active in other relationships. To examine these present problems, we look at the client's learned patterns of relationship from the past, primarily the relationship with his or her parents.

The reactivated symptoms present a complex picture of a condition in the past. We can draw conclusions from the particulars of the traumatic event, but above all, from the time of the occurrence, about what needs the client had back then and what is needed in the present in order to resolve this old traumatic situation.

Secondary feelings and patterns of turning away stem from old learned patterns and conditioning and are connected with old injuries and experiences. They are usually resistant to any therapy that does not address the original situation with the intent to change the picture and allow the client to move into the present with a different experience and perspective. Expressing and acting out secondary

feelings leads to short-term relief, but does not alter anything long-term. The symptom is a continual reminder of a situation or event that had an unsatisfactory outcome for the client's inner reality, and that has not been resolved. By asking how the story should have ended, and how it should proceed now, we get some idea of what this client needs in order to be able to let go of the past.

In a therapeutic process we often find a correspondence between learned secondary feelings, movements, and behaviour patterns and the physical and emotional state of the child when the learning or trauma occurred. A client who has been subjected to a high degree of stress at an early age was limited in reacting to the situation at that time by the constraints of physical development. Now, this adult person sitting in front of us exhibits the somatisation: a chronic non-localized muscle tension that affects the entire body, an all-encompassing sense of discomfort, and specific breathing patterns. Some people may react to difficult topics or situations in a session with a kind of 'play dead' reflex that cannot be dealt with cognitively. Sometimes the symptoms present themselves in a very vague way, and the client has only got a feeling about a body reaction or a continual discomfort, without being able to describe precisely what it is actually about. These are all indications of a coping strategy developed at an age when the client was not capable of dealing with something cognitively.

With maturity and a more robust ego-structure, the secondary feelings and coping strategies take on different qualities of expression. When a child has enough inner stability to manage it, he or she will externalize with aggression, stubbornness, or temper tantrums, and be less apt to fall into helplessness and depression. Rage is a stimulating sensation that activates the body and allows the child to avoid the feeling of helplessness in difficult situations. Instead, the physical awareness and sensations divert the child from the inner pain. Such symptoms help keep the child occupied until the body tension has tapered off.

Later, the developing person introduces cognition and explanation to understand and control the surrounding world. Other coping strategies include fantasy and dream worlds, blocking, fuzzy thinking, or even shutting everything out completely with a blackout. A client may describe any of these symptoms as problematic when they are not subject to intentional control.

These processes may occur intensively in a session when a discussion or constellation touches on critical inner places and the client reacts with old patterns. The symptoms are important clues about the client's structures and about the time at which he or she was called on to take an inner stance in relation to the world. The patterns at a body level are described by Lowen as character armour (Lowen 1981), and by Freud as early childhood fixations (Freud 1910).

In planning a course of therapy, the critical question is what the client feels and experiences when he or she does not resort to the old familiar coping strategies.

Patterns Taken on from the System: Feelings, Behaviour, Thoughts

Our awareness takes on a new meaning when we assume that we are resonating instruments for the vibrations, experiences, and knowledge that are present and activated around us. Bert Hellinger describes a basic dynamic of taking over experiences, states, and tasks from an earlier generation. A child adopts or develops symptoms which make sense within the dynamics of the family system. This dynamic is not restricted to feelings, but also includes behaviour, preferences, and thoughts.

Recognizing What Has Been Taken Over from the System

Like secondary feelings, feelings that have been taken over from the system are inappropriate to the current situation. They appear with no external stimulus and have a weakening effect because they do not belong to this person. These feelings can be understood in the context of a child's loyalty. Bert Hellinger has described the dynamic with the sentence, "I do this for you." The adopted feelings, in this sense, stem from the context of another person. They come out of the family system and are felt by the children or grandchildren when they were not, or could not be felt by the parents or grandparents. For example, a client may suffer from depression that appears spontaneously, and in the case history it turns out that a sibling of his or her mother died at an early age and the client is carrying the mother's grief.

Feelings and behaviours that have been taken over from someone else are felt and described as foreign. This means that the client has a sense, often at a deep, unconscious level, of a 'real' self that contradicts the actual actions, thoughts, and feelings. When a person feels 'beside himself', he or she is adopting two separate positions: one that belongs to the description of the 'real' self and the other standing alongside. The question here is who the second position represents. Who is this other person?

Likewise, when someone complains that they are doing things they actually do not want to do, it is as if two forces are at work, with the person identifying with one and rejecting the other. Usually, when the question is posed about who is acting and where the behaviour makes sense, a person and a situation become clear in the family system where this would be appropriate. The client can put the feelings in context and perform a ritual to return them to the originating person.

One could suppose that the disorders in clinical psychology that are described as endogenous are reflections of secondary or adopted feelings and movements. They appear without apparent cause and resist any treatment that does not include the original situation.

Adopted feelings are confusing because they make no sense in the context of the client's actual life. When we have found an explanation, the client can understand them differently and integrate them appropriately. The feelings may continue to be present, but if the client knows that the depression belongs to his or her mother or that the aggressive feelings are actually unexpressed feelings of his or her father, there is a sense of being an instrument through which the symptoms are revealed but no need to identify with them or suffer from them.

It is often the case that the appropriate feelings could not be felt at the time of the original events because there was no place for them or because they were unacceptable in the situation. Sometimes it concerns massive traumatic events that could not be coped with without some suitable support, such as a ritualized treatment, spiritual counselling, or psychotherapy, and the core remains tightly bound to the original experience. In this case, too, it is a great relief for the client to discover that the feelings are right, just not appropriate in this place and at this time.

Example

Ms Stern, a strikingly beautiful woman, was a twenty-five year old practising Buddhist. She was living with a man but they were not married, and she was raising his two half-grown children. Her partner was very aggressive, abusing her physically and treating her badly. She came into therapy in fear of her life and her future and in despair over her desperate situation. She said she was not sure if there would be any tomorrow for her and she did not know if she was even capable of having a happy relationship or having children of her own. She was very successful professionally but though her work was positively acknowledged, she was in constant fear of losing her job. She had doubts about being able to survive the next day.

I was astounded to hear such things from a young, good-looking, talented woman. Since she could also see that there was little reason for her fears in her actual situation, I interpreted her statements as an old pattern. As we looked at her case and family history, she told me about her grandfather, who had lived in a neighbouring country and had participated in setting the political scene so that the Nazis could take over power. She did not include many details, but she thought that his efforts had resulted in concentration camps in his country, causing the deaths of many people. He was prosecuted after the war and was publicly executed. Her feelings corresponded closely with those suffered by people in concentration camps: Fear and doubt whether she would survive the next day, anxiety about how long her relationship would last, and about her own future. It appeared as if she was doing penance for the victims by submitting to the injustice and attacks from her partner. Her religious practice also represented an attempt to compensate for injustice and cruelty.

As I led her through a visualized constellation, her mother stood loyally next to her own father, the client's grandfather. In my own fantasy I saw a long row of people standing next to him. I described my image to the client, "How is it for you if you imagine all the people who suffered at your grandfather's hands standing next to him?" Ms S paused and then felt shocked. She wept and could not breathe. Then she said, "That's right." We talked for a while about the images and what we had done. Finally, she was calm again and felt strengthened. She came twice more and then moved to another city and I did not hear anything from her for a long time. After about a year and a half I found out that she had married a different man and had established herself very well professionally.

Conflicting Movements

As emphasized by Boszormenyi-Nagy (1981) and Hellinger, a child is deeply loyal to the family system. Developing and following personal desires leads to inner conflicts as soon as the child contradicts the rules of the family system or steps outside them. It is precisely when a child is not supported in independence, but rather takes over the task of restoring a missing balance in the system that the child experiences his or her own wishes as a transgression against the family (s. for example, Hellinger 1994).

People often complain about the conflicting demands of these two forces, namely the longing to belong and loyalty to the system versus the desire for personal development and their own truth. Clients caught up in this conflict do not feel able to go their own way, or experience themselves as unable to make decisions and often feel caught in the uncontrollable consequences of indecision.

In a constellation we can integrate both attempts with sentences developed by Hellinger. For example, the client can say to his or her mother or father, "Please look kindly at me when I act differently from you," or, "I would do anything for you if I knew that it would help". Or in the case of a woman addressing her mother, who herself never followed her own desires and is now holding her daughter back, "As I leave you now and allow myself some distance from you, I am doing it for you so that what you have begun can continue on well".

Meta-Feelings

Hellinger's term "meta-feelings" describes a state that emerges spontaneously and has less to do with people than with life, creation, and God. These may be powerful inner movements which include ecstatic states or overwhelming experiences, and that may be described as spiritual experiences. They encompass the person completely and the personal ego and individuality lose importance.

In practice, we mostly see people who are suffering from secondary or adopted feelings. The so-called meta-feelings, on the other hand, are experienced as a source of strength and as something special, even when they sometimes appear in a violent way.

Body and Breathing

The body resonates to actual events, but also to the content of thoughts, memories, and fantasies. When a client talks about a particular situation, he or she is experiencing that situation again in inner images that stimulate the bodily reaction of that time, as if the past were now present. The reactions that appear are often precisely the symptoms the client is now complaining of that lie beyond the reach of intentional actions and conscious understanding.

At this point in the therapeutic work, it is of primary importance to encourage the client's interest in physical sensations and breathing. When new behaviours are tried out and associated with positive experiences, the client will be able to expand the limiting historical patterns and world view. Together we can look for patterns of coping better than those that have been learned and lived up till now. From unconscious reflex reactions, these develop into conscious movements that can be adapted according to the client's perception of what is appropriate in the current situation.

A pursing of the lips, breathing through the nose, pushing the chin forward, or inhaling quietly and carefully, are all patterns that give clues about how this person has learned to breathe. This tight breathing was suitable and correct at the time the pattern was established, but the organism has now become accustomed to it, as has the client. We need incentives to convince a person that there is a different, more satisfying way to breathe.

Of all the functions of our body, we can always most directly influence our breathing and change it as we wish. Every change of breathing patterns brings a change in consciousness, sensibilities, and our general state of being. In this way we are able to regulate our presence and our readiness and ability to take in something new. By

reducing our breath intake, we keep new information limited to what we can handle and work with. Using special techniques combined with a particular posture we can heighten our inner sense of being present and conscious. This has been done for thousands of years in meditative practices.

We can all observe immediate changes and improvement in our physical state by experimenting with breathing patterns. Long-term, this ability leads to a relaxed state brought about by a continual light, deep breathing which allows a better mastery of difficult situations and feelings. A person can then more readily submit to the actual, current situation, and need not resort to that coping mechanisms have long term damaging effects.

Learning

In a difficult situation, our body reacts by activating our tried and tested patterns of experience and the reflex coping strategies that we have learned or acquired, and which are now mostly automatic and unconscious. When we have learned at an early age to protect our body and set up boundaries through tension and holding, we now most likely still tense up our muscles spontaneously in similar situations. Depending on the nature of the formative situations in the past, and the age at which these strategies were acquired, there is a particular area of the body that is most typically affected: specific areas such as shoulders, forehead, neck, mouth and jaw, eyes, pelvis, and/or bottom. Breathing rhythms alter according to the situation and the previous experience, and we unconsciously breathe faster or slower, shallower or deeper, more into our bellies or more into the chest, or we stop breathing altogether.

Sometimes I demonstrate a reflex that occurs when we are hurt. As soon as we feel the pain, within a fraction of a second we tense our body, clench our teeth together, and draw in our breath with a hiss and hold it. It is as if we are trying to stop time, and our reaction allows us to not feel the pain, or to lessen its intensity.

When the patterns laid down in early childhood and the accompanying secondary feelings described above (see chapter "Recognizing Secondary Feelings in the Therapeutic Process", p. 47) are the only reaction patterns available, a client cannot react appropriately and flexibly to current situations. The pattern is like a piece of cloth-

ing that has become too small and too tight. Now, as an adult, there are numerous strategies available that would enable the person to structure life more independently. Above all, there are new capabilities for thought, consideration, and choicefullness, which allow for conscious and goal-orientated decisions.

During a therapy session, you can hold the questions in the back of your mind. "Where did this client learn these symptomatic behaviours? What kind of situation fits with these kinds of symptoms? In what situation would this be appropriate or helpful? Where would these behaviours and feelings make sense?"

When we proceed on the assumption that symptoms accurately reflect an experience that in this case is not the current experience of the client, but rather something belonging to another time, we can then assume that the symptoms are reflective of the original situation where they were suitable in their intensity and extent. It has been observed that the stronger the reactions are, the closer the original situation lies in the family history. A father's war experiences, for example, are closer than those of a grandfather or uncle. In the same way, the more pervasive the client's symptoms are, the more pervasive were the events in the original situation.

If a body reaction emerges, such as a panic attack, we look into the family system for a situation in which a panic attack would have been completely appropriate. This might be a situation, for example, when a father in the war had to carry messages through the front line, or was trapped in a situation where his comrades were killed.

If the symptom is a sudden endless exhaustion and a feeling of not being able to breathe or move, the question is: Who in the family system experienced this physical state and under what circumstances would these symptoms be comprehensible as a reaction? Perhaps you might discover someone in the family system who was fleeing from enemy troops and contracted pneumonia.

We also find physical and emotional reactions to a rape, even when it turns out in the case history that the client has not had this experience herself. She complains of fear and guilt, anger and disgust, often accompanied by a diffuse agitation and relationship problems. When we look for a corresponding pattern in the system, there is often a woman in the family who was the victim of such a violent act: the woman's mother, an aunt, or her grandmother.

The most interesting question in terms of the desired process of change is what happens if the client does not protect himself or herself, but rather consciously and intentionally submits to the situation that has provoked the adoption and maintenance of these protective strategies. They have usually avoided this situation up till now and therefore have little experience with what really happens when they confront it. When reactivating difficult situations and their accompanying body reactions and feelings, it is useful to have a simple, readily available, relaxation pattern at hand. The client is more likely to dare to move into situations that were previously dangerous when he or she has a safe and dependable strategy to fall back on.

What Happens When You Exhale Deeply?

Behaviour therapy and learning theory stress the fact that no organism is capable of giving in to two conflicting tendencies at the same time. By introducing body relaxation through alterations in breathing, it is impossible to remain trapped in the tension at the same time. Exhaling has the effect of relaxing the body, so one of the first exercises will be for a client to repeatedly pay attention to his or her breathing. From the start, even when we are still talking about the presenting problem, I ask repeatedly, "How are you breathing now?" or "How is your breathing changing as you tell me this?" For one thing, you can draw attention to the connections between breathing patterns, thinking, and feelings. For another, it gives the client the experience of changing how he or she feels within seconds with one or more deep breaths. This new pattern will be useful later during the constellation when the therapist leads the client into situations that elicit reactions like those in the original situation where the restrictive breathing patterns were learned.

When someone is not taking in enough air, I encourage a deeper, more conscious inhale. The effect is that the person experiences more power and energy and straightens up physically.

The people I see in therapy almost always have difficulty relaxing adequately. In such a case it makes sense to emphasize exhaling, as the body then inhales automatically. Tense people in particular find it beneficial to exhale deeply a couple of times. In this way, a deep inhale is provoked and breathing deepens overall. For some people, this little exercise alone releases repressed feelings and they

begin to cry. Most of the time that is felt as a release and feels good. For others, it is difficult to exhale deeply since they are not accustomed to it or because it is tied to unpleasant feelings or thoughts. They feel confused and hesitant, and can hardly risk deepening their breathing.

Therapists can serve as a model for their clients by exhaling as well, but a little bit louder, so that all the clients hear is the therapist's breathing and not their own. "How is that for you when you exhale deeply?" The therapist exhales audibly, perhaps with a sigh. "How do you feel?" If the questions are formulated in a neutral way and focused on the observation of changes with no expectation of improvements, the client may also be able to describe unpleasant feelings such as shame or insecurity. Some people are not accustomed to noticing feelings that arise with deep breathing or to letting them show, particularly in front of a stranger. In that case, I try to be very discreet and not disturb the client's process in a way that makes him or her feel observed. I look down or even close my eyes for a short while, which also gives the client the message that he or she can do this as well if it is more comfortable.

When someone is having difficulty noticing or describing breathing patterns, it helps if they put one hand over their heart and the other, perhaps, on their belly. This allows them to identify and name the differences more easily. "Can you feel how your chest rises and sinks? Can you feel how your belly moves when you breathe in and out? Which hand can feel more movement? Are you breathing in your upper body or lower down?" And, to experiment a little, "What's it like if you only breathe into your chest?" As therapist, you match the breathing rhythm of the client and also put your hands on your own body. "What's it like if you only breathe into your belly?" These short awareness exercises can be repeated at the end of a session and given as homework.

The therapist's breathing mirrors the client's breathing. Some schools of therapy recommend very concretely that the therapist match the posture and breathing of the client in order to establish inner contact and gain information about the client's experience. It is an interesting experiment to notice how you experience your own body when you do this. Do you feel tempted to change something, and if so, what? If you exhale deeply and relax your own body, how does the client react?

Body Tension and Relaxation Exercises

Body tension, in particular chronic tension, is experienced as unpleasant. It restricts the body's ability to react and to enjoy, it is often painful, and as the body attempts to compensate, it leads to further tension and pain. If this is chronic, it will be resistant to interventions or attempts at reform. There is a proven method of progressive muscle relaxation offered by Jacobson (Bernstein and Borkovec 1973). This is a comprehensive, well structured programme in which the person systematically tightens each area of the body and then relaxes the muscles again. The effect is based on the difference in the two states. With a more intense tightening, the relaxation is more noticeable. It produces a deep relaxation in the muscles which is objectively measurable as well as subjectively pleasurable. In scientific experiments, results have shown that using these relaxation exercises, various bodily functions were changed immediately and with more extended exercises, the changes lasted over time. Blood pressure and pulse dropped, breathing slowed, and the conductivity of the skin was decreased.

Relaxation techniques are used in behaviour therapy in so-called systematic de-sensitization during a confrontation with an anxiety producing picture, object, or idea. Experience has supported the basic idea that anxiety and relaxation are not compatible stimuli. In a relaxed state it is impossible to experience anxiety. The ability to use these learned techniques to relax in a tense or difficult situation allows a person to control and block feelings of anxiety.

When a client mentions physical tension, or when it is a noticeable factor for me, I introduce short sequences of this training in addition to the observation and altering of breathing patterns. The first experience of this immediate, relaxing effect is likely to motivate the client to use the exercises independently. The therapist provides a model, an explanation of the techniques, and sufficient instruction so that the client can continue to do the exercises at home.

This training can be extended over many sessions but the basic principles can be communicated in just a few minutes. The exercises call for a tightening of all the muscles of the body. To begin with, I choose the arms and hands, or some part of the body where the client is noticeably tight. For example, if tightened shoulders is a chronic trait and such a deeply ingrained pattern that the client spontaneously returns to this posture following every attempt to alter it, I ask,

"What happens if you breathe in now and tighten your shoulders more? Hold the tension, continue breathing as you wish, and when it's enough, breathe out and let go again." I accompany the entire sequence with my own tightening and a loud and clear exhale. There follows a short phase for the person's self-observation. "How does your body feel to you now? What is different? What has stayed the same?" To support the relaxation and establish a pattern of repeatedly letting go, I then say, "And now, as you exhale, let go a bit more with each outgoing breath".

When a client has had a good experience with a short exercise, I demonstrate the application for the whole body. I practise the exercise with them and give instructions. "Breathe out deeply (short pause) and when you breathe in now, tighten the muscles in your fists, in your arms, in your shoulders, in your back, in your belly, in your bottom, in your legs. Push your feet hard on the floor. Tighten up your throat, your neck, and your face, tighten your mouth, your forehead, your eyes. Continue to breathe if you wish, but hold the tension as long as it feels right." This sequence lasts about 10 to 20 seconds. When I notice some signal from the client, or when I've had enough of the tension myself, I breathe out loudly. "As you exhale deeply, let everything go again. As you continue breathing, notice how your body feels." Finally, "And each time you exhale, let go a bit". I might continue to breathe with the client for a few more breaths, saying with each exhale, "… and let go a bit more," or, "… let your body get a bit heavier". The client can support the process of relaxation and letting go by saying a silent "yes" with each exhale (see also chapter "Bowing and Consenting", p. 126).

Part or all of these exercises can be done as homework between sessions. If there is one muscle group that is particularly painful, I suggest that the client practise the exercises specifically on that area, repeating them whenever it seems beneficial.

This relaxation has an effect on the entire body, even when only one area of the body is tightened and then relaxed. For example, you can make a tight fist and then release it, and it will have a relaxing effect on the whole arm and more. It is possible to do these exercises anywhere and anytime: on the train, at a desk, during a conversation. I demonstrate this by doing the exercise, tightening my legs, bottom, and belly and releasing, all as I continue to talk with the client. There is no noticeable change to be seen from the outside.

Body Awareness and Constellations

Body awareness gives us precise clues about the quality of the client's dynamics and relationships. If a person has not had a lot of experience with therapy and is not familiar with constellation techniques, it is of primary importance to introduce the work in steps. Particularly fearful clients feel insecure with unexplained interventions, sudden body symptoms, or strong feelings. Therefore, I begin with a small introduction to exercises with one simple dynamic. "I will suggest a couple of exercises for you to try out, and you can see how you feel with them." If the client agrees to this, I say, "Picture your father in your mind and look at him". Or I put two pieces of paper facing each other and ask the client to stand in his or her place. After a couple of breaths, when the client has moved into the image, I ask, "How are you feeling there? Is the distance right?" The important thing is for the client to find a place where he or she can be aware of and tolerate the physical reactions to the images. If the closeness causes body symptoms which are too uncomfortable, I add, "How is it for you if you take a step backwards?" or, "How many steps would you have to retreat to make the distance between you right?" or, "How far away do you have to be for you to feel centred and still see your father at the same time?"

By making interventions slowly, you have time to observe very specifically how the client is reacting. With that information, you can set the right tempo and frequency of interventions, and can catch any over-reactions immediately, thereby giving the client the experience of being well taken care of.

When the client has a connection with this first person and is standing solidly and breathing well, we can include the next person in the constellation. "What happens when we put your mother next to your father?" As before, particular attention is paid to any physical changes the person becomes aware of. The therapist can set up a few body parameters for the client to use in monitoring awareness and changes as the constellation changes. "Notice your breathing, … notice your heartbeat, … notice your physical tension." If the client is standing facing the imagined other person, you will also have an opportunity to notice the client's body organization in a standing position.

I have clients take off their shoes at the beginning of a session to allow heightened awareness of how he or she stands, and also to

provide more stability. High heels or tight shoes change posture and the amount of tension in the body. I also sometimes have participants in groups remove their shoes to relax their posture and support a more complete awareness of the body (for example, Gendlin 1999; Siems 1993).

A Short Exercise for Body Awareness

Clients often experience putting a hand over their heart as a helpful and protective gesture. It has the effect, firstly, that they can feel their own body in the breathing movement and secondly, that the attention to the emotional content is transferred to the physical awareness. Thirdly, it represents a symbolic posture of healing and opening.

During the course of the constellation, whenever a client displays a visible physical change, such as exhaling deeply, or relaxing muscles, or when there is a visible impulse to move, these are signals that this particular phase is at an end and a new intervention is called for.

What Helps?

When people seek out a therapist, it is because they do not know what to do about their problems themselves. If the symptoms are new, the person feels unsure and in need of guidance. If the same problem has been present for a long time, the client has probably tried numerous solutions already, none of which has brought the desired long-term solution. Often, a feeling of resignation has set in and a new attempt to change things is only contemplated when the symptoms and suffering are worsened through some external event.

A primary task in therapy is to enable clients to experience themselves as effective and their own actions as influential in a desirable direction. This leads to a way out of resignation and also out of the chronic pattern of withdrawal towards a reaching-out movement. In addition, this experience leads to independence from external stimuli or people because the client is no longer dependant on an optimal environment for support. Autonomy is increased and the person can create a field that offers an increasing number of resources.

A therapeutic session is a highly complex process in which constellations represent only part of the interventions. Symptoms and problems affect us totally: intellectually and cognitively, emotionally and physically, in mood and action. These aspects are closely interconnected and have a reciprocal influence on each other, as described particularly clearly in systems theory.

It is not only the constellation that sets change in motion. We can use the entire time with our clients to support their interest in developments in their inner processes, to introduce new experiences, and to build in new patterns. From the very beginning, even during the taking of the case history, and certainly before doing a constellation, there are many opportunities to offer suggestions for problem resolution at all these different levels.

Our choice of language, our way of asking questions, our formulations and our underlying attitudes all have an influence on what is activated. As behaviour therapy describes this process, the client goes through a re-structuring of insight, thoughts, understanding, and intent. A re-evaluation of the deeply emotional early experiences using a new, more satisfying perspective leads to a change in awareness. These processes are continually accompanied by fluctuations in the physical state and can be deepened and anchored through daily practical exercises.

Explanations

The human psyche is so constructed that we fear the unknown and avoid the inexplicable. Explanations help to reduce this anxiety. When something has been explained and makes sense to us, our awareness of the situation changes and our physical state resonates to the recognition and changes as well. Clients are relieved when a therapist can provide a satisfactory explanation of a situation, because the clients' own explanations have not been adequate to make sense of what is happening and to discover what is hindering progress.

A basic psychological knowledge is helpful for clients. In seminars and in individual therapy I give a short introduction to the basis of my work in order to make the process and interventions transparent and understandable. Such explanations help the person relax, stimulate interest, and support motivation, since this information can be applied to his or her life. Among other things, I describe a developmental model as the basis for our journey into the client's past (see chapter "Symptoms, Feelings and Inner Movements", p. 41). During this phase, the client often has such a clear physical and emotional response that the central dynamics can be seen clearly. In addition, the client feels seen and understood, which is a good basis for a therapeutic relationship.

I also briefly introduce the systemic viewpoint, including the model of a shared field of experience and Hellinger's description of the natural orders of relationships (*Love's Own Truth* 2001**).** These explanations touch on the person's own experiences, and point to parallels in his or her life. The client responds with a feeling of hope that there might be a way to change something and move towards a reso-

lution of the problems. Short breathing exercises and body awareness exercises support the client's trust because of their immediate effect. It often helps to realize that the exhausting symptoms or disturbing feelings may have been taken over from someone else and although felt by the client, do not really belong to him or her. This quickly becomes plausible to the client through short, effective experiments.

Suggestions

It is usually reassuring for a client to understand a model of the theory and hear some of the examples and experiences that underlie this therapeutic procedure. This eases an acceptance of the coming interventions. Explanation and intervention, however, are only *offered* to the client, who can accept them or not. If a client tends towards defensiveness and contradiction, or if they are being pulled in opposing directions by their own ideas and wishes, or when the conscious and the unconscious are pulling in opposite directions, the therapist can acknowledge both tendencies by making a suggestion but retracting it immediately. "There's something we could try, but I'm not so sure that it's right for you, or that it really is an option at the moment." The whole self can respond to the two embedded messages and will indicate the client's degree of readiness for a new step. If we describe an image that reflects what the client is longing for, an inner part of the person moves immediately into that image. Another part of the client, usually tied to the conscious, intentional will, takes longer and hesitates. This clear, resolution-orientated procedure is helpful because we know the images cannot be denied. It is as if we are planting a seed that will sprout with the next rain. We give the client a picture, for example, "There's an image going through my head …" or, "I have an image right now of your father holding you in his arms, but I don't know if that's a good picture for you". Assuming the model of primary and secondary movements as basic structures (see chapter "Reaching Out Turning Away – Primary and Secondary Feelings …", p. 41), a part of the person is naturally longing for good images. Often, however, he or she is not yet aware of the longing at this point, much less in a state to allow the accompanying feelings to surface.

Vagueness

From hypnotherapy we are familiar with the interventions of "Perhaps …", which leave it open for the listener to take in and complete at an unconscious level whatever fits for him or her at that moment. Often it is impossible to precisely name and describe subtle processes or images in words without making them too concrete and therefore disturbing the flow of the process. This is particularly true when we are not exactly sure what has happened or what might help. If we remain vague, we keep enough distance to allow the client's inner movement to develop and become clear without interruption. It makes sense, therapeutically, to leave room in our formulations for the fine tuning processes that cannot be observed from the outside. Particularly when we are dealing with a sensitive issue and want to encourage a movement towards looking at the 'truth', or when we ourselves are not entirely clear if our interpretation of an image is correct, it is useful to use formulations such as, "It seems as if…" In that way we can open the door and leave the what and when of the next step to the client. A clear statement, "This is so" forces an immediate decision towards yes or no, which is probably not a viable choice at this point.

Sometimes we cannot find any person or event in the client's situation that fits the presenting symptoms even though we may have a clear sense that these symptoms are draining, and therefore, in our model, do not belong to the client. It may be that we have too little information, because this family has not passed on information about events and people for whatever reason, and the client actually knows little. In the case of a child born out of wedlock, or where the parents separated before the child's birth, the father of the child may even be unknown. In the case of violent acts, crimes, deeds in wartime, or shameful events, sometimes an entire line of the family is consigned to silence and erased from conscious acknowledgement. It may also be that those who could have supplied the information have already died. In any case, we do not have enough information to identify the elements of entanglements or resolution, and either cannot get the information under the circumstances, or looking for more precise data would interrupt the process and distract the client from the state of inner collectedness and orientation towards resolution. In this case, we add a person to the constellation without saying exactly who it is and observe the effects of the intervention.

Example

In the client's inner image, her father looks right through her instead of directly at her. Her father's history includes war experiences of fighting on the front and later surviving a traumatic time in a prisoner-of-war camp. The hypothesis is that the woman's father is bound to those events, although it is not clear whether his bond is to living people or to his dead comrades, whether to those killed by him and his troops or to those who died in the POW camp, or to all of them at the same time. A short but inclusive intervention can complete the picture despite the lack of concrete information, "What happens when you add those who are missing?"

Example

The family history is extensive and full of details, but unclear. Everything points to some critical events in the previous generation, but questioning and attempts at intervention do not produce any results. It appears as if the client will remain trapped in this web since no resolution emerges and there is no sense of relief. He stands motionless, unable to move. I suggest that he say, "I agree to this." The client, astounded, asks, "To what?" "To what fits." The client nods and exhales. His inner process and search has been given some momentum.

Questions, Questions, Questions

In our own search for the next good step that might activate a client, we can pose a few essential questions and carry them through our discussions and through the constellation, asking the client to repeatedly confront these questions in detail. For our own focus and clarification, we ask ourselves, and perhaps also the client, "What is important here?" and, "What is this actually about?"

As long as a client is ready to turn over the responsibility for a solution to the therapist, his or her own search for resolution is at a standstill. When a client repeatedly returns to a description of the problem, I ask, just as persistently, "And what would help?" The intention is not to find an immediate answer, but to bring the very existence of the question into the client's mind as a first step towards a solution. I may ask this question a dozen or more times during a single session. The question serves to activate the person to move

with me through the field looking for potential improvements. Sometimes he or she knows exactly what would help, but is not acting on it. The repeated question leads again and again to the client's own ability to find solutions and serves the construction of a continuing, general pattern of resolution-orientated questions.

A leap into another time frame broadens our viewpoint beyond the problem itself. Sketching out a positive future establishes a personal goal and signals a consent to an improvement of the current situation. This begins with the question, "How should things be?" (for more detail see chapter "Outline for a Good Future", p. 92) Even at the start of the first hour, following the greetings and a brief description of the presenting issue, you can start with the question, "What are you going to do when you have solved this problem?" or, "How would you act if you could do that?" Attention is turned away from the problem to how the person might behave in the future he or she envisions attaining with our help. People often have a clear image of how this might be, and with further questioning they may discover that they are already taking some steps in this direction. The outline of the future can be given as a homework exercise at the end of the session. "The next time you are in a difficult situation, behave as if you had already solved this problem and observe carefully what happens."

Language

Our choice of words and the way we speak reflect the way we think, and have effects on others and on ourselves. If we talk about and are concerned with problems, our thoughts and inner awareness revolve around these problems, and our body reacts accordingly. In hypnotherapy this is described as a "problem trance". When we turn to look at a resolution in a positive future, making the decision to look more in that direction and talk more about that side, we put ourselves into a "resolution trance" which has a corresponding resonance in our physical state.

We can make this decision consciously and draw our clients' attention to it by asking, "What is the effect on you when you talk about the problem?" and, "How do you feel when you think about a solution, imagine a positive future, and talk about that?" Our choice of words and statements also has an influence on how we see reality.

I will give a few examples that have proved effective and useful to me in my practice.

In the German language you can use the present tense to talk about the future, so that a question about actions in a situation applies to both the present and the future. In English, we can produce a similar effect using a conditional sentence that applies to real possibilities, instead of a conditional structure normally reserved for a fantasized scenario. For example, "What will happen if the tree falls down?" is a slightly different question than, "What would happen if the tree fell down?" In practice, the question, "How will life seem if you find a good way to deal with this situation?" gives a feeling of a real possibility, whereas the question, "How would life seem if you found a good way to deal with this situation?" moves the consideration more into the realm of fantasy. Likewise, in a constellation, the intervention, "How would it be if you were to imagine your father behind you?" has a different effect than, "How is it if you imagine your father behind you?" The second version implies that it is only a question of time before the client takes this action, not a hypothetical question.

The way a question is framed also has an effect on the course of the discussion. If you ask so-called open questions, the client will not answer with a simple 'yes' or 'no', but will give a more detailed response. The question, "What happens when you put your father's mother behind him?" will produce more information about the changes than, "Is that better for him?" Also, simple questions or statements are more effective than long, complex sentences that contain a lot of information, some of which may be contradictory.

In clarifying the presenting problem or in looking at the future, negative sentences do not have as much clarity. If the client sets the therapy goal by saying, "I *don't* want to feel so depressed", we have very little information about how the future should look. Therefore, we guide the person to a positive description, "And how would you like things to be?" or simply give direct instructions to omit negative constructions and use positively stated formulations.

When clients fall back into an old pattern by reverting to childish speech, you can experiment with what happens when you ask them to speak clearly and calmly in the voice of an adult, and to speak with strength. Calling up the opposite of the current behaviour illustrates the difference most clearly. If they are speaking quietly, you

request that they speak more loudly and notice the difference. You can also invite someone to intensify a problematic behaviour by pushing it to an extreme. "What happens if you speak in a higher voice, whine more, complain louder? Observe your breathing, eye contact, and body tension." The same holds true for symptoms or physical characteristics that are specific to a particular client.

The Body

If a client comes in with acute physical symptoms, or if some pain or discomfort arises during the discussion or a constellation, we look for a way to first relieve that state before continuing the therapeutic process. If someone is complaining of feeling very agitated, we ask ourselves what he or she needs at the moment to reduce that feeling, and we ask what they know of to do when this happens. "What can you do to help yourself feel calm?"

If you notice that the client has a tendency towards a particular body movement, for example, bending forward, you can ask them to intensify the movement. If stomach pain or painful muscle tension appear and we ask what would help, perhaps the client may have a picture of someone putting a hand on the painful place and keeping it warm. The person can put their own hand on their belly and strengthen the feeling with an inner picture: Perhaps a woman sees herself standing with her back to her mother (or father, or another person connected to this symptom) and leaning back against her. Her mother puts her arms around her daughter, laying her hand on the painful area.

During a session, small interventions give a client the repeated experience of being able to relax and feel better immediately. By the end of a session, simply asking my question, "What helps?" often brings a laughing response because the person has already heard the answer so many times: "Breathing out!"

Counter-Indications and Disruptions

Grounds for Interrupting or Breaking Off a Constellation

Above all: Don't panic!
(according to Douglas Adams)

Constellations can initiate very intense experiences, and as therapists we carry the responsibility for what processes are triggered in our clients. For this reason it is essential to check out carefully whether a constellation is appropriate for this client at this time, and also when a constellation in process should be interrupted or broken off. There are signs that tell us where our own boundaries are as well as those of the client. These include the relationship between client and therapist, the client's bodily symptoms, and, on the side of the therapist, a so-called counter-transference. This can be identified as the therapist's feelings that are subject to change in response to the contact with a client and that indicate something about the state the client is in.

Testing

From the first moment, in the first contact, and continuing on, we can test inside ourselves whether we feel that this work can turn out well and what we have to do in order for that to be so. Particularly in constellations, intense feelings and processes can emerge very quickly and we, as therapists, are responsible for accompanying, guiding, and containing them. Basically, a therapist should only go as far as he or she feels personally comfortable. More experienced therapists, of course, have access to a broader repertoire. This guideline is true of therapy in general, but particularly of constellation work.

Any sense of unease in the therapist is a sign of personal limits and on the assumption that the therapist and client share a field that can be felt by both, it is also a sign of the client's limits. Although clients come to us specifically wanting to do a constellation, they also bring with them their doubts and hesitations.

Assuming that there is a field that we share with our clients in which we can feel their experiences, our own hesitation may be reflecting a hesitation on the part of our client. To become clear about the source of our unease, we can share our observations with our clients. If the feeling belongs to them, they will say so, and feel relieved that we have noticed what they had not noticed or could not name. Sharing our perceptions gives the client the opportunity to trust us more and to enter into the continuing process of becoming aware of unconscious impulses.

As therapists we need to take enough time to allow our own feelings to surface and to test interventions for their effectiveness and appropriateness. What is a good pace for the work that allows you to observe the dynamics and at the same time make clear decisions about the next step? What example do you set for your clients about attitudes, ways of dealing with problems, and looking for solutions? What do you experience yourself when you refuse to be influenced or put under pressure, and when you do not retreat from the intensity of a problem but instead, stop, breathe out deeply, and take the time you need?

Accompanying The Therapeutic Process

The questions and issues clients bring into therapy are a part of, and a result of, their history up to now. The clients' hope is to clear up those long-standing structures that they have long been aware of. To assess the age and importance of the symptoms and the extent and meaning of the changes desired, it is useful to know something about the client's life history, and also any therapeutic or possibly psychiatric background.

If a client comes to only one individual session or constellation, you can ask if he or she is currently in psychotherapy and has a professional accompanying him or her in the on-going therapeutic process. It is also a good idea to ask at this point whether that therapist, if there is one, knows that this client has come to you and if the thera-

pist is in agreement with this visit and with a constellation. Keeping therapists isolated from each other is a sign of a particular structure in a client, and it is a good idea to talk openly about it. If this is not within the range of your contract with the client, you can at least make clear that you are aware of the client's conflicting tendencies and loyalties in this situation. Even when a client has another therapist in the background, we are still responsible at an ethical level for the processes we initiate. This remains true regardless of any written statement at the legal level that affirms that the client personally accepts full responsibility for taking part in a group or doing a constellation.

Client-Therapist Relationships

In individual therapy as well as in group work, there are situations when refusing to work with a client, or breaking off or interrupting the work seems to be indicated: when the client is not able to take in what is offered by the therapist, when there is no reaction at all, or when the person ceases to respond. This occurs when a client breaks off the connection with the therapist, or continually refuses to make eye contact. It is also the case when the person resists any guidance and is not able to communicate at a meta-level, that is, when he or she is so caught up in feelings or thoughts that you cannot talk together, either about what you have noticed or about the person's experience.

In particular, for a therapeutic process that proceeds in the imagination, a person has to have developed sufficient ego structure to be capable of a shift of positions. This means that it has to be possible to talk with him or her at a meta-level about the events from a different point of view, not only the 'I' perspective. Those with severe psychiatric diagnoses such as personality disorders, schizophrenia, or delusional disorders, are often incapable of making a distinction between inner and external reality. It would appear that in the development of the psyche, a non-recognition of the external reality has stabilized as a pattern so there is no dependable certainty about this reality now.

If the client cannot identify herself as Ms X in the practice of Ms Y during therapeutic interventions or a constellation because her memories, inner images, or sensations are so overwhelming that they

block access to the outside world, the therapist has to be able to accompany her through this state and back to a common reality. It is often impossible to adequately determine just by talking with clients what coping strategies those individuals have at their disposal and to what extent. This is particularly true if we see the client for only one session. Therefore, it is better for both client and therapist when a degree of caution prevails, and the therapist enquires about the person's psychological background and the extent of any psychiatric or therapeutic experience with these problems and symptoms. If there is any doubt, it is advisable to send the client to a colleague who works in this area.

Example

Mrs Piper came to a number of sessions for individual therapy, but since she lived some distance away, she came infrequently. She had had repeated psychiatric hospitalizations. At home in a small village, she had been subjected to extensive violence at the hands of her brother and father, including sexual abuse. Her parents had also failed to protect her from sexual attacks by a neighbour. She dropped out of school prematurely and never left her village, where she regularly ran into her torturers. Nonetheless, she had managed to contain her bitterness and not succumb to despair. She now lived somewhat outside the village with her husband and children. It appeared that a stay in a psychiatric clinic had been her only opportunity to flee the constraints of the village.

She was absolutely determined to do a constellation to try to find some inner peace and to come to grips with her world. Her shame at exposure in front of other people made her choose a constellation in an individual setting. I hesitated for a long time, but finally got to a point where, despite some inner misgivings, I agreed. An imagined constellation seemed too uncontrollable to me, so I gave her some pieces of paper and she set up her father, her mother, and her two sisters. She was deeply affected, but remained in control. As she took a piece of paper to represent her brother's place, she was shaken by wrenching sobs. I had butterflies in my stomach, but I wanted to make it possible for her to do the constellation she was counting on so much. I had not had as much experience at that time with clients and constellations. She stood crying helplessly in the room. With a

quick glance at my watch, I asked her where the right place would be for her brother. There was no reaction. I suggested that I find a place for her brother. She handed me the paper and sat down. As I placed the paper near her marker, she ran screaming to the door. I held her, turned her away from the scene and held both her hands. We agreed to leave the constellation and she soon calmed down. I was overcome with remorse for having gone too far, and for not having been able to guide the constellation to a good end for her. Mrs P, however, came to the next session feeling very satisfied. She was happy that, after all her procrastinating, she had finally overcome her fear and found the courage to set up a family constellation. I was relieved to see her inner stability and her ability to work through what had happened in this way.

Counter-Transference as a Signal

With awareness of the phenomenon of counter-transference, the therapist can draw some conclusions about the client's process. The therapist experiences a resonance to the physical reactions of the client, but also to the inner states of the client. That is, when feelings arise in you that feel foreign and appalling, and you feel anxious, you could be in a counter-transference.

Since the client's insight and process are more important than a single, partial resolution, there is no need to move quickly. If you do not identify your feelings as counter-transference, take some time and interrupt the therapeutic process to talk with the client about your sensations. Look to see to what extent your reactions might make sense in the context of the client's life or family system.

Discourse: Counter-Transference

A dependable indicator of a client's dynamics, inner processes, and physical state is the phenomenon of so-called counter-transference, which has been amply described and discussed by Sigmund Freud and countless analysts. This term identifies the precise awareness of the client's feelings and inner movements that can be observed by the therapist in his or her own complementary reactions. In this way, a therapist can enter into a reproduction of the client's earlier dramas. Firstly, a therapist can feel the exact feelings clients would feel

if they were not closed off. Secondly, the therapist is aware of reactions that indicate embedded structures established in childhood. These reactions re-appear in the communication between client and others, in this case with the therapist. Thirdly, the therapist can sense the feelings and mood of the client empathnetically (cf. Freud 1910). In all three cases this means that the therapist feels a repetitive pattern of change in himself or herself during contact with this client. There may be a sense that something is not quite right, without being able to describe it exactly. Or, the therapist may feel an inner unease or confusion, or worry that he or she is not up to handling this topic, or the client, or the process, even though in other situations and with other clients it has not been a problem.

It becomes easier when a therapist has had a lot of experience with counter-transference and is astute in noticing, evaluating, and weighing this information. It requires a solid knowledge of your own 'normal' state and your own inner structures, patterns, needs, weaknesses, and blind spots. In addition, you need some knowledge and experience of your own ability to react at the level of the counter-transference and to know what might influence and alter this state.

Example

Imagine you been having a good day and a new client comes in. He tells you his problems and something about his family history. All the while, your mood is getting worse and worse. You feel depressed and heavy, which is not the way you normally feel. You have an urge to open the window, even though you just had it open and the air is fine. You feel strangely outside yourself. What is happening? Speak to the client about it, "I don't know what's happening with you, but at the moment I'm noticing some strange things in myself", and describe your sensations. "Have you felt anything like this in your own life? I'm not quite sure whether this belongs to me, or whether I'm picking up something from you." It is entirely possible that the client will tell you that this oppressed feeling is familiar.

Example

A few years ago I had a remarkable experience. I woke up in the middle of the night with my heart pounding, a feeling I couldn't understand. It diminished in the morning but got worse again over

the course of the day. I thought I had perhaps had too much coffee, but this explanation couldn't really account for the extent of my inner agitation. In the afternoon I had my first session with a new client who was very nervous and who suffered from severe compulsions. She told me she hadn't slept the entire night, and had left her house to come to see me bathed in sweat. She could hardly stand to sit in my therapy room. When I asked her about any other symptoms she described her violently pounding heart and inner agitation. As soon as it was clear to me that my feelings really belonged to her, they disappeared immediately.

Stay Concrete

When you become aware of a sense of unease, it may be that you are sensing something from the field or the current context. This confusion is like a signal warning you of danger. To get more clarity and calmness, start the constellation with concrete objects, papers, or figures, rather than a visualization. The client has to lay these in position and is physically involved. This demands more reality orientation from the client and gives you more control and certainty. It will be easier for you to notice if something conspicuous shows up in the dynamics and structures. An imagined constellation tends to be riskier in this case, since we have only the client's statements and bodily reactions to draw our conclusions from.

Take your time and watch the client's physical reactions carefully to identify changes that would indicate any negative trend that might force the client to fall back on major coping strategies. If you have a client like this, talk about it with him or her, practice simple patterns that you are sure will provide some immediate relief, and the client will be motivated to continue. People appreciate not being thrown back into their own drama, but guided slowly and continually towards new awareness instead.

Choose a small, clear, limited relationship to begin with, instead of complex, confusing dynamics and entanglements. In the process of the constellation, offer your client reliable patterns, small steps, good body work, and a clear structure. You can fall back on exercises learned previously, such as a short exercise for more conscious breathing, which you have repeatedly integrated into the sessions from the very beginning. Another option is to experiment with plac-

ing the client opposite a person you think might be a resource and make changes only in the amount of distance between them. Moving closer increases the intensity of feelings and body reactions; moving further apart makes the client feel calmer and more at ease. You can also experiment with taking a short exercise appropriate to the topic and repeating it several times, making very recognizable, small changes, and asking for precise observation and description each time. It is helpful to practice sequences with manageable basic structures in simple situations so that the experience can be transferred later to more difficult, complex situations.

Body Reactions

Occasionally a client experiences a powerful physical reaction during a session. This could include trembling, cramps, sudden extreme weakness, breathing difficulties, pain, nausea, faintness, or other similar symptoms. There may be strong emotional symptoms such as confusion, an urge to flee, anxiety, or panic. The client may complain that he or she is not really present inside and cannot think or feel anything anymore, or may complain of feeling as if turned to stone.

If the symptoms exceed what you as a therapist can handle, and what you can stand yourself, it is best to take a deep breath and break off the process at this point. You can talk with the client about the emergence and intensity of the symptoms in this particular situation, or with reference to your last intervention, which presumably provoked this reaction. People are usually aware of their own patterns. It is helpful to look together at how these symptoms might be understood in terms of patterns in the person's life or in some family connection. Perhaps the client will say something about the original situation that provoked these reactions, about other family members who have similar symptoms, or about some significance in the family history. Any of these may help in the search for a resolving constellation. Perhaps a memory of some incident that has something to do with these symptoms will occur to the client, perhaps something that has not been thought about for a long time. The interruption usually allows the intensity of the symptoms to subside, permitting the physical state to stabilize and return to normal. You can use the new information to begin a new sequence of interventions and inner

images and look at their effects. Ask the client if he or she wishes to continue at this point. In this process, particularly if you are able to continue to guide the client calmly, he or she has the experience that when powerful feelings and physical reactions emerge, they will quickly recede again and are basically not a real threat.

Hyperventilation and Panic Breathing

Clients sometimes develop cramps or numbness in their hands and feet, the area around their mouth feels furry, and their hands and nose begin to tingle. Dizziness, and pain and tightness in the chest may also occur. These are typical signs of hyperventilation, which can happen when someone is not accustomed to regular deep breathing. It is not a dangerous condition. As soon as the person breathes more shallowly and takes in less air, the symptoms recede within a few minutes. In extreme cases, if the client feels out of control, it is advisable to have him or her breathe into a bag, which decreases the oxygen and increases carbon dioxide. Breathing 'used' air stabilizes the oxygen levels in the blood and the symptoms of hyperventilation disappear.

With so-called panic breathing, the person spontaneously begins to breathe too fast, too deeply, and too heavily, and should be reminded to breathe more slowly and lightly and not as deeply, in order to allow the body to normalize. Even simply breathing through the nose will lessen the amount of air taken in. You can breathe slowly and audibly and match your breathing rhythm to that of the client to provide a good model. Or, if the client is willing, you can put one hand on his or her back and the other on the upper chest, and gently support a calm and regular breathing pattern.

Resistance

So-called resistance is a conscious or unconscious hesitation on the part of the client. These are often old, familiar patterns that the client has had for a long time, perhaps life-long. Resistance can take the form of physical symptoms, for example, a sudden pain, dizziness, or confusion, something that interrupts the therapeutic process or draws the focus of attention away from the current topic, rendering further investigation impossible. Processes of the psyche can also

appear unexpectedly: emotions, strong feelings or anxiety, blackouts, or an impenetrable mental fog. Sometimes a client simply refuses to follow our suggestions.

Resistance can be interpreted as a sign that we are getting close to a critical area in the therapeutic process. It can be understood as a secondary movement, that is, a coping strategy that draws attention away from primary feelings or movements. It helps the client control the progress of the process and contain the intensity of feeling. It is quite possible that the therapist has moved too fast and has not adjusted to the client's tempo. The client then, usually unconsciously, creates a diversion and puts the brakes on. Any push in the same direction will increase the resistance and the symptoms. It is as though we have moved on to the second step before the client has taken the first.

'Slow' Clients

Some people need a lot of time to develop, look at, and describe their inner images. Often it is not clear what is holding the person's attention. Particularly in imagined constellations, we can only rely on the physical reactions and the client's descriptions of the inner images to draw conclusions about their inner process. You need to determine whether a silence means that the person is occupied with an inner process and has not yet found an image, if he or she is having difficulty putting words to the sensations, or if it is an old pattern of rigidity, black-out, or breaking off contact with the external world. The client may have great difficulty getting out of an old pattern alone.

Example

You have begun with the first exercise: "Imagine your father standing in front of you and looking at you." After a while you ask, "How is he looking at you?" and there is no answer. When a visualized parent is caught in a bond that is stronger than the bond to this son or daughter, perhaps due to the early loss of their own parent or a critical life event, the visualized person appears in the constellation turned away, or seems to want to leave the room. In the imagined scene, it seems as though this person is unreachable and refuses to

be seen. To help your client formulate the experience, you can ask, "Can you not see him, or is it difficult to describe?" Usually the person will answer, but if there is still no contact with you, ask, "Can you hear me?"

No Reaction from the Client

In certain situations it makes sense to interrupt the client's process or to break it off altogether. This is most often the case when the person has an underdeveloped ego structure that falls within the category of serious clinical diagnoses. Sometimes a condition spontaneously arises that makes a normal course of behaviour difficult and draws all attention to itself. Most of the time this can be explained within the client's dynamics, but sometimes it may come and go again without any clear connections.

It is wise to be cautious when the contact between you and the client breaks off and the person no longer reacts at all. Since there is presumably a connection between your interventions and the person's reactions, break off your intervention immediately and change the level of the work. Stay calm, breathe out deeply, and draw the client out of the image that has provoked the reaction. The same is true when someone is overwhelmed by intense feelings or physical symptoms that appear too massive to be contained. Stop the constellation and help the client return to a normal familiar state. You can help people back to your shared reality at various levels: with words, by provoking them to react, or with physical contact. Pay attention to the client's breathing, and to your own as well, as the main thread to follow through the process.

The first attempt should be to speak directly to the client to reconnect. Ask questions, give instructions, or make suggestions, watching to determine when and where you get a reaction. Refer to the person's breathing or give instructions to alter it: "How is it when you exhale deeply?" and watch to see if there is a reaction. Ask questions and show interest without pressure or anxiety, "Can you hear me?" or, "What are you aware of in your body?" If the client is deep in an inner process, "Where are you at the moment?" You can also try to provoke a spontaneous physical reaction. Change your position. Stand up and tell the client to stand up as well. "Come on", and hold out your hand. If that does not help, make physical contact with

a touch, a hand on the shoulder, or holding the client with both hands. Demand that they look at you and open their eyes, if closed. Ask them to leave the overwhelming pictures and scenes behind them. If their eyes are open but they are still not seeing, ask if they can see you and repeat the question if necessary until you feel seen. If they are breathing too quickly, slow down their breathing rhythm. If they are holding their breath, have them exhale.

Quite often these experiences are nothing new for the client. They are old, familiar patterns that have been reactivated by the intense confrontation. Talk with them about their experience with this pattern: Where do they recognize it from? How long have they experienced it? In which particular circumstances does it arise? Does it happen spontaneously or in situations similar to the one here? Is it always the same thing that sets it off, the same person, or a similar mood?

If, for example, the client is facing his father in a constellation and the symptoms do not decrease, turn him away, or collect all the pieces of paper and end the constellation that way. Draw him out of the imagined scene back into his own body so that he is aware of himself again. Have him feel his body and remember its functional capability by activating all the senses. Make physical contact and eye contact with him. Speak with him and get confirmation that he hears and sees you. You can also have him change his position, from sitting to standing, from standing to sitting, or walk with him around the room, or even out of the room.

When the person is physically and emotionally stable again, you can ask if they want to continue and ask yourself whether you are prepared to go on. If you both choose to return to the same images and pick up that process and dynamic again, do it in small steps. Normally the extent of the difficulty diminishes proportionately to the client's ability to establish alternative coping mechanisms. Repetition, moving out of, and managing the situation, all support forming new patterns of inner security. The client experiences the success of coming through a difficult situation intact. The next time, it will be easier to go into such a situation because the client has had experience with the results and can estimate what form and intensity it will have, as well as what he or she can do to cope with the situation in a good way.

Prevention

During a session, you should track the client's inner movements and physical resonance in response to all interventions. In particular, physical processes may exhibit small diversions from previous patterns and increase in intensity. Such changes in habitual patterns will always be accompanied by a spontaneous alteration in breathing and body tension. It is therefore helpful to observe the rhythm, depth, and ease of the breathing. If a process threatens to spin out of control, you can see the early signs and guide the course of things or break off the process if you wish.

It is unlikely that a client will pass out in a session if you maintain constant, focused contact with him or her. In a group, if a representative or client loses consciousness, it is probably because the therapist was paying attention to a different dynamic and not that person. If that should happen, follow the rules you learned in your first aid course. Put their legs up so the blood can flow out of the limbs and back into the centre. Make sure that they can breathe freely, that their tongue is not blocking their throat, and that their clothing is not restricting their breathing. Take their hand and speak to them by name. Touch their face until they have returned to consciousness. A splash of cold water also helps.

Carrying Through

When someone has suffered from the same problems for a long time and come to know them well, perhaps with the help of a therapist, he or she can assess feelings and physical reactions more easily. Feeling supported by the therapist, the client is then willing and able to move on through the process that feels so threatening, to break up the repetitive patterns, learn more about the structures of the problems, and to develop new alternative solutions. If you have good contact with the client, it is more likley that he or she will be able to carry on through the critical phases.

The client must be capable of not only facing the feelings and body reactions, but also of observing these patterns when they arise from within. This process is called 'therapeutic splitting' in psychotherapeutic terms. In meditative traditions it is referred to as an 'inner witness'. Experience with changing roles and perspectives, and

the accompanying body exercises, assist a client in getting to this point.

When a client is struggling with fate and symptoms, you can reinterpret this to mean that the old patterns and old experiences, which seem to have reappeared, have only come up because he or she is now ready to look at and integrate these old traumas. It can be a sign that he or she now has established an inner structure adequate to deal with these deeper layers.

Break Off or Not?

Example

Mrs Otis suffered, in her words, "actually my whole life", from pressure and pains around her heart and across her chest. She was able to state clearly what she wanted, which was help in understanding these symptoms and, if possible, also some improvement and relief. In relating her family history, she said that she had eight siblings. Three of them had cancer and another brother had already died of cancer. Mrs O was very emotional and seemed frightened as she told me this. The number of illnesses caught my attention. What had happened that four children suffered from such serious symptoms? Mrs O took a deep breath, which was a signal for me to ask the next question.

Her father had also died of cancer. Mrs O became very tense, her eyes drifted away, and the pressure on her heart increased. These reactions – tightening up as protection, loss of eye contact as a tendency towards flight, and pressure raising the tension – confirmed my suspicion that her father's line of the family was important in looking at her symptoms.

Mrs O went rigid; her hands stiffened and bent. (Where would these symptoms make sense? What situation would produce this intensity?) I asked her if these were familiar symptoms and she nodded. "Not so suddenly or so strong as now." Since she had reacted so strongly while talking about her father, I asked her if something in particular had happened in his life. His father, the client's grandfather, had hanged himself in the 1930's when he was denounced for some offence. Mrs. O's body rigidity increased and she was breathing quickly and deeply. Her hands cramped up even more. To avoid

the effects of hyperventilation, I suggested that she breathe through her nose. She barely reacted and seemed to be in a state of shock.

I stood in front of her and told her to stand up, which she did. I took her hands, which were so curled up that she could hardly hold me. I tried to make eye contact with her to get through to her adult ego, and demanded, "Look at me! Can you see me?" Her eyes roved from side to side. "Can you see me?" Finally, she got hold of herself and looked at me. It was clear to me that this lack of presence did not arise from our contact, but from her history. I asked her if she was familiar with this condition. "Yes, but it's been a long time since it happened so intensely."

I was not certain if I should continue. I felt hesitant because of the intensity of the symptoms and especially how long it had taken her to get back in contact with me. Also, the physical reactions seemed more extreme than anything I had previously experienced in similar situations. On the other hand, she had had many thorough medical examinations because of these 'attacks' and nothing had been found neurologically or cardiologically, nor was there any apparent vascular disorder. When we were firmly in contact again, had eye contact, and had resumed talking, I asked her if we should stop at this point or whether we should take another step. She said she was prepared to continue.

I asked her about her great grandfather to try to understand what dynamic was at work through the generations on her father's side of the family. He had died when his son was three years old. I assumed that something from the father's family was having an effect because the client's reaction had been so intense. I wanted to have Mrs O face her father in a constellation, but I did not want to repeat the previous experience. To decrease the intensity with a larger context, I asked her about possible resources. How was her relationship with her mother? She reported that it was difficult and constrained on her side. Her mother was an orphan, which I took as a clue to a possible inner neediness on the part of the mother, which might mean she would not be available as a resource for her daughter.

Since my contact with Mrs O was good, I decided to confront her again, with only my own presence for support. I did not think a purely imagined constellation would be concrete enough, having seen her go rigid and lose contact with reality. With her agreement, I laid out a piece of paper for her father on the floor in front of her.

As she stood facing him, the symptoms came back in full force. I added the father's father, which reduced the symptoms somewhat. She could not tell me anything more about her grandfather or his life. Adding her mother and her mother's parents did not produce much change.

In a constellation, the influence of others can be clearly seen and felt, so the absence of any effect is remarkable. This clearly connected the symptoms to the father's side of the family, but we were lacking further information that might point to possible resolution.

As we were nearing the end of the session, I moved her backward a few steps until the symptoms were no longer evoked, and she felt stable and in order. We experimented a little with the right distance for the final picture. She was satisfied with what she had discovered and sat back in her chair, exhausted.

II. On Practice

Constellations in an Individual Practice

It is useful to have a clear structure and a step by step procedure in order to stay clear about the various dynamics in the family system throughout the session, to guide the process, and to look at the significance of the individual dynamics for the client. The individual steps during a session are:

- The description of the problem and clarification of the issues at hand
- The case history including the family history and a genogram
- The constellation itself, with the steps to resolution, the development of a final picture of resolution
- A follow-up discussion, and perhaps exercises and instructions for homework

Warming Up

The first few minutes of talk serve as a warm up. This is the phase where the client gets to know the therapist and the style and form of the encounter, and consciously and unconsciously assesses how far this therapist can guide him or her. The client also picks up subtle unconscious information during this phase. In the same way, the therapist discovers what might be possible with this client: personality traits, fears, and limits, but also inner posture, strengths, and communication skills. The client's behaviour towards the therapist is like a hologram of the structures the client uses to function in the world and cope with its challenges. In this encounter between two people, each with their own history and their own abilities, a personal therapeutic relationship develops with both opportunities and limitations.

The best result is achieved if the therapist and client jointly determine the goals of therapy. What expectations is the client bringing? When is the goal of the therapy reached, and when is the therapist's work finished? As therapists, we have experience that affects the discoveries, the emotional process, and the changes in inner posture during the course of a constellation. Based on our knowledge and experience, we make suggestions for change. The therapeutic situation, however, includes other interventions besides just constellation work: Questions in the tradition of brief therapy, the development of an outline for the future, teaching and practising breathing patterns and relaxation techniques to cope with difficult situations, and rituals to deal with feelings and life transitions more effectively.

The primary question during this phase, though, is continually present in the background. To what extent can we understand the client's issues systemically, and is a constellation appropriate? Sometimes other forms of treatment may be necessary or complementary.

Describing the Problem and Clarifying Issues

The client begins by describing their symptoms or explaining why they have come and how they came to be here. From the very start, the focus is on two areas: the problem and the hoped for solution. The description of the problem includes the symptoms and thereby, everything that weakens the client and is undesirable. The description of the resolution is primarily based on the resources of the client, that is, everything that strengthens and is available, plus all the things that should not be changed. Within this formulation lies an outline for a 'good future' in the terms of brief therapy.

In this phase, I ask clients what they know about family constellations to help me determine which level I should begin at, or what information I still need to provide. Some clients have been sent by friends, or a physician, or someone else in the helping professions, and have little idea what to expect. I introduce the basic ideas of the work: that everyone takes over tasks and feelings from their family system, that we have a very exact sense of our system, that feelings and symptoms are always right, even though they may not be in the right place with the person who is feeling them, and that symptoms and feelings give indications of where something is missing. In this

way I make the transition into the second step, taking the case history and a genogram.

Notes and Drawings

Some clients come from time to time over a period of years, partly because of new issues that have arisen, and partly to continue a process that has been set in motion. I take notes of all the important information from constellations and therapy sessions. When someone has done a constellation in a group and later comes for an individual session, or begins an individual therapy, I can look back at these notes and have the information from the genogram and my commentary at hand. They serve as a basic structure for the continuing work and provide an overview of the family system and the position of the client. In particular, when there have been some months between sessions, my notes help me to remember the previous issues and goals, the course of the session(s), the end picture of resolution, and the exercises I assigned. I can then work my way back into the last session. The notes are also useful in assessing which of the goals set have already been reached, which goals are still in process, what development the client is hoping for, and which tasks have not yet been mastered.

In addition to personal details (name, address, etc.), I write the date and the place, if it happens to be elsewhere than in my own practice. I note down a few key words regarding symptoms, issues, and goals, as well the outline for the future. In the first session, as we talk about the problems, issues, and family history, I also draw a genogram. I can refer back to this, even during a constellation, and expand it as new information comes up.

If the client has already done one or more constellations, I ask what themes and dynamics were addressed. The course of the constellation(s) does not play as much of a role as the results and effects: "What was important?" That way I can concentrate on the essentials.

During the session I note down the issues, the goals of the therapy, what the client hopes to have achieved by the end of the therapy or through a constellation. Particularly when the client is involved in a lengthy process, from time to time we can assess together what progress and changes have been made. Beneath the genogram I

sketch the picture of resolution from this session and write down the homework given. Sometimes I make a short note about interventions or important sentences. I try to restrict myself to the most important data regarding the issues and goals, so that I keep within the time allotted. With time and experience it continually becomes easier to distinguish the information relevant to the therapeutic process from what has less relevance. It can be identified by your own reactions to the statements of the client, by the client's reactions when talking about the issues, and by a cognitive examination through the repeated background questions: "What is important?" or, "What is this actually about?"

Sometimes we have to clarify for clients what is normal and desirable within the framework of the sessions. It may be that in other therapeutic contexts they have learned to act out their feelings, or follow associations, talking in detail about every thought that arises. In this aspect, constellations are reduced to the bare minimum, which may entail some reorientation for a person new to the work.

The Presenting Issue

Clarifying the presenting issue is very important, because this determines the contract between the therapist and client. The process of focussing on a resolution helps the client to become collected and in tune with the situation, establishes the field shared by client and therapist, and provides an opportunity to sketch out the first suggestions towards resolution and look at their effectiveness within the framework of the client's motivation and capabilities. During this process, the therapist and client lay out a joint goal for the constellation, session, or therapy that they both can agree to. The client is motivated by longings and desires, and the therapist brings experience and skills to the encounter. The issue may have to do with a lengthy inner search, that is, a long-term goal that describes the end point of a phase of life. On the other hand, the presenting issue may pertain to the next step in a personal process, or an attempt to solve a current problem. Sometimes, despite all efforts, it proves impossible to formulate the issue clearly. You can work without a clear idea of the end goal, and consider the lack of clarity as part of the structure of the problem.

You can get a good sense of the client's ideas and expectations by asking questions such as, "How should things be?" and, "What am I to do for you?" This is useful for looking at how realistic the person's hopes are, possibly planting the seeds of ideas within this framework, and formulating a perspective of the future. In this way we connect the present to the future, look at and stimulate the client's motivation, and direct attention and focus towards a resolution. From the very beginning, we are looking for hypotheses and possible steps towards resolution based on our knowledge of dynamics and structures. What experiences have made this client the way he or she is, and what experiences might help to reach the goals?

Images of the client and his or her family may arise as if in a film. What are your first impressions of them? Where do you see the client fitting in? What atmosphere does this person bring into the room? What other people accompany this atmosphere? How do you experience the client's physical presence and what conclusions do you draw from that? Sometimes you can actually visualize the client as a child in his or her world at a particular time, or in relationship to other people. Sometimes fantasies, people, landscapes, or action sequences may appear in your mind's eye. These may be meaningful images at a very subtle level. If they turn out to be true, we can use them by letting them flow into the therapeutic process.

Outline for a Good Future

In cognitive therapies, the client's orientation to the problem is considered to be the problem itself. The picture is rounded out by identifying what actually moves this person and what represents their heart's desire. This level of discovery is often inaccessible to the client alone because experience has taught him or her to keep a distance from any deep longings. To determine where clients would like be up at the end of their searching, we can, along with a clear analysis of the facts, allow another level of encounter to resonate as well. As the client tells us about the situation, by looking with an intentional soft focus, we can move into someone else's atmosphere and gain a better understanding of the field. At both levels we ask: What is this person looking for? Where does this client want to end up through this process? What would make him or her content?

Where are the fine, subtle movements of relaxation, the physical letting-go?

Most of the time, clients are more or less aware of, and can express, two wishes tied to the basic problem area: that the symptoms should go away, and that something better should take their place. We can help the client to a more precise image of a good future by guiding them to a detailed description of goals and desires. In terms of brief therapy, this alone already gives the client the first suggestions that lead towards action and resolution.

If you persist in asking concrete questions, it often turns out that a client has an exact idea of how things should be, or what might help. Sometimes, this is the person's secret that has never been taken seriously, and sometimes, he or she has given up, perhaps having learned long ago not to ask such questions. Still, a part of him or her knows precisely what the end goal is.

The crystal ball technique is taken from hypnotherapy. Together, the therapist and client look into an imaginary crystal ball which, as with a fortune teller, provides a model of a positive future. In this way we can get detailed information about the desired situation. To sketch out the future, the so-called miracle question is helpful: "What happens after you have solved your problem?" This question is a bridge to the future that is often neglected in the client's description of the problems. Imagining how they will think and feel when they are at their goal is a positive and supportive experience that motivates and empowers people to take the first steps in this direction. This leads to the homework assignment for them to act as if they could already do what it is they are striving for (see p. 146). If the client wants to come to a number of sessions to get support over a certain period of time, the therapist can lay out a time frame: "If you imagine that you have mastered this problem in six months, what happens next?" This tells the client that the therapist sees it as self-evident that he or she is capable of living and creating a different life situation.

If they have no clear idea if or when they might be able to change something, and you suggest, "… in one year, in five years, in 10 years …", they will protest and counter that it will not take that long. In this way they have already put some limit on the time it will take to master the problem, even if the way is not yet clear and may still take a while. When clients are not accustomed to considering perspec-

tives for the future in the way they deal with their lives, the descriptions of the problem issues are often vague and unclear, and various short-term plans are unearthed. To help them focus on their problem issue we can ask, "What is important? How should things be?" or, "What should the constellation accomplish?" This again puts the client into the time following the constellation, when changes have already happened. To help clarify the issues and deepen the search, I sometimes ask, "You are now 35 (40, 55) years old. How many years do you have left to live? What do you want to do in the next 50 (40, 35) years?" and finally, "What do you have to still do in order to die happy?" Thinking about this finality and the time limitations may help people to assess what is still to be accomplished more easily. It also becomes clear that they have to do something *now* in order to allow for a better future. As a person develops, the near future becomes more like the present, but the distant future reflects the desired state more and more. "What could you do to make these symptoms go away, so that the things that weaken you stop and more things come into your life that make you strong?"

If you feel the pace is too fast, or if the therapeutic process is unclear, take half a minute for self-reflection. Short interruptions are always helpful in supporting accurate awareness and developing the next step. If you just lean back and breathe out calmly, it is more comfortable for you and for the client: What information are you contributing to the shared field? What kind of an example are you setting for the client?

When clients bring in issues that are clearly beyond any therapist's capabilities, they know themselves that it is a pipe-dream. "What I'd really like is for other people to be more considerate of me, (leave me be, take care of me) according to what I need." My answer, "I don't know if I can help you with that", often leads to a laughter of release before we turn to an appropriate task.

Example

Mrs Mornell was very insecure and felt pulled one way and another because she was increasingly tortured by her urges to leave her family and finally live her own life. She said she could not stand it at home any longer and was becoming aggressive and unfair. She had married her husband almost 20 years earlier at the age of 17 and had

two daughters with him who were now aged 14 and 17. Her husband had beaten her over the years and she had withdrawn from him emotionally. Her main concern was leaving her children in the lurch, and thereby harming them, by going off to live her own life. Both urges were felt strongly: to fulfil her role as mother well and the urgent desire to find something of her own and do it. To bring clarity to both wants and to polarize them, I asked her, "What happens if you imagine yourself leaving? How do you feel in six months, in a year, in five years?" After a few deep breaths, as her expression changed slightly, "How does your life look then? And, how do you look back at this time of questioning and despair?" Finally, as she spontaneously exhaled deeply, "How are you breathing now, and how is your body tension? What do you notice physically when you think about it?" To clearly distinguish this state from other images, I suggested after a while, "Breathe out deeply and now observe what happens when you imagine yourself staying. How do you feel in six months, in a year, in five years?" After a few breaths, "What are you doing then in your life? How do you feel? How do you look back at this time of questioning and despair?" After a while, "How are you breathing now and how is your body tension? What do you notice physically when you think about it?"

Through such a little journey into two different possible future lives, clients experience a clear difference in their physical state when making one choice rather than another. Mrs M clearly wanted both: her life with her family and more freedom for her own personal development. Making a choice for one or the other meant a loss to her. I could then formulate the question more precisely, "What do you have to do to connect the two in a good way?" "I can't take everything so seriously and let myself get pushed into a corner." And then, to the future, "What will you do after you have successfully connected the two?" To get a more detailed picture of her desirable future, I had her describe her state and her behaviour more precisely, "How will you act towards your husband?" She would have a friendly distance from him. "What will you do if he gets too close?" She would not tolerate being hit, but would set clear boundaries, and if necessary go to stay with a friend. "I believe he would respect me more if I were more independent and self-sufficient." "How will you behave with your children?" She would not be so tense, but would fulfil her duties with joy in a more relaxed way because she

would know that eventually she would be able to turn to her own interest and goals.

I recommend working slowly to give yourself enough time to look at information, statements, and awareness, and to provide space for your own inner images and movements. It is critical that you feel well, because only then are you in possession of your strength, with the ability to guide your clients. A client's pace in giving you information, moving from one topic to another, or naming one thing after another generally serves to decrease tension. If it is too fast for you, put on the brakes by addressing it directly, "You are giving me so much information at once, I can't take it in fast enough. Let's stay on this topic." Or you can direct attention to an awareness of their physical state and the amount of tension, by interrupting now and again, "How are you breathing at the moment?" or "What are you aware of right now in your body?" You can also say it directly, "Do you notice what you are doing?" "What happens if we take a bit more time?"

Symptoms, Problems, Questions

When clients come with their symptoms and problems, physical or emotional, looking for a way to free themselves of these burdens, the question for us is what history underlies these symptoms and what coping strategies are operating. The focus here is the quality of the expression of the symptoms and their function.

When we work on the assumption that the symptoms are right and make sense (see chapter "Symptoms are Right", p. 43) the client leads us directly into his or her history with the problems. This person comes from the past, is with us in the room at the moment, and will go on to the future. Everything that has been done and experienced so far has brought this client to the point where he or she is now, sitting in front of us. We can see the symptoms as early learned patterns of reaction to difficult situations, and need only to understand in which situation this symptom was or would be appropriate. It could be a situation in the client's life in the past, or in the past of someone else in the family system. According to the symptoms we conclude what a possible past situation could have been and look for whatever is missing to get to a good future. (Brief therapy as described in De Shazer 1985.)

We can get some clarity about the situation by asking how long the symptoms have been a problem and about the circumstances when they first appeared. We can form hypotheses and test them in a constellation or in a systemically orientated discussion. If the symptoms appeared at a time in the client's life when something major happened, we would suspect this as the source. If the client has had the symptoms, "actually, my whole life", that is, as long as he or she can remember, it is likely that the influence took place at an early age, or that it has to do with a symptom cluster taken over from someone else. If others in the family also suffer from the same symptoms, we can assume as a working hypothesis that there is a systemic importance. Sometimes the biographical and systemic experiences overlap so that only a careful case history will yield precise information.

Example

Mr Bishop suffered from claustrophobia and panic attacks. While taking the family history, a hypothesis formed that these could be an experience taken over from his mother or father, since both had been buried in a bombing raid. The case history revealed that his first attack occurred during a car accident when he was trapped in a crashed car and could not get out on his own.

Enquiring into the history of the symptoms, we ask about the time and circumstances of the first appearance and what has happened since then: When do they appear, under what circumstances, and under what circumstances not? It is important to ask about medical examinations if the symptoms involve physical problems, and even with numerous emotional problems. Ask yourself about your own intuition: Is the symptom perhaps best treated purely physically? Do you have the feeling that you do not have anything to offer for the physical complaints? Do you think that you can have an effect? Do you feel centred? How are you breathing? Sometimes, a systemic interpretation seems to promise some clarity and relief from a long, unsuccessful search for a solution, but then in the end, proves to be not helpful in the actual therapy. Even when there are numerous indications in the system, critical events, and biographical dramas, a constellation is not always a helpful intervention.

Example

Mrs Ludwig came in complaining of persistent abdominal pain, which had plagued her for years and rendered her incapable of working. She had been medically examined many times every year, always without helpful results. On the advice of her doctors she came into therapy to look at possible psychological causes for her suffering. Because of the many questions, the therapy was arranged on a long-term plan so we would have time to look at her personal and family history thoroughly. Convincing, serious difficulties turned up in every generation, but all suspicions and hypotheses about a family-related background or personal biographical experiences led nowhere. A constellation brought no clarity or long-term relief. Finally, the problem was identified as an undiagnosed atypical hernia.

Two Levels of Intervention

In the therapeutic encounter, we can make interventions at two levels, the past and the present, in order to influence the future. Usually the first step is to ask about the past, where the symptoms have come from, and why they have appeared. We look for explanatory models about the connections and causes that have contributed to and maintained the problems. Underlying the search for a cause is the assumption that problems are easier to solve when we are clear about their origins, their course, and their possible significance. At the same time, there are questions relating to the future, what the client can do now to get rid of the symptoms, and what should be there instead. We are looking for help and indications for proceeding in the concrete situation of the moment, with the client in front of us, but also for his or her future. The two levels lead directly into the area of outlines for resolution.

Both levels of cause and potential resolution need to be represented in the therapeutic process. Whereas classical therapy forms spend a long time on the analysis of the problems, in brief therapy we tend to move on to the next step very quickly. The question is, then, how to apportion the time available to deal with problem and resolution, and what that means in concrete terms for the changes the person is hoping for. Clients have often already had many years of therapy, during which time they have thoroughly examined the causes of their

problems and patterns without finding any relief or change in the symptoms. This is an indication that looking only into the past is not enough, and we must include the present as a practice arena as well as future perspectives.

Eliminating Symptoms and Finding Replacements

Often it does not seem to matter whether a client finds the 'real' or plausible cause of his or her suffering. In answer to the question, "What will you do if you discover what these symptoms are connected to?" a client usually gives the same response as to the question, "What will you do if you can't find that out?" A good future is not dependent on the past. It does not matter anymore what *was*, but only what is now and what will be.

If the client does not have an image, the therapist can work out the differences and conditions of problem situations and resolution situations. A thread running through everything is the question, "What helps, and what weakens?" Whatever strengthens can be given as a homework exercise for the time between sessions to build up a supportive structure. If it proves impossible to sketch out a plan for a good future, perhaps there are some experiences from the past that can be used. "When were things better?" If the client cannot find any situation that seems better and experiences the symptoms as lifelong, you can ask about fine differences and special cases, "Are there any exceptions?"

On the assumption that everyone creates their own world of action and behavior, there is most certainly something a client can do to improve things. If he or she cannot find anything at all and is feeling depressed, you might ask: "What would you have to do to make things worse as quickly as possible?" This is amusing at first, but also brings the recognition that you can, indeed, influence your physical and mental state.

Symptoms As Clues

Through their choice of words and language expression, a client gives us clues about symptoms that do not feel congruent with their sense of self, that is, those things that do not feel as if they belong to the person. Perhaps someone might complain of having to work for two.

The question at hand is: Who is the other? Who is missing? People sometimes describe feeling beside themselves. Which two representations of the self is the person describing? Which part is the real self, that strengthens and moves forward? Which part is another, that also exists in the person but weakens and obstructs? Who in the family system matches this other? When someone does things that they really don not want to do, has thoughts that will not let go, or has feelings that seem foreign and inappropriate to the situation, these are all statements about something foreign. Where do these impulses, actions, thoughts, and feelings belong? In what context do they make sense?

When someone gets very emotional while talking about their history or symptoms, or gets very upset, it sometimes seems as if something else is taking over. Even if it finds expression in this person, it may turn out not to belong to him or her. Before we go on to look at the connections in the family system, we can first help to relieve the confusing physical state. It is helpful to focus attention on something concrete and reachable – the body. Again, the question, "How are you breathing right now?" interrupts the automatic process.

With complaints of heart pains, or pressure in the abdomen or chest, breathing may heighten the sensations or make them more noticeable, because the person is focusing attention on the physical feelings. The therapist can ask, "How is it for you to lay your hand on that place?" and have the client do that. Usually the touch and warmth of the hand bring relief. Sometimes the person is very familiar with these symptoms or has some associations with them that provide more information about the quality and significance of the symptoms. Sometimes just the suggestion to pay attention to the body brings the client relief at the physical level.

Example

Mrs Montagu was in on-going individual therapy with a colleague. She had physical symptoms accompanied by very intense emotions, which suggested sexual abuse. Particularly with interventions that focused on the body, such as breathing exercises, she experienced extreme distress. In numerous situations in her daily life in encounters with other people, she experienced a feeling of being threatened and unable to defend herself, combined with fear, nausea, and shame.

These symptoms were constantly present and she did not know how to ward them off. She had no memory of any concrete occurrences. She wanted to do a constellation to become clearer about her past and to find a way to live a normal life again.

Since she could not find any connections in her own life, I asked her if anything had happened to another woman in her family. She told me about her aunt, her mother's sister, who had been raped as a teenager during the war and died shortly thereafter. As Mrs M related this, she had a massive physical reaction; she began to shake and cry, felt nauseous, and could hardly breathe. I interpreted this as a resonance, an indication that the feelings activated by touching the inner image of her aunt actually belonged to the aunt's experience.

I asked her to look at me and lay her hand on her chest where she felt the most pressure, and to breathe deeply. When she was physically stable again and agreed to continue looking into this dynamic, I suggested, "Imagine your aunt standing opposite you and look at her". In response to her trembling and look of dismay, I said, "Move far enough away in your picture so you feel okay, but can still look at your aunt." She exhaled and became calmer. I supported this experience with, "Is that better like that?" She nodded.

"Now, breathing deeply, look at your aunt." She breathed deeply and with difficulty. "What happens when you say to her: Oh, Auntie!" As she said this, her entire body relaxed. "I see you, Auntie." She smiled slightly. I considered whether or not to give her more suggestions to bow down, to breathe out, and to consent, in order to strengthen the image, but she was completely at peace. Verbalizing the improved condition once more, I asked her, "How are you feeling now, physically?" "Good. Light." "Has your question been answered?" She nodded.

Example

Mrs Immer, a woman in her mid-thirties, came to see me accompanied by her husband. She had broken off contact with her father some years earlier, and she was living contentedly with her family. She had heard good things about constellation work and its basically reconciliatory way of looking at things from other people. She began to wonder whether her behaviour towards her father was appropriate, or if she should make contact with him again. She spoke of him re-

spectfully, about her decision to leave him, and her experiences with him in the past. He had sexually abused her over a period of years when she was a child. He was reported by neighbors and went to prison. Mrs I had found a good way to live in the present, turned towards her husband and children.

She now wanted to find a respectful and peaceful attitude towards her father. She told me his story. Her father's father, her grandfather, had been in the SS from the very start of the movement, and was an adamant Nazi until the day he died. We did a visualized constellation, with her husband present in the room. In the constellation she could not see her father at first. I took this as an indication that he was so bound somewhere else that he was hardly present in the system. I had her put him far away, where he could be seen as a vague figure. When she put her grandfather behind her father, it was clear that the son was so bound in his loyalty to his own father that his own life had no weight. The impression was that he had destroyed his happiness in his own family to remain true to his father. He found a place that was right for him in the arms of his father. This image was a great relief to the client. She felt confirmed in her feelings, her own inner truth, and her previous decision.

Personal and Family Case History

At the beginning of a therapy I take a systematic case history and sketch a genogram of the family system. I mark those in the genogram whom I suspect of having significance for the client's problems, and note down important points about symptoms and dynamics. A good case history introduces the people and events we will need later for a resolution. We also learn something about the significance of these people in the family system and in relation to the client. We can build our hypotheses on this and perhaps get a picture, even at this point, that points us in the direction of later interventions.

In addition to a description of the presenting issues, we have a biographical history, the life history, and circumstances of the client. We look at the family structure including all the members of the family, and the main events in the family, that is, the family history. Then we add any particulars in the client's history or the family history and the resources of the client and of the system.

If you allow ten minutes for the case history in an individual session, you do not have time to ask about all the details, so you have to concentrate on the essentials. What data are relevant and how do you recognize them? Firstly, we know from Bert Hellinger's description of the natural orders, and from our observations of constellations, which events we have to look at in particular (s. Weber 1998, Hellinger 2001). Secondly, from the way the client tells us the details, we learn which of the people or which events have significance. Finally, we can turn these events, people, and dynamics over to our own inner sense of what is important. Our organism is capable of resonating and gives us information about relevance through physical changes breathing patterns and muscle tension; through

images, thoughts, associations, and stimuli; through confusion and impulses.

Discourse: First Impressions and Feeling the Atmosphere

Along with the collection of the hard data, the facts, there is also a more subtle investigation in process. As therapist, you can always move into your own inner space and draw out pictures, ideas, and fantasies, and this resource is available to you throughout the entire discussion and constellation process. The unnamed and insubstantial often crystallize into themes, structures, and areas that differentiate themselves in quality from the rest and draw your attention. I have an image of a searchlight on a submarine sweeping the darkness of the ocean floor. We know from experience that in certain areas we are more likely to find something, and when we come across a particular formation, we carefully look to see if it is interesting and has significance for the issue at hand. Looking at the client we look into the distance without a focus but remain alert for details, we adjust our breathing to match the client's, and have access to the client's world at the atmospheric level. As you look at the client speaking, you hold certain questions in the back of your mind: What mood, and what energy is this person bringing? In what context can this state be understood? What is the non-verbal communication of attitude, gestures, posture, voice, and way of speaking? How does the atmosphere feel when the person speaks about his or her symptoms, history, family, and other people? What events fit this feeling? Where does it make sense? Where is the energy in what the client says? What is missing for a resolution?

Examples:

Mrs Naumann comes to her appointment in combat boots, ragged jeans, and a baggy T-shirt. Her appearance is rather military and masculine. In what context has she learned this? Where did this fit, and where was it desirable or necessary?

Mr Stanley is skinny and shy and rarely smiles. He speaks quietly and hesitantly. Where is his energy? How can it be that he has so little energy? What experience is he still caught in? What movements would help towards resolution?

Mr Wahlberg is pale and unshaven, dressed completely in black and grey. He comes in in a subdued manner and sits down almost unnoticeably. What is in the air? Where do these clothes and posture fit?

Mrs Siegel is an attractive, stately woman. As she begins to talk about her suffering, she does so in a high childish voice. At what age in her childhood did she talk like that? As tears come to her eyes, she bites her lips and struggles with herself to regain control. In what situation has she learned to do that?

When Mr Schalow comes in, he brings a heaviness and dreariness into the room with him. He speaks slowly and without emotion. Where has his liveliness and love of life gone?

Case History and Life Context

The following questions are suggestions for combing through the field for important information while taking a case history. We do not have to have answers to all these questions, nor do we need to know all the details in order to begin a constellation. These are meant to initiate the discovery of information and to identify anything distinct from the 'normal'. You can ask the client directly or just let the questions lead you through the discussion and constellation.

Why is the client coming now? Is there something special happening in the client's life at the moment? Is this a decisive point, or have there been changes in the person's life that could be seen as the impetus for the problems? Is there any indication of an interrupted reaching-out movement? Was there a separation from the family, particularly at an early age, or events that could have had a traumatic effect?

Who has sent the client to you? What concept of constellation work has the client got from others and what are his or her expectations? Has this person done a constellation before? If so, what emerged that has significance? Why does the client want to do another constellation? Sometimes I ask who they have done a constellation with, since I know many colleagues doing this work and can guess what themes and focus they tend to see in the foreground and so may have some idea what dynamics might have worked out well.

How has the client already tried to make changes to the problems? What has helped, what has not helped, and what has the person not tried yet? What resources have been helpful that the client can use?

Has this client ever been in therapy or psychiatric treatment? If so, was it because of these current symptoms or another complaint? Did it help? What experiences has the person had? What has he or she learned? Has the client had experience with relaxation training, breath therapy, yoga, or body therapy? If yes, to what extent is this useful as a resource?

With physical complaints (e. g. headache, migraine), psychological disorders (e. g. depression, inner anxiety), and chronic illnesses (e.g. gastro-intestinal problems, heart and circulatory disorders): Has the problem been investigated medically? Is this a familiar state for the client?

Do you have some ideas for how to fulfill the therapy contract? Is it even possible for you? Are there images available for intervention and the constellation process?

Family History

When clients are talking about their families and naming the family members, you often get non-verbal information about the significance of each of these individuals at the same time. The client's organism reacts with an altered breathing rhythm and tension, and we react with our total being to the statements and the subtle changes in the client. We turn our attention to the people who are missing, the bonds that have not been experienced as satisfying, or are now unsatisfactory, and to the feelings that have been and are inappropriate. All situations in which some kind of trauma has occurred are also significant, as are encounters with death.

We presume that the closer the other person is in the client's system, the stronger the bonds are. A father or mother has, hypothetically, a stronger influence on the client than a sister or grandmother. The deeper the trauma, the more likely it is that there is a bond to that event and that it has importance. In this sense, all encounters with death and war experiences, critical illnesses, or accidents are meaningful.

In the background, the questions continue: What has to be completed and made whole? What is missing? Where do the symptoms

appear meaningful in the systemic context? Who is missing? What are the feelings connected to? What emotions and feelings are missing or not felt? When do emotions arise in the conversation with the client? Which events or people evoke strong feelings? Who in the family system strengthens the client and can serve as a resource?

Who Belongs to the System?

As far as we know, the people who have a place next to clients in their family system are their father, mother, siblings, dead siblings, miscarried children, children born dead, and also aborted children. A lengthy break between siblings sometimes indicates a missing child. When we ask about siblings who have died and the age and circumstances of their death, there is often a recognizable emotional connection to these siblings.

When we look at when a miscarriage or abortion occurred, we might have a suspicion that the mother had already established a powerful relationship to an earlier unborn child. Sometimes unborn children have significance as deceased siblings.

The client's age at the time of a decisive event or experience is usually important: for example, if the father died at a young age or if the parents divorced. A growing child develops an increasingly stable infrastructure that provides appropriate coping strategies. It has been shown that an early critical experience is more likely to present difficulties later. Looking at it from the other way around, if the presenting issue and symptoms are massive, we can assume there has been some early childhood disruption.

Had one of the parents been in a serious prior relationship, i.e. engaged, married, or a relationship with a significant other? Sometimes this question brings a smile to the client's face, even when he or she cannot consciously give any concrete information. Is there any indication of the dynamic of an interrupted reaching-out movement or a traumatic experience within the family?

In that almost all European families carry some effects of the Second World War, and sometimes the First World War, in one form or another, the question of war trauma is useful. Was the client's father or grandfather in a war? Where? By identifying the place, you often get information about the events. "He and two others in his company survived Stalingrad." "He was a lawyer involved with the man-

agement of his home town." "Towards the end of the war he had to go into an anti-aircraft unit." Neutral questions leave enough room for a client to divulge what he or she wishes and whatever is allowed within the family system. "What did he do there?" "Did anything in particular happen during the war? Where does your family come from originally?" If the family of origin were driven from their home, or fled, we can assume that there is still a deep connection to that place. Later, in interventions, the homeland can be used as a resource in the background or even brought into the picture in view of everyone.

Have these symptoms appeared earlier in other generations? Do the issues and symptoms run through the family history, or are there serious problems with several siblings or family members? How can we put this in place if we look at it from the viewpoint of a multigenerational balancing? Through these questions, the client's issues are often easier to understand and we can estimate the degree of importance of the original situation. Sometimes the person might have some idea about the distribution of burdens in the family system. We can ask directly, "Does this have more to do with your mother's side or your father's side of the family?"

To get a clear picture of the resources in the family, and a precise statement about which side of the family to look into for the causes, and therefore the resolutions, of the problems, we ask about the relationship and connection to both ancestral lines. Take time and notice your own fine-tuned reactions. This body resonance can serve as a deciding factor whether you lean towards the mother's side or the father's side for the meaningful dynamics. If you ask a client, "How do you feel about your father?" the client will answer immediately with subtle, non-verbal signals, for example, by reacting very hesitantly, reluctantly or doubtfully, or with a change of expression. Is this more of a reaching-out movement or a turning away? Finally, when the person begins to answer, we have already got the most important information. The complete message is more a 'no' to the father than a 'yes'. This is a clue that there may be an interrupted movement here that evokes secondary reactions of consideration, formulation, and explanation. In response to the questions, "How do you get on with your mother?" if the answer is calm and clear, "Good. Lovely", we can take that as an indication that it is not of primary importance to ask further questions here. An answer that

comes too quickly, however, needs to be looked at carefully to see if it really is true.

Unusual Features in the Personal or Family History

Clients often only find out during our first encounter, what is important or significant in terms of our way of thinking in constellations, and in the search for resolution. We ask about unusual events in the personal history or the family to open the way to any additional information that has not been included in the categories mentioned so far, and also to learn more about inner movements and tendencies in the family. Have there been any life-threatening illnesses, serious accidents, or multiple serious events that would explain an unconscious withdrawal? How can this be understood in the context of the family?

Are there occurrences that we might see as origins or causes of an interrupted reaching-out movement? Was the client separated from his or her parents as a child, perhaps because of a hospital stay on the part of the child or one of the parents, or possibly during the birth of a later child? Was the child sent away for a period of time for some reason? Were either of the parents imprisoned? Did one of the parents die young? If we pay attention to our own inner resonance as the person talks, we can feel a subtle, unconscious reaction that points the way.

When absolutely nothing leads anywhere and there is no spark to be found, we ask: Is there a secret in this family? A particular quality of the atmosphere or energy sometimes points in this direction. Is the client prepared to talk about this? Or, is there a message from the family system not to talk about it, not to question any further, or a prohibition on knowing?

Resources of the Client and the System

We want to know what things in a client's history and within the family strengthen or could strengthen this person. In taking the case history we ask the client and also ourselves which events, which people, and which capabilities serve as the supports that have allowed life to go on despite all the tragedies, events, and suffering? What has happened in the family that is good? Which relationships

and connections are enriching in spite of the problems? How has a basis been formed through the lives and the work of this family and their ancestors? How many generations does the client have to go back to find an ancestor who faces him or her in a friendly way?

When a person does not experience any support within the family system, we look for available resources outside the system as well. Is there a good relationship to a sibling, spouse, child, friend, or someone such as a spiritual teacher or master? The client can use these people as supports in an inner picture until he or she is able to deal with the difficulties in the family system.

To make the transition from taking the case history to a constellation, from description to action, you can concretely guide the way into the first constellation picture by having the client visualize a person, "What would your husband or your father say if he could see you here now and hear what you are saying?"

Constellations

Constellations using pieces of paper or figures follow the same procedure as constellations in a group setting, but objects are used instead of representatives. Using this method, many elements can be assembled in relationship at the same time. The picture shown in the client's first configuration is a representation of his or her view of the problem. The therapist changes the positions of the representative objects in the direction of an image of resolution. The constellation process and the changes are basically directed towards a reaching-out movement between the individuals. If you are just learning to use this method, it is best to set up *one* relationship between the client and *one* other person in the first session. When you have had more experience, you can expand the view of the system gradually and treat complex dynamics simultaneously.

In visualized constellations, it is always best to begin with the relationship with one other person, to allow a precise examination of that relationship and to clearly identify the effects of each additional person on the picture as they are brought in. A visualization differs from a constellation set up within a physical space in that you begin immediately with the two people facing one another. In this sense, the first picture is already a suggestion of resolution. Therefore, it is good to be very familiar with the dynamics and resources from the case history, so as to formulate a first hypothesis and perhaps a vague sketch of a possible resolution. If the client seems strong enough, we can begin immediately by putting the central person opposite in the visualization. If not, we can first put in a person whom we assume will have a supportive effect on the client.

The natural basic orders in a family system, which have been described by Bert Hellinger, are in harmony with the predominant social circumstances in our culture. In other words, they come from the customary, and therefore stable, patterns of the field. This would be reflected in a picture of resolution as a so-called 'ideal constellation' in which the individuals stand roughly in a circle. On one side are the father and mother, and on the other side the children in the order of their birth. To move from the 'problem' picture of the client and get nearer to this kind of picture of resolution, we can make changes in the constellation with this structure in mind. Deviations from this structure give us information about special dynamics in a family system.

In an individual setting, since we do not have to take into account the complex statements and interactions of representatives, we can build up the family system step by step, and add individuals one at a time if they are needed for a good resolution.

Example

Mrs Sachs wanted to do a constellation to explore what made her relationship with her younger brother so difficult. They had jointly inherited a rental property and therefore had to work together. Her brother was always in financial trouble. He behaved aggressively towards her without any apparent basis. Mrs S was worried about her brother because she could feel that he was in trouble inside himself in a way she did not understand and she did not know what she could do for him. She felt "helpless, like a child", when he attacked her, a feeling which was not usual for her.

Hypothesis: When a brother feels aggression towards his sister without any basis, it may be that he does not really mean her. The aggression can be seen as a secondary reaction that serves to help cope with a primary feeling that is too difficult to bear. The brother's constant financial problems might mean that his energy is not going into the unfolding of his own life, but that he is using his energy for someone or something else and there is not enough strength and attention available for his own interests. Paying serious attention to Mrs Sachs's feeling of being "helpless, like a child", we get a clue about the exact time when this relationship pattern was formed.

There was information in the case history that could be relevant: Before her brother was born, another brother had been stillborn in the seventh month of pregnancy. Her father had been married before his marriage to her mother, and he had been in a concentration camp because of theft. He hanged himself after the war. Her mother had worked in a munitions factory during the war and had survived a bombing raid that killed many of her co-workers. We consider all this information relevant as it describes traumatic situations that would presumably cause an inner withdrawal. A dead sibling means a close experience with death for the living children. A prior marriage indicates the breaking off of a previously existing bond to former partner. A concentration camp experience as well as surviving a bombing raid establishes a bond to all those who suffered the same fate. A suicide is a heavy burden on the family system, particularly for those closest to the suicide, namely children, spouse, and parents.

We began with the sibling closest to the client, her living brother, and later added the brother who had died. First Mrs S laid out a marker on the floor for herself and one for her living brother, and stood in her own designated place. Tears came to her eyes, she trembled, and as she looked at him she felt a despair that was familiar to her but that she could not explain. I asked her to stand in her brother's place. He stood off to the side, somewhat turned away. In this role, Mrs S. could not look up from the floor. She swayed and almost fell over backwards. She was very affected, but her physical sensations made sense to her in terms of her brother's life. Looking down at the floor was an indication that there was someone missing. I laid a marker on this spot on the floor for her dead brother. Mrs S felt weak in the knees and her face grimaced in pain. I suggested that she follow her impulse to kneel down to this brother. As she knelt beside him, she recognized the deep connection her living brother felt to the dead. She wept bitterly for both her brothers. She then stood up and returned to her own place in the constellation. I moved the other two markers closer to her so that the three children stood together. At this point she could look at both brothers calmly. The other tragic events in her family were taken up one by one some months later.

Example

Ms Burchell came to me because of problems with her boyfriend. She had had many relationships that, much to her disappointment, had all failed. Now she was afraid that her new boyfriend would leave her. In taking the case history, when I asked her about earlier relationships, she mentioned that her first great love was a man by whom she became pregnant. Since he did not want a child and she was too young to raise a child alone, she had an abortion. After that, the relationship broke up. When she told me about the abortion, she cried and was deeply shaken. "I thought I had already worked through that." I asked her to lay out markers for herself, for her current boyfriend, for the aborted child, and for the father of the child. Her current friend stood near her, her first love somewhat further away and also turned away. The child's marker she placed opposite herself. She stood there and stared longingly at the child. I suggested a sentence of resolution. With tears streaming she said, "I would so have loved to have given birth to you". Her pull towards the child was very strong and I gave her a pillow which she pressed to her like a baby. "I give you a place in my heart." I turned the marker for the baby's father towards her and had her say, "What a pity". She nodded and breathed quietly for a while. "That's good now." As this movement had reached completion, I moved the father's marker a bit away and asked her to turn to her current boyfriend. "How is he looking at you now?" "Lovingly." "And how is that for you?" "Good." "What happens when you tell him: Look. This is the way it is"? She nodded and exhaled. "Good. I want to move closer to him." I moved her next to him. "Thank you for everything." "Thank you that you're there." She nodded and exhaled deeply. She sat down and I collected the markers.

Constellations in the Mind's Eye

In a visualization, you can develop a picture slowly and systematically. The closest people are usually the most important, so we give priority to a father or mother when we set up a visualized family system. I will describe the basic pattern of this work and how the special dynamics of each family can be woven in.

The first intervention begins with an encounter. In his or her mind's eye, the client faces one person and we investigate whether

eye contact is possible, and if so, what the quality of this contact is. An example would be the client standing opposite his or her father. "Imagine that your father is standing here in front of you, looking at you." After a beat or two, when the client has found this image, "How is he looking at you?" The client makes eye contact with the imagined father and describes the quality of the father's look. Then, "How are you looking at him?"

The questions and the language used may seem monotonous at first, but this repetitive structure is very useful. The client receives new information and instructions in the same form each time, which ensures that the form itself does not demand any attention. The client can practice attending to very slight changes in the effects and changes caused by interventions.

The client's attention is focused on the way he or she maintains contact. In the brief pauses between interventions, the therapist can observe the client's body movements and reactions. Again, a precise indication is the client's breathing: If the person remains relaxed and continues to breathe normally, you can assume that the imagined contact is good on both sides, and can ask the client for confirmation of this if necessary. This kind of look is open and friendly, and can be compared to an encounter with a 'thou' as described by Martin Buber (Buber 1996).

As therapists, we can use this relationship as a resource for the client when we turn to the next difficult relationship. The client now has an image of what a direct, primary encounter feels like. He or she carries a model of the potential for quality in contact with another person.

If the client is holding his or her breath or is hesitant, that is an indication that this relationship is not as good as it might be, or as the person might wish. It calls up an unconscious reaction that forces the client to deal with it. He or she cannot yet take charge of whether to do something, but rather, feels forced into a reaction that is confusing. At this point, people sometimes open their eyes, although they had been closed in a relaxed state. The therapist looks questioningly and they will close their eyes again of their own accord, or perhaps at the direct request of the therapist.

Someone might report, "My father isn't looking at me." This may be said accusingly, or wrathfully, sadly, despairingly, in resignation, or as though insulted. When we regard the imagined picture the way

we would regard a real person, we ask ourselves where the father is looking. What has caught the father's attention? From the case history, perhaps we know that the father's mother died very young. Then we might hypothesize that the father is looking at his own mother and is not aware of anything else around him, not even his own son. We test out this hypothesis: "What happens if you imagine your father's mother standing behind him?" We can tell by the body reaction that the grandmother gives the father stability if the client relaxes and exhales. "How is that for your father now?" The changes in the father reflect the feelings that could have brought the earlier process to a completion. The client may see his or her father in a state of grief, or perhaps the father wants to move much closer to his own mother. The imagined father may become very small in the picture 'like a child', or perhaps lively and filled with joy.

However, if the client does not show physical or verbal reactions to the intervention within a brief period of time, we can make our questions more precise: "What has changed for your father?" or, "How is your father doing now?" If the changes are quite minimal, we must ask ourselves what is missing for a step towards resolution. From the case history, we know, perhaps, that the father's grandmother died in childbirth. So the question becomes, "What happens if you put your father's grandmother behind his mother, so that they can lean back against her a little?" Again, the physical and verbal reactions of the client give us indications for the next intervention.

If the quality and mood of the picture has changed, or if the client has shown some reaction during this process, we can ask about the effects of the intervention on him or her, "And how is that for you?" or, "How does it make you feel when you look at your father like that with his mother and grandmother?" By repeatedly changing the perspective, the client remains in a neutral position, experiences various points of view, and learns how changes in one area have an effect on everyone else in the field. The client's view of the background and all the connections is broadened.

Disturbances

Sometimes a client cannot imagine a picture, or has difficulty imagining a particular person. In my experience, this usually has very little to do with the client's ability to call up a mind's eye picture.

More often it seems to indicate that the person being visualised is entangled in another dynamic, and therefore not really present in the field in a way that allows the client to bring this person into complete awareness.

Example

Mrs Montagu is complaining about a poor relationship with her father. During the war his plane was shot down and he survived with serious injuries only to spend many years imprisoned. He has never spoken of this experience himself, but everyone in the family says that he came back a broken man.

Hypothesis: This father was severely traumatized by his war experiences and remains bound to that situation. Therefore, he cannot really look at his daughter. In the imagined encounter, the client could not see her father. She could not get hold of a picture. I asked her to imagine her father as a figure off in the distance, far away on the horizon. This proved to be possible. To connect the father's state to the daughter, I asked, "How do you feel when you look at your father from this distance?"

Then, I placed additional people, one by one, near or behind the father. Based on the information from the case history, I brought in people that I guessed might have played a significant emotional role in the father's life, and who were missing in the picture of his family: Mrs M's grandfather, who died in an accident when her father was a teenager; her grandmother, who died when Mrs M's father was a child; the comrades from the war who had died; and her father's brother, who was killed in the war.

With each additional person filling in the picture through additional information, her father became more visible to the client. She was able to see him in his relationships and recognized where his feelings and longings were bound. It was then possible for her and her father to move closer in her mind's eye. Finally, she stood facing her father and could look directly at him.

Sometimes an image is unclear and fragmented. The person can see the body of his or her mother but her face is blurred. Or the mother's position is very clear, but she herself is cloudy or foggy. Here, again, the question is, who is missing? Where is this mother's energy bound up? Who is needed to help give the mother form and

presence in the image? When we have already done a thorough case history, there will be one or two people, perhaps more, who could possibly represent a painful loss to the mother. One will turn out to be the most important, but we can still bring in the others, one by one, to serve as resources and support. When, for example, we place the mother's dead sister next to her, the image of the mother will change. Perhaps the elder sister might take the client's mother, her younger sister, in her arms. The client's mother laughs, and becomes visible. Eye contact with the mother is then possible, the client can move closer to her, and by uttering certain sentences and imagining rituals, find a good resolution.

In the client's image, sometimes a mother or father remains turned towards the person who has captured their heart. The client faces his or her parent and cannot get their attention or catch their eye. It appears that the parent has to clear up a relationship in the past before turning to the present.

Example

Mrs Ayre's father lost his favourite sister in a tragic way. In the client's imagined scene, her father remained turned away from her. Mrs A's desire to have her father pay more attention to her remained unfulfilled. The client was aware of two different feelings. She was disappointed, but at the same time, the way had been cleared for something more peaceful. "He looks happy for the first time," stated Mrs A, half sad, half relieved, "and I can understand him better." To support this movement I asked her, "And how does that feel to you when you see your father in this way?" "Actually, it's a relief. This is how I've always wanted him to be."

At the end of a sequence, you can always point out any changes that have occurred. If the client is now breathing more easily, you can ask, "How are you breathing now?" focusing the person's attention on this new situation. "Good," is the answer.

Unknown Family Members

It is sometimes difficult to imagine people who are unknown, either because they died very young, or disappeared from the client's life very early on, or because they lived some generations before the cli-

ent. Sometimes the very idea of such a visualization seems peculiar. It is a matter of fact that this person once lived, but if the client feels far removed from the person, he or she cannot find or create a picture. If someone is trying to find a picture of his or her mother or father, a small exercise with a mirror may help. "What do you see that comes from your mother, and what from your father?" Or if a client knows nothing about his or her father: "Look in the mirror. Some part of you knows him very well. Half of you comes from your father."

Perhaps a client has never seen a picture of a particular family member. Perhaps no photo even exists of family members from previous generations. We can allow the person to become visible and clear by creating an environment in which this person encounters other people in relationship. Since these other people, or at least some of them, are known or imaginable to the client, a familiar picture becomes more complete with the addition of the unknown person. This is sometimes a slow process, but it enables the client to move into a relationship with this significant person.

Example

Mr Calidris came to see me because he was plagued by symptoms, and felt driven and restless. He had suffered from sleep disorders for many years, with resulting exhaustion and difficulties with concentration, and was finally referred by his doctor. He told me that he was always travelling in his business, and that all his relationships had failed in the face of his restlessness. He felt alone and abandoned, which drained him of energy. Nearing fifty, he had achieved almost everything he wanted professionally, but felt like a nothing. His hope was to find himself, to find peace, and in a more relaxed state, perhaps even be able to have a long-term relationship.

The family case history showed that his father had been a prisoner of war and had been put to work in the fields on a farm belonging to the client's maternal grandparents. Mr C had never known him, and no one in the family spoke of him. In addition, Mr C had no knowledge of any of the family on his father's side. He talked about his mother in a warm and loving manner, so I felt that I could bring her in as a resource.

My hypothesis, which I followed in the constellation, was that the missing support from his father and the entire paternal side of

the family was responsible for the feelings he suffered from in his life. My image was of leading him back into the bosom of his family.

I asked him to close his eyes and breathe out deeply. He was very tense and restless. To help him be more aware of himself, I made a short fantasy trip with him through his body (see chapter "Practice and Homework", p. 142). His breathing became more regular. "As you breathe out, let go a little more each time," and, "As you breathe out, let yourself get a bit heavier." His physical tension relaxed visibly.

I supposed that it would not be possible for him to visualize his father on the spot. So, I asked him, "What happens if you have your mother stand behind you?" The fantasy of feeling someone physically standing behind him was easier for him than to call up a picture of someone in front of him. "Pleasant", came the answer. "How is it if you lean back a bit against her?" He took a deep breath. "Very pleasant." "What happens when you imagine your father standing next to your mother?" "I don't even know him." Mr C stared at me. "Your mother knew him." He closed his eyes and sighed. As he hesitated, I suggested, "You could put a man next to your mother and just see what that changes". He spontaneously made a small movement. "How does your mother look at your father?" "I would have to turn around." "Yes, do that." Through the eyes of his mother, his father became more concrete. "She is looking questioningly at him, filled with love." I then tried to find out if his father already had a representation in the inner picture. "And how does your father look at your mother?" "I can't get hold of him, he is so restless." I could have pointed out the similarity to the client's symptoms at this point, but I chose not to interrupt the imagined scene of the encounter with his mother and father. His report of his awareness was an indication that his father's field still needed to be strengthened before he could be fully there in the client's picture. "What happens if you put your father's father, that is, your grandfather, behind him?" "He is leaning back and looks very sad." His father was taking on a contour. "How is it if you put some of his relatives around him?" "Oh, good. Now he's standing there solidly." "How does your father look at your mother?" "Oh, very thoughtfully, and touched." "And how is that for you when you see that?" "Oh!" He exhaled with a deep sigh. "What happens when your mother says to him, 'Look this is your son"? Mr C began to sob. "How is it when you move a bit closer to

your father?" Tears ran down his cheeks. "What happens if you put your head lightly on his chest?" He dropped his head slightly and breathed deeply. "How is it when you say to him, 'Finally, Papa!'?" As he spoke the words aloud he was again overcome by tears, but calmed himself quickly. Then he sat looking very calm and relaxed on the sofa. "How is it for you now when you look at your father?" "I see his warm eyes." "And how is that?" "Good!"

At this point I could have had his imagined father introduce him to various members of his family, the family he came from, the family he belonged to. However, Mr C was relaxed and at peace. Finally he said, "But, in fact, I don't have a single photo of my father". I asked him, "Do you look like your mother?" He said that he did not, and then laughed. "I see what you mean."

We support the development of an image in which the client feels better. We soften interventions that are difficult for him or her by going back to the positive images or by having the client move away from the difficult image to a place where it is tolerable and he or she feels stable. We can interrupt the process at any point by asking about breathing patterns, or we can break it off altogether by re-establishing eye contact and having the person leave the imagined scene.

Sometimes it becomes clear that there is someone missing, but we do not have any concrete information, or we cannot get to it within the allotted time. We can then include one or two people to represent "those who are missing", or we can make a place for "something" that represents an event, a person, or even a secret.

Example

A South American man, Mr Coscoroba, suffered from anxiety and panic attacks, which put him under a lot of pressure. In answer to my question about what he was seeking, he expressed a desire to finally be able to live in the present. At the end of his visualized constellation, we had brought in all the people known from the family case history who might have had an influence in the structure of his make up. A younger sister had died, and he now had her standing in a friendly way at his side. Both of his father's parents had been orphans. At the end of the constellation the great grandparents were standing behind his grandparents, and both generations were look-

ing with interest and goodwill towards his father. Mr C himself could hardly bear to be anywhere near his father, and when he looked at his father he was overcome by an inexplicable pain. When his father turned around to his own ancestors, he shrunk down in size until he was no longer visible and disappeared from view for Mr C. Although the client considered the picture complete, it was evident that someone or something significant was still missing. In my own image, it was something very large that lay behind these generations. When I described my picture to Mr C, he nodded soberly. He had had a similar feeling, and had felt distressed without being able to say exactly what the connection was.

Some months later he came to another session, this time accompanied by his wife. His symptoms had receded and he told me what he had discovered in the meantime. In the generation of his great grandparents, most of his family had died in an epidemic of the plague.

When a person in the imagined picture changes size or form drastically, becoming huge and threatening, tiny, childlike, or perhaps disappearing completely, this is a sign that the picture is not complete. Sometimes these changes can be understood when you find the correct context.

Example

Mrs Lauda wished to be more assertive. In her work team in particular, she felt like an outsider and was often passed over. When she tried to assert herself more, massive guilt feelings arose that hindered her in her endeavours. When I asked her about similar structures in her family system, she told me that she had experienced these same feelings in relationship to her mother. Mrs L hid many things in her life from her mother because she knew that her mother would not approve. From the family history, I learned that her mother's younger sister had drowned at the age of one and a half. The client's mother, who was also just a young child at the time, had been responsible for taking care of her sister. Mrs L's father had been killed in an accident when the client was nine. We had previously done a constellation of her father's family, and since then Mrs L had harbored very tender feelings towards him and had also felt clearer, more confident, and

stronger. She reported that as a result of feeling an inner support from her father, she was more secure in her relationship to her husband. However, she still fell back into her old patterns in her work situation.

As a hypothesis I suspected that the guilt feelings and the inability to assert herself stemmed from her mother's side. I asked myself who in this family system felt emotionally impacted and what feelings had not been felt. How would a young child feel whose sister died while in her care? How would her mother feel? Her father?

I asked Mrs L to imagine facing her mother. "Is the distance right?" She moved back a few paces in her mind's eye. "How is your mother looking at you?" The client became distressed and agitated. "She looks so demanding and she is suffering. I am supposed to help her." "And how are you looking at your mother?" "I want to get away, but I have a feeling of guilt, because then things will be even worse for her." I began to bring in the missing people. "What happens when you place your mother's dead sister next to her?" Mrs L's face reddened. "My mother is getting very agitated." "And how does your mother look at her sister?" "I don't know. She would rather go away." Since her mother had been a child herself at the time of the accident, I added the client's grandmother. "What happens when you put your grandmother behind her two daughters?" The client began to perspire. Beads of sweat formed on her upper lip, and she took off her jacket. "My mother is very small and she is crying and hiding behind my grandmother's apron." Images with body contact have a special effect. What would this child have needed at that time? "What happens when your grandmother takes your mother into her arms?" "My mother is happy and laughing." You could continue at this point with an image of the grandmother speaking to the two sisters. In this case, they were already peaceful and content enough. I expanded the image again. "What happens when you put your grandfather next to your grandmother, so your mother has both parents near her?" Mrs L breathed out deeply. "She is well taken care of there." Since that picture was now complete, I brought in Mrs L. "How is that for you when you see that scene?" "It's a great relief. My mother is really fine there." "How is she looking at you now?" "Gently and lovingly." "And how is that for you?" "It's very good. I can leave her there now and do my own things."

Sometimes a client comes in with symptoms and complaints, and many painful events in his or her life and family are revealed in the case history, but all the encounters in the constellation are described as "normal" and friendly. This seems to indicate a successful coping mechanism. The client has clearly learned to maintain a certain degree of normalcy and to hold primary feelings in check. For example, a man has described his relationship with his father as difficult or non-existent, but in the constellation he stands facing his father and they look at each other benevolently. You have a physical sense that something does not add up. You can experiment with letting the feelings come closer and increase in intensity. "What happens when you take a step towards your father?" The client's breathing is then a good indicator of the subtle inner movements. His breathing pattern will change and accompany the beginnings of the emotional process. Sometimes a client will also have learned to control breathing patterns in order to come across as 'normal' in a situation filled with tension. People who have done a lot of yoga or breathing therapy are particularly good at controlling physical tension through breathing, immediately and unnoticeably. We can address this directly with the client and invite further experimentation. "What happens if you exhale deeply?" or, "What happens if you hold your breath?"

Suggestions

The suggestions that follow are meant for therapists to use in helping clients find an image that strengthens and resolves. Often we do not know what will be suitable for a person at any particular moment, nor do we know the pace that will prove to be appropriate for that person's process. Therefore, it makes sense to begin interventions with, "Perhaps …". The client can then take this suggestion into consideration at one level, without making a firm commitment. The interventions are directed towards supporting a reaching out movement and the client's primary feelings. In doing so, they serve to fulfil the client's deeper needs.

In the process of a constellation in an individual setting, a client can visualize a constellation that makes physical contact possible with his or her parents or relatives. This body experience is almost as if the others were actually in the room. With slow, gentle movements, the client can move closer to the others, lean against them, touch

them, and be held by them. Where is the right place for this man? Can he let go when he is standing in front of his father leaning his head on his father's chest? Or, is it better for him to be held by his father, standing close to him, or perhaps leaning back against him? Is one person (in this case his father) enough, or can the client breathe out in relaxation more easily when his grandfather, or both grandparents, or perhaps even his great grandparents stand behind him? If his father is turned towards his own parents, how is it for the client to stand behind his father, facing towards his grandparents, and lean against his father's back? Perhaps a grandfather might lay a hand on the client's shoulder, or both grandparents stand next to the client so he feels the body contact. How many people does this client need around him in order to feel secure and stable?

How old are these clients? What do they need? In order to get what they have been seeking since childhood, do they need to sit on their father's lap for a while, or lie in their mother's arms?

Children who are standing alone in their inner picture, without parents who can support them, perhaps because both the parents are entangled in their own history, can stand with their siblings, or perhaps use their grandparents or great grandparents as resources. A man can draw strength from his family system by standing in a row of men. A woman can get this support by standing in a row or a circle of women. For the clients, it is a pleasing and impressive image to feel many of their ancestors and relatives around them. For example, grandparents may stand behind the client, slightly off to the side, so that they can feel them at the back. Around this half circle, another half circle forms of the great grandparents and then more generations, in ever increasing rings.

Sometimes it is helpful for a client to alternate between two different pictures until the two are integrated. Leaning back serves as a support because the person has the experience of being held. Standing alone is an expression of independence and self-sufficiency. Sometimes sitting has the advantage that people do not have to use their muscle power and muscle tension to hold themselves up. If they are standing, they can lean against the wall, as if leaning against their father. In that case you may want to put a pillow between them and the wall so it feels more comfortable. The therapist can also hold a client, "I will take over the role of your grandmother, if that's all right with you."

Bowing in acknowledgement is usually part of a closing ritual in a constellation. It expresses at the physical level what Bert Hellinger describes as, "acknowledging what is", and signifies a deep "yes". A bow has many different meanings and different effects that we learn in the process of our socialization, as we learn the meaning of all gestures and actions.

A therapist can draw conclusions about how a person has been shaped and moulded by looking at the particular coping strategies the person uses now. If the basic response of the client is "No!", you can assume that this closure was necessary at some time in the past in order to protect the inner self from intrusion by others who did not (and most likely still do not) respect the person's boundaries. A demanding mother or domineering father may draw all of the child's attention and energy and may continue to do so. The child's protection is an inner withdrawal that later expresses itself externally as well. A client may have had the experience that needs and desires were not recognized and fulfilled by others in his or her family, and that as a child it was necessary to submit to the will of others. It will then be difficult for this person to acknowledge and consent to what is without reservation, unless there has been a change in the person's structure through therapy, insight, or practice.

We can see coping strategies from childhood developing into a chronic predisposition towards dispute and strife, which is visible in the organization of the body at the physical, muscular level. Every impulse towards movement is directed inwards. Some of the indicators that may appear as basic patterns are: The person's chin is held high, their head back, neck stiff, and chest closed. Shoulders and arms are held in, and the buttocks tight. We often see chronic tension connected to the presenting complaints. At the level of the psyche, we may meet resistance, defence, aggression, scorn, or a constant attitude of contrariness.

Such an attitude goes along with a subtle but overall physical effort that may be well compensated, but is still detectable in each individual facet of being. If we consider what a strain it is for the muscles to be in this constant tension, it is easy to see the development of chronic problems. Clients often describe a deep exhaustion and an unusual need for sleep in the days following a constellation. Some people report soreness in their muscles and a marked change

in posture. This can be explained by the re-structuring of the body organization and accompanying deep muscle relaxation.

Through the ritual of acknowledging and consenting to things as they are, the client often comes into contact with old patterns in which he or she previously felt helpless and at the mercy of others. To enable the client to experiment with a bow of acknowledgement more easily, I enumerate the potential advantages, that allow for new connotations. With a bow, eye contact is broken. At the same time, the person's attention moves to his or her own body and inward. Bowing helps to release a person from the web of connections with the other and establishes the proper distance needed in the relationship.

To lead a client slowly towards a bow of acknowledgement I suggest small, harmless exercises in observation that have an immediate relieving effect. First, I draw the person's attention to the physical experience. "As you exhale, pay attention to how you are holding your head at the moment." Before there is time for the client to answer, I say, "You can move your head a bit". As a model I move my head back and forwards, to the left and right, my chin up and down. This relaxes the muscles and draws attention to the holding patterns. "How is it for you when you let your head drop down a little?" If there is no spontaneous breathing at this point, I add, "And exhale deeply as you do so". Since exhaling deeply always provides a positive experience, this minimal bowing down also becomes a positive movement.

"How does it feel when you let your chin drop slightly?" The client presses his chin hard against his chest. "Only a little bit, perhaps half a centimetre …. Do you notice a difference?" Perhaps the client might nod, or describe the sensations.

"Now imagine you are hanging like a puppet on a string attached to the top of your head." This exercise brings the spine into a straight line. "If you experiment a bit with the tilt of your chin, you will find that there is an optimal position, one that brings your head into the right position." As therapist, you can also do the experiment yourself, with the client, drawing information from your own body sensations to provide further suggestions for the client.

"How is your breathing now?" In this upright position, the body is open and the breathing will be free. "Pay attention to what happens when you raise your chin somewhat higher. What changes in

your breathing?" If necessary, you can make it more precise: "Notice the amount of tension in your chest." When the muscles are stretched out, there is a feeling of tightness, and breathing is constricted. You can continue "What about the front of your throat?" and, "What about your back?" When the client has noticed the muscle tension in various areas and experienced the effects on his or her state of being, you can make the difference clear by having the person assume a more relaxed position. "Now, when you drop your chin, … how does your breathing change?" In this exercise, we have introduced a bowing down movement in which the client feels relaxed and comfortable.

We can positively reinforce the client's physical movements and observations with a reassurance that these are well done. "Exactly!" (as Bert Hellinger says). Allow the person some time to take in the sensations and formulate the experience verbally. The time is also useful for you as therapist to do the same thing yourself. The task at hand is to awaken the client's awareness of the effects of his or her physical position and the effects of changes in posture. It is not necessary for them to describe every experience to you if this detracts from their awareness of the inner process. To help the client retain and deepen this new awareness, you might suggest, "You can repeat this exercise on your own and experiment with it a bit". Since the client has had a positive experience with the exercise, it is likely that he or she will follow your suggestion. During the session, you can remind the person of this exercise whenever you notice tension and strain. You can also model a good body and head position yourself, so that the client sees this image.

Matthias Varga von Kibéd told me about a particularly elegant solution. If a client still refuses to bow down before his or her father, because of old coping patterns, you have the person lay a stone or other object at the father's feet, without commenting on the meaning of the gesture.

Example

Mr Böhm was completely at odds with his family and had broken off contact with them years before. He had been beaten horribly as a child by his father and his mother had not protected him. His brothers and sisters had always received preferential treatment. At the time of the session his father was dying, and Mr B was uneasy and in

conflict within himself. He wanted to see his father once more, but he was not sure how he could do that without being overtaken by his memories, his anger, and his fear. He told me a great deal during the session, accompanied by strong emotions, and relaxed little by little. I laid out two pieces of paper on the floor to represent him and his father. I asked him to stand facing his father and to look at him. After a bit of experimentation, he found that a distance of a few metres felt good to him. I asked him to lay his hand over his heart to protect himself somewhat and then asked him to bow slightly. As he did this, he felt a sense of grief that was inexplicable to him. Tears ran down his face and he turned away. I gave him the homework assignment to imagine this scene repeatedly. To turn towards his father, look at him, bow slightly, and then to turn away when he had had enough.

A bowing down movement is always a physical relief, but it is sometimes not enough to ensure relaxation. Subtle movements of the body indicate whether a client is still strained in this position and needs to release more. If this is apparent, I begin the movement downwards a fraction of a second before the client, saying at the same time, "How does it feel to go down a bit further?" I kneel down on the floor with the client, sitting back on my heels, which is usually a relaxed position. If a particular client has difficulty with his or her leg muscles or tendons, I provide a cushion or a meditation bench to make the position more comfortable. Within the space of a few deep breaths, the client's reaction will become clear. Either they are sitting comfortably and breathing deeply, or they are uncomfortable and want to stand up again. Then, either we both stand up again, or else the movement continues on and the client wants to go further. Then I suggest, "How does it feel if you lie down on the floor?" I sit or kneel next to the client and put my hand on his or her back. The client feels the warmth of my hand, and I can follow the person's breathing more precisely. I check to see that their head is resting comfortably, and I may lay down a blanket first so that the floor is warm enough. I put a piece of paper where the person's face is, so there is no direct contact with the floor. At the level of body organization, people in this position have the experience of not having to support themselves using their own muscle power, but of being carried by the floor. This leads to a deep relaxation which will be visible in their breathing

pattern. It often seems as if a great weight slides off the body like a landslide. I ask about the client's awareness of his or her own breathing in order to allow the sense of relaxed calm to be stored cognitively as well as physically. This sensation will then be more accessible to the client later during emotionally processes. If this position on the floor is too difficult for the client to give in to, or too uncomfortable because of previous experiences or negative inner images, we get up to a kneeling position again, or we both stand up.

Example

Mrs Levaillant had a very difficult marriage. Following the separation from her husband, the two of them only communicated through a lawyer, who intimidated Mrs L with aggressive letters and demands. After some breathing and relaxing exercises to relieve the physical tension, I laid out a piece of paper to represent her husband. She had done a family constellation on a previous occasion, and knew which rituals might be helpful. Mrs L bowed down to her husband, and then followed her own impulse to a kneeling position. Finally, she lay stretched out on the floor in front of him. In this position she was able to breathe deeply and easily and her entire body relaxed visibly. The changes that followed in her actual life were remarkable. Her husband contacted her personally; again they began to talk about what would be good for their children in the future, and finally came to a peaceful separation.

If there is not enough time to do an exercise like this during the session, or if I have the impression that a client is not ready for such an exercise, no matter how beneficial I think it would be, I might say something like, "Sometimes it is a relief and deeply relaxing to kneel down or lie stretched out on the floor. You might want to experiment with the idea of how it would be if you were to kneel or lie down in front of your father." I describe the exact position of lying with one's arms stretched out in front and head turned to the side to allow for easy breathing. Finally I suggest, "When it's enough, move out of that picture again". In the course of describing the picture, the client is imagining it as well. The image gets in and has an effect, even if the client is not willing to complete an actual, physical bowing down.

A short exercise for therapists

Imagine you are standing in front of a client. You are looking at each other and you bow down slightly to the client. Notice what happens if you exhale while doing this.

If you have read this book carefully, you already know what is to be done next.

An exercise that sometimes needs some introduction is saying "yes". As a lead-in, you can have the client experiment with his or her head and neck position (see above). The client will be able to deepen the body sensation of relaxation by accompanying each exhalation with an inner yes, spoken silently. In one variation on this exercise, I give the client a fantasy sack of yes's in various sizes to experiment with until the next session. The task is to find the right sized yes in the sack and say it or think it whenever the need or opportunity arises. A sack of no's is also a favourite and often produces amusement and laughter.

Sentences

In large part, the magic of a constellation is due to the simple, succinct sentences that Hellinger has developed in his work. There are factors at various levels involved in the search for a fitting sentence that will provide exactly the stimulus needed at a particular moment. The formulation process rests on knowledge, experience and intuition. Clearly, it helps if you, as a therapist, have observed Bert Hellinger and/or other practitioners, and have seen how they accompany clients through a constellation and arrive at a resolution. Videos, literature on the topic, supervision, and advanced training can give you a basic repertoire of potential sentences and interventions over a broad spectrum. The constellations you lead yourself provide practice and experience in the process of finding the right sentences and help to develop your intuition. (A collection of Hellinger's sentences of resolution is available in his booklet *Verdichtetes* (1995) [English title: *Aphorisms*].

Finding the Right Sentences

These sentences serve to support a reaching-out movement and lead the client to his or her feelings. Keeping this in mind, we can find the appropriate words or sentences from the basis of our hypotheses.

– What were the needs of the child?
– What are the client's needs now?
– What would have made the past turn out well?
– What does the client need to hear?
– What would he or she have needed to hear as a child?
– At what point is the client satisfied?
– What softens and opens this person?
– What statements support primary feelings?
– What statements support insight?
– What does the client want and what is needed for the next step?
– Which statements bring about relaxation?

If a sentence comes into your mind, you can consider whether it is suitable and has a good effect. Take enough time in making a decision about what to suggest. Say the sentence silently to yourself and notice your own body reaction. How does it feel? How are you breathing? Imagine your client saying this sentence to the person he or she is facing. Is it possible for him or her to breathe out when saying this sentence? Will it bring a reduction in tension? Does this sentence support the client's reaching-out movement?

Sometimes it is precisely the short, little sentences that touch the deepest feelings. When retreating into the empty centre, as Bert Hellinger calls it, a single word or a simple, concise statement comes to mind that seems to ignore systemic entanglements and orders. Rather, it expresses a direct contact with another, with a 'thou' in the words of Martin Buber. The experience of returning to this most basic relationship, namely, facing another person and remaining open to the contact, is moving and helpful. With this focus, a minimum of words will provide support for someone in expressing his or her feelings. The client's entire experience, which can hardly be put into words, flows into its essence with the simple statement: "Mommy", or "Daddy". If eye contact is difficult between the two people involved, the statement might be, "Look. Here I am". These few words intensify the client's sense of presence, and contain the whole network of memories and feelings connected to this person.

If the relationship is marked by a quality of unfulfilled longing, and it is clear from the constellation that the client cannot expect this other person to respond, and when interventions bring about no change in the situation, the expression, "What a pity" expresses the situation and points to a way out of hopeless attempts.

One of the most effective interventions is saying, "Yes", as an opposing force to a lifetime of having said, "No". The client can experiment with the exercise of saying, "Yes" silently with every outgoing breath. With repetition, he or she can build up a new helpful pattern and deepen the effects. Exhaling deeply brings a pleasurable relaxation, and continuous repetition has a deep effect. The person learns to remain in a reaching out movement and to react first with a 'yes', even in difficult situations. This means that he or she can remain alert and present in a situation without being distracted by secondary coping strategies.

These sentences serve several purposes: to note realities in a relationship that have never been clearly stated, to provide an impetus towards a resolution, to allow feelings to come out, or to bring closure to events from the past.

The sentences that name the facts of relationships help the client towards orientation and clarity about his or her reality and the right place to stand. A sentence about the family structure, for example, "You are my father and I am your daughter," strengthens an inner sense of belonging to this family system, particularly if the person then adds, "and this is good". In this way the client is confirming the reciprocal bond from his or her own viewpoint.

The past has to be put to rest in order to turn to the future. If there has been violence and abuse in the past, we need to ask ourselves what this client needs in order to breathe out freely. Perhaps a suitable resolving sentence might be, "It was too much", or, "You shouldn't have done it". After a while, the client can say, "And now I let you go".

If, for example, a mother physically abused her child, or a grandfather committed war crimes but was still a good grandfather to the child, or if a father sexually abused the child, the bond still remains between the child and his or her mother, grandfather or father, despite the terrible experiences. Sometimes a client is able to leave the past behind and move beyond the secondary blaming and desire for revenge to a place of peace for himself or herself as well: "And I still love you".

We support the client in statements of primary movements. This helps someone to stay collected and leads to primary feelings. A sentence such as, "Oh, Daddy, … I needed you near me…I still miss

you", allows the client to remain soft but still use the resources of an adult perspective. If he or she exhales deeply at the same time, there will be a physical relaxation and the client can move closer or further away and determine the optimal distance from this person.

On the other hand, statements that intensify secondary movements: retreat, coping strategies, and tension lead the client back into old patterns and call up the complex physical and emotional reactions that belong to the problem situation.

An Image of Resolution

Often, at the end of a constellation, there is a picture of resolution that strengthens and helps. The client can carry these images for a while and incorporate them into his or her daily life as a homework assignment, connecting them with particular sentences and rituals. If we have found a good image, we can leave the client in the picture in a good place, even if it is clear that this is not necessarily the right permanent place in the family order.

Example

In her inner picture, a woman has found a good place to stand, very close to her father. It is a source of strength for her to stay there for a while. It may take weeks or months for her to fully integrate this image, but after that, she will be able to move away from him and face both her parents as their daughter.

If the client is in a process of change or resolution, he or she can carry two inner pictures, the old and the new.

Example

Mr Shelley was so bound to his mother by feelings of guilt that even at the age of 42, he did not dare set any goals for himself. In the constellation he had completed the rituals that normally would have helped him to move on, away from his mother. He had bowed down deeply before her and her family. To support his position of independence, I had him take a few steps back and turn to "look towards life", as Hellinger describes it. He took a deep breath and said, "Freedom feels good". However, the uncertainty and desire to see his mother returned. I suggested that he take both inner pictures with

him and experiment with turning back and forth between to two images, allowing each picture to have its effect on him.

If we cannot find a picture of resolution that strengthens within the time available to us, it is best to guide the client towards his or her resources to provide stability at the end of the session. This might be an image of someone from the family system who has already proven to be a support and strength, standing behind and supporting the client. Alternatively, sometimes clients may be able to distance themselves from a problem orientated image by completing the ritual of bowing down before their mother, father, or the entire family, and acknowledging their existence.

If that is not possible for the client, simply pulling back will provide some relief: "How far back do you need to be in order to feel centred?" This distance reflects only the current moment and will change, because as the person becomes accustomed to the confrontational constellation, the tension level will drop.

The client can also restrict his or her attention to physical reactions and breathing, and by doing short exercises will be able to observe the resource that is always at hand: breathing with awareness to release tension, to achieve a sense of lightness, and to distance an external world that is difficult to bear.

Developing Images

The so-called images of resolution are suggestions that can change and develop over time with the process of the client. New people are added, people change their positions or move into the background. Good images accompany clients over a long period of time and remain a source of strength and serenity. Pictures that do not fit lose their strength quickly and are often completely forgotten.

An image of resolution is not something that can be invented. It has to be in resonance with the client and be appropriate to his or her goals. If a therapist pushes too quickly for a resolution or moves away from the personal truth of the client in the constellation, a part of the person will react very precisely to contradict the suggestion by pulling back and tensing up physically and emotionally. Very possibly, secondary feelings and withdrawal will appear after a constellation,

for example, aggression or depression. Confusion arises when something is asked of the client that he or she cannot do, or that is in opposition to his or her own deep wishes or tendencies, and in opposition to the next step to be taken.

If clients feel worse after a constellation than they felt before, it is an indication that the image is not right and is leading them away from their individual path and source of strength. We can test this hypothesis by offering an alternative and observing the client's reactions. Effective alternatives include the opposite of what has been tried already, or something that the client least expects. If an alternative has a positive effect, then it makes sense to alter the image. The client is the one who has to decide if a picture or intervention has meaning and is right.

Example

Mrs Reed, a doctor and herself a therapist in a clinic, signed up for a workshop, but was adamant about having an individual session first. She arrived in a state of nervous exhaustion and despair, and was on the verge of checking herself into a psychiatric clinic if things did not improve within the next few days. She told me that six weeks earlier she had done a constellation because of repeated dizzy spells that had resulted in a number of accidents. The constellation leader had placed her between two representatives and said to her, "You haven't yet decided between life or death". Since that incident, Mrs R had been suffering much distress. She could hardly sleep and got through the days only with the aid of tranquillizers. The image in the constellation and the confrontational statement of the therapist had clearly touched a very tender spot and stirred a deep underlying dynamic. She had not, however, been able to integrate that sentence. I asked her if the therapist was right. At first she defended the constellation leader as an experienced and capable therapist, which I also knew to be true. I agreed with her and asked my question again. Her inner turmoil subsided when she acknowledged that she had not been ready to take in the image of that constellation. We talked about ambivalence and conflicting loyalties, and within a short time she felt calm and clear.

The Reality of Resolution Images

Even when the pictures that result from a constellation ring true for both the client and the therapist, they may still contradict the actual reality of the people involved. The images seem to reflect deeper structures that underlie actions and sometimes are more accurately a picture of the people's potential than the reality they are living. They may be an image of how they could be or could have been. The therapist can comment on an image or a dynamic with the preface, "It looks as though …" thereby leaving a gap open between reality and possibility, and letting the client try it out. Prefacing a statement with, "It is …" states things as truths, which might not be borne out in the actual relationship.

Example

A colleague brought the case of Mrs Passer into supervision. Mrs P had been in therapy for years searching for some relief. What had come out of her very diffuse symptoms was what she had always suspected was true. Her father had sexually abused her as a child. A dynamic that matched this description showed up in a constellation. The representative for her father had felt full of grief and regret over his actions and the broken relationship to his daughter. The client felt her suspicions had been confirmed, and went to her parents' house to speak to her father about her experiences in the seminar. Her father, who had already emphatically rejected every accusation, reacted with incomprehension and anger. It came to a row and their relationship was broken off anew.

Example

More than a year earlier, Mr Dickenson, a man in his late fifties, had met the great love of his life and had separated from his wife after almost thirty years of marriage. Since that time he had been living with the new woman. In the past few weeks he had been experiencing a deep uneasiness that showed up in heart palpitations, inner trembling, and sleep disturbances. Since he described this state as continual, I asked him if there were any times when he felt good, or at least better. "When I'm with my friend or when I'm out in the country." He had not had contact with his wife since their separation

because he did not know how to approach her. The very thought of talking to her was threatening and put him physically on the alert.

With this information, the outline for the process and resolution was clear: I would lead him through this confrontation and meeting in a way that would allow him to find a good way to separate from his wife without fear and, therefore, without his symptoms. In order to do that we had to draw up a picture of a good future, find resources that would give him backing, and find the patterns from his past and perhaps from his family system where he first learned these feelings and behaviours.

The relationship to his mother had always been difficult. She came from a poor family and had had a hard life. She was very moralistic and had never lived out her own desires, as she had always put the needs of her children and her husband first. She expected good behaviour and achievement from her children from their early childhood on. Mr D had not yet dared tell his mother about his new life. When I asked what she would say about his separation, he responded bitterly, "She would despise me". Mr. D's father however, had always stood protectively behind him.

Hypothesis: The difficult relationship with his mother indicated that he was still tied to her inside and saw her as the judge of his behaviour. Since his mother had never followed her own wishes, and now he had broken her unspoken rules by giving in to his own impulses and putting pleasure before duty in her eyes. He felt his behaviour in this relationship tangle as an affront to her that shook him to the core. I suspected that he was experiencing feelings in relation to his wife that actually were connected to his mother.

I asked him to stand and placed a piece of paper facing him for his wife. He pulled back and avoided looking at this spot. When I asked him to look at his wife, he said, "She doesn't want that". I commented on his avoidance, "This has to do with you, not with your wife". He sighed, smiled, and nodded.

To allow him a different perspective, I had him stand in his wife's place. He had a very strong body reaction. His heart began racing and he had difficulty breathing. I moved him back to his own place. "How do you feel when you look at that?" At this point he looked over at his wife. He was very affected. "She looks so nasty and accusing."

To help Mr D feel more stable and secure, I added his father to the constellation by placing a sheet of paper behind him. "Imagine that your father is standing behind you and you can lean back against him a bit." "I like having him there, but I don't need him so close." I moved the paper for his father back somewhat. He nodded. "What changes for you when your father is standing behind you?" "She looks friendlier and less aggressive, but so lost." This was an indication that support for his wife would also be helpful. I added two sheets of paper for her mother and father and put them behind her. "What happens when your wife's parents stand behind her?" "That helps her." There was no further impetus for movement.

After this interlude we came to the most difficult relationship for Mr D, looking at his mother. He had seen that it was a support for his wife to have her parents behind her. I put another sheet of paper down next to his father. "What happens when you have your mother behind you?" He contracted slightly. "I need some distance from her." The question then was what to do in order to facilitate a peaceful meeting. "What happens when you turn around to your parents?" He turned and looked at the two sheets of paper on the floor at his feet and remained silent.

To ease the approach to his mother, I began the clearing process with his father, whom he had described in positive terms, planning to repeat the same pattern in the contact with his mother. "How is your father looking at you?" "Kindly and generously." I put down another sheet of paper to represent his girlfriend. "What happens if you indicate your friend and tell your father, 'Look, Father, this is how it is.'?" Mr. D exhaled heavily as he did this and then nodded. "Good." "How is your father looking at her?" "He is nodding in agreement." Mr D bowed slightly to his father and said, "Thank you". Then he straightened up again.

In this procedure with his father, Mr D had a good experience that could serve as a model for the meeting with his mother. "How is it for you when you imagine standing in front of your mother and looking at her?" He was very uncomfortable and began having heart palpitations. "What happens when you show her your girlfriend and tell her: "Mother, look. This is how it is."? "She looks very critical and says that she doesn't approve."

I gave Mr D the first part of a sentence and let him have enough time to feel his way into the words and linger over the sound of them

before I moved on to the next part. When he signalled his acknowledgement with a slight movement, I continued with the next piece of the sentence. He spoke the words aloud. "Mother …, … please …, … look kindly on me …, … when I go my own way …, and am happy."

Proceeding in stops and starts like this has the advantage that the client can consent to each piece of the request. His attention is focused on the reactions of the person he is facing. He is less aware of himself, which makes it easier for him to track and express his deepest inner impulse to reach out.

I had an idea that it would be easier for Mr D to find an open connection to his mother if he could see his own actions as an attempt to live out a path that his mother had been unable to have. "I'm doing this for you." He said the words, but there was not the slightest sign of a physical agreement. "I can say it, but nothing happens inside." "It was just an idea." As with his father, Mr D bowed down slightly to his mother and said, "Thank you", and turned to his wife. He stood straight and solid. "What happens if you say to her: 'Look, Sylvia. This is how it is', and point to your girlfriend?" He nodded repeatedly. "Your symptoms will keep reminding you that you still have something to do." He nodded and took a deep breath.

Practice and Homework

Exercises and Change

Change is a many-layered process that affects all the interconnected levels of the organism. If a person changes behaviour patterns and the organization of the psyche even slightly, this can develop over time into a complex change. Therefore, it is advisable to determine with the client what the appropriate task is to give impetus to the development he or she wants.

We know many exercises and homework tasks from various therapies, particularly behaviour therapy, hypnotherapy, and brief therapy, that can support the client's process. At the beginning of therapy, these exercises can help lay the groundwork for the therapeutic work and also give a client more stability when he or she is not in direct, personal contact with the therapist. They hold and intensify the effects of therapeutic interventions developed by the therapist and client working together in therapy sessions.

There may come a time when a person has gained some insight into his or her self, into structures and inner processes, and perhaps touched on deep feelings; and when rituals have been performed in a constellation that are new and unusual to the client's way of thinking, but have had an immediate positive effect on his or her physical well-being. The client reaches a point of hesitation and doubt and is clear that despite all wishes, the process of inner development and decision is still a long way from being finished. At this point, homework tasks can provide a reminder of these events and experiences as the client returns to his or her normal everyday life. It is in the client's hands to continue and deepen the process that has been instigated.

Basically, what the client changes or practices is not of utmost importance. Exercises should provide a nudge that awakens the

person's interest in experimentation, thereby making change easier. The client should be made curious about what could be done differently and to discover connections that can be influenced. For this reason, homework assignments and exercises should be constructed to provide a positive, supportive experience. If the exercises are easy and have a positive effect, perhaps even cheer up the person or provide a bit of fun, he or she will stay interested. The experience of being self-effective will also strengthen. In this way, the client is on a path of doing something that is beneficial, a path that continually renews itself, drawing strength from his or her own actions. This experience often stands in direct opposition to prior experiences and actions and leads to the first major change: the person feels satisfied.

If the client's curiosity about his or her own structures has been successfully awakened, thoughts gradually turn to an interest in previously unknown possibilities and a joy in experimentation rather than staying fixed on problems or attempts to make the problems disappear. Then, a problem is no longer experienced as pressure, but rather as a new field for discovery, lively experiences, and adventure. The person shifts from a problem orientation to a solution orientation.

Patterns

As with a conscious alteration of breathing patterns that eventually becomes natural and spontaneous, the client can experiment with learned patterns of behaviour and thinking and gradually change them. Old basic structures and patterns have often become extremely stable through years of practice. They come up in certain situations almost as a reflex and so elude conscious intervention. Of course, there are alternatives that may not be available to the person at that particular moment. If someone becomes increasingly aware of repetitive patterns, and perhaps even freely and deliberately moves into those situations, he or she can develop alternatives, step by step and try out their practicality. In this way, new, more functional patterns are built up until, eventually, the old undesirable pattern has receded.

If someone is prepared to observe the effects precisely, he or she will recognize how the effect changes with each repetition and how each situation, in its complexity, brings new information, even though the exercise remains the same. Each time, the new pattern is

easier and the move to action more a matter of course, just as learned physical patterns are eventually performed unconsciously.

Practice Tasks

As in brief therapy and behaviour therapy, practice tasks are directed towards the client's own process of development. The first exercises are focused on the awareness of one's own body and physical state of being. This leads to the observation of behaviour and inner processes in order to develop alternatives that have been defined as therapy goals. The last step in the process of transformation is applying the alternatives, first in thoughts, and then through experimentation so that finally, a new, stable, functional pattern is formed through the experiences.

During the therapy session the therapist can weave into the therapeutic process the tasks that the client will get at the end of the session as homework. The person builds up a reservoir of experiences with exercises that will remain at hand later. These arise out of the issues of the session and should relate to particular experiences that the client has had during the session. Good exercises can be used over a period of months and expanded with new tasks.

Example

Mrs Martin, a nervous, tense woman, was happy that someone finally was listening to her. She talked very fast, with a driven quality that soon made my ears buzz. She was not the least interested in a resolution. I intervened now and again, as usual, with an unexpected, "How are you breathing at the moment?" This interrupted Mrs M only briefly. Gradually, she started to slow down and I seized the opportunity, "What happens if you breathe deeply?" Finally there was some contact. In various contexts, I gave her the homework assignment to practice slowness until the next session and to experiment with her tempo and her breathing. She was instructed to observe the differences and agreed to do so.

Body Awareness and Physical States

The exercises that are designed to focus awareness on the body and physical state of being make the client aware of breathing, tension,

and the potential for relaxing tension. They should make clear at a physical, but also at a cognitive level, that access to the mechanisms for change in a person's physical state of being is available to him or her at any time.

As a basic exercise, the client is instructed to "exhale three times a day". It is not particularly original to suggest taking a deep breath in difficult situations, but it is effective. The primary focus is on exhaling, since the body inhales spontaneously without any assistance, and a deep exhale will also cause a matching inhale. In being assigned breathing as homework, the person pays more attention to this bodily function. It is relatively safe to assume that breathing will be thought about more than the prescribed three times a day and this is a desirable side effect.

To begin with, clients will have to remind themselves to do the exercise, and the reminder itself is a change of old patterns. Slowly, the intentional practice of exhaling deeply and letting go becomes integrated in the physical organization as an automatic response to tension when it arises. This exercise is assigned in addition to any other exercises until a reliable pattern of deep breathing has been developed.

In the case of chronic muscle tension, exercises for progressive muscle relaxation according to Jacobson are helpful and can be performed anywhere. They bring immediate relief and help to establish a balanced state long term, in which certain bodily functions can be changed permanently (see chapter "Body Tension and Relaxation Exercises", p. 59). Having learned the ability to relax, the client can more easily meet therapy processes and face the emotions that arise during a constellation.

Observing Behaviour and Inner Processes

From observations of body reactions follow observations of thought and language structures as well as behaviour and reaction patterns. Concepts and ideas about the world are expressed in speech and define how one deals with problems and resolutions (compare chapter "What helps", p. 63). A leitmotif for the client in the next weeks or months might be the question "What strengthens and what weakens?" The person can use this question as a guideline for observations in concrete situations, for thoughts, encounters, and actions. With the concept of systems in the background, the client can learn

to discriminate what reflects actual needs, where secondary strategies are at work, and what has been taken over from someone else in the family system.

I advise people at the beginning not to change any behaviour, but simply to notice what reaction patterns arise spontaneously. This takes away any demand for immediate success. They practise with a new attitude and learn that action is not the only criterion for proceeding intelligently. Primarily, non-doing has the effect that the person can no longer implement the normal patterns of behaviour since observation in itself already alters the usual pattern of behaviour.

Developing Alternatives

A person who comes into therapy has often been battling with problems for a long time. The means and methods that have been used to try to reach goals or deal with symptoms have clearly not been successful so far. It is frustrating and confusing to experience a situation spinning out of control without seeing any way to intervene. Often it is only clear hours, or even days, later what could have been said or done, or what someone wishes they had said or done – if it had been possible.

To waken the individual's creative potential and to help them move out of the trough that has been dug, we begin with the search for alternative behaviour and a resolution that is different from what has already been tried or considered.

It is often useful to do something unexpected in a relationship to dissolve the dependency of another person. The therapist supports the client in changing dysfunctional patterns of behaviour and experimenting with new experiences. If the client begins to change behaviour patterns in small or big ways in a relationship, the other person is also forced to abandon the predictable patterns and find new paths and responses. This new viewpoint supports the client's pleasure in experimentation. The focus is not on the success or failure of the new attempt, but on the changes that are called forth in the other person.

Example

Mrs Rudd complained that her husband had lost interest in her. He barely paid any attention to her and hardly reacted to her wishes or

suggestions. She described a typical situation for them in the evenings at home. He is grumpy, gets a bottle of beer from the fridge, and sits down in front of the television. If she talks to him, suggests going to the cinema, or asks him something, he snaps at her. She feels hurt and finds herself pulling further and further away from her husband, which is not what she really wants. "What could you do that your husband would least expect?" A smile came over her face. "I could get all dressed up and be on the way out when he comes home." (Compare "Resolutions and Development of Alternatives" with Watzlawick, Weakland and Fish 1974)

Experimenting with Alternatives

When the client has developed a suitable alternative, the next step is putting it into action. Sometimes this is too large a step. If so, it is useful to simply think about the alternative the next time the problem situation arises and observe any physical changes, or changes in the other person. If the client does not dare speak it aloud, he or she can experiment with thinking "No", or see what happens saying a quiet "Yes" the next time. Someone can also imagine behaving as if he or she had the wherewithal to alter the situation at will, and see how that feels. This positive experience will increase the client's motivation.

When a secure basis has been laid through insight, experience, and practice, the client will make the transition from interior to exterior, from imagination to reality. It is a good idea to suggest that the person react in this new and different way only once and then return to a normal behaviour pattern, and should choose the easiest opportunity to try it out. The main point is observation and the experimental character of the situation.

Choosing, Planning, and Testing

Exercises and homework are designed so that the client has a good experience and is motivated to experiment further. In striving for this aim, small continual exercises make more sense than a few large ones, because they are more successful and do not reduce motivation. The underlying intention is to allow people to have the experience of being effective in changing their environment, sense of well-

being, thinking, motivation, and effectiveness through their own initiative.

Sometimes clients have experiences during the therapy session that they want to continue working on. If no clear exercise has emerged from the session, you can discuss the task with the client, "What do you want to focus on in the coming days?" or, "What would you like to practice until we meet next? What would you like to experiment with?" Over the course of time, certain themes of interest develop that the person has addressed but not yet completely explored.

Beginning Exercise Assignments

If a client is meeting with you for the first time, he or she will often have no idea what an exercise assignment might be like. Just as there are certain interventions that almost always have a good effect on the on-going process, there are also exercises that always prove to be helpful. At the very beginning of therapy they can be introduced as a basic foundation for the continuing therapeutic process, serving as a foundation for months or years. These are always appropriate because they help clients to change patterns and almost always provide a positive experience. Besides the old favourite of exhaling with awareness three times a day, the client can practice observing what strengthens and what weakens, which improves orientation. To stimulate a resolution orientation and make more concrete plans for the future, the person can ask the question repeatedly, "How should things be?" (see chapter "Outline for a Good Future", p. 92). If a person has few resources available from the past and wants to make too many changes that are out of reach, this could put him or her under pressure, so the exercise assignment might be, "From now until we meet again, notice all the things that you would like to have remain exactly as they are."

Exercises in the Course of Therapy

In on-going therapy, a session might begin with a question about the homework assignment, "How did it go with your exercises? What was your experience with them?" I usually make a note of the homework assignments so that I can pick up with the same formulation

that we worked out as the essential point of the previous session. Often, in one sentence, the entire picture comes up again of what happened in the constellation or what we discussed.

There are many possible reasons for someone not having done a homework assignment. Perhaps he or she is simply not accustomed to doing exercises at all, or has forgotten the precise instructions and substituted a different exercise from the one suggested. Sometimes people feel ashamed or disappointed in themselves when they have not done an assigned task. If so, it may be helpful to ask, "What did you pay attention to? What did you practice instead?" Clients can then respond with their own topics and interests.

If it turns out that the task was too difficult or too complex, the tasks should be planned in smaller steps, perhaps half of what was asked, or even just a quarter. In the interaction with the client, the therapist can check out the reaction when only a minimal task is suggested, a deliberate underestimation of the client's ability. The individual will be moved to protest and their true readiness and stance will be clear, and their ambition activated.

When someone is so overloaded and exhausted that even the slightest external demand is too much, even being asked to breathe out deeply, then that person is assigned the homework task of resting, recuperating, and perhaps doing nothing. When someone refuses to accept a homework assignment, the therapist's response is, "It was only a suggestion. It's something that has proven helpful in the past, and I thought it might be useful for you", followed by an immediate change of subject such as setting an appointment for the next session. There is no use trying to convince anyone of anything. It is easier for the therapist and more effective for the therapeutic process to leave the client responsible for the pace of the process, and to say this clearly. "I'll follow your lead."

Exercises Following Constellations

It is helpful to assign exercises following a constellation to anchor the effects of the final image and the client's experience. If you expect a positive effect, the client can be asked to recreate an image from time to time and repeat the sentence of resolution or the ritual and gestures. They can also imagine taking a single person, or even all their relatives into their daily life, talking with them, and asking them for advice.

Example

Mrs Brant came in filled with grief because her partner had left her. In looking for resources in her family system, she talked, full of melancholy and grief, about her much loved father who had died many years before. The similarity between her experience and emotional reaction to her partner and to her father was clear. "I was his favourite child." I took that statement as an indication of a positive reciprocal bond between the two. "What would your father say to you if he could see you here like this?" After a brief consideration, she responded. "I shouldn't take it so seriously and I should take better care of myself." She nodded. "How do you feel when you hear that from your father?" She exhaled deeply and acknowledged, "He's right". She dropped her head slightly. "How is he looking at you now?" A smile came over her face. "He's very friendly. He's smiling and holding his arms out to me." Her body moved towards him, and tears came to her eyes. "What happens if you go to him?" She started to cry. "How is it if you lean against him a little?" She sighed and her entire body relaxed. I let her stay with this image for a while. Finally she exhaled. Since this picture brought relief and made her feel calm and relaxed, I suggested: "How would it be to have your father accompany you for a while and just talk to him a bit?" She agreed.

Exercises and Questions for the Therapist

Naturally, it is a great advantage for therapists to know their own structures well, to have dealt with their own personal processes, and to have found a good place in their own family system. To support these inner processes, there are short exercises that can be used daily as experiments in various situations. In addition, as a therapist you have the opportunity to practise along with your clients every day. The following exercises can be practised during therapy sessions and constellations. They can also be used as a starting point for short homework assignments for clients.

- What happens when you imagine your father standing behind you as you are sitting with your client?
- How close to you should he stand?
- How is it to lean against him and be held by him?
- Who else in your family system can support you? Your mother, elder brothers or sisters, grandparents?
- How many of your relatives, how many generations, should stand behind you?
- Are there any other people who give you strength and support?

- What happens if you take these people along with you for a while?
- Who in your family system could give you advice or support, or might have done so?
- What happens when you ask for advice from your father, your grandfather, your mother, your grandmother, or another relative? –What advice would they give you?

- What happens when you imagine the client's father standing behind him or her?

– What happens when you imagine the client's mother standing behind him or her?
– Who does something good? Where does tension arise? Who is the important person?
– What does the client need now?
– How many people are needed to give this client support and stability? Who?
– What picture comes up that includes the client looking peaceful and relaxed?
– How old is the client in this picture?
– What does the client need in this picture, at this age?
– Who is standing around or behind the client?
– Is the client being held? How is he or she being held: sitting on someone's lap, or in the arms of his or her father, mother, grandmother?
– What kind of physical contact is good for the client?

– And finally, as always: How are you breathing now?

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About the Author

© Janine Guldener

Dr. phil. Ursula Franke, diploma and doctorate in clinical psychology (about Systemic Family Constellation), officially licensed psychotherapist in behaviour therapy, private practice in Munich, Germany; supervision, training for therapists, lecturer i. a. at the Department of Clinical Psychology of the Ludwigs-Maximillians-Universität München; several publications on this topic.

Psychotherapeutic background: body and behaviour therapy, hypnotherapy, Gestalt and Short Time Therapy, humanistic and alternative methods of healing, work experience as a psychologist in a psychiatric clinic.

Member of the IAG, International Association for Systemic Solutions, Munich. Fluently German, English, Portuguese.

Contact: *Praxis@ursula-franke.de*
www.ursula-franke.de