

Psychosis & Schizophrenia:

Disturbed Bonding within the Family System

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Psychosis and Schizophrenia

In diagnosing psychotic illnesses theorists confine themselves to studying specific symptoms such as disorganised behaviour, hallucinations and delusions. Disorganised behaviour is normally an extreme retreat from everyday activities and duties and in some people it is combined with all the signs of depression, and in others with an extremely high level of activity. Common to both the depressive and the manic form of psychosis is a high arousal of all kinds of feelings, which negatively affect a person's perception and thinking. Hallucinations, a type of false perception, can affect all sensory channels and can be experienced as seeing phantoms, hearing voices, smelling corpses, or feeling spiders on the skin. The most important forms of delusion are: delusions of grandeur, love, jealousy, persecution, and body-related delusions. The narrowest definition of psychosis confines itself to delusional fantasies and elaborate hallucinations where the patient has no insight into their pathological condition. A slightly less narrow definition includes hallucinations that are recognised as such by the sufferer. The diagnosis 'psychosis' is often equated with schizophrenia and an alteration of the whole personality of a patient.

Psychiatric and Psychological Explanations

Medical psychiatry: In the opinion of medical orientated psychiatry, psychosis and other related illnesses are disorders of the neurological metabolism, a problem of the human hardware, so to speak. For psychiatrists, persecutory ideas and hallucinations are not seen as having any connection to the actual life of a psychotic patient. In the search for the physiological origins of psychosis a multitude of explanations has been put forward over the last hundred years. They include: 'bad blood', defective genes, metabolic disturbances in the brain and most recently viruses. But in spite of extensive research there is still no conclusive proof for any of these theories.

An arbitrary link between psychosocial and biological factors is also, in my opinion, insufficient to explain the emergence of psychosis. The so-called 'Vulnerability Stress Model' cannot satisfactorily explain the phenomenon of schizophrenia. The problem with this model is that both factors – vulnerability and stress – are defined as being dependent on each other. It can only be established retrospectively that a person was vulnerable to psychosis i.e. that his information processing ability was disturbed and that he must have been under some inner or external psychosis-inducing stress. It is not possible to specifically define or quantify the degree of vulnerability in a person. Nor is it possible to produce a list of stress factors that can be reliably linked to the origin of psychotic illnesses, or used as a predictor for the onset of psychosis.

Psychodynamic Theories: Psychodynamic e.g. psychoanalytic psychosis theories point towards a breakdown of ego function in psychotic patients as a result of early childhood trauma or aggressive instinctive sexual impulses that he/she was unable to cope with or to integrate into their personality structure. The psychosis serves the function of overcoming the inability of the ego to cope with such aggressive sexual impulses. However, this model does not explain the fact that psychotic patients are able to behave normally over extended periods of their lives, as well as in-between psychotic episodes, and they are capable of rational thinking and appropriate feeling.

Communications and family systems explanations: This type of explanation goes beyond the limitations of those previously cited accounts where the only focus is on the individual patient, his/her brain or his/her ego. In this literature a number of factors are put forward as possible causes, or at least significant contributors to the development of psychosis: parents who don't communicate meaningfully; mothers who give confusing messages (the 'schizophrenia-inducing mother'); or a family atmosphere in which 'over-protectiveness' or excessive control are the rule. It is not made clear, however, what causes the parents' behaviour, why a psychosis-inducing atmosphere is created, and where such confusing communication within the family comes from.

This article cannot provide a discussion that takes account of all the specific features of the different scientific disciplines, theories and schools of thought that have attempted to reach a better understanding of psychosis and schizophrenia. Nor does it thoroughly examine the current state of empirical research. However, my practical therapeutic experiences with people who have become psychotic have shown me that none of the explanations of psychosis and schizophrenia offered so far have satisfactorily solved the riddle of this enormous breakdown in a person's life.

Experiences with Psychosis in Family Constellation Work

In my psychotherapeutic work I have been using Bert Hellinger's Family Constellations for the last eight years. Over time I have observed how in constellations the representatives of psychotic patients suddenly get a variety of symptoms: shaky legs; a feeling as if they are about to float off the ground; a sensation that their body is being torn into pieces, or an overwhelming massive attack of rage. Some representatives feel as though they are in a fog, so that they don't know what is really happening around them. In a constellation psychoses seem to engender specific symptoms in the representatives that are relatively easy to diagnose.

I have run several family constellation seminars specifically for people who have experienced psychosis and for family members of psychotic persons. As a result of the experience of working with about fifty such clients in groups and individual therapy I have recently formulated a hypothesis that may describe the specific family dynamics inherent in psychoses and offer an explanation of how psychosis and schizophrenia emerge within family bonding systems.

Case Study

In the following I will firstly describe a case study of my work with a young man who suddenly, and for no apparent reason, became psy-

chotic. Then I will sum up some of my insights into what kind of situations in families lead to psychoses and schizophrenia over two, three or even four generations.

Presenting Problem: Peter, about thirty years of age, came for his first appointment in 1999. He seemed calm and composed and his only striking feature was his stilted speech. He used hackneyed expressions in almost every sentence, such as: "So to speak", or "In a certain way". When I asked him what might be the meaning of these expressions, he told me that he was using them so as not to say too much.

He told me that lately he had been isolating himself and wasn't going out much. He had felt insecure since his aunt died a year ago in a car accident. She was his father's older sister. The reason why he wanted psychotherapy was to become more self-confident in public. Often he felt others' disapproval of him, blood would rush to his head and he would feel ashamed.

A few days later in a telephone conversation with his psychiatrist, who had prescribed him with anti-depressant and anti-psychotic drugs and referred him for therapy, I learnt that Peter had been suffering from paranoid delusions since the beginning of the year. He felt persecuted, thought he was under surveillance and that others were plotting against him.

Life history: Peter was the first-born and had a sister seven years younger than him. He couldn't remember having had any childhood illnesses and seemed healthy, physically fit and strong. He had no problems at school and passed the equivalent of A-levels with good grades. He said that as a little boy, in order to impress his paternal grandmother, he had tried particularly hard at primary school.

After A-levels he began his law studies. He lived in a flat-share with a friend. For a year he had a girlfriend who was a student and the same age as himself. He had never been suicidal. His psychological problems began when he failed his degree whereupon then moved back to live with his parents. At the beginning of therapy his aim was to re-sit his exams.

Persecution mania: In my next meeting with Peter he presented me with all his delusional ideas: he was convinced that he had done something for which he was going to be punished. He felt he was being persecuted through the radio and television. When I asked him what he had done he said that he didn't know for sure, but he thought he might have jumped a set of traffic lights on his bicycle and caused a traffic accident behind him. He was now mistrustful of all people, including his parents and friends. He thought they were all judging and disapproving of him and that there was no escape for him. He had better give himself up and confess his crime. On the other hand, he believed that if he was not guilty, then an enormous injustice was being done to him in that even his most intimate thoughts were being observed by those close to him, especially his family.

First attempts with Constellations: When I asked him about traumatic events in his family Peter said that he did not know of any and he set up his constellation with the representatives for his father, mother, sister and himself, all standing very close to each other. None of them felt good. When I added a woman into the constellation, based on my hypothesis that there was someone missing in the system, she immediately fell to the ground, crying loudly. All the other members of the family looked at her with deep sorrow but no one seemed to be able to make any movement towards her. The father's representative was especially affected by the strange woman but didn't know what it meant. I broke off the constellation at this point. By the end of the day Peter was experiencing paranoid hallucinations and I felt that I had to give him an opportunity to talk about his thoughts and feelings to prevent a psychotic breakdown. After the workshop he continued to come individual sessions, but the psychotherapy was stuck.

Family Secrets: The turning point in Peter's therapy came after separate interviews with his parents. His father and mother both singled out taboo events in each other's families:

- His father remembered a serious car accident in his wife's family. His mother-in-law's first husband was hit by a car on the 31st of December 1945 and died a few days later in hospital.
- Peter's mother told me that her mother-in-law, her husband's mother, had confided to her on her deathbed that she had had a love affair with the her husband's brother. Nine months afterwards she gave birth to her first child, a daughter. This child's father was possibly Peter's great-uncle and she was his aunt who had recently died in a car accident, and whose death had left him feeling so insecure.

Mother's family-of-origin: After further interviews with the mother my suspicion was confirmed that there were confusing and traumatic events in the family-of-origin of both parents that could have led to Peter's schizophrenia.

It became evident that the police and law courts had not followed up the circumstances of the death of Peter's grandmother's first husband. A car knocked him down and there were witnesses who said that the driver was at fault. Moreover, it was probable that the driver of the car was a highly regarded citizen in the town. Since the grandmother's first husband was a refugee and an outsider, one can't help thinking that, given the circumstances at the end of the war, the accident had been covered up in order to protect a local person of high standing.

The grandmother had come to this small town from Berlin with her one-year-old son in order to meet her husband who was returning from the War. After his death she remarried a local man and stayed in the town. She had five more children by him, the first of who was Peter's mother.

Something else that was striking in Peter's mother's system was the fact that her younger brother suddenly stopped working in his mid-thirties and went into early retirement for psychological reasons. His first name was the same as that of the grandmother's first husband.

Father's family-of-origin: In the father's family system there were confusing views regarding his mother's sexual relationships. It became obvious that Peter's father's sister, his aunt, was always quarrelling with their mother and reproaching her for something. It seemed that she was suspicious and insisted that her mother tell her who her father was, but her mother always refused to answer. Peter's father refused to believe that his sister could be his uncle's child, even after his wife told him about his mother's deathbed confession.

Recurring 'dirty' thoughts: Throughout this period the patient increasingly worked himself up into what he called his 'recurring thoughts'. Words and phrases took hold of his mind which he regarded as 'bad' and 'dirty': "You dirty pig", "Atomic war", "Aids", "Gassing the Jews", "Whore", "Scapegoat", "Child molester". His condition deteriorated to such an extent that his father wanted to admit him into the clinic for further investigation. I managed to persuade him to wait and see whether the emergence of any family secrets would improve his son's condition.

Matters were compounded by the fact that Peter complained of being more and more tired and sleeping a great deal. Under these conditions it seemed hopeless to try and re-sit his exams. He became more and more inactive and put on a lot of weight. It is hard to judge whether the antidepressants also contributed to his weight gain, but this could not be ruled out. However there was no point in advising him to stop his medication since he believed his illness was purely physical. To discontinue medication would probably have increased the likelihood of him being admitted to a psychiatric ward.

Setting up the father's family of origin: During an individual session Peter set up himself and his father using cushions. In my individual therapy sessions the simple use of cushions as representatives for people and feelings has proved to be a very helpful. Peter put both cushions very close together. Father and son stood facing each other. When I stood in the place of the father I felt the urge to continually turn around in endless circles.

In a subsequent Family Constellations workshop I suggested Peter set up himself and his father's system based on his recurring thoughts. Immediately the representatives for the father, grandfather, grandmother, aunt and great-uncle became involved in a heated discussion, watched with great interest from the outside by Peter's representative. This dispute could have gone on forever. I could not find any interventions that might point towards a good solution. I then sent the grandfather, grandmother, aunt and great-uncle out of the room, where they continued with their heated discussions. The father's representative who remained felt no better, but his son, Peter, looked at him and seemed a little more relaxed.

This constellation showed me that the patient was connected in his soul with the secret in his father's family and that the confusion and insecurity he felt came from there. The specific amoral and sexual themes in his recurring thoughts seemed to fit very well into the grandmother-grandfather-great-uncle triangle.

Work with the maternal family system: In subsequent individual sessions I concentrated on trying to get a better understanding of the patient's entanglements in his mother's system. He felt emotionally upset after talking to his mother about his grandmother's first husband's death in a road accident. He also told me that his phobic thoughts about being criminally prosecuted had begun on New Year's Eve 1998, the anniversary of the road accident twenty-three years earlier.

Together with Peter I tried to reconstruct the details of the accident and suggested to him that his fears of being persecuted could be aligned with those of the car driver who had killed his grandmother's first husband. This man had neither faced his guilt nor his responsibility and was therefore bound to have lived in fear of being discovered and called to account. I then let the client bow before the traumatic fate of his grandmother and her first husband as an attempt towards a resolution of the entanglement in his soul. This ritual had a very calming effect on the client.

Increasing stabilisation: Over the next few weeks, the patient's obsessive thoughts were less intense and he was now able to clearly identify these thoughts as alien to his ego - "I know that these thoughts are entirely irrational" - even though he kept insisting on having experienced 'thought transmissions' i.e. he predicted what someone was about to say and how he was going to react.

The war trauma: Peter made significant further therapeutic progress when both his parents agreed to participate in a Family Constellation workshop with me. Unfortunately his father did not return on the second day. However his mother had gathered some information from her relatives prior to the event. She found out that her own mother had been raped by a Russian soldier in Berlin at the end of the War. She set up her present family (herself, her husband, her son Peter, and her daughter) and added some other important people in her family-of-origin. This constellation clearly showed Peter's grandmother's trauma and how her daughter was still entangled with it. Therefore I asked Peter's mother to bow before her mother's fate. Then I placed her in front of her mother with her back to her. Facing her son she said to him: "I will protect you from what is behind me. You are free." Peter's representative felt good about that.

Finding inner peace: Peter was not present at the above-mentioned seminar but he reported at our next meeting that his mother had told him about her constellation in great detail. But she had not told him what I considered to be the crucial part for the solution: her bowing before the fate of her mother, Peter's grandmother. I therefore asked him to bow before two cushions representing the fate of his grandmother and mother. He did this with real seriousness and dignity.

He came to his next session clearly changed, much more confident and less tired. He had decided not to re-take his exams but instead to start an apprenticeship as a trader in a publishing company. Step by step he began to disentangle himself from the emotional confusion in his father's and his mother's souls that had seriously undermined his own emotional stability and clarity.

After three years of therapy Peter's obsessive thoughts have not altogether disappeared and I think there is a slight risk that they will persist so long as his father shows no signs of wanting to clear up the confusion and uncertainty in his family-of-origin. He still refuses to believe in his mother's deathbed confession. To accept it would confront him with the possibility that his sister's car accident was connected to the conflict between her and her mother. Just before she died in the accident she had had a particularly upsetting argument with her mother. The schizophrenic situation for Peter is that on the one hand he loves his father deeply, and on the other he cannot really trust him.

In my opinion it is clear that a space is now available that allows Peter to have an insight into what has caused the confusion in his soul. The injustice and rape in his mother's family-of-origin can never be resolved or expiated. The confusion about the parentage of his aunt is also not going to be resolved. However, Peter now has the possibility of making peace in his mind with the ghosts of the past. He can now look at the events in his parent's family systems knowing that he is not accountable. He cannot atone for the guilt of others, regardless of what really happened. He will no longer need to feel shame for what others have done.

Hypothesis for the Development of Psychotic Symptoms

Combination of theoretical models: Through working psychotherapeutically with psychotic patients and their families over many years I am strengthened in my hypothesis that we can come closer to understanding the mysterious phenomenon and syndrome of psychosis through a combination of insights from research into bonding, trauma theory, and Hellinger's insights into trans-generational systemic feelings and the effects of systemic conscience.

Psychosis originates in bonding systems through family conscience: I do not believe the roots of psychotic symptoms lie in a brain disorder, a malfunction of perception and information processing, or a disturbance in the development of sexual or aggressive drives. In my opinion psychosis develops in the family of origin, where family members are intimately related and bonded together through their feelings and share something that we can call 'a common soul'. Fifty years ago John Bowlby revealed the existence and enormous relevance of the human bonding system, but it is only now that his findings are being used to explain mental illnesses. In addition we also have Bert Hellinger's more recent findings about the trans-generational effects of family conscience. Now we have many more possibilities for a fuller understanding of the strange psychological symptoms and behaviours that are logical consequences of the interpersonal exchange of thoughts and feelings within a family bonding system.

Traumatic events transfix mental states: Interpersonal relations leave positive as well as negative emotional traces in the souls of family members. Traumatic events that cause the family to fall apart leave all the members in a confused state of mind with no relief from feelings of anxiety, guilt and shame, as long as the confusing and destructive relationships remain and take effect. These feelings become more and more fixed the more one tries to repress them. They survive across generations and consequently can take possession of those who come later.

Mental states taken over from others: The souls of children and grandchildren are receptive to their parent's and grandparent's repressed thoughts and feelings due to unresolved traumas. They take them into their own psyche. Those thoughts and feelings, which the parents have been unable to integrate, are internalised by the children and grandchildren and felt in their souls as if they were their own. They then become mixed up with their own experiences. Like a virus in computer software they occupy the 'ego-program' of descendants once they are made vivid by a triggering event.

Interpretation of psychotic phenomena based on trauma theory: According to trauma theory one can look at psychoses as an eruption of repressed memories of traumatising events in a family system. They are like nightmares. They do not so much torment those immediately concerned with the real events but rather those in later generations whose psychological defence systems have become more fragile, so that repressed memories are able to intrude into their psyches.

Parallel events trigger the traumas: Psychosis often occurs suddenly and unexpectedly. We do not yet have any conclusive explanation for this. We may find certain clues if we look at psychosis as an event that takes place beyond consciousness on the level of the family soul. Psychosis seems to happen when someone in a later generation finds themselves in a parallel situation to the original event. Thoughts and feelings from that event then infiltrate and confuse his/her thinking and feeling. Trigger events can be a death, a separation from parents or a lover, an engagement or wedding, the birth of a child, or the anniversary of the original event.

Trans-generational systems: A three, sometimes four-generational sequence often occurs in relation to psychotic illnesses (grandparents - parents - children). The grandparents experience something that creates a traumatic, confusing and schizophrenic situation in their family. The children suspect something is wrong with their parents, but thinking or talking about the confusing events is allowed so as not to weaken the parents and endanger the continuity of the family system. Talking would be too dangerous for everyone and the feelings of anxiety, grief, guilt and shame would become overwhelming. A fog is created around the traumatic events. In turn the children then learn to repress things. They do this unconsciously as a defensive mechanism to protect themselves and their parents. What remains is a nameless, incomprehensible, yet deep-seated insecurity in the whole bonding system.

This insecurity intrudes into the psyches of the children of the parents' generation. That which is repressed, nebulous and taboo reaches the grandchildren as disassociated feelings and thoughts. This generation, unlike that of their parents has no awareness that there are any events in the family system that mustn't be thought or spoken about.

Hallucinations, paranoid delusions, and delusional systems: What we call hallucination is the certainty of a child in the next generation after the traumatic event that there is more in their field of perception than their parents would like them to believe. The hallucinations are also their attempt to unearth something hidden. What we call 'a delusional system' is, in fact, the logical elaboration of their suspicion that there is something hidden in their family. The powerful force of these 'dark secrets' is shaping their fate. If we bring the delusions down to earth, this secret can be recognised as something human. When that which has been kept in the dark across generations is brought to light then the psychotic patient can be released from his delusions.

Patterns in Schizophrenic Family Situations

From my experience with psychotic patients I can see two clusters of schizophrenic situations in families from which psychoses develop over two, three or four generations. The first concerns children who are not allowed to know their father's true identity; the second concerns mysterious deaths in the family system.

Secrets about fathers: There are a number of circumstances that can cause confusion about a child's real father:

- Incestuous love affairs between fathers and daughters, brothers and sisters, uncles and nieces, stepfathers and step-daughters
- Love affairs between a woman and a man before her marriage to another man
- Love affairs between a married woman and another man
- Love affairs between a man from a high social class and a woman from a lower one. Historically, the man's parents seldom accepted such a marriage.

Sometimes the woman is already pregnant by her lover. She then quickly marries another man and pretends to her unsuspecting husband that the child is his. As she has sexual relations with her husband, it isn't outwardly obvious who is the child's father. As a

rule the woman knows but keeps it a secret and all the others who know also stay silent. Often her husband has his suspicions. Perhaps the child doesn't look anything like him. But he isn't keen to admit this, to admit to the fact that he has been cuckolded.

Sometimes after her marriage the woman continues the original relationship with the man she really loves and becomes pregnant by her lover. That may be made easier by the prolonged absences of her husband, for instance, when he is away as a soldier in the War. As she continues to have sexual relations with her lover as well as her husband when he is on leave from the front, only she knows the truth about the child's father. In order not to threaten her marriage or her reputation she lies. If the truth were known it would threaten the cohesion of the family so the woman must try to cover her tracks. She can, for example, deflect attention away from her indiscretion through exaggerated devotion to her husband. Or, torn between her love for the child's father and the pressure not to admit to it publicly, she tries to repress her loving feelings. She becomes hard and shut off, emotionally unavailable to her husband and her children.

Mysterious deaths or murders in the family system: A second category of family dynamics, which in my observation can lead to psychotic illness, results from mysterious deaths or murders in the family system.

There are some specific scenarios that can cause confusion about dead family members:

- Uncertainty as to whether the death of a family member was an accident, a suicide, a murder, or a death supported by the actions of other family members,
- Uncertainty as to whether parents did enough or fulfilled their responsibility in trying to save the life of a child who was ill or in danger.

A particularly heavy burden is imposed upon the family when someone who belongs to the system has actively brought about the death of another family member, for instance, if a man kills his first wife in order to marry his second wife. An abortion in the latter stages of pregnancy is also experienced in the system as a murder.

In Germany, we regularly come across situations in constellations where grandchildren begin to shake as soon as their grandparents who lived during the Nazi-regime are put up in a system. In such cases it can be assumed that the grandparents were deeply involved in the Nazi dictatorship, for example as members of the SS, and that their actions cannot be tolerated by the family conscience or rationalised away as acts of self-defence. Most probably they committed acts, which, even under the altered moral values of war must be looked upon as arbitrary murders, committed against totally innocent and defenceless people. Sometimes the children of these murderers protect their parents and there is a taboo against knowing the true function of the father's position in the Party, or the Army. Often the parents' generation deny murders that were committed directly or indirectly under the Hitler dictatorship, e.g. the acts of judges, prosecutors, doctors or psychiatrists. The grandchildren, however, still feel the threat from a grandfather who was responsible for the deaths of many innocent people in his function as a judge or district administrator. He remains frightening and causes terror in the souls of his descendants.

Another important source of confusion in a family in the Nazi-context is the fact that some people betrayed Jewish relatives and so delivered them up to death in concentration camps. Only the revelation of the truth can help when, for example, one of the grandchildren behaves like the victims of his grandfather, and disappears into the darkness of a psychosis as if he too lives in a concentration camp and doomed to death.

A murder that is not cleared up and punished by the law may, under certain circumstances, lead to a later family member re-experiencing the traumatic feelings associated with this crime and in a state of psychosis unconsciously repeating a murder or criminal act.

Mania and Paranoia: In my experience, the symptoms of 'Mania' and 'Paranoia' seem to fall into two basic patterns, as follows:

- When the symptoms of psychosis manifest themselves as a manic compulsion to act, or speak, or to have many love affairs, then this normally points to suppressed feelings of great love in the family system.
- Paranoid feelings of tremendous anxiety, guilt and shame are probably the symptomatic expressions of a denied guilt and responsibility for a death or murder in the family system.

Consequences for Psychotherapeutic Work

Including the parents: From the above discussion it follows that therapeutic work with psychotic patients cannot be limited to focusing solely on them, or their physiology or neurology. The patients themselves are only the symptom-bearers. Meaningful therapy must include their parents and all those who may be able to name the confusing and taboo-ridden events in the family system. The fact that one cannot always rely on the co-operation of parents is clear from the above-mentioned case study. The parents, relatives and the patient may all, consciously or unconsciously, prefer to hold onto the secret or denial in order not to threaten their very fragile inner stability. Psychiatric or medical explanations and treatments for their children's illness fit more comfortably with their denial.

Without the co-operation of the parents it is much harder to get to the root causes of the psychotic illness. Even if the parents, for their own psychological survival, have learned to repress completely what may be causing psychosis in their children, one should, nevertheless, try and persuade them to participate in the therapeutic process for their children's sake. One has to admire those parents who do face the risk of a family constellation in order to help their psychotic child find a way out of the entanglement.

Including the siblings: As a rule all the siblings come under the influence of a family secret. Often they are heavily burdened and show symptoms of psychosomatic illness. When the psychotic patient recovers, there is a risk that one of his siblings may take over the role of bringing to light the confusion, injustice, guilt or shame in the family soul. So it is important not only to treat the symptom-bearer but also to look at the whole family system. Often it is the first-born in the family who carries in his/her soul the disassociated energies of confused feelings in the system. Should it happen that the first-born is released from this plight because, for example he/she is the wrong sex to repeat the original trauma, then the second or third child is at risk of becoming psychotic and carrying in his or her soul the burden of confusion.

The psychotic symptoms lead to the original confusing events: The psychotic symptoms are the trail leading back to the traumatic and confusing event in a family system. When we follow this trail, refusing to be distracted by anything superficial, we reach the goal. The psychotic symptoms give us a clue about the family secret or taboo, while at the same time they shield it from discovery.

The role of family constellations: Without any prior knowledge of the confusing events mirrored in the psychosis I do not think that family constellations can help to find a resolution. However, they can act as a trigger for progress in psychotherapy and so present a chance for secret events to come to light. But it does not make much sense to let a patient set up a family constellation when the constellation-facilitator has little knowledge of the family history and no idea about what could possibly have led to a psychotic breakdown.

If in a constellation something strange is brought into consciousness for which there is no explanation in the family system, we have to leave it at that and hope that what has been brought to light will go on working towards a good resolution in the patient's soul. I have quite often experienced that this is the case. Further speculations tend to increase the confusion.

Confronting the confusion: The understanding of psychosis presented here offers a plausible explanation for why these severe mental disturbances are so difficult to comprehend as meaningful psychological processes. It also demonstrates why the patients themselves cannot contribute to the uncovering of the cause of their illness and why they are at the mercy of the psychic confusion. It also becomes easier to understand why parents are often faced with a complete riddle when their child suddenly, out of the blue, becomes restless and starts to develop psychotic symptoms.

With this insight into the real causes of psychotic symptoms the tendency of lay people, as well as experts, to suppose that the origin of psychosis lies in the patients themselves, or in obvious external conditions like puberty or drug taking, and not in the wider family system, becomes more understandable. Many members of the medical and psychosocial professions seem to be allied with the taboo against recovering the memory of a trauma or the exposing of family secrets. Professional helpers are often reluctant to mention family details that can bring about in their clients enormous feelings of anxiety, guilt, shame, as well as massive resistance.

The family dynamics of psychosis confront me as a psychotherapist with the limits of my competence. The feelings of bonding within a family system are at least as powerful as the individual instincts and drives in the individual postulated by psychoanalytic theory. Sometimes a child will sacrifice his happiness and his life so that his family can continue to exist. Sometimes his parents sacrifice him as a compensation for their own guilt. Sometimes whole families will sacrifice themselves rather than face the truth or expose their secrets. In cases such as these we must withdraw and accept what is. But for those who want to find a good resolution to the threatening past in their family history we can be of help in ending this cancerous process of confusion.

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