

# Imaginative Family-Constellation

## DESCRIPTION OF THE METHOD AND CASE STUDY

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**This article describes the method of the “imaginative family constellation”. The basic assumptions of, and rationale for this approach will be explained, and illustrated through a case study of a woman treated using this approach as part of a schema therapy treatment plan.**

The patient described in the case study was suffering from traumatic experiences in early childhood (abuse and neglect). The imaginative family constellation was used to help the patient to overcome the internalisation processes which occurred in the context of these early traumatic experiences. The intervention was intended help her to break free from the enmeshment with the family. The case study describes the therapeutic process that took place: a marked, but not lasting

positive effect (gain of self-efficacy and an altered “self-concept”), followed by a deterioration. The therapeutic hypothesis is that the dysfunctional emotional and behavioral patterns were so strong, that the “positive irritation”, evoked by the imaginative constellation, which led the patient into “unknown possibilities” could not last: she returned to her dysfunctional, but known and well trodden patterns and habits. Nevertheless, the imaginative family constellation highlighted the long term goal of the therapy: disentangling from the enmeshment of the family, establishing a self-concept beyond the one of being a ‘victim’ and thereby gaining self-efficacy. The therapeutic work must include all levels –emotional, cognitive, behavioral, in order that change can occur in a sustainable way.



THE THERAPEUTIC HYPOTHESIS IS THAT THE DYSFUNCTIONAL EMOTIONAL AND BEHAVIORAL PATTERNS WERE SO STRONG, THAT THE “POSITIVE IRRITATION”, EVOKED BY THE IMAGINATIVE CONSTELLATION, WHICH LED THE PATIENT INTO “UNKNOWN POSSIBILITIES” COULD NOT LAST

### CASE STUDY

Brigitte S, 51 years old, was first psychiatrically treated as an inpatient at the age of 28. Since then, she has had 31 inpatient psychiatric hospitalisations, as well as several ambulant psychotherapeutic treatments and stays in day treatment clinics. She was diagnosed with Borderline Personality disorder and Posttraumatic stress disorder. The main symptoms were suicidality, self-harming behavior, depression and anxiety.

Since the age of 41 she has received a pension due to severe reduction of her earning capacity. At the time of treatment she was working in a workshop for psychiatric disabled people. She was living alone, supported by social-psychiatric services.

The family relations and early experiences in childhood were harmful: she felt she was not loved and accepted by her parents, who gave her the feeling of “being a burden” on them. She was physically and sexually abused by her elder brothers from the age of 6

to 12. The sexual abuse first occurred via seduction, then physical force. Despite this, she continued to visit her family several times a year (she was living in an area 150 miles away from her hometown), even though this triggered memories associated with the emotional, physical and sexual abuse. She still felt connected and bound to her family. She had built up a positive relationship with the children of her (formerly abusive) brother. Both parents died a few years previously.

### THE PSYCHOTHERAPEUTIC APPROACH

We worked with the patient employing a schema therapeutic model for understanding and processing experiences.

Additionally, the "imaginative family constellation" was applied, in order to enable the patient to experience the destructive, life-denying and self-esteem-lowering messages as ego-dystonic, and to "give back" those attitudes to their original sources. Via this method the patient can be supported in "externalising" and processing these "poison" messages, which were internalised in the past through traumatic experiences. In other words this method can support the patient in defeating (overcoming) the "enmeshment", which occurred in the context of the traumatic experience.

#### THE RATIONALE AND METHOD OF THE "IMAGINATIVE FAMILY CONSTELLATION" \_\_\_\_\_

The "Imaginative Family constellation" is based on the idea that children are highly dependent on their family and potential care-givers, and therefore "enmeshment" is part of our evolutionary 'program'. The early experiences and the explicit and implicit messages of the relevant persons serve as elements by which the child constructs its reality and self-concept. At this point it needs to be explained, why – with similar experiences, different children internalise different messages and meanings. And it needs to be explained why some persons who have experienced trauma and neglect are successful in "handling the trauma" by either not internalising as an attack on their self-esteem ("I am a worthless person") or by externalising the [formerly internalised] harming self-messages in a balanced way ("my parents were not able to care for me as their child in a proper way and treated me in a very mean way; but therefore I am neither mean nor worthless").

#### THE "INNER REPRESENTATION" OF THE FAMILY \_\_\_\_\_

The inner representation of the family and the "place we give ourselves in this inner representation" is seen as a mediating factor which can help to explain the phenomenon of why sometimes trauma and neglect contribute to a weak and negative self-esteem and a problematic self-concept (worthlessness) - and sometimes they do not.

This approach recurs on aspects of the work of Bert Hellinger and his approach of "Family Constellations" (1).

The most relevant and basic idea adopted from Hellinger's approach is that there is something like an "inner representation" of the family and that in this representation the relevant persons are placed in accordance to their relationship to one another: some are closer, some are more distant, some are "within view of the other", some refuse this view. Implicitly we give our self a position in this inner picture. The patient is asked to bring this "inner picture out" by using representative figures, putting them in relation to each other on a blank board. This "representation" is the subjective felt "reality" of his/her inner-familiar relationships. This inner reality is not necessarily oriented to the amount of real contact between the family members.

It is a "timeless" inner picture, which is simply "felt" and not necessarily "proved" by any outer reality.

Adopted from the Hellinger approach is the idea that there is somewhere that represents

**"THE RIGHT PLACE" OR AT LEAST "A GOOD PLACE" IN THE INNER FAMILY PICTURE,**

as well as places where it is hard for the child to find a stable footing. In "the good place" the child is not burdened by events, actions and processes that are not within his/her responsibility and not "belonging to him/her".

The child is positioned in line and on the level with his/her siblings, not on the level of parents. When positioned in the 'ideal' position within the "ideal inner picture" of the family, s/he is thankful for his parents "being parents" and "bringing him/her into life" (but not necessarily thankful for their deeds) and he takes the perspective that his parents are "behind him, looking on with a friendly perspective in terms of the way he/she chooses to go in life". In this position the child feels energised and encouraged to "make his own way" – responsibly, free from enmeshment and problematic bondings.

As a method, the "imaginative family constellation" is viewed as an individual psychotherapeutic technique. The target area is the patient and his inner representation of his/her family, as well as the place where he/she positions him/her-self in that inner picture. This technique can support him/her in disentangling enmeshment and freeing him/her-self from the burden placed on him/her by another person in the family system. "Giving back that burden" is therefore functionally corresponding to the "disempowerment" of the parental modes in the classical schema therapeutic work. The "power" of the dysfunctional parental messages results from being enmeshed with the parents.



#### THE IMAGINATIVE FAMILY-CONSTELLATION AS A SPECIAL FORM OF IMAGERY RESCRIPTING

As in schema work with the "Vulnerable Child", in imaginative rescripting the child receives understanding, caring and support from their own Healthy Adult and/or any other assisting person. In the imaginative family constellation the enmeshed child is guided to his "solved" and "good place" and receives encouragement from the Healthy Adult and the "assisting person" to give back the burdensome messages. The assisting person in that case is the therapist, who has previously completed genogram work with the patient, and analysed with him/her the pattern of enmeshment.

In imaginative rescripting, it is not intended that that events which happened should be “worked through”, or that the persons involved in the imagery should behave in a different way. Indeed, it is not even important what the “truth” was in relation to the “real behaviour” of the persons involved. It is considered more important that the “intention” of the behaviour should be “felt” in the imaginative process. The imagery should enable the child to feel the difference between the enmeshed and the dis-enmeshed position, and between “taking on a burden the belongs to someone else” and “giving back the burden to whom it belongs”. The underlying idea is, that the “solved position” will feel right – in relation to all involved family members. The client’s empowerment is based on the notion that people are strengthened through the act of assuming their own path/destiny and allowing and facilitating each other to accomplish this. In this schema therapeutic oriented family-constellation work, the focus is on the experience of the child. In the changed inner picture (within the imaginative family constellation) the patient is no longer enmeshed, nor burdened by something that belongs to someone else in the family system.

Based on this understanding, the Imaginative Family-Constellations is structured in the following phases:

- ◊ In the first step the therapist together with the patient work on an understanding of the enmeshment, analysing the genogram (hypotheses are developed as to why a parent was devaluating, guilt inducing, demanding, punitive). The systemic dynamics are named and –if appropriate–symbolized (for example: the neglect and punishment, which was part of the father’s family culture is symbolized by a stone, which can be included in the imaginative family constellation progress).
- ◊ In a second step, the “dis-enmeshment” is enacted firstly through the movement of the representative figures on the table, and secondly in an imaginative process in which these movements are repeated.

After the process of describing and analysing the dynamics, the therapist now actively makes suggestions as to how to change this family constellation with the purpose to finding a “good and appropriate place” for the patient. The therapist refers here to the central theses of Bert Hellinger’s phenomenological approach (keeping the ranking order according to the years of being part of the system, thankfulness from the children towards the parents for being parents (not for their deeds), such that serious actions and guilt are not denied but acknowledged, so that it will not be transmitted to and borne by future generations.



Just as with Imaginative Rescripting, which is more focused on the child’s unmet needs than on the exact details of what happened, this “alternative picture” is oriented to help the “entangled child” to get out of its enmeshed position. That strengthens his/her feeling of autonomy and responsibility for his/her own life, freed from “other burdens and delegations”.

The steps and changes which are necessary to get to the “healthy position” are carried out by figures and symbols on the board, and a second time through imagery. The intention is to promote a position in the inner picture in which the inner-child is both bonded/connected and freed (2), which then enables the patient to go his/her own way.

## THE HELLINGER-ORIENTED STEPS:

### 1

#### RESPECTING THE PARENTS

*The Child is getting to its strength, when it acknowledges, that the existence of its parents was the condition of its own existence. Because of them, the child stands in the line of life –coming from far behind. By respecting the parents in this regard, the child gets connected to that “strength from far behind”. That does not include the respect for their deeds.*

### 2

#### RESPECTING THE ORDERS

*The child is getting to its strength, standing at its place as a child –not claiming the upper position. It should respect the parents on their parent-level and let them take the responsibility for their decisions and deeds. Even if the parents deeds were bad and evil, the child weakens its position, when it judges about its parents. By this it “saws on the branch on which it sits”. The adaequate attitude towards the parents, preventing enmeshment, would be in this case: “ I am harmed and injured by Your deeds, which I don’t understand. I am not in the position to judge about You. I let the responsibility on Your side”. That is leading to the third step:*

### 3

#### GIVING BACK THE BURDEN TO THEIR OWNERS

*the child takes the burden of other members of the family for different reasons: there is a “conscience of the clan”, which does not forget, when in former generations there is unadjusted dept (when a family member was excluded, neglected or committed a crime). I child can be “chosen by the clan conscience” to take that guilt. But that kind of “given back the burden” is secondary concerning the imaginative family constellation in the context of a schematherapeutic treatment. Here the biographical burden of the parents is the relevant point: This burden got transmitted to the child by model and internalization processes: for example the fear of failure, the merciless claims on oneself, the felt guilt for existing. These attitudes are not primarily located in the child- they were given to it. They are given back in the imaginative family constellation to its owners*

These steps serve the goals of autonomy and extracting the self from the enmeshed, dependent position - which may have previously been expressed as hatred and aggression (and strengthening the bonding in a paradoxical way).

What the patient wants “to give back” will be represented by a symbol (the patient finds a symbol or the therapist makes suggestions) and will be “given back” to the relevant figure and figures on the family board.

The changed inner picture is not a “to do list” in the sense of prescribed behavioural changes in patterns of interaction within the lived reality. We do not explicitly recommend “clearing the air”, writing letters, debating, accusing, forgiving - however, these change can evolve as a possible side effect. The main effect is the changed, “deliberated” inner picture, strengthening and energising the Healthy Adult to follow his/her own inner direction.

The link between the imaginative family constellation and the classical schema therapeutic chair work is that the changed inner picture enables the patient to understand better which burden “the Vulnerable Child” is bearing and which messages are in the repertoire of its inner critic and wherefrom they come. With the view of his/her changed inner picture, s/he is able to deal better with it.



BACK TO THE CASE STUDY AND THE DESCRIPTION OF THE THERAPEUTIC PROCESS:

**THE IMAGINATIVE FAMILY CONSTELLATION AS A METHOD WHICH  
CONVEYS POWERFUL SCHEMA-MESSAGES AND SUPPORTS THE PATIENT  
TO TAKE RESPONSIBILITY**

The work with this patient followed the description above: on the family board she set her brothers and their parents at a distance from herself, but looking toward each other. Two “burdens“ were found: one burden was the “denying of the right to live“ coming from the parents. The other burden was the physical and sexual abuse, and with it the implicit felt-sense message of unworthiness-coming from her brothers. The burdens were symbolically given back to their “origins” and it was possible for the child to “stand up“ for herself.

After the two sessions (constellation with figures and symbols) and the taking of a photograph of the “solution picture” as a kind of “memo-card”, Ms. S. first described a clear emancipatory effect, characterised by a more active, future-oriented, ego-strengthening experience. This feeling, associated with a partly “new” self-conceptualisation, was described by Ms. S. with the words: “Now I don't want to be a victim anymore”. She appeared more active and open-minded and increasingly engaged in cultural and social activities.

After a few days, however, she was plunged into a very serious crisis: she experienced herself again helpless, desperate, overwhelmed by the felt demands, “to stand up for herself now” and “to live her own life and pursue her own goals”. “How is that supposed to work?”. In this overstraining experience she reacted angrily, accusing her therapists. That process ended in cancelling the therapeutic commitment and a massive increase of psychopathology (tension, desperation, helplessness, anger towards herself and her therapists). Inpatient treatment was needed.



## OUR THERAPEUTIC HYPOTHESES ON THIS PROCESS

Ms. S. had built up an extensive helper network in her “patient career” and objectively she had many resources at her disposal (i.e. her own centrally located apartment, leisure facilities, support staff, protection/security, a creative workplace, therapeutic connections). In “good times” she was able to use these as resources. But even then, she did not get the feeling that this “made sense” to her and that “life was worth living”. The help she received and the caring she experienced from professionals and peers never appeared to be enough. The dominant self-conceptualisation was the conviction that she was the victim of her history and that “life treated her in an evil way”. That history prevented her from taking a proactive attitude in her own life. Being a “victim” was in a way “anchored in her bones”. The different experience of not being a victim anymore was overtaxing, new and not integrable in her existing self-concept. This “not-fitting” and incompatibility was the starting point of the decompensation-process.

We ended the treatment episode with the commitment that it could be useful to reconsider therapy again at a later point. It was suggested that perhaps this new experience and view of herself and her position in the family may need time to be “digested“. This digestion could result in a self-conceptualisation beyond that of solely being a victim of traumatisation.

Concerning the method of the “Imaginative Family Constellation” we think that this intervention promotes strong messages on an abstract “meaning”- level: It touches the foundations of the person’s self-concept and the sense of “how we are standing in the world”.

Imaginative Rescripting deals with specific remembered events and situations alongside associated emotional experiences. Its target is the level of “emotion”. The target of the Imaginative Family constellation is that of “meaning” and “identity”. Both are interactively connected. The goal of therapy is to address the different “system levels” (3), and change is more likely to happen and be sustained if the level of emotions, behaviour, cognitions and self-concept are ALL recognised and enhanced by therapy. The interactions are top-down and bottom-up. The case presented here is an example that therapeutic interventions on an abstract “meaning”-level can be strong and change-inducing – however, this is not maintained if the processes on the other levels have not yet developed at a level that this change can be integrated.



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