



Psychopathology and Alternative Therapeutic Approaches: Psychosis and the Possibilities Offered by the Therapeutic Approach of Family Constellation

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"What the father is silent comes out in the mouth of the son, and I have often found that the son was the father's revealed secret." Friedrich Nietzsche

"What is silent in the first generation, the second generation carries in the body." Françoise Dolto

Based on these two quotations, one from a philosopher and the other from a pediatrician and psychoanalyst, we are going to start this reflection about the look, posture and practice of the alternative therapeutic approach of Family Constellations in relation to psychoses.

The questions that guided this reflection were: Would it be possible to work with psychotic conditions based on Family Constellations? What are the possibilities and consequences of an alternative therapeutic approach to act on conditions as complex and delicate as that of psychoses? Could we use this technique as an alternative for conflict resolution, mainly because we are talking about conflicts that go beyond generations and involve the family, ancestral system as a whole?

This author's interest in working therapeutically with psychoses began in 1998, when the first contact with psychotic clients was made in private and public psychiatric institutions. It began by working with inpatient psychiatric patients. The clientele presented intense psychic suffering and the treatments were long and marked by several relapses. The teams responsible for the treatments were multidisciplinary, involving psychiatry, psychology, occupational therapy, nursing, physical education, therapeutic companions, family therapists, music therapists, art therapists, among others.

Inside the psychiatric hospital, in addition to learning from the clientele the clinical listening of suffering and dealing with the extreme situations present in this environment, I was able to verify the necessary steps for rehabilitation and social reintegration offered by therapeutic monitoring and family therapy centers. Psychiatry and nursing were essential for emergency containment, support, relief, treatment and psychopharmacological follow-up. Psychology and occupational therapy worked with therapeutic groups to manifest and elaborate themes and difficulties presented by patients in their sociocultural environment. As the patient improved in his general condition, reintegration into his social and family environment was worked on. Often, at this moment, we noticed a worsening of the staff and resistance from the family structure. Individual psychotherapy, family therapy sessions and therapeutic follow-up came into play. Many patients pointed out that the improvement obtained in the so-called "safe environment" of the institution, of the therapeutic groups and of the individual attendances was put to the test when they returned to their homes, to the social and family life. They realized they were regressing and often expressed sadness and hopelessness: "there's no way, I'm going to be stuck in here forever" (sic).

In clinical team meetings and family therapy study centers, we addressed this theme a lot. How delicate it was for the patient to return to his daily, professional, social and family life. In this, there were triggers that restarted a cycle of stress, anguish, impulsivity, violence, self and/or heteroaggressiveness, sadness, pain and suffering. It was not enough to work the patient individually. It was also necessary to work on their family system. It was necessary to work on how he dealt with the stimuli and challenges of the sociocultural environment.

Patients with histories of several hospitalizations or who had been followed up for decades in day hospital treatments, CAPS, were frequent in the institution and in the mental health environment itself. Chronic patients, with repetitive, recurrent and insistent suffering. Of course, the suffering was also visible in families, both nuclear and origin.

In clinical discussions, we sometimes discussed the intrafamilial phenomenon of the scapegoat. That is, the one the family "chosen" to carry a slightly larger share of the family's burdens, secrets, shadows. The guilt, the pain, the suffering, the traumas, the secrets of a family system, manifested in a specific member. A partly unconscious phenomenon that often caused distancing, divisions, separations, exclusions in the family environment.

A visible improvement was noticed when the family participated in therapeutic procedures and processes of reintegration and social rehabilitation. Patients showed better adherence to treatment and crises and outbreaks decreased, giving way to new ways of acting in the professional environment, in society, in the family, in relationships in general.

The author's clinical posture as a professional has always been psychoanalytic, acting from the Freudian and Lacanian references. In 2006, in one of the supervisory meetings of the family therapy department, which followed the systemic framework, a colleague mentions a German professional who was bringing a new way of looking at, working with psychoses, using a systemic phenomenological approach that he called Family Constellations. From the book *Symmetria Oculta do Amor* by Bert Hellinger, little by little, contact was made with this theory, look, posture and alternative therapeutic approach.

From then on, contact was made with several trainers of the technique, in Brazil, Argentina and Europe and it was possible to verify how this approach brought other perspectives and possibilities for patients in psychological distress. Deepening familiar systemic theories helped discover new ways of looking at and dealing with psychiatric conditions. The possibility of resolving intra-family conflicts and starting healing processes in the family system became more palpable and evident.

This article intends to lead the reader to reflection and to look at this therapeutic approach that has been concerned with intra-family conflicts, bringing answers and possibilities to split systems, weakened and injured by diverse and repeated psychotic conditions that sacrifice and maintain a hidden mist over histories. long forgotten and even so, bitter and painful.

Some remarks about psychoses

Making it clear that this theme is vast and has several schools that deal with its study and therapy, such as neurosciences, psychiatry, psychology, psychoanalysis , among others. Here, a quick and punctual exposition will be made from some knowledge used by the writers of this article.

According to research recently published in Revista Superinteressante (October 2019): “The Pan American Health Organization estimates that 23 million people around the world suffer from psychotic disorders, a term that refers to a very diverse set of diagnoses”. The most famous and also most common is schizophrenia. But within the various manifestations of psychosis, mainly as a clinical structure, we could point to the following conditions: paranoid psychoses, depressive psychoses, bipolar disorders and their manifestation in other diseases such as severe depression, dissociative identity disorder, borderline personality disorder, among others.

For Sigmund Freud, in psychosis there is a loss of reality. There is a disorder in which the relations between the ego (I) and the external world (external reality) are distorted. This loss of reality causes reality and fantasy to mix and get confused, thus not having a clear perception of inside and outside, real and fantasy. A disorganization of affection, thoughts, behaviors and mood instability can be seen in patients who manifest this psychic structure .

According to Brazilian psychiatrist Dr. Ballone : “Psychoses are serious psychiatric disorders where the patient loses contact with reality, emits false judgments in the form of delusions (false beliefs), and may also present sensory-perception disorders in the form of hallucinations (unreal perceptions in hearing, vision, touch, taste and smell), attitude disorders that can compromise social interaction, in addition to other bizarre forms of behavior”.

Before it existed as a diagnosis, reality distortion was known simply as “madness”. The madman was an individual apart from society. The one who did not get involved with the reality shared with others. In this sense, one can see the movement of exclusion, segregation of these people from the sociocultural environment. They were marginalized, removed, along with society.

In Bert Hellinger's texts on the subject, he points out how psychoses are not the suffering of an individual, something isolated. But the suffering of an entire family system. Something that sometimes gets lost in time, but not the place. The space, the place, this always returns, repeats and refers to previous stories, unfinished and full of emotions and contradictory feelings, such as guilt, fear, pleasure, disgust, shame, anger, satisfaction, pity, among others. Also Stephan Hausner, in the same line, points out: "We cannot reduce diseases to a person. The disease often serves the system. It connects and separates." In this sense, the look of Family Constellations at the family system as a whole, not just the individual who suffers the symptom, but the pattern of behaviors and beliefs that point to an incident or previous incidents that happened in the family history.

In the developments of Psychoanalysis, both Sigmund Freud and Jacques Lacan maintained that in the dynamics and manifestations of the psychotic structure, instead of something genetic, there was something hereditary – they mentioned that in families where there was a patient who suffered from schizophrenia, in one or two generations it would appear again a son, grandson or great-grandson who would present pictures of a psychotic nature. Using the Genogram and transgenerational studies in families with psychiatric disorders, we can often verify and visualize how the incidence of psychotic conditions is repeated, sometimes skipping a few generations and making itself present again in the following generations. Antônio Terzis points this out in his article talking about the transgenerational model, the dynamic relationships of the patient's previous generations: "(..) it is argued that schizophrenia is a process that requires three or more generations to develop" .

As pointed out by a survey by Revista Superinteressante (October 2019), the treatment of psychotic patients most often involves psychotropic medications associated with constant therapeutic monitoring. It was only in the last decade that scientists tested the effect of therapy on psychosis and the results were promising. First, because combined therapy with medication proved to be more efficient than medication alone. Second, because it achieved improvement in conditions in which patients abandoned medication – a very common fact in psychiatric patients, resistance and often withdrawal from psychotropic medications.

Often, medical knowledge points out that psychotic disorders in general are chronic conditions, with no cure. Thus, the focus of treatments is to stabilize the patient to increase their quality of life. Increasingly, therapeutic approaches seek possible answers and resolutions for such disorders, looking not only at the isolated individual, but at their system of origin. The goal is to offer tools and therapeutic possibilities that, in addition to expanding the quality of life, are inclusive and resolving.

From Psychoanalysis, we act by listening to the elementary phenomena brought by the patient. That is, their delusions, voices, visions, fantasies or paranoia are clinical material for investigation and deepening. The content of these phenomena is very important. They may reflect fears and past experiences that act as triggers for the patient's crises and manifestations. Talking about such experiences helps the patient, as these “talks” often bring up broader elements that go beyond their personal history, including, for example, their family history, their culture, important past events in the family history, characteristics biochemical, genetic, repetitive patterns in the family system, beliefs and secrets from before and still present in the patient's life. It is important, from the therapeutic process with the patient, to bring information, stories and pain to consciousness. Give them a place and work on a possible recognition, differentiation and integration in the patient's body and daily life.

About Trauma or the traumatic scene

In a text from 2007, Bert Hellinger makes a definition for trauma that will be transcribed here, as it helps a lot to elucidate the theoretical basis that underlies the work with Family Constellations: “A trauma results from a situation that involves risk to life or that was imagined as such. Trauma can leave an imprint on the body and soul. The impression results from not having completed a movement in body and soul. With this the trauma can be relived and weighs on us again. We observe in family constellations that a large number of traumas do not result from personal experiences, but come from identification with other people in the family. Therefore, they are not personal traumas, but systemic ones. A systemic trauma is always associated with some unfinished relationship. Usually, a necessary reconciliation has not been successful, or the consequences of some personal fault have not been assumed by the responsible person. Then , someone else in the family assumes what has not been completed and bears the blame as if it were their own.”

Here we see Bert Hellinger substantiating the trauma and also the process of identification and dynamics of invisible systemic loyalties, when a family member takes for himself a dynamic, fact, from the family past and tries, in this way, in his life to present, manifest, elucidate , elaborate and/or suffer this pain, loss, episode. Such a process is, most of the time, unconscious and is present in all family systems with greater or lesser incidence, as the psychiatrist and psychotherapist Iván pointed out to us. Böszörményi-Nagy .

To visualize this question we also have in the article of Gunthard Weber and Diana Drexler : “The symptoms that are conditioned by systemic implications manifest the existence of a deep love resulting from the bond, an unconscious connection of the individual with his group of origin. This causes some

to repeat the destinies of others and want to assume something heavy in their place, atone or even die. Such a need to compensate is rooted in a magical thinking of a childish nature, since such an attitude does not have the power to redeem these people or to alleviate or annul their destiny.”

Laszlo MATTYASOVSKY, mentioning the dynamics that are often hidden but active in the family system, points out: “We know that at the heart of families there are different dynamics that promote the format of relationships that give strength and support to the family as a whole. Through the dynamics between victims and perpetrators, as well as the generated traumas or violence, stress and many other effects arising from the entanglement in this process, relationships can become strained, creating tensions or ruptures that can affect future generations - instead of strength and resilience, people connect with anxiety and lack of success (..) victims and perpetrators are prisoners of these events, and individuals - and often their descendants - become enmeshed in the web of anger, guilt and revenge.”

When someone experienced something too terrible, too heavy, too fast, as a child or young person, this can, due to its characteristics, be repressed. Psychoanalysis shows how important it is to bring the repressed factor to light, so that the individual can work on this content and work out its consequences before, after and at the present time. It is important to work on how it was experienced at the time, what resources were available to that individual and what family structure he was in, what historical cultural moment, what happened to the individual and his peers, what was counted, what was hidden, what was preserved, what was excluded. Of course, just knowing is not enough, you have to know what to do with what you know then. What are the consequences for us and ours and what are our responsibilities and co-responsibility in relation to this?

In therapeutic work, the patient will often access these stories, events in a very visceral, painful way and it is natural that he wants to avoid this, push this away, keep it excluded and hidden. Human nature makes this movement, when the pain is too much, we block it, push it away, hide it. Reliving this fact, getting in touch with this pain and its elements and providing new resources, available at the present time for the patient, can bring new ways of looking at and dealing with the issue.

From the statements of Canadian facilitator Mark WOLLYN (2016) we have: “Sometimes, the pain submerges until it finds a path to expression or resolution. This expression is often found in the generations that follow and can resurface as symptoms that are difficult to explain (...) in this way, the traumas that we inherit or experience firsthand not only can create a legacy of anguish, but can also forge a legacy of strength and resilience that can be felt for generations to come.”

And we also have in Hausner (2018) “The healing process does not happen in the past or in the future. It happens in the now, in the present moment.”

In this way, we place the Family Constellation here as a possible therapeutic approach capable of bringing to light such pains, entanglements, difficult destinations and opening possibilities for new ways of dealing and elaborating – in the here and now. Respecting the time and openness of each patient for this procedure and also the therapeutic resources already used by him up to that point, such as medical follow-up, clinical resources used, medications and therapeutic procedures. The Family Constellation enters as one more possibility within the therapies used by the patient and his family.

The work of the Family Constellation with psychoses

During the research of the bibliographical material on the subject, we found some names that were more recurrently concerned with this theme and demonstrated in their writings the practice and reflections from the application of the Family Constellation with patients with psychotic conditions, they are: Bert Hellinger , Gunthard Weber, Franz Ruppert , Stephan Hausner , Mark Wollyn . Certainly, there are many other theorists and clinicians who have worked with this theme, but in our research we sought to focus on these professionals.

The theme of psychoses is linked, when we look from the perspective of Family Constellations, to the dynamics of Victim(s) X Perpetrator(s) and the dynamics of exclusion at the heart of the family. As pointed out by several professionals, in the family system with a high incidence of psychotic conditions there are many secrets, taboos, intra-family violence, a difficulty in internal communication between family members, ambivalence and mood instability, a fragile balance that can easily be undone by sudden or unauthorized internal movements. The risk of not belonging to the clan is always present in behaviors, beliefs and speeches, as if this factor were a common recurrence in the system, that is, exclusions exist and are an eminent risk in these families.

When Bert Hellinger talks about the Orders of Love, pointing to belonging, hierarchy and exchange balance, he also establishes who belongs to the family system and how the family system is organized, determining that who is inside, belongs, and who is outside, does not belong . One of the final points of this text points out that in a family where there are murders, the victims will automatically be included in the killer's family system, in the same way that the killer will also become part of the victim's family. We can thus perceive the weight and conflicting feelings that such dynamics bring to families. Feelings and postures that are often opposing and excluding. The terms recognition, awareness, integration and inclusion end up being very difficult for these systems, as they are often denying, resisting, fleeing or seeking forms of revenge to compensate for the harm done within the

family system – all of this based on adaptation mechanisms and survival largely unconscious for all members of the family system.

Quoting Bert Hellinger: “Schizophrenia is not a disease. It's something systemic. In cases of schizophrenia there is a murder in the family, sometimes several generations back. Both the victim and the killer are excluded from the system; often the killer, but sometimes the victim as well. It causes fear in this system. A fundamental dynamic in a system is: when someone is excluded that person is later represented by another family member.”

And from this, there is a very specific dynamic within the family in relation to the member who becomes psychotic. The place previously mentioned as a “scapegoat”. A place of sacrifice, a necessary place in the family system and that is seen with a lot of fear, anger, shame, guilt by the other family members. Referring to this dynamic in the work of Bert Hellinger: “After the triggering event, in each generation a family member must become psychotic. This member takes care of what belongs to others. Once he becomes psychotic, the rest of the family is relieved. Consequently, the other members fear that the psychotic person will be cured and secretly unite against a successful cure of his psychosis. Because they run the risk of another member becoming psychotic. We could, more than anything, perceive this fear in the father or mother. The person in charge of this destiny shows the greatest love, but in secret (...) Families show, in relation to psychosis, this same inner attitude of exclusion and fear, as the murderer did. And they often treat the psychotic family member as the murderer treats his victim. They do not know what, in reality, psychosis carries as a burden in its place and where it wants to lead them.”

In addition to this quotation, in the book not yet translated into Portuguese: “O Amor à veri do Abismo”, in which Bert Hellinger works specifically with patients with psychotic conditions, there is the affirmation that psychosis, mainly schizophrenia, manifests itself in families where a crime has occurred, a crime within the family. Because the event took place, sometimes many generations ago, no memory of the event remains. This event can have several presentations, citing some examples: it could have been an intense internal conflict in the family; a disinherited member; an attempt on life over power, greed, or a land dispute; ambushes; accidents with fatalities; attacks on one's own life, suicides; induced abortions; extreme famine situations; situations that point to exclusions and the silencing of the family after the event, making it a taboo. However, in the field of this family the memory of the event is preserved and it comes to light.

Thus, the patient who brings a psychotic picture to be looked at in the field of Family Constellations, finds himself entangled, intricate in the fate of previous family members, ancestors sometimes

forgotten or whose history is unknown. It is as if there were several opposing, conflicting parts of oneself. Antagonistic personas among themselves, within themselves, inhabiting the same body and manifesting themselves many times at the same time. The phenomenon of splitting, an abrupt internal psychic division, a split or several, in which different parts of oneself assume different old roles from family history, on the stage of this body. Roles that are oppositional and antagonistic. In this case, papers that refer to victims and perpetrators. Roles of persecution, violence, fear, escape, resistance, guilt, revenge or, as Bert Hellinger points out, the dynamics of the killer and his victim. Both inhabiting the same body, but in conflict. Not reconciled. Not recognized.

Several opposing manifestations arise from this internal psychic division, including beliefs, behaviors and affections, such as anger, revenge, pity, guilt, remorse, fear, shame, indifference, purge, pleasure. Through the work of Family Constellation, when these divided and antagonistic parts are given a place in the field, they can often get in touch with each other and reactivate feelings, postures, words that have been interrupted for so long by violence, repression, silence, embarrassment, guilt, secrecy and taboo. What was left to be said? What was left to be seen? What remained to be done? What look, posture, word is needed today?

Sometimes, at this moment, these people, these antagonistic places, can look at each other, differentiate, recognize each other and perhaps, they can be reconciled. Bringing together what was until then distant, separated, divided, painful. This reunion, made possible by the field of the Family Constellation, can then bring reconciliation on a soul level for the patient. The gaze is established for a connection, a communication; what was blocked, barred and forbidden, can then be seen, spoken, touched and moved. A deep breath: finally. In a passage, Bert Hellinger points out: "What was not reconciled, was re-found, and the problem that was not solved, was solved". And in another text, complementing the present reflection: "The solution and the relief happen when the victim and the aggressor are respected, have their places and, in this way, the families are released from the weight of revenge."

From the work of Gunthard Weber and Diana Drexler described in the article: "Family Constellations in Cases of Psychosis" we have the following statements by the authors about the perceptions of the application of the technique in psychotic conditions: "According to our experiences, the work of the constellation family, precisely with patients who exhibit psychotic behavior, is only recommended in the context of a therapeutic relationship and with accurate preparation. Patients register for the seminars autonomously and under their own responsibility, but they are generally warned of this possibility by their therapists, who often also accompany them to the seminars. They must not have

acute psychotic symptoms. Many patients initially attend seminars, once or several times, as participant observers, not initially doing their own constellations but witnessing others' constellations or participating in them as representatives. The therapists who recommend the work to them or accompany them in it should be familiar with working with constellations and its premises, and the therapist who conducts the constellation should have experience with patients from these diagnostic groups. Following a family constellation, the patient may eventually experience derogatory or aggressive reactions and even psychotic episodes. Such reactions, which we initially interpreted as a sign of failure, today we see as distancing measures, which aim to restore the patient's autonomy in order to be able to deal with the intense desire to be close and to be looked at, which was revived in these seminars and was satisfied only by a short period of time. Lately, just in the wake of such "worsenings", we have often received excellent feedback from therapists reporting positive developments after family constellations."

Weber and Drexler make it very clear how delicate this work is and how it should be done in a safe environment and by experienced professionals who have at their disposal knowledge, tools and clinical strategies to work with these traumas, pain, conflicts with patients and with their family members. The information will be manifested in the field, places will be occupied and will demonstrate their bonds, consequences and strength and, for these patients, it may be important for the facilitator to describe a little the dynamics seen and allow them to make their statements and readings of the field. This is organizer for the patient. Being able to look at these hidden dynamics, and give them names, places, meanings. Quoting the authors again: "In our appreciation, family constellation work, with its systems perspective spanning generations and the use of spatial representation, is an essential complement and extension of the therapeutic spectrum in the treatment of people who exhibit psychotic behavior. Our experiences support the attempts of people versed in psychic matters to seek an understanding of their apparently incomprehensible symptoms as "messages from the inner world". Our tendency is to interpret them, rather, as indications of hitherto not understood systemic implications."

Just as the patient brings in his dynamics and psychic-corporal manifestations a systemic entanglement, a systemic trauma, in which murderers and victims return in thoughts, beliefs, vivid behaviors in their day to day, unreconciled opposite parts, this then can be given a place from the spatial representation made possible of and in the family system from the Family Constellations. And, if it is possible for the patient or a close family member who is bringing this topic to the field, to look at this dynamic and give them a place, recognition, naming and organizing their roles, importance and accomplishments, it is possible that this clarification crosses generations, echoes through the system, bringing to light what was hidden, hidden, forbidden. This can shed light on many places,

manifestations and consequences, touching and involving all members of this family system, living and dead. This integrated, broad image can bring new ways of looking, feeling and acting to the patient and family members in relation to the theme. Bert Hellinger used to point out that the Family Constellation is at the service of reconciliation and peace - in this sense, this image can be the beginning of the new. From a movement of reorganization, naming, recognition, awareness, differentiation and reconciliation within the family system.

Possibilities

"What one generation left unresolved, it will be up to the next, unconscious and innocent, to try to solve it. And so, attached to themes and matters that are not really their responsibility, there is a transgenerational transmission of family problems that, sometimes, create a chain of tragic or difficult fates" - "Through this work and these movements of the soul, as I call them, we can help these two sides to reconcile. Then the whole system is healed: not just the clients with the psychotic condition, but also their father and many of the previous generations, who were probably psychotic as well." Bert Hellinger

There are some videos and recorded material available by Editor Atman and Hellinger 's channel *Scienza* in which Bert Hellinger works with psychiatric patients or their families. In delicate conditions such as schizophrenia, often one does not work directly with the patient, but with parents, siblings, guardians who are aware of the patient's treatment and care. Because the Family Constellation works the family system as a whole, it brings benefits to everyone directly or indirectly involved. And each case will be seen in its particularities and singularities – and for each case there will be a way of looking at, acting and dealing with the material that will be manifested.

In families where there is a lot of violence, loss, damage, the Family Constellation emerges as a therapeutic approach that provides tools, perspectives, postures that seek to resolve conflicts. Place the place for the conflict, allow it to show itself and what are the active elements in it, in the here and now and allow new possibilities to manifest themselves instead of perpetuating the conflicts until the repetition of difficult and disastrous destinies.

It is important to point out that , most of the time, this process is long, full of comings and goings, since the material is delicate. The treatment itself is long due to the fragility and complexity of the picture and the elements involved in it. It causes fear, discomfort, anguish. There is a need felt by family members to keep the material preserved, secret. A feeling of impending danger and the need to keep certain things hidden, unspoken. Commonly, the cases worked with the Family Constellation are

referred from different fields and therapeutic knowledge, in search of alternatives to deal with this pain. The search for answers and the possibility of relief makes the patient reach the Family Constellation.

It is indicated that, initially, this patient participates as a representative, attends some Family Constellations and perhaps integrates study groups on these themes. Thus, little by little, you will feel more secure and prepared to look at your own system and participate in your own Family Constellation, in a present, active and responsible way.

It is up to the facilitator, based on his clinical experience and posture in the field, to verify the conditions of the patient to work on this theme. Is there system authorization to look into the issues involved? Is the patient present and willing to look at the extended family system? Does the patient feel safe in the environment he is in and with the group of people who made themselves available for this work?

In this sense, we refer to the work of Bert Hellinger (2005), “As Ordens da Ajuda”, as it contains fundamental indications about the posture and way of working of the facilitator in Family Constellations.

The therapeutic accompaniment that the patient goes through until reaching the Family Constellation must be maintained and sometimes it is important that the facilitator reinforce this to the patient. The Family Constellation comes to bring new ways of looking at the system and perhaps new ways of dealing with old issues. The knowledge, guidelines and importance of other therapies must be maintained and followed.

In some cases assisted in Family Constellation, when the traumatic scene comes to the surface and is worked out, in the sense of being recognized, differentiated, integrated, one can see the effect that this has on the patient and his family members. Often, after a few months, other members of the family system seek the Family Constellation to look at their places and work on their themes, from an attitude of greater openness and inclusion. The patient himself, initially worked on, often moves away, thus allowing the new brought, in this case sensation, impression, information, place, to be felt and reverberated in his body, his life, in his day to day.

The Family Constellation acts in the recognition of places and situations as they are. In the differentiation of these places: what is mine, what belongs to the other; what I take for myself, what I take from the other; what I do with what belongs to me and how I take care of it, respect for what does not belong to me; what places I give and how I deal with them. Reaching awareness of the motives

and how they happened in those places or respecting that they were this way. In the awareness of his place in the family and the strength this place has for himself and his family. The integration of these new ways of looking, feeling and validating. New ways of dealing with old speech patterns, beliefs and behaviors. The possibility, in the sense of conflict resolution, of the patient becoming active in conflict resolution, occupying his place of strength and responsibility within his family system.

We work in Family Constellation with the spatial representation of different internal soul aspects of the patient. As we know from the transactional analysis framework, we work with traumatic internal psychic aspects such as injured children, adapted children, abandoned children. Naive, innocent, victims. With an adult's view of these different dynamics, perhaps one can leave the place of inertia, naivety, pity, sacrifice and assume a place of responsibility, renunciation, respect, more characteristic of the adult posture. As Laszlo points out Mattasovszky: "Reconciliation between victims and perpetrators occurs when the two look at each other as adults capable of feeling and surviving" Last sentence the name of the writer is Laszlo Mattasovszky. In the translation the name was cut by the words: Points out. The right way is these: "We work in Family Constellation with the spatial representation of different internal soul aspects of the patient. As we know from the transactional analysis framework, we work with traumatic internal psychic aspects such as injured children, adapted children, abandoned children. Naive, innocent, victims. With an adult's view of these different dynamics, perhaps one can leave the place of inertia, naivety, pity, sacrifice and assume a place of responsibility, renunciation, respect, more characteristic of the adult posture. As Laszlo Mattasovszky points out : "Reconciliation between victims and perpetrators occurs when the two look at each other as adults capable of feeling and surviving" .

The expansion of awareness in the sense of seeing the reasons and movements that occurred within the family system and their importance for adaptation and survival of the same, as a legacy, for future generations. The high price paid is often carried by many. Out of loyalty to the system, out of love for the system.

In this sense, we selected an excerpt from Jakob Schneider: "What matters in family constellations is overcoming traumas, not only those that resulted from personal experiences, but mainly from traumas of other people to which we connect by compassion, by a love many times blind times and by a blind desire for compensation, displaced in time and space."

And additionally Stephan Hausner : "The work with systemic constellations serves to confront and integrate aspects of the soul that were excluded and dissociated". The potential applicability of constellations can only be developed in an individual procedure, each case is different.

Although in many disease processes identical or similar family dynamics are manifested, the steps towards the solution are different for each client. It is up to the therapist/facilitator to get in touch with the client's reality that leads him to change his attitude, perhaps helping him to obtain relief or even cure of the symptoms, including everything that is experienced in the depths of the soul as peaceful and healthy.

Thus, starting from the limited, painful and excluding view of trauma and suffering, the Family Constellation, as a therapeutic approach, becomes an effective alternative for conflict resolution, as it brings a vision, a broader image of the system, thus allowing the recognition, the differentiation, integration and inclusion of all parts of this great system, in this great soul.

This text was written as an integral chapter of the book:

Law 4.0 - empathic innovation in conflict resolution. Organized by Marcia Sarubbi Lippmann. Editora Manuscritos, Joinville, 2020. Available on Amazon: <https://www.amazon.com.br/dp/6500036336>

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