

My thesis: Biology of loss originates back in childhood and may lead to avoidance from partnership in a later life.

To explore my thesis I have chosen four of my clients with physical symptoms. All of them are women in midlife. All the intentions start with “I want to heal” followed by a physical symptom.

Symptom is not merely a random occurrence but can carry a deeper, meaningful message, as well as offer insights into a person’s emotional life, unresolved trauma, or suppressed feelings.¹

Psychotraumas manifest physically as physical symptoms. Each physical symptom has a personal history behind it. Illnesses are just the tip of the iceberg, and they are symptoms of something deeper.

I have described selfencounters of four chosen clients one by one, to explore the trauma biography in the background and how it contributes to the symptoms.

I have sent a draft description of each selfencounter for consideration of the client. All four clients actively contributed to the trauma work with additional information and explanations how it goes with the process of integration afterwards. By proofreading they were able to connect with what they couldn't relate to during the selfencounter. It was like the healing process was activated, feelings came on surface and memories too.

First case study.

Vilma comes to the group with an intention: I want to heal my emptiness

Vilma invites resonators for *I*, *heal* and *emptiness*. All the resonators are women.

I covers her face with hands. Then she looks at *emptiness* and smiles. *I* feels heavy and is shivering. *I* looks down at the floor and can no longer take her eyes off it. *I* can partly see *emptiness*. Even if *I* likes *emptiness*. Emptiness makes her feel lighter.

I doesn't want to see *heal*. *I* doesn't feel entitled to take her eyes off the floor. The floor is like a monolithic, immovable mass, the floor is the path of *I*, on which *I* walks with all her burden. *I* is not able to move or leave. *I* feels doomed. *I* feels all alone in the world.

Emptiness feels good. She can see both *I* and *heal*. *Emptiness* feels courageous, aware of her rights. She is in a constant movement and smiles. *Emptiness* feels very good.

Heal likes *emptiness* a lot. *Emptiness* is something alive and warm for *heal*. *Heal* has minimal connection with *I*. *Heal* feels herself as someone nasty, a bit of a villain, someone not entirely pure. *Heal* can feel her feet. Feet are hurting. *Heal* feels impatient.

I starts feeling a headache. *I* feels condemned, like she has no rights.

Emptiness feels like a 3-year-old child. *Emptiness* starts to play, goofs around, rejoices. She has a lot of energy and movement.

Heal looks at *emptiness* and feels herself safe and confident.

I sits down on the floor. *I* feels like she is merging with the floor. *I* says this is the right place for her. *I* wants to merge and be invisible. *I* says, it will be bad if she gets up. *I* says she can't be like *emptiness*, otherwise it's going to be bad.

It resonates with Vilma. It has been like this since her childhood – someone always stopped her, when she was trying to do things full of energy. 3-year-old Vilma's parents were at work, they had no time for her. Vilma had a sister who was 2 years older. Granny (from the father's side) often came to visit her granddaughters. Granny was the dearest and closest person to Vilma. Vilma was 7 years old when granny passed away. No one told it to her. Vilma saw a coffin in the barn. She thought granny was asleep. Only when the coffin was lowered into the grave, Vilma realised her granny would never wake up again. Vilma shouted at the person who directed the funeral, "I wish you would fall into that grave yourself!" Vilma yelled intensely, while the coffin was lowered into the grave. She could not stop. Vilma together with her mother had to leave the funeral.

¹ G. Maté (2011) When the Body Says No: Understanding the Stress-Disease Connection. Wiley. USA.

I feels profound emptiness, sadness and oppressive heaviness after the story of granny's funeral. At this point *I* can look only at the floor and the burning candle next to her feet. *I* feels 7 years old.

Vilma admits – her emptiness started with the loss of granny as she was the only person in the world who saw, heard and nurtured Vilma.

Heal feels fear and powerlessness, because anyone can be lowered into the grave the same as granny.

Emptiness says she feels fear of clinging to someone. She doesn't let love and warmth out of her. She keeps it inside with both her hands.

Now *heal* feels between 3 to 7 years old. *Heal* feels huge confusion and incomprehension. She feels like there is a lot of energy and life force in her. But she can't influence anything. She can only scream and shout.

Vilma recognizes what it is. It's inside her. Sometimes Vilma gets very angry at what she can't control.

She saw her dear granny while the coffin was open. Vilma said the life has ended for her when the coffin was closed.

Emptiness says that the only light she disposes comes from the coffin under the ground. She starts to grow up. *Emptiness* is growing and passing through all ages. She is in constant mourning that never ends.

I also feels she is growing up.

Vilma tells that the cemetery is her favorite place to go for walks.

Vilma lost her son as well. He was 32 when he died of a rare disease. Besides her granny, the son was the other one who heard and saw Vilma. Vilma can't accept her son's death. Vilma keeps her son's room as it was, with all her son's belongings. Every day Vilma cleans the room and waits for him.

Heal says: I can't control the fact that my granny is buried under the ground. Now I live my life with my dead son, and walking through the cemetery helps me to survive. In this way I am with my son. He is my light. This is my life. If I must let my son go, my life would fall apart. Nothing would make sense anymore.

I asks Vilma: are you ready to let your son go and stop your strolls through the cemetery?

Vilma admits that she can do it only in her mind, but not in her heart, and stops her self-encounter. The son is Vilma's light.

When we lose something or someone to which we have formed a deep emotional attachment, we are likely to experience trauma of loss. This primarily concerns people who are very close to us.

Vilma experienced trauma of loss at a young age. Vilma was seven when she lost her grandmother. From Vilma's self-encounter we can also trace trauma of love due to non-present parents, entangled in their own trauma biography that provides inability to love their children. Trauma of identity comes before trauma of love. It manifests Vilma's attachment to her grandmother. The psychological pain related to separation and loss of the beloved granny is unbearable.

It is not the only loss in Vilma's life. Vilma lost her son when he was 32. For a mother the loss of a child is the deepest and most serious trauma. After losing her son she is suppressing her emotions to cope with the pain. Vilma lives like her son will walk in any minute, like death is just a bad dream and Vilma will wake up from it. Vilma's mind is pretending the son isn't really gone, that it is all temporary, that he might just come home. The idea of really accepting it feels like a betrayal, almost like she is erasing him for good. Grief does weird things to our brain. Her whole being is clinging to the hope she won't have to face that crushing finality. The pain is so huge, it is unthinkable. So, her survival part just keeps trying to put off the inevitable as long as possible.²

Trauma cannot be consciously overcome, if survival strategies cling to the illusion that dealing with the traumatized past is unnecessary.³

Vilma's typical trait is a permanent smile on her face. She smiles even when talking about these painful losses in her life. She never stops smiling.

² F. Ruppert (2015) Trauma, Fear and Love. How the Constellation of the Intention Supports Healthy Autonomy. Green Balloon Publishing. UK. Page 86.

³ F. Ruppert (2015) Trauma, Fear and Love. How the Constellation of the Intention Supports Healthy Autonomy. Green Balloon Publishing. UK. Page 282.

The phenomenon of a perpetual smile is an indication of deeper emotional suppression and unresolved trauma. This pattern may be a survival strategy formed during Vilma's childhood to ensure safety or emotional connection.⁴

Over time, suppression of emotions, pain and grief can result in physical illnesses, emotional numbness, and difficulties forming genuine connections due to ongoing internal conflict.

Psychological and physical symptoms of trauma of loss include indefinable fears, subconscious aggression, diffuse headaches or joint pain, feelings of stiffness, and incomplete or blocked mourning.⁵

Self-compassion and allowing herself to grieve and process the emotions surrounding the loss are crucial for Vilma to heal. The permanent loss of an attachment figure is a wound that can manifest somatically (in the body) if not healed.⁶

Society tends to downplay grief, urging people to quickly "move on" without fully experiencing their pain, which can exacerbate trauma.

Vilma joined another group with intention: I want to heal pain and stiffness in my legs

Since long Vilma has a chronic pain in both of her legs.

Vilma says she has stopped her everyday strolls in the cemetery.

Second case study.

Ella comes to the group with an intention: I want to heal petrification in my stomach

Ella invites resonators for *I*, *petrification* and *stomach*. All the resonators are women.

Already by the time resonators start talking, Ella is exceedingly anxious and shaking inside.

Stomach does not want to look at *petrification*. *Stomach* wants to turn with her back against *petrification*. It is easier to look at *I*. *Stomach* has a kind of heaviness and chill in the back of her head. The same feeling is between the shoulder-blades. Chilliness all over on her back, and tingling sensations down her legs.

Ella's stomach hurts upon hearing this.

I can freely look at *stomach* and *petrification*. *I* regards both these parts as adequate. *I* would like them to move, but they don't. *I* can freely move alone. *I* feels cold.

Stomach starts feeling pressure under her right shoulder-blade.

Petrification conveys that she wishes to sit at *stomach's* feet and cling to it like a little child. *Petrification* sits at *stomach's* feet. *Petrification* feels good about *stomach*. *Petrification* also understands that *stomach* doesn't hear her. *Petrification* feels herself like a 4–5-year-old little girl. She feels that *stomach* taunts and teases her. *Petrification* does not like *stomach*. But her attention is on *stomach*. *Petrification* wishes to shut her eyes not to look at *stomach*. She believes it might hurt less then. Then she could turn and leave.

Petrification can look at *I*, but she is not attracted to *I*.

Stomach feels like an adult. She is experiencing painful prickles in her right hand. It's hard. *Stomach* asks, "For how long it will be like that?" *Stomach* falls at *petrification's* feet. She has no strength to stand anymore. She is tired. *Stomach* leans on *petrification*.

I has cold feet and hands. It's freezing. Otherwise, *I* says that she is fine. *I* feels like a young woman in her prime. *I* looks at the other two parts and sees how unhappy they are.

Petrification is scared and insecure. She has no one to lean against anymore. *Petrification* asks, "Do I have to get up?"

Ella does not remember much about her childhood. She remembers what she has heard from her mother.

Ella knows that as a child, she was often taken to her grandmother's house in the countryside and left

⁴ F. Ruppert (2012) Symbiosis and Autonomy. Symbiosis Trauma and Love beyond Entanglements. Green Balloon Publishing. UK.

⁵ F. Ruppert (2015) Trauma, Fear and Love. How the Constellation of the Intention Supports Healthy Autonomy. Green Balloon Publishing. UK. Page 87.

⁶ G. Maté (2011) When the Body Says No: Exploring the Stress-Disease Connection. Wiley. USA. Chapter 15.

there. Ella knows she was involved in a bad car accident when she was 3. In addition, Ella was kidnapped when she was 5.

Stomach embraces *petrification* with her arm.

As Ella speaks, *petrification* separates from *stomach*. *Petrification* feels that *stomach* is somewhere else, that it is not present (at this point *stomach* looks like identification with Ella's mother to me). *Petrification* is here and must deal with everything all alone.

In the meantime, *I* is keeping herself warm near the heater. *I* is thinking only of herself now.

Petrification asks Ella, "Has anyone ever told you that it's bad that your mother cuddles you?"

Ella was 8 years old when her brother was born (Ella's mother's and stepfather's son). As a little child her brother crawled into mother's lap and mother cuddled him. As an adult, Ella questioned her mother once, "Why didn't you cuddle me?" Mother replied, "Because you didn't come to me."

Stomach comes and sits down by *petrification* and gently puts a blanket over *petrification*. *Petrification*

admits that fantasies like this are in her head, but this is not real. There are merely "may" and "may not".

Petrification does not allow herself to think that she can go to her mother. Because there is a thought inside her that it is not good. It is not good to receive love. It is not okay to love your mother. *Petrification* says - someone tried to turn her into an adult at a very early age. *Petrification* has her duties. Instead, *petrification* hungers for tenderness and love and nobody can punish her for that or stop her.

Ella admits that she has sexually pleased herself since childhood. That was the only way how to feel herself. Ella was 8-9 years old when Ella's grandmother (mother of Ella's stepfather, Ella calls her babushka), who was very close to Ella, caught Ella sexually pleasuring herself. Babushka lightly scolded her and told her not to do that.

Petrification explains that she wants to get to the origin but is held back from getting there.

Stomach starts to feel like babushka.

Ella was 12 and her brother was 2 when babushka came from Ukraine to Latvia for taking her two grandchildren to Ukraine for the summer. Babushka had a heart attack on the plane. There was a doctor on the plane who saved her life. Babushka made Ella to promise that she won't tell anyone about this, otherwise Ella and her brother would not be allowed to visit babushka in Ukraine.

Neither *petrification* nor *stomach* reacts to this story. *Petrification* says it happened much earlier.

Petrification needs to know more about Ella's kidnapping at the age of 5.

A strange woman came to pick up Ella from kindergarten. She knew Ella's name, Ella's mother's name and confirmed teacher that Ella's mother had asked her to take Ella out of the kindergarten that day. The teacher allowed the strange woman to take Ella. Ella struggled so hard and wildly that the stranger had to let go of her hand. An acquaintance of Ella's mother noticed Ella hiding in the bushes and crying and took Ella to her mother's work. A criminal case was initiated but the strange woman was never found.

Petrification is dazed and confused. *Petrification* wants to know, "Does mommy love me?"

Petrification is angry at her mother. *Petrification* feels pressure in solar plexus.

Stomach intervenes, "What that child must have gone through!"

Ella regards *stomach* as her babushka. Ella is about 7-8 years old, when she meets babushka for the first time in her life. It is the time when Ella's mother gets married for the second time. Babushka is a mother of Ella's stepfather. Ella says babushka is sent from the Above, to give Ella what her mother was unable giving her. Ella's sound memories from the childhood are of babushka - how they used to go mushroom hunting and fishing together. Ella remembers babushka as a very bright and cheerful person. Babushka accepted Ella as her own grandchild. It is babushka's unconditional love, care and warmth that Ella keeps inside her.

Petrification argues that babushka is not a mother. *Petrification* feels emptiness, a hole inside herself that babushka cannot fill up.

Ella invites resonator for identification with babushka.

Babushka's heart is beating fast, she is excited, she feels hot and has a lot of energy.

Stomach is still guarding *petrification*.

Petrification does not see *babushka*. *Petrification* feels only *stomach's* hands on her back. These hands are important for her. *Petrification* doesn't see anything around her. *Petrification* feels petrified.

Petrifaction says that *I* doesn't understand and doesn't see her. *Stomach* cannot understand why *I* is so far away and why *I* has no interest in *petrifaction* and *stomach*, and why *I* doesn't involve and doesn't take part in anything. *I* confirms that she doesn't care about anything here. Nothing matters. Ella doesn't even want to think who it might be. As a child, Ella adored her stepfather. *I* feels that something is finally starting to move. *I* doesn't like that everyone is praising *babushka*. *I* doesn't know *babushka* like that. *I* has never experienced the loving *babushka* in her life. Ella invites resonator for the identification with her stepfather. When the resonator comes in Ella's body begins to shake with rage. *Stepfather* feels powerful. He feels like the centre of the earth. *Petrifaction*, on the other hand, finally sees *I*. Before *petrifaction* could not look at *I* – the part holding identification with the stepfather. *Babushka* is ashamed of her son. Ella recognizes the identification of the stepfather in herself, namely the stepfather's arrogance. Ella tells the story of her stepfather. When he came home from the military service, his father, who was a military person, kicked his son out of the house telling him to go out in the world and to seek his own fortune. Hearing this, *babushka* begins to weep. This is where Ella decides to wrap up her selfencounter. Ella's selfencounter reveals emotionally non-present mother and Ella's two identifications: with her beloved *babushka* and with her stepfather. Identifications are not necessarily negative. Identifying with *babushka* could motivate Ella to be as good as *babushka*. However, identification with her stepfather harms Ella and prevents her from perceiving, feeling, and thinking for herself.⁷ About a month after selfencounter Ella sends a message that petrification in her stomach has disappeared. Furthermore, Ella memorizes her early childhood. She writes about living with her drinking biological father and her mother who was always at work. They lived in barracks. Ella's biological father drank heavily, beaten and humiliated Ella's mother. Mother doesn't talk much about this. The only thing she has told Ella that during a sexual intercourse her husband peed on her. Mother doesn't want to talk about her own childhood either. They were very poor. Ella's mother has had some conflict with her own mother. Ella's grandmother didn't even come to her daughter's school graduation. Ella's grandmother has been very strict and cold woman. Grandmother's stepmother had kicked her out of the house when she was a child, and her grandmother lived in a barn with cows and pigs. The provided information highlights trauma in several generations. Mother is the closest human being to her child, and the child depends completely on mother. Therefore, mother is the central link in the passing on of psychological consequences of traumatic events.⁸ Ella was 6-7 years old when Ella's biological father pointed a gun at Ella's mother and Ella stood up to defend her mother. That was the last straw, and her mother filed for divorce. In the court, Ella had to choose which parent she wanted to stay with. Ella chose to stay with her mother. Ella's intention was: I want to heal petrification in my stomach. A child's safety and survival depend on the bond with its mother. If the bond is compromised or the mother is unavailable, the lack of this vital link is life-threatening. To maintain the bond, the child sacrifices its I, its free will, to conform to what child thinks its mother wants. Self-denial causes a split in the child's psyche at a crucial moment of development. It is to be viewed as a rejected psyche or identity trauma. When defence mechanisms of the psyche are no longer functioning, stagnation and fragmentation set in. Stagnation occurs in the nervous system as well as in the muscles.

⁷ F. Ruppert & H. Banzhaf. (2018) *My Body, My Trauma, My I, Setting up Intentions Exiting our Traumabiography*. Green Balloon Publishing. UK. Page 17.

⁸ F. Ruppert. (2015) *Trauma, Fear and Love. How the Constellation of Intention promotes Healthy Autonomy*. Green Balloon Publishing. UK. Page 155.

Common signs of trauma are persistent physical symptoms such as headaches, abdominal pain or tension, as well as any other unexplained discomfort in the body. Therapy is a reversible process – through petrification Ella is being brought back to wholeness. It is good if an intention-giver has a strong bodily response. It means that healing takes place. Ella has been in a state of petrification or numbness (not to feel) for a long time and now coming out of it can be physically painful. Ella felt this pain within herself during the selfencounter.

Strong emotions and life energies are released when the traumatized and healthy parts get close enough to dissolve their boundaries. Muscular tension that acts as a barrier of protection can be released as physical tension evaporates. It is then possible to reactivate and revive body tissues that have suffered from inactivity, reduced blood flow, and survival mode.⁹

The living human organism is the starting point for all diseases and attempts at therapeutic healing. It is the interaction of matter, energy and information. When the healthy and traumatized parts come close, strong feelings and life energies are released, physical tensions are released, and muscular tensions that serve as a protective barrier can be released.¹⁰

Third case study.

Liesma comes to the group with an intention: I want to heal stress

Liesma has a huge pun on her forehead near the hairline, which is not even a pun. Liesma has visited all the doctors she could and taken all the tests. Finally, Liesma has been referred to a neurologist who, after the examinations, has instructed Liesma to reduce her stress level.

Liesma invites resonators for *want*, *heal* and *stress*. All the resonators are women.

Although I have pointed out several times to Liesma to choose *I* as one of the resonators, Liesma sticks to her choice of resonators.

Want takes a yoga pose, known as the "tree", and after a short while starts swinging one leg, then the other. In a moment *want* starts moving around the room, dancing freely, feeling just like a carefree 3-year-old child.

On her turn, *heal* embodies someone with a wealth of experience and energy. *Heal* gazes at *want* with a profound love.

Stress, however, is not amused by *want's* lively behaviour. *Stress* struggles to rein over *want*, who is like a little child full of energy. *Stress* wishes that *want* would settle down and find some peace. *Stress* looks at *heal*, who seems bigger, more composed, and radiates warmth. *Heal's* presence is incredibly soothing, prompting *stress* to move closer. When *heal* positions herself behind *stress*, she feels like a nurturing figure, almost like a mother. In this moment, *stress* feels like a girl aged between 10 and 15.

Want, however, avoids looking at either *heal* or *stress*.

The age of 10 was significant for Liesma, as that was the time when her parents forbade her from pursuing equine sports, deeming it too traumatic. Yet, despite their restrictions, Liesma found a way to continue her beloved activity without her parents knowing it. By the time she turned 13 Liesma left her parents' home.

Stress has bodily reaction to this memory.

Heal comes and lays her hand on *want's* back. *Want* calms down but insists that she still wants to run freely. *Stress* reassures she is fine because *want* is calm, even though *stress* is still not yet able to cope with *want*. *Want* admits he wants to tease *stress*. *Want* feels like a small boy.

Heal goes back to *stress*. *Stress* is still perceiving *heal* as an old woman such as a mum or a grandma.

Liesma always thought that her mother hates and doesn't love her, that she dislikes her since she was a little girl. Liesma has good memories of her granny. She lived with her parents and brother in a granny's house when she was 3 years old. Liesma doesn't remember anything from those years, she knows only

⁹ F. Ruppert & H. Banzhaf. (2018) My Body, My Trauma, My I, Setting up Intentions Exiting our Traumabiography. Green Balloon Publishing. UK. Page 30.

¹⁰ F. Ruppert & H. Banzhaf. (2018) My Body, My Trauma, My I, Setting up Intentions Exiting our Traumabiography. Green Balloon Publishing. UK.

that they lived there. Granny died at the age of 80 when Liesma was 9. By that time Liesma with her parents and brother already lived separately. Liesma cried immensely and exuberantly when parents said that granny is no longer alive. When Liesma talks about her granny, *want* takes a teddy bear and puts it against his face.

Granny has been the closest and dearest person to Liesma, the source of love.

At the age of 9, Liesma took her father's motorbike and her little brother and went to granny's house.

Granny always told Liesma stories and showed her family albums.

The moment the resonator of identification with granny sets in, *want* loses ground beneath his feet. *Want* has a feeling of going crazy, panic in the solar plexus, dissociation, not being able to get a hold of himself and nausea.

Liesma is familiar with this feeling when everything vibrates inside and doesn't stop.

Want can't hear that granny has passed away, because life stops then. The suspense of losing granny is too much to bear.

Heal's feet and hands are becoming cold. Liesma also aligns these sensations with her own experience.

Liesma's granny was limping because she has had a broken hip and, therefore, walked with a stick.

Liesma recalls a childhood memory when she was 5 years and her brother was 3 years old, and they had gone to have a smoke in bushes while granny was raking the hay and lost granny's stick on their way.

Granny found both: the stick and the cigarettes, and the two young smokers got a kick.

Want is in great suspense when Liesma mentions her brother. Liesma starts explaining how her brother died but is overcome by sobs and stops. *Want* believes this is something back in the past, even before brother's death. *Want* is sure that he has a fixation on a story of the brother. *Want* feels like he is the brother.

When the resonator of identification with the brother kicks in, *want* grabs his head. *Want* can't stand to see the identification with the brother, it makes him weak, and *want's* legs start to shake. It's too much for *want*.

Liesma is not able to talk freely about her brother's death, as tears are welling up in her eyes. When

brother was lying on his deathbed, he said to Liesma, "Sis, I will never ride a motorcycle again."

Although in real life, her brother never called Liesma "sis". Liesma blames herself that she taught her brother how to ride a bike and that it took her brother's life.

In trauma of loss, the initial survival strategies involve repeatedly replaying the moment of loss. In Liesma's case, it is, "What would have happened if I had not taught my brother to ride a bike?" Survivors usually feel guilty, as if they should have done more or done something wrong. Reality still seems modifiable, at least in their minds. Liesma feels guilty in her brother's death and tries to change reality by taking high-ranking positions in charge of people's lives and security in her professional life.¹¹

Her brother got married in April. He got into a bad motorcycle accident in September and died in hospital 9 months later. His baby boy was born in October. *Want* says she loves her brother, and it feels so good to be with her brother.

Liesma cries and admits that she cannot think or talk about her brother. Liesma cannot accept the fact that she misses her brother. She is finding it more hurtful to lose her brother than her father. Though Liesma loved her father unconditionally. He died in a car accident 3 years before she lost her brother.

Although Liesma and her brother have the same mother, Liesma has a completely different experience of her mother than her brother had. Her mother nurtured and loved her brother greatly. Although Liesma and her brother were close and affectionate in early childhood, they moved apart later.

Since she was a kid, Liesma was very similar to her father. This drove her mother crazy, since Liesma's dad had an illegitimate daughter, who was the same age as Liesma. She went to the same school and class as Liesma, sat at the same bench and was Liesma's best friend. Liesma found out by chance that her best friend whom she called a sister was her half-sister when she was already a teenager.

Liesma affirms that she loves her brother, but she needs time to admit it.

¹¹ F. Ruppert. (2015) Trauma, Fear and Love. How the Constellation of the Intention Supports Healthy Autonomy. Green Balloon Publishing. UK. Page 86.

Selfencounter highlights Liesma's losses: the death of her beloved granny and the untimely death of her brother in which she holds herself responsible. Father's death is mentioned in between even so Liesma loved her father unconditionally and grieved a lot upon losing him. Selfencounter shows that one part of Liesma's psyche holds an identification with her granny, and another part is identified with her brother. A third part (*stress*) is trying to control the brother and thus to rescue him. This is Liesma's survival strategy. In her work life, Liesma made splendid career, taking a high rank in structures responsible for security. Liesma was a workaholic. She was always on the phone and ready to go even during weekends and holidays. She worked 24/7. She had no time for partnership and making a family. Liesma had an opportunity of an early retirement from a state institution and eventually was employed in another institution serving human health and life. Liesma's survival strategy makes up for it by surrogate identities – concealing behind professional roles. The survival part comes in when the split happens in the psyche. And its only function is to keep traumatic memories out of consciousness. It protects the traumatised part. Thus, the survival part develops many ways of distracting us from the truth of the experience. Losing someone you love deeply leads to an irresolvable psychological conflict. Accepting a loss means mourning it and acknowledging its permanence. Because the pain and fear of finality are unbearable, survival mechanisms are initiated.¹²

Fourth case study.

Lelde comes to the group with an intention: I want to heal my suffering from migraine. Lelde was a teenager when she experienced migraine for the first time. That was a time when the connection with her father was lost. As a child, Lelde was attached to her father as Lelde's mother was not emotionally available for her. Since then, migraine is present in her life once or twice a year. Extreme migraine started when Lelde was in her 40-ties. Lelde invites resonators for *I*, *migraine* and *suffering*. All the resonators are women. Lelde looks at her parts and says she likes *migraine* a lot. *I* looks like a fool to her. Lelde doesn't like *suffering*. *I* laughs hysterically. *I* has an unreal headache. *I* says she will laugh while it is still possible. *I* says that four nails have been driven into her head and that *suffering* is nice. *I* doesn't take *migraine* seriously. *Migraine* feels very good and shakes her hair. *Migraine* feels like *I* belongs here, but *migraine* is disturbed by the behaviour of *I*. *Migraine* would like to take *I* by the hair and turn her around. *Migraine* feels such an overwhelming power and aggression that she could explode. *Migraine* feels very big. *Migraine* feels herself as a grown-up man with a sexual appetite. It resonates for the intention giver. *Suffering* looks at *migraine* and says that *migraine* is so beautiful. *Suffering* feels as big as *migraine*. *Suffering* has a great inner peace. *Suffering* has no interest about Lelde, even if she knows that Lelde exists. Lelde recognizes her mother in *suffering*. Lelde says her mother has some narcissistic accentuation, as well as her father. Father's favorite saying was, "Children are flowers on their parents' grave." Nevertheless, in her childhood, father was Lelde's attachment person until her mid-teens when Lelde started to fight back. Lelde was no longer good enough for her father. Everything she did was wrong. She was blamed by her father for everything she even didn't do. *Migraine* is triggered by a severe anxiety and panic at the mere thought that a man might be approaching Lelde. Lelde admits she gets anxious when a man shows attention. *I* has strong bodily reaction to a story about the father. *I* asks Lelde if she has experienced any sexual violence from her father. Lelde can't recall anything like that. Lelde decides to stop here and not to go any further.

¹² Ibid.

Next day after selfencounter I received message from Lelde. She remembered an episode from childhood connected with her father and she feels that it could have had an impact on her sexuality. Lelde doesn't share the details. The only thing she shares that it was not a physical interaction. Connected to these memories, Lelde looks back to her partnership with males and concludes that she has behaved in a narcissistic way to some of them.

This confession may suggest that Lelde identifies with her parents' survival strategies and attributions because of the trauma of love. She describes both of her parents as having narcissistic traits.¹³ Her suppressed anger is primarily directed at her mother. Lelde often finds expression through sarcasm and humor.

Sexual trauma is not just about a physical harm. Sexual trauma can also be caused by emotional harm. It can be an inappropriate touch, a look or a remark. It can also be an episode where a child sees actions inappropriate for his or her age.

Three weeks after Lelde's first selfencounter she reports that since then she had just one minor episode of migraine, she could even hardly call a migraine.

Next message from Lelde arrives two months after her selfencounter. I have described her selfencounter and sent it to Lelde for proofreading. While reading the description Lelde connects to one more excluded memory. It happened 30 years ago when Lelde was 20. She lived with her parents. There was a striptease broadcasted on TV. Lelde said, "Yack, what are they broadcasting?" Father replied to her, "You say so, because you would like to do the same, but you can't." That made Lelde angry and ashamed. She couldn't understand how her father could say something like that to her. Lelde asks if it could be possible that she has sexual trauma because of that? Now Lelde remembers this as if it has happened yesterday, although 30 years have passed. Lelde couldn't recall memories even from an adult and fully conscious age as they are too difficult.

Next morning, after reading the description, Lelde travels back in time by memorising events from her life. It was her 18th birthday when her father started to argue and humiliated her in front of her friends. It was nothing about sexuality. The quintessence of the dispute was that it happened in front of her friends, and it was horrible. Lelde realizes – from that moment on, she has developed a strong hatred towards men. From her teenage years, when she started talking back, she was no longer good to her father, he was constantly criticizing her. Even though they had close relationship when Lelde was a child.

A month later arrives another message from Lelde. She has memorised what happened when she was 6 and started the 1st grade at school. Her parents were working and after her classes, Lelde had to stay with an elderly couple – their good neighbours they knew for a long time. The elderly couple had a grandson who was 9 years older than Lelde. While grandparents were busy with their household, their grandson and Lelde spent time together playing, and the boy used to take off his clothes down to his underwear, he used to take Lelde on his lap. Lelde asked what is that hard thing in his underwear and he invited Lelde to touch his penis. This went on for quite a while. Until one day Lelde asked him to show what it was, and the boy showed it to Lelde. Lelde felt like a joke had been played on her and she should tell it to her parents. When she did that, her parents went silent for a moment and looked at each other. They didn't say a word to Lelde. She felt something was wrong in this silence. Next time Lelde had to stay with her neighbours, the old lady called Lelde a liar and forbade her from seeing her grandson. Lelde remembers her deep confusion. She has recalled her parents' deep silence, and her assumption was that she has done something wrong. At the same time, she was angry with the old lady who called her a liar. Remembering that Lelde has mixed emotions – anger and helplessness. The old lady called her a liar. Lelde knew that was not true, but she couldn't do anything about this. Lelde didn't tell her parents this episode. Today Lelde tracks the victim-perpetrator dynamic in her professional life. The same happened when her colleague gave wrong medication to patient two times in a row and the head nurse blamed Lelde. The second time was at a different workplace where a physician slandered Lelde's colleague. Looking back at those situations, Lelde has realized she experienced the same anger and helplessness as when she was a 6-

¹³ F. Ruppert & H. Banzhaf (2018) *My Body, My Trauma, My I, Setting up Intentions Exiting our Traumabiography*. Green Balloon Publishing. UK. Page 31.

years-old girl. Both times Lelde resigned, even though the truth was revealed in the first episode, and she was not a target at all in the second one. Lelde's choice of a profession shows how unwanted child makes herself wanted. Being a medical makes you wanted by so many people when they are in crisis.

"Children who are not loved have the idea that if I am important enough in the eyes of others, then I am actually worthy of being here and being loved by mum and dad."¹⁴

In her healing process Lelde goes backward in time. Trauma healing process may be "going backward", spiraling and retrograde. Trauma healing does not progress only in one direction, where people just progress in dealing with their past, but instead it could also be reprocessing memories and emotions around the trauma in a way that seems to run counter timeline. It may look like "going back" into earlier stages of life, but in fact it is a part of the healing process, integration and making sense of those past episodes, reliving them again and achieving some sort of closure. Thus, even though it may seem like healing from the trauma is something like catching up in time, it is not. It is rather a setup of what was traumatic into something consolidated and transformed to a new level of awareness that allows to continue restoration and transformation. Trauma healing is not like a straight line moving in one direction (forward), but as a spiralling, often retrograde movement that brings up and makes to face the buried, unprocessed wounding-activating reality that haunts our lives.¹⁵

Next message from Lelde arrives 9 days later. Integration process continues. Her new insight is about sex and the fact that her whole life she has been afraid of it. Lelde assumes it has something to do with the fact that she does not want children. She has lived like a nun until the age of 42, shunning intimacy even when she experienced male attention. Because if you have sex, you can get attached to your sex partner and it may hurt you when he says, "We do not have any other relationship than sex." And this will hurt. Lelde can't trust a man. Lelde will be trampled down the same moment a man gets what he wants. And a man, just like the old lady will say, "What are you making up, what relationship?" Now when Lelde has learned not to trust a man, she realizes why she has never wanted children. She is not prepared to be responsible for a child alone, but a man can escape and walk away at any moment. Lelde has never wanted to have a child.

Fifth case study.

Three months after her first selfencounter Lelde joins online group. Her intention is: I want to heal my fear of closeness with a man

Three words to resonate are: I, fear, closeness. All resonators are women.

Lelde looks at *closeness*. She feels amazed and scared at the same time.

Closeness is weeping, and she does not know why. It seems like some link is lost and she has no clue how to fix it. All she can see around her is darkness and she feels very desperate. *Closeness* has two parts in it – there is something bright and lovely but also dark and hurtful. *Closeness* can look at both – *I* and *fear* – but she can't reach them. She feels big sorrow. It might be linked to death.

Lelde says that their parents fell in love and totally lost their minds. Her dad left his wife with two little kids. Lelde's mom quickly got pregnant. Both parents agreed to abort the baby. It was the child before Lelde.

Half a year later, her mother got pregnant again. Abortion by both parents was considered as the best solution. Doctor refused to conduct the second abortion and recommended to give the birth. Lelde was born thanks to the doctor. There is one more child aborted after Lelde.

Closeness resonates with the aborted children and insane love of Lelde's parents.

I wants to escape and hide, and not to witness all that. *I* feels like a little child around age of 7. She fears feelings of *closeness*. *I* feels she will die if *closeness* will indulge in feelings. *I* wants to rescue *closeness*

¹⁴ F. Ruppert (2021) I WANT TO LIVE, LOVE & BE LOVED. Tredition. Germany. Page 89.

¹⁵ F. Ruppert (2008) Trauma, Bonding and Family Constellations: Understanding and Healing Injuries of the Soul. Green Balloon Publishing. UK.

from feelings but fears encountering feelings herself. *I* is scared she will lose herself if *closeness* does not survive.

Lelde is afraid of becoming close with a man because she doesn't want to lose herself in it. She doesn't want to lose her mind and not to be the mistress of her life, as it happened to her parents. "I must be in control, so I won't have the life my parents had", Lelde says.

I resonates with "control". It is important not to lose control. Her head hurts. She doesn't sense the rest of the body. She is filled with fear.

Closeness feels like someone made of feelings and emotions. She does not have a head.

Lelde becomes suspicious with the phrase "not having a head".

Fear has solar plexus pain. It feels like stone – painful and pressuring. Head in pain, like a contusion.

Confusion of space and time. Numb hands. It feels like the body is torn into two parts. It feels turned into stone.

Lelde recognizes she has experienced all this during times of migraine. Even solar plexus pain.

Fear does not dare to move her body. It hurts.

I calms down as *fear* talks. *Fear* is the one who has learned a lot about being scared. *I* has *fear* in her mind. She is now 7 or 10. She must be more grown-up than she is.

Lelde hardly survived at the age of 6 when her appendix ruptured. She was left at her grandma. Granny called a doctor. Doctor checked Lelde, didn't consider it serious and left. Luckily, Lelde's aunt returned home from a night shift at the hospital. She realized what has happened and called emergency. Lelde's parents were not there. At the age of 6, Lelde decided she wants to live by herself. She doesn't need her parents if they are not with her. Granny (mother of the father) was Lelde's dearest and most loved person. Lelde spent a lot of time with her. She was the only one who saw, heard and cherished Lelde. When granny died, Lelde wept for several weeks. Granny is her biggest loss.

I calms down. She feels everything in her head. On one hand, *I* doesn't feel mature enough to make a choice like that. On the other hand, *I* says she can do it. For some reason, *I* feels that it is not correct. She requires her parents' love.

Fear is bricked up in a wall. Both feet are freezing. Her wings are pulled in. Her body hurts. *Fear* feels like an artificially preserved 100 years old woman.

Closeness doesn't sense any age. She isn't in her body. She exists just with her heart. She does not sense what other parts are saying. She feels left behind and forgotten. There is a tragedy in her. Something has happened that *closeness* can't change.

Lelde was 3 years old, and playing outside, when she fell into a huge barrel of water. She was drowning. Lelde remembers this as if it has happened just now. But it has happened a long time ago. Today Lelde is confident – the most beautiful death is drowning. The other 5 years old girl tried to haul out Lelde by her hair and screamed for help. Lelde's mother was inside the house. Lelde realizes that her mother has heard a child shouting for help. However, she didn't come out. Other neighbours hurried outside, pulled Lelde out of the barrel and started artificial respiration. Lelde's mother came out when everything was over and Lelde was rescued.

Closeness resonates with this. She is left there – in the cold water.

I resonates, too. *I* can finally sense her body. She feels she is breathing again.

Until the age of 35 Lelde did not feel her body. She started running and did different practices to connect to her body. She had been practicing yoga, meditation, mirroring groups, visiting her psychotherapist, hiking in the mountains, etc.

This mind-body split may indicate not only trauma of identity, but sexual trauma as well, as *I* function is split from all physical sensations.¹⁶

Severe migraine started when Lelde was in her 40-ties. According to Lelde, usually, migraine starts when she wants to go out on a date. This is the time when she meets a man who teaches Lelde what is intimacy, and Lelde has sexual encounter with a man for the first time in her life.

¹⁶ F. Ruppert & H. Banzhaf (2018) *My Body, My Trauma, My I, Setting up Intentions Exiting our Traumabiography*. Green Balloon Publishing. UK. Page 31.

Migraine is Lelde's survival strategy how to live her life and prevent herself from falling in love and going crazy as it happened to her parents. Migraine is also a survival strategy not to become pregnant. Lelde remembers when she used to look at newborn babies as a young woman, she had no other thought in her mind just the following one, "Poor, little human, you have all the painful life in front of you. I'm so sorry for you and for what expects you."

Both selfencounters and the memories and insights Lelde experienced between them highlighted Lelde's trauma biography. It started with an identity trauma when Lelde was almost aborted by her parents. One of her parts had no age at all. This part was Lelde in mother's womb. Bringing all that to consciousness and realizing that her parents wanted to kill her is the worst truth. "It takes great courage and a well-resourced and strengthened I to face the enormity of this truth and what it means."¹⁷

It was a trauma of identity together with trauma of love when she almost died twice, and her parents were not there for her. Therefore, at the age of 6 she decided she will live without her parents if they do not need her.

At the age of 6 Lelde experienced sexual trauma perpetrated by a grandson of her neighbours. This trauma repeated itself in the context with her father's expressions when she was 20.

Lelde experienced victim-perpetrator trauma at the age of six. Victim-perpetrator dynamic was repeating later in Lelde's professional life.

Lelde's mother aborted the child before Lelde and was unable to build up a secure attachment to Lelde. Consequently, Lelde suffers from symbiotic trauma. Both Lelde's selfencounters show her parents' indifference and ignorance.

My thesis is: Biology of loss originates back in childhood and may lead to avoidance from partnership in a later life.

Biology of loss does originate back in childhood. It affects the brain of a child.

The most significant factor shaping the physiological development of brain is an emotional relationship with the parenting environment. A necessary condition for the optimal brain development are parents emotionally available, i.e. consistently available, nonstressed, non-depressed, mutually responsive and attuned to the child. Children are programmed to attach.

The worst part of the trauma of losing a loved one is the continual flare-ups of pain that are difficult to subdue.¹⁸

"When people are traumatized, they often feel that their lives have been shattered, and their inner world has been lost. Trauma literally rearranges the way the brain works; it changes how people perceive the world and themselves. The loss of safety, love, and predictability—especially early in life—can create deep wounds that are stored not just in memory but in the body."¹⁹

Three of my clients are single at this point of life. Lelde has never been in partnership. Ella and Liesma have been married for a short time in their youth. Vilma is married, but admits she is not emotionally available for her husband.

Not to bond, in order not to lose and thus not to feel the pain of losing someone again, is the survival strategy after trauma of loss. Loss, especially unresolved early loss, can profoundly impact the brain, body, and emotional regulation. The loss of a caregiver through death, neglect, abandonment, or emotional unavailability can create lasting emotional wounds. These losses can hinder a person's ability to feel safe and form trusting relationships later in life.

"We cannot have fruitful relationships functioning from our survival self, which might simply endure the chaos, and spread it further afield. We can only have a good relationship based on our healthy

¹⁷ F. Ruppert (2021) I WANT TO LIVE, LOVE & BE LOVED. Tredition. Germany. Page 37.

¹⁸ F. Ruppert & H. Banzhaf (2018) My Body, My Trauma, My I, Setting up Intentions Exiting our Traumabiography. Green Balloon Publishing. UK. Page 31.

¹⁹ Bessel van der Kolk (2015) THE BODY KEEPS THE SCORE: Brain, Mind and Body in the Healing of Trauma. Penguin Books. Page 21.

psychological structures, and these have to be developed, so that the male-female relationship can be turned into a win-win situation.”²⁰

“Being able to feel safe with other people is probably the single most important aspect of mental health.”²¹

“Living alone and isolated, on the other hand, leads to illness.”²²

Trauma of identity could be regarded as a premise for trauma of loss. When we don't develop a solid sense of self or secure attachment, we can have a difficulty in forming healthy relationships and dealing with loss. Due to early traumatic experiences, we may be more prone to experiencing loss in a deeper, more destructive way. Distorted or fragmented identity may lead to difficulties in processing grief and loss.

The nervous system becomes "stuck" with unresolved loss. The brain may not process a loss appropriately if it is too great and there is no support. People may stay in a state of dissociation, hypervigilance, or emotional freeze instead of processing the experience and moving on.

Loss can be somatic. Trauma is not just a memory or emotion. It is something the body “remembers.”

Those who have experienced traumatic loss may carry it physically in the form of chronic tension, pain, digestive issues, or unexplainable fatigue.

Significant loss can shatter a person's sense of identity and continuity. Trauma can interfere with brain's ability to create a coherent life story. The above mentioned can result in a fragmented sense of self or a feeling of being "stuck in time."

In cases of trauma resulting from loss, the following emotional experiences shall be separated from the rest of the psyche: fear of loneliness and isolation, psychological pain from losing an important attachment figure, fear of having to cope with life without this person, and anger of being abandoned.²³ Actual healing takes place when you go back to the site of origin of the trauma to process and to release it.

Growing self-awareness requires understanding that the goal is not to make the symptoms disappear, but to understand their deeper meaning.²⁴

Integration of selfencounter may be painful, both physically and emotionally. This is integration pain.

All four clients improved their ability to recognize and understand the illusions of their survival strategies. Once clients recognize that their perceptions, feelings, thoughts, and memories in survival strategies shield them from reality, their survival strategies can start losing their power, allowing development of the healthy parts.

Illusions can only be demystified by recognizing the reality of trauma, allowing the psyche to regain its original purpose: to enable clear access to reality and deal with it constructively.²⁵

Trauma manifests itself in different physical ways, and healing requires self-recognition and love.

“Once we form a good relationship with ourselves, we are then able to form constructive relationships with other people. We can open up to them emotionally and we are also able to clearly say “no” when other people try to overstep our boundaries. In this way we become authentically “autonomous”, i.e. we

²⁰ F. Ruppert (2015) Trauma, Fear and Love. How the Constellation of Intention promotes Healthy Autonomy. Green Balloon Publishing. UK. Page 206.

²¹ Bessel van der Kolk (2015) THE BODY KEEPS THE SCORE: Brain, Mind and Body in the Healing of Trauma. Penguin Books. Page 81.

²² F. Ruppert & H. Banzhaf (2018) My Body, My Trauma, My I, Setting up Intentions Exiting our Traumabiography. Green Balloon Publishing. UK. Page 50.

²³ F. Ruppert (2015) Trauma, Fear and Love. How the Constellation of Intention promotes Healthy Autonomy. Green Balloon Publishing. UK. Page 85.

²⁴ F. Ruppert (2015) Trauma, Fear and Love. How the Constellation of Intention promotes Healthy Autonomy. Green Balloon Publishing. UK. Page 289.

²⁵ F. Ruppert (2015) Trauma, Fear and Love. How the Constellation of Intention promotes Healthy Autonomy. Green Balloon Publishing. UK. Page 282.

live our lives in the way we want to live them. This makes us a peaceful person who also wholeheartedly wishes others their own healthy autonomy.”²⁶

Only by confronting the pain of loss, acknowledging the fragmented parts of the self, and working towards reintegration and emotional wholeness, we can move from chronic grief to a renewed sense of self and the ability to form healthy attachments.

At the end of my paper, I would like to thank all my clients for their contributions.

With love,
Zane

LITERATURE

1. Bessel van der Kolk (2015) *THE BODY KEEPS THE SCORE: Brain, Mind and Body in the Healing of Trauma*. Penguin Books.
2. F.Ruppert (2008) *Trauma, Bonding and Family Constellations: Understanding and Healing Injuries of the Soul*. Green Balloon Publishing. UK.
3. F. Ruppert (2012) *Symbiosis and Autonomy. Symbiosis Trauma and Love beyond Entanglements*. Green Balloon Publishing. UK.
4. F. Ruppert (2015) *Trauma, Fear and Love. How the Constellation of the Intention Supports Healthy Autonomy*. Green Balloon Publishing. UK.
5. F. Ruppert & H. Banzhaf. (2018) *My Body, My Trauma, My I, Setting up Intentions Exiting our Traumabiography*. Green Balloon Publishing. UK.
6. F. Ruppert (2021) *I WANT TO LIVE, LOVE & BE LOVED*. Tredition. Germany.
7. G. Maté (2011) *When the Body Says No: Understanding the Stress-Disease Connection*. Wiley. USA.

²⁶ F. Ruppert (2023) *Self-Encounters & the Intention Method, The Practice of IoPT*. Tredition. Germany. Page 70.