

## **A Self-Evaluation of 5-year experience with Family Constellations in outpatient addiction therapy at an addiction-counselling centre in Berlin**

*“For the last 5 years, I have been facilitating the outpatient addiction therapy groups for outpatients at the addiction counselling centre of Caritas, Große Hamburger Strasse, Berlin, with 2-3 FC seminars per year; these are two-day seminars with 25-30 participants.”*

*H.Brömer, recognised trainer therapist for Systemic Constellations (Dgfs)*

Report by the head of the counselling centre, 27 February 2014

In each case, experience-oriented Family Constellations have had a sustained effect on our patients at various levels:

Improved access to the patients' crucial issues of patients

With different patient groups, we have had the following experiences:

a)

There are patients who had been doing their therapy with us for a longer time and with whom we reflected on their behaviour and their feelings, based on relational experiences within the dyad or the group. With their own Constellations, these patients had a very good opportunity to revisit the discussed issues once again in a lively, visual picture, and to feel these issues more vigorously in a sort of „exercise setting“.

In a majority of cases, the visualizations in FC coincided with the issues that had appeared already in the patient's therapeutic work; however, through this method many of these connections were positioned at the very centre of attention even clearer and in a more sustained way for the patient.

In the first days afterwards, these patients reported in most cases a very euphoric and relieved mood; they seemed to “have understood something” about themselves. Often, this feeling turned into frustration or disillusionment after some time; the patients complained then that “nothing had really changed after all“.

Yet this offered a valuable therapeutic opportunity to address the difference between “understanding“ and “actual implementation of insights“.

Both in individual and in group settings, we repeatedly raised the question: What can they “do in practical terms with their knowledge“?

At the same time, fears, ambiguities on the path towards the new could be addressed and discussed repeatedly.

It became clear how important the follow-up is, not as a one-off exercise, but as a process in which the pictures coming from the Family Constellations could be referred to again and again.

b)

To another part of the patients, these pictures were frightening; they reacted with rejection and disdain.

On the other hand, it turned out to be useful to discuss the related concerns and fears under the profile of “what would happen if those things that I have seen there were true?”

In a majority of cases, patients were enabled to allow the rejected issues over the course of time, perceiving their own resistances and dealing with them constructively.

c)

Even for total newcomers among the patients, the Family Constellations in which they participated only - without playing an active role - proved to be useful in detecting their own themes; however, we check very carefully in the run-up to the sessions whether we believe that this or that patient can really achieve this, or whether they should first try to become engaged through regular group work.

Quite often, we have noticed that patients will perceive and admit their own issues easier in “third party” Family Constellations rather than in their own. We always ask the question which of the family constellations they remember most vividly, or which has touched them particularly. Afterwards, we will draw the conclusions applicable to the patient.

At any rate, participation in Family Constellations has had a positive impact on the group’s feeling of togetherness, the retention rate and the therapeutic success.

Of course, there have also been cases that were discontinued afterwards; yet I assume that this would have happened anyway, even without FC; it just happened earlier thanks to the clarity achieved through FC.

Properly speaking, we do not have patients that participate in the outer group circle “only”, since we have introduced Family Constellation as an obligatory part for every patient doing outpatient therapy at our centre.

All this reflects the high esteem in which we hold this method as a support to our patients.

Yet I am convinced that it can work out nicely only if this method fits into the overall concept of treatment, if it is prepared accordingly, and discussed in the follow-up repeatedly – as mentioned earlier; moreover, to be successful, the themes and motifs detected there need to be integrated into other transfer sequences and group dynamics.

Christine Gräbs

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