Who am I?

Basics of an Identity oriented Psychotrauma Theory and Therapy (IoPT)

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Agenda

• Words and concepts
• Theories: Freud, Rogers, Erikson, Watkins
• Brain Research
• Development of ‘I’ and ‘Self-Consciousness’
• Identity, Identification and Attribution
• Identity and Trauma
• Psychotrauma biography and Trauma of Identity
• Basics of Identity-oriented Psychotraumatherapy (IoPT)
Words and Concepts

- I
- Self
- Ego-(States)
- You/We
- Personality
- Subjectivity
- Individuality
- Identity
- Identification
- Attribution
- Psychotrauma
Sigmund Freud’s Ego Concept

• The Ego is put under pressure between the unconscious Id (sexuality, aggression) and the demands of the Super-Ego.

• The Ego is able to suppress Id-impulses, to satisfy them in fantasies or to reject them.

• The Ego is searching for harmony between Id-impulses and moral Super-Ego-demands.

The Ego represents the Reality Principle.

Therapy aim: Unconscious ID needs to become conscious EGO!
Erik Erikson’s Phases in the Development of Identity

- Identity develops in eight phases through the whole life cycle
- In every phase we have a developmental task to fulfil
- In our adolescence we either develop Ego-Identity or Role-Confusion
- Ego-Identity happens by taking on and refusing identifications
- Identity means perceiving yourself continuously as the same person and being perceived as the same person by others
- Healthy Ego-Identity includes being a member of a group as well being an unique individual
Carl Roger’s Self-concept

- Self-actualization: The ability of the organism to protect oneself and grow
- Self-realization: Every human being feels the need to grow personally
- Self-concept: One’s own perception of oneself, as well as how others perceive us
- Incongruence: Experiences which do not fit with one's self-image
- Therapy aim: Exploring the authentic self through relationships, where you are fully accepted as you are
John Watkins 1913-2012
Helen Watkins 1921-2002

• Ego-states are unique patterns, deriving from a person’s relationship with his/her environment
• Ego-states happen through differentiation, introjection from ‘important others’, and as a reaction to trauma
• Important Ego-States:
  • Inner controller
  • Inner critic
  • Inner persecutor
  • parts that are protecting
• Therapy aim: to understand the traumatic childhood situations in which the inner parts were created and to integrate them.
The Self denied by brain research

- One of the oddities in the field of brain research is that many neuroscientists dispute the existence of the ‘self’, all the while examining its origins. The self is frequently the bête noire in the laboratory that has to be postulated in order to be combated...

- The old notion that man is held together mentally by a supervisor called Self is not refuted. This self is a complex matter; even if it can be broken down into various selves, it is still a perceived reality that science cannot simply dispense with. Isn’t the fact that we feel we do have a self, enough to claim that there is one?’ (Precht 2007, p. 71 f., Engl by F.R.)
The pre-frontal Cortex and the ‘I’

- As self control is a process organized in the pre-frontal cortex, the conclusion is that there are also internal images of the ‘I’, and similarly internal pictures of others.
- To suppose that these images are there since birth is incorrect.
- The development of a ‘felt’ I or self, and an inner image of another, has to take place in the brain of the baby, and these two processes are interwoven from the beginning. (Bauer 2015, S. 48 f., Engl by F.R.)
Development of the I

• The child exists before birth as a unique subject with her psyche
• The child exists in his own body and develops himself at his own pace
• She is an Individuum (not divided), as long as she does not get traumatised
• The child learns with his own actions that ‘I’ can influence things
• Being ‘I’ changes slowly, step by step, becoming increasingly self aware, even before birth
Development of Self awareness

- Initially the ‘I’ develops in relation to the ‘You’ of his mother
- If a child can develop healthily, after two years he will already have a distinct self-concept
- When the child is four years old, she is able to use personal pronouns like ‘me’, ‘mine’ correctly
- If the ’You’ (ie the mother) is not clearly present for the child, this will cause identity disorders for him
Symbiotic Necessities

- being nurtured
- being kept warm
- to have body contact
- being held
- having eye contact
- being understood
- being supported
- belonging exclusively to another person
- being welcomed

... support the child’s adaptation to the ‘you’
Desire for Autonomy

- perceiving, feeling, thinking for yourself
- to be independent
- to find your balance in yourself
- to rely on one’s own ability to act
- to be free
- to decide by yourself

... support the child’s separation from the ‘You’
Identity means: $1 = 1$

- A healthy ‘I’
- With a free will
- With all one’s senses
- In contact with the body
- With one’s own feeling
- With one’s own thoughts and words
- In all relationships
The process of Identification:  
I = You, I = We

• The development of ‘I’ is embedded in the development of ‘we’.
• The first ‘we’ is “I and my mother”.
• Further entities of ‘we’: “I and my father”, “I and my brother/sister”, “I and my family”, “I and my friends”, “I and my colleagues”, “I and my husband/wife”, “I and my children”, “I and my country” ...
• Offers for ‘we’ initially come from the outside.
• The child accepts those offers without doubting them.
• Later in life we can freely choose between different offers of ‘we’.
Freely Chosen Identifications

• with the sports teams from your country
• the region in which you live
• the company in which you work
• with stars from sports, movies and the music industry
• with self imagined fantasy figures or values
• Questions:
  • Do such Identifications support or hinder our I-development?
  • Do they cause a distraction from developing our healthy I?
Attributions:

You = I; You = We

• Giving names to children
• Religions: Christian, Moslem, Jewish …
• Nationalities: German, Norwegian, Turkish, Russian …
• Political attributions: ally, enemy, terrorist …
• Diagnoses: Mentally ill, psychotic …
• …
Attributions create Role expectations

- A child should ...
- A woman must ...
- A man cannot ...
- An American has to ...
- A student must ...
- A teacher cannot ...
- Mentally ill patients should ...
Forced Attributions...

• Support the need for belonging
• Include and exclude
• Put pressure on others
• Enforce idealisation and devaluation
• Increase competition
• Create pictures of enemies
• Limit the space for developing one’s own healthy identity
what does Psychotrauma do to our Identity?
Splits in the Identity
Structure after a traumatic Experience

Sector 1: Healthy I

Sector 2: Traumatised I

Sector 3: Surviving Ego States
What does ‘healthy I’ mean?

• Being present, but not dominating
• Being flexible to altering situations
• Being realistic what is possible and what not
• Being able to accept surviving parts and traumatized parts
• Taking responsibility for a healthy Identity-development
• Having a free will on one’s side
Psychotrauma produces the need and the habit for...

- looking for substitute-identities (e.g. a professional role)
- accepting attributions without doubt
- clinging to another person’s life (e.g. to a partner or an own child)
- hiding one’s I behind a ‘We’ (relationship, family, company, ‘system’, nation etc)
- identifying with perpetrators (e.g. with the violent mother or father)
The more extreme the Psychotrauma is, the more urgent is the need for...

- re-defining oneself (e.g. ‘It didn’t affect me!’)
- self-denial (e.g. ‘I was not beaten / sexually abused!’)
- disengaging the ‘I’ from the body (e.g. ‘My body is sick!’ ‘My body is already dead!’)
- dissolving the ‘I’ (e.g. through drug usage or withdrawing into a state of confusion)
Not having an Identity means...

• Being self absorbed and full of insecurities
• Feeling strange in one’s own body
• Not being able to feel pain and anxiety
• Being stressed in groups of overstressed others
• Being caught up in the contradictions of one’s mind
• Even in community still feeling very alone
• Fighting against the rest of the world
The Surviving I-States turns ...

• individuals into split personalities, who experience this as normal and their true identity
• humans into objects, who accept this as their identity
• Men and women into functioning machines, without any connection to their healthy ‘I’ and their body
• Loving babies into egoists and psychopaths
Healthy Identity...

- Is the sum of all my conscious and unconscious life experiences
- Including my beautiful days as well as my trauma
- I can’t leave anything out without denying myself
Trauma of being a Perpetrator

Trauma of Sexuality

Trauma of Love

Trauma of Identity

The Psychotraumabiography
‘No’ of Mother towards the Child

‘Yes’ of a child for his life

Trauma of Identity

Identification
Psyche of the Child

- ‘Yes’ of a Perpetrator
- ‘No’ of Mother
- ‘Yes’ of a child towards his life

Outer line: Trauma of Sexuality
Middle line: Trauma of Love
Inner line: Trauma of Identity
Psyche of the Child

‘Yes’ of a Perpetrator

‘No’ of Mother

Yes of a child towards his life

Outer line: Trauma of Sexuality

Dot line: Trauma of Love

Inner line: Trauma of Identity
Identity oriented Psychotraumatherapy (IoPT)

• Helps the healthy identity to grow
• Makes one’s surviving strategies conscious
• Dissolves entangled identifications
• Puts attributions into question
• Makes one’s own trauma conscious
• Empowers the healthy ‘I’ and the free will
• Supports the encounter of the healthy ‘I’ with the traumatized ‘I’ without splitting again
Intention Method of Identity oriented Psychotraumatherapy (IoPT)

- A free space for
- Self Encounter
- By exploring the sentence/picture of intention
- Word by Word
- With the help of points of resonance from outside (other people or floor markers)
Invitation

- 4th International Congress
- 12th to 14th of October 2018 in Munich

www.healthy-autonomy.de
Literature