

# Bonding Therapy (BP) and trauma

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Work shop presentation  
VI. Conference about trauma and drug addiction  
Czechia, October, 2009

# Abstract

- BP in a group oriented psychotherapy for persons with basic emotion disorders. It was founded by USA psychiatrist Dan Casriel and later developed by other therapists. BP is in use in USA, EU, South America etc. There is World association of bonding psychotherapist, similar European association (ESBP) etc.
- BP is well used in high threshold programmes for drug addicts, expc. into TC's. BP can improve therapeutic work with patients in general; also can be used for making general therapeutic work deeper and shorter.
- From individual view, patients can with BP work on basic emotions problems, as well as on relation's and cognitive shema's.

## Key Words:

- Bonding psychotherapy, basic emotions, drug addicts

# Content of presentation:

- Short introduction of BP
- Relations between BP, trauma and TC
- Slovene experience with BP groups

# About BP – short introduction:

- “BP is a group therapeutic process for the treatment of disorders that are connected to a lack of fulfillment of the neurobiologically anchored psychosocial basic needs” (short definition; Stauss, 2005)
- ... for change through corrective emotional experiences
- ...not only for the reduction of symptoms, but also for increase joy and satisfaction in life

# Relations between BP, TC and trauma:

- BP has roots also in early TC movement (1960, Dan Casriel, Synanon, USA)
- BP and TC are in service for high traumatised persons (drug addicts,...).
- BP and TC deals with the same typical emotional, personal, behavioral and family characteristics of the clients and their traumatic experiences:
  - early experiences with painful rejections
  - feeling of “not exist”
  - intensive fear of rejection
  - lack of possibility to ask for help
  - lack of fulfilling of basic needs (expc. need for love)
  - basic untrust (and because of it high manipulative behavior)
  - basic emotional disorders
  - low contact with body sensations
  - relationship and attachment style disorders,
  - other basic “negative attitudes”, etc.

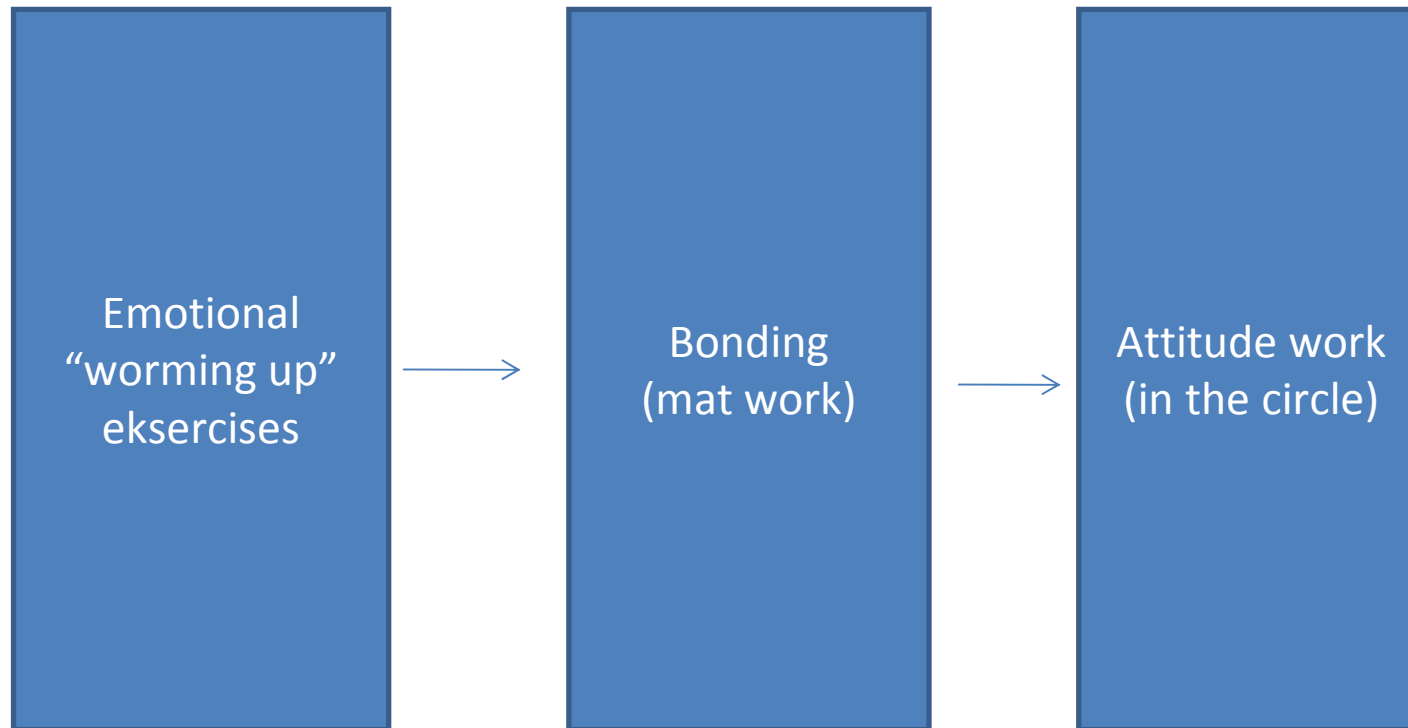
# Why to use BP into TC at all?

- BP can create a significant + influence to TC's clients through next general ways of help:
  - increasing th. process in general;
  - deepening of individual th. processes (TC can work with deep traumas of clients and not just with behavior and outside symptoms);
  - shotrening of individual th. processes;

# Typical steps of BP (1-day) group session

- (before: intake interview, selection of clients, therapeutical plane, introduction seminar, starting feed-back,...)
- Basic exercises for contact with basic emotions and body sensations (8.00-9.30)
- Bonding exercises (mat work or other forms of “bonding” exp. for clients witch feels in clasical bonding to much closennes with others and to high tension) (10.00-11.30)
- Attitude work in the circle (13.00-15.30)
- Exercises for: pleasure, feeling of connection / belonging to the group, relaxsation, love (towards self and to others) (16.00 – 16.45)
- Final feed back and individual plans for transfer BP work to everyday life (into TC, to home,...) (17.00-18.00)

# Typical steps of BP group session

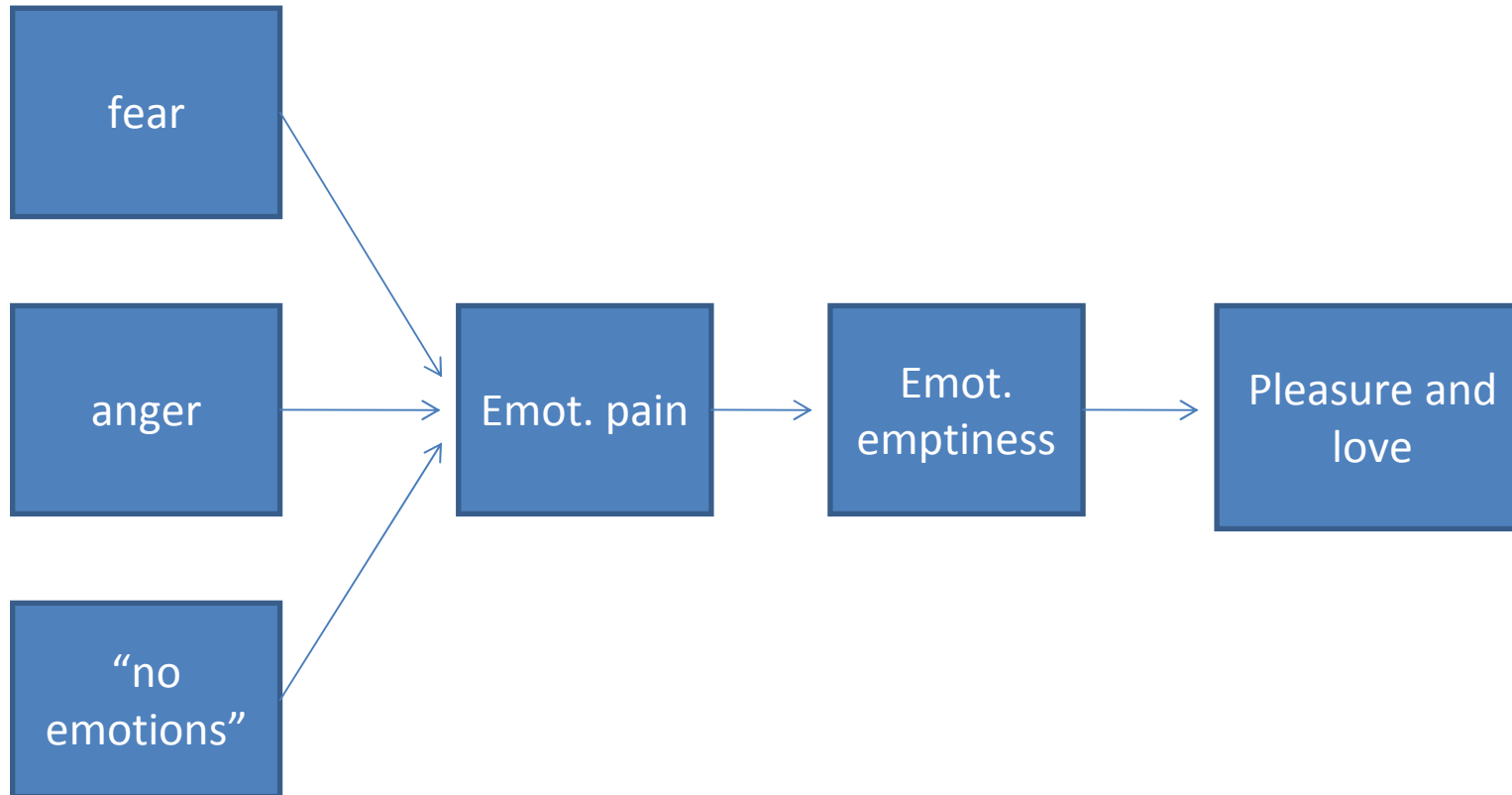




# Basic emotions

- Fear
- Anger
- Emotional pain (sorrow, sadness,...)
- Pleasure
- (short phase of emotional emptiness – time to decision or threat to stay trapped into pain)
- Love

# Typical emotion dynamic through BP



# Basic emotions through therapeutic phases\*, related to TC

(\* if everything going well)

Deep emotions are blocked (by using drugs etc), mechanisms of defence are high	Early Receiving phase (before TC)
Fear	late Receiving phase, before and on beginning of detox phase (before TC)
Anger	Detox phase, early residential TC phase
Emotional pain, sorrow, sadness,...	Middle of residential TC phase
Emotional pleasure, peace, love and feeling "I'm OK / others are OK"	Late residential TC phase Reentry phase (after TC)

# Basic positive attitudes

The most basic attitudes:

- I exist
- I need
- I have the right
- I am lovable

Other basic attitudes:

- I'm worthy / I'm worth / I'm your equal
- I'm not perfect, but I'm good enough
- Me first
- I'm responsible (for my life,...)
- I can choose
- etc.

# 1. basic positive attitude: “I exist”

- Because traumatic experiences drug addicts often feels:
  - I do not exist,
  - I do not have the right to be alive,...
- Often two opposite ways of behavior if those negative att.:
  - too quiet, peaceful behavior, like he/she do not exist
  - violence, destructive, acting-out behavioral,...
- Characteristics of those families: abandonment or neglect towards child, divorced or addicted parents (parents are not able to take care for their kids)

## 2. basic positive attitude: “I need”

- Because traumatic experiences drug addicts often feels:
  - I do not have needs
  - I may not ask for help
  - I should do everything on my own (me alone)
- To much pain in early years to fullfeel the needs and because of this low connection with own needs
- Philosophy of those parents: “Who does everything alone, is worthy for three others”

### 3. basic positive attitude: “I have the right”

- Because traumatic experiences drug addicts often feels:
  - I do not have the right
  - I may not demand nothing for myself
  - I do not deserve something good for me (I do not deserve a good life, a good future,...)
- Families of those drug addicts often have low social perspective and low quality of life (often there is alcohol problem already for generations in those families, etc.)

## 4. basic positive attitude: “I’m lovable”

- Because traumatic experiences drug addicts often feels:
  - I must deserve love
- Negative attitude is often connected with high sense of guilt
- Families of those drug addicts often shows to children that they are lovable only if they behave good (they are not lovable because of them selves)
- Too strict rooles are significant for those families



# Others basic positive attitudes: “I’m worthy / I’m your equal”

- Because traumatic experiences drug addicts often feels:
  - I’m not equal to others / I worth less than others
- Those drug addicts have negative experience with receiving attention (like kids they got attention only if they were sick,...)
- Families often too critisyze to kids (“you are not for any use; you are worthless in school, at home,...)
- These negative attitude often shows brothers and sisters of drug addicts

# Others basic positive attitudes: I'm not perfect, but I'm good enough"

- Because traumatic experiences drug addicts often feels:
  - I need to be perfect,
  - Only the best is good enough from me,...
- Those families often use "hermetic close" environment for kids
- Those parents often expect too much from kids (from emotional, psychological and also from physical view: "You need to be beautiful")

# Others basic positive attitudes: I'm responsible (for my life)"

- Because traumatic experiences drug addicts often feels:
  - I'm not responsible for my own life (others decides,...)
- Those families usually takes over all responsibilities and always decide or work instead the child
- Those families do not approve that child can take his/her own decisions, risks, experiences and learning process also through mistakes,...
- Those parents block child's personal growth through decision making and responsibilities

# Others basic positive attitudes: “I can choose”

- Because traumatic experiences drug addicts often feels:
  - I do not choose / decide about I really want
  - I must decide like my parents, partner,... want(s)
- Those drug addicts feels like they are “pre-determinate” for all future life
- Those families often (similar to negative attitude “I’m not responsible”) takes over all decisions, plans, choices,... from kids
- Block process of separation and individualisation

# Others basic positive attitudes: “Me first”

- Because traumatic experiences drug addicts often feels:
  - I belong to the very last place (between others)
  - All others are better than me
  - Others do, think, speak, deserve,... better than me
- Those drug addicts allways speaks last on the group or – without support - preferre do not speak at all
- Those parents ussually used phrases towards kids:  
“You are small – so be quiet; you are stupid – let to the adult to speak,...”

# Some old Slovenian experiences with BP weekend-group work

- Old practise of BP in TC before 5-10 years ago: 2-3 days of intensive BP work (BP weekend) / 4 x / year:
  - to intensive emotional experience for clients
  - to much stress for clients
  - often drop out and acting-out behavior after BP session
  - for clients too rarely (4x / year) to be able to connect one BP experience with the next one

# Some present Slovenian experience with 1-day BP group work

- 1-day BP group / every 2 month or more often:
  - almost no acting out behavioral; no drop-outs of programme,... after BP session
  - clients can do a transfer of their own BP progress into their every day life
- still open: how to even more increase feeling of love (not to feel just pleasure, without love / like it is typical for addicts...)

Thank you for your attention!