Bonding Psychotherapy: Clinical Definition

Bonding Psychotherapy is a group therapeutic process for the treatment of disorders, which are connected to a lack of fulfillment of the neurobiologically anchored psychosocial basic needs. The need for attachment has a central function. Unsatisfactory and painful attachment-experiences lead to the development of insecure attachment representations with related dysfunctional patterns. These patterns are activated by establishing physical contact and full expression of emotions. First they are worked through emotionally, brought into awareness, and then incrementally changed through corrective emotional experiences. The dysfunctional cognitive patterns are changed and a new behavior is practiced to improve psychosocial competence.

**General clinical definition**
Bonding Psychotherapy (BP) is a group therapeutic process for the treatment of disorders which are connected to neurobiologically anchored psychosocial basic needs. Those disorders, which in consensus with the patient are regarded as needing treatment, will be changed through experience-activating, body related non-verbal methods as well as through verbal ones. Changes towards a mutually defined goal will be achieved by means of teachable techniques based on a theory of healthy and pathological interpersonal behavior. This change happens within a supportive emotional relationship to the group and to the therapist.

**Our understanding of the human condition**
Bonding psychotherapy views the human being as part of a complex bio-psycho-social system. The requisite condition for guaranteeing the consistency of this system is the fulfillment of the neurobiologically anchored psychosocial basic needs. The primary psychosocial needs are the need for attachment, autonomy, identity, self-esteem and physiological comfort and pleasure. The need for attachment has a central function in bonding psychotherapy.

**Health model**
The fulfillment of these basic needs, taken in their totality and within the context of the social environment, is a precondition for psychological health and therefore an inherent, fundamental and unquestionable psychological human right. Emotions have a signal-function concerning the degree of satisfaction of the basic needs and therefore an important function in the development of relationships.

**Disorder model**
The lack of fulfillment of these basic needs is the breeding ground for the development of psychological disorders. A person with psychological disorders is one who was deprived in regard to his basic needs and therefore of his psychological human rights. Unsuccessful and painful attachment-experiences lead to the development of insecure attachment representations with the related dysfunctional emotional, cognitive and behavioral patterns. These insecure attachment representations are demonstrated at an interpersonal level primarily through the avoidance of intimacy and closeness, the lack of confidence in oneself and in others, and the fear of separation.

**Goals of Bonding Psychotherapy**
The goal of Bonding Psychotherapy is to change these dysfunctional patterns into those that satisfy his/her need for attachment as well as the other psychosocial basic needs. A necessary condition for this change is to improve attachment security. The purpose of Bonding Psychotherapy is not only the reduction of symptoms but also the increase of joy and satisfaction in life.

**Model of change**
Because these dysfunctional patterns concerning the satisfaction of the basic needs are represented mainly in the implicit and not in the explicit memory, they have to be brought into awareness through the technique of experiential confrontation and then become incrementally changed through corrective emotional experiences.

**Quality control**
After a professional diagnosis the therapeutic goals are defined in consensus with the patient. In the course of quality control, specific change-sensitive measuring instruments are used relating to the goals of the bonding psychotherapy. At the conclusion of therapy there will be a check to assess the extent to which the therapeutic goals have been reached and if significant changes relating to the specific goals of Bonding Psychotherapy have taken place.