

Introduction to Bonding Psychotherapy

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Bonding Psychotherapy was developed in the 1960s and 70s by the American Psychiatrist and Psychoanalyst Dr. Daniel Casriel (d. 1983). It is an experiential learning process based on mobilizing and expressing deep feelings, developing positive attitudes toward self and others, and on learning and practicing new behaviors. A central observation of Dr. Casriel is the importance of a biologically anchored basic human need for emotional and physical closeness to others. Casriel labeled this basic need as the need for "bonding". The theory of Bonding Psychotherapy has recently been further developed by Dr. Konrad Stauss based on an integration of attachment theory, the theory of consistency (Grawe), modern neurological research, and the process experiential methods of Greenberg and Elliot. Casriel's basic need for bonding was enlarged to include further psychosocial basic needs: attachment, autonomy, self-esteem, identity, physiological comfort and pleasure, and meaning and spirituality.

Historic development

Dr. Daniel Casriel developed his method over a period of 20 years. After finishing medical school at the Cincinnati College of Medicine (1949), he participated in advanced training at Columbia Psychoanalytic Institute with Dr. Sandor Rado and Dr. Abram Kardiner. The Adaptive Psychodynamic approach developed by Rado and Kardiner had a great influence on Casriel. Freud's teachings about the pathology of drives were complemented and partly replaced through the concern with the pathology of conditioning.

Casriel did his training analysis with Kardiner, one of the last living persons analyzed by Freud himself. In his work, Kardiner emphasized an anthropologic approach. In addition, Casriel himself was influenced by his experiences and observations during an 18 month military stay in Okinawa. He was impressed by the uncomplicated attitude of the native people of Okinawa in relation to physical closeness with children and among adults. His experience in Okinawa shaped his worldview.

In 1962, Casriel came in contact with a community for the rehabilitation of drug addicts. Synanon was the name of this self-help community, and Synanon was the impulse for the Day Top Model later developed by Casriel. The Day Top Model is a program for treating heroin addicts which has been successfully instrumented in many parts of the world. Casriel adopted two elements from the Synanon experience in his work with emotionally disturbed patients: one, the use of deep emotional release through expressing feelings; and two, an emphasis on confrontation of self-destructive behavior. Gradually he developed the specific tool of the screaming exercise, as well as a focused process designed to change pathological thinking (attitude work).

During the last 10 years of his life, Casriel gave more and more importance to the healing power found in the fulfillment of the basic need we humans have for emotional closeness (bonding). This realization led to the development of the "bonding exercise" (see description, below) which has such a central place in this method that it is now called Bonding Psychotherapy.

The International Society for Bonding Psychotherapy was founded in 1984, and there are regional societies in the USA, Argentina, Germany, Belgium, Holland, Sweden, Italy, Switzerland, Portugal and Slovakia. Training and certification of Bonding Psychotherapists is provided by the regional societies. The European Society for Bonding Psychotherapy is a

member of the European Association of Psychotherapy (EAP) and has been recognized by the EAP as a scientifically based method of psychotherapy.

View of the human condition

Casriel viewed the manifold disturbances of modern humans as a result of a culturally based conditioning. The core of this conditioning is a state of deprivation in regard to a survival based human need: bonding. Put more explicitly, bonding is the biologically anchored basic need for emotional openness together with physical closeness to others.

"Observations of primitive peoples show a natural acceptance in relation to these needs. Babies and small children are almost always carried on their mother's body, where they can reach the breast at will, are held constantly and take part in daily activities through contact with the mother's body. Even children 3 years of age and older are often carried, and not just from their mothers, but also from older siblings, aunts and uncles, etc." (Casriel).

Through the limits of the core family and the stress of everyday life today, children in Western culture often experience a deficit in regards to physical and emotional attention. Children frequently learn that the price for love and attention is high, and begin to behave in accordance. The child's understanding of the world forms his/her belief system and conditions adult behavior. A vicious circle is thus put in motion. Disappointment caused by the unfulfilled longing for love, as well as the accompanying anger and/or pain, increases negative beliefs such as the belief of not being loveable. Accordingly, the individual behaves withdrawn or hostile, and is received by others in such a way as to be disappointed again. This vicious circle leads to a rigid pattern of feeling, thinking and behaving that becomes a prison for the individual. The conditioned behaviors reinforce the old, negative experience. In order to change, it is necessary to recognize and give up old avoidance strategies within a trustful and supportive environment, and to practice new, more adequate behaviors. This learning takes place on three levels: feeling, thinking and behavior.

For Casriel, humans are naturally good and intrinsically valuable. He is concerned with the re-discovery of our primal nature and that of the biological self. Experiencing one's own needs as a source of pleasure for oneself and for others makes emotional attachments possible. Casriel's three basic entitlements become experientially validated: *I exist* (I live my life); *I need* (my needs are basically good); and *I am entitled* (to take care of my needs, to make mistakes, to be happy, etc.).

Field of application

Bonding Psychotherapy is a method that is appropriate for individuals wishing to deepen their emotional competence and to strengthen their ability to develop secure attachments in their relationships to others. For individuals with fragile or especially rigid ego structures, Bonding Psychotherapy should only be used in a clinical context and in an appropriately modified form.

Practical application

Bonding Psychotherapy usually takes place as a group therapy. There are many different contexts where Bonding Psychotherapy can be implemented: in ongoing, weekly psychotherapy groups; as growth oriented experiential weekend (or longer) workshops; and as a major or supplementary treatment method as part of a clinical program in psychosomatic hospitals and drug addiction residential programs. A typical Bonding

Psychotherapy session lasts between 2 and 3 hours; participation in a weekly ongoing group can be short term (3 to 6 months), or long term (between 1 and 3 years). Larger Bonding Psychotherapy groups are often led by two therapists.

Procedure

A Bonding Psychotherapy session can take many forms, depending on the situation and the leader's personal style. Some therapists work with the whole group in one room. Many therapists use two rooms: one where the bonding exercise takes place, and a second room where the attitude group takes place concurrently.

A Bonding Psychotherapy session will often start with some information from the therapist about relevant aspects of the work. The following themes would be typical: the importance of emotional and physical closeness in relationships; expression and significance of emotions; the relationship between how we think, feel and behave; problem patterns in our behavior, etc. Especially at the beginning of a Bonding Psychotherapy workshop, as well as at the beginning of a large group session in an institutional setting, the therapist will begin with an introductory talk. New group members are informed about how the Bonding Psychotherapy process works. It is emphasized that the goal in Bonding is emotional closeness; sexualizing in any form is specifically prohibited.

In an ongoing group, a session might start with an open period. This is an opportunity for the participants to report on how they are doing in their daily lives and to talk about which themes are important for the session. This is also a time to deal with the relationship to fellow group members, to look at any conflicts that might have developed, and to express any irritation or appreciation towards other group members – in other words, a time to practice the every day work of keeping relationships clear. The participants receive honest and supportive feedback in an accepting environment, helping them to become aware of the consequences of their behavior and non-verbal signals.

After a short pause the second part of the session begins, with the possibility to take part in the bonding exercise. The group members chose a partner for the exercise. It is recommended that the participants choose different partners for each session. The attitude group is offered parallel to the bonding exercise. Both groups are open, i.e. participants can take part in one or the other activity as needed.

Learning to experience and enjoy emotional closeness is an essential part of Bonding Psychotherapy. Consequently, the bonding exercise is of primary importance in the healing process. To begin the bonding exercise, the two participants working with each other lay down upon mats. The individual whose time it is to work lies on his/her back while holding on to the partner, letting himself/herself experience the closeness. After a short period manifold feelings, attitudes, images and memories emerge, which can now be expressed verbally and non-verbally though screaming, crying, etc. At times the expression of emotion can be stark; in many phases of the work are periods of more gentle emotional exploration with correspondingly softer expression of feelings. Often a participant will feel blocked, having difficulty to stay in contact with himself or with the Bonding partner. The therapist guides the participant through such difficulties, and it is often that what appears as a hindrance is actually a reflection of some major theme for the participant. As trust in the bonding partner and in the emotional process increases, the experience of physical closeness changes from a starting feeling of alienation and fear into a pleasurable and confirming experience of acceptance and safety. Over the course of many sessions the bonding exercise functions as a psychological microscope. Through this lens, the participants gain an experiential understanding of their fears and negative attitudes concerning their need for

emotional closeness and attachment. Here are some examples of attitudes which often become conscious:

If I get close to some one . . . I can't be me / I will be hurt / I will be controlled / I must pay a huge price / my needs are too much for the other, etc.

These insights take place not only intellectually, but are also felt at "gut level". This makes it possible to work through old belief structures and prepares the way for the participant to change his or her belief system through making new decisions based on the corrective experience in bonding. The old, pathological attitudes are replaced by new, more realistic positive attitudes. These new attitudes require reinforcement to become stable, and the attitude group gives the individual support in this regard.

In the attitude group, participants can talk about any problems that might have become conscious through the bonding experience. Often there is a wish to reinforce a newly discovered positive attitude. The participant expresses the new belief (e.g. *I am good enough!*) to the other participants, one after another, while standing in the middle of the group. This is sometimes done as an exercise in self assertion, i.e. with as much emotional power as can be mobilized; and sometimes the exercise is done softly, as if the new attitude was a blossom that needs gentle nurturing in order to grow. The attitude group is also a context where the manifold problems of day to day life can be dealt with; e.g. problems with one's partner, with parents or children, problems in the workplace. Through specific questioning, the therapist helps the participant to explore these problem areas, and to gain insight into the irrational emotional and cognitive reactions behind self defeating behaviors. Sometimes a connection is made to similar patterns in regard to the family of origin, with the possibility to emotionally work through relevant biographical events.

Through the bonding exercise, the participants become conscious of their fears, beliefs and past experience in relation to important individuals: child to parent, siblings to sibling, self to partner. The attitude group, on the other hand, deals mainly with our relationships to our human environment: our family, our circle of friends, our workplace. It is in the attitude group that the participant learns to take his or her place in the adult world in an adequate fashion, and to begin to integrate new attitudes for his day to day life.

Most Bonding Psychotherapists also make use of their training in other methods of psychotherapy in the attitude group; e.g. psychodynamic psychotherapy, Gestalt Therapy, Systemic Therapy, Transactional Analysis, etc.

Case example

Peter, a 34 year old participant in an ongoing weekly Bonding Psychotherapy group, nods in agreement as the other group members tell him that they experience him as holding back, without profile, and that in general he tends to just disappear in the group. Peter is aware of his fear of groups in general, and his fear of doing something wrong or of being criticized. Because of this fear, he is unable to adequately assert himself in his professional field, and constantly has the feeling of being left out in social situations. After exploring this social fear with Peter, the therapist suggests that Peter work on a new, more adequate attitude about his right to take his place in groups. At first in a quiet voice and with a good deal of trepidation, then louder and louder, Peter repeats the sentence "I exist too!" He does this making eye contact with the other group members, one after another; what began as a simple sentence with little feeling slowly evolves into a powerful scream full of self assertion. Peter becomes aware of the depth of anger he has stored up through the years. Reinforced by the affirming nods of the other group members, Peter has taken one step further on his

way to establishing his place in social contexts without paying the price of being over compliant.

Conclusion

A central goal of Bonding Psychotherapy is to help individuals regain their sense of entitlement as human beings: firstly, through learning to mobilize, express, and integrate their basic emotions; and secondly, through a corrective experience of acceptance and affirmation in regard to their basic need for closeness. Becoming aware of old, pathological patterns makes possible a restructuring in the areas of feelings, thinking and behavior. Practicing new, more adequate behavior leads to a steady reinforcement in the areas of self efficacy and self worth.

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