Trauma and bonding psychotherapy

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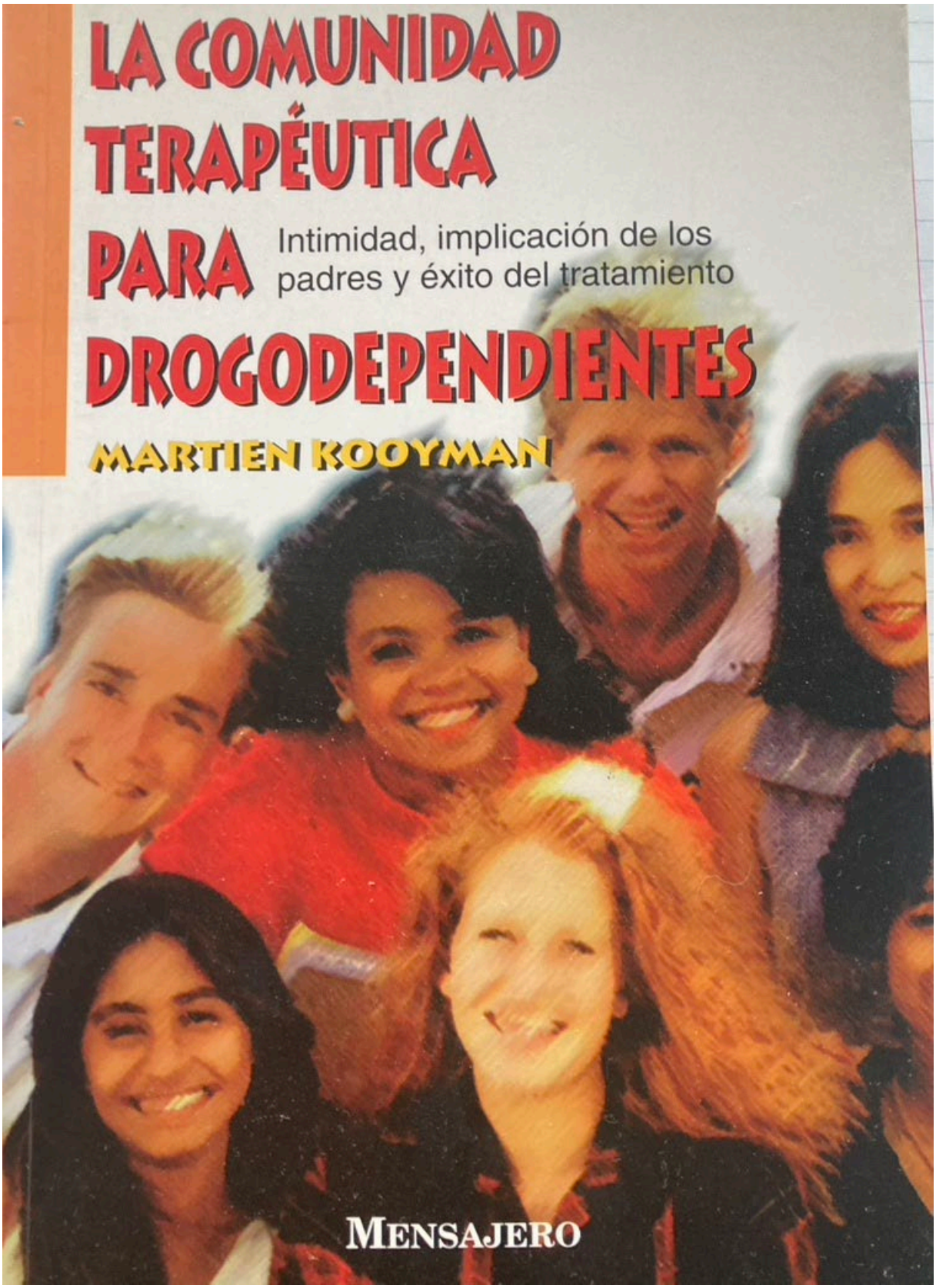
Introduction

Trauma can be described as a life-threatening situation different from normal experiences, feeling powerless, not being able to escape, sometimes leading to freezing and dissociation as a defense mechanism.
Traumas are not integrated in the brain.
Trauma is the experience of a life-threatening situation, not being able to escape and freezing of the emotions as a defense mechanism.
Traumatic experiences are not integrated in the brain. The memories are blocked.
They are implicit (not conscious) and do not change in time.
They can be 'forgotten'.
For many years there has been discussions among bonding therapists on treatment of traumatized clients with bonding psychotherapy.
One group considers bonding psychotherapy as a great the risk of re-traumatization by using the methods of bonding psychotherapy. Their opinion
is that bonding psychotherapy used in the classical way should not be used in the treatment of clients with traumas in their history.
The other group considers bonding psychotherapy as a safe method not causing re-traumatization as it is used well.
In this paper I shall try to share my experience in working with traumatized clients in bonding psychotherapy groups.
I was surprised to hear that bonding psychotherapy was seen as dangerous by some colleagues. Working with trauma in bonding groups is in my experience safe. You may ask: "Didn't you see any re-traumatization happening in your groups?"
In working as a bonding therapist, for more than 40 years I saw only one case of re-traumatization in my groups.
That was when the co-therapist was ill and could not come to a workshop, and I decided to lead the group on my own.
Among the participants was a new group member. In the intake she had not mentioned any traumatic experience. When she worked on the mats, she

experienced for the first time being sexually abused as a child by her grandfather and started to scream. I was at that moment helping another client who was screaming loud, reliving a traumatic situation, who needed my presence.
The fact that I did not come to help was traumatic for the first client. It took many weeks before she started to trust me.
Since that incident I decided to always work together with another therapist when I was leading a bonding group.
I have worked with bonding groups mostly in weekend workshops in different countries with different ways to express emotions. When the clients were reliving the traumas of the past the emotions were strikingly similar. Mostly they experienced first fear, followed by pain and anger. Realizing that they were not alone they could accept the closeness and the feeling of pleasure.

In my work in therapeutic communities most the participants were recovering drug addicts. Almost all had been victims of chronic traumas before they started to use drugs.
Most of the female residents were sexually abused at a young age before they started to use drugs at a young age. In a recent group I led in a

therapeutic community in The Hague nine out of ten of the female residents were sexually abused and four out of ten of the male residents.
It is necessary to work on their feelings of guilt and shame and in regular bonding groups to recover from these negative attitudes.



Not the traumas, but later effects of traumas are often the reason to come for therapy.

Late symptoms of non-integrated traumas can be low self-esteem, inferiority feelings chronic anxiety chronic pain, feelings of guilt or shame and not being able to choose.
Common in the intake of clients with traumas are:
Stories of chronic emotional neglect, physical or sexual abuse, admission to a hospital and the loss of a parent.
Psychosomatic symptoms are abdominal pain, headache, feelings of having no power, Tension in neck, shoulders and cheeks.
Psychological symptoms are loss of memory of the trauma, depression, suicidal preoccupation, eating disorders (bulimia, anorexia nervosa), panic attacks, hyperventilation, hyper alertness and chronic fatigue syndrome, addiction to mind changing substances, tranquillizers, alcohol and drugs,
A result of sexual abuse there can be frigidity, anorgasmia, vaginism and confusion on sexual identity.
The behavior after sexual abuse can be forced secrecy, keeping silent on what happened, loyalty problems, being excessively loyal.
Later effects are worse in cases of repeated traumatization with emotional neglect, sexual abuse at a very young age, when the abuser is liked in the family and denial of the abuse in the family.

The treatment of traumatized clients in bonding groups.
The goal of the therapy is to relive the trauma in a save situation. The groups should offer enough time, for instance in a weekend helps to reach this goal.
There are two bonding therapists leading the group, if possible, a man and a woman.
The therapists and the setting must provide enough safety to prevent re-traumatization.
In a new group or in a weekend workshop the therapists introduce themselves. They explain the group rules.

The group rules are:
No violence or threat of violence
No use of alcohol or other mind-changing substances
No sexual acting out
Not leave the group room except when it is allowed by the therapists to leave.

At the start of the group the clients are sitting in chairs.

The therapist proposes: “Let’s go around. Say your name, what you feel and what you want to work on.”
After the going around there are exercises to open emotionally such as: waking around making eye contact, hugging other participants
Moving in a circle together: follow the music and the movements of the therapist (the mirror cells in the brain are triggered).
Dynamic meditations with music can be used get into contact with emotions. (for instance: The “Who” or Dynamic meditation, the Kundalini and the No Dimension meditation).
After the exercises the participants choose a partner. New members in the group choose a partner first, a group member who seems save. The others respect this.

The Mat work
Then all hold each other’s hands, standing in a circle in a circle and scream: “ah!”
After this group scream the couples find a place on the mats. I told the clients working on the mats to work in the classical positions with a group member as a “Teddy bear” on top.
New participants are invited to start first. They are invited to start first, lying down holding the partner (the “Teddy bear”): the new client is asked to work first and to hold the partner. A therapist asks the new clients to go back in their thoughts to a traumatic experience and if the feel any emotion, to say what they feel and to start saying it louder, expressing the emotion by screaming, being told by the therapists to ignore the screaming of other couples. The goal is to express the emotions linked with a pain-full traumatic memory from the past, screaming loud. The clients are invited to scream louder, and louder. The partner is just there, is not a “therapist”. The therapist is inviting the client to scream louder. Holding a partner fight ad flight are not possible. If necessary, the therapist keeps inviting the client to scream louder:” Make your fear strong “, say loud: “I am scared but I am not going to die”. This works as a paradoxid confirmation.
The therapist must be aware of transference: a friendly smile of a therapist can be experienced as the seducing smile of the abuser.
When the scream is loud enough it may trigger blocked emotions of past traumas. The clients can feel the fear, pain or anger of the traumatic experience, of the abused child. When they express the emotion from the early traumatic situation the scream may sound like the scream of a child. Smells and pain in the body can be triggered and pictures of the traumatic event. They feel that they are not alone now and there is pleasure holding a

partner and silence. This is healing the wounds of the trauma. The therapist Is nearby as a save witness.

Dissociation
When the emotions are overwhelming, dissociation may occur. The emotions freeze, the client is no more aware what happens in the room. It is a defense against feeling the fear, pain or anger of the past.
The therapist can bring the client back in the room by asking: “Can you open your eyes? “Can you look around? “Do you see where we are?” The Therapist can help the client to sit upright and to look around in the group room. When the client makes eye contact with the therapist the group leader can ask: “What did you feel? What emotion? “Usually the client answers: “fear”. The therapist continuities with: “Can you say it louder?” inviting the client to continue the exercise holding the partner and to scream as loud as they can. The client is now back in the traumatic situation. This time feeling not alone, no longer feeling powerless. The client is invited to say now what they did not say in the traumatic situation like: “It hurts”, “I am scared,” “Go away!”, “No! “Other emotions than fear can now be expressed loud like pain or anger.

The traumatic experiences are replaced by a corrective emotional experience in the present while the client gets used to the safe close contact with the partner. This may take as long as the time from the start. Then the couple change roles. The client who has worked on the past traumatic experiences now becomes the “Teddy bear “.
Working on the mat experiences could go back to far into the past, to a traumatic birth or even before birth to the uterus of the mother when the mother had been in panic. These experiences can have a immediate effect. I had one group member who did not dare to drive a car on a highway. In the group she relived her fear being born and her fear giving birth to her daughter. In the follow-up group, four days later, she told the group that she had come by car, using the highway without experiencing fear.

Working on the mats with traumatized clients is not enough. They clients usually have negative attitudes towards themselves and others. After a break they can share wat happened working on the mat. This can be the whole group or divided into small groups.
After the mat work follows the working on the negative attitudes.

The traumas make the victim insecure, seeing themself as a bad person, guilty of what happened, having negative attitudes of themselves and others.

Working in a circle on attitudes
The group members are sitting in chairs in a circle.
The clients who work on their negative attitudes and their traumas stand in the middle of the circle.

Standing in the middle of a circle formed by the other participants the client says loud to the others a positive attitude they find difficult to believe. They are asked to make eye contact with the group members, one by one and to say a positive sentence such as:" I am good enough", I can choose!"" I have the right to live!", "can be loved! "I exist"! The clients work in turn, standing in the middle of a circle, making eye contact. They are invited to say to the group members what is for them difficult to believe, positive attitudes like:" I have the right to exist", or "you were guilty, not me".
By repeating the positive sentences, the negative attitudes can change into positive attitudes.
When the clients work in the circle dissociation rarely occurs. Once I had a client dissociating with a collapse while she was expressing her anger towards her father. When she was again aware of the room, she could continue the work in the circle by saying: "I have the right to be angry! "
Sessions working on attitudes with a go-around in chairs and with hugging one or more group members, sometimes with all in a groups hug.
The therapists warn the participants not to dive to fast or to slow when they go by car home and to write down the positive sentence they discovered in the workshop.

Conclusion.

Bonding psychotherapy groups in the classical way can be used for the treatment of traumatized clients in a setting felt safe by the client.
Trauma is not a contra indication for bonding psychotherapy

Reference:

Casriel, D. (1972). A scream away from happiness. Grosset & Dunlap, Inc. New York

Kooyman, M., Olij, R. J. B., & Storm, R. A. (2014). Bonding psychotherapy: An effective group psychotherapy method to improve dysfunctional attachment styles. International Journal of Psychotherapy, 18, 43-56.

Stauss, K. Bonding Psychotherapy. Theoretical foundations and methods Edited by: Franklin W."Skip" Ellis, (2004). International Society for Bonding Psychotherapy.

Stadtmüeller, G., & Gordon, J. A. (2011). The Biological Correlates of Emotions. International Journal of Psychotherapy, 15(3), 6-24.