

The Application of Rebonding of the Body to a Women's Substance Abusive Program

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Introduction

Women who have experienced Intimate Partner Violence (IPV) are at greater risk of physical and mental health problems, including Post-traumatic Stress Disorder (PTSD) and Alcohol Dependence (AD) [1,2]. Two third of women with substance abuse have mental health problems that include PTSD [2,3]. Women with IPV and AD who seek treatment have a difficulty benefiting from present treatment program [4,5]. They also have negative feeling about their experience and some of their therapist has negative feeling about them [3].

Many women use alcohol and other substances to cope with the symptoms of PTSD [6]. Both trauma and substance abuse make neurohormonal changes in our bodies. Research has demonstrated that both PTSD and Alcohol Dependence make changes in brain mechanisms, neurological and neurohormonal pathways [3,7,8]. Trauma creates these changes and alcohol consumption adds to these changes [9]. Once these changes occur the lower brain system is activated, which results in cravings (Anton) or intrusions and when a person responds to these cravings or intrusions in a manner that satisfies the lower brain, a situation of classical conditioning is established [3,10].

During a four month inter-subjective ethnographic study using hermeneutic dialogue, participant observation of women and staff in a substance abuse treatment center, trauma was documented and discussed during the admission assessment but was not considered as part of the treatment plan [3]. During this same study both staff and clients were asked if they knew what PTSD was and if they knew what to do if a person showed symptoms. Few knew a definition, none knew what to do if they observed symptoms but many gave personal examples of how they experienced these symptoms [3].

One staff gave a poignant description, "A traumatic incident occurs, the individual or I is left with anxiety, fear and a sense of not being safe. I am not safe in the world so I have to be careful. There is a sense of always looking over your shoulder, because something is coming. I do not know what is coming but I know something is coming. There is a startling effect. I am startled easily, and now I don't trust. I don't trust the world. When I am navigating

myself throughout the world I have to judge what is safe and what is unsafe. I don't know so I am always in navigational mode. I have to figure everything out, so I am never quiet. I am never quiet. I am never at peace. I am hypertensive.....and because of that. In order for me to navigate in a way that is bearable. I now stop living from the neck down. I have to get out of my body because it is unbearable. When I say I stop living in my body because if I move into my body I feel everything. If I get out of my body and stay in my head it becomes bearable for me. I don't have to navigate so much and now I am free to just engage in the intellectual experience of my world. What happens then is that I will become startled and I will be forced into my body and when I am forced into my body, I am in panic mode, so I have to go quickly back into my head. It is very hard to engage me because I am constantly defended. I now live with this bubble around me and it becomes very hard to get to me. Not only is it hard for you to get to me, but also it is hard for me to get to me. I am in this huge plexiglass bubble. No I guess it would be more like steel: it is like a jail that you can't get out" [3].

In reviewing the substance abuse program, many of the interventions that were part of the regular therapeutic groups were using techniques that were triggering the clients PTSD. This is not in itself a problem, but none of the staff knew what to do when the clients were triggered [3].

Rebonding of the Body is a multimodality structured programs which consisted of eight 3 hour sessions. It was originally developed for children who had been sexually abused [3]. Later, the technique it was altered to serve persona of all ages, genders who have experienced a wide variety of trauma. Rebonding of the Body is based on the assumption that in order to survive some traumatic incidents in our life we may disassociate parts of our body and or personalities. No healing can take place until these disassociated parts are revealed and reintegrated into the person's whole being [11]. This technique utilizes, movement, art, music relaxation and systematic desensitization in order to bring these experiences, and feelings to consciousness and with the help of the therapists and a supportive group integrate them into our being [12]. This technique utilizes memories as pathways to healing.

Previously Rebonding of Body was offered in three hour sessions

over an eight week time period. The substance abuse program that was open to experience Rebonding of the Body was a 24 day program. It was decided to try to fit the Rebonding of the Body into this 24 day program by starting the initial session on Day One and offering the rest of the program every third day. To accommodate this time the other groups were evaluated and for the trial period some were eliminated in order to present these technique. Since Rebonding of the Body uses movement, art and relaxation these groups were suspended for the trial.

The program is structured and consistent and moves from the least vulnerable to the more vulnerable to allow the participants to develop a sense of trust before dealing with the more vulnerable area. The therapist always maintains a nurturing position and also intervenes before any of the participants can scapegoat other participants. This is central activity as many therapeutic groups are confrontational in nature and since this technique deals buried anger and fear it has a high propensity for this outcome. Rebonding of the Body uses art, movement, relaxation, creative visualization and cognitive restructuring which all enlist the participants' skills to understand themselves and also develop the skills to handle stressors in life. This technique needs to be open for abreaction to occur and be experienced within a supportive and safe environment. The element of "play" must be present, this definition of "play" is to lose yourself in the present moment and to move beyond the moment to "recreate" yourself. Interesting, the details of the trauma need not be verbally disclosed to others for the integration to occur [12].

In the eight sessions the leader leads the group through the actual and practical movement, art and desensitization exercise as she discusses and stimulates the symbolic meanings. Below is the list of the subject of each session.

Session One: (Introduction) Body History. Obtaining a Body Map. In this session after a relaxation and creative visitation the participants draws a map of their body. This is important for the therapist to give them an idea of which session might be difficult for each individual. At the end of this and every following session the participant are asked to take their drawing and place it in a safe place in the room in which they sleep. They are also given a journal which they are encouraged to write insights, questions or concerns that they have during the program.

Session Two: The Feet. Grounding. This session works with the feet and grounding exercise. Grounding exercises are very important for individuals suffering from PTSD. Participants also develop "safe" words for them to use when they are triggered.

Session Three: The Legs. Standing Up Standing Firm. Once the feet are grounded the legs can stand up and be firm. Participants are paired up to test some of their new found strength.

Session Four: The Hands and Arms: Creativity: Taking In /Pushing Out. Again the participants pair up to test their strength and build on the previous sessions of grounding their feet, standing up and

standing firm and pushing back. Symbolically using the hands and the arms to look at what we bring into our lives and what we push out of it and the beginning of taking some accountability for that.

Session Five: Head: The Masks; What Can I See, Say and Do. As well as the movement and art work that is contained in the previous sessions. In this session the symbolic nature is increased to explore the masks and the stories that we tell ourselves and others.

Session Six: Trunk: History; Healing Ways. In this session during the visualization a sexual and reproductive history obtained as is surgery and trauma history. The clients by now have developed a sense of trust of the therapist, their group members and the process and of their own ability to cope with this information. At the end of this session the participants are asked to bring back all their drawings to the next session.

Session Seven: Integration: In this session the participants are asked to place their drawing in a position the makes sense to them. Once this is done, they share their placement with each other and then the therapist ask them to place themselves in relation to those pictures. During this exercise one women crawled into the center of her drawings while another took a chair and placed it on the table and stood on top of the chair looking down at her drawing and stated that this position is where she had spent most of her life looking down on her body. They are also asked to think about the dispensing of these drawings of this session, the participants are ask to carry out the decision regarding their drawing before the next session whenever possible.

Session Eight: Self-Forgiveness: The New Body/ The New Way. During this session a forgiveness exercise is done and the visualization and drawing focuses on the new body and the new way.

The structure and consistency of the session helps the participants begin to trust the process, therapist and themselves. The session begins with verbal sharing, play, and storytelling. Next is the drawing of the outline of the body or body part then the physical exercise and games involving that body part. Next in the process are the relaxation, visualization and memory recall and cognitive restructuring. When the visualization is finished the participants begin to do the painting, coloring on their drawing of the body part. When they complete this activity they quietly move to journal writing until most participants are finished with the painting. The group then comes together for verbal sharing and storytelling. The group then does a grounding and a closing exercise. There is always journal and dream writing between the sessions.

Outcomes

Both staff and participants felt that the process helped them deal with the underlie issues that lead to them abusing substance and felt that they had a number of techniques that they could use to help them when they had symptoms of PTSD or just a desire to use.

Limitations and Recommendations

This group was experience group not a research group. The author would be open for researcher and clinician partners to develop multisite and multi populations to further validate this program using both qualitative and quantitative. There are also addition recommendations for substance abuse staff to be educated in trauma and trauma recovery.

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