Developing Relational Trauma Therapy
From breakdown of «the running technique» to a new trauma methodology.

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The article describes Merete Holm Brantbjerg and Kolbjørn Vårdals professional journey to create the method Relational Trauma Therapy. The theory development is described through the lens of Alvesson & Kärreman's five methodological principles for a qualitative research process by focusing on the challenges in using the "running technique", originally from the Bodynamic shock trauma methodology, that created a breakdown. A breakdown derives from empirical observations where there is a lack of fit between the expectations from a theoretical model and the actual experience. Brantbjerg & Vårdal saw primary two breakdowns, first the trauma reaction "collapse" in the clients while using the "running technique" and second that by using the "running technique" that some clients developed a very strong attachment to the therapist and strengthened a pattern of needing the therapist to regulate high arousal. Through (De-) fragmentation, defamiliarization, problematization of the breakdowns created Brantbjerg & Vårdal created new methodologies such as the principle of dosing and different stages in a trauma process. This article informs the reader of Brantbjerg & Vårdal`s broad scholarship and how they integrated reflexive critique into developing Relational Trauma Therapy.

Trauma – Theory development – PTSD – Hypoarousal

Introduction
In this article, Alvesson & Kärreman's methodological principles are used for a qualitative research process for theory development. In creating the methodology of Relational Trauma Therapy, the process of problematization of the running technique, learned in the training of Bodynamic shock trauma Therapy, has been one of the major driving forces for new theory development. Merete Holm Brantbjerg and Kolbjørn Vårdal have both been embedded in the Bodynamic culture and this article describes essential aspects of their professional journey creating Relational Trauma Therapy.

Background
The original Bodynamic group with Lisbeth Marcher, as a visionary leader, consists of two generations. Merete Holm Brantbjerg was part of the younger generation with Marianne Bentzen and Ditte Marcher. The older generation of the Bodynamic group - Lisbeth Marcher, Lennart Ollars, Ellen Ollars, Steen Jørgensen and Erik Jarlnæs formulated methodology for working with trauma since 1969 and with increasing focus from 1975 on. In 1993, the Bodynamic group published a book about their trauma therapy method (Jørgensen 1993).

The book was called «Releasing of shock traumas». It described their methodology which took inspiration from the work of Carl Kirsch, Joel Dweck Isaacs, Al Pesso, Frank Lake and later Peter Levine (Jørgensen 1993). A significant part of this methodology was a method called «the running technique» .

In «the running technique» the client is lying down supine on a mattress and the therapist is seated at the side of the client. The client is imaging the start of the trauma history chronologically and the therapist is "body tracking" the client at the same time. In this context, body tracking means that the therapist visually looks at the client for signs of reactions, and then the therapist senses reactions in his/her body and asks the client how he/she senses their body. At the moment when the client starts to feel panic or freeze, the client «runs on the mattress» by pushing feet and elbows to the ground the same way as if running in standing position. The client is at the same time imaging moving from the site of trauma to a safe place. The safe place was a physically accessible place, either at the time of trauma or from later in life. If the client didn't have access to a memory of a safe place, the therapist's therapy room would be the place to image running to. When the client arrived in the safe place, emotional reactions would often emerge and the therapist would support processing these. The goal

of the therapy was to release instinctual impulses that had been repressed or blocked and then facilitate a healing process.

Kolbjørn learned to use this technique at a training with Erik Jarlnæs and later became first an assistant to him and then to Merete. In 2003 Merete left the Bodynamic institute and started her own trainings with the visionary name Moaiku. At the time Kolbjørn was teaching at the practitioner training at Bodynamic International in Denmark together with Erik Jarlnaes and did so until 2010 when he also left Bodynamic International.

In 2008 Kolbjørn became a co teacher with Merete. Together with Steen Jørgensen, they started to develop theory and method with a background In the Bodynamic shock trauma training and character theory. Steen Jørgensen was a part of the group until 2011 when he retired. Our primary focus in the beginning of the theory development was the limitation of the «running technique» and integrating knowledge from different trauma therapy methods and Systems Centered Therapy.

Challenges with «the running technique» created a mystery.
In working with «the running technique» we saw that it didn't always end with a trauma release which was functional for the client. The two *most* common problems were that the technique itself could be too overwhelming for the client who would then partly enter a collapsed state. The technique didn't help the client out of the collapsed state – in fact it risked pushing them further into it. The second problem was that often the client developed a very strong attachment to the therapist and strengthened a pattern of needing the therapist to regulate high arousal. Both problems led us to develop new techniques for arousal regulation, authority issues and attachment dynamics.

Focusing on the challenges in using the running technique can from a qualitative research point of view, be seen as a breakdown which created a process of theoretical problematisation (Alvesson & Kärreman 2011). A breakdown derives from empirical observations where there is a lack of fit between the expectations from a theoretical model and the actual experience.

The method of the running technique did not always work as the theory would predict and created a curiosity in us to start a systematic knowledge-making process for developing a more functional method. This knowledge-making process can, from my point of view, best be described as a research process, that is driven by a critical dialogue between theory and empirical data.

It was especially the "collapse" reaction of the participants that was a mystery to us. A mystery that created repeated breakdowns in our work with clients and for which we had little research support in our current curriculum of our trauma training. Retrospectively, now I see that we, over the years, used Alvesson & Kärreman's five methodological principles for a qualitative research process for theory development. These principles are (De-) fragmentation, Defamilarisation, Problematisation, Broad scholarship and Reflexive critique.

(De)fragmentation involves working with patterns and fragmentations and looking for deeper meanings behind the incidences of incoherence in the empirical data. In this context the empirical data are primarily the experiences and feedback our students reported in our trainings and supervisions, and secondarily, our clinical work with clients. This is documented by notes taken during every training that we had, as well as notes from supervision sessions and journals from clinical practice.

The collapse reaction was a fragment that did not fit into the desired success of the running technique. Merete, Steen and I looked upon our empirical data and started a literature research and concluded that the flight and fight responses were just two of many survival reactions and were not the only ways out of a traumatic freeze response. And paradoxically we saw that often the participants and clients with the more severe traumatization who were in great need to run to a safe place, collapsed in «the arms of the therapist».

Whereas the running technique focuses on the trauma story to be healed by releasing the unresolved fight or flight reflex, we saw a deeper pattern under this due to the collapse response. Instead of focusing on finishing and healing the trauma story in a specific sequence, we started to focus on trauma reaction patterns. We saw from our empirical material that the traumatized person very often used the same trauma reactions again and again, independent of the narrative.

As foundation for this insight we had been seeing (first in 2006) that when we introduced the principle of dosing systematically into psychomotor skill training with a focus on hypo responsive muscles, then survival reflexes and implicit trauma memories became visible. We define dosing (Brantbjerg 2019, p.5) «as a principle available in all aspects of psychotherapeutic process. Cognitive, emotional, bodily and relational methodologies can be dosed differently. The question becomes: Is there a way to do this movement or that exercise which would open access to resources, and which would give access to a part of us which is normally avoided or protected against through not sensing it? ».

The principle of dosing was then used on the different elements of «the running technique» to keep clients going into the collapse reaction. In this process three patterns became evident.

We categorized the different elements of the running technique, sequenced into what happened before, during, and after the trauma. The next step was to realize that it is not necessary to work with the elements in a linear sequence. In fact, for some clients it's best to start to work with the time *after* the traumatic incident and the lack of resources then, whereas for other clients, it is best to work with the time *before* the trauma and work with the orienting reflex and skills.

Further, for some clients, it was too much to work with one of their more central traumas, so dosing the work with a central trauma by first working with a small trauma was better or even with just one episode where the client became scared. Our experience was that the potency of traumatization often did not matter. The patterns of the trauma defense mechanisms became visible with the right dosing and that dose was often low. The consequence of dosing the stressor was that very few participants spontaneously regressed into the collapse state.

This made space for emergence of the second pattern. Paradoxically, the technique of dosing of the different elements made space for more hypo states: reactions like numbing, sensing cold all the way into the bones, feeling very tired in the body with a shallow breathing pattern, feeling dead in the body and sensing paralysis in parts or the whole body. Often people used metaphors to describe their experiences like feeling as they are falling into an abyss, sensing a space of dissolution, or losing connection with other people and the world. By focusing on dosing we saw that it created a boundary to the hypo arousal state and the participants could relate to the hypo arousal state instead of being over-identified with it or scared/angry in relation to it. While working with dosing the techniques, we also became focused on dosing the emotional contact between the trainer/therapist and participant/client while using the different techniques for trauma therapy.

Dosing the technique and the contact created a specific balance between self-regulation and mutual regulation that made it possible «to sit on the edge of the abyss» and relate to the hypo-arousal state. How successful this was for the participant/client was related to their specific self-regulation and mutual regulation skills. This is the third pattern that became evident while using the dosing principle.

Based on our experience, we concluded that, by taking seriously the negative side effect of participants/clients going into collapse (fragmentation) when using the running technique, dosing lower could become a magnifying glass that revealed significant and *differing* patterns for trauma therapy. The dosing principle as a technique created space for studying the hypo states and, in the end, it revealed a pattern of skills necessary to create the ability to relate to and process the hypo-arousal states (defragmentation).

Using the dosing principle on «the running technique» became a research journey to understand the differences between PTSD and PTSD with dissociation. It became clear to us that «the running technique» in its original form is a trauma technique, that from our perspective, is used mainly for some specific simple PTSD traumas.

In fact, these days, we are not teaching the running technique in its original form at all. We teach the elements with the new tools we created on our research journey, in a sequence that works best for each group. Working with the dosing principle while teaching made it also clear to us that it works better to process *some* trauma themes before others. The sequence we found most functional is to start with working with arousal regulation, secondly with authority issues, and lastly, with trauma related attachment dynamics.

Defamiliarisation.

The element of defamilarisation is connected to observing and interpreting social phenomena in such a way that your viewpoint is distanced professionally and not distorted by private prejudices. This is more difficult when studying your own culture where you take a lot of phenomena for granted than when you are a stranger in an unfamiliar culture. At the start of our research journey Merete was deeply embedded in the Bodynamic culture and I came in as a promising therapist and teacher asking a lot of questions.

When Merete and later I left the Bodynamic group we both found new groups to get new knowledge from and new ways to relate to others. Merete began Systems Centered Therapy training and entered a group culture where the focus was much more on the authority issues than the trauma dynamics involved in arousal regulation. I entered part time university studies, first in educational science and after that in psychosocial work with violence and traumatic stress. Both of these studies helped me to ask good questions, integrate research methods and relate to authority issues in my own professional culture. The last three years I have been studying neurocentric training for health and fitness professionals at the Z-health University. I experience here, a professional knowledge culture based upon the principles of the nervous system, similar to neurologically informed trauma therapies, but with a more physical approach to create better movement.

These cultures helped us to get more distance from our techniques and as Alvesson and Kärreman recommend in their book, we implemented choosing «one or a few dominant categories in the field one is working in, and then to start to investigate its (problematic) restrictive impact and in the process perhaps indicate challenging ways to approach the subject matter »to confront the taken for granted assumptions and ways of thinking. We chose «the running technique» as one of the primary categories. Being part of other professional cultures became an important way to defamiliarise us from our original professional culture and to be able to problematise the way we worked.

Problematisation.
Problematisation involves systematic questioning of some aspect of the dominant perspectives and theories while at the same time offering a positive or constructive formulation of interesting research questions. As described earlier, this article refers primarily to the problematisation connected to the use of «the running technique» in trauma therapy.

A major problematisation process has been how we, as professionals use our authority in the therapy process. In «the running technique» the therapist is very direct and active. For example, if the client doesn't start "running" when the therapist thinks it is time to run, the therapist has the authority to demand the client start running. The theory is, in short, that it is good to release the flight reflex and that it will heal the trauma. What if the problem wasn't the flight reflex but another reflex, or what if the client had a major problem with direct authorities that led to their collapse? This example also shows a potential conflict between strictly following the method or relating to the client.

In addition to this example, we have been problematising «the running technique» in detail. Examples are the following:

- how to support the client's orientation skills through sensory rehabilitation of proprioception, the vestibular system and visual system?
- how early in the process the client should start to move (run) to a safe place.
- different styles of moving to a safe place instead of running.
- how the context at the time of trauma influences the technique.
- how conflicts between the protection instinct and the flight instinct affects the outcome.
- how the technique impacts the attachment system.
- how different attachment styles are challenged.

This problematisation led us to formulate hypotheses connected to dosing, sensory rehabilitation of trauma, hypo response, authority issues, the relational aspect of skill training, disgust, memory processes in trauma, hypo arousal and what elements that are more significant in a trauma therapy and in what sequence they benefit from being worked. Our journey to broad scholarship is fundamental for this process.

Broad scholarship.

Our interpretive repertoire for the research process of creating Relational Trauma Therapy can be categorized into shallow (lay) and deep (scholarly) repertoire. The deep repertoire is the theories and practices in which we are educated at a high level. Both of us have been teachers and supervisors in Bodynamic Analysis and after we left the Bodynamic system, Merete made a commitment to learning Systems Centered Therapy (Agazarian and Gant) and did the Intermediate training level intensively. I started part time in the university, writing my bachelor's thesis about post traumatic growth (Calhoun & Tedeshi) and an exam paper on disgust (Nussbaum, Rozin, Herz). My master's thesis was about how to communicate with traumatized youths with focus on a care ethical perspective (Tove Pettersen) in the memory retrieval process (Chris Brewin, Anke Ehlers, Emily Holmes, Åse Langballe, Asbjørn Rachlew). The thesis was grounded in police interviews of traumatized youths from the Utøya terrorist attack. The last three years I have been studying pain and performance neurological training (Z-Health) and at the moment we are integrating neurologically informed interventions into Relational Trauma Therapy.

At the same time, we have through our shallow repertoire, theories and practices we know but not at a deep level, related to research that has improved our interventions. The shallow repertoire is activated in research if the empirical material is in line with this research and becomes more interesting when framed this way. The most important contributions have come through reading the work of Ruth A. Lanius, Jaak Panksepp, Stephen Porges, Allan Schore and Ellert Niejenhuis.

Merete Holm Brantbjerg has been in dialogue with Babette Rothschild, Eric Wolterstorff, David Baldwin, Yvonne Agazarian, Tom Warnecke, Kathrin Stauffer, Flemming Kæreby and Marianne Bentzen. Theories and practices from these authors have been integrated and become part of our curriculum. Since 2012, Merete Holm Brantbjerg has also written four articles that have been admitted into scientific peer reviewed journals, where we have presented new trauma methods to the professional community and started a dialogue with the professional field.

Our broad scholarship has developed significant parts of our interpretive tools and made us able to do a more complex investigation of the use of «the running technique». At the same time it provided the foundation of developing the method Relation Trauma Therapy. Having a dialogue between our shallow and deep repertoires has been an important part of developing a self-critical use of theory in theory development.

Reflexive critique.

Reflexive critique seen from Alvesson & Kärreman's perspective is when the researcher takes great care in constructing the data and moves to new positions to unlock and disembed from the previous position. The point of using multiple perspectives is that each new perspective should add greater value to the theory development.

Merete's and my research journey has been guided by curiosity and pragmatism. Our goal has been to develop methods that help the professional trauma field get one step further in creating functional methods for treatment and developing resilient therapists. We have had continual doubts about our vocabulary and present our perspectives as one of many. Our frame of interpretation has developed through many years, with typically, Merete being overly optimistic about a new theory or method's possibilities and Kolbjørn dissecting it and looking at all the problems. At the same time, Kolbjørn has integrated new perspectives and exercises rapidly into our training and Merete has sometimes slowed down his tempo so he, in his enthusiasm, is not introducing too much complexity.

Every new theoretical piece or practical exercise has been scrutinized from many angles. An important tool for this are Merete's meticulous notes from our training. These notes describe the exercises we used, the group's main process, every new process we had not seen before and ideas and critiques that we had during the training. Every time we start a new training, we take some time to go through all the notes and look at the structure of the training with the new perspectives we have gained since last training. Every year we also set aside time for theory development based upon the notes and new theory that we have read.

Since 2008 we have been dissecting different parts of «the running technique», adding new elements and creating new methodology. All along the way we have been each other's critics and supported integration of new knowledge. An ideal of reflexive critique has, at times, been time consuming and

resulted in a lot of re-reading. Integrating new knowledge is often fruitful but also creates hypotheses that can lead to dead ends. At the same time, this process has deeply inspired us to teach and try out new hypotheses in our trainings.

Concluding comments.
Using the background of Alvesson and Kärreman's five methodological principles for a qualitative research process for theory development, I have presented a problematisation of «the running technique» used in the Bodynamic shock trauma method. The problematisation revealed the (problematic) restrictive impact «the running technique's» had on trauma clients. This led us to create new theory and methods.

In a critical dialogue between theory and the empirical data, it became evident through (de)fragmentation that the reaction of the collapsed client became a mystery. A mystery is a finding that lacks documentation in theory and earlier research. Through problematisation many aspects of the technique were highlighted and solved through dialogue with theory and methods from different trauma therapies.

Merete Holm Brantbjerg and Kolbjørn Vårdal's broad scholarship is their basis for reflexive critique of their findings and creating a new methodology. The methods in Relational Trauma Therapy have been under years of scrutiny and are refined at every new training. In constructing a new methodology, the therapist interventions are classified into three categories. The interventions support arousal regulation, resolve authority issues and attachment dynamics connected to unresolved trauma states. Our experience and hypothesis are that the interventions work best in that sequence. Describing a methodology for this can be a next step.

The breakdown of «the running technique» has over many years served as a theory and method generating tool. The process has in many ways resembled the discussion comparing methods for working with simple PTSD issues to those for more complex PTSD problems. The strength in Relational Trauma Therapy methodology is in its pragmatic and practical use. Based upon years of experience these methods can be tailor-made for different trauma states but are still at an experimental level.

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