

# Developing Relational Trauma Therapy

## *From the Breakdown of the “Running Technique” to a New Trauma Methodology*

Kolbjørn Vårdal

### ABSTRACT

This article describes Merete Holm Brantbjerg and Kolbjørn Vårdal’s professional journey to create the Relational Trauma Therapy method. Its development is described through the lens of Alvensson and Kärreman’s five methodological principles for qualitative research and focuses on the challenges encountered using the “running technique” which originated in the Bodydynamic shock trauma methodology and eventually led to a breakdown. A breakdown is determined to have taken place when empirical observations show a lack of fit between theoretical expectations and actual experience. Brantbjerg and Vårdal saw two breakdowns: first, a collapse trauma reaction in clients using the running technique, and second, some clients developed a very strong attachment to the therapist while using the running technique, and strengthened a pattern of needing the therapist to regulate high arousal. Through defragmentation, defamiliarization, and working through the problems posed by these breakdowns, Brantbjerg and Vårdal created new methodologies, such as the principle of dosing, and designating different stages in the trauma resolution process. This article informs the reader of Brantbjerg and Vårdal’s broad scholarship, and how they integrated reflexive critique into developing Relational Trauma Therapy.

**Keywords:** Trauma, theory development, PTSD, hypoarousal

Submitted: 05.04.2021

Accepted: 16.05.2022

International Body Psychotherapy Journal  
The Art and Science of Somatic Praxis

Volume 21, Number 1,  
Spring/Summer 2022, pp. 76–81

ISSN 2169–4745 Printing, ISSN 2168–1279 Online

© Author and USABP/EABP. Reprints and  
permissions: [secretariat@eabp.org](mailto:secretariat@eabp.org)

**T**

he main goal of this article is to present a key aspect in the development of the theory and method of Relational Trauma Therapy. We also aim to start a discussion in our professional field on how we, as body psychotherapists, can describe how we develop our theory within a scientific framework.

The article describes findings connected to the development of our theory. The purpose of the article is not to argue about our findings, but to foreground our reflections about the use of a specific methodology – and with that, stimulate this kind of method reflection. The development of our theory about the hypoarousal/collapse state is described in Merete Holm Brantbjerg’s article, *Sitting on the edge of an abyss together: A methodology for working with hypoarousal as part of trauma therapy*. The methodology is taught in our online course on hypoarousal. A future article is in progress is about hypoarousal and attachment in connection with submission and dominance.

In this article, Alvensson and Kärreman’s methodological principles are applied to a qualitative research process for theory development. In creating the methodology of Relational Trauma Therapy, the problems posed by the running technique, as taught in the Bodydynamic shock trauma therapy training, have been a major driving force for the development of a new theory. Merete Holm Brantbjerg and Kolbjørn Vårdal have both been deeply embedded

*... learning is best described  
as a research process driven  
by a critical dialogue between  
theory and empirical data.*

in the Bodydynamic culture, and this article describes essential aspects of their professional journey in creating Relational Trauma Therapy.

## Background

The original Bodydynamic 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 Bodydynamic group – Lisbeth Marcher, Lennart Ollars, Ellen Ollars, Steen Jørgensen, and Erik Jarlnæs – formulated methodology for working with trauma beginning in 1969, and with increasing focus from 1975 onwards. In 1993, the Bodydynamic group published a book about their trauma therapy method (Jørgensen 1993).

The book was called *Releasing Shock Trauma*. 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 involved a method called *the running technique*.

In this technique, the client lies down supine on a mattress, with the therapist seated at the client's side. The client imagines the beginning point of the trauma history chronologically, while the therapist tracks the client's body. In this context, 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 what he/she senses in their body. When the client starts to feel panic or freeze, the client "runs on the mattress" by pushing their feet and elbows to the ground, just as if they were running in a standing position. At the same time, the client imagines moving from the site of the trauma to a safe place. The safe place is a physically accessible place, either at the time of the trauma, or later in life. If the client lacks access to a memory of a safe place, the therapy room would be the place to imagine running towards. When the client arrived at the safe place, emotional reactions would often arise, and the therapist would support processing them. 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 an assistant to him, and later to Merete. In 2003, Merete left the Bodydynamic Institute, and started her own trainings under the visionary name Moaiku. At that time, Kolbjørn was teaching at the Bodydynamic International practitioner training in Denmark along with Erik Jarlnæs, and continued to do so until 2010, when he also left Bodydynamic International.

In 2008, Kolbjørn became a co-teacher with Merete. Together with Steen Jørgensen, they began to develop a theory and method based in the Bodydynamic shock trauma training and character theory. Steen Jørgensen

was part of the group until 2011, when he retired. The primary focus at the start of developing the theory was to limit the running technique, and integrate knowledge from different trauma therapy methods and Systems-Centered Therapy.

## Challenges with the running technique created a mystery

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

From the point of view of qualitative research, focusing on the challenges of using the running technique can be seen as a breakdown that created a process of theoretical problematisation (Alvesson and Kärreman, 2011). A breakdown is determined to have taken place when empirical observations show a lack of fit between theoretical expectations and actual experience.

The running technique method did not always work as its theory predicted. This stimulated our curiosity and we began a systematic learning process to develop a more functional method. This learning is best described as a research process driven by a critical dialogue between theory and empirical data.

It was particularly the collapse reaction that was a mystery to us – a mystery that created repeated breakdowns in our work with clients, and for which there was little research support in the curriculum of our trauma training. In hindsight, I see that we used Alvesson and Kärreman's five methodological principles for a qualitative research process in theory development. These principles are 1) (de)fragmentation, 2) defamiliarization, 3) problematization, 4) broad scholarship, and 5) reflexive critique.

### 1. (De)fragmentation

(De)fragmentation involves working with patterns and fragmentation, 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. These are documented in notes taken during trainings, 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 at our empirical data, started a literature search, and concluded that the fight/flight responses were only two of many survival reactions, and were not the only ways out of a traumatic freeze response. Paradoxically, we saw that the more severely traumatized participants and clients who were in great need of running to a safe place often collapsed in the arms of the therapist.

Although the running technique focuses on the trauma story to be healed by releasing the unresolved fight/flight reflex, the collapse response revealed a deeper underlying pattern. Instead of focusing on finishing and healing the trauma story in a specific prescribed sequence, we turned our focus on trauma reaction patterns. We noticed from our empirical material that traumatized individuals used the same trauma reactions again and again, independently of their narrative.

In 2006, when we first introduced the principle of systematic dosing with a focus on hyporesponsive muscles in psychomotor skill training, survival reflexes and implicit trauma memories became apparent. We define dosing as (Brantbjerg, 2019, p. 5) “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 that 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 prevent clients from falling into the collapse reaction. In this process, three patterns became evident. We categorized the different elements of the running technique, and sequenced them 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 is best to begin working with the time and lack of resources *after* the traumatic incident, whereas for other clients, it is best to begin at the time *before* the trauma, and work with the orienting reflex and skills.

Furthermore, for some clients, it was too much to work with one of their more central traumas, so dosing the central trauma work by first working with a small trauma – or even with just an episode where the client was scared – was better. 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 allowed the second pattern to emerge. Paradoxically, the technique of dosing 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 body parts or in the whole body. Often, people used metaphors to describe their experiences – such as feeling as if they were falling into an abyss, sensing a space of dissolution, or losing connection with other people and the world. Our focus on dosing revealed that it created a boundary for the hypoarousal state, and participants could relate to that state instead of being over-identified with it, or scared/angry in relation to it. We also focused on dosing the emotional contact between the trainer/therapist and participant/client while using, and dosing, 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 hypoarousal 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 the negative side effects of participants/clients going into collapse and fragmentation seriously when using the running technique, a lower dose 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, revealed a pattern of skills necessary to create the ability to relate to and process the hypoarousal states – it supported a process of (de)fragmentation.

Using the dosing principle on the running technique led to 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, which, from our perspective, is used mainly for a few specific simple PTSD traumas.

In fact, these days, we do not teach 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 also made it 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.

## 2. Defamiliarisation

The element of defamiliarisation is connected to observing and interpreting social phenomena in such a way that our viewpoint is professionally distant, and not distorted by private prejudices. This is more difficult when studying one's own culture where a lot of phenomena are taken for granted, rather than being a stranger in an

unfamiliar culture. At the start of our research journey, Merete was deeply embedded in the Bodydynamic culture, and I came in as a promising therapist and teacher asking a lot of questions.

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

These cultures helped us increase 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 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 involved in other professional cultures became an important way to defamiliarize ourselves from our original professional culture, and problematize the way we worked.

### 3. Problematization

Problematization 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 problematization connected to the use of the running technique in trauma therapy.

A major problematization 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 that 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. However, what if the issue is not the flight reflex, but another reflex, or what if the client has a major problem with direct authority that leads 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 problematized the running technique in detail. Examples include 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 should the client 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 protective and flight instincts affect the outcome
- How the technique impacts the attachment system
- How different attachment styles are challenged

This problematization led us to formulate hypotheses connected to dosing, sensory rehabilitation of trauma, hypo responses, authority issues, the relational aspect of skill training, disgust, memory processes in trauma, hypoarousal, as well as which elements are more significant in trauma therapy, and in what sequence they benefit being worked on. Our journey toward broad scholarship is fundamental for this process.

### 4. Broad scholarship

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

At the same time, though not at a deep level, our shallow repertoire allows us to use the theories and practices we know when their research improves our interventions. The shallow repertoire is brought into our research if the empirical material is in line with this research, and if it becomes more interesting when in the new framework. The most important contributions have come through

reading the works of Ruth Lanius, Jaak Panksepp, Stephen Porges, Allan Schore, and Ellert Niejenhuis. Merete has been in dialogue with Babette Rothschild, Eric Wolterstorff, David Baldwin, Yvonne Agazarian, Tom Warnecke, Kathrin Stauffer, Flemming Kæreby, and Marianne Bentzen. We have integrated theories and practices from these authors that are now part of our curriculum. Since 2012, Merete has also written four articles that have been accepted in scientific peer-reviewed journals, in which we presented our new trauma methods to the professional community and begun a dialogue with the professional field.

Our broad scholarship has allowed us to develop significant parts of our interpretive tools, and made it possible for us to conduct a more complex investigation of the use of the running technique. At the same time, it has provided the foundation from which to develop the Relational Trauma Therapy method. Engaging a dialogue between our shallow and deep repertoires has been an important part of developing a self-critical use of theory in theory development.

## 5. Reflexive critique

Reflexive critique, as seen from Alvesson and 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's 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 clinical treatment, and for developing resilient therapists. We have had ongoing doubts about our vocabulary, and offer our perspective as one of many. Our frame of interpretation has evolved over many years, typically with Merete being overly optimistic about a new theory or method's possibilities, and myself dissecting it and looking at all the problems. At the same time, I have rapidly integrated new perspectives and exercises into our training, and Merete has sometimes slowed down my tempo so that in my enthusiasm, I do not introduce too much complexity.

Every new theoretical piece or practical exercise has been scrutinized from many angles. An important tool for this is 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 came to us during the training. Every time we begin 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 the previous training. Every year, we also set aside time for theory development based upon the notes and new theories that we have encountered.

Since 2008 we have been dissecting different parts of the running technique, adding new elements and creating new methodology. Along the way, we have been each other's critics and support in the integration of new knowledge. The 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 new hypotheses in our trainings.

## Concluding comments

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

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

Merete's and my broad scholarship is the basis for the reflexive critique of our findings and creation of a new methodology. The methods used in Relational Trauma Therapy have been subjected to years of scrutiny, and are refined with each new training. In constructing a new methodology, therapist interventions are classified into three categories – the interventions aim to support arousal regulation, and resolve authority issues and attachment dynamics connected to unresolved trauma states. Our experience and hypothesis show that these three categories of interventions work best in that sequence. Developing a methodology for this is a possible next step.

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



### Acknowledgment

Thanks to Ginger Clark, PhD, for editing the manuscript. I also want to thank Merete Holm Brantbjerg, my colleague and co-creator of Relational Trauma Therapy for supporting my professional development and for our inspiring conversations.



**Kolbjørn Vårdal** is a psychotherapist trained in Bodydynamic Analysis, with an M.A. in psychosocial work – suicide, addiction, violence, and trauma – and a B.A. in educational science with a focus on post-traumatic growth and organizational learning. He has a private psychotherapy practice in Oslo, where he specializes in the use of neurologically informed practices in body-oriented trauma therapy. He teaches and supervises in Norway, Sweden, Denmark, and Belarus.

E-mail: kvaardal@gmail.com

---

### REFERENCES

- Alvesson, M. and Kärreman, D. (2011).** *Qualitative research and theory development: Mystery as method*. London: Sage Publications.
- Brantbjerg, M. H., (2019).** Widening the map of hypostates: a methodology to modify muscular hypo-response and support regulation of autonomic nervous system arousal. *Body, Movement and Dance in Psychotherapy* 16:2. DOI: 10.1080/17432979.2019.1699604
- Jørgensen, S. (1993).** Bearbejdning af choktraumer/posttraumatisk stress i Bodydynamic Analyse [Processing shock trauma/post-traumatic stress in Bodydynamic Analysis]. In S. Jørgensen (Ed.), *Forløsning af choktraume [Releasing Shock Trauma]*, (pp. 9–36). Copenhagen: Forlaget Kreativ.