

# About Relational Trauma Therapy

Extract from manual for Training in Relational Trauma Therapy 2014

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When a trauma-pattern is locked, it means that unfinished survival-reactions and never regulated arousal-states are still impacting the individual – in a visible or invisible way – and it means that you defend yourself against these reactions and states in different ways – through dissociation, hyper-arousal-reactions etc.

You are not fully "landed" in the personality and in present contact. Apparently small triggers can evoke powerful heightening of arousal – hyper- or hypo-arousal – or swings between these. "Landing" fully after traumatic impact depends on both arousal-regulation and integration of what happened, bodily, emotionally and cognitively – a process that may take several years. In the integration-process, where you are struggling with the traumatic impact, struggling with widening perception of oneself and of reality to be able to contain and relate to what awakened, Post traumatic growth, PTG, can emerge. The criteria for PTG is described like this by Calhoun & Tedeshi: The person can experience a changed self-perception, change in relationships to others and a changed philosophy of life.

To the extent that arousal-regulation doesn't happen, integration in the personality doesn't happen either – and with that the possibility for post-traumatic growth-processes diminish. Working with trauma therapy thus stimulates the potential for experiencing PTG.

A locked trauma pattern points to missing resources and skills in the person and the surrounding network – otherwise trauma reactions would have been naturally released. Insecure attachment patterns impact our capacity to process and regulate high arousal. It especially points to that there hasn't been capacity enough for mutual arousal- and emotion-regulation amongst the careseeker and the caregivers.

Loosening trauma-patterns hold a process for both the person impacted by trauma and for the "system" around him/her. Careseekers as well as caregivers are challenged to meet the arousal-states that have been released and face the raw reality of the traumatic event.

What can initiate change in a locked trauma-pattern – personally and systemically – and through that support the potential for moving towards a post-traumatic growth-process?

In Relational Trauma Therapy we vector three overall paths – three sets of skills:

- 1) Skill training that supports self-regulation – through widening the platform of the personality bodily, emotionally and cognitively
- 2) Mutual arousal- and emotion-regulation
- 3) Consciousness about, acceptance and appreciation of trauma-patterns, survival-reactions and arousal-states as they are.

## **1) Skill training that supports self-regulation - through widening the platform of the personality bodily, emotionally and cognitively**

The personality holds the "runway" to land on following traumatic impact – along with the social context we are in following the trauma.

Hence the skills and network accessible to the personality will determine whether trauma-reactions can be released or will remain active. This includes the attachment patterns both in the care-seeker and the care-giver in the trauma processing context.

Psychomotor skill training in the personality can increase the ability to cope with the states embedded in locked trauma patterns as it focuses both on the ability to cope with the states on a personal level and being able to regulate them mutually, which means moving into a more secure attachment pattern. This increased capacity matters in both care-seeker and care-giver. The skill training holds a focus on increasing basic bodily presence through modification of low energy and of tension in the muscles (hypo- and hyper-response). Through precisely dosed skill training, implicit pieces of memory that are part of trauma patterns can become available to the consciousness of the personality and can be invitations into mutual regulation.

Awareness of the verbal language used when talking about trauma is also part of the skill training. Differentiation between an evaluating, categorizing language and a neutral, reality-oriented language is trained to support the capacity to approach arousal-states and trauma-stories with curiosity.

This principle is about opening up locked neural networks by developing new tracks – furthering an actual choice between old coping strategies and new ones – both in relationship to oneself and to others.

## **2) Mutual arousal- and emotion-regulation**

Regulation of high-arousal-states, awakened in traumatic events, is crucial to trauma-healing. No matter if we talk about hyper-arousal-states like panic, rage, rescue-impulse – or hypo-arousal-states like collapse, surrender to death, hopelessness, helplessness – the challenge is how we mutually can be present when facing these powerful reactions, witness them as they are and support a natural bodily regulation.

When arousal-regulation happens naturally, you “land” in a lower arousal-level, where emotions are available. It becomes possible to feel, express, share, what the event did to you. It becomes possible to shake, cry, laugh, feel disgust, reestablish the boundaries of the personality etc. These processes depend on skills in both parts – the careseekers and the caregivers.

Psychomotor skill training and system-oriented group-process is used to build a holding environment, where mutual regulation can happen.

Skill training focuses on developing somatic resonance, the ability to sense and feel both yourself and others and name the states, that are present.

The system-oriented group-process focuses on opening up patterns of isolation - bringing states into the group - forming subgroups, that can share the experience of a specific state – and opening up to letting states be contained collectively instead of perceiving them as only personal.

## **3) Acceptance and appreciation of survival strategies as they are**

Locked trauma patterns are survival strategies that hold solutions to something we haven't been able to solve in any other way. They contain survival-reactions and arousal-states for us – no matter if the strategy is dissociation, denial, avoidance, overwhelm etc.

All 3 elements: trauma-patterns, survival-reactions and arousal-states deserve appreciation. These are the strategies that actually helped us deal with the traumatic impact in the first place, and that are still active in us to cope with never regulated arousal-states.

Any traumatic event will trigger radical survival strategies – narrowed vision, panic escape, fighting for your life, calling for help, screaming, going dead, joining the assailant in dominance and/or submission, disorganizing, dissociating etc. These strategies are intelligent – they are superfast conclusions to extreme impact. And we can widen our personality's perception of these reactions to make space for real appreciation of and curiosity about the strategies just as they are. What is the mechanics in them? How do they actually work?

If the survival-reactions are not naturally regulated in or after the traumatic impact, we are facing a problem: How do we cope with powerful, unregulated arousal-states? Dissociation or hyperactivation/overwhelm are typical patterns, that are part of two basic styles in PTSD. (Ruth Lanius).

Trauma-patterns can emerge in repeated "choices" of the same survival-reactions in different traumatic situations. If we have once experienced, that a certain survival-reaction like for example fight, collapse or scream resulted in our survival, it leaves an imprint in us, that awakens, when we experience a new situation holding the same arousal-level. We can develop a preference for certain survival-reactions – and through that decrease our flexibility between different survival-styles.

Gaining knowledge and understanding of the survival-reactions can change how we relate to them. It can help us both in care-seeker and care-giver roles to expand our norm system to include radical survival strategies within the scope of human nature. And it can help us rewrite the narrative on the traumatic events we went through or our clients went through.

One part of a locked trauma pattern lies in how we tell the story about what happened. Usually we tell the story from a personality perspective impacted by the emotional load the personality holds in relationship to the story.

The stories can be reframed by changing our viewpoint: Appreciating the strategies we or others used to get through what happened. Training comprehension, acceptance and appreciation of survival strategies are as important as developing new tracks. The old automated strategies we survived on are not changed only by a new option becoming available. We need to appreciate and respect the parts of us, and of others, which are still tied to and oftentimes also identified with the old strategies. By respecting those patterns the choice between old strategy and new track will become more apparent to us on a conscious level.