

EVALUATION OF BODY-BODY-BASED RECONNECT INTEGRATIVE TRAUMA THERAPY MODEL (RITTM®): PILOT STUDY

BEDEN ODAKLI BÜTÜNLEYİCİ TRAVMA TERAPİ MODELİNİN (RITTM®) DEĞERLENDİRİLMESİ: PİLOT ÇALIŞMA

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ABSTRACT

Objective: This study aimed to examine the meaning, experience and effects of Karol Darsa's Reconnect® Integrative Trauma Therapy Model (RITTM®) on individuals exposed to relational trauma through a pilot study.

Methods: The case study population consisted of 56 trainees who had recently started Integrative Psychotherapy Training. The data were obtained using the Adverse Childhood Events Turkish Form (ACE-TR) and Semi-structured Interview Form. The sample consisted of 3 participant (2 female and 1 male) who got high score from the ACE-TR and volunteer. These participants had the highest score on the ESRQ and were volunteers. The model was evaluated by applying a five-session RITTM® pilot application to the participants. The analytical pluralism approach was adopted in qualitative data analysis by using thematic and phenomenological analysis together.

Results: One of the participants was 34 years old, and the other two were 24 years old. The participants had a history of neglect (n=2), abuse (n=1), harassment (n=1) and domestic violence (n=2). As a result of the 5-week RITTM® implementation, two themes, five sub-themes and 32 codes related to these sub-themes were determined. (1) The theme of Overview of the RITTM® Model: Awareness, arousing curiosity and coping mechanisms. (2) Experiences Related to RITTM® Practices theme: Methods with positive and mixed results.

Conclusion: The RITTM® was differentiated from classical methods as a body-oriented therapy and provided safe access to trauma by direct contact with the body. It had positive effects on individuals experiencing relational trauma; participants gained awareness, learnt to calm their nervous systems and developed new coping strategies. Thus, they were able to control the problems that occupied their lives.

Keywords: Integrative Trauma Model, Relational Trauma, RITTM®, Reconnect Therapy, Therapy.

ÖZET

Amaç: Bu araştırmanın amacı, Karol Darsa'nın Reconnect® Bütünleyici Travma Terapi Modeli'nin (RITTM) ilişkisel travmaya maruz kalan bireyler üzerindeki anlamını, deneyimlenişini ve etkilerini pilot bir çalışma ile incelemektir.

Gereç ve Yöntem: Durum çalışması olarak planlanan araştırmanın evrenini, Bütüncül Psikoterapi Eğitimi'ne yeni başlamış 56 kursiyer oluşturmuştur. Veriler, Çocukluk Çağı Olumsuz Yaşantılar Ölçeği Türkçe Formu (ÇÇOYÖ) ve Yarı Yapılandırılmış Görüşme Formu ile elde edilmiştir. Çalışmaya gönüllü katılan 3 kişi (2 kadın, 1 erkek) örnekleme oluşturmuştur. Bu katılımcılar ÇÇOYÖ'den en yüksek skora sahip ve gönüllü olanlardır. Katılımcılara beş oturumluk RITTM® pilot uygulaması uygulanarak model değerlendirilmiştir. Nitel verilerin analizinde, tematik ve fenomenolojik analiz birlikte kullanılarak "analitik çoğulculuk" yaklaşımı benimsenmiştir.

Bulgular: Katılımcılardan biri 34 diğer ikisi 24 yaşında idi. Katılımcıların geçmiş öyküsünde ihmal (n=2), istismar (n=1), taciz (n=1) ve aile içi şiddet (n=2) vardı. 5 haftalık RITTM® uygulaması sonucunda uygulamaya ilişkin iki tema, beş alt tema ve bu alt temalara ilişkin 32 kod belirlenmiştir. (1) RITTM® Modeline Bakış teması: Farkındalık, Merak uyandırma ve Başetme mekanizmaları. (2) RITTM® Uygulamalarına İlişkin Deneyimler teması: Pozitif sonuç alınan yöntemler ve Karma sonuç alınan yöntemler.

Sonuç: RITTM® beden odaklı bir terapi olarak klasik yöntemlerden ayrılmış, bedene doğrudan temas ederek travmaya güvenli biçimde ulaşmayı sağlamıştır. İlişkisel travma yaşayan bireylerde olumlu etkiler yaratmış, katılımcılar farkındalık kazanmış, sinir sistemlerini yatıştırmayı ve yeni baş etme stratejileri geliştirmeyi öğrenmişlerdir. Böylece yaşamlarını meşgul eden sorunları kontrol altına alabilmişlerdir.

Anahtar Kelimeler: Bütünleyici Travma Modeli, İlişkisel Travma, RITTM®, Reconnect Terapi, Terapi.

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Bu makaleye atf yapmak için / Cite this article: Taner, Y.K., & Öner, Ö. (2024). Evaluation of Body-Centred Integrative Trauma Therapy Model (RITTM®): Pilot Study. *Gevher Nesibe Journal of Medical & Health Sciences*, 9(4), 499-509. <http://doi.org/10.5281/zenodo.14237520>

INTRODUCTION

The Reconnect® Integrative Trauma Therapy Model developed at and named after the Reconnect Center® founded by Dr. Karol Darsa was born from integrating recent evidence-based trauma therapy models. Dr. Karol Darsa is a licensed psychologist and the founder and executive director of the Reconnect® Integrative Trauma Therapy Centre, which he established in Los Angeles in 2014. This therapy centre combines all state-of-the-art evidence-based trauma treatment methods under one roof (Darsa, 2020). RITTM® offers clinicians more resources and tools to provide personalized, client-centred therapy and focus on the person as a whole. Dr. Karol Darsa has developed a sensitive, comprehensive, body-based method for healing and reconnecting the mind and body. RITTM® uses a comprehensive model that focuses on attachment wounds by focusing on both the person themselves and the resources available to clients, comprehensively processing the trauma and emphasizing the importance of the therapeutic alliance. RITTM® prepares the clinician to work with complex Post-traumatic stress disorder (PTSD) as well as specific and relational traumas (Darsa, 2020).

RITTM® is an integrative approach based on the mind-body connection, considering the human being as a whole. There are three main phases used in the RITTM® approach: the initial phase/stabilization, the memory processing phase and the integration phase. These main stages originate from the trauma approach developed by Janet (1904). Janet's psychotherapeutic approach to post-traumatic stress consists of the following stages:

1. Stabilization, symptom-focused therapy and preparation for the classification of traumatic memories.
2. Identification, exploration and modification of traumatic memories.
3. Relapse prevention, elimination of residual symptomatology, reintegration of personality and rehabilitation (cited in van der Hart, Brown, & van Der Kolk, 1989).

Janet's stage model is very similar to modern treatment models for post-traumatic stress disorder (PTSD) and dissociative disorders (Braun & Fromm, 1986). In these stages, Emotional Freedom Technique (EFT), Breathing Exercises, Vu-Va Technique, Physical Movement, Walking, Butterfly Wrap, Weighted Blankets, Eye Movement Desensitisation and Reprocessing (EMDR), Aromatherapy, Eye Position as a Source and EyePoint are integrated with the participant.

Considering the studies on the negative effects of relational traumas on the individual's later life, there is a need for a model that can heal the traumatic wounds of the person and ensure the repair and restructuring of the damaged ties. As explained above, while different factors play a role in the formation of relational traumas, the trust relationship established between the mother and child or between the caregiver and the child, and the child's exposure to neglect and abuse in many aspects by his/her close environment have an important place among them. As a result of this trauma exposed from childhood, it negatively affects the life of the person psychologically, leaves developmental damage to the individual and may cause a predisposition to many disorders such as depression, anxiety and PTSD. In order to repair this multi-factorial situation left by relational trauma, there is a need to examine the healing effect of an evidence-based model on relational trauma that can address the psychological structure of the person from different angles.

It should be revealed whether it is possible to improve the long-term damage caused by relational trauma with a model that includes many of the trauma treatment models that have recently been used evidence-based. In addition, considering that such traumas cause people to be prone to depression and anxiety and to show symptoms of post-traumatic stress disorder (Huth-Bocks et. Al 2013), it should be investigated whether RITTM® is effective in these symptoms. This study will be a first in terms of the lack of a scientific study based on clinical interviews on relational trauma with the RITTM® model, in which many evidence-based trauma models have been integrated into the literature before, and will be one of the important studies that will emerge in the integration of therapy models and the emergence of new evidence-based models. It is also important to conduct scientifically evidence-based research on the application of RITTM® for the first time in Turkey.

This study aims to investigate what the RITTM® means to the participants and how it is experienced and affects the individual through a pilot study conducted with individuals exposed to relational trauma of the Reconnect® Integrative Trauma Therapy Model developed by Karol Darsa.

MATERIALS AND METHODS

Research Design

In this study, a case study was used, which is a methodological approach that enables an in-depth examination of a limited system using multiple data collection to systematically gather information about how that system functions and works (Chmiliar, 2010).

Population and Sampling

The study population consisted of volunteer trainees who had just started and completed the first month of the four-year Integrative Psychotherapy Training given by Psychotherapy Institute Education Research Health Org. and Consultancy Ltd. 56 trainees received this training on the dates of the study, and 3 people (2 women, 1 man) who voluntarily agreed to participate in the study constituted the sample.

Inclusion Criteria: having a childhood adverse experience, declaring that they can participate in the 5-session RITTM® application after the study, not receiving any psychotherapy support, and having a high score on the Adverse Childhood Events Turkish Form (ACE-TR).

Exclusion criteria: A trainee who has completed the first stage of the Integrative Psychotherapy Training.

Data Collection Tools and Materials

Adverse Childhood Events Turkish Form (ACE-TR)

The scale was developed by CDC and Permanente in 1997 to measure domestic traumas in the first 18 years of life. The scale consists of 10 items questioning childhood traumas. The questions contain only the 'yes' option. Otherwise, they are left blank. The scale's total score varies between 0-10, and no cut-off value exists. Gündüz et. al (2018) conducted a Turkish validity and reliability study. In this study, the scale was used to determine whether the individual had relational trauma.

Semi-structured Interview Form

It consists of seven open-ended questions aimed at evaluating the experiences and opinions of the participants regarding the application:

1. How do you evaluate this process in general?
2. What are your thoughts and feelings for the following process?
3. Did you realize anything about yourself during the sessions? If yes, what are they?
4. Did these sessions bring you any benefits? If yes, what are the benefits?
5. What are your thoughts about the applications we made in the study?
6. What are the points that you think could be more useful for you to improve RITTM®?
7. What are your thoughts about focusing your resources?

These semi-structured, non-leading, open-ended questions aim to explore the participants' experiences in depth. Only feedback or follow-up questions were given during the interview to maintain the natural flow.

Procedure

The data were collected after the approval of the Maltepe University Ethics Committee (decision no: 2021/22-10, date: 2021.08.20). In the study, the participants were invited by contacting them via e-mail. The informed consent form and invitation were shared with the potential participants. After the participants who volunteered to participate approved the consent form, a standard time was arranged for online interviews.

Data were collected through scale filling and interview techniques for the trainees who started the first phase of the Integrative Psychotherapy Training at the Institute of Psychotherapy. Qualitative data were obtained through semi-structured interviews with a thematic analysis method after RITTM® implementation. Quantitative data were determined by the scores obtained from the scales to be applied before and after the RITTM® application. The research data were collected over approximately 6 weeks.

Firstly, the Adverse Childhood Events Turkish Form (ACE-TR) was applied. The 3 participants who had the highest score on this scale and who agreed to participate were included in the study. Since there is no structured application format in the RITTM approach, the problematic situation of each participant was accepted as special, and the methods and techniques followed in the sessions were shaped according to the client's condition. RITTM® was applied by interviewing the participants in weekly 90-

minute sessions for 5 weeks. Since RITTM® offers a five-step therapy technique, one step will be worked on in each session, and at the end of five weeks, it is aimed to enable the person to understand the trauma, reconnect with the mind, reconnect with the body, reconnect with the heart, reconnect with spirituality, community and nature (Darsa, 2020). At the end of the five-week sessions, semi-structured interviews were conducted, and the participants were asked to share their experiences with the process. These interviews lasted approximately half an hour. At the beginning of the interview, a relationship was established with the participants, which was tried to ensure they were comfortable. Pre-prepared research questions were directed to the participants during the interview and audio-recorded. These semi-structured, non-directive, open-ended questions aim to explore the participants' experiences in depth. During the interview, only feedback was given, and follow-up questions were directed to maintain the natural flow. Participants were advised to be in an area where they would feel comfortable and safe during the interview and where their confidentiality could be ensured. In order to ensure this trust and confidentiality, the researcher was alone in the environment during the online interview.

Analysis of Qualitative Data

In the analysis of qualitative data, two qualitative analysis methods, thematic and interpretative phenomenological analysis, were used together, and an "analytical pluralism" approach was adopted. Analytical pluralism allows for a multidimensional examination of the data by using different analysis methods together and revealing different meanings (Clarke et al., 2015). Interpretative phenomenological analysis helps to understand how individuals make sense of events, relationships and processes, in short, their experiences in the context of their life worlds. Focusing on the lived experience means that interpretative phenomenological analysis researchers address the phenomenon they are investigating from the participants' perspective. Therefore, researchers collect rich data from relatively few participants (Larkin, Eatough, & Osborn, 2011). In other words, a phenomenological study tries to define the common meaning of lived experiences related to a phenomenon for several individuals (Creswell & Poth, 2018). In thematic analysis, the patterns in the data are identified, analyzed and reported. This method is used when concepts are to be categorized and summarised. When creating a theme, the data's content and how the researcher reads it are decisive. In addition, for a pattern to be considered a theme, the degree of answering the research question is taken into account (Braun & Clarke, 2006).

RESULTS

Participant Characteristics

P1: Female, psychologist, panic attacks, 34 years old, married. Her history includes neglect and abuse, and she grew up in a chaotic family environment. She has traumas of abuse and abduction at a young age.

P2: Male, psychological counsellor, 24 years old, no previous therapy experience, depressive complaints, insomnia. Single. History includes neglect and abuse, domestic violence and parental abandonment.

P3: Female, psychological counsellor, 24 years old, no previous therapy experience. Depressive thoughts, feelings of loneliness, and social withdrawal. History of domestic violence, neglect and parental infidelity.

Qualitative Findings

As a result of the content analysis, two themes, five sub-themes, and 32 codes related to these sub-themes were determined for the RITTM® model.

Theme I: Overview of the RITTM® Model

The first theme is the overview of the RITTM® model, and under this theme, three sub-themes were identified: awareness raising, curiosity raising and coping mechanisms. Five codes related to the theme of raising awareness, three related to the theme of arousing curiosity and 10 codes related to coping mechanisms were developed (Table 1).

Table 1. Overview of the RITTM® Model

Theme 1:	Sub-theme	Code
Overview of the RITTM® Model	Awareness	- Irritability
		- Body Contact
		- Feeling Emotions
		- Exploring Defence Mechanisms
		- Bravery
	Arousing Curiosity	- Now
		- Aftermath
		- Sustainability
	Coping Mechanisms	- Hope
		- Plans
- A New Life		
- Analyzing		
- Explaining		
- Keeping Calm		
- Walking		
- Breathing Exercises		
- Ability of Self-Calming		
- Discovering Resources		

Sub-theme I: Awareness

All participants stated that they gained awareness through this process. In this pilot study, the participants developed some awareness on their nervousness, body contact, the way they feel their emotions, the defence mechanisms they have and their courageous aspects:

- *"Yes, for example, one of the things I discovered is this. When I was sitting somewhere, I was directly detached from the events. I was disconnecting from my conversations with people." (P1, female)*
- *"I realized that things that were not very important occupied almost every part of my daily life. It turns out that they were directing even my mood that day, my sleep, communication, attitude, thoughts, etc." (P2, male).*

When expressing their experiences of RITTM®, the participants emphasized the meaning of feeling. In particular, they mentioned the importance of touching their body, feeling their body and realizing their emotions and giving voice to their emotions:

- *"In these sessions, I realized that my body was actually guiding me. The emergence of those memories with the associations in my body, and the fact that bad memories and good memories are hidden in my body, has taught me a lot. For example, now I can see when I feel bad and what affects me. It was really good to see the origins of my feelings, to know that they are connected and to realize what they make me feel every time, whereas before, I could not make the connections." (P3, female)*

During the therapy sessions, the clients who applied the RITTM® model stated that they realized the defence mechanisms they used to escape from their problems:

- *"Before the sessions with you, I was not logically aware of this. I was experiencing it, but I thought that I could not keep up with the environment. I could not keep up. I told my wife to let some time pass; I could not converse. I thought I was inadequate in this regard. However, I realized after the sessions that this was not what was happening and that I was experiencing a rupture at that moment. I was unaware of it; in the world was standing still; who was talking? Was I asked something? Was something being said about me? I did not even hear them. For example, yesterday, I was with my wife's family, and they were having a birthday. The communication there was also good, and I did not experience any disconnection. I mean, it is a very good thing not to experience disconnection; it is a very good thing to be able to stay in the moment." (P1, female)*

Participants also emphasized the calmness and courage they felt after the application.

- *"First of all, I realized how angry I was. I learnt to differentiate some of the emotions I experience. For example, now I realize that feeling comes when I am going to do something. It*

feels like I was experiencing it randomly before. I also realized how much I was obsessed with things. (P2, male)

- *"When I first came here, you know, I did not talk at all; I had difficulty opening myself to people; I was more introverted. Now, I can say that I am more courageous. Yes, I cannot change some people, but I realized that managing my life is in my hands. I started to live my daily life accordingly." (P3, female)*

Sub-theme II. Arousing Curiosity

All participants expressed that they wondered what would happen after this process, whether their well-being would continue, and whether they could continue doing the practices independently.

- *"Something has settled in my head; I am working. I do not know; I wonder how it will be. I am curious about this process. I mean, how will it be after the sessions are over? How will I feel? Will panic attacks start again? For example, will they not start? They are a question mark for me. Let us live and see; I honestly do not know what we will experience." (P1, Female)*

Sub-theme III: Coping Mechanisms

With RITTM®, the participants took important steps towards regaining control of their own lives by developing various coping mechanisms and awareness about the traumas they had experienced. At the end of the therapy process, the participants expressed that they were most satisfied with the coping mechanisms they had developed and that they had developed a strategy.

- *"I mean, in this process, I actually learnt to trust myself a little more, I can cope with some things, I can overcome some things, I actually remembered that more." (P3, female)*
- *"... I think of memories during the day or something. It makes me sad, of course, on the one hand, but at least I learnt things that I can cope with..." (P2, male)*
- *"...It also helped me to relax, especially when those flying thoughts came. It was as if they had taken over me, and I was lost. Now my awareness has increased; I don't let them direct me. I can direct my focus." (P3, female)*

In the final phase of the RITTM®, the integration phase, there should now be a new sense of self and a creation for a new future. The participants also gave motivational feedback about bringing innovation into their lives:

- *"I have ideas about making innovations in my life for the next process. These are things that I always had in my mind before but never realized." (P1, female)*

Theme II. Experiences Related to RITTM® Practices

Two sub-themes and 14 codes were identified under this theme: techniques with positive results, and techniques with mixed results (Table 2).

Table 2. Experiences Related to RITTM® Practices

Theme 2:	Sub-themes	Code	
Experiences Related to RITTM® Practices	Techniques with Positive Results	– Vu-Va Technique	
		– Breathing Exercises	
		– Grounding Exercise	
		– Physical Movement / Walking	
		– Butterfly Wrap	
		– Square by Square Processing	
		– Boundaries	
		– Selecting Objects	
		– Pushing	
		– Using the Therapist and Relationship as a Healing	
		– Tool Working with a Specific Part	
		Techniques with Mixed Results	– Emotional Freedom Technique
			– Eye Movements
			– Eye Point

Sub-theme I: Techniques with Positive Results

The "Vu-Va" technique used in RITTM® is a calming method for traumatized individuals. They stated that the Vu- vu technique helped them discharge energy and feel more relaxed and refreshed.

- *"I usually did it while walking on the road...It was good for me; it helped me to discharge energy." (P1, female)*
- *"It is a relaxing thing for me. It helps me to release my tension at that moment...When I do it, an energy comes, such a relaxing energy. It makes me feel like myself..." (P2, male)*
- *"Doing Vu-Va is like meditation for me. It feels like a spiritual ritual...It usually does not exceed one minute, but I feel more refreshed." (P3, female)*

Apart from the "vu-va" technique used in RITTM®, breathing exercises are also one of the regulation techniques used by trauma victims when they encounter a situation that reminds and triggers the trauma.

- *"... I honestly cannot say that I saw a great contribution. But it relieved me at that moment. I even applied it a few times when I was stressed. It relieved me of distraction." (P1, female)*
- *"I can use it to calm myself down. When I am angry, I first calm down in order not to give such sudden reactions... I think it is a very good method to calm the body and the brain." (P2, male)*
- *"Breathing exercises are also a resource for me...I realized that I can control my body whenever I want." (P3, female)*

Through the grounding exercises in RITTM®, the participants reported that they were able to get back into their bodies and make peace with their bodies:

- *"When they asked me to put my feet on the ground, I would come to my senses...when you asked me if my feet were on the ground, I would realize that I had fallen asleep and return to the session." (P1, female)*
- *"...For example, I felt very rooted. I feel like a tree most of the time; that is what I think of when you say rooting and being grounded... When you ask me occasionally if my feet are on the ground right now, that is how I feel. This made me realize that I was here again." (P2, male)*
- *"...I felt that the tension was going down from head to toe, I felt that I was letting them down towards the soil. I felt like a burden was lifted from me every time we did it." (P3, female)*

Participants stated that by moving and walking, they relieved their energy and relaxed, and they reported that they directed their tension to this activity:

- *"...I mean, there really was an energy inside me that could not be discharged. Since I realized this, I try to walk almost every day, and it feels so good for me..." (P1, female)*
- *"When I do sports, feeling those muscles burning makes me feel strong... I feel fitter. I have directed the anger accumulated in me to something more harmless and healthy." (P2, male)*

The participants stated that they felt a sense of compassion towards themselves with the butterfly hug.

- *"I do it when I congratulate myself. You know as if I'm hugging myself, I say how nice, my dear self... Well done... I treat myself more compassionately now..." (P1, female)*
- *"I remember doing butterfly hugs when I find a place to feel comfortable in my body... You know, loving yourself is like pressing it inside... It is like hugging that beautiful feeling tight..." (P3, female)*

Participants gave feedback that they got positive results from frame-by-frame processing.

- *"Occasionally, when walking alone on a road, for example, I get startled when a car approaches. My abduction trauma comes to my mind in sections. I feel as if it will happen to me again. In the places we talked about in the sessions about that memory, the fact that you first prepared, comforted, and then took me to the moment when I realized that it did not harm me, step by step, gave me the message that there is no problem and I have overcome it." (P1, female)*

The body-orientated boundary work in RITTM® helped the participants to identify the boundaries between their bodies and the outside world and to feel safe.

- *"The fact that I set the limit in that work gave me the feeling that it was in my hands in my relationships with people. For example, standing too close to someone would panic. In that workshop, I noticed the change in my body when I came closer; my heart started to beat faster. Then, drawing my own distance reduced my anxiety. I realized that most of the time, I could not say no to people. It is in my hands." (P3, female)*

In choosing objects, the participants could express their feelings and thoughts that they could not express in their lives to the objects they chose to represent the people who caused them to have negative experiences.

- *"When I chose different objects for my mother, father and sister, I said the things I could not say to them, and at that moment, it was as if I was not thinking; the words just came out; I could not believe myself. I could never do such a thing normally, but I felt very good after that session. I do not remember ever being able to express myself so well." (P3, female)*

Participants stated that they felt the power they had in themselves again after the pushing application was used.

- *"I still felt as vulnerable as before. But I actually had this power. My body was just frozen there. I felt it when I pushed that pillow with the power in my arms. I was strong, but I did not know it." (P1, female)*
- *"I was defenceless when I was little. Even if I had a power, I did not have the opportunity to use it at that time...Pushing that pillow was like regaining my inner strength." (P2, male)*

In choosing objects, the participants were able to express their feelings and thoughts that they could not express in their lives to the objects they chose to represent the people who caused them to have negative experiences.

- *"When I chose different objects for my mother, father, and sister, I said the things I could not say to them, and it was as if I was not thinking at that moment; the words just came out; I could not believe myself. I could never do such a thing normally, but I felt very good after that session. I do not remember ever being able to express so well." (P3, female)*

The participants stated that they felt the power that existed in them again after the pushing application was used.

- *"I still felt as vulnerable as ever. But I had this power. My body was just frozen there. I felt it when I pushed that pillow with the strength in my arms. I was strong, but I did not know it." (P1, female)*
- *"When I was little, I was defenceless. I mean, even if I had a power, I did not have the means to use it at that time...The work I did pushing that pillow was like regaining my inner strength." (P2, male)*

Sub-theme II: Techniques with Mixed Results

Regarding the techniques used in the practice, while some clients gave feedback that they benefited from the same practice, some clients gave feedback that they did not benefit. These practices were explained under the sub-theme of "Techniques with Mixed Results."

- *"That did not make much sense to me. Could it be something like a placebo effect? I do not know if some people benefit from it, who say that it is a marvellous thing and all my problems are solved. It did not seem very realistic to me" (P2, male)*
- *"You know my headaches were increasing when these thoughts came. I was applying EFT when my headaches increased. It reduced my pain a little." (P3, female)*

Eye movements were used to provide resources to the participants and to desensitize them to the traumatic event during trauma processing.

- *"I do not know, I do not remember it at all, that is true. But I could not remember it very much, I mean, I could not remember doing it, I am sorry." (P1, female)*
- *"It was very good. I sometimes recalled memories that I did not expect... Some of them I still do not know why, but it was good in that way." (P2, male)*
- *"When we were doing it, I honestly did not think that anything would be revealed; it seemed very strange, but I was experiencing my emotions very intensely there; involuntary thoughts would come to my mind...Hmm. It does not bother me much now. But now I am so used to that event that I have internalized every minute, every second of it so much that it does not bother me anymore." (P3, female)*

The eye point application was used to create a resource for the clients in the face of the traumatic situation and also to desensitize them to the event in processing the traumatic event.

- *"In this study... I show avoidance behaviour at these points; I make myself uncomfortable. At least it showed this for me. Because at that time, if you remember, I was saving myself from the*

situation without realizing it. I was changing the subject. It made me realize these things, frankly..."

- *(P1, female) "I could not understand it exactly; actually, I mean, we determine a point, and we look at it. Certain things were evocative, but it seemed like they would be evocative if I looked elsewhere. But we had identified a source point... And a disturbing point... There were really different feelings when I looked here and there, but I am not sure if it was because I brought good and bad things to my mind one after the other or if the points had something to do with it. There must be something." (P2, male)*
- *"It was very, very peaceful for me to go to the safe space I created for myself at the eye point..." (P3, female)*

DISCUSSION

In line with the aim of this study, the findings obtained from in-depth interviews with individuals who have been exposed to relational trauma regarding their experiences with the RITTM® application are discussed and interpreted, and suggestions are made.

According to the findings obtained in the sub-theme "Coping Mechanisms" of the theme "Overview of RITTM® Model" and in the sub-theme "Practices with positive results" of the theme "Experiences Regarding RITTM® Practices" as a result of in-depth interviews, P1 stated that she stopped her panic attacks, overcame her fears, other participants overcame their subjective fears, developed cognitive strategies related to their physiological reactions, acquired strategies to regulate themselves by staying more in the moment while experiencing ruptures before, and calmed down by using the techniques they learned in the RITTM® application when they were triggered. The theoretical basis of the 9-12 week "Long Term Training Therapy," which is used in trauma therapies, is based on the "emotion processing" theory developed by Foa and Kozak (1985) to explain anxiety disorders. Practice is an application aimed at reducing "pathological fear" and related emotions, which are common in post-traumatic stress disorder and other anxiety disorders (Foa and Kozak 1985, Foa and Kozak 1986). In a study conducted by Foa et al. in 1999, 97 female rape victims with chronic post-traumatic stress disorder were administered Long Term Induction Therapy, stress inoculation therapy and both treatments combined, and the results were compared with those of patients on the waiting list. When compared with the control group, it was found that all three treatment protocols provided a significant reduction in post-traumatic stress disorder, general anxiety and depression symptoms (Foa et al. 1999). Considering the results of the study conducted by Foa et al. (1999), it is thought that long-term RITTM® implementation will have lasting positive effects on depression, anxiety and trauma symptoms of the participants. In addition, considering that RITTM® is a combined model, this raises the question, "How is the effect of combined trauma therapy applications compared to single applications?"

In the qualitative interviews with the participants, there are statements that the participants realized that they had previously been critical of themselves, were offended by their bodies, and approached themselves more compassionately as they discovered the resources in their bodies. Somatic work with the body, the butterfly hugging technique and the technique of working with a part were found to be practical here. In addition, in the qualitative interviews conducted with the participants, there are statements that the clients noticed their avoidance behaviours and that the re-stimulation situations related to panic attacks no longer continue. Karadağ (2020) conducted a group EMDR application with 13 female adolescents with complex post-traumatic stress disorder who were victims of sexual abuse. In the study, a statistically significant difference was found between before and after therapy in both depression and trauma scores (Karadağ, 2020). Although the RITTM® application is a similar study with individuals experiencing relational trauma, the application results of Karadağ (2020) are more comprehensive. Although the eye movement desensitization and reprocessing (EMDR) application is covered as an "eye movements" application in the RITTM® application, it suggests that more effective results will be achieved than the standard EMDR protocol application when used in an integrated model. In the present study, the participants stated that their past traumas no longer bothered them today and that they were able to overcome most of the traumas they had experienced.

In the literature, it is reported that a participant who had a complex trauma from childhood and adolescence, had a traumatic mother and experienced attachment problems had effective results in panic disorder therapy and was able to control panic disorder after a six-month therapy process with weekly interviews, continued to experience only situational problems, and resolved many of the past traumas

he had experienced (Grand, 2014). As seen in this study conducted by Grand (2014), when working with individuals who have experienced relational trauma, it may require a longer period of work than a 5-session process. In the current study, the fact that P1 controlled her panic attacks and showed the ability to keep them under control even though she is currently experiencing some situational problems and that she has similar characteristics to Grand's study suggests that the RITTM® study may create positive effects in a short time and that the results of RITTM® with individuals experiencing relational trauma for six months and longer can be examined in future studies.

From the participants' feedback, it was seen that the most positive results were obtained from the practices related to resource development, and it was concluded that the initial phase of RITTM® may have a positive and transformative effect on individuals who have experienced relational trauma. The feedback of the participants that they were able to overcome many problems only by strengthening their resources and that they were able to control their traumas by reducing them to a level that they no longer disturbed them in their lives showed that RITTM® may have had a sufficiently positive effect during this period. Considering that the participants benefited the most from the part related to resource development in the initial phase, it is thought that the five-session RITTM® intervention is a short intervention for individuals experiencing relational trauma.

In summary, considering the participants' experiences and positive statements about the RITTM®, it was evaluated that the positive results obtained in a short period of five sessions once again showed the rapid effects of a body-oriented approach, the willingness and curiosity of the participants to participate in terms of being mental health professionals, and the strong therapeutic relationship established with the participants.

When the results of the research conducted by (Korn, 2009) were compared with the experiences of the participants in the current study, the participants' depression levels decreased, and PTSD symptoms did not change. Both studies emphasize the discovery and strengthening of clients' resources in the first stage of trauma therapy. Considering that relational traumas are considered a form of complex PTSD in the literature (Van der Kolk, 2002), it suggests that working on clients' resources in complex PTSD therapies may have a significant effect on reducing depression and anxiety levels (Schwarz et. Al (2016).

Limitations

The fact that the research was conducted with over three samples is too limited to generalize the research to a universe. Therefore, the results of the research are limited to this sample. Three people are insufficient to generalize on behalf of individuals experiencing relational trauma; the distribution and number of people experiencing relational trauma in society should be known, and a study should be conducted with a study group by selecting an appropriate sample group. In addition, this study can be conducted as a comparative study with different evidence-based trauma therapy models, and a follow-up study can be conducted.

CONCLUSION

As a result, RITTM® practice, as a body-oriented therapy approach, differs from classical therapy techniques in that it directly touches the body, focuses on self-regulation, grounding and contact with resources, thus leading to safe contact with trauma through the body and achieving effective results in a short time. The RITTM® application had a positive impact on individuals experiencing relational trauma. The participants developed awareness about themselves, activated their feelings of curiosity and discovery in their lives, and were able to discover their resources, focus on their resources and develop new coping strategies to get rid of the effects of traumatic memories by acquiring the ability to calm their nervous systems thanks to the techniques used in RITTM® against the problems that occupy and interrupt their lives. As a result, they could reduce or eliminate their preoccupying and already disengaging problems to a level where they could no longer control themselves.

Considering the findings, it is recommended that RITTM® be continued in longer sessions with individuals who have experienced relational trauma in future studies in order to evaluate the long-term effects due to the short duration of the current study. Our study was conducted with three participants who had experienced relational trauma, and the effectiveness of the RITTM® application can be re-examined with more individuals who have experienced relational trauma in future studies. Our study was conducted only with mental health professionals and can be repeated with different sample groups

in future studies. Experimental studies can be conducted in which different therapy techniques are compared.

Acknowledgements

We would like to thank all participants.

Conflict of Interest

This study was carried out within the scope of the first author's master thesis. There is no conflict of interest between the authors.

Author Contributions

Plan, design: YKT, ÖÖ; Materials, methods and data collection: PT, PT; Data analysis and interpretation: YKT, ÖÖ; Writing and corrections: YKT, ÖÖ.

Financial Support

No financial support was received to conduct the study.

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