Rosen Method Bodywork: Practice and Science

Part II of a series about the Rosen Method

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> "Rosen Method is a way to access feelings and experiences through the body." (Rosen & Brenner, 2003, p. 11)
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> "Rosen Method is an approach to opening a broad-based, experientially determined, alternative perspective on the human condition – nothing more and nothing less. It is dynamic, constantly evolving, and open-ended." (Mayland, 2005, ii).

Rosen Method Bodywork (RMB) practitioners use a unique form of touch and talk to expand a client's awareness of their present moment felt experience. This article describes the method, its indications and contraindications, and its effects. Marion Rosen's life and her discoveries about the body are described by Mary Kay Wright (2010) in Part I of this series on Rosen Method. Rosen Method Movement, also created by Marion Rosen, will not be discussed here.

Who can benefit from Rosen Method Bodywork?

RMB is indicated primarily for people with chronic skeletal or smooth muscle pain and tension (Berger, 1992; Mayland, 2005). RMB may be used alone or as a complement to other forms of bodywork and medical care (conventional or alternative) for individuals with tissue damage as well as those with acute or chronic illnesses that may be complicated by muscular tension.

Marion Rosen discovered that present moment experiencing of body sensations and emotions could lead to relaxation of muscle tension (Wright, 2011). Recent scientific studies confirm that chronic muscle tension is one way to suppress emotion and the consequences of stress. When the brain perceives a threat, a number of processes are co-activated. The *sympathetic nervous system* creates a state of arousal and induces neuromotor responses such as vigilance, fight, flight, and freeze. The neurohormonal threat response network activates the hypothalamic-pituitary-adrenal (*HPA) axis* for the secretion of cortisol and other stress hormones. Finally, digestive, growth, and immune systems are suppressed as the body devotes its energetic resources towards muscular tension and away from basic body function and repair

(Krantz et al., 2004). Muscle tension serves the function of self-protection against threats as well as to mask emotions whose expression might make a person more vulnerable.

Individuals who report more stress and who strive to control their hostility, irritability, anxiety, depression, and/or anger show more muscle tension and chronic muscle pain (Bru et al., 1993; Burns, 2006; Flodmark & Aase, 1992; Flor et al., 1992; Hoehn-Saric & McLeod, 2000). Physical injury or disease states can also create muscle tension around the site of the wound or inflammation, and the tension also serves to suppress emotion (for example: fear, anger, sadness) related to the threat of subsequent limitation and pain (Fogel, 2011).

Chronic suppression of emotion predisposes people to higher levels of cardiovascular disease, high blood pressure, gastrointestinal diseases such as colitis and ulcers, fibromyalgia, and respiratory diseases such as asthma (King et al., 1990). Long-term emotion suppression impairs the immune system leading to the growth of some types of nonmalignant and malignant tumors, and rheumatoid arthritis (Jamner et al., 1988). Finally, people who habitually suppress their emotions report less satisfying interpersonal relationships and reduced ability to form lasting partnerships (Butler et al., 2003). The relaxation of muscles and expression of suppressed feelings, therefore, is likely to alleviate these and other conditions.

Why is Rosen Method Bodywork so effective?

RMB is deceptively simple. Practitioners do not manipulate tissues nor do they have a goal to change or fix the tension or pain. Clients are merely guided toward present moment experience the body sensations and emotions linked to chronically tense and painful areas. Marion's clinical practice led her to discover that once these links are made in the client's self-awareness, *the body can repair itself,* leading to improvements in health, well-being, and interpersonal relationships.

> "Once the barriers (to feeling) are removed, growth will take place as a direct result, without effort or help from the outside . . . Rosen Method practitioners are 'midwives' who bring about the opening in patients . . . That is all we do." (Rosen & Brenner, 2003, pp. 12-13).

Although Marion restricted her practice to being a "midwife" for the client's emerging feelings, she found that as a result, clients gained self-confidence, a new outlook on their lives, improved in their interpersonal relationships and in some cases were able to access spiritual qualities like forgiveness, surrender, and acceptance (Rosen & Brenner, 2003; Wright, 2011).

Several research studies on RMB confirm Marion's observations on the outcomes of her work. In one study, fifty-three RMB clients in Sweden (Hoffren-Larsson et al., 2009) were interviewed about their experiences. There were 45 women and 8 men, with a mean age of 46 (range: 27 – 67 years), and 65 percent had a university education. The clients had received an average of 29 RMB sessions (range: 1 – 140 sessions). The main findings are shown in Table 1.

Table 1: Summary of effects reported by RMB clients (Hoffren-Larsson et al., 2009).

Domain of improvement	Type of change
Psychological health	Increases in happiness, harmony, well-being and self-confidence and reductions in depression, anxiety, suicidal thoughts, and stress
Physical health	Reduction in pain, tension, head and back aches, more relaxed breathing, and improved digestive function
Awareness of mind-body connection	Awareness of how body tension and emotion link to daily life and prior symptoms
Support for personal growth	Awareness of previously repressed problems and memories and the ability to move beyond them
Self-initiated life changes	Resetting priorities, making self-affirming choices

In a case study of a single RMB client, expansions of the client's self-awareness during the course of treatment corresponded with reductions in perceived pain and pain medication dosage (da Silva, 2009). Another study of five clients with chronic low back pain who received sixteen weekly RMB sessions revealed that reductions in physical pain corresponded in time with reductions in fatigue and increases in psychological well-being and sense of control. Compared to pre-treatment levels, all five clients reduced their pain and disability, felt more positive about their lives at the end of the treatment period, and they attributed these changes to their growing self-awareness of felt experience (Fogel, in preparation).

These studies on RMB do not confirm that it works better than other methods since there were no comparison or control groups. On the other hand, this research highlights that the central principle of RMB practice -- enhancing of *embodied self-awareness* -- is indeed linked to improvements in client health and well-being. It is also likely that the practitioner's meeting and connecting with the client's tension, pain, and inner experience is a significant factor in the change process. Recent studies suggest that the felt support of another person can lead to the development of regulatory processes (being able to stay in the present moment with previously suppressed feelings) and to enhanced health and well-being (Fogel, 2009; Hrossowyc, 2009).

Research on the neurophysiology of attention reveals that our awareness of ourselves can take only two forms: embodied or conceptual. *Embodied self-awareness* is felt experience *in the present moment* with sensations such as warm, tingly, soft, nauseated, dizzy; emotions such as happy, sad, threatened; and other body senses such as feeling the coordination (or lack of coordination) between the arms and legs while swimming, or sensing our shape and size (fat or

thin), and sensing our location relative to objects and other people. *Conceptual self-awareness* is composed of thought patterns, evaluations and judgments about the self that are distant from the present moment of felt experience.

Whether we are in embodied or conceptual self-awareness is regulated by the medial prefrontal cortex, located above the eyes, in the center of the frontal part of the brain. The ventral portion (toward the eyes) of the medial prefrontal cortex (ventromedial prefrontal cortex) is associated with present moment awareness and the dorsal portion (toward the top of the head, dorsomedial prefrontal cortex) is connected with thoughts that are removed from the present moment (Fogel, 2009).

Strongly confirming Marion's insight to cultivate the client's access to present moment *embodied self-awareness* as a key factor in promoting health, the ventromedial prefrontal cortex (unlike the dorsomedial prefrontal cortex) is linked to a whole-body network of neurons including the pre-frontal cortex (coping, regulation, deepening of felt experience), the insula (detecting felt sensations from the body), the limbic system (emotion and body state regulation of safety-threat), sensory and motor cortices (action and expression), the parietal cortex (sensing body part location and movement), the autonomic nervous system (sympathetic-arousal and parasympathetic-relaxation), the cerebellum (muscle and motor function), and brain stem (survival and breathing functions) all of which is connected to peripheral nerves that send information to and from the brain regarding self-monitoring, self-regulation and the maintenance of homeostasis (Craig, 2008; Fogel, 2009). Heart rate, blood flow, respiration, digestion, movement, and the immune system, in other words, can function better when this neural network for *present moment awareness* of body states and emotions is activated (Fogel, 2009). Pain relief is also linked to this same present moment neural network (Fogel, 2011).

The more we are in the present moment of *embodied self-awareness*, the more we can regulate our ability to avoid suppressing the ups and downs of felt experience. Practice leads to the growth of an increasing number of interconnecting fibers that can synapse between nerve cells, making it more likely that the network will be strengthened over time, including the crucial links between feeling functions and cellular maintenance and repair functions.

How does the practice of Rosen Method Bodywork differ from other modalities?

RMB is a very tangible and concrete practice that relies on what can be directly observed in the body (see Table 2). Two features of RMB that distinguish it from other modalities are (1) *ALL* body-based experiences are "allowed" and invited to be felt and expressed including anything in the felt sense – temperature, pressure, tension, shakiness, dizziness, nausea, tightness – and anything in the emotional and interpersonal realm – joy, anger, fear, desire, disgust, hate, or love, and (2) there is no agenda to change anything, only to bring what is observed into the client's present moment *embodied self-awareness*. While other types of bodywork practitioners rely on direct observation of the body, their interest may be limited to only some forms of felt

experience. They may also have a specific agenda to adjust, change, soothe, or restructure the body.

Table 2: What RMB practitioners notice about the body

Body function	**Evidence for *embodied self-awareness***	**Evidence for suppression**
Breathing/diaphragm	Relaxed breath with a pause following expiration	Constricted, urgent, labored, performed, or held breath
State of arousal	Relaxation, softness	Skeletal and/or smooth muscle tension, either in a state of alert vigilance, or a state of withdrawal; fight, flight, or freeze responses
Smooth muscles	Warmth, normal skin color (blood flow), relaxed gut muscles, digestive noises (psychoperistalsis)	Paleness or coolness of the skin, gut muscle tension, heart rate increases
Facial expressions and movements	Relaxed throat, neck, and face, and/or deeply felt emotional expressions, tears, eyes typically closed and relaxed	Throat, neck, and facial tension, eyes restless when closed or open, "false" crying without tears, persistent yawning
Body and postural expressions and movements	Body generally relaxed and quiet	Body tense or rigid, "acting out" by tossing, arm and leg movements which typically suppress the felt sense of *embodied self-awareness*.
Speech	Evocative, felt, typically with few words	Conceptual, story-like, ruminative, detached or depersonalized, complaining, judgmental

RMB touch also differs from most other forms of bodywork and touch therapies. Being touched by a trained RMB practitioner means, literally, "to be affected," or "to stir feelings in oneself." RMB practitioners use words and touch to reach past the body into the person, creating an embodied dialogue and interpersonal resonance (Berger, 1992; Mayland, 2005; Wooten, 1995). Marion discovered how to use a *listening-receptive touch*, slowing down to make firm contact that allows for the possibility of finding and connecting with the client's tension and holding in a way that encourages the growth of embodied self-awareness. Practitioner's hands are always moving; sometimes from one place to another and sometimes with changes in pressure or very subtle movements of the palm and fingers. Gentle or penetrating, localized or encompassing, Rosen touch has only one purpose: to "meet" and engage the client's awareness of muscle tension and relaxation and the accompanying states of sensation and emotion.

Once again, research that came years after Marion developed her work, and about which she was unaware, confirmed these discoveries. Receptive touch with a "soft hand" (rather than massaging movements) coupled with verbal guidance to help clients monitor *embodied self-awareness* is an effective way to relieve pain and evoke muscle relaxation (Kerr et al., 2007). Affectionate, non-erotic touch in married couples activates the parasympathetic (relaxation) nervous system, lowers blood pressure and heart rate, induces the secretion of the hormone oxytocin and reduces the blood concentrations of stress hormones (Light et al., 2004). In one study, twenty married couples were randomly assigned to an experimental group who were trained using RMB listening-receptive touch with each other and 14 couples to a control group where they kept a diary about their mood and physical affection. After four weeks, compared to the control group couples, the RMB touch couples had higher levels of oxytocin, and lower levels of stress hormones. In addition, the males in the RMB touch intervention group had significantly lower blood pressure (Holt-Lundstad, Birmingham, and Light, 2008).

RMB practitioners also use *evocative language* (Fogel, 2009), words spoken from the practitioner's own embodied self-awareness that resonate, amplify, and enhance the client's felt experience in *embodied self-awareness* (See Table 3; Rosen & Brenner, 2003). Before, during and after speaking, the practitioner is observing whether or not there is a response in the client's body indicative of a shift into *embodied self-awareness*.

> "You need the words to help make the awareness real and to help feel it. Then the past that was held can become alive again and be part of you" (Marion Rosen interview with the author, November, 2010).

Table 3: Some uses of words in RMB

Naming	Non-judgmental statements about observations of what changes and does not change in the body (Table 2).
Teaching	Explaining how the body works and affects the psyche, how past experiences may be remembered in the body tissues as muscle tension, how stress and threat create defensive postures and muscle tension, etc.
Invitation to feel/explore possibilities for feeling/deepen the felt experience	Making suggestions to slow down and feel/sense/be aware. Asking questions about events or what the client notices in the present moment. Following the client's opening into *embodied self-awareness*, repeating the client's words, providing words that resonate with the client's experience.

What we don't say is as important as what we do say. RMB practitioners typically refrain from giving advice, trusting that as *embodied self-awareness* grows, clients have more possibilities for self-regulation and self-repair. We neither comfort nor console, allowing the client to deepen and feel without interference. In conversation about life events, practitioners wait until a moment in the story when something is truly felt: a change in the breath, or a softening of the muscles (see Table 2). Then we may simply name (Table 3) what we see and feel: "There's a breath." "What you just said seems to be important to you," or, giving more room for the client's own awareness, "What about that?" How words and touch are used is *always* in relationship to the client's state of embodied self-awareness (see Table 4).

Table 4: RMB practitioner actions in relation to the client's state of awareness

Client's state of awareness	Possible practitioner action
Not in embodied self awareness (No felt experience, focus on thoughts)	*Words*: Teaching, inviting *Touch*: Exploring the use of more or less pressure, small movements, or changing location of touch to meet the client's tension and encourage a felt connection to the body
Transition into embodied self-awareness (sensations and emotions are beginning to take shape)	*Words*: Naming, teaching, inviting, exploring to acknowledge an experiential moment at the threshold of *embodied self-awareness* *Touch*: Sustaining ongoing contact to a particular area to encourage the person to feel what is there
In the present moment of embodied self-awareness (deeply felt sensations and emotions)	*Words*: Silence, affirmation, resonant words that deepen the ongoing experience *Touch*: Supportive "holding" touch, or touch that promotes awareness of the touch itself, or deeper touch that invites deepening of feeling

Most forms of psychotherapy focus on *conceptual self-awareness.* While emotions may arise, effectiveness is achieved by altering self-limiting cognitive and behavior patterns rather than by directly engaging present moment experience (Stern, 2004). Because RMB does not specifically address cognitive issues, it is contra-indicated for people who suffer primarily from severe thought disorders such as bipolar, borderline personality, schizophrenia, delusional thinking, and paranoia. These individuals either do not have the ability to stay in the present moment of their feeling states or the awareness engendered by RMB may lead to dysregulation of behavior, thought, and emotion. For people seeing a psychotherapist for less severe mental health concerns, RMB can be used as an effective complementary practice that provides present moment awareness of how the body feels moving into and out of unproductive thought and behavior patterns, thus creating opportunities for integration across both conceptual and embodied self-awareness neural networks (Ogden, Minton, & Pain, 2006; Siegel, 2003; Stern, 2004).

Embracing an unknown future

No one knows what will happen with Rosen Method after Marion passes on. New structures are currently being created to fulfill Marion's vision of an open dialogue for a healthy, loving, and peaceful Rosen Method community that brings these qualities into the world. The Rosen Method International Journal (www.rosenjournal.org) invites open dialogue and new perspectives about RMB and Rosen Movement. In most countries where RMB is practiced, a Rosen Method Professional Association sponsors meetings and newsletters. The Rosen Institute organizes biannual congresses for the global Rosen community and is in the process of creating an open professional organization to ensure the future health and continued development of Rosen Method worldwide (Wright, 2010).

In every moment of a session, RMB practitioners learn to cultivate a stance of *not knowing*, of being open and receptive to the whole person; available to encourage and invite, follow and meet clients' cycling into and out of *embodied self-awareness* in the present moment (Table 4). Ultimately, it does not matter if a client is not in *embodied self-awareness* for long periods: that is just something to name for the client's information. Sometimes, practitioners just have to be patient and not push for a result, trusting that their present moment availability will be sufficient to inspire change. Over weeks, months, or years of treatment, clients grow in their ability to regulate their attention in order to remain in the present moment of felt experience. Practitioners are trained to come to the table with a *beginner's mind*: "without preconceived ideas, without expectations, allowing whatever comes up to take place without interference" (Rosen & Brenner, p. 100). Marion is a role model in this regard. Her work continues to change and grow with her experience.

> "I must emphasize that this method developed over time . . . My work will never be finished, for as my awareness opens there is more to see . . . I do not take anything for granted" (Rosen & Brenner, pp. 8-9).

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