

Executive Wellness Program

An Integrative Wellness Approach Utilizing Rosen Method Bodywork

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The health and wellness of a corporation is largely influenced by its executive leadership. A review of the literature supports a strong associative relationship between the level of executive leadership support, the promotion of employee health initiatives, and the amount of employee engagement and positive outcomes (Edington, 2001). In essence, if the executive management of a particular organization models, supports, and endorses employee health promotion efforts, the employees are much more likely to also participate and realize the benefits of improved health and wellness. This case study will discuss the experience of one organization's twelve-week Executive Wellness pilot program. The integrated mind and body components of the program will be described. Rosen Method bodywork was an integral component of the program for the participants. The varied reactions and responses will be reported and discussed.

The process of becoming well and achieving one's ultimate state of health requires much more than focusing on physical health. Physical health must be addressed and states of illness need identification and possible intervention. Improving physical fitness is directly correlated with the prevention of chronic diseases including depression and anxiety. A comprehensive wellness program will address concerns beyond physical health. The individual's dietary habits should also be evaluated and corrective support given to help achieve optimum nutrition and attainment of ideal weight. Stress reduction techniques including mindfulness training, biofeedback, guided imagery, and counseling are valuable practices to help identify and correct any further barriers to achieving optimum health. Another important tool for fostering stress reduction is to provide direct experience of increased relaxation to clients,

through the ease of massage and other touch-based modalities. For example, therapeutic healing touch, including Rosen Method bodywork, may contribute another valuable element towards providing a comprehensive wellness intervention program.

The Executive Wellness Program described here was conducted within an integrative wellness and medical fitness center. The Wellness Center is a freestanding primary and secondary disease prevention service center on the campus of its parent medical center. The medical center is part of a larger Catholic healthcare system consisting of fourteen hospitals and healthcare facilities throughout the region. The pilot group consisted of nine executives from the sponsoring medical center and from the local community. They were randomly selected out of a larger pool of potential candidates.

The Executive Wellness Program was developed as an integrative approach to achieving sustained changes in health and wellness, tested by objective and subjective outcome measurements. Another goal of the program was to foster administrative support for employee wellness and health promotion initiatives within the organization. The assumption was that if the individual executive can experience a state of personal wellness and optimum health as a result of program participation, he or she will be much more likely to support and endorse allocation of resources to an employee wellness program (Aldana, 2001). Increasingly, businesses are finding ways to promote employee health via an Employee Health Promotion Program and policies.

An employee health promotion program makes good business sense. Workers with healthy behaviors, on average, are more productive when at work and incur lower healthcare costs than workers with less healthy

behaviors. This contributes to a more sustainable business model as less money is spent on unhealthy and underproductive employees (Zank & Friedsam, 2005).

Historically, primary prevention wellness programs have consisted of fitness and dietary support components. The success of these programs has been adequate; however the long-term sustainability of the results has been unsatisfactory. Individuals might participate and have the desired outcome of weight loss and improved functional capacity, but as the program concluded and time elapsed, weight was regained and continued exercise habits slowly dissolved (Golay, 2004). For the study presented here, a more comprehensive design approach in programming was anticipated to achieve lasting results.

Key components of the program consisted of dietary counseling, stress mastery sessions, Rosen Method bodywork, personal fitness training, wellness and health guidance coaching, and independent exercise. Also included in the twelve-week experience was a membership to the medical fitness center. Health education classes, meditation, yoga, and many other group exercise classes were offered to participants. Each individual's experience and components were customized to their identified needs. Frequent support, coaching, and contact was maintained by the RN program coordinator to allow early identification of roadblocks to progress and for encouragement towards the individual's set personal goals.

An integral part of this pilot program experience consisted of a comprehensive health risk assessment (HRA) at the beginning and end of the program. For this study, the term HRA refers to the compilation of tools that were administered to collect subjective and objective health risk indicators. The assessment included biometric measurements, blood pressure and resting heart rate, laboratory blood studies, and functional capacity measurement using the Duke Activity Status Index. The psychological assessment utilized the validated and reliable depression and anxiety screening tools, the Beck Depression Index, and the Beck Anxiety Inventory. Finally, quality of life evaluation was accomplished using the Dartmouth COOP Charts (McHorney, 1992). The purpose of the HRA process was to establish a baseline to measure improvements, also enabling identification of key issues of focus for the individual participant. The

unique results of each participant guided the custom design of their twelve-week wellness program.

The Rosen Method Bodywork Component

Rosen Method bodywork and movement in such a setting as an integrative health facility provides an important contribution to whole-person care. The Wellness Center's mission is to integrate medical fitness, primary and secondary disease prevention, complementary and alternative modalities, and rehabilitation programs into one facility. Understanding the benefits of the mind-body wellness approach of Rosen Method and accepting it into the mainstream healing work of the traditional healthcare community has been a slow but steadily progressing journey at this facility. The process started before the Wellness Center's opening day in 2005. Benefits of this long journey have resulted in a growing integration of the practice of Rosen Method into wellness programs. In January 2007, Rosen Method bodywork and Movement Introductory Evening Workshops were initiated on a bimonthly basis. Later, complimentary 15-minute sessions were also offered so that staff and members could experience a hands-on "taste" of the bodywork.

In the spring of 2008, one strategic service that the Wellness Center developed was the Executive Wellness program. The integration of comprehensive whole-person care included providing Rosen Method bodywork to the executive participants. The nine participants were offered biweekly sessions of 50 minutes to one hour in length during their twelve-week program. Most of the participants were unfamiliar with Rosen Method bodywork, and had no previous knowledge of this discipline; however each was willing to try at least one Rosen Method bodywork session to evaluate its benefits.

During the intake interview, the majority of the participants reported that they had busy and/or stressful jobs. After their first Rosen Method session, the participants seemed to experience varying degrees of relaxation. For some, their diaphragms relaxed, their color became rosier; there was a sense of inhabiting their bodies in a new and conscious way as they shared their feelings and thoughts during the sessions. Afterwards, some participants seemed surprised and filled with wonder about their unexpect-

ed experiences. They also had many questions. With other participants, muscle tension eased moderately, breath deepened and slowed, and they reported feeling refreshed and more relaxed.

After the participants' initial session, half of the group opted not to continue. This transformational work with its gentle touch does not, perhaps, suit everyone, or at least not at a particular time in the life of a participant. For instance, one of the participants presented with tension in the sides of his legs (the tensor fasciae latae area), hips, between his shoulder blades, diaphragm, and chest. When he completed the initial session some general ease came into his body and he could occasionally allow himself to close his eyes. During the discussion which ensued, he said that it wasn't a good idea for him to "melt his body armor" as he needed his "competitive edge" to do his work effectively. His final evaluation confirms this: "Rosen Method was not the type of recovery or healing I prefer for massage. I am more of the aggressive deeper tissue massage type." Some individuals may have preferences for the type of bodywork and massage that they are familiar with receiving and for some, trying a new type of bodywork is somewhat uncomfortable due to its unfamiliarity.

This discomfort seemed true for another participant who after one session noted: "I was not comfortable with the Rosen Method. I am not one to express deep inner feelings with someone I do not know. Without understanding anything about the Rosen Method beforehand, the experience was a complete surprise that I was not prepared for in advance. My advice is to give a new client something to read ahead so the experience is not a complete surprise. I was expecting a traditional massage."

Before the session, this particular participant had been given a brochure and a verbal explanation of Rosen Method practice based on available descriptive literature. The authors concluded that the language used to describe Rosen Method to lay people who have not actively sought out the discipline seems vague, and it is difficult to prepare a novice for the actual Rosen experience through language alone. Perhaps people are not accustomed to or are not ready to connect with their body-mind in the "Rosen way." In a Rosen session, people have to be willing to connect deeply with themselves and take

responsibility for their own experience and healing; Rosen is not something that is "done" to people, nor is it a method for "fixing" people. Some people are in tune with the Rosen methodology and others may prefer different types of bodywork or massage.

As a result, five of the nine participants reported a favorable initial experience with Rosen Method bodywork. The remaining participants elected to pursue traditional therapeutic massage during their program. After completion of the program, all participants were interviewed with questions attempting to measure their satisfaction and recommendations for future program revisions. Evaluations by the Rosen Method practitioner and some of the participants are summarized below.

At her first Rosen Method session, one participant in excellent health at 81 years old, was fairly flexible from her hips to her feet. It was noted that her diaphragm and chest, particularly her heart area, was contracted. During her sessions, she talked about her husband's unexpected death the previous year and how difficult the suddenness of his passing had been for her. She did not speak at great length about it; in fact she and the practitioner had minimal dialogue, but gradually after each of the four sessions her diaphragm moved more, her sternum area and upper chest softened so that the movement of the breath could be felt in the upper regions of her lungs, and the intercostal muscles softened. After each of her sessions, she looked more relaxed and in her concluding evaluation, she shared the following:

"I found your sessions very relaxing... almost like a meditation. I did not have any previous body or mind complaints before the sessions, so I cannot judge it for its physical healing...only that the overall effect of your warm, soft hands was like lying on a sunny beach with warm water flowing over my body...very soothing. It is a bit like 'stop the world I want to get off' if only for an hour. I was, of course dealing with deep grief as a result of my husband's sudden death a year before. I think that your hour gives grief-stricken people an oasis that is very beneficial. The entire pilot program should

be advised for anyone who is grieving over a lost loved one...every part of the program was beneficial.”

Another pilot participant tilted somewhat forward as she seemingly ran to her appointments. She remarked that her pace was always like that because she had so much to do and never enough time to accomplish everything. Her whole body was tight like a metal coil, but the diaphragm and heart area seemed to call out the loudest for attention. Over the course of three sessions, as she expressed her thoughts and feelings in a full, unrestrained way, she shared that the heavy burden of responsibility she felt in her job and from her early family experiences seemed to weigh her down and to “run” her, and that she herself came last on the long “to-do” list. These challenging situations, past and present, didn’t always coincide with the wishes of her heart. This was a profound realization for her, and hopefully it will remain as she continues in her self-care journey. As she became aware of the tight places in her body — ankles, legs, hips, lower back, chest, neck, and occiput, and felt the subsequent release in many of those places, and simultaneously felt her breathing becoming deeper, she gained an increased sense of body awareness. She shared the following:

“The St. Joseph Health System highly values the connection between body, mind, and spirit. The Rosen Method is an excellent tool to help achieve this goal. When I personally experienced this body/mind tool, I became conscious of areas of tension in my body that helped me to become aware of that connection within me.”

Another participant was tight in the sides of the thighs, the sides of her hips, the big gluteus muscles and sacrum, as well as her diaphragm, and behind her heart and chest. She spoke about the psychological traumas that she had experienced in her past—dialogue is part of a Rosen session. After her Rosen sessions, she often asked questions about the theory of Rosen Method, for instance, questions about the body holding down past experiences that couldn’t be handled at the time, etc. After three sessions, her

hips seemed to become unglued from the table, her diaphragm started to let go, and at various times she would comment that she felt a loosening of her hips or legs or that she could breathe more easily.

As Marion Rosen has said many times, the session begins when the client gets off the table. Sometimes Rosen clients, like this one, glean important insights after a session is over. For example, this person must have processed and integrated her physical and emotional awareness on her own. In her evaluations she stated that she had relied on her body to physically support her with little or no expectations or maintenance. Her life had been full of traumatic emotional experiences and demanding situations. During the span of 56 years, she had always taken her physical health for granted and never thought of being concerned about it. As a result of her Rosen Method experience, she was able to have new insight and understanding about the strength of her body, and how it had supported her through her life. She had a new appreciation for her body and a sense of needing to “repay” it for its support to her. Thus, she became very committed to her physical wellness.

This participant’s body image was also affected by her Rosen Method sessions. She became much more aware of her mind-body connection over the course of several Rosen sessions in the first six weeks of the program. Having felt that she could never achieve the “physical ideal look,” she had never tried. She hated her body. After three sessions she said she finally appreciated her body for what it had done for her, and she could view herself differently. She explained that she came to the realization that the physical and mental parts of herself were designed to support each other. As a result of her Rosen experience, she understood that she had used her physical self to disproportionately care for her mental self without any return. The relationship had been parasitic, to the detriment of her physical self. Her transformative experience led her to consciously re-focus her mental self into caring for her physical self through lifestyle changes and health-promotion activities. She appreciated how supportive and unfailing her physical self had been and wanted to start appreciating it with care and attention. She discovered that physical health and wellness was not about her body achieving a pleasing weight and form to suit

her preferences or desires, but rather a requirement for balance and health to support her mind.

Results of the Executive Wellness Program

At the conclusion of the program, the nine executive participants were re-measured with the Health Risk Assessment process described previously. Final outcomes were collected and compared to the pre-program measures. The positive health changes in the group were dramatic. The results are outlined in the table below:

Table 1. Comparison of Health Risk Assessment scores before and after the Executive Wellness Program.

Health Risk Assessment	Pre-program mean	Post-program mean	Amount of Change	Paired t-test (two-tailed) N=9	Statistical Significance
Mean Arterial Blood Pressure	128/76	117/64	7% decrease	5.79	p<.001
Depression	6.89	3.37	40% decrease	1.66	n.s.
Functional Capacity	7.17	8.94	20% increase	7.23	p<.001
Cholesterol	195	189	6 point decrease	1.08	n.s.
Weight	192	185	7 pound decrease	4.45	p<.01
Body Fat Percent	33.6	27.6	6% decrease	5.83	p<.001
Fasting Glucose	102	99.6	2.4 point decrease	0.67	n.s.
Quality of Life	18.3	13.7	24% improvement	5.84	p<.001

As shown in Table 1, all of the health indices of the HRA changed in the expected direction. Due to the relatively small sample size and the variability of the data across participants, not all of these positive changes were statistically significant as measured with a paired t-test. Until this study can be replicated with a larger sample, we can at least say that statistically significant changes were found for blood pressure, functional capacity, weight loss, body fat percentage and quality of life. The relatively small sizes of the sub-groups who participated in Rosen Method bodywork (N=5) vs. traditional massage (N=4) also did not permit statistical testing. The subjective reporting from the Rosen participants described earlier in this article implied that they were more heavily invested in their future health promotion and that they had progressed further psychologically in a behavior change model. Future research with larger samples can test for quantitative differences between these groups. Ideally, Rosen Method or massage should be done by random assignment of clients to groups. This may not be possible in real-world research, however, due to the strong preferences voiced by participants as reported in this study. A strong dislike for a program component could derail the intervention and defeat its purpose.

Six months after the program's conclusion, the cohort was reevaluated with self-reporting questionnaires that asked for frequency of independent exercise, current weight loss or gain since the program, and state of wellbeing as judged against their state at the conclusion of the program. Several were interviewed asking these same questions. Half of the participants reported that they had been able to maintain the regular exercise routine with sustained weight loss. Twenty-five percent reported that they were much more active than prior to participating in the program, but that they were not active at least 3 times per week. They also reported on average regaining about half their previously lost pounds. The whole group unanimously reported an improved quality of life, improved sleep habits, and sustained wellness habits related to dietary choices and exercise habits.

The impact of their experiences was felt throughout the 14 hospitals of the Catholic health-care system's administrative structure. In addition to providing an intensive health improvement intervention to the participants, the pilot program helped to promote executive support for worksite health promotion. As a result of these positive outcomes and experiences, the corporate office of the Catholic healthcare system decided to start their own executive wellness program. Increasing awareness of the benefits of health promotion has also led the organization to allocate funding toward a new division, focusing on the wellness and health improvement of the communities served. Additionally, the local medical center's executive team decided to invest in the wellness of their management teams by generously giving substantial gift certificates to each member. The certificates are redeemable for wellness services including the Executive Wellness program.

Implications of the Pilot Program for Rosen Method Bodywork

Several issues of interest for further discussion within the Rosen Method community have arisen as a result of this pilot program.

1.) *Could Rosen Method descriptive language and public awareness of the discipline be improved through emphasizing the importance of the body having its own wisdom and voice?* To become more mainstream, Rosen Method needs to expand to areas where uninformed, traditionally minded clients would need pre-session education. Many people still do not comprehend that the body has its own knowledge and wisdom and therefore their chronic aches and pains are a mystery. It would be helpful to follow the lead of Rosen Method practitioner Sandra Wooten who, in her workshops, gives practitioners information about current scientific research relating to the mind-body and left-right-hemisphere dialogue. For instance, if we as Rosen Method practitioners could gain rudimentary knowledge about, for instance, HeartMath or mirror neurons, or the work of Candace Pert, or Bruce Lipton, and many, many others, it would facilitate the education/awareness of potential clients about the underlying premise of Rosen Method's contact with the unconscious holdings in the body. A more scientific understanding of how the body works can only

enhance the goals of promoting Rosen Method. This education could be briefly presented at introductory presentations as well as in casual conversation. There is scientifically supported holistic health guidance information available through The Institute of Noetic Sciences, California Pacific Medical Center's Institute of Health and Healing, and numerous other sites.

2.) *Can Rosen practitioners find an abbreviated yet clear-way to describe the range of experiential reactions that are hallmarks of this form of bodywork?* Could practitioners also find substitutes for words or phrases (i.e., "the unconscious") that may evoke fear and ultimately act to repel participants rather than attract them to Rosen Method? It's not that the words used to describe Rosen Method benefits are too sophisticated; it's that each session is unique, and it is difficult to cover in a few words the wide range of effects—physical, emotional, and spiritual—that Rosen Method can bring about. It might be more clear to concretely describe that the effects can range from deep relaxation, to realizations about body patterns, to insights about relationships, work, and life in general, to clarifications about one's life purpose, to recognition of one's spiritual identity. Overall, it can be said that the focus of Rosen Method is on regaining one's wholeness and a balanced life through self-awareness. To quote Paracelsus, the 15th century physician: "In every human being there is a special heaven whole and unbroken."

3.) *How can Rosen Method practitioners explore integration with other health promotion disciplines?* To further explore the integration of Rosen Method bodywork with other health promotion disciplines would be valuable. As revealed in the comments of the clients in this pilot project, Rosen Method can provide people with increased awareness and sensitivity to their bodies and this work often guides them into a greater capacity for identifying and expressing their inner process. This is an important tool for pursuing behavior change. How can we explain this to other health modality practitioners who might recognize the usefulness of collaborating with Rosen Method practitioners to support clients? We could make a concerted effort to continue outreach to all integrative clinics/programs, cardiac rehabilitation

programs, veterans rehabilitation programs, transpersonal psychology schools, holistic integral practitioners/programs, and spas, etc. We could attempt more visibility in the high-tech arena with, for instance, a Facebook business page, LinkedIn, Twitter, and other informational sites such as Infohelix and massage/psychology referral websites, etc.

In summary, the results of this study cannot prove that Rosen Method, or any other single factor in the program, was the sole cause of the observed changes. Based in part on the reports from those executive participants who did receive Rosen Method bodywork, the Executive Wellness Program's integrative experience was expanded and enriched by its inclusion. The promotion and advancement of this valuable therapeutic modality within healthcare must be thoughtfully approached and the modality must continue to be offered in as many integrative settings as possible. More studies that include Rosen Method within primary and secondary disease-prevention services and programs are necessary to evaluate the long-term benefits of sustained wellness for total person care. Rosen Method, as part of an integrative wellness program, offers the possibility to enhance outcomes because it supports self-awareness. Through their insights, clients may arrive at conscious choices and the authenticity of living from their hearts, which not only serves them as individuals, but also changes the world through the people with whom they come into contact. In Marion Rosen's words: "This work is about transformation — from the person we think we are to the person we really are. In the end, we can't be anyone else."

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