

## Reducing Extreme Pain

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### Abstract

This is a case report on the author's Rosen Method Bodywork client, Mille. The report documents Mille's medical history of chronic pain due to Crohn's disease, family losses, and physical assaults, and an inability of conventional medicine to provide relief. Detailed descriptions of her bodywork sessions describe the course of her Rosen treatments. The client also kept daily records of the amount of her pain medications and her self-reported feelings of pain. The results show that there was a statistically significant reduction of the pain and medication exactly at the time in her treatment when the client experienced a breakthrough of self-awareness in which she could feel in her body the links between chronic tension, pain, and her history of relationships with significant others.

Scientists have discovered a distinct set of "pleasure nerves" in the skin that can alleviate pain when gently stroked. They believe the discovery could lead to new treatments for conditions ranging from chronic itching to depression. The nerves respond to being brushed slowly and they appear to be sensitive to the type of stroking and cuddling provided by a mother to an upset child. Tests on human volunteers have found that a painful stimulus applied to the skin can be eased significantly by gently stroking the pleasure nerves in a nearby part of the body. The nerves are part of the so-called C-mechanoreceptors of the hairy cells of the skin, which are also known to be responsible for producing the sensation of pain in the skin. Depending on the type of touch, these same receptors may stimulate pleasure although pain and pleasure activate different but related regions of the orbitofrontal cortex of the brain (Rolls, O'Doherty, Kringelbach, Francis, Bowtell, & McClone, 2003).

Research on the effects of meditation was conducted during the war between Lebanon and Israel. By teaching a group of people precise meditation techniques as to creating peace within their bodies, there was a reduction of the amount of terrorist actions, traffic incidents and crimes against other persons in the local geographical area where they were meditating (Orme-Johnson, Alexander, Davies, Chandler, & Larimore, 1988). These research studies supported what earlier tests already concluded:

that when a small percentage of people obtain inner peace, the peace will radiate into the world around them.

Related to this work is scientific research showing that our brain functions as a holographic processor of information. Neurologist Karl Pribram states that the brain's functionality gives us the possibility of having experiences that supersede time and space. Everything becomes possible in the light of this holographic model. The key to experiencing all possible results of our dreams and wishes is that when we do it, we and those around us, change (Baden, 2007).

There are new discoveries every day as to how our body, brain, nervous, and immune systems work together. Connecting my work as a Rosen Method practitioner to this new evidence in science is like building a bridge for myself so that I can assist and collaborate with mainstream medicine and science in opening new understandings. With the permission of my client, here is 35 year old Mille's story. Mille's will to survive and her struggle to live with her disease seems almost supernatural and shows the power of the human will and spirit in the face of a chronic disease.

### *Mille's Medical History*

Mille's medical problems started at age 13 when, after a couple of years illness with diarrhea, stomach pain, and loss of weight, she got the diagno-

sis Morbus Crohn or Crohn's disease<sup>1</sup>. During the following years, Mille was hospitalized many times as the disease would move from inactive to inflammatory active. She had to stay in the hospital for long periods until the doctors could control the inflammation through medicine. At a certain point, it was not possible to reduce her pain any longer with medicine. At the age of 19, they decided to remove all of her intestines except a small piece of her ileum and provide her with an ileostomi. The operation was successful and Mille did not need any further medical treatment for the next 8 years. During this period she could live without pain in her body. However, one year after that operation, her beloved father, who always stood by her hospital bed encouraging her to get well, passed away.

At age 27 Mille lost her job when she started having severe pain in her elbow joints, lower arms, hands, and wrists. It turned out to be a complication related to her Crohn's disease. A year later, she was attacked by a boyfriend during her sleep. Among other injuries, she got kicked in the head, which led to chronic headache and psychological reactions. She started having problems sleeping at night. The government tried to help by giving her treatments with a psychologist to sort out the symptoms after the attack. However, the psychologist and she did not get along well and she stopped the sessions. She was also granted treatments with a psychomotoric therapist, who, among other things, worked with shock-trauma therapy. Unfortunately, none of these treatments decreased her pain and she stopped them without being relieved. While this was going on, Mille also had to deal with the loss of her best friend, who died suddenly.

During the summer of 2005, at the age of 31, she sent a complaint to the social security centre as she felt she was being kept in a hopeless situation, which was draining her resources psychologically and physically. Her problems with her joints had spread to

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<sup>1</sup>Crohn's disease is chronic and mostly affecting the large intestine, colon and the last piece of the small intestine, the ileum. An inflammatory process seen as swollen red tissue, scratches and cuts in the inner walls of the intestines, later becomes scar tissue, which shrinks and contracts the intestines. Many years of inactivity can suddenly be turned into active inflammation. The illness is not curable. 350 new incidents occur every year in Denmark.

several other parts of her body and she felt her entire body was burning. She was granted a rehabilitation program that same autumn. The program included a work skill test to find an education, which would suit her different needs and limitations. Only 3 days into her program she had to give up, due to her extreme pain. This led to major depression.

The following month, Mille began having stomach pains again and thought it was connected to her depression. However, after several weeks, the pain was still there and she started losing weight as she did not feel like eating. Her physician sent her to the emergency department at one of the leading hospitals in Copenhagen for a closer look. They could not see anything on the x-rays or on a second control x-ray. They believed her Crohn's disease was active again. They hospitalized her and she was again medicated to control the inflammation. She went home a bit better after a week only to return again a couple weeks later. The leading hospital gave up and transferred her to the leading department for stomach and intestinal problems in Scandinavia in order for them to conduct surgery.

Even the team of experts was not sure of the cause of her pain so they ordered all the same tests to be performed once more. The results did not enlighten them further, and after several conferences between the experts, the doctors decided to open her up, hoping to find the source of Mille's extreme pain. She went through an explorative laparotomy and they found several adhesions and also found that her ileum had collapsed. Since they could not find any trace of inflammation or activity of Crohn's disease, they concluded that her pain was related to the collapse of the ileum.

The doctors had to conduct new conferences a couple of months later as Mille continued to have pain every day that seemed even worse than before they operated on her. She took Dolol 50 mg combined with normal drugstore painkillers every day in order to function. They agreed that additional testing would not give them new results and concluded that Mille belonged to the group of Morbus Crohn's patients that had strong pain in the intestine system, even though the disease was not active. There was no concrete reason to be found and no treatment to be found either. The senior doctor informed her that

in 50% of the cases, the symptoms would disappear within 5 years, so the only thing to do was to hope that she belonged to this group. The senior doctor at the hospital agreed with her own physician that the best they could do for Mille was to send her to a Pain Center to give her the best medical treatment for chronic pain.

During the subsequent 6 months, she was a frequent patient at the cross-functional Pain Center at the leading hospital in Copenhagen. They tried to find alternatives to her drugs, which she had been taking the last 2 months. Her situation was severe in terms of pain. Without medical help she could probably not have gone through this very painful period. She was now on a drug 80 times stronger than morphine, Actiq<sup>2</sup> 200 mg (1 dose) and took several doses every day on top of her morphine patches Durogesic<sup>3</sup> 100 mg (1 dose), which she had on her back. She tried many different kinds of medicine, such as epilepsy medicine and anti-depressive medicine, which had given good results on other patients.

None of the alternative medicines worked as good as high doses of Actiq and Durogesic, so Mille was afraid to let go of the medicine she knew would alleviate her pain. She felt she had gained a small amount of quality in her life by not being in constant pain. The doctor, nurse and psychologist at the Pain Center informed her at a meeting, together with her

mother, her own physician and a priest from the hospital, that they had decided that her own physician was now responsible for covering her pain with appropriate medicine.

#### *Mille's Rosen Method Bodywork Treatments*

When Mille entered my Clinic on April 17, 2008, she was taking up to 18 doses of Actiq and wore 4 Durogesic patches every day to control her pain. At that time, I did not know that I was at the end of a very long list of people trying to help her --- such as hospital specialists, doctors, psychologists, psychiatrists, priests, rehabilitation therapists, NLP therapists, nurses, acupuncturists, lifestyle consultants, a holistic physician and even a spiritual psychotherapist. She informed me of her high medicine usage and told me about her stomach problem. I could see she wore a lot of patches on her back as well and I informed her that our work together might not be as effective since her body had a need for extreme high doses of drugs to be able to function.

“Rosen Method bodywork is a form of hands-on, nonintrusive somatic bodywork, the goal of which is physical relaxation and emotional awareness to assist and facilitate a client's innate healing capacities. In Rosen Method bodywork, a client will learn how to relax her barriers, or muscular holding and tension, so she can again move more freely and easily with fewer symptoms, allowing her full range of possibilities for movement and expression in life to come forth. As in most somatic practices, the client's experience from within her body, instead of the practitioner's observations and perceptions, are of primary importance. As Marion Rosen, PT, founder of Rosen Method, states, ‘We meet people cloak to cloak and not essence to essence. Our work is about helping a client change from who she thinks she is into who she really is.’ With Rosen Method, a client learns she can remove her cloak of holding or tension and al-

<sup>2</sup>Around 80 times stronger than morphine, Actiq is intended for opiate-tolerant individuals and is effective in treating cancer breakthrough pain. However, it is often prescribed for “off-label uses,” i.e. not for cancer patients, such as bone injuries, migraines, severe back pain, cluster headaches, neuropathy, arthritis, and other situations of moderate to severe chronic, non-malignant pain. The Actiq dosage unit is a white, berry-flavored lozenge on a stick which is swabbed on the buccal mucosa, between cheek and gum to release the fentanyl quickly into the bloodstream. It is most effective when the lozenge is consumed in exactly 15 minutes, as the balance of the drug absorbed through the cheeks and the amount swallowed is maintained.

<sup>3</sup>Duragesic and Durogesic are the trade names of fentanyl transdermal therapeutic systems, and are used for moderate to severe pain relief. Since Duragesic/Durogesic release Fentanyl, a potent opioid, slowly through the skin, one patch may provide 72 hours of pain relief. Its initial onset after a patch has been applied is roughly 8–12 hours under normal conditions, thus Duragesic patches are often prescribed with another opioid (such as morphine sulfate) to handle breakthrough pain

low her true self to emerge. When a client relaxes and feels free to express emotions without inhibiting herself, her body can use all of its resources in the healing process. It may need to heal from a musculoskeletal dysfunction, chronic pain, illness or emotional trauma. Rosen Method bodywork can facilitate a person's own healing processes to work more efficiently and effectively" (Berger, 1997).

Mille's body hardly breathed in the beginning of our series of sessions. Her muscles were tight and in constant tension. Even though her body is tiny, there was a posture of readiness to defend. As she laid on her stomach, her arms were raised and they covered her face. Her fists were tight and looked as if they were ready to give a punch. Her upper back was hunched and her front chest was therefore hollow as if she had withdrawn into herself. We talked about this during our first couple of sessions and Millie's body got used to the soft touch of my hands and my intention of not wanting to change her in any way, but to be with her as her body went through phases of acceptance as to what her body had been through.

We continued the process in May and June, where we had 3 additional sessions on the 6<sup>th</sup> of May, the 28<sup>th</sup> of May and the 17<sup>th</sup> of June. I especially worked on Mille's diaphragm, pelvis, erector spinae muscles, and serratus anterior muscles on both sides of her ribcage.

In her second session on the 6<sup>th</sup> of May, I was working with her tensions in the area of her pelvis and erector spinae. She talked about her friend's sudden death and her boyfriend's attack on her head. In both cases, she was caught by surprise and not able to control the situation. I kept my hands calm, almost without any movement, but with the intention of providing support for her body. Mille's right side and shoulder suddenly released the "readiness to defend" posture. It felt as if she landed in her own center and could then let go of the alertness towards the outer world. Her body took a deep breath, as in finally surfacing after a long time under water. This was an important stage and shift in our process as her body recognized another way of being in life and this evolved

during the next several sessions. Her body would sometimes tremble or make sudden twitches as relaxation of her tensions occurred. She sometimes allowed herself to fall asleep for 5 minutes at a time and then woke up and discovered that she was still safe. I recognized this as a big step forward, since the attack by her boyfriend occurred while she was sleeping.

Her third session on the 28<sup>th</sup> of May was a significant bodily experience for Mille, as she could link an experience she had at only 3 days old to a particular part of her body. While my hands were working with her diaphragm and serratus anterior muscles she said that the way I held her body resembled the feeling of being carried and held as a baby. She was in the phase of relaxation just before sleep and she suddenly felt the overwhelming atmosphere of sorrow. Her mother's own mother died when Mille was only 3 days old and in Mille's recollection her mother disappeared mentally and was not able to nurture her with warmth, care and love. Mille also mentioned that when she got sick later in life it was always her father that stood by her. I was very moved by this insight, as I could see Millie's face change to resemble a very small and frightened baby as she talked about this incident. I was holding the sides of her upper chest and the feeling of holding a baby that did not dare to breathe and the fear of being abandoned was present. I held her with the intention of letting her know she was loved and safe. She made a loud sigh and her diaphragm let go of the tension and moved in a fluid way as the breath came and disappeared like tides of water.

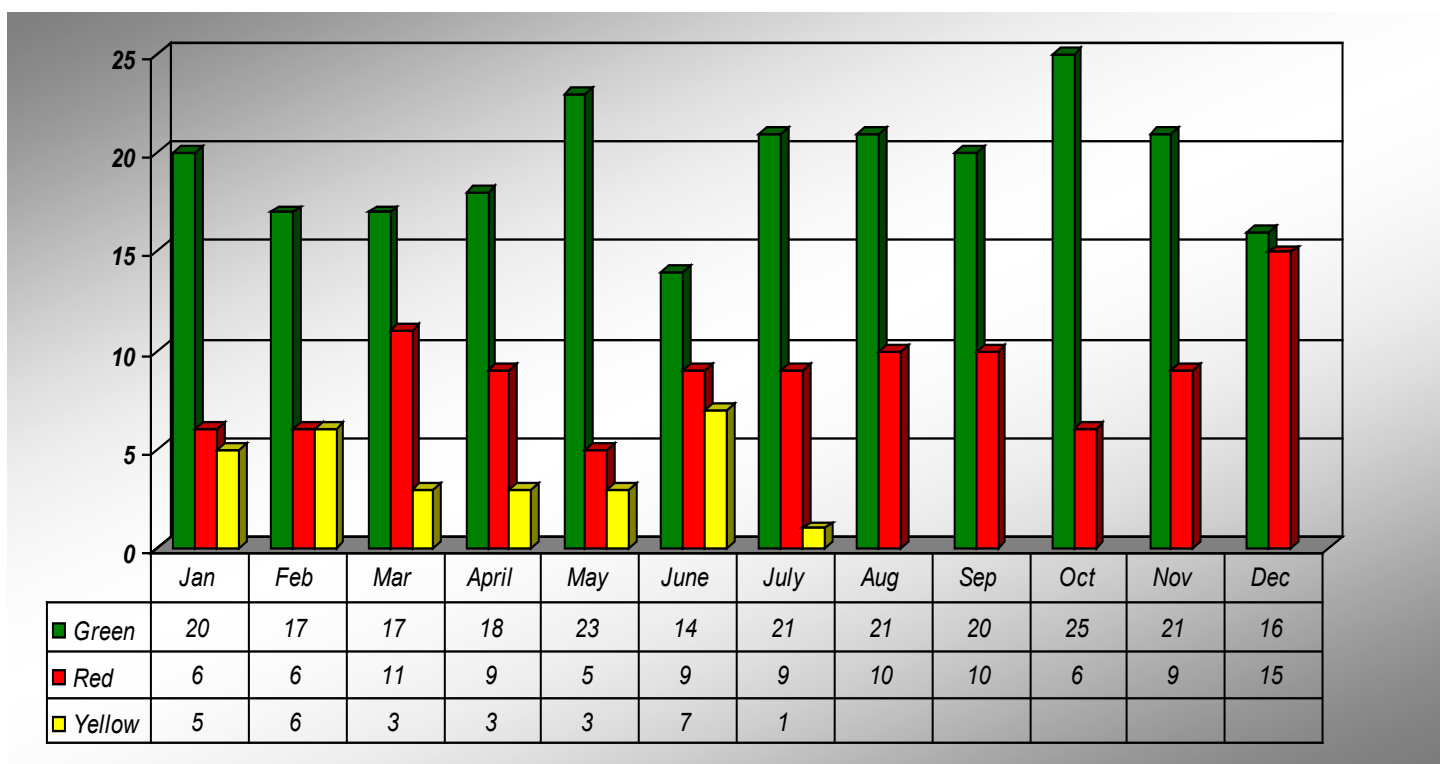
In her 4<sup>th</sup> session on the 17<sup>th</sup> of June, we connected her readiness to defend and her posture of withdrawing herself in her chest area. Mille's breath was short and did not move to her pelvis or to her chest. Her breath was just moving up and down around her solar plexus area. She was lying on her back and I had one hand under her, supporting her upper back, and the other hand gently resting on her upper chest. Mille came in contact with her anger and guilt at the same time. She could feel her anger towards the Social Security center. She was exhausted trying to defend herself and explaining to them why she could not handle a job. At the same time, she felt ashamed and guilty to ask for more medicine. She could feel these controversial issues fighting inside of



her, but could not find a way to express it. When I addressed the body, telling her what I saw, her body recognized the truth and awareness came to her upper body; as did the breath. As the breath moved to her chest and became longer, relaxation flowed to the pelvis area, allowing her legs to become heavy and warm. It was a huge experience for her to link her inability to express herself with her stuck breathing.

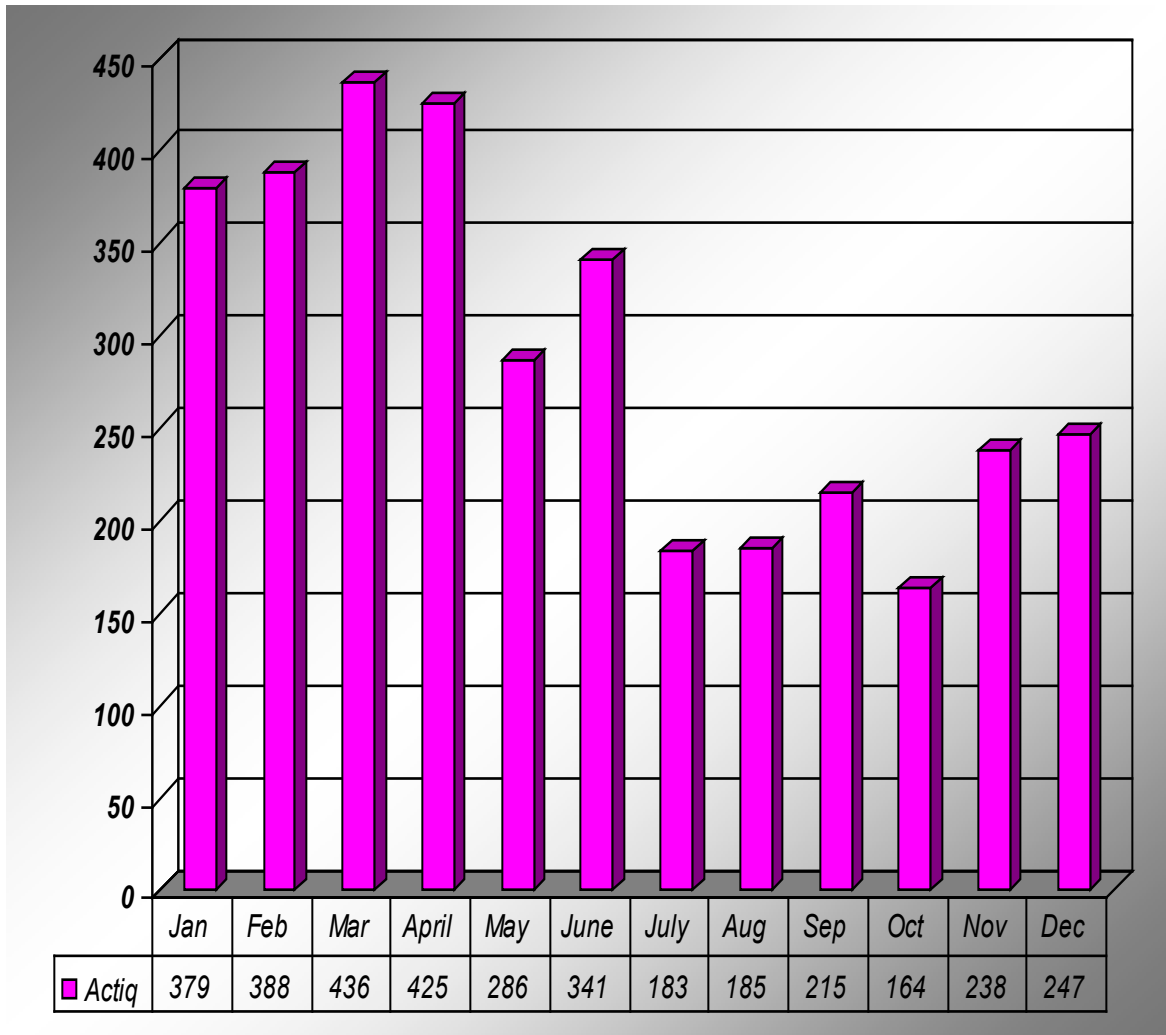
Mille had kept a record of her pain perception every day for the last 2 years. She graded the days into 3 different categories: green for good days, where she could control the pain and feel good; red for bad days, where she experienced difficulties in controlling the pain and where she felt the pain during the day; and, yellow for an inability to cover her pain with medicine at all and where she had to lie in bed. Her record of pain perception as a function of month during the year in which she received Rosen treatment is shown in Figure 1. The number of yellow days in which she experienced uncontrollable pain began to decline in April and was eliminated by July.

Figure 1. Mille's record of perceived pain in the year during which she received Rosen Method bodywork sessions between April and December. There was no statistically significant change in green (number of relatively pain-free days per month) or red (moderately painful but controllable days per month). The number of yellow days in which she experienced uncontrollable pain began to decline in April and was eliminated by July, a statistically significant shift.



The number of days per month for each color/pain rating was analyzed as a function of month using curvilinear regression. The data was tested against models of linear, quadratic and cubic functions of month. Only the number of yellow days (not red or green) showed a statistically significant change over time (linear  $F=15.84$ ,  $p<.001$ ; quadratic  $F=8.54$ ,  $p<.001$ ; cubic  $F=6.85$ ,  $p<.001$ ). This means, as Figure 1 clearly shows, that in spite of month-to-month variability, there was a significant decline in uncontrollable pain during the period between April and July.

Figure 2. Total dosage of Actiq (pain medication) per month during the year. The amount begins to show a statistically significant decline one month after the onset of Rosen treatments and remains relatively low for the rest of the year as treatments continue.



Mille also recorded her daily usage of medication, as shown in Figure 2. She reduced her monthly usage peaking at 426 Actiq 200 microgram in March to her lowest ever at 183 Actiq a month in July. She also removed 1 of 4 Durogesic Depot plasters 100 microgram – Fentanyl, and is working on removing one more. She went from an average of 14.16 Actiqs per day in April to an average of 9.2 in May. Gradually over June and July, she reduced her medicine even more into her best period in July with an average of 5.9 Actiqs per day. She could not remember when she had taken so few Actiqs in her entire recordkeeping timeframe. Once again, the regression analysis showed a decline in medication between April and July, the period in which Mille began to receive her Rosen treatments (linear  $F=182.63$ ,  $p<.001$ ; quadratic  $F=101.97$ ,  $p<.001$ ; cubic  $F=114.87$ ,  $p<.001$ ).

Unfortunately, she had to cancel our 5<sup>th</sup> session in August due to financial issues. I wished her the best of luck and hoped to see her again when she could manage it financially. She called me 2 weeks later to inform me that the local social center had granted her 10 sessions because of the very visible decrease of medicine. When I met her again after summer vacation, she had a different appearance in her posture. She told me

she enjoyed her summer and that, due to her reduction of medicine, had found the energy to “practice her own rebuilding program”, which included meditation, working with positive affirmations from Louise Hay (Hay, 2008), and going through exercises from “The Secret” (Byrne, 2007). These positive new habits were also visible to me as we continued our autumn sessions.

During autumn she came in contact with feelings of loss again. She was able to feel the atmosphere of her father’s sorrow when her cousin died many years ago, at exactly the same time she began her long illness period. When I worked on her, she also remembered how, at the age of 7, she was not able to express or digest her feelings. As she was lying on the table, her body trembled and she suddenly connected to a picture of herself as a child not being able to sort out what feelings she had and what other people felt. This was an important awakening, as she became more aware of the boundaries with other people in her life today. I continued working on Mille’s serratus anterior muscles on both sides of her ribcage. I felt a great synchrony in working on the borders of her body as she worked with her habits and attitude related to borders and restrictions in her life.

Mille went a bit up in medicine usage in December and is aware of the reason for this. Since she was recovering so well, her social center tried to get her started working again. This put a strain on her, as she had hoped they would let her try reducing her medicine even more. She has been granted an additional 10 more sessions and we now have 3 weeks between every session.

### Conclusions

Mille’s own words about her Rosen sessions are,

“I believe that Rosen sessions are the central reason or even the reason for my increase in mental and physical energy. Other positive things have happened in this period as well. I have become a more positive and happy person who now has the strength and energy to think and care about other people and my surroundings. I am

more in balance now. Before my sessions my ‘down’ periods lasted longer and were a big part of my life. I do not get them so often now and when I get anxious, sad or worried, the periods are much shorter and easier to get out of. As my pain and medicine usage has reduced, I feel more awake and present in my body. I have not had a “yellow” day since June last year, which meant a day where I could not get out of bed even if I took 16-17 Actiq. This is a really big thing for me.”

Mille’s story and the fact that she reduced her medicine usage by 42.96 % over a period of 4 months while receiving Rosen treatments will hopefully open up a discussion as to how supplementary health care can facilitate well-being in a person’s life. There is a need for a new consciousness of health, where we can reclaim our biobalance, not only in our body, but also in our mind and feelings and relations towards others. According to Gregg Braden (2007), we are “intelligent subtle energy,” and we might be able to come closer to our ancient heritage, which old traditions have tried to tell us, through inscriptions in walls of temples or on rolls of parchment; namely our ability to heal ourselves and our surroundings.

The Swedish psychoneuroimmunologist Sanne Ehdin (Ehdin, 2003) addresses this ability. On her homepage she writes:

“Self-healing is natural to all life forms. Though practiced for thousands of years, we seem to have forgotten how to do this in our modern society. And sure enough, over the last fifty years more and more people have become ill with an increasing number of chronic diseases. We face a major health crisis caused by the ‘technological revolution.’ Bad health accumulates from one generation to the next; if we don’t take this threat seriously, we risk extinction. But a shift in perspective will show us what has been there all along. The good news is that there is a solution to

most of our health problems. Depending on which doctor or scientist you talk to, 70 to 98 percent of degenerative diseases can be healed and prevented by lifestyle changes. Harvard School of Public Health estimates that 65 percent of deaths caused by cancer could have been prevented by a change in lifestyle. The medical community recognizes that we each have a great impact on our health. Our lifestyle—diet, supplements, stress, light, exercise, and emotions—influences our genes and thus which genes are expressed” (www.ehdin.com).

The study of Mille is limited by the fact that this is only a single case study. Substantial research needs to be done before any conclusion can be drawn. On the other hand, there is an unmistakable overlap between the statistically significant reduction of medication and uncontrollable pain occurring during the initial months of Rosen treatments. Although we cannot say in this single case that Rosen treatments caused the reduction of pain, we can certainly conclude that it was part of the process of creating a radical transition in Mille’s life. While not completely pain-free (she still took medication and there was no significant change in red, painful but controllable, days), the treatments renewed her sense of hopefulness and created a first time sense of presence in her body.

My wish is that more research be put into this field. If, for example, hospitals or pain centers with patients suffering from great pain or depression would welcome these studies, a new way of perception or being might arise for their patients. Institutions where healthcare personal have contact and dialogue with people hurting in life might benefit from learning the impact of the type of nonintrusive caring touch available through Rosen Method bodywork.

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