

# Emerging Avenues of Research on Rosen Method

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Abstract. Even though most of the articles to be published in this and future issues of the RMIJ are applied, I hope that some articles will be related to research on the Rosen Method. I wanted to let you know about three "in progress" research projects on Rosen Method of which I am aware. I have been in communication with these investigators, one of which is myself, and have invited them to submit their results to future issues of the RMIJ. Here I simply describe the study and its purpose, and give some of the preliminary results that the investigators have shared with me.

## *Effects of Rosen Method in a Swedish Sample*

Riitta Hoffrén-Larsson, a nurse researcher who is not trained in Rosen Method (Department of Neurobiology, Care Sciences and Society: Division of Nursing: Unit of Studies of Integrative Health Care: Karolinska Institutet, [www.ki.se/csc](http://www.ki.se/csc)), has been collecting data on 65 Rosen Method Bodywork clients from 17 different practitioners with the intent to understand:

- (1) Why do Swedish clients choose Rosen Method Bodywork?
- (2) What is the client's self reported health status?
- (3) What kind of experiences from the treatments do the clients report?

Her preliminary results indicate that the clients become more aware of their bodies and they also described changed behavior patterns due to that awareness, as well as reduced pain. Riitta is interested in Rosen Method as a nurse because, she says, "I know also that many people in our culture are not aware of their bodies. I have practiced as a nurse 15 years before my academic career and if you are not aware of something, you don't care to make behavioral changes needed to help yourself. So I think Rosen Method is a useful therapy in some cases."

## *The Process of Change in Rosen Method Bodywork Clients with Chronic Lower Back Pain*

I (Alan Fogel, Professor of Psychology, University of Utah) have been doing an exploratory case study on Rosen Method Bodywork in collaboration with senior bodywork practitioners Sandra Wooten, Gail Bourque, and Sarah Dandridge. The study was funded by the US National

Institute of Health. Five clients were observed during 16 weekly sessions of Rosen Method Bodywork. Clients were selected if they were female, experiencing chronic back pain with no diagnosed cause, were not seeking other treatments, and were not currently on psychiatric medication. For each session, audiotape recordings were made and in addition, the Rosen Method Bodywork practitioners made extensive case notes following each session. Clients completed a battery of self-report questionnaires and a clinical interview. Beginning two weeks before treatments, during the entire period of treatments, and ending two weeks after, subjects filled out nightly self-reports about their level of pain, fatigue and emotional state (about 150 days of assessments per client).

Preliminary data analysis of the nightly self-report questionnaires reveal an overall decrease in back pain and pain in other areas of the body, a decrease in fatigue, a decrease in perceived muscular tension, and an increase in a perceived sense of relaxation. Because this is a small sample case study, we cannot say that Rosen Method Bodywork was effective compared to some other treatment or to no treatment. Our goal is to show relationships between weekly processes that occur during the sessions and the client's reported changes in awareness, fatigue and pain. We are currently working on analyzing the case notes and session audio transcriptions to identify key moments of change of the client's self-awareness.

## *The Effects of Rosen "listening touch" on Oxytocin and Stress Hormones in Married Couples*

This study was done by Julianne Holt-Lundstad (Department of Psychology, Brigham Young University), Wendy Birmingham (Department of Psychology, University of Utah), and Kathleen Light (Department of Anesthesiology, University of Utah). Professor Light has done many studies on the effects of oxytocin and stress hormones through touch and massage, especially in

mother-infant pairs. She and I worked together on a pilot project, funded by the National Institute of Health, related to “mind-body” interventions, the same project from which the Rosen study reported above was funded.

Professor Light was doing a study on the effects of touch interventions in married couples and asked me if there was a way to use Rosen Method. As a result, Rosen Method Bodywork senior teacher Sandra Wooten and I designed a Rosen Listening Touch intervention for married couples that was used in the study. The intervention procedures were based on our Rosen hands-on-shoulders exercise. Here are the exercises we designed:

*One at a time:*

In this exercise, each person gets to practice listening touch while the other person receives that touch. Discussion after the exercise should always begin with a sharing of what each person felt for themselves. Then they can mention what might have made it better for them.

*Hands-on-shoulders:*

One person sits in a chair while the other stands behind; learning to listen through touch, and about different qualities of listening touch; observing breath and relaxation; then roles are changed silently. The touch is non-demanding, no words are used, the person being touched has an opportunity to feel into themselves for whatever is there while the person doing the touching is a witness and “container” [10-15 min, followed by 5 minute dyadic discussion]

*Together:*

This exercise helps the couple move toward more typical romantic types of intimate contact. It focuses on reciprocal listening without judgment or dominance. The discussion proceeds in the same manner as above.

*Holding hands:*

The couple sits side-by-side holding hands guided by noticing how it is to make contact in a non-demanding and listening way, feeling the quality of connection, temperature, etc., and learning to relax and breathe while holding hands by practicing listening touch. [5 min]

At the University of Utah, I held a two-hour training session for the researchers on these two interventions, after which they were able to train the married couples in the research study. Couples were randomly assigned to an experimental group receiving the listening touch intervention or to a control group where the couples kept a diary about their mood and physical affection. There were 20 couples in the intervention group and 14 in the control group. In the first week, the experimental couples began their listening touch. Beginning in the second week, the experimental couples also learned couple massage techniques. The couples were followed for 4 weeks. After those 4 weeks, compared to the control group couples, both members of the couples who received the intervention had higher levels of oxytocin and lower levels of stress hormones. In addition, the males in the listening touch intervention group had significantly lower blood pressure. These results will be published in the peer reviewed journal, *Psychosomatic Medicine*.

The published results show the combined effects of both the listening touch and the massage interventions. In an email to me from Professor Light, she wrote, “One point that may not be perfectly clear from the Methods is that our couples showed increases in salivary oxytocin right away during the first week of home practice. This was the week when they only had Rosen techniques taught to them, before they were trained in head and neck massage. So we are pretty convinced that the Rosen techniques were specifically linked to the earliest increases in oxytocin we observed.”