

# Editorial Introduction to the Commentaries on Anais Salibian's Trauma Therapy with Rosen Method Bodywork

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We are pleased to present three commentaries on Anais Salibian's article, *Trauma Therapy with Rosen Method Bodywork*, along with a reply by the author to these commentaries. The three respondents – and the reply by Salibian -- deepen our curiosity about the many concepts Salibian presents in her article and affirm that this richly detailed and clearly written article can help Rosen Method Bodywork (RMB) practitioners understand how to work more effectively with clients who present with trauma. The gift of the article by Salibian is that it offers a large amount of educational information about trauma for RMB practitioners and affirms that RMB is an excellent tool to address issues related to the treatment of and recovery from trauma.

These commentaries guide us to contemplate how current RMB work with clients who have experienced trauma continues the original practice of RMB as begun by Marion Rosen. As noted by the commentary writers, in recent years there has been an expansion of therapeutic approaches to address trauma and these approaches have offered many RMB practitioners various tools to draw from. Now, Salibian's article presents a description of how RMB delivers a powerful set of resources ideally suited to address trauma recovery using RMB.

The article and the commentaries cite multiple examples of both clients and RMB practitioners whose recovery from trauma has been facilitated by RMB. It is clear that there is a widespread incidence in the general population of what we now know to be trauma. It is also clear that it is useful for RMB practitioners to acknowledge that we are most often and most likely working – even among “healthy” clients – with the effects of trauma and that knowledge about how trauma manifests in the body and nervous system can offer additional tools and a safety net for both client and practitioner.

The reality, however, is that RMB has been, and often still is taught and practiced without a specific focus on trauma recovery. On the one hand, we are curious about how the elegantly simple principles of RMB have the possibility to lead to healing in trauma clients without ever using the trauma “label.” As Sandra Wooten indicates, the profound discovery by Marion brought about healing of long-forgotten memories even before the term trauma became a common term in RMB and other therapeutic circles. Marion's work, as it developed over the years, was about helping clients have more ease, self-knowing and more aliveness. The essence of this work, through presence and focused gentle touch, results in people opening up to experience the pain that went beyond the story and continued with the work towards inner healing. Even without using a specific focus on trauma, simply the process of recognizing that the story we have in our minds, and that the story we tell others, does not reach the heart of the matter. It is the embodied memory combined with the guidance of a RMB practitioner by which RMB clients with trauma can recover and have recovered.

On the other hand, Salibian, Turner, and Boese make it clear that there have been instances in which they as practitioners, or their teachers during training in RMB, or practitioners from whom they may have received sessions, have missed an essential ingredient in their own healing process by NOT naming their condition as trauma. Unrecognized, traumatic patterns can continue to get re-triggered and the nervous system never has the opportunity to settle and recover. These authors point out that many well-intentioned practitioners of RMB believe that they are, and should be, only working with “healthy” people. They may miss the subtle and often unconscious defensive postures that characterize trauma states. These commentary authors, each in their own way, argue strongly that it is time to acknowledge, name, understand, and be explicit in bringing trauma-related anatomy, physiology, and practice knowledge into the mainstream of RMB treatment and training.

It is our hope that RMB practitioners and trainees can benefit from discussing the questions that arise in the article and commentaries; that we as a somatic therapeutic discipline can use the core simplicity and power of Marion’s discoveries and create an even larger “container” to hold advances in the knowledge, science and practice of our embodied work. As Boese has written in her commentary, Marion in her later years was keenly attuned to, curious about, and open to the inclusion of new knowledge. If knowledge about trauma and how to work with it is beneficial to our clients without altering the core fabric of presence, touch and the gentle unfolding of client self-awareness, then we should welcome it, just as Marion did.

On the other hand, RMB is fundamentally about possibilities: the possibilities to embrace life, creativity, love, and health. Being sensitive to trauma in our work only takes us so far. At some point, each practitioner, student, and client has to take the next steps beyond trauma. RMB, while being clearly suited for trauma treatment, is also clearly suited for recovery beyond trauma. It offers a way to step into a life of self-discovery, self-empowerment, and whole person wellbeing. Many RMB professionals and their clients continue to receive the work as a way of sustaining and nourishing health and self-actualization. This focus on wellbeing and wellness may have been interpreted as working only with health. In actuality, that interpretation limits the work in the same way as saying RMB should be primarily for treating trauma.

*What sets RMB apart from many other health care modalities is its fundamentally expansive approach: it applies to trauma recovery and to wellness, to healing from old wounds and to opening to the fullest potential of what it means to be completely alive in a human body. In illness and in health, people find RMB a powerful way to access the unconscious and re-discover their truest purpose and promise.*

As a profession, there is still much work to be done in defining and re-defining our scope of practice to include a wider range of cases, to put our work in the context of the overall health and wellbeing of RMB clients, in deciding when referral to psychotherapists and other health-care providers can be a useful addition and supporting clients throughout the healing process. And, as we mentioned above, we must stay open to how RMB can continue to be beneficial to those who have recovered from the effects of trauma. We are grateful for the insights shared by these authors in affirming that Rosen Method Bodywork is a stand-alone healing modality that is an excellent resource for those who have survived traumatic experiences, and for those who wish to realize the fullest potential of their own growth.