

## Response to Commentaries on Trauma Therapy with Rosen Method Bodywork

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Just to read commentaries on my article fulfills a lifelong dream of putting something in the world that makes a difference. I am grateful to Helmi Boese, Sandra Wooten and Louisa Turner for their engaged responses which elicit the desire to further the conversation about trauma and how we treat it.

Both Helmi Boese and Sandra Wooten seem to be addressing one issue that never even crossed my mind: if we're addressing trauma, are we doing Rosen Method as Marion Rosen taught it? Wooten says that although Rosen did not use the word "trauma" at the beginning of her teaching, she did later, "but still, it was rare."

Students in Marion's first training class in 1980 experienced clients re-living forgotten memories while relaxed under our caring soft hands and presence. No one called these experiences trauma, but some of the memories were.

I want to emphasize these words: NO ONE CALLED THESE EXPERIENCES TRAUMA. I feel that my personal mission in life is to make sure that "trauma" is in everyone's lexicon. I heartily agree with the comment made by Helmi Boese that "Trauma needs to be acknowledged, recognized, brought out of secrecy and denial—it needs to be restored into the histories of societies, cultures, religions and the world."

Although our culture has made progress in this arena, we are still in the middle of waking up to what too many people have to face. For instance, Sandra Wooten quoted the San Francisco Chronicle article recognizing that "experience with trauma is so pervasive in the United States...that screening and treatment for anything from childhood abuse to domestic violence should be a standard part of primary care..."

Before or without trauma, we expect that life is good, that we can meet its requirements and enjoy it, and that there's meaning and purpose to being here. Actually, this is the assumption that we call "normal." We as a culture share this unspoken view of life and thus are shocked when something shows us otherwise. I remember when the 9/11 attacks happened, along with feeling grief for and with my fellow-Americans, I was surprised at how surprised they were. I heard a little voice inside me saying, "Welcome to my world." (Let me note here that even in the early 90's, my Rosen teachers did not recognize that I was a trauma survivor. My recovery would have been faster if they had.)

In my view, Marion Rosen was treating trauma from the start, and treating many of the illnesses that stem from it, without having that word. By 2003, when *Rosen Method Bodywork: Accessing the Unconscious through Touch* was published, Marion had started using the word: "Rosen Method helps patients experience

the *felt* meaning of previous emotional traumas.” (Rosen, p. 15) Throughout the book, she also mentions incest, sexual abuse, and emotional and physical abuse.

Boese reports that “at the end of Marion’s life span she witnessed the rise of something that was unknown to her but it caught her curiosity and she gave permission for the further evolution of her work on another level.” That is, Marion learned from Alan Fogel about the research in neuroscience that demonstrates that the brain actually changes with new experiences. I think that a Rosen Method Bodywork session is the kind of new experience that can help “rewire” the brain and therefore change feeling states and behaviors. The research is new, but the work itself is the same.

Boese writes that during her Rosen Method training, she had often heard that we Rosen practitioners work only with healthy patients, and that she cannot maintain that belief. I think the Rosen community could have a fruitful discussion about this issue. At first it made no sense to me—why would we work on people at all if they were healthy? Then I realized that many of the issues people present to us are common human dilemmas—grief, loneliness, chronic pain, and so forth. I’m so used to the link between emotional pain and physical illness that I think, of course I work with ill people!

Our Scope of Practice document has clear guidelines that make sense to me, and I think these guidelines are appropriate for working with many trauma survivors. We don’t work with people who are unable to process their thoughts, feelings and memories. I would not myself be comfortable working with cases severe enough that Rosen Method would lead to further dissociation or disintegration.

However, the Rosen community should have a discussion about something Marion Rosen writes: that a Rosen practitioner’s abilities are “to facilitate patients’ opening up through their focus, presence and contact. ...Once people have opened up, they may need a psychologist to help them process the emotional information further” (Rosen, p.13). Here’s where some discernment is necessary. I think some clients need a therapist to help them process their emotional information, but not every client does. And perhaps it’s up to each practitioner to discern which clients they are comfortable working with as their sole practitioner and which need the additional support of a therapist.

For many clients, I am very good at helping them stay through extremely difficult feelings and states, connect the dots, get out of their inaccurate thoughts and back into their embodied experience, and so forth. I don’t need them to go to a therapist for all this. Actually, I think Rosen practitioners have many advantages over psychotherapists or psychologists in the ability to actually contain and regulate clients’ states because we’re working with the body and we’re using touch. Sometimes talk alone just doesn’t cut it. That’s why therapists refer people to me. At the same time, there are clients I won’t work with at all or unless they are seeing a therapist. I use not only the Scope of Practice document to draw the line, but my own sense of what I can handle. I’m sure this line is different from practitioner to practitioner.

Louisa Turner is so explicit about how reading the article informed her Rosen Method Bodywork practice that I feel as if I’ve had direct communication with her. To keep discussion going, I’d like to comment on her response to the “plexiglass” metaphor from one of my clients. Turner writes, “For many years I used to say I felt like I lived in a glass bubble...” and that she “came to understand this bubble as depression. So is depression a direct result of trauma?”

My understanding of the glass bubble is that it is how we experience or describe dissociation. My definition of dissociation is that it’s a lack of integration between thoughts and memories and present time,

between thoughts and feelings, between conscious self-awareness and what the body knows. One part of you is living one reality while another part is living another, and often each goes on as if the other didn't exist.

"Plexiglass" -- or the "glass bubble" -- is the experience of a barrier or veil between you and the world, like you're living deep inside this invisible prison that no one can penetrate. When someone touches you, you barely feel it. When there's sunshine and birds singing outside, it's so far away from you that it doesn't inform anything in you. The world doesn't get through what Marion Rosen called "barriers," the muscle tension, the numbing, the lack of aliveness when breathing is restricted. So you end up feeling all alone and unable to truly live. Is this not depressing?

To answer Louisa Turner's question, I don't know if all depression is a result of trauma, but I do know that trauma causes dissociation and I believe dissociation causes depression.

Louisa Turner also writes that "All through school, and even now in some situations, I have a feeling that I don't belong or that others are normal and I'm not." Well, that certainly was how I felt most of my life. Ask yourself if this is not true of you as well. Once in the 1980's, I was teaching a peer counseling class, feeling like I was the oddball--no one else had my native language, for one thing. Then I looked around the room: an African-American man, two Hispanic immigrant women, a lesbian, a polio survivor, a woman raised in poverty, a half-Arab man. I asked, "How many of you think you belong here?" and no one raised their hand. "How many of you think everyone else belongs?" Everyone raised their hand.

That is when I realized that this feeling of not belonging, not quite being real even, is almost universal. I have repeated the same experiment with countless classes over the years, with the same results. Only once did a woman raise her hand to claim that she belonged. What a miracle! But we are each given a reason to be on the outside. It could be race, class, gender, sexual orientation, ethnicity, religion—we can come up with many reasons why people become traumatized by life.

If you spend a lifetime not believing that you belong here, not feeling connected to others, not knowing the world as a place for you to thrive, not believing that your life has worth, then you have been traumatized. Those *are* the symptoms.

I am passionate about this topic and am very glad to have the opportunity to participate in commentary and response. My main message is that not only do Rosen Method practitioners need to recognize trauma, but the whole world does. We as a culture need to stop pretending that it doesn't exist or that it's somehow okay. We need to stop the assumptions and activities that allow trauma to be part of the daily lives of so many people, and we need to treat the people who continue to live with symptoms. I don't see how we can solve society's problems without this.

This is why I am so passionate about Rosen Method Bodywork. I grew up wondering what was wrong with humanity and what was I supposed to do about it? Rosen Method taught me about the body-mind disconnect and how suffering results from it. Better yet, it showed me how I could contribute to restoring wholeness.

**Bibliography**

Rosen, M. with Brenner, S. (2003). *Rosen Method Bodywork: Accessing the Unconscious through Touch*. Berkeley: North Atlantic Books.