

Commentary on Anais Salibian's Trauma Therapy with Rosen Method Bodywork

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Louisa Turner
Rosen Method Bodywork Practitioner
BSc(Hons) Physiotherapy
Norwich, U.K.
info@touch-matters.co.uk

In April, 2015, I attended a workshop in London, hosted by the Rosen Method Centre U.K., taught by Alan Fogel on the topic, *Embodied Self-Awareness: Well-being and Trauma Recovery Practices*. During the workshop, we were asked to read Anais Salibian's article on *Trauma Therapy with Rosen Method Bodywork* (RMB). The combination of these two events has created quite a shift in the way I am working with Rosen clients. Primarily, I left the workshop feeling I had been given a diagnosis for my own life and finally understood why I still find managing some aspects of my life challenging.

Thanks to Anais' article, when working with Rosen clients I have felt able to work more objectively, getting drawn less into their mental story and their feelings such as anxiety, sleepiness, and the range of subtle distractions that can arise. For example, Anais talks about the importance of the practitioner slowing down and not getting caught up in the client's "fighting" or "fleeing," both of which can show up in the form of the practitioner doing too much. I can relate to this. Often in a session there are periods I find I want to 'do' something and feel my hands getting subtly busy or my breath becomes slightly restricted. I am learning now to see these changes as a stopping space; to recentre myself and to give the client more space and opportunity to come closer to vulnerable feelings that are often underneath this.

Anais has given us a map to navigate what can feel at times extremely tricky waters. In a topsy-turvy way, clients like their survival strategies, often feeling they've let something go if they get worked up into a particular familiar state that involves tears or anger. They feel they are making progress. Anais' article has helped me understand how to work more effectively when this happens, educating the clients about their survival patterns and helping them understand how these self-preservative barriers limit them moving closer to a deeper connection with themselves and others.

I am now less afraid of the jerks and twitches and feel able to discern more easily when a client is dropping into themselves as opposed to moving into a strategic survival pattern. I am trusting more my own internal physiological body changes as an indicator that something is changing for the client and trusting the client's bodily responses more, which means I can challenge them differently when they tell me something that feels true to them but which doesn't change the breath or muscle tension in any way. More and more I am able to reside in the spaces of not knowing and notice what in me gets triggered that wants to take me away from that space. Sitting with what can feel uncomfortable, unpleasant and sometimes frightening takes patience, kindness and courage. These things I witness over and over in my clients in their pursuit of happiness.

In reading Anais' article, I was relieved to find myself resonating with the diagnostic criteria for posttraumatic stress disorder and making sense of some of my earlier patterns of behaviour. For many years I thought I would die at age 30 (the same as my father) so I never had a husband and family on my life chart, which I'm happy to say are now in my life. 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. When I hear a tiny unthreatening noise my body jolts like someone set off a shotgun right next to me. My nervous system is programmed to be on alert regardless of the degree of real threat. Anais' article gives me courage to keep looking at the places in myself I find difficult to stay present and engage fully with and to seek out practices that help me change. She says "we cannot even perform the skills (to facilitate the healing of clients) if we have not healed from limitations to our own embodiment."

Anais presents some of the physiological reasons why RMB works. She explains how traumatic memory and the parts of the brain associated with memory are affected during a traumatic event. Rosen touch allows the re-integration of traumatic memory and the associated held back bodily symptoms to be experienced and new neural pathways can be formed. She quotes Graham, 2010, "if that new experience of oneself in relationship is awash with oxytocin, if we 'feel' safe and loved and cherished strongly enough in that split second of re-wiring, the more positive oxytocin-based sense of self in relationship will contradict and trump the old negative message or script."

This neurological re-wiring, occurring in direct relationship to the Rosen practitioner and the effect of their touch on a client's nervous system is key to putting us as Rosen therapists on the "viable therapies map." It takes us further away from the potential for our work to be interpreted as another of the whacko-new-age-therapies and moves us more clearly into the scientific arena. Again, this information seems vital to self-study and gain an understanding of so we can both educate ourselves, our clients and other professionals. It also gives us the opportunity to let the public know exactly the way Rosen Method works and how RMB can specifically help those who have experienced trauma.

I would really encourage you to study Anais' article. It's an absolute wealth of information and is written with huge depth and sensitivity. Her years of experience are invaluable to the profession. Alan Fogel's course is also a way to experience how to work more effectively with clients who come to us with trauma symptoms and to learn how to become more sensitive to the information coming from our own bodies when we are working. I feel like I have been given the missing piece of Rosen and I am extremely grateful for their shared knowledge.

Reference

Graham, L. (2010, April). Reflections on oxytocin, the neurochemical of everything good. *Resources for Recovering Resilience Newsletter*. Retrieved from www.lindagraham.mft.net