

Relational Somatic Presence - Meeting Trauma in Rosen Method Bodywork

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“Wounding and healing are not opposites. They're part of the same thing. It is our wounds that enable us to be compassionate with the wounds of others.”

Rachel Naomi Remen

Abstract

This article will offer insight into the ways clients perceive Rosen Method Bodywork (RMB) in their process of healing from trauma. Data about their experiences with RMB has been collected via interviews in a qualitative research study that intended to explore several questions: How do clients who survived trauma experience RMB? Do they perceive it as a modality that supports the release of symptoms, the regulation of posttraumatic stress, and the reconstitution of healthy psychological functioning in their individual lives, and if so, why? In pursuing this inquiry, my research focused on the subjective experiences trauma clients have with RMB, thus discerning the elements that may most impact trauma healing, and how clients experience those aspects in their life.

The following article is my attempt to describe RMB and Trauma Therapy with the intention to allow insight into the client perspective. It may help us understand how and why RMB can become such a unique way to restore our clients' health on all levels of contact—with themselves, with other people and with life itself. For many weeks I found myself in the process of attempting a “scientifically grounded, academic article,” reading and re-reading research on trauma, but when I realized my struggle and the fact that ‘it’ just did not ‘flow’ out of me and onto paper, I recognized that I had to let go of my intellectual attempts and sink into the flow of everything I learned about Rosen Method over the past nine years, and trust the process of what would emerge. My intention, therefore, was to write in a way that does not require much scientific or academic knowledge.

1. Understanding Traumatic Experiences and How They Can Alter One’s Way of Being in the World

In her recently published article *Trauma Therapy with Rosen Method Bodywork*, Anais Salibian (2015) has gifted us with a wonderful introduction to trauma and how to work with trauma clients.

Peter Levine defines trauma like this: “Trauma happens when the organism is strained beyond its adaptational capacity to regulate states of arousal. The (traumatized) nervous system disorganizes, breaks down and cannot reset itself. This manifests in global fixation, in a fundamental loss in the rhythmic capacity to self-regulate arousal, to orient, to be present in the flow of life” (Levine, 2005, www.traumahealing.com).

Just as trauma is perceived and experienced in individual, unique ways, an incident—such as a serious injury, the result of a medical procedure, or an accidental or intended attack or shock—can be perceived as traumatic by one individual and not trigger any, or a much lesser response, in another person. Trauma may be experienced on the physical level (e.g., surgery, accidental injury, cancer) or the emotional level (e.g., abuse, neglect, loss). The ways people heal from trauma and learn to manage posttraumatic stress also appear to be different. Psychologist Michael Sieck (2013, lecture) held that “trauma is really a *perception* that involves the resources and capacities of the affected individual interacting with the perceived *cause(s)*.”

A common factor in the process of trauma healing seems to be that the nervous system must be brought back to a certain equilibrium that allows for resilience to be reestablished and accessible in the client’s nervous system. By focusing on the body, somatic therapy works with the body’s physiological responses, which in turn helps the client to process emotional and cognitive aspects of his or her experience (Levine, 1997; Ogden & Minton, 2000). Peter Levine posited that “One form of dissociation from trauma that is beyond the person’s capacity for endurance is a sense of disconnection from a body part or body parts to the point where the part can feel almost absent. Chronic pain is also one of the ways dissociation can take form in the body” (Levine, 2005, p. 18). According to Levine, these and other symptoms such as diminished emotional responses, chronic fatigue, psychosomatic headaches, neck and back problems, digestive disturbances, or depression can show up even years later and either always be present or only appear when the trauma response is triggered.

As many of us have experienced, clients often come to a RMB practitioner not knowing that their symptoms are related to earlier trauma that was untreated. Their perception usually is that something is missing, something needs attention or change, but often the attention is limited to certain physical or emotional symptoms, usually described as “stress.”

So, as clients show up in our office to address varying forms of stress, and we introduce RMB to them, they invariably enter into a relationship with us, knowing that there will be touch involved, that there is a certain amount of time during which they are attended to and listened to in a way that, as they will find out right away, is different from any other form of touch they may have received before, if ever. Clients who are not comfortable with this modality usually decide not to return after one or a few sessions, and clients who decide to stay on for more ongoing contact, we can assume, find value in their experience. At this point it is not always clear that a client brings a traumatic experience to the table. Anais Salibian described beautifully how both the practitioner and the client can recognize different forms of posttraumatic stress in the client’s body or behavior (Salibian, 2015, p. 8-10).

2. Rosen Touch Is Different – How Somatic Listening Creates Relationship

Whereas many other forms of somatic therapy simply focus awareness on the body, RMB practitioners touch the body as a way to be receptive, explore, and process the client’s response. Both client and practitioner *listen* to the body’s response while simultaneously paying attention to other forms of expression the client may present. When Rosen practitioners say “listening hands,” (Wooten, 1995) they mean “bringing attention and awareness to both the physical sensations, i.e., muscle and connective tissue tone and changes, and the emotional state and changes thereof related to the practitioner’s touch” (H. Baker, personal communication, 2012). In addition, the client is invited to listen also, which consists of staying receptive to perceiving his or her own response to and resonance with the touch of the therapist, thereby becoming a participant in the process rather than just an observer.

This participation changes the relational stance from that of a therapist-client – interaction to a partnership. The message we give the client is “I am here, and I am with you.” As it became apparent during the interview process in my research project, this was one of the most significant differences clients pointed out when asked how they viewed RMB in comparison to other somatic modalities – massage, Reiki, SE, Hakomi etc. – there is a relational component that we can offer, translated through both touch and presence, that allows clients to feel not only safe in the client-practitioner relationship, but also allows for a corrective experience in the attachment process that is often disrupted and unsafe due to traumatic experiences (Green, 2014).

The study I created for my dissertation explored the way the somatic process is enhanced by the practitioner’s present-state awareness where the client’s body is being attended to in a somatically *and* relationally resonant way. As I mentioned before, the purpose of my research was to understand *how* RMB supports the alleviation of physical and psycho-emotional constrictions that are related to trauma and posttraumatic stress symptoms. In my view, RMB aims to produce present-centered awareness of the three levels of experience, in the way Pat Ogden, Kekuni Minton, and Clare Pain (2006) postulated this: sensor-motor processing; emotional processing; and, when necessary, cognitive processing. In order to provide understanding that supports clients’ healing processes, my study sought to explore whether or not the participants experienced access to somatic memories of physiological and emotional pain due to traumatic stress through RMB’s method of using touch and relational presence and, if so, how this occurred.

My personal work and study with a group of therapists engaged in a process called *relational somatic psychotherapy*, which has formed around Dr. Michael Sieck, inspired my quest to seek deeper understanding of the relational element in the client-therapist relationship. After my first few years of working with RMB, I entered Sieck’s class *Professional Practice in Psychotherapy* at SBGI in the somatic psychology department in 2010, and found a strong similarity between the way he attended to clients in psychotherapy and the way RMB practitioners treat clients as equal to the therapist and as co-creators of their healing process. The question of how clients in RMB perceive and make sense of the relational element in RMB became therefore a vital part of this study.¹

Listening Hands, Somatic Resonance and Relational Somatic Presence

Listening hands. As frequently mentioned in Rosen literature (Wooten, 1995, Rosen & Brenner, 2003), the term *Listening Hands* describes the way Rosen practitioners approach touching clients and observing their response with presence, attention, and care in such a way that they can notice subtle changes in physicality (temperature, skin color, breathing patterns, muscular tension, trembling, energetic shifts) as well as emotional expressions and shifts in the clients’ affective states.

In addition, the client is invited to become a participant in the process by listening to his or her response and resonance to the touch of the therapist. In RMB, these processes constitute “meeting the

1 I conducted a qualitative research study that applied interpretative phenomenological analysis (IPA) to the data with the intention to capture clients’ and practitioners’ subjective experience and the way they create meaning through their individual somatic and emotional processes. A combination of interviews and the projective tool of drawing were conducted with a purposive sample of clients who have sufficient experience in the modality of RMB and with a focus group consisting of RMB practitioners. Both of these populations provided data on both verbal and nonverbal levels through accessing conscious and unconscious levels of experience, thought, and feeling.

client, who is meeting the practitioner's hands from the inside" (M. Rosen, personal conversation, 2008), thus creating a beginning point for a relationship between equals.

Somatic resonance. Client and practitioner thus impact each other in a way that allows for the recognition of moments of attunement, empathy, mirroring, intuition, and kinesthetic perception.

I think it is important to be aware that this somatic resonance is a mutual process between practitioner and client. Just as two finely made violins will resonate to the same vibration when only one string is played, the embodied Self of the therapist and client reverberate in a somatic duet (McConnell, 2011).

Daniel Siegel (2010) spoke of resonance as "the alignment of two autonomous beings into an interdependent and functional whole as each person influences the internal state of the other" (p. 23). Describing this alignment, he said, "Our heart rates align, breathing becomes in-sync, nonverbal signals emerge in waves that parallel each other, and . . . shifts in EEG findings and heart rate variability co-occur." "Resonance," he stated, "reveals the deep reality that we are a part of a larger whole . . . that we are created by the ongoing dance within, between and among us" (p. 24). This dance occurs in what Thomas Hanna (1991) called the *somatic realm*:

A soma isn't a body and it isn't a mind; it's the living process. . . . [I saw] the work of Moshe Feldenkrais . . . to be the most consistently effective way in which one could work in the area, not just of psychology and not just of the body, but with the whole living human process—with what I began to call the somatic realm. The soma indicates both mental and physiological events are functions of the body—as a single process, a process that is called a soma (p. 50-56).

RMB practitioners seek and encourage the experience of somatic resonance as an invitation to self-empowerment and energetic alignment within the client as well as within the practitioner. "This viewpoint allows both of us to experience the connectedness of self with other, the existence of the basic, unifying common ground we share as human beings, with life, with this reality as a whole" (H. Baker, 2012).

Relational somatic presence. This is a term I have coined to describe the relational aspect in the client-practitioner exploration; it includes the element of empathy as defined by Heinz Kohut (1971) as "vicarious introspection" (p. 219, note 8), a way of listening and investigation and observing client responses that was nonjudgmental, reflective, authentic, and unbiased. The practitioner is authorized to track his or her own responses to the somatic resonance experienced with the client and, whenever possible, to reflect back to the client, an empathic and sincere response that includes the practitioner's own mature human understanding. The client thus feels authentically seen as well as responded to (Bernard, 2014).

Related to the therapeutic encounter, John Amodeo (2007) held that it is important to work through layers of felt experience and not rely only on the intellectual experience. Internal shifts occur through the discovery of more authentic inner realities, and from that place of a more coherent sense of self, it becomes easier to connect with what is real. Even though this may be challenging, "it creates the ground for connecting with [another] in a more authentic, empathic, tender way" (p. 175).

Speaking from the practitioner perspective, H. Baker (2012) explains

“We bring ourselves to the table as present as we can be in the moment, not to process our own stuff—that’s why we have taken and continue taking Rosen sessions for our own unfolding—but to be as humanly available and normalizing for the client as possible. Clients relax in that, knowing that we are not really separate.”

Somatic relational presence in RMB includes an awareness of the relationship between the therapist’s hands and the client’s body and resulting sensations and responses as well as the emotional, mental relationship, between client and self, client and practitioner, practitioner and self, and any other form of relationship that is touched within the field of this work. This can include multiple layers of relationship to the formless aspect of existence as well as present-past-and future related insights and intuitions that may emerge in the process of the session and impact the client or practitioner in terms of the therapeutic process.

Other relevant operational terms

Therapist embodiment is a term that describes the therapist’s awareness of his or her own somatic responses to the experience within the therapeutic encounter. The importance of tracking, integrating, and acknowledging the therapist’s bodily experiences was shown in Robert Shaw’s (2004) study to be a supportive factor in the client-therapist relationship in terms of creating rapport and safety in their interactions. The recognition of being embodied means to acknowledge that while we are observing as therapists, we are also affected and thus involved, and in this process, we also affect the client. Being aware of our personal responses on all levels, including the body, means to be present and truly engaged, so that we can create an authentic relationship that includes our somatic responses and honors an authentic relational communication with the client.

Interoceptive awareness refers to “stimuli arising within the body.” Interoception is defined here as the sense of the physiological and energetic perception the body has of itself in relation to its surroundings. A heightened awareness of such cues within one’s body is intimately linked to self-identity and a sense of self. The brain’s integration of different sensory signals from the body and its surroundings, such as those coming through vision, sound, and touch, creates an experience of identity that impacts the felt sense of our somatic beingness.

Interoception is an important channel for the process of increasing self- awareness in the trauma client. According to Bessel Van der Kolk and Peter Levine, patterns of immobility can remain stuck in the body, limiting the client’s connection with their inner and outer experience after a traumatic incident. Helping a client to explore and follow internal and external body movement can be essential to trauma recovery. In trauma healing, interoception is also important in terms of the ways clients respond and shift awareness to past and present cues in the relational context of the safe therapeutic situation (Van der Kolk, 2014; Levine, 2015).

Joan Klagsbrun (1999) suggested that when we treat our ‘inside places’ with receptivity, gentleness, kindness, friendliness, and a sense of acceptance, they respond favorably. Even when we don’t like what we find, we take the attitude that since it’s there anyway, we might as well be friendly towards it, acknowledge it, and accept it. When that happens, these ‘inside’ places begin to speak to us, to open up (p. 86).

Authentic communication, authentic presence. Authentic communication involves the willingness to let another person experience us as we really are in the moment. This requires a degree of vulnerability with or about something that is true in the present moment. Specifically, it means a willingness to share thoughts, feelings, and imaginings without significant changes before communicating it. Naturally, engaging in authentic communication is done from a loving, compassionate perspective. The client's somatic system often perceives a greater sense of safety and a deep sense of connection and rapport when in the authentic presence of other human beings, either in a group or with an individual therapist. In the therapeutic dyad, there is a sense of meeting the other person; RMB uses the term *meeting the practitioner's hands*. Authentic communication and presence allow for a more truthful meeting both verbally and through touch and, thus, the experience of relational somatic presence, as defined above. Openness and transparency are attributes Carl Rogers (1961) used to describe authenticity in the client-therapist relationship that aims at creating a sense of congruence and *resonance*. "An authentic person, therefore, is his or her own 'author' in the relationship both to his or her self, and to the others" (Schmid, 2001, p. 220). This renewed 'authorship' is an important element of trauma healing as I learned repeatedly during the client interviews.

Indications and contraindications for the application of touch in cases of trauma and PTSD.

With the emergence of somatic thinking in the context of psychotherapy, terms such as *dissociation*, *body armor*, *bioenergetics*, and *core energetics* were coined. New forms of psychotherapy that included the body were developed, especially approaches focusing on trauma and posttraumatic stress (Grof & Grof, 1990; Kurtz, 1991; Levine, 2005; Shapiro & Laliotis, 2011). Challenges still exist, however, in the use of somatic therapies; thus, in certain cases it has been considered important to avoid touch with traumatized clients (Rothschild, 2002) due to the need some clients have to reestablish a sense of physical boundaries. This suggests that certain forms or situations of touch that trigger traumatic stress responses may not be appropriate, at least in the initial stage of treatment.

The window of tolerance. Siegel (1999) held that when working within the window of tolerance—the zone in which the client is not in a state of hyper-arousal or hypo-arousal that would render him or her incapable of discerning and processing information effectively—information received from both external and internal environments can be integrated. Within this *optimal* zone of sensorimotor, emotional, and cognitive capacity to process information, touch is assumed to be experienced as appropriate stimulation for regulating affect and bringing the client's nervous system response back into balance (Porges, 2006). In *Trauma and the Body*, Ogden et al. (2006) recommended that the client's capacity to discern the meaning of present therapeutic touch from past touch experiences must be monitored and a safe container established. Christine Caldwell (1997) held that physical touch can be supportive in restoring and heightening body awareness and to rebuild or access skills to use the body senses in a resourceful way (i.e., breathing, sensing feet on the ground, perceiving beauty in nature, listening to soothing sounds, etc.). Both Caldwell and Babette Rothschild (2000) reported case-study observations on how trauma patients needed both the skills of and a physiological connection with an attuned therapist to help them regulate their arousal and, to cite Ogden et al. (2006), "facilitate learning of new actions and postural patterns" (p. 202). "One's world view is kept limited by chronic muscular tension" Rosen senior teacher Elaine Mayland (2015) writes. The interview results are testimonial to the facilitation of new actions and patterns supported by dissolution of old and chronic tension during the Rosen Bodywork sessions. It might be of interest that none of the over 50 clients interviewed during my two research studies conducted in 2010 and 2014, reported experiencing hyper-arousal that could not be regulated during the sessions. This might have to do with the fact that clients who come to see us are ready to be touched and may have already reached a stage of resilience in their healing process that allows them to take the next step in recognition of the safe environment offered in the RMB

sessions.

Relational Somatic Psychotherapy – Rosen Method’s ‘sibling’ in the greater field of somatic psychology

Relational Somatic Psychotherapy or RSP (Sieck, 2011) is an approach that connects both relational and somatic aspects, grounded in insights that have arisen through observation and experiences in somatic therapy forms such as Rolfing, Gestalt therapy, and bioenergetic analysis. The connection of relational and somatic aspects is also reflected in Hanna Somatics, Hakomi and Feldenkrais, Somatic Experiencing (SE), Emotional Freedom Technique (EFT), eye movement desensitization and reprocessing (EMDR), and other forms of somatic therapy that include and encourage nonverbal communication and emotional embodiment and expression in the client, which is then reflected back, attended to, and acknowledged by the therapist. All these forms of client-centered therapy have been found successful at working with trauma healing in certain ways.

Robert Hilton’s (2007a, 2007b, 2007c) essays on relational somatic psychotherapy offer insight into its development from more traditional bioenergetic analysis to a relational somatic approach. During his own experiential years in bioenergetic analysis, Hilton realized the importance of the relational function in healing from his early trauma and began to observe and apply a new approach that changed his view of psychotherapy and impacted his work tremendously. He advised that, instead of needing to be right, therapists allow themselves to be moved by the experience of their clients. He stressed that forgoing theory and agenda to follow clients’ needs is a way of expressing love for them, which can help them to release a position.

To me, Hilton’s acknowledgment of the importance of the relational context in therapy sessions is clearly reflected in the principles of RMB. The following brief discussion of the rationale of several thinkers and practitioners in the field of relational and somatic psychology along with Focusing Therapy (Amodeo, 2007) supports this observation:

Embodiment theories and nonverbal communication research propose that “we become who we are through our bodies, not just our minds” (Hanna, as cited by B. Meyers, personal communication, March, 23, 1999). Embodied awareness exists on a nonverbal level and does not require language but rather the experience of body sensations, movements, and feelings (Gendlin, 1996). In his book, *Phenomenology of Perception*, Maurice Merleau-Ponty (1945/1962) pointed out that consciousness, the world, and the human body are intricately intertwined and mutually engaged. He believed that physical reality is built on the body and its sensory functions. His view of embodied inter-subjectivity suggests that becoming fully embodied depends on being with other embodied people. One’s embodied experience, Merleau-Ponty held, is also a social experience which is another important clue for the inquiry into the relational aspect of any therapy and its effect on trauma-related stress responses.

In other words, our own embodied experience and the development of our own self-regulatory awareness in terms of trauma or residual traumatic responses in our own lives is an important aspect of being available to create that secure attachment needed to build the safe container for our clients.

One of the main value statements of somatic psychology that I think applies to RMB is that energy is a basic life function and that an “energy-loop” of feeling and expressing exists (Caldwell, 1997, p. 9). She stressed the significance of acknowledging this function, particularly in somatic therapy:

“Our ability to stay receptive to inner sensations and energy in an unconditional manner is seen as a prime component of a healthy self-identity. Many practitioners work to help clients reclaim sensation and energy pulsation by having them enter into a tracking and validation of sensory awareness. It is Freudian free association on a body level” (p. 9).

The ability to engage and navigate in relationships with an integrated embodied awareness is a key ingredient in the wellbeing of any practitioner-client relationship. The therapist’s ability to engage with the client from an authentic and grounded stance then becomes a model for the potential presence, connection, and awareness in the client and his or her relational dynamics.²

The Practitioner’s Attitude

“When we treat our ‘inside places’ with receptivity, gentleness, kindness, friendliness, and a sense of acceptance, they respond favorably. Even when we don’t like what we find, we take the attitude that since it’s there anyway, we might as well be friendly towards it, acknowledge it, and accept it. When that happens, these ‘inside’ places begin to speak to us, to open up, and then they will change” (Klagsbrun, 1999).

The RMB practitioner’s ability to observe, allow change to happen, and make sense of the somatic reality in the inner world can become a way to create a lived experience of an embodied relationship between client and practitioner and change their relationship to the traumatic event itself and to the resulting stress response. The therapist’s willingness to be somatically informed and authentically present with the client is considered supportive to the clients’ processes of discovery within and between them. The RMB practitioner’s perception of the client’s reality and relations is summarized in Jeremy Holmes’s (2011) statement: “Relationship is all: the baby’s mind exists from birth only as a mind-with-another-(mother)-mind. The here-and-now, ‘present transferential’ aspects of the therapeutic relationship are the key” (p. 307). As the client is supported in this way in his or her discovery, stress can be released and the relationship can deepen, allowing for greater trust into the healing process at hand.

Healthy attachment can form and replace the dysfunctional attachment to others and to the world that is almost always created through the traumatic experience. RMB practitioner and teacher Ivy Green (2014) underlines the importance of practitioners’ ability to be authentic while relating empathically to others as “one of the skills Rosen Method Bodywork practitioners hone while they are in training. It is part of the ability of being present” (p.34).

Referring to the healing of attachment challenges many trauma survivors are faced with, Green also stresses the importance of mirroring: “we ... mirror all of the client’s experiences with words and touch, affirming that the client’s ‘True Self’ is valued, and thus valuable. With this input, clients may develop more positive self-images” (p.23).

2 In his study on embodiment in psychotherapists, Shaw (2004) discovered the importance of integrating the therapist’s body experiences within the therapeutic encounter. Discussing implementation for professional practice, he referred to a study he had conducted that applied the Embodiment Quotient (EQ) scale with psychotherapists: It is clear that, in a highly sophisticated way, bodily phenomena are used by the therapists in this study to help them engage in the therapeutic encounter. At the professional scrutiny stage, many therapists from a diverse range of models, including psychoanalytic and cognitive-behavioral schools . . . found the concept of psychotherapist embodiment to be a helpful notion. The psychotherapeutic relationship can be seen as an embodied relationship (p. 282).

She states:

“By providing the attunement and compassionate mirroring found in secure attachment experiences, RMB practitioners help clients move toward the social/emotional capabilities associated with secure attachment. The rewards inherent in positive attachment relationships reach beyond increasing clients’ well-being” (p. 31).

Citing Marion Rosen (2003, p. xiv,) she continues: “The individual’s growth leads to action, and their actions cause a ripple effect in the world” (p. 31).

Research design

Participants. Due to the specific nature of the research question, the participants were selected in a purposive manner. To ensure a certain level of familiarity and experience in the modality, the choice of participants was limited to those who had worked with the RMB method for a minimum of 10 sessions or over a time span of at least 1 year. For accessibility, participants were recruited in the states of Oregon, Washington, and California.

Also required of participants was conscious recognition of a personal traumatic history that had been known before beginning the work with this method or that had emerged due to the work received. During a preliminary screening interview by phone or email the potential participants were also asked to report any other psychotherapeutic interventions they were undergoing or psycho-pharmaceutical medications they were currently using. In order to minimize the risk that participants could suffer any adverse physical, emotional, or mental emergencies due to the research process, individuals who were taking medications prescribed for mental health purposes and/or were engaged in an active mental health treatment process were not included in the study. Those with an active PTSD diagnosis—potentially easily re-traumatized by remembering traumatic material and therefore in need of specific therapeutic support—were not eligible for participation, because of the potentially triggering nature of the interview situation.

Interviewee recruitment and informed consent. Participants were recruited via Rosen Method practitioners listed as members of the Rosen Method Professional Association on the RMB website (<http://www.rmpa.net/html/practitioners.html>). An invitation to participate in this study was sent to clients via several of these practitioners who actively practiced and lived on the West Coast of the United States.

Interested clients were sent a screening questionnaire. One participant decided to cancel and leave the study for personal reasons, and therefore, ultimately, eight interview transcripts were utilized for the final study data analysis. Qualitative research generally assumes sufficient data collection with 5-10. During this study, eight participants clearly appeared to provide the necessary richness of data. Each participant received a written description of the study, a confidentiality agreement and an informed consent form to sign upon receiving a personal debriefing. Participants then signed the informed consent form and were offered a copy. In addition, client information was safeguarded by changing names, ages, and place of residence as well as other aspects that described their personal circumstances. A list of supportive mental health therapists and agencies in the area was provided, in case any participant desired psychological support during or after the interview process. Providing this option was thought to offer maximum safety and support to each participant and satisfy the Internal Review Board (IRB) guidelines as established for

psychological research.³

Interview protocol for individual interviews. Sixty-to-ninety-minute semi-structured interviews sessions were conducted. They consisted of two parts: clear, simple, and open-ended questions and an invitation to create a drawing. To build a sense of equality and connection and to empower them to be co-creative, interviewees were referred to as *participants* in the research rather than *subjects*. With the intent of creating a safe container in which to find their authentic voice in describing their experience, I encouraged the participants to take time, breathe, and focus on their felt sense of their experience and allow their somatic response and then invited them to notice and share freely what came up in response to the questions asked. To support the elimination of false responses due to a “pleasing the researcher” attitude of fulfilling the researcher’s expectations, I encouraged participants to find their own inner personal truth and expressed authentic curiosity and appreciation for their views. Working with epoche, bracketing, and reflexivity, I discouraged opportunistic dynamics during the interview process.

Results

In the following discussion, I would like to describe some of the insights these interviews gathered that pertain the most to what we need to consider when treating people with traumatic experiences on the table.

Basically all interviewee’s reports showed that their RMB practitioners created a safe container, free of judgment, allowing their clients to be in contact with whatever was noticed and felt and inviting movement, memories, or bodily sensations to emerge and be attended to through touch and the relational presence of the practitioner. All participants experienced this setting as supportive to their need to relax, to express their thoughts and feelings, and to track their own process in ways that they had not experienced in other psychotherapeutic nor other bodywork settings. In general, participants’ descriptions of benefits included several forms of post-traumatic growth such as pain relief, better sleep, decreased anxiety and depression, relational improvements, and beneficial shifts in self-perception and motivation as well as a deepening of meaning and spiritual insight.

Here are a few participants’ testimonies of their RMB experience with trauma:

Marie, 48, immigrated to the United States from France, married, with one child, has been living in the Bay area for 25 years. Her life was colored by severe childhood trauma including sexual abuse by an uncle and severe neglect. Her most important experience with Rosen work involved contact and trust. “The practitioner I worked with the most was like a positive version of anything and everything I did not experience in my home,” she remembered. “I knew I needed touch,” she said, “but with massage, I felt unsafe and sometimes even more tense after than before the treatments. Rosen was the first time touch had a positive meaning and felt like it made sense to me.”

Marie suffered from anxiety attacks and nightmares as well as psychosomatic pain states that did not seem treatable by conventional psychotherapy or Western medicine. Over the years, deep conflicts arose regarding intimacy in her otherwise functional marriage. “I still feel physical pain when I am afraid,” she said and added:

³ The research study is located in Bernard 2014 which will explain in more detail the design and methodology of the research.

“Even now I need to remember to breathe more deeply when I talk about this. But the way S. [the Rosen practitioner] was present with me in the sessions—and I have had surely close to a hundred by now—she was just so . . . there. Like, I suddenly mattered. My feelings mattered. My body—it was like I was unfreezing from a long ice state, and in the process, many memories came forth and my body discarded them like . . . It was like a discharge that allowed me to be more and more in touch with my senses, and eventually even with people around me. I still “freeze” sometimes when my husband touches me in any way that seems, well, unconscious to me, like I am not seen, or heard. But I can speak up now, and that has made all the difference. I am learning to track my body’s responses and take care of them so much better. I know now for the first time that my life here on earth has meaning, that I get to be here for a reason, and I find peace in that.”

Another client pointed out how important the noninvasive yet present, intuitive relationship between her and the practitioner were. She stated:

“I could have never done this just sitting and talking. I could have never done massage either. It always made me feel worse, so I gave up on touch for a long time. To feel how I am in charge, I have all the time I need; I am met by a real human being, not a therapist! That’s what Rosen does for me. Real respect and honor for my body and my boundaries, unconditional, and unending. Like I get to be an infant and also an adult, and they are both . . . loved, really. It is everything it should have been when I was little . . . [crying softly]. There is so much grief. And I get to grieve. I get to be here, now, and back there, too. It is all in the body. All of it, even more than my mind would ever know on its own.”

Timothy came across RMB “by coincidence.”

“I was just looking for some mental relaxation and some good massage to work the tension out of my shoulders. What I found in RMB was so much deeper, so much more rewarding . . . How a therapeutic can be so deeply loving and so professional at the same time is still unbelievable for me.”

He described the result:

“[It brought about] a transformation of my whole being—my big hard armor is mostly gone, and I don’t need to pretend and effort so much anymore to know that I have a right to be here, and that I am worthy. I have a task in life, and have just finished and published my first book – and the reviews are great!”

Another client pointed out the importance of permission and time:

“It was like peeling an onion - slowly and gently, just as much as I could digest emotionally, because no one pushed me or moved me in a certain direction but simply offered space for my psyche to unfold . . . realized what they call the wounded healer in this process—that’s why I have always been drawn to noninvasive forms of healing touch. Invasion has been the painful aspect of my childhood, not only in those sexual abuse memories but also in the way my family dynamics worked. I am so glad that I found a method that respects the dignity of human choice and boundaries. I find this to be a valuable way to

address trauma of any kind, and I am beginning to apply what I receive in my sessions to how I work with my massage clients now.”

Janine, age 27 and the youngest among the study’s participants, came to Rosen work being physically and emotionally exhausted and presenting, as she reported,

“... an array of psychosomatic symptoms of traumatic stress like you find in any psychology book: sleeplessness, back pain, stomach pains and migraines with no medical explanation. . . . During the Rosen treatments, it slowly dawned to me that I was playing out the family drama of my childhood—never asking for support, doing it all alone, micro-managing my family.”

She referred to RMB as her “temperature checkpoint” and said:

“On that table, I get in touch with what my body has to say and what I truly feel and need. I am so much better as a mother, allowing the kids to feel their feelings and be who they are. I think I am breaking that traumatic abusive pattern of my original family. I am also the only one of my siblings who manages to live without drugs now. Being accepted for who I truly am—this is very new and a powerful shift for me. But I still have a long way to go.”

Another client asserts:

“When my practitioner encouraged me to express my feelings, literally all the pain just completely vanished. I think when you get on the table for this session, you go inward and you start to listen . . . to the memories that are being associated with maybe the touch or maybe the exchange that’s happening between the practitioner and you as a client. . . . Because you’re listening to your body, and you’re listening to the memories, and you’re listening toward these connections, those things emerged and they’re like connections or realizations that you never would have otherwise. . . . And it’s because you are listened to while you are listening yourself. . . there is a friend, someone who walks the road with you, and that person is genuinely there, like they have walked that road before, so they know where you are at.”

In relation to the study’s purpose of exploring and determining the potential of RMB for healing the effects of trauma, the results of the qualitative data analysis are positive. During the process of interviewing the participants, it became apparent that, except for one participant who had reported only one incident of recent physical trauma from an accident, each client had a history of profound emotional trauma as defined earlier. During and after their sessions with RMB, all participants reported a sense of relief or healing from one or more symptoms related to their individual traumatic stress constellations.

All client participants perceived an increase in their ability to make choices in their lives which allowed them to consider new possibilities, feel empowered, and gain a sense of balance and stability. The discovery of the ability to notice feelings rather than dissociate from them and to find trust in themselves, in others, and in God or the Divine was stated in multiple ways by every client.

Statements that illustrate the cognitive insights the clients shared:

- Success is possible.
- Improvement is possible.
- It is safe to be visible.
- Noticing the disconnect leads to ability to connect.
- Noticing tension leads to relaxation.
- It takes the time it needs.
- Releasing memory and releasing my diaphragm go hand in hand.
- Release builds trust.
- It is safe to remember now, and as I breathe better I become more alive and healthy.
- Experiencing emotions diminishes pain.
- There is a body. I can live in it.
- Recognize patterns that perpetuate tension and anxiety.
- It is okay to feel and release strong emotions. I am safe.
- It is good to remember. What I remember saves me. It taught me to survive; now it teaches me to live.

Openness, self-awareness, and a sense of joy were the most frequently noted results of the clients' sessions. Two clients, both with an experience of early childhood sexual abuse, explored the process of ending self-judgment and negative self-talk in depth.

"Being held so unconditionally, without pressure to be or do something, just being accepted as I am, I felt, well, maybe I am okay after all, maybe I am not a loser and a failure . . . Maybe I have been so hard on myself, and it is really my mother's voice in my head . . . In truth, I feel such a sense of wellness, I just know I am, really, okay as I am . . . even with my body. The unconscious trauma that lived in my body was released through my body being touched."

The role of the practitioner-client relationship. One of the interview questions was aimed at exploring the relationship between the RMB practitioner and the client. In a recent article, Rita Hoffren-Larrson (2015) describes her research of RMB and her exploration of caring as a part of the interpersonal interaction in sessions. In terms of the client- practitioner interaction, her research basically shows how lack of caring left clients dissatisfied with their session. In both her studies as well as in mine it became apparent that RMB has an approach to healing that translates into a stance comparable to that of relational somatic psychotherapy as taught and promoted by various teachers such as Dr. Sieck's RSP training (www.threefoldway.com) mentioned later on.

To describe their experiences, five client participants referred to the difference they perceived in the practitioner-client communication when receiving massage or other forms of bodywork as compared to therapist-client communication in classic talk therapy. The following themes were derived from the data analysis in the category of practitioner-client relationship.

Resonance. Four interviewees used the term *resonance* to describe their experience with the practitioner-client relationship. One stated:

"I would say what happened was fine-tuned resonance. Without initial verbal

communication, there was some kind of communication that occurred with that touch. . . . It allowed a level of being, sharing. . . . How this natural communication occurs with touch, I don't know, but the words basically confirm what is already so for my body."

Another instance of the use of the term *resonance* was found in these comments:

"And how do these Rosen hands know where to go! Exactly where I just, a second before, longed for them. On some level I know—I am going to be touched, and I will relax, . . . and I will be able to breathe so much more because of it. Like an expectation that that will happen, ripples in the lake. The shore resonates, everywhere. Like the baby knowing she will be fed. Only this time it is safe and true."

Authenticity and trust. Client participants experienced the practitioner as willing to be there "unconditionally with someone else's reality." Tamara mused: "The more trust, the deeper the connection; touch is always waiting for permission from the body," she observed:

"The hands have no agenda. . . . They make a connection, and then they go where they go. The practitioner is in a deeper level of presence. I am at a deeper level too. And we are connecting there. I get on the table, but at some point it deepens. It is non-conceptual, but it has happened every time, with every practitioner. They are authentic, real, humble. There is no I-know-something-you-don't attitude."

Timothy decided:

"It is a mutual process of trust. I as the client need to listen too. If I am not receiving, nothing happens. To be still and listen—I really had to learn that. As I had the realization that I wasn't being judged no matter what happened, I began to notice what was true on a deeper level."

He added,

"It felt personal in addition to professional. . . . It's more than just a transaction. Maybe that personal aspect, that relational presence, and with the body at the same time is an important aspect to allow that healing to happen."

Timothy and Mary each described their surprise as they realized that a practitioner could actually love them and be professional and loving at the same time. "You get that there is a real relationship, and that is quite mind-blowing for me," Mary said, with a big smile on her face. She added, "Talking during touch diminished my trauma response." She described how the practitioner's intention to have healing happen and consistently to hold space for uncomfortable feelings helped her unwind the trauma response of deep physical discomfort.

"It is personal:" Relationship agreements. Seven client participants' descriptions of their relational awareness during their experience of RMB emphasized the willingness of their practitioner to be present; "to hold space" for their unfolding story with unwavering loving intent; to wait as long as it took for responses, at times over several sessions; to meet them where they were in their emotional process and pay attention to even subtle changes and shifts; and to provide them with a sense of unconditional acceptance. "I felt like

we were slowing down to child speed," Susan remembered. She elaborated:

"I could feel my body as I was when I was little. I heard her [the practitioner's] voice, and it was so slow and gentle, it made that little girl in me trust and feel safe. It was the first time a grown-up had talked to me as if I matter, as if I belong, and it had a profoundly healing effect—still has—on my relationship with others. I know I matter now, and my body is much less tense when I am faced with others."

Slowing down to child speed was mentioned by several other clients during the interview process. Marie recalled her experience in an RMB session:

"When I first remembered that awful touch of my uncle's hands on my legs, I really felt like I was this young child again. So confused and scared. L., my practitioner, spoke with such tenderness, both in words and in her touch, so slow, I felt I had all the time in the world to experience and recover from the experience at the same time. My body found its own way to shed the memory, and it just did not retraumatize me like it had in earlier years in talk therapy. Not that talk therapy was useless, it just did not help me heal these contracted emotions out of my system. Rosen does."

Sam explained his experience of the difference he felt in relation to the RMB practitioner:

"The main difference for me is in the way the practitioner relates to the client. He is present. He is an equal. He allows himself to be human, to be touched, to not know. He follows my process, and I don't have to defend myself or be challenged by him. It is a true human relationship. It teaches me a lot about how I want to be with my own bodywork clients."

Harry explained his experience with RMB practitioners this way:

"We have an agreement. Each practitioner I have worked with was that way. With his hands and attitude, the practitioner says to me, *I am here. I listen. I accept. I hold space for you to emerge and I can wait, however long it takes! You matter to me, and you are meant to be here.* I think that is one of the magical aspects of Rosen work."

Amber described her fascination with the practitioner's unwavering attention to her every breath and movement. Tears welled up in her eyes as she related the practitioner's words:

"Then she said, 'this is your birthright, Amber. You do get to be here—you just do. Whatever happened to you, this is the truth.' I think this sentence changed my life. I keep saying it to myself, at night, when I get scared. I say it looking in the mirror in the bathroom on my lunch break. I whisper it to myself, and I am slowly getting it. I do get to be here. And I can heal."

Amber shared a most profound experience she had with a practitioner:

"It's, like, in their hearts. I can remember there was the practitioner who was literally crying with me. He had snot dripping down. He needed a Kleenex and did not take his hands off

me, and that was so important. He is a male person, but he would not take his hands off because he knew he had to be right there. He just stayed with me.”

Three of them also mentioned sensing the “heart” in Rosen work. Janine said:

“So, . . . I don’t really use this language, but a Rosen practitioner really gets to the heart. And there’s no other modality that I have experienced that it gets to the heart. It’s something about being contacted in a way, and it’s totally safe. It’s so respectful and so safe.”

Practitioner archetypes. Running through all the interviewees’ responses regarding their RMB practitioners were references to archetypes, such as “She is like my positive mother” (Marie) and “He is just a warrior who encourages me to be one too, side by side” (Harry) as well as descriptions of the practitioners as godmother, teacher, ally in healing, and benevolent sister. Susan said of her practitioner:

“He is my ear. Kind of a divine ear, really. It feels like someone is listening to me in a way that I’ve never been listened to before. With his hands, with his heart. With his intelligence, totally present. It’s not just like with my therapist or even a friend, where they’re listening to your words. [The RMB practitioner] might notice your facial features changing [i.e., expressions] even the ones invisible to the eye, that sort of thing. It’s like someone is really hearing what’s going on inside of yourself, your spirit.”

“*A dance through time and space.*” The notion of a *dance* being performed along with the RMB practitioner came up in two client participants’ responses. One participant, Janine, referred to her experience with an RMB practitioner in this way:

“Some crazy memory emerges maybe because my body is finally ready to face it. It’s not just the presence [of the practitioner], like, *I’m hearing you or I’m listening to you*. But it’s also on this very body level, I’m trusting her with not only being present with me [as] bigger things start coming up emotionally or mentally but also trusting her . . . touching my body. That’s a big thing, especially when somebody’s memories are coming up from other times, from out of space, like they had been on another planet for all these years. . . . Also, trusting somebody to have their hands on you and to be working on your body in a very vulnerable state. I mean, there have been times I’m coming here, and I’ve sobbed pretty much the entire time. Or times where I literally had a panic attack on the table. Those are not things that I would feel safe doing with, maybe even, . . . I’m definitely not safe doing that with a counselor. And there is something very calming about when you are in those kinds of situations, to feel maybe that grounding presence of touch, through space and time, you can bring here on the table what asks to be seen, accepted, understood, released and healed. You really only can do this with a practitioner who is willing to *dance with you, a dance through time and space* [emphasis added].”

Amber also used the metaphor of a dance:

“It’s more of an organic experience. It’s more of a *dance*. When I go to a therapist, I am leading it. Not as to say that I’m not leading it in Rosen—I am. But it’s that merging of body, mind, and spirit that takes you to places—that takes you to the subconscious places.

Whereas with the therapist, I go in and I talk about what I want to talk about.”

The weaving of reality: Relational circuits of healing trauma responses. Practitioners seem to bring a grounding and unifying element to all the RMB sessions. Amber shared:

“I feel like in that moment, it’s not just this connection between me and B. [her practitioner], but it’s this connection between me, and the practitioner, and this greater source and being. Most times, it’s that peaceful feeling of that connection. It’s just not something that you ever experience with other forms of therapy necessarily or in certain times of your life. It’s very meditative, very purposeful.”

Similarly, Marie described her RMB experience as a process that weaves parts of her into a whole:

“For the first time, I found something that’s allowed me to unify my whole self rather than just this very dichotomized view of healthcare which is like, *Okay, my body said I need to go to the doctor.* Or if my head . . . or if I feel depressed, or if I’m dealing with my emotional issues, I go see my therapist. Or if I want to feed my spiritual self, then maybe I go to some spiritual group. So Rosen work has been the only thing that I’ve really found that’s really weaving together all three things. I think that’s why it has been so powerful for me. Because I don’t feel like I’m just cutting myself into pieces and trying to come individually bringing them all together and seeing them all as one. I think that’s why it has been so powerful.”

Treatment results. All interviewees reported experiences of positive change in their physical or emotional health. Six of them included *mental maturation* and *spiritual insights* in the description of their experience. Notably, the sharing of their spiritual growth process was unanimously accompanied by a quieting, deepening quality in the interview. The interviewees and I were equally affected and touched by the recognition that the interview process itself was imbued with the same deepening, creative, and pacifying effect as that experienced in the RMB sessions. The following themes are related to this effect.

Nervous system regulation. The following observations are closely related to what can be considered a stabilization of the nervous system’s response to trauma. Interviewees reported an increase in their capacity to hold grief and other emotions, a greater sense of inner stability and the ability to feel in harmony with self and others, a better capacity to set boundaries by “understanding how triggers are working” so that they can “choose to avoid them altogether” (Janine).

Conscious somatic relaxation was practiced and learned during RMB sessions via touch and verbal encouragement as sense of “belonging and grounding” in the “here and now” was established. Tamara explained:

“I am understanding now how my nervous system perceives and filters signals from an old matrix of survival rather than from what is really happening in the moment. That I understand my own reactions helps me to balance before I get triggered. I feel so much more safe because of this. The old triggers just lost their power over me. I stopped feeling like I [had] drowned and [instead] learned to swim.”

Overall, the client participants expressed that Rosen work had resulted in regulating their nervous

systems by increasing certain positive aspects and reducing detrimental ones, as listed here, indicating the numbers of participants who mention these effects.

The participants experienced *increases* in the following positive aspects

- Independent affect regulation.
- Long-term emotional stabilization.
- Accepting, contacting, learning from, and releasing emotions somatically.
- Resilience.
- Determination.

The following *decreases* in detrimental aspects were noted by participants:

- Overreaction.
- Dissociation.
- Numbing.
- Freezing.

Sexual healing. Although every interviewee reported an increased capacity to connect deeply with self and other people in their lives, four of them shared specifically about the sexual healing they were experiencing. Increased physical functionality such as the ability to have pain-free intercourse and a heightened capacity to sense and express sexual fulfillment, joy, and especially, physical pleasure were described. Regarding his relationship with his wife, Timothy said, "The ability to be intimate without fear or shame allowed us to heal our relationship . . . after 20 years of struggle with this topic." Regarding her gender identity and the sense of safety and pleasure in her body, Susan revealed:

"I always used to be a tomboy. . . . I feel I can enjoy my feminine side again. . . . It is just . . . , well, I can feel I am safe in my body now. Not just think it. When [the practitioner] puts his hands on me, I think I should be afraid, but my body is not. Now I know that it's okay. . . . I can breathe . . . and allow myself to be pleased, because it is really safe."

This sense of safety and freedom regarding sexuality comes and goes; however, three of the five clients who had experienced sexual abuse remarked that this is still the most volatile aspect of healing. "Sometimes the old tension comes back, as if it has not been felt enough yet," Tamara said, her voice trembling. She continued:

"Then I know I am not just fine yet. . . . I need . . . more support. Then I remember to slow down. I know when I really touch my body in that caring way she [the practitioner] does, I calm down . . . and I am okay. . . . I feel my leg tingling, and I need to run. . . . I am a Zebra running from danger. . . . But with her hands on me, I know I am safe in the treatment room, and I can feel all this and calm down."

The recognition that something that was "frozen, in a way" needed to "complete itself in the body" was mentioned several times. This phenomenon of safely completing the survival response, as described by Levine (2003), is discussed later on with regard to meaning making.

Relational healing: Healing relational trauma responses. Harry's relationship to other people and to abundance, Marie's and Tamara's relationship to their partners, Timothy's relationship to his own imperfection and toward success in life, Susan's relationship to her femininity, Janine's relationship to her children, Amber's relationship to work, and all of the interviewees' relationships to the way they experienced their own bodies were deeply affected during their work with RMB. "I am much more willing to be there unconditionally with someone else's reality" Amber stated. "I am more connected with myself, I am more available for my husband," reported Tamara. Marie described in detail how her healing process affected her marriage. "It was almost over with my partner" she remembered and explained:

"I just could not stand being in close spaces with him. I felt ashamed for every mistake I made. I felt guilty for my feelings of nausea and my need to hide my body. It took several years with Rosen, but I think it saved my marriage."

She added:

"I was reflected in such a loving, accepting way by my practitioner, over and over, I finally began to see the relational effect my trauma-induced thought process had on others. As I learned to recognize my projections and let a voice just be a voice in my head, not truly who I am, I began to take responsibility for my communication. The more information my body had emerge and release, the more insight I had to share with my partner, and that helped our marriage tremendously. The relationship my practitioner offered to me has become a master plan for all relationships in my life now."

Smiling brightly, she continued, "And this was only possible because this work comes from the body, the somatic level, where I have held everything deeply hidden as a child. I am free of that now, more and more!"

Integration of soma and psyche. The predominant physical shift perceived was an increased postural balance in unison with a decrease in structural complaints such as back and neck pains as well as sleep disturbances and poor digestion. Partner relationships were described as significantly improved by five client participants, which was confirmed to these clients by their individual partners. It is noteworthy that, examining the demographics, four of those five clients were the ones that reported severe sexual abuse in childhood or adolescence and also reported improvement in their sexual experiences, as noted above. Feeling at home in their own body and in life and the expansion of their personal space were experienced by all of the clients. A sense of consistency in their wellbeing was perceived as related to the growing ability to allow support from others. Accepting responsibility, especially for the choice to be empowered by true feelings versus learned behavior, created a stronger sense of self and of having power over one's decisions in life. Timothy explained:

"I realized that I could think about what I felt in talk therapy, but it was an intellectual process. Now with RMB, I have learned to discern what I think I feel and what I really can feel. I didn't even know that I can actually *feel* myself until now. I only knew what I could *think*. Now I can feel myself, feel love for myself, know that I am present, that I do exist, in a viscera way. I would say it takes my breath away, but truth is, it *gives* me . . . breath, . . . the safety to breathe more fully, more deeply. And all the sensations are . . . in color now, so to speak, as if they had been black and white before."

The main features of increased psychosomatic awareness shared by the client participants were an increase in presence and awareness, which were grounded in a profound sense of physical and emotional safety during the RMB sessions.

Spiritual insights. Client participants reported a heightened awareness of their intuition and feeling a sense of guidance and unity with a supportive entity, which they variously called *source, unity, Great Spirit, or God*. The observation was made that “connection with others in my life is safe and nurturing” (Harry) and that “healing the past brings peace” (Tamara).

The topic of post-traumatic growth opens into a vast field of exploration, as the interviews yielded a surprising amount of data in regard to spiritual healing; due to its size and depth it will be discussed in a separate article in the coming months.

Meaning making. When asked if they had made meaning of their memories of trauma and, if so, how, *developing compassion with self and others* ranked high on the list of insights. “It was as if I was able to really relate to my past, once it was out in the open,” Susan said. She explained:

“I gained a greater perspective once my body was allowed to be free and feel all the held back emotions. I would say I have a greater perspective now, it allows reconciliation with my past. I am the one in power now, steering my boat.”

She also commented to me, “I like that you refer to us as *trauma survivors*” and said, “I clearly felt like a victim before Rosen. In talk therapy, I learned that that was not true, but now I can really know that fully in my gut.” For four others, symptoms have become allies, as expressed by Janine: “Once you know what deep breathing is, you miss it when it does not happen. And you become aware of your choices more.”

Transcending trauma. I noticed a theme in the client interviews regarding the process of normalizing the traumatic experience. With the experience of RMB, rather than being left alone with the trauma, clients began to understand their somatic responses to trauma and how it had been held in the body, which allowed, on the physical level, the release of many forms of tension in muscles and organs. Also reported was a release of shame and guilt along with more acceptance of responsibility for their own wellbeing and healing.

Practitioner Challenges: Verbal processing during and after the session was perceived as problematic by several of the participants to communicate after the table work was over. “I really did not want to talk, but the practitioner asked me things and it felt really uncomfortable going all mental again,” Janine remembered and added, “I really needed to integrate what had happened in silence.” Susan remembered being unhappy with a practitioner’s interpretation at times:

“It was so great when I felt; *He gets me*. But sometimes he would give me, like, words for the road, and when they did not resonate, it made me feel bad and incomplete. It is a very fine line between encouraging words and unnecessary or hindering words.”

One client noted that it was important to him that his therapist would use words very sparingly and in a careful manner as to “not induce judgment or shame by the way they say things to me.” He conceded he did not go back to one practitioner because “she just did not feel like she could get out of her own mind

frame and really listen.” He remembered:

“I was alarmed somehow, and my sense of trust was gone and my body sort of closed after that. The body is so fine tuned in this work, you register when the practitioner has his or her own thing happening. They really need to be transparent, they need to be tuned in, and that is pretty ego-less. Words reveal that right away.”

In my experience, verbalizing emotional content is a skill that comes with practice. The more we as practitioners are willing to do our own inner work and learn to verbalize our experiences, the easier it becomes to relate to client experiences. Self care and seeking out teachers and ways to grow and heal from our own trauma experiences and resulting attachment challenges and relational gaps appear to be of highest priority to develop these skills that are apparently vital for safe and successful work with trauma clients.

Conclusions

The wealth of data received in this study allows precious insight into our work with trauma clients. The brief summing up of this discussion here hopes to serve as an inspiration to take this process further in your own conversations and your treatment practice.

Creating safety

Every trauma client has his/her own way of coping. What they seem to have in common is that the work needs to slow down to early childhood speed, so to speak. Sometimes no words are used at all, just touch, breath, and sound. Rosen has a holistic approach to the person: seeing the whole body, listening, and carefully reading responses; the responses tell about the severity of the trauma. As I respect the state and need of my client, I create safe space and build trust. It is this trust—over time, that unearths deeper layers of trauma and deeper healing becomes possible. The client begins to feel the healing, and the client becomes the healer. Often for the first time then does he or she have meaning in creating his or her own reality.

Relational somatic presence : Holistic approach includes touching the body with hands and words

Trauma survivors have nervous system responses that are stuck in the fight/flight /freeze, or get triggered into that state easily and often. Their muscle and fascia tissue or body tonality is tangibly formed around the trauma experience. Even when psychotherapy has helped to heal or balance a client’s mental/emotional state their bodies remain wrapped in the tonal pattern of the trauma and effect quality of life. Energy can be limited, breath held and movement and pain can be chronic. The ability of a person to feel their wholeness or body/mind/spirit connection is often limited until the body is included in treatment protocol.

Reading responses, building somatic rapport, and empowering the client, the practitioner-client negotiation of how to use words in the session takes time and attentiveness. The importance of an open valuing attitude towards the verbal aspect of the experience, the absence of interpretation, analysis, initiating of ideas, as well as the stance of inviting, mirroring and following the client’s flow of words are basic required skills. When the client speaks about the story, and the body does not respond, we have to keep listening to the body. If the words are relevant for the healing process, we feel a resonance in the

body as they speak. RMB allows the space and a safe container for people to let go of emotions held in their musculature that had been put away due to the lack of support and understanding to do so at or near the time when it would have not caused long lasting trauma. When their words touch into that, we can feel it under our hands. There will be movement and release in some form. Accessing the unconscious without a safe container can result in “more dissociation or a re-traumatization/re-experiencing of the traumatic event.” By listening and providing appropriate dialog about (especially when that person had not told anyone before) the impact it had on their life, we create a safe place and an invitation to investigate the emerging memory material somatically. As RMB practitioners, we are trained, and responsible, to be watchful and observant enough to notice when people have had enough, in one session, of letting go of long held emotions. To prevent reliving a traumatic event in their life, we are there to orient them in time and space, ground them through body awareness and help them regulate their nervous system’s response back to a parasympathetic state, which allows them to regenerate and stabilize emotionally (see also Anais Salibian’s article).

Any kind of holding or chronic holding in the body initiated unconsciously by the client in response to the trauma can only be removed by the client in the process. The client’s relationship to the original response to the traumatic experience and possible layers of aspects of debilitation added over time can change *in recognition of the present safety*. RMB “mollifies” the fear response by effecting a change in the client’s nervous system to a more parasympathetic response, leading more easily to the recognition that even though the client may have a problem, he or she *is not* the problem. This shift in identification is a significant step towards recovery from trauma and RMB can be viewed as a potent approach to affect that shift.

Critical requirements for the practitioner.

To be attentive to the specific client needs observed with trauma experiences; our capacity to hold space appropriately matters. As RMB practitioners we need to be at a level of healing and awareness of our own neurological barriers to be able to be present to our clients and ourselves. Working with clients whose trauma is similar to our own can trigger a somatic resonance that needs to be both addressed and supported by the practitioner and his/her own support team. If this does not happen, both the practitioner and the client are at risk of not being served well. Transference/countertransference can occur, and the practitioner is at risk of acting outside their scope of practice and therefore unethically. Certain clients may not be an appropriate match for certain practitioners for this reason. The three years of RMB training to become a practitioner can be the laboratory in which they unearth themselves, in which they differentiate aspects of themselves so as to be more available to clients later.

Cautions and contraindications.

The following conditions for a responsible and safe practitioner-client setting for trauma therapy with RMB are recommended:

- Acknowledgment of ethical boundaries (i.e., working with family members, neighbors, etc.).
- Refer children and adolescents with trauma to psychotherapists.
- Investigations: Rule out acute PTSD states, medication that is considerably decreasing sensory-motor function, imminent suicide risk, and a history of trauma that exceeds the RMB practitioner’s ability to hold affect, outside his/her scope of experience/practice.

With specific states of trauma, RMB alone may not be appropriate, for example, if a person is deeply suicidal due to trauma and sought treatment from a practitioner of RMB, I would recommend that person work with a psychotherapist first and then coordinate my work with their therapist. Another case would be working with specific young children of varying experiences of trauma. In certain cases it may be more appropriate to work with the parents. In any case the parents or caregivers would need to be supportive. Regarding working with adolescent clients, most practitioners hold the opinion that RMB is not appropriate in working with children and even young adults with trauma, because it accesses the unconscious and opens the container trauma survivors need to keep emotional balance. Children are still building their containers. This has more to do with natural physiological/psychological development. Other modalities may be more appropriate for children such as Somatic Experiencing and Play Therapy. Since there are exceptions to the rule we may need to evaluate this question carefully on a case-to-case basis.⁴

Fostering reparative meaning making.

The trauma clients in this study found RMB to have great value for meaning making and spiritual growth. The transformational effects reported ranged from shifts in thoughts, feelings and attitudes, belief systems, and character structures (Johnson, 1994), or as Sieck (2011) explained, learned adaptations but also biochemical and neuronal changes were experienced.

A tangible shift also occurred during the interview itself, in the tone and posture of each client and in the atmosphere in the room, which was observed by both the interviewees and me. Reported by clients as the outcome of RMB sessions were reframing their experience; recognizing repair, healing processes, and new insights; and opening or expanding their vision to a greater presence. In our interviews session, I also had the privilege of witnessing these effects occurring right before my eyes. Several interviews ended in a state of silence, gratitude, meditation, and “reverence to the universal life force” that allowed clients to find meaning and peace and “access to that place within that was untouched and unharmed” by the trauma. The work that occurs in RMB sessions appears to touch into something beyond our physical capacity to repair or our emotional-mental choices to release and forgive. There is a spiritual force this process connects us to. Personally, I call it *grace*.

“Grace,” Hilton (2007a) said, “takes place right at the time when there is nothing you can offer, and it is at that moment that a bridge is made by the therapist” (p. 161). He noted that expression of emotion “brings out the experience of the body, the witness and the presence of the other, and the empathic contact and connection that completes the cycle.” He observed:

“When these three occur together, the authenticity of the self is established. It is based in an energetic expression, a movement or expansion into the world that can only be integrated if it is seen and witnessed ... The self becomes embodied, in-the-word *now* presence.”

In agreement with Hilton, I would posit that the present-centered witnessing while permitting emotional release and bodily flow of bio-energetic movement in a safe container (touch) allows a maturation process whereby trauma can be seen and understood from a new standpoint. In this way, with the meaning that can be found as the client has a safe distance from the experience/memory, healing can begin to take place in a greater sense. It appears that something internal that is imminent and transcendent

⁴ More detailed information on safety can be found in the Indications and Advice for Safe Use of RMB with Trauma Therapy chapter of my dissertation (Bernard, 2014).

at the same time and that is not a survival pattern or ego adaptation can emerge and create meaning; thus, redefining the trauma experience and its effects on the person can take place.

Being part of a greater truth.

Clients found themselves connecting to resources in the process of RMB. These were not offered or suggested by practitioners, but, according to the interviewees' reports, emerged as the awareness of greater spaciousness in body structure, emotional expression, and freedom to think in new ways were experienced. Participants experienced a sense of safety that allowed them to return to memories of trauma without any flashbacks or stimulation of triggers during or after the treatment. Sensations of earlier trauma responses, however, were relived and often recognized as reactive, which allowed clients to discern their earlier responses from the range of possibilities they experienced during the RMB session (i.e., changes in breathing, expression of story and emotion, changes in body sensation, and interoceptive awareness). This process was viewed as empowering and ultimately experienced as a "spiritual insight that had been waiting to have space to manifest."

Embodied self-awareness as a resource.

Fogel (2009) emphasized that practitioners of embodied self-awareness need to remain open and receptive to their clients by learning about the impediment brought on by their own postures and states: "Practitioners must learn, through their own intensive ventures into the pleasures and pains of embodied self-awareness, to remain in the subjective emotional present and access their own resources while working with someone else" (p. 225). Likewise, becoming comfortable with experiencing feelings such as formerly repressed anger can be crucial to clients' ability to self-regulate affect when traumatic memories are triggered. Fogel posited that, "after a while, the prefrontal areas develop sufficient experience dependent connections . . . [and then] they can be more effective in self-regulating" (p. 69).

As shown, the clients' capacity for accessing, regulating, and healing trauma-affected aspects of their lives is mostly defined by the client-practitioner relationship. Carolyn Kutsko (2013) held that

the client's tolerance for affect—the amount he or she can bear—is directly related to what the therapist can bear. There is a living interchange between the two, which impacts the quality and the intensity of the emotion. The capacity of a therapist to tolerate the activation level impacts the width of the stream (p. 163).

Kutsko included a discussion of PTSD in her study on emotional expression and provided this important caveat:

Although we must take seriously the PTSD victims' propensity for dysregulation within aroused states, we must be careful not to conclude that hypersensitivity unequivocally equates with an incapacity to deeply feel or express emotion safely, particularly in the context of relational support. In an effort to protect the trauma victim from harm, we may prevent a viable avenue for healing by restricting his or her full expression of emotion within a relationally supportive context (p. 171).

Therapist embodiment along with the stance of relational presence found in somatic therapies that include touch seems essential in the development of the ability of the client with a background of trauma

to engage and deepen into more fulfilling connections, both in therapy and in life. The intimacy that is fostered when the experience of oneself is shared authentically in the communication with the other person, as it is demonstrated in RMB, can give the client a model for healthy relationships and bonding processes throughout life (Schnedler, 2011). In this sense, the therapist's embodied presence can serve as a positive model in the world of a client, who, due to traumatic experiences, may have lost that connection, that necessary trust, or may never have developed authentic communication capacities. The therapist's willingness to be present authentically in the process may be most supportive to the client's ability to develop that same willingness.

With the lived experience of the body at the center of the inquiry between client and therapist, the body can become a source of interoceptive awareness, knowledge, and intuition and lead the client to a more emancipated state of personal and relational integrity. "The soma indicates both mental and physiological events—all functions of the body—as a single process, a process that is called a soma," said Hanna (1991). He asserted, "A soma isn't a body, and it isn't a mind; it's the living process". Once this somatic awareness or, to apply Fogel's (2009) term, *embodied self-awareness* is established, clients perceive more easily that they have personal power to make choices and changes (Hartley, 2004). With the locus of power internalized, one can more easily become aware and bonded with the actions and responses of others in the external world (Hartley, 2004). This process conceivably results in a way to integrate a trauma experience and make sense of it, thereby creating resilience and a sense of empowerment and direction in the client's life.

Summary

The results of the research indicate the following conclusions:

- The investigation of the phenomenon, Rosen Method Bodywork, suggests that this modality has the potential to present a valuable approach to trauma therapy as experienced by the research participants.
- Relational somatic presence, with all its experienced and observed faculties that are described above, appears to have significant impact resulting in increased interoceptive awareness, safe emotional expression and regulation of affect within a window of greater arousal tolerance, client safety, and a healing process.
- RMB has the potential to allow clients an opening into a transcendent experience of change and healing that goes beyond physiological and emotional symptoms.
- The unique use of touch in RMB, described as *listening and following*, may foster safety and offer regulatory effects on emergent trauma memory and clients' ability to access resources to regain and maintain emotional equilibrium.
- The RMB therapist's capacity for self-regulation, self-reflection, and embodied self-awareness as well as a pro-symptom investigation is crucial in trusting and fostering body wisdom and intuition in the client-therapist dyad.
- Relational authenticity in the RMB therapist fosters the client's ability to sense, track, and express traumatic content and find a more authentic way of encountering and relating to the world in life-affirming ways that are conducive to healing.

Final thoughts

The study succeeded in highlighting the unique combination of attentive, present-centered, client-specific touch and the relationally and somatically present position of the therapist in RMB. It appears that

these two aspects together create a safe, trustworthy environment for the client to access deeper layers of trauma memory to a point of resolution not only through releasing physical and emotional tensions held in physical contraction and breathing impediments but also by reparative processing of the traumatic content and mental shifts in perception that have the potential to create behavioral changes and spiritual resolutions. These effects appear to occur in a way that allows for a more authentic experience of self and the relational and environmental realities in their lives.

The research presented here suggests a potential in RMB to spearhead a merging of touch therapy and psychotherapy. The study suggests that the form and quality of touch in RMB is available for use as a valid tool in psychotherapy with trauma. RMB potentially functions in creating a safe container for a corrective experience that promotes grounding, focusing, and repairing the dysfunctional responses to trauma in the human body and soul. Perhaps the safe dyadic relationship in unison with the sound and safe modality of RMB touch offers a pathway to rethink the split between body and mind that is found in much of traditional psychotherapy (as well as in conservative massage and touch modalities) and supports the integration of soma and psyche in a new and unique way.

Beyond science.

I conclude: relationally present, somatically attuned touch creates a container or sanctuary for holistic healing to ensure client safety for the exploration of a reparative experience of touch. Touch that has reparative qualities is non-intentional, listening, and respectful and follows and responds to the client's somatic signals in a relational, authentic way that delivers a new positive message to the client's nervous system. Fostering positive experiences with internal states, memories, and feelings after trauma results in reshaping circuits in the brain that support future choices based upon new and healthier self images and a sense of self that is allowed to expand, grow, and mature in safety. Creating, preserving, and increasing beneficial implicit memory through the practice of RMB over an extended time in which the client returns to sessions becomes the primary task in RMB, using touch and verbal containment of the client's process – thus fostering repeated positive experiences so they become a permanent part of the client's matrix. Words therefore are to be used with great skill and awareness, if this preamble is to be realized. These skills can be acquired in a counseling psychology program but are also easily learned in trainings that practice authentic communication, nonviolent communication, and other schools interested in trauma healing and conscious inquiry into self-realization.

Promising avenues.

The results of this study offer or even provoke an invitation to look at the possibility of changing outdated paradigms in therapy. Body workers often do not perceive their modalities as suitable for psychotherapy, and psychotherapists overanxiously tend to stay away from touch in their clinical work. More research is clearly necessary; however, this research on Rosen Method Bodywork invites consideration of ways to merge these two seemingly incompatible avenues for the benefit of a more holistic and all encompassing approach to mental health by including the one aspect of healing that has been orphaned in psychology for far too long—the body—and with it, the healing and integrating forces the marriage of soma and psyche holds for all of us in this human life.

“When the client accepts and acknowledges herself, space opens up and new ways of expression become possible. The authentic self, or essence, is contacted and becomes available.”
(E. Mayland, 2015)

References

- Amodeo, J. (2007). A focusing-oriented approach to couples therapy. *Person-Centered and Experiential Psychotherapies*, 6(3), 169-182.
- Baker, H. (2012). personal communication.
- Bernard, S. (2014). Responding With Compassion: An Exploration of Emergent Trauma Memories and Somatic Responses in Rosen Method Bodywork Clients, A Research Study on Rosen Method Bodywork and Trauma. Los Angeles: The Chicago School of Professional Psychology.
- Caldwell, C. (1997). *Getting in touch*. Wheaton, IL: Theosophical Press.
- Fogel, A. (2009). *The psychophysiology of self-awareness: Rediscovering the lost art of body sense*. New York, NY: Norton.
- Gendlin, E. (1996). *Focusing-oriented psychotherapy*. New York, NY: Guilford Press.
- Green, Ivy. (2014). The Safe Container of Interpersonal Relationships. *Rosen Method International Journal*. Volume 7, Issue 1, Spring 2014.
- Grof, G., & Grof, S. (1990). *The stormy search for the self*. Los Angeles, CA: Tarcher.
- Hanna, T. (1991). A conversation with Thomas Hanna, Ph.D. by Helmut Milz, M.D. *Somatics: Magazine-Journal of the Bodily Arts and Sciences*, 8(2), 50-56. Retrieved from <http://somatics.org/library/mh-hannaconversation.html>
- Hartley, L. (2004). *Somatic psychology: Body, mind and meaning*. New York, NY: Wiley.
- Hilton, R. (2007a). Grounding and grace. In M. Sieck (Ed.), *Relational somatic psychotherapy: Collected essays of Robert Hilton* (pp. 151-163). Santa Barbara, CA: Santa Barbara Graduate Institute.
- Hilton, R. (2007b). The self and other: Body in relationship. In M. Sieck (Ed.), *Relational somatic psychotherapy: Collected essays of Robert Hilton* (pp. 98-109). Santa Barbara, CA: Santa Barbara Graduate Institute.
- Hilton, R. (2007c). Touch in psychotherapy. In M. Sieck (Ed.), *Relational somatic psychotherapy: Collected essays of Robert Hilton* (pp. 61-76). Santa Barbara, CA: Santa Barbara Graduate Institute.
- Hoffren-Larsson, R. (2015). From touching to supportive caring – results from two studies on Rosen Method Bodywork. *Rosen Method International Journal*. Volume 8, Issue 2, 6 – 24.
- Holmes, J. (2011). Donnel Stern and relational psychoanalysis. *British Journal of Psychotherapy*, 27(3), 305-315. <http://dx.doi.org/10.1111/j.1752-0118.2011.01230.x>
- Johnson, S. (1994). *Character styles*. New York, NY: Norton.

- Klagsbrun, J. (1999). *How to teach a workshop in focusing*. Self-published.
- Kohut, H. (1971). *The analysis of the self: A systematic approach to the psychoanalytic treatment of narcissistic personality disorders*. New York, NY: International University Press.
- Kurtz, R. (1991). *Body-centered psychotherapy: The Hakomi method*. Mendocino, CA: LifeRhythm.
- Kutsko, C. (2013). *Full emotional expression: The longing of the body. The warnings of neuroscience. The role of relationship*. Dissertation). The Chicago School of Professional Psychology, Los Angeles, CA.
- Levine, P. (1997). *Waking the tiger: Healing trauma*. Berkeley, CA: North Atlantic Books.
- Levine, P. (2005). *healing trauma: A pioneering program for restoring the wisdom of your body* [CD]. Louisville, CO: Sounds True. www.traumahealing.com
- Mayland, E. (1985, 2005, 2015) *Rosen Method: An Approach to Wholeness and Well-Being Through the Body*, Santa Cruz/Santa Fe: 52 Stone Press.
- Merleau-Ponty, M. (1962). *Phenomenology of perception* (C. Smith, Trans.). New York, NY: Humanities Press. (Original work published 1945)
- McConnell, S. (2011). Somatic resonance [Web log post]. Retrieved from <http://www.selfleadership.org/blog/somaticresonance/#sthash.jUJBkwOJ.dpuf>
- Ogden, P., & Minton, K. (2000). Sensorimotor psychotherapy: One method for processing traumatic memory. *Traumatology*, 6(3), 1-20. <http://dx.doi.org/10.1177/153476560000600302>
- Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. New York, NY: Norton.
- Porges, S. W. (2006). *The polyvagal theory*. Lecture presented at Hakomi International Conference, Boulder, CO.
- Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. Boston, MA: Houghton.
- Rosen, M., & Brenner, S. (2003). *Rosen Method Bodywork: Accessing the unconscious through touch*. Berkeley, CA: North Atlantic Books.
- Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. New York, NY: Norton.
- Rothschild, B. (2002). Body psychotherapy without touch: Applications for trauma therapy. In T. Staunton (Ed.), *Body psychotherapy* (pp. 101-115). New York, NY: Brunner-Routledge.
- Salibian, A. (2015). Trauma Therapy with Rosen Method Bodywork. *Rosen Method International Journal*. Volume 8, Issue 1.

Schmid, P. F. (2001). Authenticity: The person as his or her own author: Dialogical and ethical perspectives on therapy as an encounter relationship. In G. Wyatt (Ed.), *Rogers' therapeutic conditions* (Vol. 1, pp. 213-228). Ross-on-Wye, England: PCCS Books.

Schnedler, D. (2011). *The effect of Rosen Method Bodywork on postpartum depression: A research study with qualitative and quantitative explorations*. Unpublished manuscript, Santa Barbara Graduate Institute, Santa Barbara, CA.

Shapiro, F., & Laliotis, D. (2011). EMDR and the adaptive information processing model: Integrative treatment and case conceptualization. *Clinical Social Work Journal*, 39(2), 191-200. <http://dx.doi.org/doi:10.1007/s10615-010-0300-7>

Shaw, R. (2004). The embodied psychotherapist. *Psychotherapy Research*, 14(3), 271-288. <http://dx.doi.org/10.1093/ptr/kp>

Sieck, M. (2011). Lecture on Relational Somatic Psychotherapy. Personal collection of M. Sieck, Chicago School of Professional Psychology, Westwood, CA.

Sieck, M. (2013). Lecture on Relational Somatic Psychotherapy. Personal collection of M. Sieck, Chicago School of Professional Psychology, Westwood, CA.

Siegel, D. J. (1999). *The developing mind: Toward a neurobiology of interpersonal experience*. New York, NY: Guilford Press.

Siegel, D. J. (2010). *The mindful therapist: A clinician's guide to mindsight and neural integration*. New York, NY: Norton.

Van der Kolk, B. (2014) "The Body Keeps The Score: Brain, Mind, and Body in the Healing of Trauma." Interview recorded at 22-CityView Cambridge on 10/8/14.

Wooten, S. (1995). *Touching the body, reaching the soul: How touch influences the nature of human beings*. Santa Fe, NM: Rosen Method Center Southwest.