

# Commentary on Riitta Hoffren-Larsson's, *From Touching to Supportive Caring – Results from Two Studies on Rosen Method Bodywork*

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I am delighted to read this article describing studies by a fellow nurse, Riitta Hoffren-Larsson, about Rosen Method Bodywork (RMB) and offer my comments. Her article has certainly stimulated inquiry and reflection on my part. My experience with RMB began a few years ago before I retired from nursing in Edmonton, Canada. I am currently an intern on leave of absence with the Rosen Method Institute Canada (RMIC) School Roberts Creek, B.C.

Riitta has written about two separate studies which she conducted to determine components of RMB that may contribute to health promotion, specifically “touching with supportive guidance, and confirmative caring.” She proposes that these components, and possibly others in RMB, interrelate and contribute to health promotion and client satisfaction. Highlighted in her article is the importance and need for cooperation between the conventional health care system in Sweden and the alternative health care modalities. She says one way to do this is through research, producing evidence based practice. Practitioners in both systems could then refer clients having some knowledge of the suitability and benefits of each speciality. The needs of the individual client could be addressed with more opportunities and direction for care. Hopefully with this greater understanding and planning, adverse outcomes can be prevented.

In the first study, Riitta's goal was to determine the reasons clients sought RMB and what benefits they perceived from their experience. The following are benefits that were identified into five general categories and subcategories:

1. Enhanced physical health: reduced tension in muscles, improved capacity to breathe, improved intestinal function, physical energy and pain relief
2. Enhanced psychological health: increased wellbeing and self-confidence, feelings of trust, happiness
3. Increased mind body connection: awareness of behaviour patterns and mind processes that influence and affect the body
4. Support for personal growth: learning, personal development
5. Self-initiated life changes: strengthened personal power in life situations

In her second study, Riitta analyzed the experiences that clients had during RMB and then explored if caring and the relationship with practitioners, along with sensitive touch, provided satisfaction to clients. As a registered nurse in Sweden and recipient of RMB, Riitta used Gustafsson's nursing theory model SAUC (Sympathy, Acceptance, Understanding and Competence) to guide her investigation for caring actions. The model has three different stages with four different phases in each. Each phase has an action, reflection and goal. The interview results (144 experiences) were then categorized into the possible 12 stage / phases. According to the model, if caring was practiced, the goal was achieved. Progression through all three stages

to self-competence is considered a desirable outcome. What Riitta found is that caring did exist in the RMB sessions and the quality of the caring influenced the client's perceived benefits of the treatment. Nine of the eleven clients felt they had benefitted from the RMB treatment. They also perceived a caring relationship with their practitioner. The remaining two clients reported dissatisfaction in their relationships specifically, less caring, and for them this led to discontinuing RMB.

The Gustafsson SAUC care model confirms my experience that caring is integral to nursing. The model provides a structure and format for the action of caring, i.e. support, guidance and positive confirmation. The concept of caring can be very nebulous and subjective. This model guides the user in the delivery of care, how it can be received and perhaps measured. I particularly liked the description of the model and definitions. In the nursing model, a realistic life plan comes from a good self-relation, a balance between actual self and ideal self. This kind of balance influences one's own actions and decisions that desirably lead to an experience of good health.

The concept of confirmation, reinforcement from the external environment, relates with the person's self-relation. The RMB practitioner definitely has this role. In RMB, practitioners use their focus, contact and presence to facilitate a client's release of muscle tension held in the body by unconscious memory experience. As social beings, we need the external confirmation to aide our internal self-reflection. Through the interactions of caring between client and nurse, the goals as described in the model begin with security and lead to self-meaning. Similarly, the teachings of Marion Rosen describe the client's experiences of possibility arising from their own personal awareness. As I reflect on my own nursing career, the times when I was completely present and in the moment, open and receptive, were the most rewarding of times. True caring is a beautiful experience.

In a practical sense, I am curious about what actions of the RMB practitioner were demonstrated to achieve goals in the particular phases? Theoretically, a model such as this might be useful for RMB students to evaluate their own personal growth. Practitioners and interns could use the stages and phases as a guide in assessment of clients, evaluating their process as they receive ongoing treatment. As Riitta suggests, adequate record keeping is an important aspect to professional care of clients. This model might possibly assist in that kind of documentation.

As a student of RMB, I have learned that care for the client does not include an intention to fix or change the individual. Change is the responsibility of the client. Often in the conventional health care system, the helping intention is just that – to fix or change. The RMB practitioner desires and holds an intention for positive outcomes but does not necessarily define them. In my understanding, care in RMB is in the form of being present, inquiring, compassionate, respectful, open to possibilities and an ability to resonate with the client. I believe caring and care-taking are two different concepts. Caring in RMB involves the need to be aware of one's own body and feelings. Self-knowledge is essential in the meeting with the client compassionately.

Personal self-care and awareness has not been emphasized in my nursing world where all attention, focus and energy was directed towards the client. In Rosen work, if I am not connected to my embodied self, the RMB relationship is compromised: awareness of both myself and the client is needed simultaneously. In RMB, two different nervous systems connect in a way that promotes awareness, curiosity within and with each other, distinct and connected at the same time. When practitioners are aware of their own deep inner feeling of caring, actions that communicate this feeling will be available to a client. Through sensitive quality touch, words and attention to the breath, the RMB practitioner can encourage the client to move through

the different stages and phases described in the nursing model, if that is the client's intention.

The supportive caring by another person is very human and very healing. Validation of one's self -- to be seen and heard and allowed to manage one's own health decisions -- is what I believe Meleis means as Riitta quotes his words: "good caring preserves the dignity of the cared for person." It has been my experience that caring in RMB has the potential for healing not only in a physical and psychological sense, but spiritually as well, for both recipient and provider / client and practitioner.

Further, this article has stirred thoughts about my desire for collaboration between conventional and alternative health care systems communication and planning. I agree with Riitta that research is very instrumental in reaching this goal. Competency regulation and ongoing education and support for practitioners are also important elements needed to meet these goals. Further studies on client satisfaction and health promoting components of RMB are areas to focus on and would be valuable.

These two studies are wonderful examples of your professional work and integration that benefit the Rosen community and our desire to learn. Thank you Riitta, well done!