

# Response to Commentaries on *From Touching to Supportive Caring – Results from Two Studies on Rosen Method Bodywork*

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Thank you Catherine, Alan, Susanna and Janie-Rae. I am so glad to get your comments concerning my studies and the conclusions from them. Your commentaries are positive and reveal that you had no difficulties in understanding my theoretical assumptions drawn from the studies and the particular nursing theory I utilized as support for the analysis in Study 2. Each of you are Rosen Method bodywork practitioners and involved in professional healthcare or are care givers. It is helpful to be a professional when caring theories are discussed but the particular nursing model I used is not the easiest to understand (I know that because I always get comments concerning it from my nursing students and fellow teachers). You have each discussed the theory and my conclusions in a very thoughtful way and present some delicate examples from your own personal development as a Rosen Method bodywork practitioner and also your clients' responses and sessions.

For example, Catherine's reflections concerning her client responses are good examples of caring (what we at Karolinska Institutet teach to our nurse students) and what a dedicated nurse should practice: *presence, client (patient) centered approach, support for client's own decision making, physical support, awareness making support, positive confirmation* etc.

Alan illustrates a very important personal experience: how a person who is very ill and whose very existence is threatened perceives all signals from the environment and from his own body. He exemplifies in a delicate way what "effects" the encounters with significant people (nurses in this case) can create. Each confirmed his feelings and in a calm way cared for him. Alan's experience also shows similarities with Rosen Method bodywork sessions.

During my data collection, I met some RMB clients who had suddenly experienced a flashback from childhood abuse and humiliation, which they became aware of during a RMB session. The feelings came unexpectedly and they experienced a feeling of great anxiety, but they also shared that the alleviatory/ caring effect of the practitioner's interventions of confirmation and emotional support helped them very much.

Susanna's example concerning connection between practice, research and theory is also very illustrative and important (I really long to see your thesis, Susanna!). Research is simplified questioning concerning what we (or clients) experience, systematic work with data collection from the context but also testing of current ideas. Therefore, research should be seen as a critical friend who helps us to question our assumptions, rather than as an enemy. Theories help us to understand the reality in a better way; what we are doing well but also the pitfalls. Susanna's illustrative picture tells us a lot about this system, its pros

and cons. I think the Rosen community gains a lot of advantages if the members put this system to work. Previously, nurses had a huge problem with defining and discussing what they are doing or to show the effects of their interventions. Systematic research and theory development has been very helpful to show the importance of caring. Research is about choosing a perspective but research on people's health or wellbeing is also influenced by some hierarchal assumptions of what is important to look at defined by the leading science, in this case biomedical. Caring has not been regarded as important for people's health and it has sometimes drowned in all technological and pharmacological treatments. My first choice of perspective was biomedical but I decided to leave it and look at the interpersonal interaction and (indirectly) practitioners' behavior experienced by clients when I obtained the first results from the survey (Study 1). Therapy interaction became so obvious when I started to systematize the answers.

Janie-Rae asks a question in her reflection concerning the practitioners' actions (which is a part of interaction). During my data collection, I met RMB practitioners and wrote notes about my perceptions of those practitioners as I interacted with them. One of these notes starts like this:

*[...] before the encounter I wait for the practitioner (X) in a little waiting room [...]. X met me there [...] smiled and said "welcome". My first impression was that X was a relaxed and confident person. X showed me to a little kitchen close to the reception [...] and I was seated behind a little table in the pleasantly arranged kitchen. During the interview I felt a feeling of peace, security and stability, feelings coming from X??? (my question marks). During the interview I felt that X was interested in me as a person. I asked a question afterward; how did X create all this during such a short encounter?*

This encounter told me something about interaction but it is also an example of an "action." The *environment* (one of the four consensus concepts in nursing) is important (pleasant kitchen) telling something about the context. The caring actions that contribute to improve the cared person's healthiness or wellbeing can be developed during the interactive encounter, in this case one example of action is the personal attitude (calmness, interest, and radiating stability) that made me feel secure (I must confess that I felt myself very insecure as novice researcher).

Research concerning reality is not only an intellectual (cognitive) process and the researcher is always influenced consciously or unconsciously by her or his background. I observed the clients and practitioners as a "nursing expert" and chose the nursing theory because I intuitively understood that it could explain something I saw during my data collection. But there are more people who influenced me. Three people I met during my data collection were especially important; Marion Rosen (practitioner and RMB founder), Professor Pörn (Philosopher from Oxford University) and Professor Gustafsson (researcher at Karolinska Institutet). These three people never met each other but their message is the same, although they said it in slightly different ways. The message concerns human nature and assistance for personal development and health awareness.

I do cite Catherine who referenced Marion Rosen in her comment "*from the person I think I am to the person I really am*." This could also have been expressed by Professor Pörn and Professor Gustafsson. I met Professor Pörn at least twice before the choice of the theory (during the last encounter with Professor Pörn, I cared for him because he became ill after lecturing during a congress and throughout this two hour long encounter we talked a lot about people's needs for development and existential awareness. He was an extraordinary person and he showed a deep understanding of human nature). I met Marion Rosen once but she taught me very pragmatically ("hands-on") something most important about the concepts of

*“presence” and “person-orientated approach,”* two of the core features in all interactive contacts with patients (or clients) independent of the caregiver’s profession. Professor Gustafsson was my supervisor who lectured on the theoretical concepts of caring and the concepts of presence, support and confirmation but also the importance of person-centered caring. Sometimes I think it was not a coincidence that all three of these people guided me during my research.

My research presents a simplified assumption about two aspects that influence RMB sessions but there is a need for more studies. And finally, as Susanna reflects concerning mindfulness, more research that includes different perspectives but also theory development could assist RMB to be an important complement to, for example, psychiatric care.