

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

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I would like to thank Riitta Hoffren-Larsson for her article in the previous issue of the Rosen Method International Journal. I would also like to thank her for being the first to publish a study of Rosen Method bodywork (RMB) in 2009. Since then, others have contributed to a growing body of research that establishes evidence about RMB. I hope to add to this trend when I begin my own research on RMB as part of my dissertation, this summer. Research on RMB contributes to our understanding of RMB and helps inform the world of this gentle, powerful work.

Hoffren-Larsson's article describes the evidence from her research which validates something we know intuitively – that the experience of feeling cared for in RMB matters. Riitta Hoffren-Larsson is a nurse educator and researcher. In the second part of her article, she considers how a nursing model and an understanding of the concept of caring can inform us about what happens in RMB.

In this commentary, I'll provide a short description of the relationship between practice, theory and research, and a brief discussion of the concept of caring from a nursing perspective. I'll share some thoughts about how caring and the SAUC Care model presented in the Hoffren-Larsson article may inform our practice and teaching of RMB and some possible ways we may make use of these ideas of caring.

Research, Theory, and Practice Relate

An idea about how something works (theory) and how it can be formally studied or tested (research) can then influence our actions (practice). For example, doing Rosen bodywork (practice) influences what we think about how the bodywork works and what we see as important in a session (theory). Our beliefs can be tested (research) which in turn can lead to a deeper understanding of what is happening in a session (theory) which will in turn inform how we practice.



Research involves questioning our assumptions. What we take for granted to be true is scrutinized. Sometimes, research questions seem to ask the obvious and research findings can seem ridiculously predictable provoking us to say, “Why waste all that energy studying the obvious.” Even when what had been predicted is actually confirmed by research, one benefit of research is that we gain scientific support for what we know through experience. An unfamiliar person who does not have the same worldview can be presented with evidence and convinced of the value of something. Case in point, think of all the research on mindfulness in the past two decades. Mindfulness research has presented evidence that has moved once-marginalized, meditative practices into an important role alongside standard psychiatric care.

On the other hand, sometimes the “obvious” can be studied and a new understanding can be unearthed that may alter or altogether transform our way of thinking about the topic. Like doing Rosen Method bodywork, research entails letting go of assumptions.

Caring in Nursing

Since the work of Florence Nightingale, nurses have been writing about their theories of healing and studying what works to help people. In the nursing literature, caring is identified as an essential element in the interpersonal interaction to aid healing. Caring interventions are, by definition, highly individualized and require attention to who the person (client) is and their unique strengths and challenges.

In an era when technology and fancy equipment have positioned themselves in the treatment room, and when business and profit motives have influenced health care delivery, it becomes ever more important to name and describe the interpersonal aspects of healing, lest they be over-looked and sacrificed. For this reason, defining the significance of caring, and doing research on the phenomenon of caring, become essential steps to rebalancing the delivery of health care.

Over the past five decades Jean Watson, a nurse educator and theorist, developed the nursing Theory of Human Caring. Her theory describes essential elements including holding a humanistic and altruistic value while caring for others. According to Watson, practicing loving-kindness and being authentic matter in the delivery of nursing care, and developing this capacity requires intention and practice in daily life. Watson views spiritual practices as a means of developing the capacity to listen without judgment. Caring includes bringing the fullness of one’s life wisdom to support the person’s healing, meeting the person where he or she is, and coaching them toward expanded health. Watson acknowledges the concrete and the subtle energetic levels of healing. She advocates providing care with a reverence for the whole person and for the mystery of the healing process itself. (For more information including video describing her philosophical perspective, see <https://www.watsoncaringscience.org/jean-bio/caring-science-theory/>).

The SAUC Care Model and RMB

The Hoffren-Larsson article introduced me to another nurse theorist, Barbro Gustafsson, and to her SAUC Care model. The model is a theoretical representation of the relationship between several concepts: sympathy, acceptance, understanding, and competence. Hence, it is named, the SAUC Care model.

Parallels can be drawn between the SAUC Care model described in the Hoffren-Larsson article and the theoretical underpinnings of Rosen Method bodywork. In the SAUC Care model, the person (e.g. patient) is considered autonomous. Their sense of self includes both a perceived sense of self and an ideal sense of self, and influence how s/he moves forward in life. To recall Marion Rosen’s description of RMB, the work is about

expanding our self-awareness and self-perception from “who we think we are” to “who we really are.” The SAUC Care model suggests that aligning these two self-perceptions allows us to move forward in life, setting our goals and taking actions that are in alignment with who we are. RMB attends to the unique individual thereby demonstrating respect for the person’s autonomy. We avoid assumptions about the experience of others while appreciating their unique experience.

The SAUC Care model names the internal and external environments that influence the person. In a RMB session, we see these factors within clients as they juggle their concerns about reconciling their internal wishes with the demands they perceive from outside themselves. Using the SAUC Care model, we might also consider how we are part of the client’s environment and how we practitioners, as people, impact their healing process.

As described in the Hoffren-Larsson article, the concept of confirmation is important in the SAUC Care model. As I understand it, confirmation is a reflective act that validates the other person. In RMB, the practitioner’s touch and words offer confirmation of the client’s experience when the reflective touch mirrors the holding and the client can feel him/herself more fully. Also, when the practitioner reflects the response in the body rather than speaking to an intellectualization, this action provides confirmation of the person’s truest experience. In sessions, when we reflect the changes in the body’s holding, we are feeding back information to the client that helps validate the person’s truth and opens the person to be curious about observing more about self, including perhaps what was previously not known. This supports the person to be curious and open to what s/he may not yet have dared to observe.

As the SAUC Care model is described in the Hoffren-Larsson article, caring for the person involves supporting movement toward health. Health is viewed as a joyful state of wellbeing in which the person feels reconciled with internal and environmental aspects of life and is able to take action to fulfill his or her goals and sense of purpose. In a Rosen session, the concept of health can be inferred from the literature on RMB as a state of being in which the presence of relaxation allows for unhindered breath and movement potential... an experience of being able to move forward in life, free of unnecessary barriers and open to possibility. It also includes a state of mind that is open, responsive, awake, and connected.

In RMB, we demonstrate caring by tailoring the session to the person’s needs. In working with people who have experienced physical or sexual trauma, the foundation for deeper work can be established through caring negotiation with the client around what feels safe and what does not. For example, a client who had difficulty saying “no” to intrusive touch from a past abuser might practice saying aloud, “move your hand from that place” in order to experience the reality of choice, in present time. For another client, touch to the shoulder may evoke a feeling of being controlled and directed as remembered from childhood; The client may want the touch to stay, in order to explore the experience and witness the feelings from the vantage point of safety and adulthood. As practitioners, we practice caring when we listen and respectfully respond to the unique experience of the client on the table.

I think it is helpful to remember that a practitioner can have a caring intention, and a given client may not be able to perceive that caring. In the model on page 19 of the Hoffren-Larsson article, the supportive caring is appraised by the client, as perceived in the interaction with the practitioner. Caring is rated by the client, according to the client’s perception and may not always reflect the practitioner’s sense of being caring. That said, what we care about in a session is acknowledging the client’s experience. If we are lucky enough to be told directly by a client what they perceived as uncaring, we have the possibility to learn from that. We are fortunate that Riitta Hoffren-Larsson was able to obtain input from dissatisfied clients. In

research, it can be a challenge to find people who have had negative experiences in sessions and who are willing to give their account. Fortunately, this article gives voice to some of the experiences of dissatisfied clients so we can learn from them.

The practice of caring is an art. Individuals differ in their perceptions of what is caring. Some people are highly sensitive and need verbal and visual indicators that the practitioner is not judging and is a beneficent presence. For example, if a person has experienced abuse in the form of invalidating judgment and non-verbal dismissal, a practitioner who conveys through words and body language a whole-hearted acceptance will be more successful at conveying caring than a practitioner who does not. On the other hand, a client who experienced intrusive, meddlesome or over-controlling parenting, may more easily experience caring when the practitioner is less demonstrative of acceptance and provides more space.

Applying This Research to Our Practice and Training

One of the conclusions that I draw from the Hoffren-Larsson article is that experiencing and conveying caring is crucial to RMB. On page 19, Figure 2 displays how some of the research participants in the study (clients of RMB) believed they had experienced Rosen touch without the ingredient of caring. This may surprise us, however, it is important information. This research suggests that caring is a capacity that is different from the manual aspect of the work. Perhaps this study prompts us to look at the concept of caring -- how it is cultivated and how it may be conveyed -- both in our individual bodywork practices as well as in the RMB training programs.

As practitioners, the reminder of the importance of caring can help us appreciate the value of continually refreshing and recharging our capacity to live from a place of caring for ourselves and for others. The self-care and self-awareness practices that we do prepare us to bring care to others. When we do our own inner work with kindness and soften our hearts regularly, we are creating fertile ground within ourselves for embodying caring for others as well. Perhaps some of the self-caring practices that we do can also inform the training process itself.

The RMB training involves development of capacities that set the stage for the experience of caring. Presence is an ingredient of caring. The RMB training cultivates presence and the capacity to be there for the experience of the person on the table. RMB training typically includes development of *presence* and willingness to meet the client with curiosity and interest. The practitioner brings respect to the table and seeks to make contact, through touch and willing awareness, with the client's truth. To build this capacity, the bodywork training uses both direct experience (being the "client") and feedback from practice partners as well as group discussions to deepen the learning about the interpersonal aspects of the work.

To further develop the depth and breadth of our RMB practice and RMB training programs, and to deepen the connections between our international Rosen Method community, we may draw upon the findings from this Hoffren-Larsson research. We can reflect on the importance of caring in sessions, in the process of the training itself, and also in our interactions with our colleagues. Teachers and practitioners may be reminded and validated in knowing that the power of caring is a uniquely necessary element in the success of the bodywork. Teachers and practitioners might consider how they model caring in interactions with students and clients, respectively.

The Rosen Method bodywork training and continuing education programs might consider providing in-depth exploration of the nature of caring. Literature pertaining to caring from multiple disciplines

and spiritual practices may be useful when introducing these topics. Group discussions of readings and inclusion of meditative practices may help cultivate the embodied experience of awareness of caring. As we collectively raise our awareness of caring as a precious aspect of RMB, we can bring this knowing into our hands, into our words, and into our greater Rosen Method community.

BIO:
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