

COMPLEMENTARY THERAPIES IN REHABILITATION

HOLISTIC APPROACHES FOR
PREVENTION AND WELLNESS

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The pronouns *he* and *she* have been used interchangeably throughout this book. This does not indicate gender bias.

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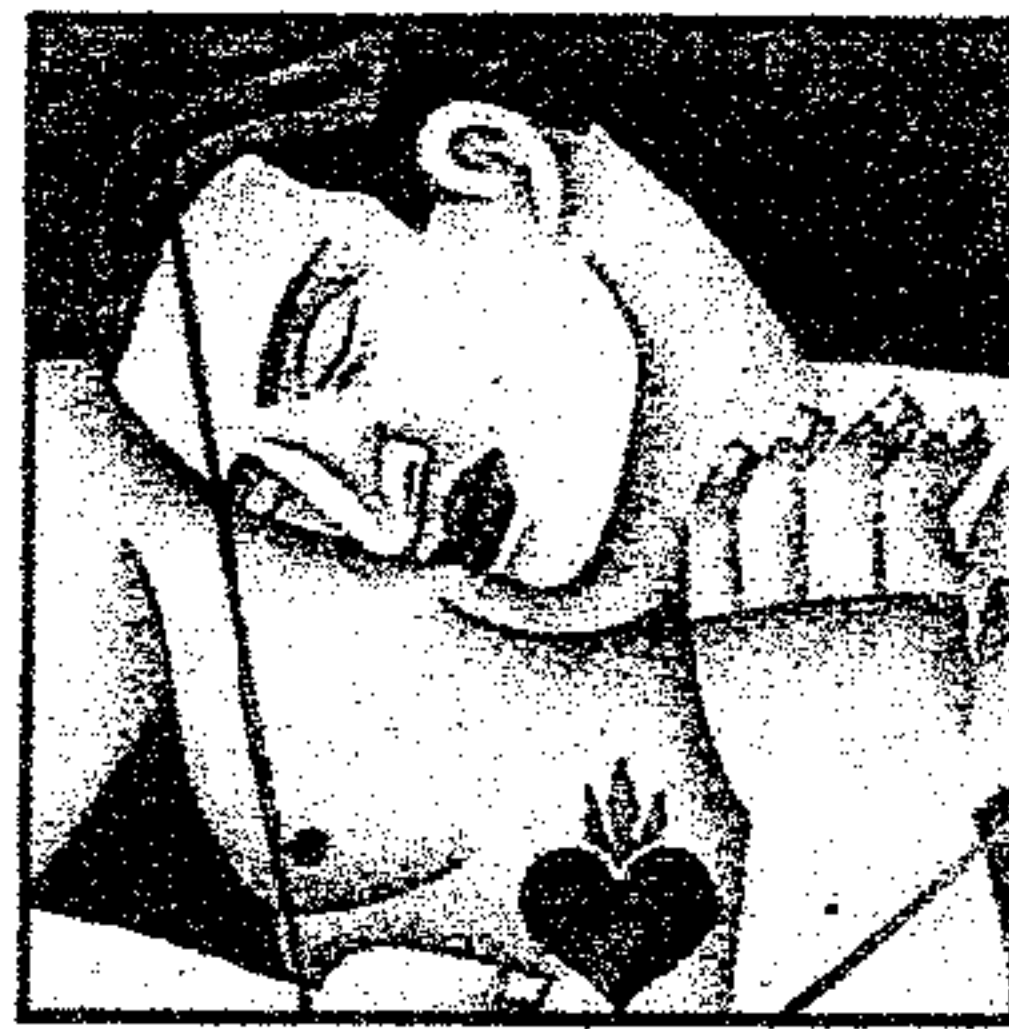
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CHAPTER 3

ROSEN METHOD BODYWORK

David Berger, MA, PT, MFCCI

INTRODUCTION

Rosen Method Bodywork® is a form of hands-on, nonintrusive somatic bodywork, the goal of which is physical relaxation and emotional awareness to assist and facilitate a client's innate healing capacities. In Rosen Method Bodywork, a client will learn how to relax her barriers, or muscular holding and tension, so she can again move more freely and easily with fewer symptoms, allowing her full range of possibilities for movement and expression in life to come forth. As in most somatic practices, the client's experience from within her body, instead of the practitioner's observations and perceptions, are of primary importance.¹ As Marion Rosen, PT, founder of Rosen Method, states, "We meet people cloak to cloak and not essence to essence. Our work is about helping a client change from who she thinks she is into who she really is."²

With Rosen Method, a client learns she can remove her cloak of holding or tension and allow her true self to emerge. When a client relaxes and feels free to express emotions without inhibiting herself, her body can use all of its resources in the healing process. It

may need to heal from a musculoskeletal dysfunction, chronic pain or illness, emotional trauma, or other problems. Rosen Method Bodywork can facilitate a person's own healing processes to work more efficiently and effectively. This chapter is written in the language of Rosen Method instead of being translated into physical therapy terminology. This way the reader can appreciate the milieu of the work and not just the theory and technique. When appropriate, such as in the case studies, physical therapy terminology is added for clarity and precision.

There has been no research of Rosen Method Bodywork using a reductionistic scientific model. Phenomenological and anecdotal evidence of clients' changing somatic and life experience, however, is abundant and will be used in the form of case studies to augment this chapter. These may help stimulate future reductionist methodological studies.

MARION ROSEN, PT: FOUNDER OF ROSEN METHOD BODYWORK

Marion Rosen, PT, was born in Nuremberg, Germany in 1914 into a moderately affluent Jewish family. During her teenage years in Germany, the political environment in Germany began to change. After Hitler came to power, she realized she would have to leave Germany soon and knew she would have to earn a living for herself. She had a talent for languages and tried to become a translator. However, since she was Jewish (although raised Lutheran) she was not allowed to go to university.

During her late teens, Rosen was introduced to Lucy Heyer, a masseuse, dancer, and student of Carl Jung, who also did relaxation work and work with the breath. Heyer had studied with Elsa Gindler, a woman considered by many to be an originator and master of somatic practices that utilize the breath, the body, and awareness. Heyer was also the wife of a Jungian analyst and psychiatrist. The Heyers were treating clients with massage, breath work, and relaxation concurrently with psychoanalysis for clients, and found that clients improved much faster than with analysis only.

Heyer took Rosen as a student. They treated Dr. Heyer's clients in silence using massage and work with the breath. This was Rosen's introduction to the power of touch and the ability of the human body to heal. Some clients she treated would begin to cry during the treatment, many would lose their pain, and others would just feel better. However, only the analyst talked with the clients.

Rosen studied with Heyer for 2 years. She then fled Germany for Sweden to wait for a visa to the United States. She did not know anyone in Sweden, but managed to find her

way to a dance studio where she massaged and watched the dancers. She treated a dance teacher who had sprained her ankle, and after only three treatments, all the pain was gone. This so impressed the teacher that she invited Marion to spend as much time at the studio as she wanted. She took great advantage of this opportunity, although she never got to dance, a love of hers from childhood.

Rosen also studied physical therapy in Sweden, completing what was to be her first formal training in physical therapy. Her visa to the United States finally came through and she started her journey to America. Although her original intention was to travel to New York to study with Karen Horney, a Jungian analyst using similar bodywork in her practice, she had to travel west because of the war. Alone at 24 years old, she settled in Berkeley, California and worked the evening physical therapy shift with injured shipyard workers.

Rosen's next endeavor was to go to the Mayo Clinic physical therapy program as an advanced student; she completed her courses in 6 months. Although she returned to her original physical therapy position after studying at the Mayo Clinic, she soon grew tired of having such limited time to treat patients (she was treating up to 40 patients a day). She and a colleague started their own private practice in the mid-1940s in Oakland, California, and she continued in the same office for 30 years. As her reputation grew, physicians referred patients with the simple order to "do what you think is best" instead of the more common specific orders. Many of the patients referred to Rosen were among the most challenging to the physicians, and educational for her.

As Elaine Mayland, a senior Rosen Method teacher, notes:

Patients who came to her with problems with physical origins taught Marion the potential of the body to heal itself. They taught her a great deal about the nature of the will to be well as a factor in maintaining body movement and health. She noticed that patients who talked with her about the events of their lives at the time of their accident or injury were the ones who recovered most quickly. She became convinced of the connection between mind and body and became increasingly successful in treating patients with psychosomatic illnesses—those developing with origins in emotional stress and withholding.³

An important development in Rosen's life came in the 1970s in a workshop with Werner Erhard entitled "Mind Dynamics." She was introduced to his work by a client whose musculoskeletal symptoms suddenly improved after taking the workshop. This training helped deepen her understanding of the mind-body connection, and she realized that she knew more than she ever admitted to herself or to clients. It was after this that the verbal part of her work took form in her clinical practice. She began talking to clients about their lives, listening to their words and bodies and responding with care and genuineness when they spoke their truth. Prior to this, as an apprentice with Lucy Heyer, only

the psychiatrist spoke with clients. As a masseuse, she never spoke with clients about their conditions or lives. She now realized she had something to teach, and so began her career of teaching Rosen Method Bodywork.

She has taught her work since the late 1970s and continues to teach students and treat clients today at the age of 82. Her work is presently taught throughout the United States, Canada, and Europe, and there is a school in Russia. The Rosen Institute in Berkeley, California certifies schools around the world to teach Rosen Method Bodywork.

THEORY: NORMAL FUNCTION AND THE DEVELOPMENT OF BARRIERS OR DYSFUNCTION

An infant is born into the world with the possibility of moving freely and without tension. As she breathes, her entire body moves with her breath. As she develops, she naturally figures out how to move in a multitude of ways. She cries without inhibition, screams without a second thought, laughs with joy, and expresses a full range of other emotions with ease. Her somatic brilliance is unequalled: Without cognitive, rational education she knows how to suck, and learns to express herself, roll, creep, walk, and jump. She figures out who her caregivers are, what is safe to do and what is not. She learns how to speak, understand language, and develop concepts.

With the socialization process a child undergoes in order to learn how to succeed in her culture comes a narrowing of possibilities for movement, ease, and expression. A child learns how to move in certain ways; how to express herself in ways that are acceptable to her parents, family, school, and religion; and how to adapt herself to her culture.⁴ These ways are often different and more limited than an infant's natural instincts. Muscular effort is required to modify, inhibit, and narrow a natural range of expression and feeling. This limits movement possibilities and a full range of musculoskeletal functions. Often, disease and illness eventually result from somatic vulnerabilities due to limited movement patterns.

This muscular effort becomes chronic tension patterns, or patterns of holding, resulting in barriers to the natural essence, or self, of the person. These patterns, used in a limited number of ways over many years, can result in physical dysfunction and symptoms often treated by physical therapists because the person cannot use her body parts the way they were meant to be used (Figure 3-1).

If a child is taught, for example, that it is wrong, in fact frowned upon, to cry when she

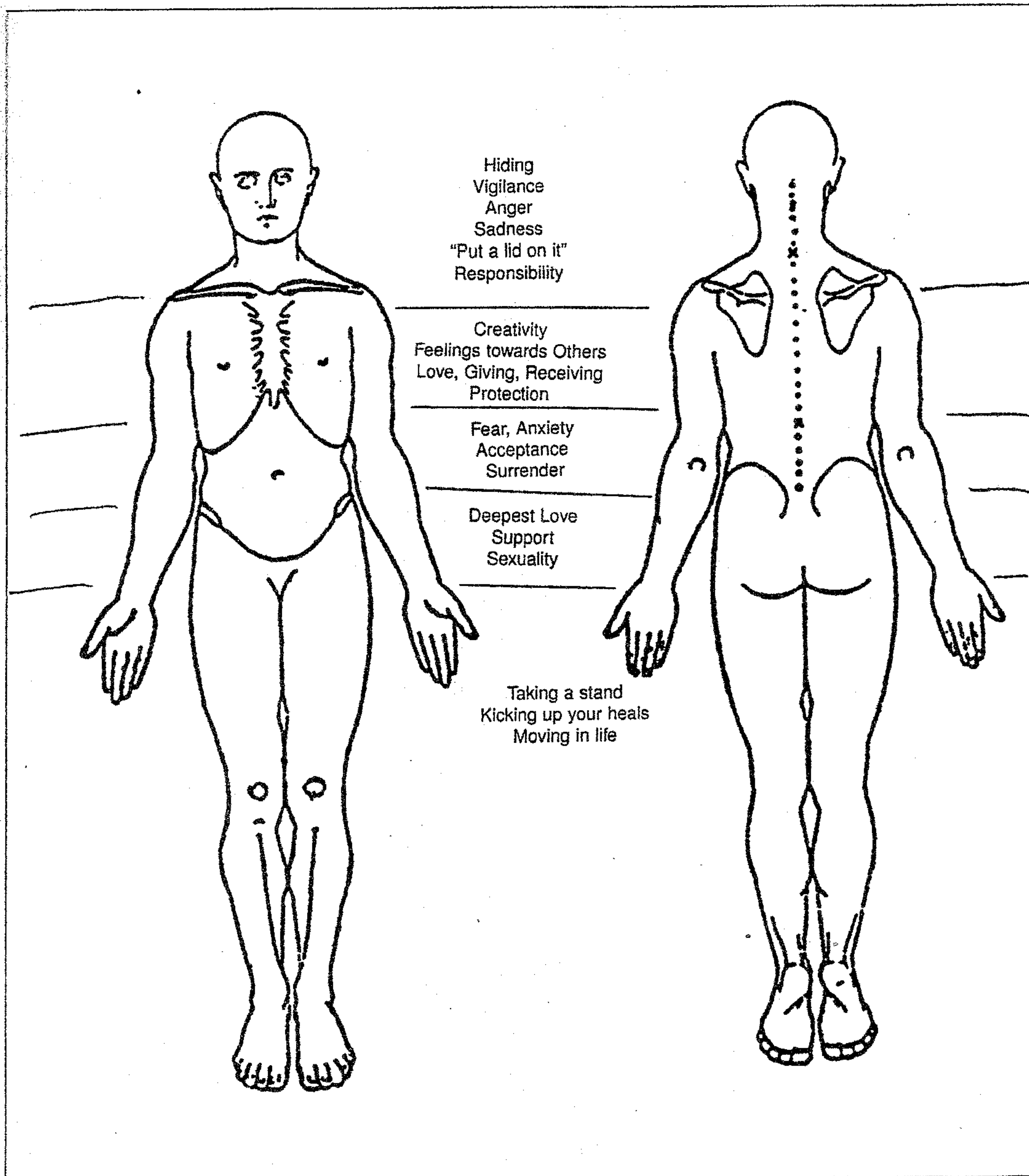


Figure 3-1. Rosen Method Bodywork General Body Map.

feels sad or scared, she will learn how to hold down her tears. This requires the tensing of anterior neck musculature. While she learns how to do this as a child, she may forget how to cry and, as an adult, maintain her tension patterns even though she may not remember why she was not allowed to cry as a child. Inhibiting herself requires physical tension, or holding. Repression is the muscular act of inhibition, and can result in forgetting the actu-

al event (in this case, not being allowed to cry as a child) that led to the act of repression or inhibition of free expression.⁵

Marion Rosen's conclusion that a child's inhibition of emotional expression results in barriers to her true essence was the result of different aspects of her life. First, working with thousands of clients over many decades gave her insight into the role of expression and emotional freedom in the healing process. Another aspect was spending time with her daughter, from whom she learned about the development of the body, movement, the psyche, and emotions. She also learned a great deal about "the effects of child rearing practices upon the free and natural movement of the body"³ and the expressive abilities of a child. Finally, her own experiences growing up in Germany and the journey she underwent to come to the United States also affected her work.

Rosen's was not a unique theory, but was arrived at independently from other practitioners. During the 1930s Wilhelm Reich, once a student and prodigy of Sigmund Freud, first described how the body tightens, condenses, and compresses as a byproduct of socialization. "Armor" is what Reich called the tightened musculature which forms a person's posture. "Character Structure" is how he defined the resultant personality traits. Reich called this physical act of holding in "repression," and defined repression as a bodily or biological function.⁵ Rosen calls this holding a barrier to the person under the holding. Many contemporary somatic practices, often noted under the umbrella profession of Somatics, are based on aspects or refined versions of Reich's original theories and seek to help clients experience themselves more clearly from within. They are often practiced by body-oriented psychotherapists and bodyworkers.

TECHNIQUE

The technique of Rosen Method Bodywork is quite simple. The various parts of the technique, including the touch, the verbal part of the work, and the breath will all be described in detail.

GENERAL GUIDELINES

Rosen Method is practiced in one-on-one sessions with a client. Often clients come for relief of physical symptoms, but may also come for their own personal development; as an adjunct to psychotherapy or for spiritual growth. A practitioner will talk with a new client, usually on the telephone but also during the first session, about why she is coming for bodywork and what she hopes to receive or accomplish from the work. This is often

done while the client is sitting up, but may also be done while the client is lying on a treatment table. Prior to treatment, the practitioner will do a body reading to acquire somatic information about the client.

Usually, a client wears only her underwear and is draped appropriately to respect her privacy. Many times, however, a practitioner will ask a client to leave on whatever clothes she needs to feel comfortable and safe. He may suggest that shorts and a tee shirt or bathing suit top be worn. A client first lies prone on the treatment table with a pillow under her lower legs only. If she has cervical or other musculoskeletal problems, other pillows and towels can be used to reduce the tension in these areas. A face cradle is usually not used so a practitioner can see a client's face during the session. Pregnant women can be treated in sidelying. After about 30 minutes or so of treatment, a client is asked to turn over and lie supine for the remainder of the 50- to 60-minute treatment session. While supine, the pillow is moved beneath her knees. Near the end of a session, a practitioner will usually tell the client, "I'm going to stop in a minute or two," so a client has time to prepare for ending. After the session is over, a client may stay on the table for a few minutes before getting up, dressing, and leaving. There is often no or little dialogue after the session so a client can remain in the state of awareness from the session without having to jump back into a left brain, rational, intellectual milieu too quickly.

Clients usually come for sessions once weekly, but that will vary depending upon a client's financial situation, reasons for coming, scheduling, etc. The duration of treatment depends upon the client's needs. Sometimes only one session is needed; other times a client may come for many years. If Rosen Method is part of the physical therapy treatment, the client will come for the duration of physical therapy and the work can be integrated into the physical therapy treatment program. Prior to treatment, a physical therapy evaluation is done in addition to a Rosen body reading. Some physical therapy clients continue to come for Rosen Method after their physical symptoms are alleviated because they realize how much they are receiving and healing as a result of the work and are willing to pay for it themselves. According to Marion Rosen, "They get rid of the symptoms. From then on it is up to them to go further, to want to stay well and do more. Rosen Method goes a step further than physical therapy."²

As one client said:

I started to understand my chronic physical pain as a calling card. After years of trying to get it fixed, I saw it was a door opening for me to understand myself more fully, if only I would walk through it and not try to obliterate it. Even though my pain is often gone now, I continue to come for Rosen sessions because I want to understand my deeper self more clearly. Rosen Method has helped me understand myself and develop a new relationship with my body.

TOUCH: MORE THAN SKIN DEEP

The quality of touch used by a Rosen Practitioner is specific, noninvasive, and very sensitive. The practitioner meets the client's muscle tension with equal pressure, neither too lightly nor too forcefully. The touch might be deep or superficial, depending upon the type, depth, and location of holding, but the quality does not change. By meeting the holding equally instead of doing something to it by manipulating and trying to change it, the muscle has the opportunity to relax and stop holding as it is ready. Gentle, sometimes imperceptible movement of the muscle gives the client's body a subtle reminder of what it is like to move, something many clients have forgotten during all the years of holding.

A Rosen Practitioner has no predetermined agenda for a client. Nothing is done to make something happen in a particular way. The client's own pace of relaxation and letting down of barriers is respected, honored, and followed. In this way a client is the leader, and the practitioner, while a facilitator, is at the same time a follower, allowing the internal wisdom of the body to guide the therapy. This is imperative because people do not change until they are ready for change; a body or muscle will not relax until it is ready; a barrier needed for many years will not release until the person "underneath" is ready. A Rosen Practitioner trusts the internal wisdom of the body to help the client heal and improve in function.

A Rosen Practitioner's hands are touching much more deeply than the skin and muscle. He is touching the person, the self doing the holding and creating the barrier. As one Rosen teacher described it, "You touch the soul of the client when you work."⁶ The very essence of a client's being or self is touched, allowing the person on the other side of the barrier to come forth.

Through his hands, a practitioner can feel many things. The temperature, texture, and quality of the skin are the first elements sensed. The degree and distribution of tension, or muscle holding, can be felt. The direction of holding is also important, as it gives a practitioner information about what the client does not allow and cannot do functionally. One of the most important elements a practitioner can feel is a client's breath—its distribution or lack thereof, its depth, its fullness or incompleteness, its rhythm.

A client who had tried various kinds of therapies to ease her pain from an L5, S1 disc bulge after a lifting injury 1 year earlier described the touch as follows:

I've been worked on a lot by massage therapists, my bones have been moved by physical therapists and chiropractors, I've tried biofeedback, meditation and medication. It all helped, but something was always missing. With Rosen Method, even though it doesn't feel like much is being done during a treatment, I feel so relaxed afterward and my pain is gone. It feels like I've been seen and accepted for who I am and my body takes a sigh of relief.

BREATH

"Through my hands I talk to the body and the breath gives me the answer."² The breath is one of the most focused-on aspects of the body in Rosen Method. Although the practitioner is constantly observing the client's breath, he very rarely discusses it with the client and never asks her to breathe a certain way. This would only engage a client's conscious, rational mind and inhibit her automatic, natural, wave-like breath which appears when a client is deeply relaxed. Helping a client rediscover this breath is one goal of Rosen Method.

The breath is the guide to the unconscious since it is innervated by both the voluntary and autonomic nervous systems. With a natural, full, relaxed breath a deep wave of movement moves through the entire body. While in prone and supine, a client's breath is observable from head to knees. When a baby breathes, its entire body moves with the breath, or the breath moves through the entire body. As a child grows older and is socialized, the breath becomes limited. It is in these areas of holding that the practitioner focuses his treatment to facilitate relaxation, allowing breath to move into them. This, then, can help a client find new possibilities for movement and function in her life.

The diaphragm is the primary muscle of respiration. With its attachment circumferentially, joining the lower and upper halves of the body, it is the most important muscle in the body. When swinging freely and fully, the diaphragm gives a free 24-hour massage to many internal organs which lie adjacent to it. When it is held with anxiety or fear, constriction takes place and circulation and organ function can be compromised, respiratory capacity decreased, and well-being diminished.

The diaphragm is worked on during most Rosen sessions, and is contacted in the lower thoracic area while a client is prone and along the bottom of the rib cage while a client is supine. Indirectly, it can be treated by working in the areas of the vagus nerve in the neck. The movement of the diaphragm and the client's breathing are used by the practitioner as a guide to the client's internal unconscious process. As the held breath changes and the diaphragm relaxes, gurgling and other abdominal sounds may be heard. More of the body begins to move with the breath, and the practitioner uses this as an indication that the client is moving from a more held, repressed, or dissociated mode into a more relaxed mode where what was held in the unconscious may have a chance to surface into consciousness. While a practitioner, or even the client, may not be aware of what is happening on this level, a practitioner understands that whatever is going on for the client at this time is important. He may or may not say anything but always is respectful of its importance emotionally for a client. "This is when a client contacts her essence; this is when the healing happens."²

This change will usually happen every session, but not necessarily. One physical therapy client who came for 3 months of treatment for a cervical sprain/strain injury from a motor vehicle accident continued for over a year of Rosen Bodywork after her acute pain eased. Her original signs of cervical pain radiating into her left shoulder and symptoms of C3,4,5 rotational dysfunctions cleared with soft tissue work, muscle energy technique, myofascial release, and a strengthening/stabilization program. However, her range of motion improved only 50%. With her consent, we added Rosen Method Bodywork 6 weeks into her rehabilitation and she would then leave sessions pain-free and with full range of motion. Prior to this addition, she held herself stiffly during most of every session, although she would sometimes relax her more superficial musculature while deeper muscles stayed tense. With Rosen Method she could allow her armor to soften. After a year she began, quite unconsciously, to allow her body to relax more fully, and during one session, her breath changed—it deepened and more of her belly and pelvis moved with her breath. This differed greatly from her usual shallow chest breathing. Physically, the practitioner could feel her diaphragm move more easily and the deeper muscles of her spine soften. Movement was observable from her neck to her knees. It was not for another 2 months that she revealed the constant message she got at home in Germany as a child: to keep quiet and not talk or make a sound. If she made a sound, the Nazis might find her and her family. While she knew all of this intellectually, she had never been able to integrate this knowledge with any emotional qualities or somatic understanding. Although her original cervical symptoms had eased a year earlier, she could not enjoy the freedom of moving and expressing herself, the inhibition of which made her neck vulnerable to injury. She also had a deeper understanding of how the narrative facts of her life impacted her somatically.

VERBAL WORK

“You talk to the body and watch for a response.”² The verbal part of Rosen Method Bodywork is one way of helping clients bring to consciousness what is unconscious. A practitioner, as always, pays close attention to what is happening in a client’s body and may reflect this verbally to the client in a nonjudgmental way.

There are different ways in which the verbal part of the work occurs. Information obtained about the body through touch and vision may be presented to the client. If what is said by the practitioner has emotional truth for the client, she will respond physically, usually by unconsciously relaxing and allowing breath, or movement from the breath, to come into the held area. What is said by the practitioner is said to the body, not to the

intellectual, rational mind of the client. What is said is based on the function of the held area of the body. More on this will be described later in a section on Body Maps.

For example, a nun who was in an automobile accident and being treated in physical therapy for a whiplash injury and thoracic dysfunction was lying prone on a treatment table. While treating her mid-thoracic region, integrating Rosen Method with soft tissue mobilization, the therapist said, "This area (rhomboids, middle trapezius region, bilaterally) seems to have forgotten how to receive." The client's breathing broadened to include this previously very tense area, and became deeper and more relaxed. After several minutes she responded, "Just before you said that about forgetting how to receive I thought to myself, 'I've been taken advantage of a lot.'" She sighed deeply and her entire upper body flowed with movement as she breathed. She had inhibited reaching out to receive (protraction of her scapulae) in order to not feel the pain of being taken advantage of.

Another client, a 42-year-old woman whose 2-year anniversary of her breast cancer diagnosis was on the day of treatment, had a great deal of tension and holding on the left side of her thoracic spine, just behind the heart. The practitioner's words, "This is where we sometimes hold when we feel betrayed," led to the patient crying and saying, "I've had a lot of that." However, her body did not respond to this; there was no relaxation or change in her breathing. The practitioner, thinking that the betrayal had to do with her body developing cancer, did not respond verbally. He maintained contact with her through touch. A few minutes later, as she stopped crying, she said, "My boyfriend broke up with me just after I was diagnosed." With this her diaphragm quivered with several breaths, then relaxed, and her back began to move and her breathing deepened. Her true feelings of betrayal had to do with her loss of relationship, not with her cancer. She had been referred to physical therapy for burning pain in her upper right thoracic region and decreased range of motion of her right shoulder as a result of a complete mastectomy. Her burning pain ceased and her range of motion increased to normal after this, her fourth treatment. She had been protecting herself from the emotional pain of feeling abandoned by splinting with her musculature. During subsequent physical therapy treatment, she was able to do the therapeutic exercises to strengthen and stabilize her upper body, which she had not been able to do previously because they reinforced her tension pattern and increased her pain.

Other times, clients will talk during a physical therapy treatment. As always, a practitioner pays close attention to the client's body to follow the emotional truth of the client. When the body responds, a practitioner may reflect back to the client what is happening in her body. There will be times when no verbal response is given but the contact with the client, through touch and awareness, is always maintained.

As a practitioner was mobilizing the thoracic spine of a client with a severely stiffened spine and strong spasms of her paraspinals due to neuromuscular changes resulting from pernicious anemia, the client was talking about her difficulties doing things around the house. She talked about her frustration at having to quit her job and shame about having to apply for MediCal (Medicaid) after losing her health care insurance. Although she was talking about very difficult events and the emotions she felt because of them, her breath did not change, nor did her held areas move any differently. She complained, too, about how her son just does things for himself, never wanting to help her. Her body tensed, particularly the back of her neck. She then started talking about how hard it had been for her 12-year-old son "having a mom who he has to help up and down the stairs because my balance is so bad." Her back started to relax a little and her breathing deepened. The practitioner reflected this back to her, "You have a lot of feelings about what your son must be going through." One tear rolled down her cheek; she breathed deeply and said, "That is the hardest part." Her body continued to relax as she lay on the table quietly. When she walked out of the clinic, her gait was more fluid in its rhythm, she could allow her legs to move at all of their joints without the scissoring hip pattern and locked knees, and her balance was better than it had been for 2 months.

Sometimes, a practitioner will have an image or thought independent from what a client says or, apparently, from what is happening in a client's body. This intuition might be verbalized to the client. If it rings true for the client, her body will respond. If not, the practitioner disregards it and realizes it is his own image and not one of the client's. This mode of gathering information can be effective but is also somewhat less reliable and must be used very cautiously.

For example, toward the end of a quiet, uneventful session, the practitioner kept seeing the color blue even though there was no new blue object in the room. After several minutes, the image of blue reappeared and the practitioner said to the client, "Does the color blue have any meaning to you?" With a deep sigh, the client described how the room she had as a little girl was blue. It was the only safe room in her house because her older brothers were not allowed in. This meant they could not "torment and hit me like they did outside. I would spend a lot of time in there. I have very fond memories of that room." As she was putting her clothes back on, she described how she was feeling more at ease in her body, "like the feeling I would get when I hid in my room."

BODY READING

A Rosen Practitioner will begin assessing a client's body as soon as she walks in the door of the office. The practitioner observes how a client moves and how and where she is hold-

ing tension and does not allow movement, distribution of body weight and density, breathing pattern, symmetry from top to bottom and side to side, and pace and aliveness of movement. Voice tone and quality as well as skin color also are noted. The practitioner is looking for areas that the client holds back, down, in, etc., and does not allow fullness and expression in her life, and areas where she allows herself movement and fullness without holding.

A client may have a compressed or inflated chest, elevated and pulled back shoulders and tense neck, held-in abdomen, erect or collapsed spine, pinched buttocks, legs held tightly together or spread apart, knees locked or collapsed, feet held toes up or dragging, or a client may exhibit other postures. The way a client holds herself reflects her internal unconscious processes and affects her ability to move. A practitioner will observe this while a client walks, undresses, and gets on the treatment table.

He will not interpret why a person holds tension in a particular way. This is allowed to unfold during the healing process. Even if a practitioner has some idea or thought about a client's stance or attitude in life, he will not burden the client with his own interpretation because the client's own somatic experience is the most important.

Part of the body reading will be performed tactilely as well. A practitioner may have a client stand while he palpates areas of her body that appear to be held or tense. A tactile body reading is the first thing done during each session while a client is lying on the treatment table. A practitioner gently runs his hands along the client's body, feeling for areas that are held and not moving with the breath.

This visual and tactile information, in addition to the client's verbal description of why she came for treatment, is used to help guide a practitioner to areas of treatment.

BODY MAP: FUNCTIONAL ANATOMY

Marion Rosen uses the body as a guide to understanding a client's emotional barriers. She maps the body based upon the functions of each area of the body. While these are generalizations, she has discovered a relationship of body segments to emotional holding by treating and listening to thousands of clients. To describe her map she uses common, heartfelt language a client will easily understand. Her map is as follows (see Figure 3-1).^{2,3}

NECK AND TOP OF TORSO

Emotions of anger and sadness are held here. The scaleni and omohyoid are involved with holding in tears and yelling because these are the muscles used for expressing these emotions. The back of the neck bulges and hardens as a person holds back anger.

Responsibility may be reflected as tensely elevated shoulders, such as when a person “carries the world on his shoulders.” Other emotional expressions include hiding, cringing, surprise, being wide-eyed, vigilance, etc.

HEART AND MID-TRUNK

Feelings towards others are held back by this area. This is the area of love on a personal level. When held back through the scapula, it is difficult to reach out to give and receive, and challenging to be creative. It is holding or pushing others away. A caved-in chest may reflect feelings about being loved, and tension behind the heart, as though one has been “stabbed in the back,” is a way to protect the heart. An upright citizen might hold her spine erect and not allow flexibility in her life.

DIAPHRAGM

This is the most important muscle in the body because it is the primary muscle of respiration, and therefore, the link between the conscious and the unconscious. Fear and anxiety are held here. When relaxed and swinging freely, massaging the internal organs, a person will experience and feel self-acceptance and surrender—surrender to love.

PELVIS, DEEP IN THE BELLY

The pelvis is the body’s support, and holding here may reflect a person’s experience of feeling too much or too little support in life. Digestive problems and sexuality issues may be stored in this area as well. Held in this area are fear and repression of the deepest love. When this area lets go, true, deep love is experienced. “The emotion most held back is love.”³

These are general guidelines; each client is unique and different and may experience barriers or tensions with different emotional roots. Many aphorisms describe body function but originate in emotional processes, including: keep a stiff upper lip, put a lid on it, hold your tongue, a gut feeling, kick up your heels, stand your ground, dig in your feet, hold your position, caved in under pressure, keep at arm’s distance, hold it together. These and many more are physical descriptors of internal emotional processes that require muscular effort to maintain. Prolonged effort or tension can lead to vulnerable areas of the body which, paradoxically, was used as a protective mechanism by the client.

EXERCISES

Rosen Method is taught largely by apprenticeship. The 2-year classroom training includes many, many hours of practicing the work and is followed by a 350-hour internship with a supervisor. To give the reader a taste of the type of touch used by a Rosen Practitioner, the following two exercises are provided.

Some thoughts to keep in mind while you practice are:

- Your hands can listen and feel as well as touch.
- You are just meeting the client's tension, not trying to make it change.
- Be curious about who the person is who is doing the holding—who is under the barrier. This is the essence you are meeting.
- What do you feel (including tense areas, areas that move, the breathing pattern and location, temperature, etc.)?
- Does the client's body change as you touch?

Your partner can give you feedback about your touch by answering the following:

- Do you feel met?
- Is the pressure too much or too little?
- How engaged in the process do you feel?

HEAD, NECK, SHOULDERS

A client/partner can sit in a chair in front of the practitioner, who can stand or sit behind the client. The client can, if she is comfortable, remove her shirt or lower her collar enough so the practitioner can see and feel her neck and shoulders. Practitioner, rest your hands on your client's shoulders, just feeling her body in this area. After several minutes of feeling the tension, temperature, and breath, begin to adjust your pressure to match the client's tension. You may move your hands around or leave them in one place for now. Again, observe, through your hands. When you feel ready, begin to explore other areas of her shoulders, neck, and head. Always just meet the tension; be curious about it and do not try to make anything happen. Continue for 10 to 15 minutes in these areas. After you are done, you and your client/partner can discuss your experiences and then trade places.

BACK WHILE PRONE ON THE TABLE

The client/partner will lie prone on a treatment table with her back exposed and her lower legs on a pillow. The practitioner will stand alongside the table and place his hands on the client's back. Again, you are just feeling her holding or tension and not making any-

thing happen to it. As in the first exercise, observe all the same autonomic nervous system functions. After several minutes, begin to curiously explore your client's back, meeting her tension as you empathically and respectfully move your hands. When you find areas that are held, remain with them for several minutes and note what happens. Continue for 10 to 15 minutes. After you are done, you and your client/partner can discuss your experiences and then trade places.

ROSEN METHOD MOVEMENT: "PHYSICAL THERAPY IN REVERSE"⁷

In 1956, Marion Rosen was asked how to prevent aches and pains between physical therapy treatments. Her answer to this question was to develop a movement class combining the exercises she had given to many of her private patients with her love of dance. She called it "physical therapy in reverse" because it focused on prevention of musculoskeletal problems.

The movement exercises in a Rosen Movement class use music and rhythm as adjuncts to movement because they help facilitate participants to move. Classes are about 45 minutes long and focus on releasing held areas so expansion and mobility are permitted. Marion Rosen designed the exercises around range of motion exercises so all joints in the body are moved in all directions, softening and toning muscles, increasing joint range and overall flexibility. Because the breath is a vital part of Rosen Method, movements encourage release of the diaphragm so the chest cavity has more space for breathing.

Some of the primary objectives of the movement classes include lubricating all body joints, expansion of the rib cage, lengthening of held muscles so habitual movement patterns can be modified and the body can reshape itself without pain, increased body awareness, prevention of injury, movement with joy, increased choice of movement, and social interaction.

The class provides a fun, social environment during which relaxation of the body is followed by simple, slow, single joint and double joint movements. Then, faster and more complex movements are added. Movements are always pleasurable and should not cause pain or discomfort. A significant part of the class consists of pausing for breath. This allows time for slowing down and conscious body awareness before starting more complex movements. The classes often end with large dance-like movements and movements with partners.

The movement classes can support the bodywork as a way for a client to feel movement with ease and relaxation. As an adjunct to physical therapy treatment, the move-

ment classes provide an excellent source of exercise that is not painful but does require strength, endurance, and agility. Particularly for clients who cannot participate in rigorous exercise, the Rosen Movement classes provide a form of exercise as well as a way to limit the possibility of exacerbation.

SUMMARY

In Rosen Method Bodywork, healing does not necessarily mean fixing, as in contemporary physical therapy. While this does happen, and a client may no longer experience symptoms she had been having, it is not always the goal. Instead, a deeper healing process which includes mind, body, and spirit is engaged so a client will grow into her wholeness.

Unlike physical therapy, Rosen Method is about doing very little beyond being fully present with a client. It is a work that expands a practitioner's scientific, rational left brain approach into his intuitive, creative right brain. As Oliver Sacks wrote, "[I had to give to the] active, ordering masculine self which I had equated with my science; my self-respect," in order to heal.⁸ It requires trust in the client's ability to heal without specific goals and guidelines set forth by the practitioner. When integrated with contemporary physical therapy, such as manual approaches, exercise, body mechanics, neuromuscular re-education, etc., a client can participate fully in her own healing process while also relying on the therapist for his knowledge and expertise.

Is all pain emotional? Marion Rosen is often asked this question.

No, but all pain has an emotional background. How you deal with a structural problem must include this. What a person brings into healing, what her life experiences are when her pain started affects how she will heal. Pain results from the feelings that are held back, not expressed. They are the feelings left in the body when the event occurred that matters. What happened doesn't matter; how you hold is what matters.²

Rosen Method is concerned with facilitating a client's ability to express herself and her body's healing capacities for a fuller, richer, and healthier life.

REFERENCES

1. Hanna T. *Somatics: Reawakening the Mind's Control of Movement, Flexibility, and Health*. Boston, Mass: Addison-Wesley Publishing Company, Inc; 1988.
2. Rosen M. All quotations from Rosen were taken between 1985 and 1987 during the author's training in Rosen Method Bodywork and in 1994 during personal interviews.