Leave Taking and Relationship Endings in Rosen Method Bodywork Sessions

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Abstract. How does a practitioner end a Rosen Method Bodywork session? This article answers the question by reporting the author's personal experience as a client and a practitioner. Views about ending are also reported from Mary Kay Wright, Sandra Wooten, Robin Winn, and Louise Barrie, among others. Insights are also brought from psychotherapy practice and research on attachment, neurobiology, and trauma. The author suggests three types of endings for the practitioner: leaving and not returning, leaving and returning for closure and connection, and staying in the room until the client leaves, as well as how to assess a client's needs for one or another type of ending.

"I am on the table deep in my internal process at the end of a session and Georgia, my practitioner, leaves the room. I have some time to be with myself, gently getting up and dressed. She returns in a few minutes and her calmness supports me. Sometimes we talk for a minute or two, still connected to the session. I often relate an insight to her that came to me while I was alone. I like this sharing, letting another know my deepest thoughts. I feel completeness with her as part of my session." (Abby*)*

"I very much like when my practitioner leaves the room and does not return. It gives me time alone with myself and with what happened in the session . . . it often happens that there is more unfolding, information rises up or I feel the sensations and can sit with all the movement taking place within myself." (Joy)*

"What stands out for me is the degree of dissociation that marked my experiences of being in session and my vigilance and anxieties associated with touch . . . there were times when I was very triggered and shaky and the ending was quite unbearable . . . at times like that (when my practitioner stayed in the room while I got off the table and dressed) I appreciated the continuity." (Laura)*

**All names mentioned above are fictitious.*

Why do we conduct sessions one way or another? How do we decide how we will begin and end sessions? As we can see from the above examples, there are different ways to end sessions. There are also different ways to begin sessions, and many, many different avenues to take during a session. This article will deal with the process of how relational issues take part in many of those decisions in Rosen Method Bodywork sessions. It will also address the clinical training and subsequent practice experiences that have influenced and shaped the session formats. With comments from teachers, practitioners and clients, I will bring a variety of points of view about how and why sessions are structured the way they are. Clinical research and theory related to attachment, emotional regulation and resonance provide some of the current thinking which can help us understand the often intuitively felt, but difficult to describe, decisions that we make about these important issues.

I remember once in a group Rosen supervision session when I was the "body" and a fellow student was working on me. I experienced a very lonely place of 3 year-old abandonment. My mother was about to give birth to my twin brothers; I had chicken pox and had to be sent away so as to not put my mother and the new babies at risk. I went to stay with elderly relatives who did not have children. The felt memory that emerged in the session was when I was quite sick and alone in a dark room; I felt awful. The session ended and the group started to move away to give me my time alone and privacy. It was unbearable for the state I was in and I knew in that instance that I could relive the experience in myself, or change the experience. I chose the latter, and asked someone to come back and be with me. Joyfully, all of the group returned and put their hands on me and I had the opportunity to have the feelings shift into feeling held and connected to others.

I learned to conduct a Rosen session in my training with Marion Rosen and Louise Barrie (who has since developed her own work called Huma) beginning in 1983. Sessions began with the client coming into the

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bodywork office and taking off some or most of their clothes and getting on the bodywork table with me in the room. If a client seemed uncomfortable with that arrangement, the practitioner would leave the room, and return after the person had disrobed in private, gotten on the table and was under the sheet placed there prior to the client's arrival. The session would then occur. When the session ended, the practitioner would alert the client that she would be ending soon, leaving the room to give the client time to get up and dressed, and that she would return in a few minutes.

As I remember, this practice was not so much directly taught during the training but was modeled for me by practitioners I went to, and between students in practicum. Another way I learned this form of ending occurred in supervision sessions during my internship. The session would end, I would leave the room with my supervisor; we would speak briefly about the session then return to the room where the client was to check in briefly after the session and acknowledge the next meeting (or in the case of a one-time supervision arrangement, appreciation and perhaps payment). This model of coming back into the room at the end of the session to check in with the client fit well with my physical therapy practice where I was accustomed to checking in with clients after a treatment to assess the effectiveness of the treatment. This ending also was compatible with my affinity to be in relationship with the wholeness of the client, which included face to face connection. It was also reinforced by my own Rosen experiences, such as the supervision session mentioned above. Ending this way seemed to give a sense of completion to the session.

However, from very early on, I was aware that neither Marion nor Louise ended their sessions by returning to check in with the client. For both of them, though for different reasons, the session ended when they took their hands off and left the room. Future sessions and financial business had been taken care of at the beginning of the session, or some other arrangement had usually been made to address these issues. Marion had another room available, and would go directly to see her next client. She might say to a client, as she left that she would be nearby in the next room, letting the client know she was still available (Barrie, 2008). Louise, who also had a second room at the time, ended the session, and did not come back into the room, not for practical reasons, but because she believed the client experienced connectedness within themselves at the end of the session, and she did not wish to interfere with that process by returning (Barrie).

Rosen and Psychotherapy Endings

After several years of being a Rosen Method Bodywork practitioner, I began to feel I needed and wanted more training in the aspects of the clinical relationship between the client and the practitioner. I had noticed that clients sometimes made projections and assumptions about me or about the work which were to different degrees quite inaccurate. I did not fully understand these projections and relational dynamics. There were deep psychological, emotional and traumatic processes at work in sessions which I found fascinating and compelling, and I yearned for a deeper understanding of them. At that point, I pursued training in Somatic Psychotherapy and then Clinical Psychology. Over time I began to notice differences in the structure of Rosen and psychotherapy sessions and to wonder about them.

Psychotherapy sessions begin as do most Rosen sessions; the client comes into the room and the practitioner and the client are together. There is continuity in contact between therapist/practitioner and the client verbally, somatically and energetically. However, psychotherapy sessions end differently. Neither the psychotherapist nor the client leaves the room. As the session ends, the client and therapist stand, keeping the connection of the session as the client leaves the room.

I continued with my usual Rosen endings in bodywork sessions; that is, leaving at the end of the session, and then returning for a few minutes to reconnect and end with the clients. At the same time, I continued the usual format for psychotherapy endings with my psychotherapy clients. I began to wonder if there was a difference for my clients in these different kinds of endings. Of course, with the psychotherapy clients, there was no need for the privacy of getting dressed at the end. But I ended Rosen sessions with clients who undressed in the same fashion as I did with clients who did not undress, that is by leaving the room and then returning. I felt that this gave the client some time to integrate and absorb the session, linger alone with the felt sensations and emotions that may have emerged, and perhaps shift states if needed, from deeply relaxed or emotional, to being more ready to engage with situations which required more alert states.

In my psychotherapy sessions, I found it hard to imagine getting up from the deep interpersonal connection I felt in face-to-face contact in a psychotherapy

session, and leaving the client. In a psychotherapy session it feels right that the client take their leave from me, at their pacing (within the arrangements of the session time). The bond that is formed in the session goes with them as they leave; I do not break the connection by leaving the room. They are also perhaps not in such deep states of consciousness as they end, more attuned to the timing of the session and preparing themselves more consciously to end.

As I was becoming a psychotherapist and noticing these differences, I found that with certain Rosen clients in certain phases of our work together, leaving the room felt awkward to me, or I was picking up stress signals from the client. It felt at times wrenching. The client would be in a fragile or agitated state, not deeply connected to a grounded place. I felt concerned that I might be recreating abandonment issues by leaving. I felt the bond between us weakening at times when they were in some very young or vulnerable state. [I asked myself 'Was I more receptive to these states in my clients because of my own early abandonment situation? Was I being aware and careful in my sorting through my own issues and not imagining that my feelings were theirs?'] And yet, addressing these issues after I came back into the room did not work. At times the client would have shifted so completely out of the vulnerable state that it was not quickly accessible to be addressed.

Over time, with much thought, I decided to try adopting the psychotherapy model to the Rosen session for some specific clients. I did this to see if this approach would facilitate a more cohesive experience for the client. I hoped that facilitating the ability of the client to have touched into deep places and be both seen and connected to in those states, without a break in relational contact, would provide more inner stability for them. What I wanted to happen at the ending of a session was a transitional process or a settling into a different state from what was going on during the session, a resting place of completion and inner connectedness. For these certain clients at certain times in their treatment, when these more fragile or vulnerable states existed at the end of a session, I ended the session taking my hands off and telling the client that I would stay in the room and they could take some time to get up and get dressed. I would then give them privacy by moving to the other side of the room, looking out a window, or sitting quietly with my eyes averted. As they dressed, I might change the table, performing a routine and quiet activity. As they finished dressing, or even while they were dressing, they might initiate some verbal contact consistent with what had arisen at the end of the session. The session would then end as we said our goodbyes and they left the room taking their calmer, more grounded, more resonant mind/body state and an unbroken relational connection with them. In paying attention to the client's state, I found that my being in the room was calming or containing and facilitated a more grounded result within the client.

Interviews with Practitioners, Teachers and Clients

As I thought about these processes, and experimented with the form of ending sessions, I found interviewing other Rosen practitioners about this helpful. I noticed that the issues I was dealing with and the decisions I made mirrored those other practitioners had also grappled with. In the process, they too had found their way to alternative modes of practice depending on specific situations with specific clients. I asked practitioners about beginnings and endings, and variations from their usual practice, as well as where or how they learned to formulate sessions originally.

Mary Kay Wright: *Beginnings:* I generally have the client go into the bodywork room, close the door, get undressed, and get on the table. I give them a few minutes, and then I come in, when they are already under the sheet. I used to stay in the room as the client undressed. I learned to not do that through feedback from several clients, with different reasons, who really did not like the lack of privacy. *Endings:* I usually tell the client that I am going to end the session a minute or two before I do, so they can adjust to the change that is coming. I complete my session, leave them on the table, leave the room and close the door. He or she gets dressed and comes out to the waiting room; I then do scheduling, finances, etc. This provides very clear boundaries for the session, allows privacy and a clear distinction about what kind of conversation is occurring. I do not want to have social, clinical and business dynamics all mushing into one another. I also want to give the person time to settle into the table at the beginning, and time to come back into the room at the end of the session, in his or her own way without any sense of being observed by me. *Variations:* Probably in a million ways depending upon the circumstances in the moment. I might stay longer with someone who is too unsteady or altered. I have gone outside with clients and walked a bit with them to make sure they are grounded enough to drive, I have offered food or water to help people get grounded or had people

stay in the office for awhile. I have stopped sessions early if the person got too flooded. I am responsive to what is needed and what I observe.

Sandra Wooten: *Beginnings:* I begin sessions by greeting my clients as they walk into my office. For many on-going clients . . . the client undresses (with me in the room). For new clients, I ask them into the office and inquire as to if they have had bodywork before (in addition to having asked that question in the phone interview). I take my cues from them and if I sense any hesitancy I say I will leave the room while they get on the table, and then I knock before I come back in. I learned from Marion Rosen to stay in the room as the client got on the table so that she could see people's postures and how they moved in getting on the table. *Endings:* I end my sessions by telling my clients I will be stopping in just a minute, for them to take a moment on the table for themselves, then to get up slowly and that I will come back in about five minutes, and will knock before I enter. We then schedule the next session. I would prefer to have two offices so that I could let the client have (more) quiet time on the table at the end. Although I learned from Marion to leave the room and not return, I have developed my own style over the 30 years I have been practicing. *Variations:* There have been a few times when I ended the session a few minutes early and sat with the client with my hand on their arm for a few minutes. Since I take each situation just as it is, I follow whatever cues I sense (from the client).

Robin Winn: *Beginnings:* Many clients leave their clothes on, which means I don't ever leave the room. I always ask new clients if they prefer that I stay in the room or leave as they undress (a client taught me this by becoming furious with my insensitivity – she had abuse issues and it was triggering for her for me to be in the room). I am open to however the client wants the session to begin in that regard. *Endings:* Mostly I leave the room and do not come back in. I prefer to end that way because I think it gives the client their own experience without having to re-enter the social world or focus externally. However, if a client has an ego structure that needs the additional contact to ground, I return. Rarely do I stay in the room while a client is dressing after a session. But I assess this either intuitively or by asking the client if they would like me to stay or come back in. I usually explain to new clients the benefit of me just leaving. Sometimes a client, for whom it is usual that I leave the room, will need me to return, and that is usually obvious and I offer that in the moment. *Variations:* Those already stated. A comment on how my practice has changed: I think I learned to re-enter the room from learning as an intern, where I was working with peers, and we would check in after the session to see how it was. I think it was also modeled by my early practitioners.

Louise Barrie: Although Louise's work has changed in focus and intention and is now called Huma; she was a Rosen practitioner and teacher for many years. How she begins and ends sessions has not changed since doing Rosen. As my former teacher and a colleague I and many Rosen practitioners continue to study with, I wanted to include her comments. *Beginnings:* I don't stay in the room while clients are getting undressed. I come in after they are on the table. *Endings:* I leave the room and I don't come back in. But several minutes before I end, I tell the person that I am ending and before I end, I know that the person is solid, because of what I feel under my hands. I wait until I feel the quality of resonance. I wait until I feel that they are sitting in themselves. The reason I do this is because I feel that the nervous system needs the time to register the change without the distraction of the social connection. I do go back into the room with a new client to check in and schedule; if they become regular clients I let them know that I am saying goodbye at the end of the session. *Variations:* If there is some question about whether a client is connected to themselves, I might not leave the room, I might walk with them; there is something about being with somebody that grounds them. I have walked around the block with a client to help them get grounded. It might be some quality of dissociation that I am feeling. I never let anyone leave like that.

Comments from other practitioners: *Beginnings:* The client comes in and sits and we greet each other. I usually take care of money and scheduling before the session. They may tell me some things, we take care of business, and then I ask if they are ready to get on the table, or if they would like me to leave the room. I do (often) leave the room because I myself like to get on the table in privacy. *Endings:* I listen to what clients want the end of the session to look like. There are people who want to see me before they leave and so I do come back into the room. I'm comfortable doing what seems to be needed by the client and don't have a set way. Another practitioner described *Endings* being usually to leave the room, and then come back in after five minutes or so to reconnect and end the session. However, she has some clients who have asked her to stay in the room at

the end of the session, while they dressed and then left the room. She has incorporated that process in response to client's needs and desires. One practitioner describes how she feels at the endings of her own Rosen sessions with a practitioner who leaves at the end of the session and does not return. "I am a person with early abandonment issues and this usually plays out in the 'I'm going to be ending' phase. I tighten up preparing for the separation but then left alone, I am an adult who just had a Rosen session and can decide how I want to enter into the world/life again."

Many practitioners, including myself, have changed how they practiced over time, as they gained experience. The change can be profound for the client who would benefit from a different form. One of my clients describes the difference for her in the endings of the Rosen sessions when I left the room and returned, and when I stayed in the room as she got off the table, dressed and then we said our goodbye.

> The intensely vulnerable places in myself that I touched during many of the Rosen sessions were new to me – leaving the office in such a state of openness and vulnerability felt like walking out naked, or maybe without skin. When you left the room, I found it easier to "regroup," to put myself back together in a way that seemed necessary in order to go back out into the world – putting my clothes on and at the same time putting my 'skin' back on! When you stayed in the room while I was dressing I could remain more connected to those intensely vulnerable places I'd get to in the Rosen session. It was a way of bringing together the work on the table with face-to-face relationship. Literally and metaphorically, I would see that you saw the vulnerability in a way that was much more direct than when you left the room. What I remember about the issues I was addressing at the time you ended that way was that they were connected to states of intense longing and vulnerability. I guess in a way I was letting go more completely of my 'competent self' and letting the young, helpless childlike part of me be held in the room . . . I can see how ending sessions with you in the room helped me be more vulnerable with you; and, ultimately helped me bring that vulnerability into my day-to-day relationships and to integrate it with the 'competent self' as I realized that these parts of me didn't need to be at odds with each other.

Theory and Research

As I investigated the issues related to the session itself and to ways to end the sessions, I also found current attachment, trauma and neurobiological research and theory helpful. Attachment theory addresses the practitioner/client relational issues; trauma literature is relevant to many of the issues particular clients deal with. There is currently much in the neurobiological literature on both attachment and trauma which helped me understand what is actually happening at a physiological level during Rosen sessions.

How a given practitioner and a given client mediate and/or navigate the emotional and physical spatial process of relationships can depend greatly on the attachment processes each has undergone in their own lives. One way to understand how and why we might comment in a particular way, or end our sessions in a particular way is to look at Attachment Theory formulated by John Bowlby, a developmental psychoanalyst (Holmes, 1995).

Attachment Theory is in essence a spatial theory: when I am close to my loved one I feel good, when I am far away I am anxious, sad or lonely . . . Attachment is mediated by looking, hearing and holding: the sight of my loved one lifts my soul, the sound of her approach awakes pleasant anticipation. To be held and to feel her skin against mine makes me feel warm, safe and comforted . . . Via the achievement of (attachment) proximity, a relaxed state (occurs) in which one can begin to 'get on with things,' pursue one's projects, *explore* (p.67).

Good attachment is involved with a primal sense of security and ability to trust. "We can endure rough seas if we are sure of a safe haven." (Holmes, 1995).

Allan Schore (2008), a psychologist, describes this state (of attachment processes) as it develops from infancy. "Individual development arises out of the relationship between the brain/mind/body of both infant and caregiver . . . Attachment experiences shape the early organization of the right brain, the neurobiological core of human unconscious" (Schore and Schore, in press). And Daniel Siegel (1999), a developmental psychologist describes how attachment processes shape the brain, (and thereby future relational abilities includ-

ing the clinical one). "Caregivers are the architects of the way in which experience influences the unfolding of genetically preprogrammed but experience-dependent brain development . . . Human connections create neuronal connections" (p. 85).

In *A General Theory of Love*, Thomas Lewis (2000) elaborates on this theme by discussing the connections between animal and human neurobiology. He discusses the commonalities of neuroanatomical structures such as the emotional centers of the limbic system and the physiological similarities in bonding hormones such as oxytocin. Humans and other mammals are hardwired for connection from birth.

What happens with that physiology in our own early primary relationships affects how we regulate ourselves as practitioners. Within a Rosen session there are ebbs and flows of more or less arousal and relaxation in the client. As well as feeling muscle tension and tracking breath, we experience these client state shifts internally through our own nervous system. We notice visceral sensations, tightening in the gut, or holding our breath; we notice our racing or calm heart and are aware of our own emotions. Our own abilities to have, regulate and eventually track our automatic processes are formed very early on in our own relationship with our parents and significant others. Schore (1994) describes how this begins with the affect of the parent/caregiver on the developing nervous system as she stimulates excitement or calms a baby down.

> The early caregiver acts as a social (regulator) during *reunion* episodes, acting to shift the infant from parasympathetic-dominant to sympathetic-dominant autonomic nervous system activity. The mother acts as a socio-affective stimulus which arouses the infant's nervous system . . . (and) the toddler's newfound exhilarated mobility is reestablished. She also acts to modulate non optimal high levels of stimulation, thereby down-regulating supra-heightened levels of sympathetic arousal, and elevating parasympathetic dominance (p. 107).

Through early and continuing dyadic processes, we as practitioners have optimally achieved a balance in our own beings between excitement and calmness. We have learned how to tolerate emotions within the context of a loving and supportive relationship with parents or others who could tolerate and regulate their own emotional states, either as children or through work on ourselves as adults. When in a practitioner/client dyad, we are then ideally in a state of "resonance." This is a state in which, according to Sandra Wooten (1995), a client and practitioner are in touch with each other and a "sympathetic vibration, which resounds on emotional and spiritual levels, (occurs) . . . In this state, two people experience a profound level of communication" (p. 24). She goes on to define somatic resonance as the "matching that takes place with gentle, therapeutic (Rosen Method) touch, between client and practitioner, allowing enhanced inward awareness and perception for both."

This relational process is also addressed by Stephen Porges (2004), a psychophysiologist who describes how the activity of the autonomic nervous system supports relational connection. The ventral (front) vagus nerve is engaged with providing the right amount of parasympathetic activity for the heart, lungs and guts while a person is engaged with another in talking or listening, laughing and breathing easily in relaxed safety and comfort.

Rosen, Trauma, and the Attachment Process

In a Rosen session the process of transitions happens more quickly or slowly depending on the client's process and the practitioner's ability to feel into what is going on with the client and this dyadic relational process between them. Way before the ending, there are many processes going on which will ultimately affect the state of the client at the end.

Sandra Wooten (1998) describes both her observational skills and her internal process.

> When I am working with a client, I notice the shape and posture of her body. It tells me a great deal about her life experiences and how she presents herself in the world. I watch, feel and listen to the client while at the same time drawing on my own experience, internal awareness, and knowledge in order to assist in the unfolding of the client's process (p.239).

As the session occurs, the client's body responds to the position he is in, the ambient sounds and smells in the room, the way the practitioner touches him. The client's body may physically respond in some way that the

practitioner notices and she may mention this to the client. The client may or may not respond to this feedback and the physical being may change again. Perhaps the breath has opened and the practitioner speaks about this; the client becomes still as he tries to notice what the practitioner has said, or has an image or memory. And then he breathes again deeply and we say "yes." This process continues along, or it gets side-tracked, or stops altogether for any number of reasons. But the dyadic process of client and practitioner interacting continues until the ending. The practitioner continues to observe with their eyes, ears, hands and internal felt sense their own process and that of the client. And the client continues to reveal himself ever so slowly as he becomes more connected to himself. Or not.

Rosen sessions do not always slowly unfold into calmness and integration. Intense feelings toward the practitioner, conscious and unconscious affect, difficult thoughts and memories, as well as profoundly uncomfortable somatic states occur. In the several instances when I decided to end sessions by staying in the room, it had to do with the client being in a phase of their work where they experienced being in a very young and often vulnerable state, sometimes related to significant early abandonment, sometimes to traumatic abuse or neglect. According to Philip Bromberg, a psychoanalyst (in Schore, 2007), problems which occurred during early childhood affect the nervous system in significant ways.

The reason that developmental trauma (also termed relational trauma) is of such significance is that it shapes the attachment patterns that establish what is to become a stable or unstable core self . . . Trauma at any point in the lifespan is linked to autonomic hyperarousal . . . a chaotic and terrifying flooding of affect that can threaten to overwhelm sanity and imperil psychological survival (p.755).

There is much research on the effects that maternal stress has on the developing infant. High levels of emotional regulation difficulties and diminished function in the neocortex and limbic area, the areas responsible for autonomic nervous system and emotional regulation are found in the child (Sutter, et al, 2007, Siegel, 1999). In a Rosen session these problems can be seen with a client flooding, feeling overwhelmed by emotion, having strong negative or positive feelings about the practitioner, as well as hyperarousal in the autonomic nervous system functions.

More severe trauma situations which affect clients in sessions are described by Porges (2004) with his model of the Polyvagal System. In situations where a client has been trapped and unable to successfully 'fight or flight' an attack, the nervous system shifts to a life preserving mode. There might be initial strong fear or terror with high heart and breathing rates, followed by a quieter, 'death-feigning' mode. This might be seen as a client shutting down or experiencing a dissociated state. Peter Levine (1997, Hoskinson, 2008) refers to this as a freeze state, which can be observed from a very still and hypotonic state to a more tense state depending on the stage on that continuum.

According to Bromberg (2007), adult psychopathology is the end result of the prolonged necessity of an infant to control physiologic and affective states while lacking an experience of human relatedness and trust in the potential for reparation (in Schore, 2007). While in Rosen we would not use the language of psychopathology, the clients I changed practice form with had these early attachment and/or traumatic situations. Early loss of mother, sexual abuse and severe maternal depression or anxiety, were themes which affected the lives of these clients. Trust in others or in themselves was often not available to them. They did not have a sense of internal security in which to rest.

Regulation and Decisions on Endings

Theoretical and neurobiological insights into the client's processes can provide information to inform both the session itself as well as the ending. Just as a parent regulates the child's nervous system, a Rosen practitioner can provide a regulatory presence for the client. Through the calming influence of a gentle touch, the parasympathetic influence of the practitioner can "down-regulate super-heightened levels of sympathetic arousal and provide parasympathetic dominance." The tone of voice, inflection, speed and rhythm of speech, body postures and movements of the practitioner all can contribute to the establishment of safety, and an unconscious experience of a healing environment. Schore (in press 2008) states that studies related to developmental attachment issues have direct relevance to the healing process based on the "inter-subjective right brain-to-right brain emotion transacting and regulating mechanisms in the caregiver-infant relationship and the therapist-patient relationship. Details of the therapist's posture, gaze, tone of voice, even respiration, are recorded and processed (by the client). A sophisticated therapist may use this processing in a beneficial way, potentiating a change in the patient's state without, or in addition to, the use of words."

Throughout a Rosen session, resonant and regulatory decisions are being made moment to moment. With more understanding of the relational importance of regulation, we could then ask about endings in particular, i.e., "When might one use these different endings?" Three kinds of endings have been identified in this article: 1) Ending a session at the time of the close of the bodywork, leaving the room and not returning; 2) Ending the bodywork portion of the session, leaving the room to give the client time to integrate on their own, return to the room to continue connection with the client, and allow the client to leave the practitioner; and, 3) Ending the bodywork portion of the session and staying in the room as the client gets up and dresses, providing continuity in connection – the client leaves without a break in the relational processes.

I think that the relational abilities and affect regulation issues with a particular client at a particular time can be useful guides to assessing the manner of ending. Endings can provide another avenue for healing trauma, nervous system dysregulation and relational difficulties. It may be possible to know that this will be a clinical need in the ongoing treatment of a particular client. This table is offered as a way to think about different kinds of endings.

Type of Ending	*Clinical Issue*
1) Leaving at the end of the bodywork process and not returning.	Not emotionally overwhelmed, settles well at the end, feels a sense of trust and connectedness to self.
2) Leaving at the end of the bodywork process, returning several minutes later to provide closure and connection	Needs some emotional re-regulation, relational issues are significant
3) Ending the bodywork process, staying in the room providing continuity in connection until the client leaves.	Significant early attachment issues, traumatic issues particularly where dissociation and emotional overwhelm are present.

Thinking back to the practitioner interviews, many described times of changing the usual ending if a client was not grounded, or needed additional contact. These changes in form may be anticipated by tracking the states and issues a client presents throughout their work. If a client is able to withstand the ebbs and flows of the sessions without significant overwhelm, and relational issues are not a significant and primary focus of the sessions, one could consider the form of leaving the sessions without returning. If the re-regulation of some neurological dysregulation is needed and/or relational issues are at play, leaving and returning could be a useful model, providing calming contact before the client leaves. If there are early issues of severe dysfunction in the caregiver/infant relationships or significant trauma which is observed in the level of overwhelm for a client when particular sensations, memories or images arise, particularly if those concerns are evident at the ending of a session, staying in the room might be preferable as the client gets up.

Whether this third ending is the right approach for each overwhelmed, traumatized or fragile client will have to be determined individually. How long to continue with the particular ending or whether to utilize more than one ending is also based on an individual client. A few sessions might feel right; more may be appropriate. I usually used the third kind of ending for a particular period of time in the treatment. When the client was able to be in the more settled, or connected to self place, I would generally change my ending form back to the second more familiar type. Future discussions about how soon to initiate a particular ending and how long to continue with it will be useful.

This article did not address the gender make-up of the dyad and this might be an issue in practitioner/client dyads of different sexes in the third type of ending. Other practical limitations such as the setting of the office might also need to be considered.

As a session comes to a close, there is a hoped for state of more awareness, more connected-to-self or more wholeness. Louise Barrie (2008), now a Huma teacher, speaks of this state as the client having "a deep contact with their inner self." Whether this state is arrived at during the hands on time of the session, or whether relational and regulating process the practitioner provides while still in the room with the client after the table session has ended, Rosen Bodywork provides resonant, regulatory and relational attunement that is profoundly beneficial.

Marion Rosen (1998) on Spirituality:

> I feel it is reflected a lot by our breathing tool, the diaphragm . . . it has to totally relax and let go. That only can happen, or it comes in conjunction with, trust being created. The person feels an OK-ness with themselves, or with the practitioner or with the world. Then comes the stage of surrender, when you feel it is quite alright, whatever happens (p.7).

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