

Commentary on Anais Salibian's Trauma Therapy with Rosen Method Bodywork

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I would like to thank the author for opening a new door for Rosen Method - as a trauma therapy method of very substantial background in embodied self-awareness practice. The article provides confirmation, security and more new learning in my practice as physician-psychiatrist-body psychotherapist in dealing with complex traumatized patients, their medical diagnosis, and for the path we set in each Rosen Method Bodywork (RMB) therapy session.

I witnessed Marion Rosen (age 95) listening to Alan Fogel's lecture about his research in Berkeley, CA, during a bodywork intensive. He was a teacher-in-training at the time. I saw Marion's acute interest in what Alan shared and followed the discussion in the participant's circle. It was the time when Marion only attended half-time at the intensives, due to her age. Nevertheless, her presence and curiosity went straight into the lively and very creative sharing of the bodymind connections of what science had gathered and how Rosen Method finds itself right in the midst of this unfolding. She supported Alan's work from her heart, saying that if she had been younger she would love to participate in this venture and expressed her trust of Alan's teaching.

I invite those who were present at the specific Berkeley intensive to add to my memory. When watching the interaction in the circle it seemed to me that at the end of Marion's life span she witnessed the rise of something that was unknown to her but it caught her curiosity and she gave permission for the further evolution of her work on another level.

..that is to say, when the sun rises and sets, when the most important constellations appear and disappear, how long dawn and twilight last... – but also describes its medicinal effect: the yearly cycle of the celestial bodies effects a change in those natural properties – warm and cold, wet and dry – which influence not only the growth of plants but also the state of the human body depending on its disposition." (from: schulz-dornburg.org - Titus Burckhardt: Das Maurische Spanien, pages 92, 93 - Translation by John Brogden)

In my work I hold multiple roles and patients feel comfortable to see me as physician/psychiatrist and body psychotherapist. The physician part of me will deal with the medical language of the International Statistical Classification of Diseases (ICD) diagnosis and their frequently intimidating, or should I say, terrorizing repercussions. The RM body psychotherapist part of me eventually translates this medical

language into body language experiences. These different parts of me are exploring a new territory of *"the human body depending on its disposition."* It can be also the other way: Oftentimes the trained physician-psychiatrist from within me watches the RM body worker and wonders, "What is she doing there?" Luckily, the body worker part of me has an inner knowing from my own embodied self-awareness experience. It helped me over time and more learning to trust the inner voice. The internal tension arising from my medical conceptual self-awareness has diminished.

I find that it is still good to keep a soft watchful eye from both ends. In any case, I agree with Anaïs Salibian on the necessary security framework to set up in working with trauma survivors and, if possible, supportive networking of different professionals, the patient's family and/or friends is priceless for the recovery process.

The Adverse Childhood Experiences (ACE) study shows the enormous impact of traumatic childhood experiences. Like the study authors, it shocked me when three years ago, more and more severely traumatized individuals with severe illnesses started to become my patients. The notion of only working with healthy individuals -- as often heard during my Rosen Method training -- cannot be maintained within me. I am aware of the legal aspects for working with various groups and understand, depending on the country, legal education for different professional groups is important - as done in Somatic Experiencing, where the training includes these aspects right from the start. As more people like me become Rosen Method body workers, those with training in medical and other professional fields connected with treating trauma, the Rosen Institute's scope of practice may need to be changed to include working with more severe cases.

A great asset after basic RMB training with many different wonderful teachers, including Marion, was my internship in InBody education with Sandra Wooten, my post-graduate self-education in embodied self-awareness, and now the experience of my daily practice with my patient(s)-teachers. All of this has re-wired, enhanced and led me to question my knowledge from medical school. My experience provides the possibility to educate my patients about their neurophysiology of trauma and recovery and the brain's neuroplasticity. I enjoy this tremendously and I am also shocked by how little people know about their own bodies. And this is where RMB can make such a difference.

The touch of RMB and its interoceptive properties eventually intimidates the program of technical medicine. Conventional Medicine has lost the concept of a dynamic living body (if, indeed, it was ever present), frozen in fixed ICD diagnosis with almost no given chance of recovery from chronic diseases. People are often caught in clueless, unexplainable symptoms, examined in multiple merry-go-round MRIs, etc. These standard medical practices have dramatically increased over the past decades. Any therapy method based on embodied self-awareness challenges this dead-end-theory of a human being in need for hope and help at hand! Fortunately, there are exceptions: For instance, I can consult with a clinical radiologist who has multi-dimensional awareness capacities to manage technical investigations and look at the pictures by using his enhanced embodied self-awareness. I always enjoy our consultations.

A patient, medically diagnosed with atrophy of the cerebellum, frozen in fear and depression and nearing a life sentence of disability, if not more, was referred to me. When experiencing a participatory memory with difficult emotions in a RMB session he was able to link his sensory impressions in embodied self-awareness to coherent past events, and leave his dissociative state. After the session he wondered and noticed how his gait had become straighter and stronger. The same patient experienced sparking sensations throughout his body, wondering: "It feels like Morse codes..." in his embodied self-awareness state. I listened

in awe while adding another layer of trust in the newly started therapy process and hope for his recovery.

“Some people need solvent, and some need glue.” And, at different times one or the other or both - true! What a wonderful metaphor. Chemically speaking, glue contains solvent. As therapists the art is maybe to not let the solvent dry up but to keep it available for further guidance of the patient. Well, this is not an easy task depending on life's circumstances, as so well outlined in the article.

The three cornerstones of RMB – touch, evocative language and attention to the breath – facilitate the inner and outer body world to slowly establish or reset empathetic resonance. As I see it in my patients, trauma survivors do not necessarily fear touch in general. It depends on the body parts and when touch is carefully introduced and the patient is - not in general - given the choice of where and how. In this way the experience of RMB holding touch turns out to be trust-building – from sympathetic arousal to parasympathetic relief. And, as one of my patients – an early childhood sexual abuse survivor -- phrases it: “I need the touch to feel myself to understand what happened and follow my nervous system's reconstruction.” This includes shame, the identification of her sexual arousal to differentiate from the perpetrator's penetrating arousal. With each sequence in that very challenging therapy process, she got more and more from herself back.

Recently she birthed her baby daughter. Upon my advice, the patient informed the midwife at the clinic about the sexual abuse. The midwife told my patient that they often have the suspicion that other birthing women have similar histories but the history is not revealed. When she went into labor, my patient almost fainted in acute dissociation because of the strongly kindled pain in re-trauma experience with the baby's head twisted and stuck in the birth canal. The midwife immediately began holding this patient in her arms, being with her in those moments and not leaving her – the team taking care of the baby and bringing it out healthy.

Some days before giving birth, I gave Anaïs' trauma article to my patient, the mother in waiting. She is a veterinarian with great understanding of physiology and assisted many animals in birthing. She appreciated the article very much. The day before the daughter arrived, she and her husband came for a session and we went through different scenarios, keeping trauma re-activation at bay. *No one can truly facilitate the healing of patients caught in trauma symptoms by going through a set protocol one has memorized. One has to really be there in each unfolding moment.* So this being present in the unfolding moment is what the midwife provided during her birth and I am sure the re-trauma will not have a long-term effect. The bonding between mother and daughter is established. In fact, after the baby's birth 3 months ago we worked through flashbacks, which destabilized the irritable bonding between mother and child, so a deep relationship is on its way now.

Very recently, more clarification of transgenerational trauma awareness in my family of origin entered my own awareness. It is as if old fog sets off to lift more patches and I feel prepared for painful solution work thanks for my RMB training, the support of a Feldenkrais practitioner, extended education and this work of my colleague, Anaïs Salibian for which I am very grateful!

Trauma needs to be acknowledged, recognized, brought out of secrecy and denial – it needs to be restored into the histories of societies, cultures, religions and the world.