



# The Rosen Method and Working with Emotion As They Arise in The present, and also Buried Emotions

By Jane Turney

What is the best way to support clients when emotions arise during bodywork? Many massage therapists have had the experience of a client starting to cry during a session. Often it can be surmised that the care and attention the client is receiving allows them to relax and feel safe enough to connect with feelings and emotions they may have been suppressing sometimes for years, not just weeks or days. Kind touch may remind us of our early pre-verbal existence when being 'held' allowed us to feel connection and safety. Even in physiotherapy where the touch can be quite forceful as opposed to 'gentle', there is something about the combination of the attentive presence of the practitioner and being 'held' which allows emotions to surface.

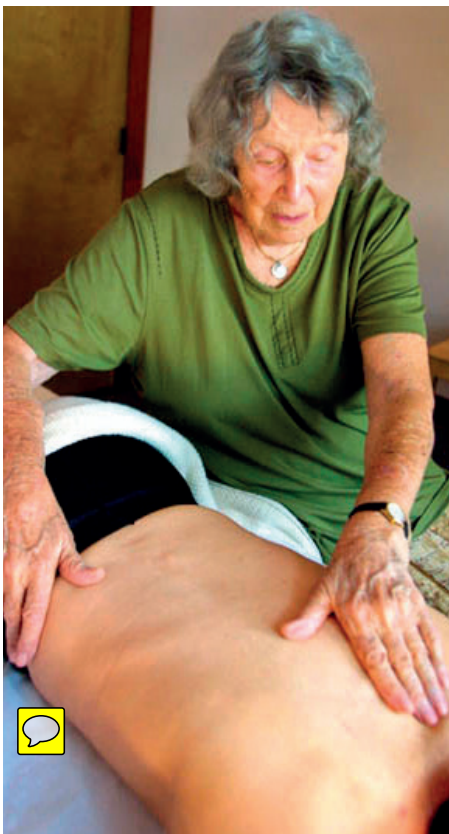
The therapist's automatic response might be to try and fix any distress by giving advice or commiserating with their client's situation. A practitioner may even try to manipulate their client's mood back to a state of 'balance'. But there is another way – to allow the client to experience fully any feelings and sensations as they arise in the body. This is how the Rosen Method somatic approach works with clients – and it can help release even long-held trauma and emotional patterns that are locked in the body through years of contracted muscle tension, as the case history below demonstrates.

Marion Rosen, a former physiotherapist and founder of the Rosen Method, built her methodology over seven decades of careful observation of her clients. She noticed how clients contracted their muscles, restricted their breathing and the

movement of their diaphragm to numb awareness of difficult emotions and sensations. But in blocking the painful feelings they also suppressed their true voice and qualities.

So the key was not to soothe clients or put a lid on their feelings, instead to allow them to feel parts of themselves that they normally held back, held in, or held down under their tension.

The following case history, taken by Rosen international teacher, Professor Alan Fogel, illustrates how Rosen Method's combination of touch and verbal 'holding' enables clients to open to the truth of their felt body sense, so they can uncover and release sometimes long-buried emotions and stories and access a place of greater authenticity and choice in their lives. Unlike conventional massage treatments, clients may seek out Rosen Method either because of a persistent physical pain or symptom such as lower/upper back pain, tension-related headaches etc, or for emotional/psychological reasons such as a sense that something is missing in their life, or a desire to connect more with their own body.



'Joan', a middle-aged professional, came to see Alan because of the severe abdominal pain she had experienced from childhood. Neither medicine nor psychotherapy had helped and Alan suspected she was suppressing some emotion or childhood experience.

For the first few months of weekly treatments nothing much happened. Joan was unable to connect to any sensations and feelings, other than her abdominal discomfort. She also talked about her feelings and life as if distant from herself. Alan used Rosen 'listening' touch to help Joan connect with her body. Rosen practitioners use an inquiring, soft, open-handed, receptive touch – with changes in pressure – and subtle movements of the palm and fingers. Contact is made with areas of tension, and also areas where the client's breath might be expected to be visible, to help them become present to any sensations, emotions and memories that may surface once they start to connect with the sensations in these areas.

Rosen evocative dialogue brings clients into present-moment connection with their bodies. Practitioners do not interpret the thought processes in a client's running narrative. Instead they wait for 'openings' in the narrative where there is a connection between words and a change in body state, eg a longer breath or sigh, or a reddening of the skin indicating that sensation is returning.

Alan reflected back to Joan and encouraged her to notice openings as they occurred. Joan began to feel safe enough to explore possible connections between body symptom and emotion but when she talked of her family, her body became tense and her breathing shallow. Initially she noticed the tension, but then began to dissociate, disappearing into sleep-like states in which she did not speak or move. After several weeks of treatment, instead of going completely away, she went into a "dreamy" state, a kind of secret hiding place, from which she spoke in a "tiny" and playful voice, like a 5-year-old child playing a game of pretend.

Random memories from childhood started to return, accompanied by anxious feelings. Alan repeated these back to her, talking to her scared child, as if to confirm the veracity of these memories for her. As he did so, he could feel her skeletal muscles began to relax, and also hear her gut muscles do the same via psychoperistalsis. He began to sense the link between Joan's childhood experiences, her gastrointestinal symptoms, her suppression of her felt body sense and her dissociative detachment – although this was not apparent to Joan at this stage.

At first, Joan was unable to feel Alan's touch in her dream-like state – her haven of safety – but after several months of weekly treatment she became aware of this and her muscles started to soften and her breathing became easier. Alan observed to Joan that her body seemed split at the diaphragm; the part above was tense and raised up and below it felt lifeless and that this was probably due to something that happened to her in childhood when she was 4 or 5 years of age, his observation of the likely age of the "little girl" voice she adopted.

Now more present in her adult self, Joan began to spontaneously recall memories of being afraid of her brother, seven years her senior. She also began to experience the fear that had been held down in her body from childhood, alive in the present. This resurgence of old feelings scared her and she took a break from therapy but after a few weeks returned and at the end of her first session spontaneously said, in an adult tone of voice, "My little girl got hurt and had to go away". As Alan supported her with touch under her shoulders and affirmed that she was now not running away but allowing herself to be comforted, the tears flowed for the first time in her treatment.

Joan subsequently began to recall specific memories of being hit and kicked by her brother from when she was about five-years-old. Her growing >

# massagefeature

## the rosen method

awareness of these memories and emotions led, gradually, to a reduction of her skeletal and gut muscle tension.

During the remaining five months of her Rosen sessions, Alan was able to hold his hands for longer periods on her gut. Gradually he was able to feel more deeply into her belly – not through pressure, but more through focusing his intention on “touching” the gut muscles.

Initially, as Joan connected with her vulnerability to this more penetrating contact, she would push him away and Alan would move his hand to her hip, a safe place for her. Eventually Joan was able to invite him to put his hands on her upper belly – an area where her brother had punched her sometimes. Joan realized that thinking about, avoiding and defusing conflict were all connected to her gut muscle tension. Her terror of her brother’s retaliation had ultimately kept her from any chance of direct confrontation with him and from telling her parents.

She had learned to combat her brother by becoming athletic, taking up soccer and gymnastics and learning to use humour to avoid or defuse conflict. She had adopted a posture of sticking out her chest and holding in her gut to make herself feel stronger, taller and invincible. This new awareness resulted in her abdominal wall and her gut muscles softening considerably and over the next few months her stomach aches completely disappeared.

Joan’s increased awareness of her gut became her barometer of conflicting feelings and of a rising threat of potential interpersonal conflict. This early warning signal eventually allowed her to actually feel the conflicting feelings without the need to suppress them. She became more assertive and less evasive with her friends and co-workers.



For Joan, the development of body sense through the Rosen Method – being encouraged to notice and to feel bodily sensations and emotions as they arose in the moment – was crucial to her healing. The gradual softening of her muscle tension opened a space into her psyche where long buried sensations, feelings and memories could surface. She was able to come to a place of much greater physical and psychological integration.

Alan Fogel’s view is that massage therapists and bodyworkers need not ignore emotions: “You can either just let them be there and allow the client to feel, or if you encounter a client such as Joan, you may wish to consider referring them to a Rosen therapist rather than a psychotherapist, as clients who seek massage typically respond to touch more so than to talk”.

For more information:  
[www.rosenmethod.co.uk](http://www.rosenmethod.co.uk)



**Jane Turney** is PR officer for Rosen Method Bodywork UK, a freelance journalist focusing on human potential and wellbeing, and former director of Alternatives’ mind-body-spirit events programme in London.

**T: 0781 665 4728**

**E: [janeturney@yahoo.com](mailto:janeturney@yahoo.com)**

### References

Rosen, M. & Brenner, S. (2003). *Rosen Method bodywork. Accessing the unconscious through touch*. Berkeley, CA: North Atlantic Books.

Fogel, A. (2013). *Body sense: The science and practice of embodied self-awareness*. New York & London: W. W. Norton