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Touch therapy combined with talk therapy: The Rubenfeld Synergy Method®

Luna L. Medina and Marilyn J. Montgomery

Abstract

Touch therapy has been researched for many years and is accepted as a successful therapeutic method for healing. Ironically, touch has gone from being a part of mainstream medicine to becoming associated with alternative medicine. The Rubenfeld Synergy Method (RSM), one modality emphasising touch, was created almost four decades ago and has been recently rediscovered due to the growth and evolution of alternative medicine. RSM combines gentle touch and talk therapy to treat patients. Currently, there is no direct research-based support for the benefits of this method. However, this is a vast quantity of data supporting the benefits of touch therapy in addition to the benefits of talk therapy. Consistent with this research, the author believes that the holistic approach presented by RSM can benefit the patient in many ways. It is important to understand the value of the interconnected, even inseparable, linkage of mind-body-spirit to completely assist a patient solve issues in his/her past and/or current life.

Keywords: Talk therapy, Rubenfeld Synergy Method, Holistic, mind-body-spirit

Introduction

The role of touch in therapy has evolved through the years. As one method combining touch and talk therapy, the Rubenfeld Synergy Method helps clients systematically integrate experiences from their mind, body, and spirit. The method is practiced throughout the United States and Canada, with synergists in all states and many in the US East Coast area, where the method was originally established. There are also Rubenfeld Synergy Method therapists in Australia, England, Wales, Scotland, and Bermuda, with an estimated total of 400 certified synergists around the world. The purpose of this article is to review the development of this method, its aims and rationale, and the growing empirical support for therapies which integrate touch as a psychologically beneficial aspect of therapy.

History of touch therapy

Touch therapy has been around for many years; its recorded history goes back

to China during the second century BC and the days of ancient Greece (Field, 2000). Hippocrates defined medicine as ‘the art of rubbing’ (Field, 2000). Presently, the benefits of touch are acknowledged in the common medical adjunct and stress reduction technique known as ‘massage therapy.’ However, the *therapeutic* aspect of massage therapy is vague. The field of psychology in particular has struggled to define the role of touch in therapy. In the early days of his career, Sigmund Freud claimed touch to be beneficial, but later abandoned that belief and rejected this idea (Rich, 2010). Up to the first part of the twentieth century, massage therapy was considered a part of mainstream medicine in the United States. However, in the 1920s, touch began to be seen as unscientific. In fact, John Watson, an early behaviourist, recommended that parents avoid touching their children (Rich, 2010). For several decades touch was viewed as a necessary (but neutral) vehicle for the delivery of medical interventions. Near the end of the last century, it was relegated to the category of Complementary or Alternative Medicine treatment (CAM) (Rich, 2010). However, some psychotherapists have always been aware of the benefits and significance of touch.

Benefits of touch therapy

The data is plentiful in many areas of work that have assessed the benefits of touch therapy. For example, Tiffany Field is a developmental psychologist who has received broad attention for her work demonstrating that premature infants who received gentle massage stimulation from their medical caregivers had better outcomes than those who did not (Scafidi, et al., 1990). Studies of children with pervasive developmental problems have also demonstrated the positive effects of touch. For example, touch therapy has also been found to be beneficial for children with Autism. Field and her colleagues investigated the effect of touch therapy on children’s performance on three different measures, and found improvements including increased attentiveness in the classroom and improvements on the Early Social Communication Scale (Field et al., 1997). All children receiving touch therapy showed improvement in functional behaviour, despite the fact that children with Autism are often described as averse to touch. Field and her colleagues speculated that the changes were related to children’s enhanced vagal tone, acquired through the touch therapy. On the basis of a decade of work in this area, Field declared that ‘attention to the role of touch is essential for understanding and improving the well-being of infants and children’ (Field, 2002a, p. 102).

Research on touch therapy has also been provided through evaluations of the Mosac Massage Programme (MMP), a programme which teaches non-abusive mothers how to provide massage to relax and calm their sexually abused child (Powell & Cheshire, 2010). Children’s observed behaviours in interactions with their parents as well as their reaction to touch were observed to improve across the nine sessions of MMP. The authors described touch

through massage as a special form of nonverbal communication that enhances verbal communication and conveys empathy in the parent–child relationship, and concluded that massage can improve the behaviour of young people with emotional difficulties (Powell & Cheshire, 2010).

Despite the number of studies accruing that support the positive impact of touch and touch therapies, there is still a need for additional research. Much of the early data was obtained through studies with small samples and some methodological issues. However, through the extensive research conducted by Field and other professionals, there is growing support for the effectiveness of touch therapy in areas such as anxiety, depression, growth enhancement, pain reduction, autoimmune disorders, and immune disorders (for a review, see Field, 2000; Field, Diego, & Hernandez-Reif, 2007; Field, Diego, Hernandez-Reif, Deeds, & Figuereido, 2006; Rexilius, Mundt, Megel, & Agrawal, 2002; Rich, 2010).

Differences in definition between therapy and psychotherapy

Therapy (i.e. touch therapy) is a treatment intended to relieve or heal a disease or disorder. Therapy can be performed by some remedial, rehabilitation, or curative process. Psychotherapy (i.e. talk therapy) is any type of treatment for emotional, behavioural, or psychological disorder or maladjustments. There are many forms of psychotherapy, and a variety of professional techniques.

History of the Rubenfeld Synergy Method® (RSM)

RSM is a technique established over 35 years ago that has gained recent attention due to the growing interest in alternative medicine. Although many types of touch therapies are offered today, what makes RSM unique is the combination of gentle touch and talk therapy. This therapeutic technique was developed by Ilana Rubenfeld. The name by which it is now known was suggested to Ilana by Buckminster Fuller. The word ‘synergy’ is defined as remedy acting similar to another remedy and increasing its efficiency when combined with it. Certified Rubenfeld Synergists (CRS) believe in a mind-body-spirit connection; it is thus a relatively new therapy that combines several methods for enhanced impact (Rubenfeld, 2002).

The history of the development of the technique illustrates its emphasis on a mind-body-spirit connection. Ilana Rubenfeld graduated from Julliard School of Music in New York and was an orchestra conductor for many years. However, in the late 1960s, she suffered from serious back spasms that made her job very difficult. A friend recommended that she seek treatment by an Alexander Technique teacher to relieve her pain. The Alexander Technique (Alexander, 1941) is a somatic method for improving physical and mental functioning. It involves simple movement and sensory awareness training. During the sessions, Ilana found herself bursting into tears and having an inflow of many memories. Since the Alexander Technique teacher was not trained to deal with mental issues, he referred her to a psychoanalyst to deal

with her emotional burden.

Ilana simultaneously met with the Alexander Technique teacher and a psychoanalyst but did not feel that the lapse of time between the sessions allowed her emotions to surface the way they did with her touch therapy. To deepen her own understanding of the connection, she decided to become an Alexander Technique teacher herself. Ilana kept exploring, looking to find the perfect combination to let the mind and body express and heal the emotional stress causing the physical tension. She became a student of Fritz and Laura Perls, the founders of Gestalt therapy (Perls, 1973). The Gestalt therapist creates 'here- and-now' experiences that involve thinking, sensing, and feeling. She developed a professional relationship with the two and felt an affinity for the psychotherapy approach they taught. She was offered the opportunity to integrate her touch therapy into sessions held by Fritz and Laura Perls, and worked with them for many years until Fritz Perls died in 1970 (Forman, 1998).

Soon after, Ilana met Moshe Feldenkrais (Feldenkrais, 1981), who taught her his method, which became the third concept in RSM. The goal of the Feldenkrais method is to re-educate the nervous system, improve motor ability, and educate the patient to think beyond his/her habitual patterns. The Feldenkrais method is described as a dual system with two main mantras: 'Awareness through Movement' and 'Functional Integration' (Mechner, 1998, p. 343). Both of these methods address the ability to release tension in the body. However, none of them deal with the emotional burden hidden within this tension. Ilana's philosophy is that emotions and feelings arise hand in hand within the brain and the body. To grasp them, the patient needs touch and talk. Through the massage, the patient can get the body message and through talk, can get the feedback from the brain, 'even if the message is "hiding" in the unconscious' (Rubenfeld, 2002, p. 6).

The RSM typical session

A typical session is performed on a cushioned table or in a chair, and patients remain fully clothed. Therefore, it is appropriate for all clinical environments; there is no need for any special accommodations. If the therapist wishes, he/she they can get a folding massage bed as an additional tool.

The synergist must follow the lead of the patient and not the opposite, as in many therapies. The mixture of talk with touch makes the patient an active participant in the process. Typically, the therapist begins with gentle touch, with specific location and type of touch guided by the patient's history obtained at intake. During the application of therapeutic touch, the patient will feel something happening in his/her body and is invited to express the experience verbally. This combination of talk and touch during the session aids the practitioner in attending to the patient more wholly. The strategy is to guide the patient to listen to the messages the body sends to him/her; he/she has to pass the messages forward to the therapist. The patient's responsibility is to speak out and share with the synergist where he/she senses pain; then the synergist's hand can be placed there and work on releasing the tension or pain.

This integration of touch and talk can facilitate access to stored memories and emotions retrieved from the subconscious mind. This process eventually will release the tension in the body, bring the patient to a state of complete relaxation, and complete the body-mind connection (Goodstone, 2008).

The takeaway for every patient is different, and rate of progress is individual. Frequently, during the therapy sessions, deep emotions surface. As this happens, with the synergist's help, there is the opportunity for the patient to feel, as well as express and explore the feelings in the present moment. It is the simultaneous feeling and processing of the feeling that makes the session so powerful. The result can be the integration of feeling and insight, which makes change possible. The potential impact on the reduction of depression and stress is often significant.

Training programme

In 1977 the Rubenfeld Synergy Training Institute had been established. Currently Joe and Noel Weldon are conducting the training programmes, and made several changes to make it more accessible for the public (Rubenfeld synergy training, 2006). To become a certified synergist, a candidate must complete a four-year programme on three levels: the somatic synergy programme, the integrative synergy programme, and the Rubenfeld synergy programme. These levels of certification involve classroom education, as well as the purchase of CDs and books. Some of the work is hands-on by certified trainers and by Ilana Rubenfeld herself. Every trainee experiences some training directly from her.

These training activities include Rubenfeld Bodymind exercises, learning and practicing somatic moves, lecture and discussion about specific aspects of the work (e.g. voice tone, self-care), as well as witnessing and discussing an actual session done by Ilana Rubenfeld and a volunteer trainee. The candidate must complete 1600 credit hours before moving to the next step, and maintain close supervision throughout the programme. The last year of the programme is a supervised internship. An exceptional feature of this programme is that every trainee is required to conduct a research project about some aspect of the work (Forman, 1998).

Ethical guidelines

The synergist must follow 18 principles and also must present these to the patient, as doing so serves to create a collaborative, consensual guide for the therapy. The patient must agree to take responsibility for attuning to the messages the body sends to him/her and communicate them to the therapist.

It is particularly important for feelings of tension or pain to be communicated so that the synergist can focus on releasing the tension or pain. Clearly, the physical and psychological connection established between the synergist and the patient are highly sensitive and important (Rubenfeld, 2002).

Due to this sensitivity, the need for clarity in the therapeutic relationship, and avoidance of misunderstanding or harm, Ilana Rubenfeld created the

Standards of Practice and Ethical Principles for Certified Rubenfeld Synergist (CRS) in 2000. She revised this code again in February 2010. This document is available online and is included in the education of all CRS therapists. To complete the process of becoming a CRS, the students are required to adhere to these principles. Once they are certified they are recommended to join the International Association of Rubenfeld Synergists (INARS) to be qualified as certified synergists. The ethics are very similar to other codes of ethics within the counselling field (Rubenfeld, 2010).

Research data

Currently, there is a small but growing amount of research to support RSM. For example, one study was conducted by Pamela M. Pettinati (2000). Pettinati compared several types of complementary modalities to treat patients with chronic pain. Therapies included those emphasising energy work (e.g., Reiki), touch therapy (e.g., Zero Balancing), talk therapy (Focusing and the control group), and Touch and Talk Therapy (e.g., the Rubenfeld Synergy Method). She evaluated the results by using standardised research instruments such as the McGill-Melzack Pain Questionnaire (MMPQ), the Medical Symptom Check List (MSCL), and the Body Parts Problem Assessment (BPPA). She also interviewed patients after each session about their feelings and attitudes about themselves and life in general after the treatment. Her findings revealed dramatic improvements in the feelings of the group treated by the Rubenfeld Method compared to the other treatments. A total of 90% of participants receiving the RSMs ($N = 20$) reported that their pain had decreased 38–40% based on the results of the administered standardised test. Importantly, three and six month follow-up assessment revealed that benefits were largely maintained, with only a 10% reduction in original symptom relief (i.e., at follow-up, participants reported an average of 28–30% reduction in pain compared to pre-treatment). Thus, the data from this study supported the hypothesis that modalities that involve integrated touch and talk are more beneficial than ones that are solely offering energy or talk (Pettinati, 2000).

Testimonials of RSM

In addition to standardised research studies, a vast number of positive testimonials from people from a cross-section of backgrounds are available. In a book titled *Healing Journeys: The Power of Rubenfeld Synergy* (Mechner, 1998), there are testimonials from 40 people who experienced success as therapists or patients of RSM. Statements included in the book are from professionals in the fields of medicine, counselling, psychology, and other specialisations, several of whom sought help from the method as patients but decided to obtain certification after experiencing remarkably positive results.

Some narratives describe experiences of professionals before and after they began using the RSM. For example, one testimonial is from a certified psychotherapist who tells the story of a patient she once treated. In her initial sessions with the patient, she was not yet a CRS; she was providing talk therapy

to the patient on her issue of her husband's infidelity. The therapy was effective in helping the patient believe she deserved to be happy; however, after three years of work she was still not able to achieve her goal of becoming a strong woman actively seeking this happiness. By this time, however, the therapist was certified in RSM so she decided to move to a non-conventional approach and offered RSM to the patient. Five months of Rubenfeld synergy finally created relief for this patient; she was able to confront past experiences of rejection and embrace a positive future. Expressing the anger that the touch generated helped her discover her strength. She was offered a new job out of state and began the journey into her new life with the power as a woman she had longed for (Mechner, 1998).

Mind-body-spirit connection

The positive results of the RSM are unsurprising given the importance of touch to healthy development and overall well-being. Much research documents this connection. In a classic experiment involving laboratory-raised Rhesus monkeys, Harry Harlow demonstrated the necessity for touch, and its significance for well-being. Contrary to expectations, the monkeys preferred terrycloth surrogate mothers who did not provide nourishment to a wire-mesh surrogate mother who provided nourishment. In fact, the monkeys who were provided food from the wire mesh surrogate mother but were deprived of soothing contact soon became withdrawn and fearful. It has since been recognised that touch is necessary for healthy development, and medical studies have shown that it can assist in the healing processes of many injuries and traumas (Field, 2009; Rexilius et al., 2002). Additionally, touch can promote access to feelings and emotions (Feldenkrais, 1981). Therefore, it is reasonable to suggest that the combination of touch and talk can be helpful in therapy. Some people do not communicate well by talk, and the stimulation the body sends while receiving touch can cause a response that otherwise would not be elicited (Field et al., 1997; Field, 2002b; Rubenfeld, 2000).

Healing the body can promote healing the mind as well. When both body and mind are at ease, according to the conceptualisation of optimal health offered by the RSM, the spirit is elevated and energised. The spirit can freely flow in directions that lead to a brighter path in life. Thus, listening to the body is a key part of being able to sustain a healthy lifestyle. Another of Rubenfeld's books, *The Listening Hand*, describes the Bodymind as the whole self, including body, mind, and spirit as an inseparable unit (Rubenfeld, 2002). They go hand in hand; just as physical sensations can many times influence thoughts and emotions, the sequence can be reversed and should be utilised (Rubenfeld, 2002).

In the competitive society of the twenty-first century, many stressors make performance and success high priorities. This situation can affect people in many negative ways. The fear of failure or the inability to perform as expected can place a burden on the mind and the body and by that demoralise the spirit.

Making the connection between the body and the mind releases the stress and empowers a patient. This process can elevate the spirit and inspire the patient to go further with his/her life, which can be beneficial in overcoming past and current events that surround a patient.

Final words

Talk therapy has long been known to be helpful in treating various issues, and touch therapy has a similar history of benefit for individuals with a variety of maladies. It is thus reasonable to assume that the combination of the two methods can be advantageous for those seeking greater mental, physical, and spiritual well-being. We agree with Ilana Rosenfeld and others who assert that there is a strong relationship among mind, body, and spirit. It is logical that when someone encounters an emotional difficulty, it will eventually express itself physically and spiritually. Being able to release tension in both mind and body in therapy can be salutary for the spirit.

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