

Attachment Patterns and Emotion Regulation in Interpersonal Relationships

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Abstract

Formative attachment experiences with caregivers mold many nonconscious aspects of one's personality and social capabilities, including one's self-image and relationship behaviors. This article draws on Attachment Theory to compare the social/emotional capabilities that develop through positive (secure) attachment experiences with those that develop through less than optimal (insecure) attachment experiences. By supplying the attunement, reflection, and compassionate acceptance that was lacking in insecure formative attachment experiences, Rosen Method Bodywork sessions may modify clients' nonconscious neural networks that: 1) assess interpersonal safety and threat in their social worlds; 2) coordinate relationship behaviors; 3) underlie aspects of their self-images. Through these modifications, clients develop social/ emotional capabilities associated with optimal attachment experiences.

Introduction

Every Rosen Method Bodywork client is unique in the ways he/she is able to utilize practitioners' attuned support to focus attention onto sensations, emotional feelings, impulses to act, and associated images, thoughts and memories. Clients who were fortunate enough to have grown up with well-attuned, effective caregivers will recognize and feel at home in the "safe container" of relationship provided in Rosen Method Bodywork, and will be able to use the practitioner's presence to move toward an inner "state of safety" (Green, 2014, p.1-2). These *secure-attached* clients are able to tolerate a wide range and intensity of emotional feelings while continuing to be self-aware, aware of the present moment, and able to utilize the practitioner's support. Clients who have had less optimal attachment experiences may tolerate a narrower range of emotional experience, and have a more complicated route toward using the Rosen Method relationship to help them move toward an inner state of safety.

This article begins by describing the social/emotional capabilities associated with secure attachment patterns, and discusses how Rosen Method Bodywork clients may gain these capabilities through their sessions. The article then discusses how less than optimal (*insecure*) formative attachment experiences mold aspects of clients' nonconscious beliefs about themselves and others, which may impede their ability to utilize the practitioner's support. The term **nonconscious**, rather than the term *unconscious*, refers to processes that take place below the level of neural integration necessary for conscious awareness. This usage reflects current publications in the fields of neurophysiology and psychology. Understanding how past formative attachment experiences shape present relationships helps Rosen Method Bodywork practitioners create and maintain a therapeutic bond that is a *base of safety* from which each individual client can explore his/her embodied experience.

By providing the attunement and compassionate mirroring found in secure attachment experiences, Rosen Method Bodywork practitioners help clients move toward the social/emotional capabilities associated with secure attachment. The rewards inherent in positive attachment relationships reach beyond increasing clients' well-being. "The individual's growth leads to action, and their actions cause a ripple effect in the world" (Marion Rosen, 2003, p. xiv).

Capabilities Developed through Secure Attachment Patterns

Sensory Memories and Emotional Self-Regulation

Secure attachment is, "a type of attachment relationship in which the infant who feels threatened will seek proximity and comfort from the parent, be easily calmed, and then be able to return to normal patterns of engagement" (Fogel, 2013, p. 318). It is postulated that by 18 months, a child can use a form of remembering called *evocative memory* to bring an image of an attachment figure forward in their minds, which helps to comfort them (Siegel, 2012, p. 96). Children carry those to whom they are attached inside of them, in the form of multisensory images (smell, taste, touch, face, voice). When the "internalized parent" is paired with positive experiences and attuned caregiving, children develop the belief that the parent is there, with them, in times of need: this sense memory soothes and bolsters them. Their "internalized parent" enables them to explore the world beyond their parents/caregivers with curiosity and independence, traits that will serve them well throughout their lives.

Clients often report that they access the sensory memory of the touch of Rosen Method practitioner's hands, or the sound of their voices, etc., to sooth themselves in times of stress, and whenever they want to practice regaining that balanced inner state of safety. Clients are developing a stronger sense of a positive "internalized parent" through their relationship with Rosen Method Bodywork practitioners.

Development of Relationship Behaviors

Long before infants have words, they are learning the relationship between facial expressions, voice tones, social interactions, and eventually, internal emotional states. They learn about the interactions that form the basis of relationships as they learn how to pay attention to another person, how to engage in and pace a nonverbal conversation, how to tune in to another person's feelings, and how to manage their own feelings while engaging with someone else (Goleman, 2006; Cozolino, 2006, p. 97-101).

During their first six months infants are developing the physical movements through which they relate to others: the repertoire of interpersonal behaviors for engaging (smiling, moving toward the other, reaching out, seeking and maintaining eye contact) and disengaging from others (physical withdrawal, gaze aversion, tension patterns, hypo- or hyper-arousal). These social engagement and defensive behaviors are the infants' embodied ways of knowing who they are and of predicting the responses of others to them. These early patterns form the framework in which later learning crystallizes; these movement patterns and energy states underlie the adult's repertoire of social engagement behaviors (Ogden, Minton, Pain, 2006, p. 47).

Rosen Method practitioners work directly with these embodied interpersonal patterns by bringing clients' attention to the felt awareness to their physical holding, emotional expression, eye contact, posture, gesture, movements and levels of arousal. Clients gain increased self-awareness of how they nonverbally express themselves and engage/disengage with others.

Goal-Directed, Coherent Emotional Behaviors

There is a match between what secure children want and the behavior they use to get it. Secure children become adults whose external movements and expressions accurately reflect their internal states: they can unambiguously display their intentions, moods, desires, and motivations through their thoughts, feelings and behaviors. Their actions are goal-directed, and serve to meet their needs (Ogden, Minton, Pain, p.48).

As Rosen Method practitioners unconditionally support clients' internal states, clients become more aware of their needs and desires. Clients become more willing to allow their external behaviors to reflect their internal states while they are in a relationship. With these abilities, clients can use personal relationships, as well as professional therapeutic relationships, to help them cope with life's stresses.

Trust in One's Felt Sense and the Acquisition of Communicative Vocabulary

Children who are securely attached learn to trust their own inner signals of sensations and emotional feelings, because these have been recognized as valid and have been responded to appropriately by their caregivers and parents (Ogden, Minton, Pain, 2006). These children learn a rich vocabulary with which they can accurately describe their emotional and physiological states to themselves and to others; for example: fatigue, hunger, thirst, love, hate, excitement, anger, pleasure, shame, disgust.

Rosen Method Bodywork Practitioners help clients name and clarify confusing or mysterious emotional states, so that clients learn emotional vocabulary that they have not acquired. The process of naming and clarifying experience confers a sense of mastery, and allows clients to process (reflect upon and talk about) what they are feeling.

Self-Concept

Because infants with secure attachment bonds have received timely attuned responses to their needs and to their desires to engage, they develop a self-concept which tells them they are valuable and worthy of protection and responsiveness from others (Ogden, Minton, Pain, 2006, p. 45).

Our early attachment experiences contribute to an aspect of our self-concept that Freud termed the **superego**. In everyday usage, we think of our superego as our *conscience*, an inner critic that condones or condemns our thoughts, feelings and behaviors. Our superego is formed from our early *nonverbal memories of how we experienced our parents experiencing us* (Cozolino, 2006, p.132). If our parents smiled at the sight of us, reached out to hold us and spent much of their time delighted to be with us, we developed a benign superego which informs us that we are a lovable good person who deserves to succeed and be happy. Winnicott (1971) suggests that "the mother has a special function, which is to continue to be herself; to be empathetic toward her infant, to be there to receive the spontaneous gesture, and *to be pleased.*"

If our parents were not often pleased by our behaviors and not often delighted to be with us, if they did not enjoy helping us, if they were unable to make us feel calm, safe, involved, we form a more critical superego which insists that we are bad, unlovable, imperfect, unworthy (Cozolino, 2006, p.132). We will see in the next section of this article how a critical superego develops out of insecure attachment patterns.

Rosen Method Bodywork practitioners are emotionally available and interested in their clients. Practitioners

mirror all of the client's experiences with words and touch, affirming that the client's **"True Self"** is valued, and thus valuable. With this input, clients may develop more positive self-images. "According to Winnicott, the True Self is our embodied self-awareness, our ability to stay comfortable in the chaos of the subjective emotional present, and to use that to inform, verify and update our conceptual self-awareness. The False Self is our conceptual self-awareness in the condition that it becomes divorced from the regulating reassurance of embodied self-awareness" (Fogel, 2013, p.103).

Assessing Safety and Threat in Relationships: Transference

Early attachment bonds provide the learning experiences that shape how we nonconsciously assess what is safe and what is dangerous in our social worlds through the process of *neuroception*. We don't consciously remember our early attachment experiences because they are processed in the non-verbal right hemisphere of the brain, and occur prior to the brain's ability to form verbal memories (Cozolino, 2006). Nevertheless, these *implicit* (physical patterns, emotion, sensation) memories constitute what Bowlby (1988) called "working models of attachment." **Working models of attachment** are nonconscious beliefs that are "known without being thought:" those "givens" of our lives which guide our perception of and response to others.

Securely attached children trust that when they are distressed, they can reach out for their parents or other caregivers and receive comfort. They trust that their parents will be helpful and encouraging. This trust generalizes into an implicit belief system that they carry into adulthood: significant others will be emotionally available, understanding and responsive. Individuals who have had secure attachment experiences develop secure working models of attachment, and hold the nonconscious beliefs that people are generally trustworthy, helpful, accepting, and patient. Individuals with less optimal formative attachment experiences may believe the reverse, and anticipate either non-cooperation or actual problems with reaching out to others (Cozolino, 2006, p. 148).

Individuals who have not had secure attachment experiences develop working models of attachment wherein relationships are not necessarily safe or rewarding. Relationship experiences within the safe container of Rosen Method Bodywork sessions (Green, 2014) may allow clients with insecure attachment histories to gain a more secure working model of attachment which allows them to nonconsciously anticipate the rewards of relationships.

Working models of attachment are *implicit* memories which serve to *predict* the behaviors of others; they "create" the people we are with and nonconsciously guide our reactions to them. Freud named this psychological process **transference**, the way in which we nonconsciously respond to others based on our working models of prior attachments. Transference can be quite specific, because it predicts the present by drawing on past memories. If one's father was warm and engaging, but one's mother was detached and preoccupied, one might find oneself automatically responding warmly to the men in the room (especially those with some resemblance to dad) while ignoring the women. Transference shapes our conscious experience of others by activating rapid and automatic evaluations hundreds of milliseconds before our perceptions of them reaches our conscious awareness (Cozolino, 2006, p. 133-4). We find ourselves approaching or avoiding, feeling good or anxious about them before we can consciously identify who the people are. Again, nonconscious brain processes (primarily in the right hemisphere) are faster than conscious ones (primarily in the left hemisphere).

The nonconscious pathway of transference involves sub-cortical structures (amygdala, hippocampus, hypothalamus) which evaluate stimuli (in this case other people) for their emotional valence and orchestrate

a body-wide response to these stimuli. These sub-cortical structures are connected to the cortical structures (insular cortex, orbitomedial prefrontal cortex (OMPFC), anterior cingulate cortex) which are involved in our internal experience of emotions (embodied self-awareness). By the time we consciously recognize the person, our bodies have organized a physiological response to that person based on our sensory and emotional memories (implicit social memories) of significant people in our lives who bear some resemblance to this person we are seeing in the present moment (Cozolino, 2006, p. 133).

It is useful for Rosen Method Bodywork practitioners to know that their gender, or age, or something about the way that they look or sound may activate the client's implicit memories of important relationships, making it initially either easier or harder for clients to trust them. Very often, clients' implicit memories become conscious during sessions; conscious awareness of transference may bring about changes in relationship behaviors.

Trust in One's Perceptions and the Ability to Respond Accordingly

Securely attached children learn to trust their own understanding of the world, for their world has been a consistent one. Secure children learn to evaluate safety, danger and life-threatening situations and are able to *shift adaptively* between social engagement and emergency (fight, flight, freeze) responses (Ogden, Minton, Pain, 2006, p. 55). Secure children master a balance of self-regulatory and interactive regulatory strategies, learning how to move back and forth between low, moderate and high arousal. Because their nervous systems develop a wide window of emotional tolerance, they become increasingly able to tolerate frustration and interpersonal difficulties without resorting to the more primitive defenses of avoidance or angry resistance (Ogden, Minton, Pain, p. 55).

By expanding their window of tolerance for emotional experience, Rosen Method Bodywork clients often improve their ability to remain more present in their interpersonal relationships, because they are less prone to becoming either hyper- or hypo-aroused.

Developing Empathy and Authenticity

Children's abilities to track and name their inner states develop into the ability to feel and process their own emotional states (which allows them to maintain their own sense of self) while being in a relationship with people who have unique wishes, intentions and responses that may differ from their own. This is the capacity to have a mind and heart of one's own ("True" authentic self) while simultaneously holding an awareness of the other in mind.

The ability to be authentic while relating empathically to others is one of the skills Rosen Method Bodywork practitioners hone while they are in training. It is part of the ability of being present. One of the benefits of participating in Rosen Method Bodywork training, for personal as well as professional development, is that being in the practitioner role allows one to learn and practice the skill of attending to oneself while in a close relationship.

Less Optimal Attachment Patterns: Avoidant and Anxious/Ambivalent

Infants rely upon their primary caregivers to comfort them when their nervous system balance becomes dysregulated. However, both the infant and the caregiver are active participants in the communication link that allows the caregiver to know when and what to supply to meet the infant's needs. This section

describes the developmental consequences for the infant when the attachment bond is insecure; however, the intent is not to vilify or demonize the caregivers. There are many reasons that the infant/caregiver bond may develop less than optimally. Some of these reasons are as follows:

- Congenital impairments, such as hearing, visual, motor and speech impairments, may compromise the infants' ability to communicate their needs to the parents.
- Infants born with autistic spectrum developmental disorders may not process touch, holding, eye contact, etc., as regulating and soothing.
- Infants born with nervous systems that are easily hyper-aroused may be very difficult to regulate and soothe.
- Breast feeding difficulties may frustrate the pair-bonding and create self-doubt in the mother.
- Infants may have sustained illnesses or conditions, such as colic, which puts great stress on the parents, because nothing the parents do can reduce the infants' pain.
- Traumatic events (including life threatening illnesses) that happen to parents, both inside and outside the home, negatively impact their ability to regulate their own levels of emotional arousal, making it in turn difficult for them to consistently regulate their infants' emotional arousal.
- Traumatic events that happen to infants, children and adolescents, inside or outside the home, may lastingly impede their ability to trust in relationships and to trust in themselves.

Childrearing is a very labor intensive task, and when a parent cannot sleep or rest, or because the infant cannot nurse, or be held, or communicate what they need, or are in constant pain, it is very difficult for the parent's nervous systems to restore itself to the balance that permits optimal functioning. When an infant has two parents, or lives in extended families, or has nannies, the childrearing tasks are spread around, and each caregiver can get some rest. But when it is a single parent home, and there are other children to care for, and the parent has a job to go to, childrearing becomes a formidable task. As you read this section, keep in mind that parents are often doing the very best they can in extremely difficult situations. The goal of this section is to explain how less than optimal formative attachment patterns sculpt the development of the social/emotional system in specific ways, not to attribute blame to the caregivers.

The failures to connect well with their infants can be put broadly into two categories: **errors of omission**, which constitute an **avoidant attachment** style, and **errors of commission**, which are part of an **anxious, ambivalent attachment** style. Bear in mind that these patterns are *stereotypes* which describe clusters of behaviors, and that these patterns include the most extreme degree of the wide variation possible within each pattern. To further muddy the waters, children can develop different attachment patterns with different caregivers, so that some of us grow up with a blend of avoidant and anxious attachment styles.

When Rosen Method Bodywork clients come to our sessions, they bring their formative attachment experiences with them in the form of their nonconscious repertoire of social engagement and defensive behaviors, self-images and belief systems. Clients are lying down, often with eyes closed, and are being gently and compassionately touched and spoken to; these relational elements directly activate their embodied, implicit memories of their early attachment bonds.

Every client is unique in the ways he/she is able to use a practitioner's attuned support for inner exploration. Clients who were fortunate enough to have had well-attuned, effective caregivers will recognize and feel at home in the "safe container" of relationship provided in Rosen Method Bodywork. These clients will be able to use the practitioner's presence to move toward an inner state of safety. They will be able to tolerate a wide range and intensity of emotional feelings while continuing to be self-aware,

aware of the present moment, and able to utilize the practitioner's support. Clients who have had less optimal attachment experiences may tolerate a narrower range of emotional experience, and have a more complicated route toward using the Rosen Method relationship to help them move toward an inner state of safety.

Understanding what happens when formative bonding has been less than optimal can be very helpful to Rosen Method Bodywork practitioners in creating and maintaining a relationship that is a *base of safety* from which each individual client can explore his/her embodied experience. This base of safety is vital when embodied exploration brings up overwhelming or feared sensations and emotional feelings.

We have seen that the quality of parent-child interactions greatly contribute to the development of neural circuits that are vital to emotional regulation and the social brain. "In order to assure the gradual development of neural systems involved in affect regulation, the child needs to be protected from intense, prolonged and overwhelming affective states. In one sense, a child 'borrows' the prefrontal cortex of the parent while modeling the development of its own nascent brain on what is borrowed" (Cozolino, 2006, p. 86).

This means that **the quality of the parent's own emotional self-regulation is the prime teacher for the child's**. "The dyadic interaction between the newborn and the mother serves as a regulator of the developing individual's internal homeostasis" (Schoore, 2008, p. 23). Regulation theory explains how these "external" attachment experiences are transformed into "internal" regulatory capacities (Schoore and Schoore, 2008, p.14).

If a parent cannot reliably regulate his or her own emotional arousal when interacting with the child, she or he cannot consistently protect the child from intense, prolonged and overwhelming nervous system arousal. Under these conditions the child does not develop an optimal self-regulatory system, and this correlates with higher frequencies of physical and emotional illness throughout the individual's life (Cozolino, 2006, p. 140).

The inability of parents or primary caregivers to attune reliably with their infants, and to tolerate a wide range of emotional experiences, very likely stems from their own less than optimal patterns of attachment, which causes them to experience uncomfortable levels of anxiety in the face of their infants' needs and behaviors. Pre- and post-natal stressors, including illness, post-partum depression, as well as environmental and situational stressors, also influence how effectively parents and caregivers attune and respond to their infants.

Avoidant Attachment Pattern

The avoidant-attachment pattern is one in which the parents/caregivers are unable to consistently and effectively regulate their infants' levels of arousal. These parents maintain a degree of emotional distance from their children, are relatively insensitive to their children's state of mind, do not reliably perceive their children's need for help, and may not be effective at meeting those needs when perceived (Siegel, 2012, p.120).

Ogden et al. (2006, p. 48) says that there are two primary errors of omission that create the insecure, avoidant attachment pattern:

- The mothers' (caregivers') inability to respond to their infants' needs for physical closeness and

emotional mirroring.

- The mothers' (caregivers') inability to handle the emotional fluxes of everyday life.

Research into parent-child dyads has found that parents of avoidant-attached infants actively thwart or block their infants' overtures for contact. "These parents appear to have a general distaste for physical contact except on their own terms" (Ogden, Minton, Pain, 2006, p. 48-50). The parents may respond to their infants' overtures by moving away or avoiding mutual gaze. These parents may experience intolerable levels of anxiety in the face of their infants' expression of needs and emotions, most of which center on getting their caregivers to connect with them so that they can feel safe, and thus feel good again. These parents deal with their anxiety by withdrawing from their infants through avoidance and non-responsiveness, leaving their infants without physical and emotional containment (Ogden, Minton, Pain, 2006, p. 46-48).

Of particular interest to body-oriented therapists is the following understanding: when infants lack the external physical containment of feeling securely held together, their muscles fill this breach by prematurely contracting to make their own containers of safety.

Next to our bones are muscle fibers that bind our bones and stabilize our joints. These are *slow-twitch* muscle fibers, which sustain contractions over long periods of time for posture and stability. Infants who self-regulate through premature self-containment contract these muscle fibers continuously to hold their bodies tightly and securely (Keleman, 1985, p. 35). Without an adequate "holding environment," these infants' diaphragm muscles are unable to fully relax into a state of **basic trust**. Their diaphragm muscles adapt to a *higher resting tone*, which becomes their "normal" resting state (Green, 2012).

This muscular work in the diaphragm, and muscles elsewhere in the body, forms a "self container of safety" and uses up some of the energy of the infant's distress, or calms the infant's agitation. Additionally, when the diaphragm is chronically partially contracted, the range of emotional feelings is reduced. *When these infants grow up and walk in the door for a Rosen Method Bodywork session, we observe that they are living within the limitations of their own snug containers: the reduced awareness of emotional feelings, the shallowness of breath.*

"We impose a coherence on ourselves, through protective muscular stiffening, if our parental environment is not resilient enough to tolerate our falling apart, to allow our egos to unburden. Our muscular rigidity is a primitive form of self-sufficiency in the absence of nurture" (Winnicott, 1971).

It is helpful for Rosen Method Bodywork practitioners to be aware that avoidant children and the adults they become utilize defensive postures and movements that depend upon muscle tightness or rigidity. When avoidant-bonded individuals are approached, they may physically withdraw or become more armored in defense. An alternate pattern of withdrawal or disengagement is more passive, using low muscle tone and lack of response to overtures. Many bodies show mixed muscle tone: high in certain areas and low in others; for example, strong and muscular through legs (for flight) but weak and flaccid through arms (for reaching out and taking in). Their faces often lack emotional expression, showing instead a stiff upper lip, and they tend to avoid eye contact (Ogden, Minton, Pain, 2006, p. 49).

In avoidant parents' lives, their own and other's emotions are generally denied, ignored, and avoided as a matter of course. Their infants' emotions are similarly underplayed, or responded to with inadequate attunement. This may apply to positive as well as negative emotions, or, as in cases of "happy all the time,"

some caregivers resonate only to the (moderate) experience and expression of positive, but not negative, emotions. Without enough shared moments of pleasure and joy, children don't get enough chances to develop a capacity for positive emotions, especially in relationships. This is the case for mothers who suffer from post-partum depression, or for parents/caregivers who suffer from a situational depression. Depression biases the parent's nervous system toward *hypo-arousal* which interferes with the parent's ability to interact with and mirror the child's actions and vocalizations, especially when they are joyful and energetic (Cozolino, 2006, p. 216).

Bowlby (1988) tells us that what cannot be communicated nonverbally from the infant to the parent cannot be communicated to the self. What is off-limits to the parent becomes off-limits to the self. These "off-limits" needs and emotions have never become conscious, because they were not expressed and responded to. We see this in certain Rosen Method clients who do not have a clear idea of what emotions they are experiencing while on the table, nor of the needs that their emotions are motivating them to fulfill.

Very soon after birth, these infants' needs for physical closeness and emotional responsiveness are paired with the intense fear that they will not get affectionate attention, and that they will be completely abandoned. They learn that whatever distress they are experiencing is compounded by their parents' dismissal or rejection (Ogden, Minton, Pain, 2006, p. 48-50). Avoidant-attached children have to maintain a balance between their need for closeness and the anxiety this need brings up for them. When children cope by disconnecting their inner needs from their external behavior, they don't learn how to get their needs met, and these unheard, unmet needs go deeply underground (Ogden, Minton, Pain, 2006, p. 48-50).

In behavioral studies, these children are observed to adapt by expressing little need for closeness, and show little interest in adult overtures for contact. When contact is made, avoidant children do not sustain it, focusing instead on toys and objects. These infants show few behavioral signs of distress when separated from parent, although there is physiological evidence of sympathetic nervous system arousal (distress). Upon reunion, they ignore or avoid the parent by moving or leaning away when picked up (Ogden, Minton, Pain, 2006, p. 48-50). Our western cultural bias has been to move away from the physical and toward the rational, leading Winnicott to observe:

"Prematurely separated from the nourishing attention of the mother, people lose touch with their own bodies and retreat to the confines of their minds; the thinking mind thus becomes the locus of the sense of self. The sense of self which we form in this way is limited and distorted; it is one of emotional and physical containment; one in which our inner drives and feelings are mysterious to ourselves" (Winnicott, 1971).

This bias toward cognition is reinforced by specific instructions to children to *think* rather than *feel*. During Rosen Method Bodywork training, a student recounted that when she was distressed and needed help, her mother would tell her to "Go to your room and think about it." This got mother off the hook, and trained this student early on to substitute thinking for feeling.

Avoidant children learn how to organize their behavior effectively under ordinary circumstances, but are less able to communicate and interpret emotional signals. They have not been adequately mirrored, thus do not develop the vocabulary with which they can understand and explain their own and others' emotions. They can handle cognition - thinking, abstract reasoning, etc, but not emotion. They can deal, but not *deal and feel* while relating (Fosha, 2000, p. 42). These children, and the adults they become, sacrifice aspects of their emotional life in order to function. This pattern leads to isolation, alienation and emotional impoverishment.

Adults with avoidant attachment patterns downplay the importance of relationships. They tend to distance themselves from others, seek to be self-reliant, undervalue human contact and view emotions with cynicism. They withdraw under stress and avoid seeking emotional support from others. They may find dependence upon others frightening or unpleasant. On MRI brain scans, their *neural brake* on upsetting emotional thoughts and feelings (located in the *anterior cingulate* area) appears to be jammed. This *neural pattern for nonstop emotional suppression* explains why those with an avoidant style tend to be emotionally distant, rejecting and uninvolved with life. "Avoidant types seem to have bartered away a fuller emotional connection to others for a protective disconnection from their own disturbing feelings" (Goleman, 2006, p. 197).

Avoidant-attached individuals often lack recall for relationship-related events in their lives. Siegel suggests that in avoidant attached children, the lack of emotional involvement keeps the amygdala, OMPFC, and other appraisal centers from labeling relationship-related experiences as worthy of recall, so they form fewer memories of emotional and interpersonal experiences (Siegel, 2012, p. 126). Their view of themselves throughout their lives consists of non-emotional traits and abilities, which are seen as being quite separate from interpersonal relationships. These individuals may consider themselves to be loners whose accomplishments revolve around thinking and doing things independently.

Rosen Method Bodywork sessions guide clients to turn their awareness to what they feel and sense while being held in a safe container of relationship. Clients with avoidant attachment histories may often be fuzzy on what they sense and feel within themselves at any given moment, and prefer to offer their thoughts instead. Rosen practitioners guide clients from their thoughts to their sensations and feelings. Clients with avoidant patterns may not know that they are having feelings, and when they begin to pay attention to the bodily sensations that are part of an emotional feeling, these sensations may initially register as unpleasant, unsettling, or mysterious. They may not understand why the Rosen practitioner is encouraging them to pay attention to their sensations and feelings. "What good will that do?" they wonder.

In avoidant children and adults, there is often a mismatch between their needs and their behavior, because they automatically disconnect their internal needs from their external expression and behavior. Children with avoidant patterns may need to connect but may withdraw instead. *Avoidant adults may think that they want to be close to someone, but their bodies tell another story as their muscles tighten and retreat from contact, while being unaware of this incongruity. In a Rosen Method Bodywork session, some clients may say they want to be touched, but their bodies' responses tell the practitioner otherwise.*

Avoidant attachment leads one to stifle most emotions, especially distressing ones. Intimacy may be physiologically stressful, rather than pleasurable, or a resource that helps one to cope. Expressing and revealing one's felt experience to another person presents an additional challenge. When avoidant-attached individuals are in relationships, their difficulties with embodied self-awareness may increase exponentially.

Knowing that relationships are stressful for such clients, and that they downplay emotional experience, encourages Rosen Method Bodywork practitioners to be patient when "nothing seems to be happening" in sessions. Because avoidant-attached clients may have great difficulty establishing a connection both with their feeling selves as well as with the practitioner, practitioners can view "stuck" moments as times when clients are in the inner confusion of approach-avoidance conflicts. Rosen practitioners value their clients' tiny steps toward embodied self-awareness, knowing that their clients nonconsciously anticipate negative responses to their expression of inner sensations, emotions and needs.

Ambivalent/Anxious Attachment Pattern

The ambivalent/anxious attachment pattern, like the previously described avoidant-attachment pattern, is one in which the parents/caregivers are unable to consistently and effectively regulate their infants' levels of arousal. These caregivers' emotional responsiveness is not consistently well-attuned to their infants' emotional states, so the infants are not reliably engaged or mirrored.

In many ways the insecure-anxious attachment style is the flip side of the insecure-avoidant style. Anxious, ambivalent-attached parents are able to attune with their infant, but not in a consistent, reliable way. Parents of children who develop an enmeshed, ambivalent, anxious style of attachment are *inconsistently* available, and respond *unpredictably* to their infants. The parents' interactions are often a response to *their own* emotional moods and needs rather than a response to their infants' needs (Ogden, Minton, Pain, 2006, p. 50). High levels of stress, as well as traumatic events, impair the ability to self-regulate emotional arousal; parents or caregivers who are suffering from stress and trauma may be living with dysregulated autonomic nervous systems that bias them toward insecure/anxious attachment.

Ambivalent-attached parents feel helpless, shamed and out of control when their infant's needs disrupt their own fragile equilibrium. These parents regain a sense of control by making errors of **commission**. They actively shame, blame and punish their children for disruptive needs and emotional behaviors, which can be positive as well as negative emotional behaviors (Ogden, Minton, Pain, 2006, p. 50).

Because ambivalent-attached parents live on an internal rollercoaster the same behavior from their infant elicits a different response from one day to the next, and depends upon how mom feels in the moment (Ogden, Minton, Pain, 2006, p. 50). These mothers (fathers/caregivers) are so absorbed in their own anxieties and internal experiences that they are unable to consistently attune to their infants. They may behave *intrusively, dysregulating* rather than regulating their infants' arousal. For example, they may stimulate infants into over-arousal even when the infants are attempting to down-regulate by averting their gaze. These children become hyper-vigilant in response to their caregivers' unpredictable intrusions (Ogden, Minton, Pain, 2006, p. 50).

Some signs of adult hyper-vigilance that practitioners notice in Rosen Method Bodywork sessions include intense and constant eye contact or visual scanning; ongoing questioning of what the practitioner is doing; the attempt to control the session through constant verbal instructions such as "go here, go there, touch me lighter, harder." Practitioners can reduce some of the anxiety that drives hyper-vigilant behavior by telling these clients in advance where they will place their hands, explaining what they are doing and why they are doing it. For example, "I am moving my hands to your upper chest, because it is very still. I am using a bit more pressure now to see if your body would like stronger input." Practitioners can remind clients that this is a journey into the unknown, which requires relinquishing the control of anticipating and figuring out the outcome. Practitioners can try to engage the client's curiosity, through statements like, "We are looking for what your conscious mind does not already know, but your body does," which primes clients to welcome the surprise of new experiences.

Ambivalent-attached infants are unsure of a reliable response to their physical and emotional communications; every need becomes a source of anxiety because there is no reliable way to get their needs met. Their internal sense of uncertainty gives them a more urgent and continuing need for comfort from personal interactions. They do sometimes get their needs met, and this *inconsistent reinforcement* leads them to focus maximal attention onto their attachment needs. Because they have experienced some of the

pleasures of bonding and mirroring, but have not received enough of it, nor at the times they needed it, they continue to pursue this elusive goal (Ogden, Minton, Pain, 2006, p. 50).

When they become adults, they are preoccupied with attachment, are overly dependent on others, prefer proximity to others, and tend toward enmeshment and intensity in their relationships. They are not comfortable with solitude. However, *their relationships do not regulate or soothe them because their nervous systems are biased toward hyper-arousal while relating*. This hyper-arousal is partially a result of their hyper-vigilance against intrusive behavior, and partially because they obsess about actual and potential problems in the relationship (Ogden, Minton, Pain, 2006, p. 50).

MRI brain studies of anxious adult women reveal that they are unable to consciously suppress a “relationship worry circuit” located in the anterior temporal pole (sadness); anterior cingulate (emotional arousal); and hippocampus (memory). This leads them to be apprehensive, clinging, and needing reassurance in relationships. Some may undervalue their own worth, while idealizing their partners; some may experience an addiction to love, or an obsessive preoccupation with their lovers (Goleman, 2006, p. 195-197).

These insecure, demanding aspects of the ambivalent, anxious-attachment pattern are in sharp contrast to avoidant-attachment, in which children learn to turn away from their attachment needs and to downplay the importance of relationships to their well-being. Avoidant-attached children, and the adults they become, give up on attachment, while anxious-attached children and adults pursue attachment as though their lives depended on it. Anxious-attached individuals focus so intently and exclusively on maintaining relationships as a way to feel better that they may have little awareness of the colors of their own inner lives, and may forfeit authenticity in favor of fitting in and being accepted.

For ambivalent, anxious-attached children, their inconsistent parenting generates multiple, contradictory models of attachment. Such children have no reliable ways to establish a connection with their parents when they need it, leading to a sense of insecurity about their ability to maintain relationships. Anxious-attached children are aware of their feelings, but do not learn to trust what they feel, and do not gain the security that comes from being able to predict responses from their environment (Ogden, Minton, Pain, 2006, p. 50).

Lack of trust in their own feelings and perceptions lead Rosen Method clients to “second guess” their feelings: “Am I really angry? Maybe I’m just sad. Are you sure you’re not angry with me?”

As mentioned earlier, not all attachment problems originate with parents. Compared to the tightly-held bodies, smaller emotional range and lower-level energy of avoidant-attached children, anxious-attached children are said to have *difficult temperaments*. Temperament is a genetic attribute. Anxious-attached children’s emotions are intense and out of control; they are slow to recover from negative emotional states; they adapt poorly to change; their biological functions (sleeping, eating, eliminating, etc.) are irregular. Their sympathetic nervous systems (arousal) become dominant as they learn to increase their signaling for attention, and to escalate their distress in order to get help. They have a low threshold for tolerating their own emotional arousal and physical discomfort. This *low threshold* leads them to focus excessively on their internal distress, the better to advertise it, and to pursue relief frantically (Ogden, Minton, Pain, 2006, p. 50). These children, and the adults they become, may not read their inner signals accurately when these inner signals scream from within.

Anxious-attached children’s OMPFC networks do not develop the adequate ability to say no to impulse.

Lacking the repeated experience of being soothed consistently, they do not optimally develop the neural networks that will enable them to soothe themselves. They find isolation stressful because their nervous systems are less able to auto-regulate, but they may also be unable to be soothed by their caregivers, and may respond with anger and rejection as well as contact seeking (Ogden, Minton, Pain, 2006, p. 50).

As adults, they can feel, but cannot simultaneously deal (function) while relating. They experience their emotions, but they have *too much anxiety mixed in with their emotions*, triggered by their histories of caregivers' perceived unpredictability and unreliability (Ogden, Minton, Pain, 2006, p. 56). This anxious attachment pattern sets the stage for emotionality that *interferes* with, rather than informs, optimal functioning.

In Rosen Method Bodywork sessions this emotionality may present as "unauthentic": as actively "performed" or "efforted," because these individuals are so anxious to be seen, heard and responded to.

Physically, anxious-attached children and adults show more congruity between their internal states and their external behavior than do those with the avoidant pattern, but their behavior is often dysregulated. Their physical movements may be uncontained, geared more toward discharge of high arousal rather than achievement of a specific goal. They live with the muscle tension associated with anxiety, and their biological functions may be disturbed. Living in a state of high arousal most of the time, they act impulsively and are vulnerable to addictions to help them modulate the arousal (Ogden, Minton, Pain, 2006, p. 56).

In contrast to the body types and defense mechanisms that arise from avoidant attachment, in which tight control of the body and mind are salient, ambivalent attachment develops nervous systems that lack consistent control. Anxious, ambivalent attachment patterns lay the groundwork for the development of mood swings, blurring of interpersonal boundaries, and addictions.

Working with anxious, ambivalent-attached clients in Rosen Method Bodywork sessions may call for establishing better interpersonal boundaries, and helping clients contain and modulate the intensity of their emotional arousal.

Both avoidant and anxious-attached children, and the adults they become, may have a sense of being *unseen*, or *absent* in their important interactions, and this may create within them a sense of a having a **"False Self"** in relationships (Winnicott, 1971). By the age of two, we begin to discriminate between our private, inner core self which feels like our *true self*, and a public, socially adaptable self (Siegel, 2012, p. 297-9).

Thinking of these two selves as *false* or *true* oversimplifies matters. We all develop multiple relational selves that we use in different social contexts; we have a different "personality" or way of being in our work personas than we do in our intimate relationships. We have multiple *adaptive selves* (Siegel, 2012, p. 297-9). But some of us have a sense of *deep disconnection* between our private and public selves which arises because our inner selves have not been seen and appropriately acknowledged. This split most often occurs in anxious-attached children and adults because they are so invested in social relationships and work very hard to acquire and maintain them. Their *unacknowledged inner selves* may therefore be undeveloped, and that may feel like *emptiness*, rather than fullness with qualities. This *inner sense of emptiness* renders solitude uncomfortable, and these individuals seek constant social engagement, or turn to activities and substances which take their attention away from the empty feeling (Stern, 1985).

In contrast, avoidant-attached individuals employ disconnection between their inner and outer selves as a coping device which makes them more able to function. They rely upon thinking, rather than feeling, to guide their behavior, and do not often access their embodied self-awareness. They may act the way they “think they should” to best meet the situation. But in this process of disconnection they have sacrificed the possibility of getting their inner needs met by others. Rather than feeling empty internally, they may feel that the external world of relationships is empty, in that it has nothing to offer them.

Rosen Method sessions offer a fertile ground for building and reconnecting with one’s true inner self, and being able to show that inner self to another person, as clients discover their sensations and feelings within a safe and secure therapeutic relationship that values seeing them for who they truly are. Marion Rosen believed that people yearn to come out of hiding, so that their true selves can be seen and accepted (Rosen and Brenner, 2003).

In striving to establish a “safe container” of relationship with clients, it is vital that Rosen Method Bodywork practitioners understand that the interpersonal behavior of insecurely attached children, and the adults they become, is better described as a measure of stress than as a form of coping (Cozolino, 2006, p. 147). Studies show that compared to securely attached children, who are able to use other people to modulate their stress, insecurely attached children continue producing stress chemicals while their primary caregivers are with them.

Rosen Method Bodywork practitioners may assume that the offered relationship makes it easier for clients to become more self-aware when, in fact, the relationship itself can be a source of stress for some clients. For these clients, the meat of the sessions may initially be tolerating the practitioner’s interest, compassion and attuned responses. Certain clients may have difficulties believing that practitioners’ interest and compassion are authentic, and in their best interest. Rosen Method practitioners must be aware that clients may repeatedly “test the waters” to see if practitioners do stick around in a consistent and reliable way, and if they can come to trust them.

Building Trust through Reconnection

Trust is established in relationships through connecting with one another (attuning), losing or breaking the connection, then taking steps to reconnect (Siegel, 2012, p. 314). The ability to connect and reconnect is experience-dependent. During the first year of life infants lack much of the neural wiring necessary to reciprocate their parents’ messages in a coordinated way, so that babies and parents stay well coordinated only about 30% of the time (Goleman, 2006).

It is not solely up to the parent to attune to the infant, the infant has to solicit responses from the parent. As discussed earlier, infants may have congenital impairments that make it difficult for them to deploy these bids for social contact. The ability to “reach out” to others allows the infant’s brain to develop the essential skill of establishing, and then re-establishing, a connection with other people. As the infant’s brain matures, it gets better at re-establishing an attuned connection with others, a skill that will serve well in life and with one’s own children. This finding also supports Winnicott’s assertion (1971) that one only needs to be a “good enough”, not a perfect, parent.

*It is heartening for Rosen Method Bodywork practitioners to know that the process of disconnection/reconnection actually builds a more robust bond of trust than would perfect attunement (Siegel, 2012, p. 314). Rosen practitioners need not be perfectly attuned at every moment of the session, but they do need to notice when the attunement has ceased, and be able to take steps to **repair** it.*

Repair is an interactive process in which the rupture is recognized, and reconnection through attunement and resonance is established through a soothing process that enables the relationship to continue on a supportive path (Siegel, 2012, p. 314). Children who lack “good enough” synchronous parenting - or who themselves had deficits that prevented them from fully connecting with their parents - did not experience the process of repair frequently enough to learn effective ways to reconnect with others when that connection has been lost.

Insecurely-attached parents (caregivers) withdraw from their children’s overtures to reconnect, cutting the children off, as well as using shame and humiliation when their children behave in ways they cannot tolerate. Humiliation, in particular, closes the door on reconnection. Schore (2003) defines **shame** as the feeling one has in a high state of sympathetic nervous system arousal (joy, excitement, distress, anger) and one is told to turn on the parasympathetic brakes. In this definition, *shame* is a necessary byproduct of the child learning self control, as in “Stop running, you will fall!”

Humiliation is of a different order, and Schore (2003) believes humiliation is toxic to the child’s developing brain. Humiliation occurs when a child is in a state of high sympathetic nervous system arousal (joy, excitement, distress, or anger), and makes active attempts to get his parent to *join* with him in the highly aroused state. The parent does not attune with the child, and is disapproving instead. The child tries his best to control his arousal so that he can re-establish connection. But the parent does not acknowledge the child’s attempts at self-control, and continues to be angry and disapproving and *refuses to reconnect* with the child. This *lack of repair* leaves the child with no way to regain emotional equilibrium, and these extended states of nervous system dysregulation are what Schore believes are toxic to the child’s developing nervous system.

Both avoidant and ambivalent-attached parents resort to shame and humiliation in the face of behavior they find intolerable. In humiliation, the child has held up his part of the bargain, but the parent is not mollified. There is literally nothing that the child can do in that moment to regain a connection, and thus to feel safe. Insecure-attached children do not master strategies that help them reliably reconnect with others when that connection is lost. Avoidant-attached children live with the disconnection, and their autonomic nervous systems come to rely upon parasympathetic functions to self-regulate. This translates into decreased activity, lower heart rate, a low level of emotional expression, an avoidance of eye contact, and physical withdrawal. Anxious-attached children frantically try to restore connection, which leads them to act out in various ways to elicit some form of attention, and thus, some degree of connection. These children’s nervous systems become biased toward arousal which translates into high levels of activity, dysregulated behaviors, extreme emotional intensity, and mood swings (Ogden, Minton, Pain, 2006, p. 54-8). In a therapeutic relationship, the process of repair is especially crucial with clients who have histories of insecure formative attachments.

Rosen Method practitioners are trained to establish a felt connection through attunement, reflection and unconditional acceptance. Practitioners are trained to notice when they have established a felt connection, to know when they have lost it, and to know ways to re-establish the felt connection.

It can be very helpful for the Rosen Method Bodywork practitioner to understand that clients have very different ways of responding to a break in interpersonal connection, and to the practitioner’s attempts at reconnection. Practitioners cannot maintain perfect connection 100% of the time. On their end, clients will disconnect when the connection is bringing up their anxiety or other uncomfortable feelings. Avoidant-attached clients may tend to

“disappear” into themselves and be difficult to “find” and reconnect with. Anxious-attached clients may tend to become agitated, turning their distress into anger (including anger at the practitioner), fear or self-loathing.

Practitioners consistently find ways to help clients reconnect with them when that connection has been lost, because this is the only way to maintain a “safe container” of relationship. “Can you feel my hands?” they may ask. “I am right here with you,” they may affirm. Practitioners’ touch, their attuned responsiveness, and their reflection of what they observe happening in clients’ bodies convey the same message: “I am here and I am not leaving, I care about you, I can help you become more aware of what you need in this moment.”

As mentioned previously, formative relationships contribute to one’s self-image. When traumatic events happen in insecure-attached children’s worlds, like death, moving, or illness, the caregivers are unable to respond to the increased intensity of children’s needs to feel bonded to them and thus safe. In this environment, children are likely to develop self-concepts that they are too needy: that their needs and emotions are shameful, or overwhelming and destructive to themselves and others. This self-concept develops into a harsh, perfectionist and punitive superego which tells such children that they are flawed and undeserving of love, and that their needs are excessive, destructive and shameful. This is often the same harsh superego that their parents developed out of their own attachment experiences with their own parents. Thus superego formation may be a multigenerational process, based on the parents’ implicit memories of their own early attachment experiences.

Goleman (2006, p. 195) concludes that the underlying difficulty with the anxious and avoidant types comes down to rigidity. Both types use strategies that actually make sense in a specific situation but are employed even when they fail to make the situation better, and even when the strategy makes the situation worse. If there is real danger, for example, anxiety leads to preparedness, but anxiety out of place creates relationship static.

Rosen Method Bodywork clients often know their relationship patterns intellectually: they know they have difficulties feeling close to another person, or that they often work too hard to keep the other person close. A Rosen Method Bodywork session may be the first time that they are becoming self-aware of their physiological hyper- or hypo-arousal while in a relationship. As they feel and accept the truth of their bodily responses, which are met by the practitioner with compassion and understanding, their nervous systems have the possibility to stop producing a stress response, and to move into a more regulated zone of “safe enough.”

When in the safety zone, clients do not run on automatic programs of protection and survival. They have choices, they have flexibility of responses, and they can use the modeling provided by the Rosen Method Bodywork practitioner to experiment with new ways to relate to themselves and to others. The more often clients are able to feel “safe enough” in Rosen Method Bodywork sessions, the more often their nervous systems will be able to access this zone of safety in other positive relationships (Green,2014 a).

Non-judgmental acceptance and compassion form the basis of the quality of “presence” that Rosen Method Bodywork practitioners bring to their relationships with their clients. These qualities offer a powerful antidote to clients’ harshly dismissive and judgmental self-concepts. As Rosen Method Bodywork practitioners repeatedly model acceptance of and compassion for their clients’ needs, desires, sensations and emotional feelings, their clients develop a more compassionate, accepting attitude toward their own felt experiences.

Conclusion

Reparative Relationships Create a Ripple Effect Out Into the World

Rosen Method Bodywork practitioners can view what they do in sessions as providing their clients with a *reparative relationship* which supplies the attunement, reflection, and compassionate acceptance that was lacking in clients' formative relationships with caregivers (Schore and Schore, 2008). Reparative relationships stimulate the growth of neural connectivity which can integrate those sensations, emotions, memories, images, thoughts, and impulses to act that did not develop optimally during one's formative attachment experiences. "An intimate relationship with an attuned therapist reactivates attachment circuitry and makes it available to neuroplastic processes" (Cozolino, 2006, p. 308).

Clients feel *felt and seen* in Rosen Method Bodywork sessions. "Having the sense that someone else feels one's feelings and is able to respond contingently to one's communication may be vital to close relationships of all sorts throughout one's lifespan" (Siegel, 2012, p. 300). Positive attachment is built on the ability to share emotional states, and the Rosen Method process of *seeing and being seen, feeling and being felt*, amplifies enjoyable emotions and reduces and buffers uncomfortable emotions. Positive, secure attachment experiences are possibly the only way to modify the fear and anxiety components of the neural circuitry that organizes social, interpersonal perceptions and behaviors (Siegel, 2012, p. 314; Goleman, 2006, p. 170).

The impact of reaping the rewards inherent in positive attachment relationships reaches beyond increasing one's well-being. In the introduction to her book Marion Rosen writes:

"For a long time it seemed to me that personal individual transformation was the goal of Rosen Method Bodywork, and for many years this seemed enough. However, the goal has gone beyond the individual's interior healing process: I see that this work can transform family interactions, work and creative life, and the world. Rosen Method work begins with the individual and his or her own growth, yet it doesn't stop there. The individual's growth leads to action, and their actions cause a ripple effect in the world" (Rosen & Brenner, 2003, p. xiii)

We can understand this ripple effect when we see how formative attachment patterns may be preserved through generations. Studies of attachment patterns suggest that about 55% of adults have secure-attachment patterns; 25% of adults have avoidant-attachment patterns; 20 % of adults have anxious-attachment patterns (Goleman, 2006, p. 195). *By the time children reach their first birthdays, 75% of them have an attachment style that mirrored their parents'* (Fonagy et al., 1991). We have mentioned how *self-image* also ripples down through generations; superego formation is a multigenerational process, based on one's parents' implicit, embodied memories of their own attachment experiences.

As previously mentioned, there are many factors that interfere with the development of secure attachment bonds, including genetic temperament; perceptual-motor deficits and learning disabilities; illness, accident, injury; traumatic events including physical/ sexual assault outside the home. Parents are not the sole cause of attachment difficulties, nor are they the only root of emotional suppression. Relationships with siblings, teachers, spiritual leaders, employers, therapists, close friends and marriage partners may all leave their mark on one's social/emotional beliefs, perceptions and responses. Regardless of the cause of attachment insecurities, they are carried into later life and show up in Rosen Method Bodywork clinical practice in ways mentioned in this article.

Our social-emotional neural networks are molded by our formative and other important relationship experiences, and we perpetuate these patterns with our children, loved ones, and in our relationships in the world without being aware of what we are doing, or why we are doing it. Rosen Method Bodywork helps individuals become aware of how they protect themselves from some aspects of emotional experience, and provides them with a reparative relationship that can transform feared experiences into challenges that clients now have the resources to deal with. Clients are able to reclaim aspects of themselves that they had to suppress in order to remain safe. As clients become more self-aware while in relationship with practitioners, clients hone their ability to “feel and deal” in all their relationships. Rosen Method Bodywork stimulates the development of robust, resilient emotional self-regulatory systems which provide clients with a greater range of tolerance for their own and others’ emotional experience. These positive changes in how Rosen Method Bodywork clients experience themselves and others changes their family dynamics, and leads to actions that ripple out into the world, and down through generations.

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