Vincentia Schroeter

Integrating Regulation Therapy and Bioenergetic Analysis

Bioenergetic Analysis
24. Volume, No. 1, 2014, Page 105–132
Psychosozial-Verlag
DOI: 10.30820/0743-4804-2014-24-105

Submissions for consideration for the next volume of *Bioenergetic Analysis* must be sent to the editor (vincentiaschroeter@gmail.com) between June 1st and September 1st, 2014.

Bibliographic information of Die Deutsche Nationalbibliothek (The German Library)
The Deutsche Nationalbibliothek lists this publication in the Deutsche Nationalbibliografie; detailed bibliographic data are available at http://dnb.d-nb.de.

info@psychosozial-verlag.de
www.psychosozial-verlag.de

Cover design & layout based on drafts by Hanspeter Ludwig, Wetzlar

https://doi.org/10.30820/0743-4804-2014-24
ISBN (PDF-E-Book) 978-3-8379-6799-9
ISBN (Print) 978-3-8379-2372-8
ISSN (Online) 2747-8882 · ISSN (Print) 0743-4804

Integrating Regulation Therapy and Bioenergetic Analysis

Vincentia Schroeter

Abstracts

English

Attachment theorists have recently become more interested in how bodily-based processes and interventions can contribute to their interest in the emotional regulation of arousal levels. A review of current concepts and techniques in integrative regulation therapy, including their value for Bioenergetics, will be examined. The literature of recent writings on attachment within Bioenergetics will be provided, along with a clinical vignette utilizing both approaches. The paper proposes that the Bioenergetic community answer the call to promote a somatic-energetic approach to the larger psychotherapeutic world.

Key words: integrative Regulation Therapy, arousal maps, somatic-energetic approach, insecure attachment

Regulationstherapie und Bioenergetik (German)

In letzter Zeit interessieren sich Bindungsspezialisten zunehmend dafür, in welcher Weise körperlich verankerte Prozesse und Interventionen an der emotionalen Regulation des Erregungsniveaus beteiligt sein können. Es wird hier ein Überblick über aktuelle Konzepte und Techniken der integrativen Regulationstherapie gegeben und deren Wert für die Bioenergetische Analyse untersucht. Der Artikel gibt einen Überblick über die neuere bioenergetische Literatur mit Bezug zur Bindungsthema-

tik und verbindet in einer klinischen Fallvignette beide Ansätze miteinander. Diese Arbeit spricht sich dafür aus, dass die Bioenergetiker/innen ihre körperlich-energetische Sichtweise der psychotherapeutischen Weltgemeinschaft zur Verfügung stellen und damit deren Interesse an körperbasierten Prozessen beantworten.

Thérapie de régulation et analyse bioénergétique (French)

Les théoriciens de l'attachement se sont intéressés récemment à la manière dont les processus et les interventions de type corporel pouvaient alimenter leur réflexion en ce qui a trait à la régulation émotionnelle des niveaux d'excitation. Nous passerons ici en revue les concepts et les techniques ayant présentement cours dans le domaine de la thérapie de régulation intégrative, et nous examinerons également leur valeur en regard de l'analyse bioénergétique. Nous présenterons également des références à des écrits récents en analyse bioénergétique portant sur le thème de l'attachement, de même qu'une vignette clinique dans laquelle les deux approches ont été utilisées. L'article suggère enfin que la communauté d'analyse bioénergétique devrait répondre à l'invitation de promouvoir l'approche somatique-énergétique auprès de l'univers plus large de la psychothérapie.

La Terapia de Regulación y Bioenergética (Spanish)

Los teóricos del tema del apego se encuentran recientemente más interesados en cómo los procesos corporales y las intervenciones pueden contribuir al interés en la regulación emocional de los niveles de excitación. Se examinan los conceptos actuales y técnicas en terapia de regulación integrativa, incluyendo el valor que aporta en la bioenergética. Se proporciona la literatura de los últimos escritos sobre el tema del apego en la bioenergética, junto con una viñeta clínica en la que se ponen en práctica ambos enfoques. El documento propone que la comunidad bioenergética acuda a la llamada que promueve un enfoque somático-energético en un mundo psicoterapéutico más global.

Terapia della regolazione affettiva e Bioenergetica (Italian)

I teorici dell'attaccamento, di recente, si sono maggiormente interessati a come i processi e gli interventi corporei possono fornire un contributo al loro interesse per la re-

golazione emotiva dei livelli di arousal. Sarà presa in esame una revisione dei concetti attuali e delle tecniche nella terapia di regolazione integrativa, tra cui il loro valore per la Bioenergetica. Sarà fornita una panoramica degli ultimi scritti bioenergetici sull'attaccamento, insieme a una vignetta clinica che utilizza entrambi gli approcci. Il saggio propone che la comunità bioenergetica risponda alla chiamata per proporre un approccio corporeo-energetico al più vasto mondo della psicoterapia.

Terapia da regulação e bioenergética (Portuguese)

Os teóricos do Apego recentemente tem se interessado cada vez mais em conhecer como processos e intervenções baseados no corpo podem contribuir para seu interesse na regulação emocional dos níveis de ativação. Uma revisão dos conceitos atuais e técnicas da terapia integrativa da regulação, inclusive seu valor para a Bioenergética, será examinada. Será fornecida uma literatura dos recentes escritos sobre Apego, dentro da Bioenergética, bem como uma vinheta clínica utilizando ambas abordagens. O artigo propõe que a comunidade Bioenergética responda ao chamado para produzir uma abordagem somática-energética destinada ao mundo mais amplo da psicoterapia.

Introduction

I am interested in the interface of Bioenergetics and the latest advances in attachment theory and I recently completed a ten-month NCAR (Newton Center for Affect Regulation)[1] training on integrating affect regulation theory into psychotherapy. Regulation therapy[2] (referred to in the rest of this paper as RT) is not a school of therapy but the current state of the evolution in the past decade of attachment theory. Allan Schore states,

1 Ruth Newton, PhD, is a clinical psychologist in San Diego specializing in attachment and affect regulation theories in interventions from birth through adulthood. She has been a member of Allan Schore's study group for affective neurobiology since 2004, is the author of The Attachment Connection (a book for parents on raising secure children) and organized and supervises an extensive treatment program using dyadic therapy for homeless parents and children at St Vincent de Paul Village. Dr. Newton is the originator and developer of *Integrative Regulation Therapy*, a brain-based focus on emotional security, which is the topic of her new book, *Scaffolding the Brain: A Neurobiological Approach to Assessment and Intervention.*

2 After my training with NCAR, Dr. Newton changed the name from Regulation Therapy (Schore's term) to integrative Regulation Therapy, in order to emphasize her contributions including the integration of right and left brain in regulation.

> "The current interest in effective bodily-based processes, interactive regulation, early experience-dependent brain maturation, stress, and non-conscious relational transactions has shifted attachment theory to a regulation theory." (Schore 2008)

This paper will examine theory and concepts from RT to investigate their possible value to Bioenergetic Analysis, (referred to in the rest of this paper as BA) and explore where Bioenergetics may inform RT especially in the area of the "current interest in effective bodily-based processes", referred to by Schore above.

Methods and Materials:

1. Literature review of BA writers on attachment
2. Regulation Therapy: concepts and clinical value of RT for BA
3. Bioenergetic Analysis: relevant concepts and clinical value of BA for RT
4. Clinical vignettes using language of both RT and BA

I. Literature Review

A. Introduction: Reich, Lowen and Bowlby

Wilhelm Reich was a psychoanalyst in the 1930's to 1957, whereas Alexander Lowen and John Bowlby were contemporaries, who developed their theories in the next generation, from late 1950's through the 1980's. Reich was part of Freud's inner circle in Vienna. Although interested in affect, Freud disagreed when Wilhelm Reich wanted to move his patients into affective expressive work as a way to work through their neurosis. In a book that was mandatory in psychoanalytic circles years ago called *Character Analysis*, Reich created various personality types or character structures that could be observed in the carriage and motility of the body (1933).

Reich was interested in helping adult patients achieve their fullest potential as "genital characters." Reich admitted that in his day, in relation to the emotional development of the infant, "we know very little about it."(Cinotti, p. 94), so his eye was trained on adult function with undeveloped knowledge of infant mental health.

Alexander Lowen expanded Reich's character types in *The Language of the Body* (1971). These categories showed how neurotic styles looked in the overall movement and structure of the body; how the energy economy both maintained a homeostasis and employed defenses; and how each type was based on a different sort of disturbance in early nurturance. Both Reich and Lowen operated from a drive conflict model. The

theory is that working through the conflict on a body level will free you to pursue your dreams and find more joy. This is different from Bowlby, who is working from a relational model. Bowlby turned his eye to the development of infant-mother bonding. Ainsworth saw what deficits looked like in her secure versus insecure organizations of infants. So attachment was based on a relational and deficit model.

This paper will assume a basic understanding of the work of John Bowlby, who founded attachment theory with the discovery that an infant is born with the instinctual capacity to behave in ways that attract a bond to a primary caretaker. Bowlby found that when the instinctual need to maintain proximity to the attachment figure is threatened, separations from mothers cause major emotional stress and a predictable pattern of response. The pattern is for the infant to seek mother by expressing *protest* and if she doesn't respond then go into *panic*, then to *depression* and finally to *despair*. Spending too much time experiencing these negative affects creates defensive maneuvers to lower the pain threshold. Lowering the pain comes at the cost of narrowing the range of expressiveness or aliveness. These negative or "dysregulated" states, when not soothed by self or other may result in some form of psychopathology. Bowlby coined the term, "internal working model" to characterize the primary relationship pattern from childhood that becomes the individual's template or model for how relationships work in the future (Bowlby 1969–1982).

B. Bioenergetic Writers on Attachment

Most writers I'm familiar with write in English or have English translations. Most are second and third generation BA practitioners.

The recently deceased couple, David Campbell and June McDonough were the pioneering parents of Attachment Theory within the Bioenergetic community, creating rich Bioenergetic techniques to explore infant attachment issues.

Robert Hilton wrote a book and coined the term "relational somatic psychotherapy" to present his extensive body of work promoting an intersubjective approach, integrating people like Winnicott and distancing himself from the sometimes one person model of Reich and Lowen. Hilton emphasizes that we "offer the patient breakdown and repair and understand through the body our relational method, making Bioenergetics a real somatic-relational process."(p. 93) This comment incorporates how modern BA stays with the person of the client through breakdown of defenses and repair of early wounds, while staying in the relationship.

Guy Tonella traces our development over the years from conflict, to deficit, to an attachment model. In 2008 Tonella reformulated these paradigms in BA. He ties in

Reich and Lowen's original character types with attachment styles. He sees schizoid character type as avoidant attachment and oral character type as preoccupied attachment. However, I feel there is room for discussion as these two systems learn to interact and continue to develop further.

Bob Lewis (2012) makes a succinct statement of Allan Shore's main theory, "(As a) delineation of the right brain to right brain, infant-caretaker dialogue, which lays down neural circuitry of affect regulation. The child's attachment experience, Schore proposed, has been hard wired into his right limbic system as model of relationships to come" (p. 117). In summary Lewis states, "Neurobiology helps by affirming the brain changing power of the right-right brain attuned dialogue that is at the basis of our Bioenergetic work." He referred to Siegel discussing aspects of the brain that become the "resonance circuitry." In a paper titled, "The psychosomatic basis of premature ego development", Bob Lewis (1981) coined the term, "cephalic shock" to refer to the infant's need to pull up and away with it's head in response to the preverbal trauma of having a mis-attuned borderline mother. This follows Winnicott's concept of the false self but refers specifically to the bodily basis of the mind/body split at the base of the skull.[3] Pye Bowden, while on a panel at the 2013 IIBA conference in Sicily, said that we (BA therapists) "Live in the limbic", meaning we focus on this right to right brain emotional connection between us and our clients.

Much of Margit Koemeda's (2012) paper is on what we have learned from neuroscience. Two points related to attachment are the following. She reports on Bauer's research, which shows that interpersonal relationships influence somatic processes-reaching as deep as the regulation of gene activity-in prenatal, infancy, and less so in adults (p. 63). The second point is that attuned early positive bonding protects stress genes from over-activity in later life. Similar resources as parental bonding and love may influence our patients epigenetic functioning in a way that they become less vulnerable to stress and increase resilience in coping with life.

In Helen Resneck's (2012) paper on neuroscience, attachment and love, she states that, "... the neuroscience literature is complete with findings regarding attunement, down-regulating and emotional regulation (with) face to face and eye contact; but there is little mention of holding and touch ... emphasis is placed on mind to mind interactions and little importance is given to what happens below the head"(p. 13)

Christa Ventling (2001) edited a book, *Childhood Psychotherapy, a Bioenergetic Approach*, which includes clinical work with infants and children that involve holding and touch.

3 All Robert Lewis's papers, many of which follow cephalic shock and developments in attachment theory and neuroscience are available free for download on his website: www.bodymind-central.com

I want to pick up on this point that neuroscience ignores holding and touch or what goes on below the head. Even though RT pays attention to the presentation of the body, particularly eye contact and voice prosody, they have no hands on techniques. RT considers therapy a "re-entrainment of earlier poor entrainment" (Newton 2013). Neuroscience brought us the brain, its operation getting clearer with each new animal or human research project, but BA brings the relational-somatic-energetic-muscular system that can also be an essential element of re-entrainment. The current thinking is that "any therapy not including the neuroscience of the bodyworld is weakened" (Newton 2013). I propose that any therapy not cognizant of the somatic reality of these neuroscientific findings, including ways to work on an energetic-somatic plane with the client, is weakened. It may be time for BA to shout, "Hey, look at this part of the elephant". What part of the elephant? The body and the brain! We look at the body, as seen in the muscular holding patterns that result from early emotional wounds and become manifest in the personality. We incorporate addressing these holding patterns through direct work with the body within a relational matrix. We also look at the brain in BA. One aspect of neuroscience, for example, is to measure and view stress responses as they appear in fMRI's. There are studies showing that Bioenergetic exercises lower cortisol levels, as measured in the brain. BA has also traditionally focused on the right to right brain connection between the therapist and client as well as expanding the right (limbic) emotional capacities of the client.

II. What RT Offers BA – Concepts and Clinical Value

My goal is to introduce some of the mechanisms of RT and then compare those to BA. It is beyond the scope of this paper to elaborate in detail on all concepts and treatment interventions of the RT model. Indeed, RT has developed careful and extensive techniques for infant-parent dyads, for children and parents, for adult couples, and for therapist and adult client. Here is a definition of RT from Ruth Newton:

> "Regulation Therapy is not a therapy model per se but is instead a neurobiological, evidence-informed scaffolding for assessment and intervention that incorporates brain anatomy and the robust neuroscience that supports the primary role of the right hemisphere in emotional regulation." (p. 4)

The main focus in RT is to assess the attachment experience of the client. In learning these seven areas while training at NCAR (Newton, 2013), I came up with an acronym, ALAS-DID, meaning, "*Alas*, I *did* become my truest self." The goal of RT

is to help the client find and develop their most authentic self. I will use a short description of these seven areas of assessment to provide the reader an overview of RT, both theoretically and in terms of treatment. In discussing each one, I will fill in supportive material from other sources.

1. *A*ttachment based on narrative and history.
2. *L*eft hemisphere understanding related to mirroring.
3. *A*rousal organization in ANS (autonomic nervous system).
4. *S*oothing dysregulated states-how the client does this.
5. *D*evelopmental tasks that are incomplete and ensuing defenses.
6. *I*nstincts resonate as a sign the client feels their embodied truth.
7. *D*esires or hopes based on what the client loves or finds intensely interesting.

1. Attachment

Attachment is an evolutionary driven biological system designed to protect the infant (animal or human) from predation (Bowlby, 1969/1982). Infants need to be supported in the natural flow between moving toward the primary attachment figure when they need protection, soothing or nurturance and moving away to explore what excites them in the world. This rhythmic developmental movement between connection and exploration etches a template in the brain for how to be in the world with another person. Based on the quality of parental response to this natural movement, neural networks are laid down that become unconscious attachment/entrainment patterns that predict later behavior.

Most clinicians are familiar with the work of Mary Ainsworth, who defined the secure and insecure attachment models from her research (Ainsworth 1991). I find it useful to view charts that illustrate the model of secure and insecure attachment. I offer three figures. The "circle of security"(FIG 1), was designed to help parents visualize dynamics and become more attuned to their toddlers. Their second "limited circle of security"(FIG 2), includes miscuing and defensive postures. This can be compared to the Hilton diagram in BA, which shows how blocks in optimal response from the environment create specific defensive structures. (in Sieck, 2007, p. 52).

From her observations of observing infants and primary caretakers in the "strange situation", Ainsworth was able to develop a code for various "organized patterns of attachment"(secure, insecure-avoidant, insecure ambivalent/resistant). A "disorganized pattern" was added later by Mary Main (1990). Disorganized attachment is thought to represent the untenable position of a stressed infant seeking soothing, while being terrified of the caregiver. Figure 4 shows the descriptions of the infant and then

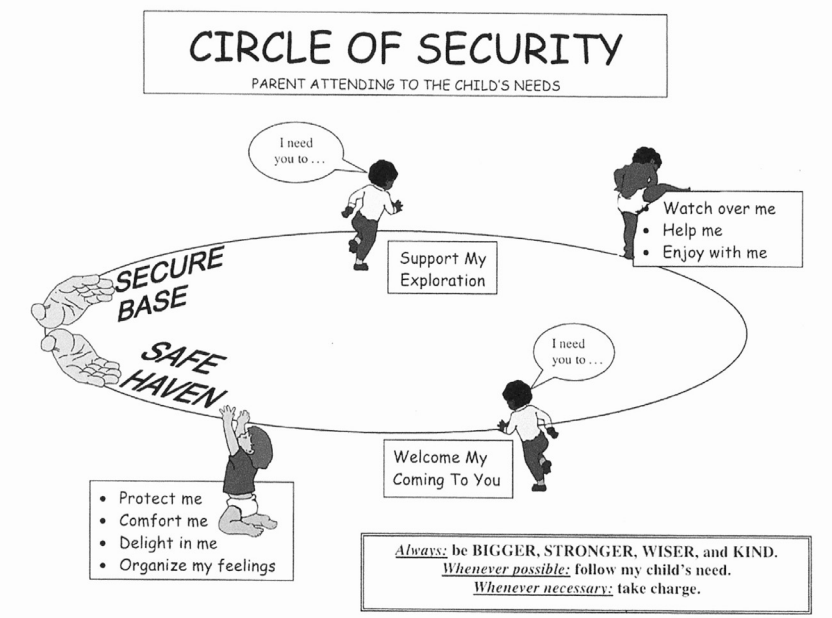


Figure 1. Circle of Security (©Cooper, Hoffman, Marvin, & Powell, 2000)

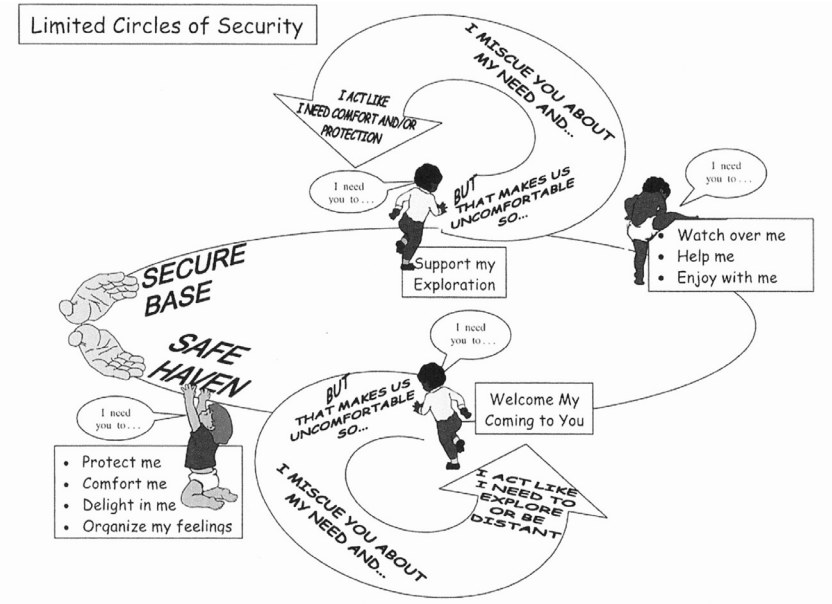
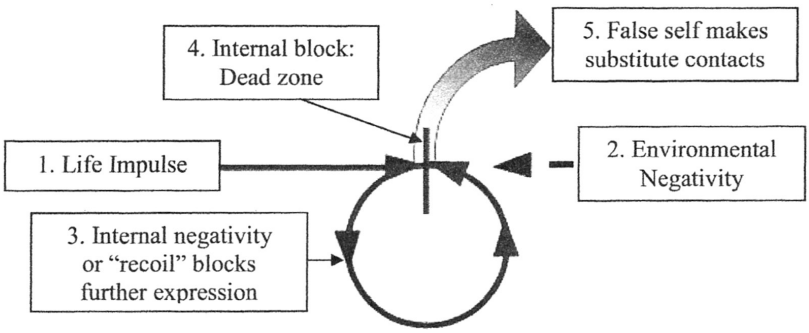


Figure 2. Limited Circles of Security (© Cooper, Hoffman, Marvin, & Powell, 1999)



The diagram shows how the original impulse in the person (1) is frustrated (2) and the energy of that impulse doubles back on itself (3) to stop further reaching. It is like touching a hot stove and recoiling back. The result is a deadness, apathy and inflexibility (4); an estrangement from the world that is compensated for by what Reich called substitute contact and what Winnicott would later call the false self (5).

Figure 3. Hilton Diagram

extrapolates to adult attachment. Adult patterns emerge mostly from client report of the Adult Attachment Interview (AAI) (Hesse, 1999).

The BA therapist may wish to view attachment patterns and compare with BA character types. Although Guy Tonella makes a case for Pre-occupied matching Oral character type and Dismissive matching Schizoid (Tonella, 2008), I feel there are more detailed nuances in the six BA character types that are not accounted for by the simpler three insecure types. Each character type can be seen in relation to a childhood dynamic that creates a belief system shown in number 5 in the Hilton diagram, what he calls here, "false self makes substitute contacts." I will make an attempt at hypothesizing some formulations based on the limited circle of security (see figure 2). In some ways all character types have issues with both the top (encouraged exploration) and the bottom (welcomed nurturance). But generally it may be useful to view some character issues in relation to exploration versus nurturance. The top of the circle is the secure base that encourages exploration. Both the Masochist and the Borderline were discouraged from exploring so they would be longing to have there exploring supported. They would make "false connections" by miscuing by seeking contact, as in figure 2. The other character types had a conflict with being nurtured in an appropriate way. The Schizoid was rejected, the Oral did not get enough nurturing, the Narcissist was not welcomed when vulnerable and the Rigid's innocent love was exploited. They would make "false connections" by miscuing and acting more distant or independent. These are just beginning ideas of mine

Adult state of mind with respect to attachment	Infant strange situation behavior
Secure/autonomous (F) Coherent, collaborative discourse. Valuing of attachment, but seems objective regarding any particular event/relationship. Description and evaluation of attachment-related experiences is consistent, whether experiences are favorable or unfavorable. Discourse does not notably violate any of Grice's maxims.	**Secure (B)** Explores room and toy with interests in preseparation episodes. Shows signs of missing parent during separation, often crying by the second separation. Obvious preference for parent over stranger. Greets parent actively, usually initiating physical contact. Usually some contact maintaining by second reunion, but then settles and returns to play.
Dismissing (Ds) Not coherent. Dismissing of attachment-related experiences and relationships. Normalizing ("excellent, very normal mother"), with generalized representations of history unsupported or actively contradicted by episodes recounted, thus violating Grice's maxim of quality. Transcripts also tend to be excessively brief, violating the maxim of quantity.	**Avoidant (A)** Fails to cry on separation from parent. Actively avoids and ignores parent on reunion (i.e., by moving away, turning away, or leaning out of arms when picked up). Little or no proximity or contact-seeking, no distress, and no anger. Response to parent appears unemotional. Focuses on toys or environment throughout procedure.
Preoccupied (E) Not coherent. Preoccupied with or by past attachment relationships/experiences, speaker appears angry, passive, or fearful. Sentences often long, grammatically entangled, or filled with vague usages ("dadadada," "and that"), thus violating Grice's maxims of manner and relevance. Transcripts often excessively long, violating the maxim of quantity.	**Resistant or ambivalent (C)** May be wary or distressed even prior to separation, with little exploration. Preoccupied with parent throughout procedure; may seem angry or passive. Fails to settle and take comfort in parent on reunion, and usually continues to focus on parent and cry. Fails to return to exploration after reunion.
Unresolved/disorganized (U) During discussions of loss or abuse, individual shows striking lapse in the monitoring of reasoning or discourse. For example, individual may briefly indicate a belief that a dead person is still alive in the physical sense, or that this person was killed by a childhood thought. Individual may lapse into prolonged silence or eulogistic speech. The speaker will ordinarily otherwise fit Ds, E, or F categories.	**Disorganized/disoriented (D)** The infant displays disorganized and/or disoriented behaviors in the parent's presence, suggesting a temporary collapse of behavioral strategy. For example, the infant may freeze with a trance-like expression, hands in air; may rise at parent's entrance, then fall prone and huddled on the floor; or may cling while crying hard and leaning away with gaze averted. Infant will ordinarily otherwise fit A, B, or C categories.
Summarized from Main, Kaplan, & Cassidy (1985) and from Main & Goldwyn (1984, 1998). Descriptions of infant A, B, and C categories are summarized from Ainsworth, Blehar, Water, & Wall (1978), and the description of the infant D category is summarized from Main & Solomon (1990). From Hesse (1999). Copyright 1999 by The Guilford Press.	

Figure 4. Infants in Strange Situation and Adult Attachment Styles

to explore this connection. I realize that this does not fit the dynamics of all people, and I welcome a discussion on this topic in BA circles. It is beyond the scope of this paper to further explore these similarities and differences, but as we continue to research and delve into detail about how the body and brain respond to nuances of attachment, we will possibly make progress on these connections in theory.The next figure shows percentages of patterns of attachment according to geographic areas. Since we have an international IIBA community, I thought it would be interesting to include this graph (FIG 5). Notice that Israel and Japan have the highest percentage of secure and lowest percentage of preoccupied responses. It would be an interesting discussion to examine these patterns in relation to culture.

Attachment Categories in Adulthood N = 10,550			
North American Nonclinical Mothers			
Dismissive 16%	Secure 56%	Preoccupied 9%	Unresolved 18%
European Nonclinical Populations			
Dismissive 25%	Secure 52%	Preoccupied 11%	Unresolved 12%
Israel/Japan Nonclinical Populations			
Dismissive 18%	Secure 66%	Preoccupied 4%	Unresolved 12%
Non-English Speaking Nonclinical Pop. (Dutch, Swedish, German, Italian)			
Dismissive 20%	Secure 58%	Preoccupied 9%	Unresolved 13%

Figure 5. Patterns of attachment according to geographic areas (Bakermans-Kranenburg & van Ijzendoorn, 2009)

2. Left Hemisphere

The RT therapist examines the nature of the client's verbal (left hemisphere) conceptual understanding of his/herself that relates to mirroring or lack of mirroring in early childhood. The left hemisphere is conceptual, linear, logical, and verbally conscious. It abstracts from the context and builds a concept for what is occurring in reality. So it "prefers what it knows" and compares to generate a single solution with "a tendency...to deny discrepancies that do not fit its already generated scheme of things" (McGilchrist, 2009,

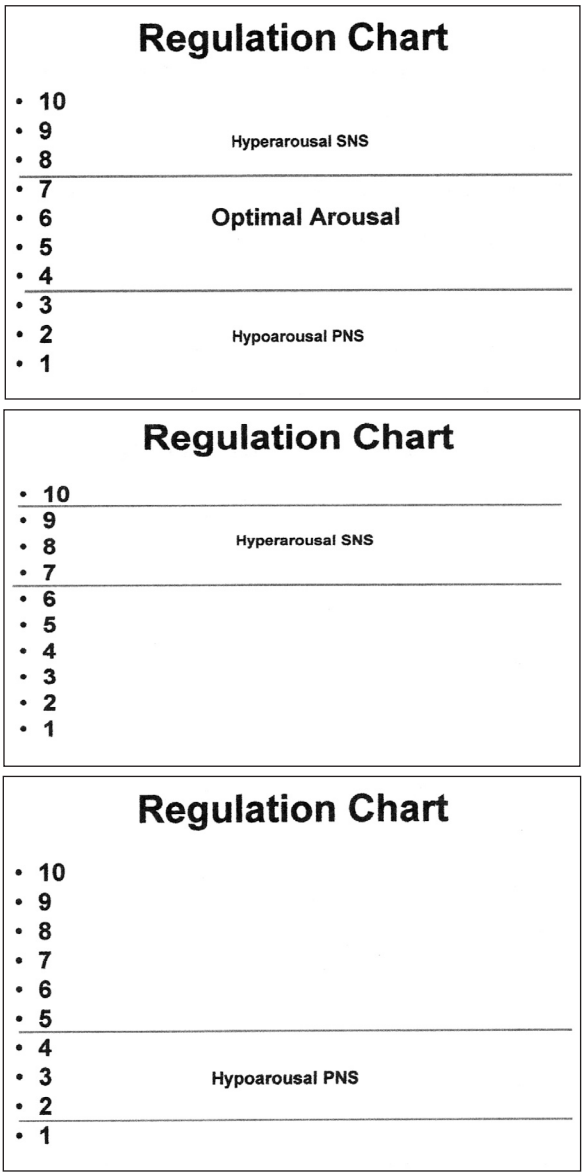
in Newton, 2013). From this we can see that the pressure of the left is to make things fit what it already knows. So we tend to match our worldview to our early mirroring.

The fundamental contribution of Allan Schore has been his focus that our sub cortical limbic brain communicates to the right hemisphere to carry the emotional communication to others. Schore (1994, 2001a, 2001b, 2002, 2003b in Newton, 2013) has stressed throughout his work that the quality of the attachment relationship is directly associated with the health and connectivity of the right brain. In the best possible worlds, the left (linear, cognitive, language) should "be in service of the right" (Newton, 2013). That means we honor our true sense of self emerging from the right and the left should ideally help us manage our feelings. The RT therapist also relies on "narrative", or the content and speaking style of the client to assess some of the possible distortions that the left created out of the poor mirroring of the right.

The degree and style of incoherence helps them measure type and style of attachment. Some trauma organizations are continually and chronically hyperaroused, like in PTSD. However, some trauma organizations spend much of their time in the PNS, (in the dorsal vagal-immobilized), where it is difficult to think. Margit Koemeda (2012) points out the effects of stress on memory. She reports that in addition to (increased) cortisol, stress releases other transmitters noxious to nerve cells, such as adrenaline, noradrenalin, and glutamate. Increased cortisol and glutamate concentrations in the brain can cause cell decline, especially in the hippocampus, which is responsible for memory functions. So, since stress affects memory, this helps explain why some traumatized people can't produce a coherent narrative about their past. Assessing a coherent narrative may not be as valuable for the Bioenergetic Analyst, but it is valuable to appreciate what neuroscience shows us about how our stories reveal us.

3. Arousal Maps

Probable maps are a unique feature of integrative Regulation Therapy created by Ruth Newton. In iRT, creating probable maps of the ANS is based on assessment of the emotional arousal system of the client. I find this is a very useful tool. When I was studying infant mental health in the 1990's the arousal chart was a bell curve (Lillas, 1998). This has been replaced by a hierarchical model. The figures here indicate the optimal range in the center, and the SNS (hyperaroused) at the top and PNS (hypoaroused) at the bottom. The client can aid in creating their map, as they understand their emotional reactions in the world. The first map shows a pattern of secure (or "earned secure", as it is called when therapy has helped a client create a healthier arousal pattern). This is FIG. 6 (all arousal maps from Newton 2013) with the optimal arousal in the center. These



Figures 6 (Optimal Arousal); 7 (Hyperarousal); and 8 (Hypoaroused)

maps are used to record the general hypo or hyper arousal system, as well as the narrowness or width of the range of behavior. FIG 7 and FIG 8 are patterns of hyper then

hypo arousal. It is explained to the client that these maps "are just biology" to reduce blame and the client often can immediately appreciate the need for down regulating (from for example, the high activated anxiety of hyperarousal) or up regulating (from, for example, the debilitating depression of hypoarousal).

I also find it useful to use Maunder-Hunter (see FIG 9). They drew this in a chalktalk that can be found on YouTube (Maunder-Hunter 2012). I adapted it with my own expressive figures. Because it is on a graph, it allows us to see these attachment patterns on a continuum. They also (like Steven Johnson did for BA character types in 1994) created some more different labels (such as "support-seeking" for "pre-occupied"). This graph helps me appreciate that there can be mixed types (for example, symptoms of both dismissive and preoccupied) rather than a static category. Their Fearful/Cautious type should be equated to the Disorganized Pattern.

4. Soothe Dysregulated Emotional States

How the client attempts to soothe when dysregulated is the subject here. This is the world of defenses with an appreciation for arousal maps. At the far ends of hyper or hypo aroused states, the client becomes increasingly dysregulated, meaning so distressed that they need some way to soothe themselves. This is where symptoms such as overeating or rocking may occur.

5. Developmental Tasks

In this area, the incomplete developmental tasks based on early attachment, as well as the organizing principles and defenses are assessed. In BA, we do the same but refer to it as character analysis. We assess for character type, which includes both the developmental age of a major wound and the resulting adaptation as revealed in both the body and the psyche, or belief system of the client.

6. Instincts

This refers to assessing the client's own instincts about what they feel is right and true and focusing on when their *instincts resonate* as a sign that the client *feels their embodied truth.* In RT the view is that the sense of truth comes from one's gut feelings of what is right and this comes from a secure enough connectivity of the right hemi-

sphere bodyworld and good enough connection of the right with the left. The right brain is more connected to life and with instincts, helping clients feel their own body based felt truth. Once attuned to a resonant source (like an empathic therapist), the client can access their true affect and values. A few interesting techniques from RT are the strategic use of humor and metaphor, which are the purview of the right brain and can help gain a close alliance with the client through RB-RB connection. In BA we use breathing, grounding, charging, containing and expressive exercises to help clients regulate and feel their true self – as well as holding and supportive body contact with the attuned therapist. We may also use humor or metaphor in BA, but I find it new to view them as a right-to-right connector to increase the therapeutic alliance.

7. Desires

The RT therapist wants to increase the client's ability to live in a way based on what the client loves, finds beautiful, and is intensely interested in. In the optimal range of the arousal map, a person is both calm and engaged. When we are both calm and engaged, we maximize our potential for joy. Expanding this range allows the person to spend less time in dysregulated states and more time doing what they love. The goal in BA is the same, but put differently. Lowen (1995) wrote a book called, *Joy, the Surrender to the Body and to Life*. Lowen believes that joy is a natural state, a positive feeling of the body that gets blocked when we live in our defenses. Our defenses provide a homeostasis to fend off feared affects. The key to personal change is contact with the body to increase our capacity for joy or pleasure. The RT therapist is going to use the attuned therapeutic relationship to fill in deficits in development that then allow the client to do more of what they love. There is no real difference in the therapeutic relationship in Bioenergetics, as we also strive to help a person expand in order to reach toward their desires.

This section covered goals of RT with some response from BA.

III. What BA offers RT

A. Introduction

In his new book, *The Archaeology of the Mind*, Jaak Panskepp quotes Diana Fosha, "It is clear that psychotherapy is in the midst of an emotion revolution. The primal affective aspects of mind are no longer marginalized, but rather are recognized as the

very engines of the psyche. (Fosha et al., 2009a, 2009b)." Panskepp goes on to quote clinicians working directly with the body. Three times in the closing section of his book he calls this direct work with emotion, "novel."

Reich introduced direct work with the body to psychoanalysis in the 1930's and Lowen developed it further from the 1950's onward. It has been refined and updated over the years to incorporate the whole self of the client. Expressing affect, as a road to deeper integration of the self is a long held tenet of BA, which has not changed with time. Even though we have expanded our views, we have never, "thrown the body out with the bathwater". Research exists that supports the value of expression of affect and certain BA techniques as leading to healthy results. Some of that research will be referred to in the following section.

B. Research and BA

Bowlby traced the infant response in seeking (from PROTEST to DESPAIR to DETACHMENT). Between protest and despair there is panic. Panskepp reports that, "When PROTEST fails to insure reconnection, a behavioral shutdown (depression) comes into the picture to protect against the consequences of prolonged PANIC, leading to diminished indices of active separation-distress, but not fully diminished psychic pain" (Panskepp, 2011). And not fully diminished biological pain! In BA, the held-back psychic/body pain needs to be contacted and released for the energy to return to active seeking, and thus a renewal of life force. Lowen repeated often that as a society we do not cry enough, that crying cleanses the body and soul (Lowen, 1995). Research shows that crying can reduce levels of stress hormones. Proteins, such as prolactin found in emotional tears are hormones that build to very high levels when the body withstands emotional stress (Frey, 1985). So crying literally cleanses the body of stress hormones. Margit Koemeda led an unpublished study looking at hypnocapnia states. There are techniques in BA by which blocks to emotional expression can be tackled. Some exercises have been shown to induce hypnocapnia states. Hypnocapnia states loosen cognitive control and are associated with neurovegetative regulation. Koemeda found an increase in breath volume and increased rate of exhale of CO2 from the BA techniques of the BOW and BEND-OVER. There is list of evidence-based research on BA on the websites bioenergetics-iiba.com or bioenergetics-sciba.com. Besides the randomized controlled studies, questionnaire investigations and physiological measurements, BA has a long tradition of publishing case studies of clinical work in various periodicals or books. It is also true that, given that we are an international community, some valuable contri-

butions are in the author's native tongue and not always available in other languages, therefore not distributed widely.

C. What We Do in BA

In this section I want to explain what we do that is unique to BA, taking for granted a relational matrix and a decent assessment. We listen to the story but also the way it is told. We see defenses, we see strengths, we see affect, we see energy – its contractions and expansions, it's flow or lack of by looking at the body of the client. We feel in our body what it is like to be with them in the room and attune to them. We also search for ways to mobilize their energy to move through areas of blocked tension. For this we have a large repertoire of body-oriented techniques.

1. Catharsis Re-Examinded

To show the philosophy of bioenergetic techniques, I have included a page from Bend Into Shape (SEE FIG 10) where three types of active bodywork are described

The seven segments will provide techniques divided into three categories:
1. The first set is for charging and/or loosening the body. Charging exercises are designed to build a larger capacity to tolerate energy in tense areas. Loosening exercises provide movement and warmth to tight muscles.
2. The second set is for containing and/or confronting the resistance. Containing exercises are designed to maximize the safety in tolerating difficult affect by fluctuating between expansion and contraction. Once a person feels safe in the containment, they can tolerate more anxiety and push further into protected or defended areas of experience. Once the expansive energy hits the block of resistance, the person goes back and forth between feeling safe in what is familiar (the contracted state) and the urge to expand into a new expression. Techniques designed to confront the resistance work to define and meet these blocks.
3. The third set is for discharging and/or working through the block. Discharging means moving energy through a block into a strong expression of emotion. When this strong expression of emotion leads to some relief and deeper insight we call it, "working through a block".

Figure 10. Three types of active BA bodywork

(p. 266). In the discharge section it mentions, "strong expression of emotion". This is the controversial area of catharsis. Helen Resneck-Sannes reports that Lowen got frustrated when some people thought that we get rid of feelings. He stood up in a meeting to say, "Bioenergetics is not catharsis". Catharsis is the discharge of feelings. In character analysis certain feelings are encouraged, while at other times, affects are contained and soothed (Resneck-Sannes, 2005).

Angela Klopstech re-evaluates catharsis and examines whether it contributes to self-regulation (Klopstech, 2005). She describes Greenberg's research that provides mounting evidence for the close connection between emotional arousal, depth of experience and change in therapy outcome. She reports on Traue's work on the relationship between repressed emotions and health, as he advocates the therapeutic efficacy of catharsis. "Cathartic experiences in body oriented psychotherapy are characterized by a discharge of tension; a spontaneous release of chronically tense holding patterns; a release that goes with ... melting characterological and energetic defenses; and by an emergence ... of feelings that aim for expression ... The result is ... a relief, relaxation and a restoration." (p. 117) She warns against application to fragile patients with unresolved trauma, but feels that, if done in the context of a secure and safe relationship, catharsis can often be helpful in rekindling their faith in a good enough world.

Margit Koemeda makes an argument for the neurological basis of emotionally expressive work.

> "From a neurological point of view, the hypothalamus causes states of ANS excitability and reduces modulating and inhibiting influences from the cortex. Limbically dominated modes prevail – which can lead to emotional arousal, (which can) loosen affective defenses and make way for chronically suppressed emotions to be expressed ... Interacting with an accepting therapist (one who does not get angry when I express my rage ...) creates new entries in emotional experiential memory and are paralleled by physiological changes that can be traced." (Koemeda, 2012)

This is of crucial importance as it answers in a neurological way the value of emotionally expressive work.

Nicoletta Cinotti (2012) reports that Tronick states that "conflict is felt most in the body" and that the incapacity for coherent protest is transformed into restrained and inhibited behavior. Cinotti states that from a BA point of view,

> "It is inevitable there be a reference to the important role taken on by actions that 'organize' protest, such as kicking and hitting, accompanied by the word, 'No'- the ma-

> nifestation of a breakdown that could not be expressed either through anger or through sadness. Helping the patient reorganize this 'aborted' behavior can restore the sense of self-control, which he probably has lost." (p. 96)

As an example of catharsis, I have a client that had to endure a critical father and now suffers from having a critical boss. Although, usually averse to expressive bodywork and preferring only meditation, she found her mind wandering to angry thoughts about her boss, so that she could not feel peace during meditation. This is a case where the body is calling for some discharge of affect through catharsis. She got on a treadmill, ran fast and hard until, "I began to feel my stomach unclench and my jaw relax. Then I felt great."

In summary, in BA we feel there is an important role for catharsis as an element in the overall healing of psychotherapy.

2. Entrainment and Tension Patterns of the Body

An important area to zoom in on is how we see defensive patterns in the action and motility of the body. Reich divided the body into seven segments, each with its characteristic expressions. For example, the thoracic segment "involves the chest including heart and lungs, as well as the shoulders, arms and hands. Under stress we feel anxious. In order to reduce anxiety, the first thing we do is hold our breath. Therefore, the thoracic segment is the first segment to be blocked – by holding in inspiration in order to reduce anxiety. The emotions and actions held back in the chest area are heartbreak, bitter sobbing, rage, reaching, and longing." (BIS, p. 292) In attachment theory terms, "miscuing" is illustrated in "limited circle of security" (SEE FIG 2). This need to miscue creates not just a shift in belief, but also a shift in body organization. For example, if Mommy doesn't want me to move away from her, even though I wish to go off and explore, I will show her I wish to stay near her." Well, that showing is done on a whole body level. It is done by tightening or restricting the parts of the body that DO wish to explore. An overlay of a compliant smile covers the tight jaw and gut of annoyance in the baby who wants to go but must stay to please Mommy. The baby learns how to organize his or her attachment in a pattern that not only entrains the mind but the body. This child grows into an adult who sees the world from this early entrainment and lives in a body that contributes to this view by still holding that compliant smile, tight jaw and tight gut. Entrainment then is also found in the muscular holding patterns of the body.

D. BA Notes on RT Clinical Observation

The following is a case vignette that involves the thoracic segment, particularly the arms and their restriction in reaching for mother. In my RT training I was able to observe (through a one way mirror) an assessment of a young mother, recently released from jail, who was staying at the homeless shelter with her eleven-month-old son, who she had only been re-united with for two months. She had been in jail the first eight months of her son's life. During the observation a team met with the mother and her son to assess their rapport and create strategies to help them learn to bond. Although he was almost one year old, the child was the size of a four month old, and mildly developmentally delayed, in, for example, that he was trying to pull up to standing like a nine month old. I noticed that when he was trying to use the wall to try and stand, his mother ignored him and tried to engage him in some other activity. The child did not actively reach his arms toward his mother very much. As I viewed him from his back he looked like an old man with hunched up weak shoulders and pulled in arms. After the observation, I was told that the mother played a game where she would hand him a toy, then pull it away before he grabbed it. She would taunt him by offering and withdrawing the toy over and over. When I heard this, it fit what I saw in his body. Even at a year old, the shoulders and arms were pulled in from the stress of reaching and being thwarted.

Ruth Newton, my regulation therapy teacher, directs the team at the homeless shelter. She has designed a comprehensive program to intervene with families and strengthen their ties using the techniques from RT. But suppose this child grew up without therapeutic intervention and ends up in the office of a Bioenergetic Analyst as an adult. We would see those same pinned in arms and pulled up shoulders. As we worked to loosen or charge those arms and ask the client to reach, he would likely experience fear and resistance, based on the entrained neural knowledge that reaching does not result in getting. He might expect a sadistic response from his therapist promising contact and then pulling away. But as the charge builds, the buried anger or fear may arise. Hitting or crying, for example, could express those feelings. Beneath the block the original longing emerges and he reaches, tentatively then fully and is met with an empathic response from the therapist. He feels jubilant, having reclaimed in his body, the urge to reach that he so long ago had to deny. This is an example of restriction in the thoracic segment treated in part by an expressive Bioenergetic technique. Although unfamiliar with BA, Jaak Panskepp says the "expression of fear and anger are valuable in therapy". He concludes that, "... perhaps more directive affective approaches have not been as widely considered as they should be" (p. 354).

IV. Clinical Vignette Combining RT and BA

The following is from a recent session of an ongoing therapy of many years. It illustrates how my BA thinking is influenced by RT and provides some of the language from both points of view in examining the work. (The client's name has been changed for confidentiality).

I will describe the session, then return to comment on the elements from a BA and/or RT point of view.

Description

Sally entered the session highly anxious claiming she had been up since six in the morning dealing with one daughter's medical issues. She paced around the room, swung her arms wide and expressed how busy she was from chauffeuring three teenage daughters to school, to field sports, and helping them with homework.

I offered her a small rubber ball to roll her feet over in order to bring her energy down. Then she tried "wall-sitting". Wall-sitting often helps bring Sally's anxiety down. I empathized with her as I watched her body respond to the increased charge building during wall-sitting. Her breathing was not moving down from her chest into her lower body and her shoulders were raised. She said she felt like she wanted to disappear. I could feel her anxiety in my body and sat down to lower my sympathetic arousal. She became aware of holding fear and warned me she was going to scream to discharge some affect. She screams and reports her anxiety is now lower but still high. I feel drawn to help her relax her neck and shoulders as she struggles to manage her anxiety.

I invite her to come sit on the floor at my feet, leaning her back on my legs. I place a pillow on my lap for her to rest her head. I massage her neck and tightly lifted shoulders. Sally's neck, jaw, and forehead respond to this touch and holding. As I touch her shoulders, she is aware of a resistance. She says, "I feel a need to twist, like I need to get up and go help everybody." I had her twist and pull away so she could further embody the resistance. Then as she relaxed more she began to have images and insights. "I was depressed last week and my husband was not supportive. He is only supportive when I help the kids. It is the only time I feel seen." This had a ring of truth because she knows "being seen" is a core issue from her childhood, and she knows she risks her authenticity in attempts to "be seen" by her husband.)

Next, Sally had an urge to get up and do the bow. In her previous session, this technique helped her go from collapse to feeling her backbone and she had ended

the session in an expansive good feeling where she had confidently declared, "I own the room".

Then, I stood behind her and held her elbows from behind. She leaned forward and lifted off her heels to intensify the stretch of the bow from her chest. As the bow worked to help her feel strong, another insight emerged. She had me play her, while she imitated her mother. Her mother took care of everyone at the expense of herself. Sally looked at me with her mother's fear filled voice and said, "If I knew you wanted it, I would have placed it by the door." I felt in my body a sense like, "this woman (the mother) has no self." I told Sally my reaction and asked her to look at "your mother's face" in the mirror. She saw the fear and said, "Same as me ... I feel bad for my daughters ... (sad affect). I've been this way for 50 years ... Dad was a rage-aholic we all had to please out of fear ... My Mother's father was a raging alcoholic." My client reported that as soon as one of her children calls, "Mom" she gasps in fear and feels guilty that she did not anticipate their needs before they called. Realizing she does not need to live in anxious anticipation of her children's every need, she felt her strength and said in a firm voice, "She can wait" and took 3 breaths. Both of us could feel the authenticity of this expression in our bodies. The session concluded with her confidently declaring that she could say to herself, "She can wait" and take three 3 breaths before responding to others. She took this technique home to use when feeling overwhelmed by her children's needs.

Comments

In referring to the session above, I will repeat some of the material with comments as to the process in terms of my attending to BA and/or RT concepts.

Sally enters the session highly anxious and I observe her body as she paces and swings her arms nervously. In BA, we look to see how the tension manifests in the body. I ask her what her anxiety level is and she answers, "9". In RT we use an arousal chart to mark arousal levels. (see RT arousal chart in this paper).

I offer her a small rubber ball to roll her feet over (BA: to ground her energy; RT: to down regulate her high arousal). Then she tried wall-sitting (BA stress position). In BA theory, stress positions generally raise the tension level on a somatic plane. They *force* a confrontation between staying in the same affect with its concomitant body holdings or breaking through to a new affect and a new somatic posture. See description and illustration in *Bend Into Shape*, (p. 30). Wall-sitting often helps bring Sally's anxiety down. I empathized with her as I watched her body respond to the increased charge building during wall-sitting. Her breathing was not moving down

from her chest into her lower body and her shoulders were raised. She said she felt like she wanted to disappear. I could feel her anxiety in my body (somatic resonance). Somatic resonance is common in BA and RT, as well as other psychotherapies invested in the therapist using their own sensations to enhance their sensitivities. I sit down to lower my sympathetic arousal. She becomes aware of holding fear and warned me she was going to scream (BA: to discharge some of the anxious affect). She screams and reports her anxiety is now an 8 but still high. I feel drawn to help her relax her neck and shoulders.

I invite her to come sit on the floor at my feet, leaning her back on my legs. I place a pillow on my lap for her to rest her head. I massage her neck and tightly lifted shoulders (BA: I am aiding in loosening tight muscles; RT: The ventral vagal branch of the polyvagal nerve involves social interpersonal contact. Also in RT, this can be seen in light of an attachment need. She could not do this on her own because she had said, "I want to disappear". So she needs another to help soothe her, to help her regulate, like a return to mother as safe haven (see "circle of security" chart in this paper). Sally's neck, jaw, and forehead respond and relax in response (RT: down regulate, calm) to touch and holding. As I touch her shoulders, she is aware of a resistance *(BA: The conflict is locked in the muscle; BA: a charge is building toward tension to confront an issue locked in the musculature)*. She says, "I feel a need to twist, like I need to get up and go help everybody." I had her twist and pull away so she could further embody the resistance. Then as she relaxed more she began to have images and insights. "I was depressed last week (RT: depression or stillness is in the dorsal vagal branch of the polyvagal system and can represent immobilization of the PNS) and my husband was not supportive. He is only supportive when I help the kids. It is the only time I feel seen." (Here the client is beginning to connect her attention to her children with her need to be acknowledged by her husband. A concept from RT is to strive to help the client achieve more of a true self. I could sense there was "More Self in the room", which is a term from RT. This bigger Self could be heard in the voice prosody). "Being seen" is a core issue from her childhood, and she knows she sometimes risks her authenticity (gives up her own needs) in attempts to "be seen" by her husband.

Next, Sally had an urge to get up and do the bow (BA stress position, BIS p. 26). Last week this technique helped her go from collapse to feel her backbone and end the session in an expansive good feeling where she had declared, "I own the room" (RT: The (BA) bow put her into an optimal range (see arousal chart), where she could manage affect (Right Brain) and have insights into her behavior (Left Brain).

Then, I stood behind her and held her elbows from behind. She leaned forward and lifted off her heels to intensify the stretch of the bow from her chest. (BA: BIS p. 370) As the bow worked to help her feel strong, another insight emerged. She had

me play her, while she imitated her mother. Her mother took care of everyone at the expense of herself. Sally looked at me with her mother's fear filled voice and said, "If I knew you wanted it, I would have placed it by the door." I felt in my body a sense like, "this woman (the mother) has no Self." I told Sally my reaction and asked her to look at, "your mother's face" in the mirror. She saw the fear and said, "Same as me ... I feel bad for my daughters ... (sad affect). I've been this way for 50 years ... Dad was a rage-aholic we all had to please out of fear ... my Mother's father was a raging alcoholic." (For a compelling examination of intergenerational abuse, read Elaine Tucillo's 2013 article). My client reported that as soon as one of her children calls "Mom" she gasps in fear and feels guilty that she did not anticipate their needs before they called. Realizing she does not need to live in anxious anticipation of her children's every need, she felt her strength and said in a firm voice, "She can wait" and took 3 breaths. Both of us could feel the authenticity of this expression in our bodies. We both felt joy. The session concluded with her confidently declaring that she could say to herself, "She can wait" and take three 3 breaths before responding – as a technique to try at home when feeling overwhelmed by her children's needs. This was a satisfactory conclusion.

Bioenergetically, we engaged in grounding, charging, relational work in containing (with my help), role-playing, catharsis and following the resistance on a body level into a breakthrough of affect and insight. In Regulation Therapy, she registered and down regulated her arousal, managed the affect of her right brain to have insight from the left brain, was able to utilize me as secure base, as well as re-entrain an old pattern into a new pattern that expanded her sense of Self.

Conclusion

This paper has examined the interaction between RT and BA, with literature from BA on attachment related concepts, concepts from RT, concepts from BA, a discussion of their mutual benefit and clinical vignettes informed by both systems.

RT has developed concepts and techniques for any psychotherapists to use. In my opinion, it has a valuable lens with which to view the client and useful tools to illuminate and treat the client. The following aspects of RT are of particular value: it is neuroscientifically informed, attachment based, can map the arousal system of the client, and aid in regulation and re-entrainment. It does not conflict with the current way of practicing BA.

In my opinion, BA has much to offer RT. Other psychotherapies are on a cliff about to discover that the world of the body involves the whole body, not just the nervous system. Our system of reading the body and treating the whole person is called

character analysis. We see contraction and bracing patterns in the body as a way to manage overwhelming emotions. For example, the quality of restriction in the breath can be seen as an indication of depression or anxiety; or the way the feet contact the earth indicates the degree of grounding in reality. Overall, we look at the role each segment plays in inhibiting affect and maintaining homeostasis.

In conclusion, I will answer the question RT asks BA: How does BA regulate? We regulate through therapist/client attunement and we use independent and interactive expressive techniques. We have somatic interventions for the polyvagal system by down and up regulating techniques. We can see terror "on the regulatory boundary" by observing the defense as it occurs, not just in the nervous system, not just in the words, but in the moment when the charge is there and the client wants to express a defended longed for affect and the body won't allow it. In their pursuit of this expression, we watch them pause or stop abruptly, and we find a way through. Either the attunement greases the wheels of movement because the client feels met and/or the therapist sees the block and may come up with a hands-on technique, addressing the blocked segment in the body. After a successful intervention, the client feels some expansion and a re-integration. They feel more of a sense of self-possession, which is Lowen's third goal in BA (1994). RT's seventh goal is to help the client expand and live more in the optimal range where they become their truest self, following their desires into what they love. The goal of both systems then is to find more joy in life.

Bibliography

Ainsworth, M. (1991) An ethological approach to personality development. *American Psychologist, 46(4), 333–341*

Bowlby, J. (1969/1982) *Attachment and Loss Vol.1: Attachment*. New York: Basic Books

Bowlby, J. (1973) *Attachment and Loss: separation: anxiety and anger*. New York: Basic Books

Cinotti, N. (2012) The Expression of an Age-Old Need for Company: Infant Research and Bioenergetic Analysis. *Bioenergetic Analysis, Clin J. of IIBA, V22:87–108*

Cooper, Hoffman, Marvin, & Powell (1998) CIRCLE OF SECURITY figure. *Circle of security.org*

Frey, W. (1985) *Crying: The Mystery of Tears*. Minneapolis: Winston Press

Hesse, E. (1999) The adult attachment interview: Historical and current perspectives. *Handbook of Attachment: Theory, Research, and Clinical Applications*, ed. Cassidy & Shaver. New York: Guilford

Johnson, S. (1994) *Character Styles*. New York: Norton

Klopstech, A. (2005) Catharsis and Self-Regulation Revisited: Scientific and Clinical Considerations. *Bioenergetic Analysis, Clin J. of IIBA, V15:101–131*

Koemeda-Lutz, M. (2012) Integrating Brain, Mind, and Body: Clinical and Therapeutic Implications of Neuroscience. *Bioenergetic Analysis, Clin J. of IIBA, V22: 57–78*

Lewis, R. (1983) Cephalic Shock as a Somatic Link to False Self Personality. *www.bodymindcentral.com*

Lewis, R. (2012) Neurobiological Theory and Models: A Help or Hindrance in the Clinical Encounter? *Bioenergetic Analysis, Clin J. of IIBA, V22:109–126*

Lillas, C. (1998) *Infant Mental Health-training material*

Lowen, A. (1971) *Language of the Body*. Macmillan

Lowen, A. (1995) *Joy, The Surrender to the Body and to Life*. New York: Penguin

Marvin, R., Cooper, G., et al. (2002) The Circle of Security project: Attachment-based intervention with caregiver-pre-school child dyads. *Attachment & Human Development, V4No1:107–124*

Maunder, R.G. & Hunter, J.J (2012) Intro to Adult Attachment. www.youtube.com/watch?v=GHHCy1lHTUc

Newton, R. (2013) Scaffolding the Brain: A Neurological Approach to Observation, Assessment, and Intervention. *Manuscript submitted for publication*

Newton, R. (2008) *The Attachment Connection: Parenting a Secure & Confident Child Using the Science of Attachment Theory*. Oakland: New Harbinger

Panskepp, J. (2011) Why Does Depression Hurt? *Psychiatry 74(1) 5–13*

Panskepp, J. & Bivens, L. (2012) *The Archaeology of Mind: Neuroevolutionary Origins of Human Emotions*. New York: Norton

Porges, S.W. (2011). *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, Self-Regulation*. New York: Norton

Quillman, T. (2012). Neuroscience and Therapist Self-Disclosure: Deepening Right Brain to Right Brain Communication Between Therapist and Patient. *Clin Soc Work J.V40(1) 1–9*

Reich, W. (1933–1945) *Character Analysis*. 3rd enlarged edition. New York: Simon and Shuster

Resneck-Sannes, H. (2005) Bioenergetics: Past, Present and Future. *Bioenergetic Analysis, Clin J. of IIBA, V15, NO.1:33–54*

Resneck-Sannes, H. (2007) The Embodied Mind. *Bioenergetic Analysis, Clin J. of IIBA*, V17:39–56

Resneck-Sannes, H. (2012) Neuroscience, Attachment and Love. *Bioenergetic Analysis, Clin J. of IIBA, V22:9–28*

Schore, A.N. & Schore, J.R. (2008) Modern Attachment Theory: The Central Role of Affect regulation in Development and Treatment. *Clin Soc Work J.V36:9–20*

Schroeter, V. & Thomson, B. (2011) *Bend Into Shape: Techniques for Bioenergetic Therapists*. Self published. Encinitas, Ca.

Sieck, M. (ed) (2007). *Relational Somatic Psychotherapy: Collected Essays of Robert Hilton*, Ph.D. copyright (2007) R. Hilton, M. Sieck. ISBN 978-1-4243-4109-2

Siegel, D. (2011) *Mindsight*. Bantam Books

Tonella, G. (2008) Paradigms for Bioenergetic Analysis at the Dawn of the 21st Century. *Bioenergetic Analysis, Clin J. of IIBA, V18:27–59*

Tucillo, E. (2013) Somatopsychic Unconscious Processes and Their Involvement in Chronic Relational Trauma. *Bioenergetic Analysis, Clin J. of IIBA, V23: 17–62*

Ventling, C. (2001) *Childhood Psychotherapy: A Bioenergetic Approach*. S. Karger

About the Author

Vincentia Schroeter, PhD, is a psychotherapist and on the faculty of the IIBA, as well as coordinating trainer for SCIBA (Southern California Institute for Bioener-

getic Analysis). She co-founded the Earliest Relationship Network in the 1990's, an advocacy and study group on infant mental health. She co-wrote the classic Bioenergetic techniques manual, *Bend Into Shape: Techniques for Bioenergetic Therapists*, which is available on her website at vincentiaschroeterphd.com.