

Three States of Embodied Self-Awareness in Rosen Method Bodywork: Part 2: Practitioner Observations of Their own Experiences

Alan Fogel, Ph.D., L.M.T.

Rosen Method Bodywork Practitioner and Senior Teacher

Editor Emeritus, *Rosen Method International Journal*

Professor of Psychology Emeritus, University of Utah

Salt Lake City, Utah, USA

fogel.alan@gmail.com

<http://www.alanfogelrosenmethod.abmp.com/>

ABSTRACT

One goal of Part 2 of this research report is to present a summary of *practitioner observations of their own feelings and thoughts* as recorded in the same post-session notes used in Part 1. Another goal is to see if *practitioner feelings and thoughts correspond in some way to the practitioners' observations of the client's state of ESA*. The methods and sources of data are the same as those used in Part 1. Results show that, in general, practitioners' experiences matched those of their clients. The data showed that practitioners, however, were able to come back to their own Restorative and Modulated ESA even when experiencing some of the same dysregulated feelings as their clients. Part 2 concludes with a discussion of the limitations of this research project. In addition, I present some guidelines for how practitioners-in-training and those in continuing education can learn ways of staying present with themselves as clients shift between states of ESA, and for how practitioners can develop life-style practices to help them stay in touch with their own Restorative ESA.

INTRODUCTION TO PART 2

In the general introduction to this series of research reports (see Part 1), I reviewed research on Rosen Method Bodywork (RMB) suggesting that the client's relationship with the practitioner plays an important role in the effectiveness of RMB in enhancing Embodied Self-Awareness (ESA). According to Bernard (2016), the RMB therapist's capacity for self-modulation, self-reflection, and embodied self-awareness – *as perceived by their clients* – plays a crucial role in fostering client ESA. Bernard refers to this process as "relational somatic presence," the ability of practitioners to remain in the present moment with their own experiences and to track their experiences in relation to those of the client. Relational somatic presence also means that clients can sense whether or not their practitioners' experiences are connected to their own; whether their practitioners are genuinely "with" their clients and whether the client feels "met" in this relationship.

In different therapeutic bodywork modalities, embodied coaching, dance movement psychotherapy, body and somatically-informed psychotherapy, and other relational embodied disciplines, there are many ways to describe this type of client-therapist relationship in which the therapist's lived body and embodied experience is a central part of the treatment and recovery process for the client. In addition to *relational somatic presence*, other descriptive words that have been used to capture the entwined ESA of client and practitioner include *attunement*, "feeling felt," *interbodily resonance*, *somatic resonance*, *limbic resonance*,

dyadic expansion of consciousness, body-centered countertransference, and psychophysiological coherence (Blake, 2018; Booth, Trimble & Egan, 2010; Fogel, 2009/2013; Fogel, 2013; Fuchs & Koch, 2014; Green, 2014; Hrossowyc, 2009; Siegel, 2003; Stern, 2004; Tronick, 2007; Vinston Ritz, 2018; Wooten, 1995; Zettmar, 2011).

The main point of these concepts is that when practitioners are trained to become aware of their own ESA – as opposed to trying to remain “distant” or “objective” toward the client – there is more possibility for the client to learn from the practitioner similar attitudes of self-awareness and embodiment. In addition, because of the mutuality of somatic resonance between two bodies and two nervous systems, the practitioner’s states of ESA during sessions are likely to match or be attuned to those of the client and therefore provide information to the practitioner about the client’s state of ESA. This somatically alive information can be crucial to how practitioners make therapeutic choices for what to do or to say with their clients.

The goal of Part 2 of this research report is to:

1. present a summary of practitioner observations of *their own feelings and thoughts* during sessions.
2. and, to investigate if *practitioner feelings and thoughts correspond in some way to the client’s observed state of ESA*.

The methods and sources of data are the same as those described in Part 1. Part 2, presented here, is based on the same original segments that are given in Part 3 of this research project. In Part 2, however, we focus specifically on those segments that contain practitioner reflections about their own feelings and thoughts. These segments are highlighted in blue in Part 3. Of the 431 segments describing states of ESA given in Part 3, N = 202 (47%) of these segments include a mention of the practitioner’s own feelings. It is these segments on which the results of Part 2 are based.

RESULTS: PART 2

The results are presented here in the same manner as in Part 1. I summarize practitioner experiences of the client in two ways. First, a table presents brief descriptors of the themes used by practitioners to capture their own feelings and thoughts. These practitioner self-descriptors are listed according to the state that the client was judged to be in for each segment: Restorative, Modulated, and Dysregulated ESA. Then, each table is followed by illustrative examples taken from the post-session notes found in Part 3.

Practitioner Thoughts and Feelings when the Client is in Restorative ESA

Table 1: *Compilation of unique descriptors of the Practitioner’s Own Feelings and Thoughts when the Client is judged to be in a Restorative State*

Practitioner Thoughts or Feelings during the Client's State of Restorative ESA	Summary of Practitioner Descriptors of their own Experiences
Feelings	A desire to acknowledge the client's feelings, feeling relaxed, dreamy, delight, mutual enjoyment, a sense of sweetness, appreciation for the client, feeling "let in" more by the client, emotionally touched, heart opening, finding the words to speak directly from felt experience rather than from thinking, relief, tenderness, resonance, connection and a sense of something shared or met, confidence, gratitude, ease, settling, stillness, listening and watching, practitioner tears, authenticity, finding what is true and real, hope, astonishment, excitement, poignancy, pleased.
Thoughts	Most of the "thoughts" mentioned had the quality of images or evocative memories, or thinking about the accomplishment of having finally "reached" the client and wanting to be in the shared moment together, as well as recognition of the simplicity and power of RMB.

Examples of Practitioner Thoughts and Feelings during Client Restorative ESA: *"I felt very touched by her and the obvious struggle she was in."*

I too was very relaxed, and found myself drifting in and out like the clouds floating past my big picture window. I remembered my recent cross country skiing trip with my son and his girlfriend where the snow was crystal white, the sky bright blue and the evergreens - just that. It was beautiful. I enjoyed the brief reminiscence.

My heart felt very open to her and I wondered what it would take in her small body to live with all of her challenges.

There is more breath than before and I am relieved we have made it to this place. I have a very tender feeling for her.

I feel the resonance between us; the softening of her muscles, the easing in the environment, the truth and the struggle. Her grief touches me, yet it is completely her own. It is good to know, for me, that I can hold that place for her so she can meet that experience in herself. I breathe.

This opening I feel so deeply grateful for. Through this feeling/experience that I have, I meet her in a new way. It is as if the communication is on a different level. This is what I call somatic resonance. It is easy to reach her from this connection.

Perhaps it also touched something in me that I can't name, but know. I could sense the stillness in my own body and also a sensation of sinking in more with my hand on her breast bone. My hand wasn't heavier, but the sinking in was present.

As I was reading these segments, I was deeply touched by what the practitioner felt: the depth of connection between the client and practitioner, and the sense in the practitioner of finally having arrived to a deeper place with the client. As we saw in Part 1 of this research report, these Restorative moments were relatively rare occurrences (only 15% of the total number of segments) for the clients in this research study. All the more reason, apparently, for the practitioner to rejoice and enjoy these moments together with the client, as if the practitioners sensed the profound therapeutic significance of even a small amount of Restorative ESA.

The other notable feature of these segments is that the practitioners are not doing much thinking: they are “in the moment” of felt experience with the client. The thoughts mentioned are more like evocative (see Part 1 of this research report) images or memories or simple words of gratitude or accomplishment, rather than conceptual, logical thinking or trying to understand something. We can infer, therefore, that when the client is in a state of Restorative ESA, this same Restorative state becomes more available to the practitioner. It is also likely that the practitioner’s own relatively easy access to Restorative ESA makes it more possible for the client to feel sufficiently safe to enter this state.

Practitioner Thoughts and Feelings when the Client is in Modulated ESA

The practitioners’ descriptions of their experience were considerably more complex and varied when the client was in Modulated compared to Restorative ESA. For that reason, I chose to classify different categories of felt experience and thought as a way of making sense of the richness of the descriptions.

Table 2: *Compilation of unique descriptors of the Practitioner’s Own Feelings and Thoughts when the Client is judged to be in a Modulated State*

Practitioner Thoughts or Feelings during the Client’s State of Modulated ESA	Summary of Practitioner Descriptors of their own Experiences
Feelings of progress and of new openings	Feeling like progress is being made, awareness of a moment of sharing of a more intimate nature or of a “sacred moment,” feeling or awareness of a small opening or softening or progress in that direction even if there are not observable signs in the muscles or breath, feeling good or excited about some new connection or experience for the client, feeling stunned or startled or surprised at an unexpected opening that did not before seem possible to the practitioner, felt sense of the client pausing long enough to take in what the practitioner has just said, feeling of the practitioner beginning to open or melt.*

Feelings of being insecure	Expectant listening or watching or waiting for a shift, wanting to help the client take the next steps toward opening, feeling tired with the effort of listening so closely for small shifts, a heightened awareness of the practitioner being more attentive to changes in the client (ears getting warm) so as not to miss any small openings, the practitioner feeling like she is just barely holding on as the client is talking quickly or rushing, feeling the need to let go of trying to contain the rushing and just wait for a pause or an opening, concerns and worries about whether the client trusts the practitioner and possible countertransference of wanting to repair misunderstandings or things the practitioner believes she might have done to impair the trust, not feeling sure what to do next, the practitioner feeling insecure and wishing she had said less or more or something else or feeling too pushy or not sufficiently engaged or helpful.*
Feelings of wanting more from the client	Practitioner's heart "goes out to" the client with empathy for what she has suffered even though the client cannot feel this, feeling like being a parent to a young child, awareness of the practitioner's own frustration or wanting toward the client, a sense of urgency for the client, wanting more from the client than the client is ready to experience coupled with the practitioner having a felt sense of what the client cannot quite feel for herself such as sadness or fear or trauma, sensing the possibility for feeling that the client cannot yet experience, a feeling that the client feels a connection to the practitioner but it is "slipping out of" the practitioner's hands.*
Thoughts about what to do or to say	Thinking about whether or not to say something or thinking about what to say, wondering how to reach or get to the client, noticing thoughts and ideas about what to say but not saying them to give the client more space to feel something on her own, wondering whether an opening will be too much for a client and if she will close down or stay more open, noticing that the practitioner herself is talking more than usual, uncertainty about the practitioner's own skills and abilities or whether this is the right treatment for this person, thinking about things the client said in past sessions but not necessarily acting on those thoughts, needing to make a concrete mental plan about how to work with the client (to say more or less, to speak to a particular topic, to wait, etc.)**
Thoughts related to trying to understand or "figure out" the client	Curiosity or wondering about what the client means or feels or wants to say or why there is softness and tension together, curiosity about what the practitioner does not understand or know, questioning or puzzlement about what is really going on with the client, trying to figure out what is holding her back or what may be missing.**

* Some of these feelings also go along with thoughts. Feeling insecure, for example, might go along with "Thoughts about what to do or say," or "Thoughts related to trying to understand." In Modulated ESA, feelings and thought can occur together for both client and practitioner.

** And, similarly, many of these thoughts may occur with some of the feelings described in the earlier sections of this table.

Examples of Practitioner Thoughts and Feelings during Client Modulated ESA: *"I feel we connect in these moments. I also sense we are barely scratching the surface of her feeling."*

I felt I was in the presence of a sacred moment with her as her feelings came to the surface. I wonder if she has ever before felt safe enough to allow that very deep expression to come forth with another person present. Cautious seems to be the true expression of her body and lifelong experience. I wonder if having the emotion be expressed will make her even more cautious in my presence.

I am very curious what keeps her on this stifling path. What is it that keeps her from listening to herself, and, more importantly, what keeps her from hearing herself and taking steps toward a goal that allows some breathing space? These are thoughts that go through my head.

Marion's words of so many years ago flash through my mind, "I listen and they tell me what is happening in their lives. That's all I do, and they get better." That helps me let go of trying to contain her stories; I just have to wait for her clues as to what is important NOW and keep my hands in contact with her shoulders.

I wanted, several times, to say something about wondering if she ever felt supported by anyone. I realize I didn't say anything because this was the first time I have seen her respond in this more relaxed way. Just the experience of this was enough for her, I felt.

I am not sure if she trusts me enough to get upset or mad at me. There is also a chance she will just go away now and not return.

I don't feel connected to her, but as she talks, there are changes in her voice that I am beginning to notice. I feel like we are closer to something, but I can't put my finger on it, and this isn't it.

But with something in her tone of voice, an importance she gives to this statement, I become aware of my own heightened awareness to this process. It's like my ears get a little hot, and feel bigger.

I am in the complex mode of wanting to see T. move into more self-care from an internal recognition that she needs to and she can do that for herself. Yet I know she is not yet at that place.

Since Modulated ESA is the most common state, it is not surprising that practitioners have a lot to say about their experiences during this state. What is perhaps surprising is that practitioners' thoughts and feelings are so diverse compared to Restorative ESA. We know, from the sequential analysis in Figure 2, Part 1 of this research report, that this Modulated state is an "in-between" or transitional state and the practitioner's feelings clearly reflect that something is shifting and that the practitioner does not always feel certain about what is happening.

On the one hand, the practitioners report feelings of making progress, of the excitement of new openings that did not seem possible before, of a noticeable slowing down and feeling the possibility of moving into a more prolonged Restorative state. On the other hand, there is the disappointment of the client slipping back into Dysregulated states, wanting to hold or push or encourage the client to be more present, and feeling tired with the effort of doing this. The practitioners express considerable worry about whether they are able to reach this client or if they are taking the "right" approach or whether the client can trust them, and these worries lead to many types of thoughts about what to say or do, what something

means, when to speak or not to speak, making plans about what to do next, or questioning her own competence as a practitioner.

These descriptions are notable because they are written by highly trained and experienced practitioners and teachers. When students are faced with similar feelings and thoughts, it may lead them into Dysregulated states of self-doubt. Unlike the clients and unlike RMB trainees, however, practitioners – who know what it feels like to be in Restorative ESA – are capable of allowing themselves to fully feel a mix of emotions such as hopeful or discouraged, connected or shut out, by these brief openings in the client. Even these experienced practitioners are coming up against self-doubt, confusion, not knowing what to say or do, and working in an effortful manner to find or reach the client. They want more for or from the client, they try harder; they don't want to miss any opportunity to find a way to reach the client.

On the other hand, since these experienced practitioners are able to write about this complicated mix of feelings and thoughts, it is reasonable to conclude that they are fully aware of themselves as they navigate being with the client in this state of Modulated ESA. The practitioners are indeed modulating in a deliberate manner and they remain curious and attentive throughout. They are modulating their own thoughts and feelings and they are modulating the progress of the session by deliberate choices to talk or not to talk, to remind the client about something or not, and to discern what might be "too much" or "just enough" for the client to feel, or whether there is or is not a connection between them. Trainees, still in the process of learning to trust all these conflicting feelings, must learn how to stay in the present moment with whatever is coming up.

Because of somatic resonance, the practitioner's questions, wondering, and thinking is likely mirroring some kind of similar process in the client, this being an "in-between" state in which feelings come and then "slip away," and in which it may be difficult to follow the rapid changes and shifts. It is likely, then, that this is a challenging state for both trainees and practitioners to work with because it amplifies the practitioners' own personal vulnerabilities related to inadequacy or uncertainty, or unfulfilled wanting, or not feeling trust.

These feelings become countertransference when the practitioner is not aware of how the client's experience is activating her own personal issues. They become clinically useful information when the practitioner is fully aware of how she is being affected by the client. At least in my own experiences as a student, practitioner and teacher, learning to navigate the session when clients are in Modulated ESA is one of the most challenging aspects of becoming a skilled RMB practitioner.

To take one example, when one of these highly trained practitioners begins to doubt her ability to work with a client, the most likely explanation is not a failing in the practitioner. Rather it is that the client is genuinely difficult to reach, or that the client is there for a moment and then "gone," or that what seems like – finally – an opening lasts only a short period of time, or that the client herself is lost or confused. At the same time, a feeling of self-doubt may be something that has been hiding in the practitioner's unconscious from a past situation in which she did not feel safe to express herself. The goal of RMB training is to allow the practitioner to recognize and become aware of when her own issues come to the surface and then to transform this into clinically useful information about what the client might be feeling. As we shall see, when clients are in Dysregulated ESA, this process becomes even more challenging for the practitioner.

Practitioner Thoughts and Feelings when the Client is in Dysregulated ESA

As with Modulated ESA, I broke the practitioners' descriptions into several different categories. It is important to notice that the categories emerging from the practitioners' experience are quite different between Modulated and Dysregulated ESA. The feeling categories in the table below, at least to me as observer, seemed to clearly reflect the fight-flight-freeze patterns of Dysregulated states.

Table 3: *Compilation of unique descriptors of the Practitioner's Own Feelings and Thoughts when the Client is judged to be in a Dysregulated State*

Practitioner Thoughts or Feelings during the Client's State of Dysregulated ESA	Summary of Practitioner Descriptors of their own Experiences
Feelings of wanting to do more, or "fight"	Asking questions in the hope that the client may suddenly feel something or sense a link, trying too hard to make something happen and feeling tired, feeling shocked at how still or tight or lost or hurt the client appears, feeling frustration and making active attempts to self-regulate, feeling surprise when the client says something for which there is no observable response in the client's body, strong urges to fix the client or tell her what to do or get her to wake up and feel something or give advice but not being able to do any of that.
Feelings of not wanting to engage with client, or "flight"	Feeling reluctant to open old wounds in the client, feeling like creating an opening or relaxation is edgy or dangerous for the client, not wanting to pry, looking for the real person but not finding her and feeling despair, feeling actively pushed away by the client, more self-focus for the practitioner as if finding a person who can be aware in the face of so little awareness in the client.
Feelings of impotence, or "freeze"	Feeling hopeless to reach the client, awareness of similar patterns (guardedness, fear) in the client as in the practitioner herself, and feeling a bit paralyzed by that, the practitioner feeling spacy or dissociated, feeling alone or outside of something or not being able to meet the client, feeling the client's pain or anxiety or confusion or fear and not knowing what to do.
Unproductive Thoughts about what to do or to say	Deciding not to say anything and stay in a neutral place, deciding to let the client talk as long as she wants, thinking about how to reach the client within the chaos of thoughts and ruminations, thinking about past sessions during the current session searching for an explanation or a way in, thinking about different entry points but not finding the right one.
Judgmental Thoughts related to trying to understand the client	Thinking the client is rushing or speedy or can't slow down or rest but not knowing what to do about it or even where this impression is coming from, wondering about when and how the client dissociates and that it can be useful to notice how a client dissociates, thinking that the client does not expect much from the session.

Ruminative thoughts and worries	Practitioner rumination by wondering over and over about how to understand the client, practitioner awareness that her own rumination probably reflects what is happening in the client, talking more than usual, imagining the worst for the client like a migraine headache coming on, worried thoughts about keeping the client's trust and reminding herself to stay focused and pay attention to the client, unwanted thinking about the session during the week between sessions or before the session begins about what to do or what the client may need or wondering what will happen in the upcoming session, thinking about things in the practitioner's own life.
--	---

Examples of Practitioner Thoughts and Feelings during Client Dysregulated ESA: *"I begin to wonder if I am spaced out, if something is happening that I am missing."*

I feel a little conflicted about trying to pry her open. She is guarded. She is private. I don't know what that's about. I am also a private person, and used to be very guarded about opening up in Rosen sessions, especially in front of others.

I feel like I am on the outside of a big balloon ball. Not like I am hitting a wall, but that I am bouncing up against a definite resistance or obstruction is too strong a word. Maybe an object which is opaque and a boundary, but softening.

I could give her some very good advice ☺

This all feels like a Gordian knot to me and I wonder if there is any hope for her ability to untying it.

I am trying, maybe too hard, to get to her, to pin her down to what she feels or wants. It is hard work.

As she talked (without any awareness) I was caught up in my own thoughts. It is very seldom that I see clients that need to focus on their survival needs (food, shelter, transportation). I wondered, at that moment, if our work together could move her into any new inner awareness when survival was so much on her mind.

Her body doesn't change much but I tell myself to slow down and wait for her response. The draw to "fix her" is strong.

I have a strong sense of what is happening here, yet I am also on the train with her moving fast, feeling breathless and overwhelmed as the tales unfold. I have the image of a logjam as these events she's relating pile up on one another, and they in turn pile up on earlier events in her life that are "logjammed."

It's hard to stay with her in her body as her stories unfold. They feel emotionally loaded and tangled. I am figuring out how to untangle, sort out, slow down maybe, to give her a chance to experience her feelings, especially in her body.

I keep wondering if she ever gets any rest. This thought was quite insistent, yet this didn't seem the time to say anything. I can't say what that monitor is inside of me, but I felt this was not yet the time to speak.

I also wonder if my insistent thoughts are in some way mirroring hers. I think so. I feel I am beginning to know within myself how she 'works'.

Now I realize that all along, from the first session to this one, I have been looking and listening for her. As I write this I think, well, this is what I am always looking for, the person underneath the held places. Yet, this is a different sense that I get, as if the threads don't hold together. Her experience of herself as she is here on the table, as I hear and sense it, is of thoughts, feelings, sensations that are completely disconnected from each other. Then I have a sense of despair.

There is so much chatter and the comparisons are so insistent. I can feel myself getting frustrated. I want to hit her over the head with a proverbial hammer. Everything is outside her, not inside her. I take a deep breath, notice my countertransference, bend my knees, feel my feet, knowing that I will have time later to sort this out.

She is SO smart, and SO out of touch with herself, and SO young (younger than her years, I feel). She has done so much work to learn about herself and yet she had no connection with listening to herself, very little connection to her body. And I think, oh my god, that's how most people are in the world!

I have been feeling a sense of openness with M, but with this response, I feel somewhat pushed away, as though I had touched a sore spot, or come closer than she welcomed.

Here again, as with Modulated states, the practitioner feels the difficulty of reaching the client. Yet, there is something qualitatively different in the felt sense and thought processes of the practitioner when the client is Dysregulated: there is a very real sense of practitioner dysregulation, of things happening that the practitioner does not like to think or to feel.

Using the grounded theory and constant comparative methods, I felt that I could classify practitioner feelings during client Dysregulated ESA into the categories of *fight, flight, and freeze* to illustrate more clearly that the practitioner experiences feelings of dysregulation that may be similar to those of the client. In "fight," the practitioner seems to be pushing to find a way to reach the client. In "flight," the practitioner is backing off and not wanting to engage with the client. And in "freeze," the practitioner feels paralyzed, hopeless, or disconnected. Also, when thinking, the practitioner ruminates about the client, she makes judgments (to herself) about the client, she tries unproductively to figure out what to do or say, all of which takes her out of her felt experiences.

The honesty of these experienced practitioners is informative for the practice of RMB. It is refreshing to see that these practitioners – like everyone else – can experience rumination, expectation and judgment; fight, flight, and freeze during a session. As mentioned above, however, experienced practitioners are always ready to be present for Modulated or Restorative states. They can feel the dysregulation, write and speak about, but they are not "stuck" there.

DISCUSSION OF PART 2

Limitations of this Research

With such a small sample of only 5 clients and 3 practitioners, we have no way of knowing if other types of descriptions of states of ESA would occur in a broader sample of RMB practitioners and clients, or even in other somatic relational practices. Most people who receive RMB are those who seek it out or get a referral from another person. They are motivated to engage with the method and they pay for their sessions. The clients in this study were recruited specifically to be part of a research project. They did not know about RMB before joining the study, they were not referred by a trusted other person, and they did not pay for their sessions. They all also had a chronic condition of low-back pain, all were females, and all had tried many different modalities of treatment for their condition. This sample of clients, therefore, may not be representative of most types of RMB clients.

Practitioners conducted the sessions in their own offices and used the same approach that they would with any other client, but they were paid to write for one hour after each session, giving each of them an opportunity for detailed reflection on the session that does not typically occur for most RMB practitioners. This writing process may have in some way affected their perception of, and work with, these clients but we have no way of knowing for certain if this occurred.

It was also noted previously that these practitioners had some experience teaching and doing demonstrations, that is, describing their work in words. Without further investigation therefore, we cannot conclude that RMB students, interns, practitioners, nor even other teachers would describe their sessions in similar ways. Lacking data, we have no reason to believe that describing clients in the way found for these three practitioners would be any better than other ways of describing sessions used by different practitioners. The credibility of these reports, therefore, rests upon whether the descriptions presented here resonate with other practitioners as effective ways of describing states of ESA in themselves and their clients during RMB sessions.

In spite of these limitations, however, the data from these clients does function as a first investigation into my purpose in this research report: that is, to use these descriptions as evidence for a more complex view of ESA. This study is meant to understand RMB clinical process rather than measuring treatment outcomes. The research design cannot tell us whether RMB is better than another treatment or better than no treatment because this was a small sample and there was no control group. In an earlier report on these same clients (see Part 1 and Fogel, 2013), I did indeed find that all of these 5 clients gained some benefit from their sessions. This, because of the small and limited sample, is still insufficient evidence to conclude that RMB "works" for a general population.

The results related to ESA in this study are also limited from the perspective of the very small group of only 3 practitioners. We cannot say what might be found in a similar study of a larger number of practitioners from more diverse backgrounds. This study makes the case that there are at least three states of embodied self-awareness but there may be more that can be discovered. The specific examples provided in Part 3 are informative but again, limited to what these three practitioners noticed, which may have been affected by their personal backgrounds, training and practice history. Practitioners from other countries, ethnicities, and gender groups may have access to different types of awareness about their clients and themselves.

Personally, I myself have observed these three states in students and clients with whom I have worked in different countries and cultures, in people across a spectrum of ethnicity and gender orientation, and in people of different ages and levels of RMB training. I have not observed any other kinds of states of ESA. From these experiences plus the results of this investigation, I feel convinced that these three states capture what is essential about Embodied Self-Awareness. But, of course, I am only one person seeing with my own inherent biases, my own expectations for a particular result, and my desire to find confirmation from other practitioners for something that I have seen and felt.

Even though I am a credible observer -- meaning that I have a lot of experience doing, teaching, and receiving RMB -- the three states that I reported in these articles may reflect my own biases. In the Grounded Theory approach to research, the strategy used to minimize such bias is to present the actual data for readers to review for themselves, found in Part 3 of this series of articles. A second level of credibility would be added to these findings if a similar type of research was done by another person, using a broader range of clients and practitioners.

Learning to use the Practitioner's ESA as a Guide for Working with Clients

According to the literature reviewed in the introduction, we can expect that when two people are in close physical proximity and, during a RMB session, connected via listening and supportive touch, there will be some form of interpersonal somatic resonance. This can be experienced in the practitioner's body in different ways. There is a psychological-biological-social communication process in which each person's body and nervous system becomes coordinated with the other. This may include matching heart rates, breathing, hormones and other physiological rhythms, shared movements and expressions, and shared states of awareness and emotion. The results of Part 2 of this research project clearly show that this psychophysiological coherence is occurring in RMB session, and most likely a similar process can occur in Rosen Method Movement. Similar forms of practitioner embodied experiences when with a client have also been reported for psychotherapists (Booth, Trimble & Egan, 2010; Field, 1989).

The therapeutic benefit of psychophysiological coherence comes when one person has a more Modulated nervous system (such as between a parent and child, or between friends and life partners when one is feeling more dysregulated than the other, or between a skilled RMB practitioner and client), the more Modulated partner provides the possibility of creating a container -- what has been called a "self-regulating other" -- for the other partner to develop more modulatory control over feelings and behavior (Beebe & Lachman, 2002; Cozolino, 2002; Schore, 2000).

In the results of Part 2 of this research report, we saw that when clients were in Restorative ESA, practitioners themselves experienced Restorative feelings, and when clients were in Modulated and Dysregulated ESA similar kinds of experiences were felt by the practitioner. We also saw, for example, that even when practitioners actually felt Dysregulated, they were capable of remaining aware of themselves and also aware of their clients. In this state, practitioners could modulate themselves in order to stay in the present moment with the clients. And when clients shifted into Modulated or Restorative states, the practitioners were able to find those feelings within themselves: *the practitioner did not get stuck in Dysregulated feelings in the same way that the client was stuck.*

It is this ability -- a well-modulated nervous system that can move easily between different ESA states -- that allows the practitioner to openly feel and accept even dysregulated experiences while remaining

available to change and to provide guidance to the client. This ability of the practitioner provides clients with the safe container needed to develop their own abilities to stay present with themselves (Green, 2014).

Bernard (2016) found that clients could actually perceive the RMB practitioners' ability to self-regulate, self-reflect, and be authentic in their own embodied self-awareness. This "self-regulating other" (the practitioner), was seen by the clients who were interviewed in Bernard's study, as essential for the client's own development of staying in the present moment with felt experience. Even if a client cannot articulate what might feel right or wrong, safe or unsafe about their relationship to the practitioner, they can feel it.

A case study of RMB (Vinston Ritz, 2018) came to similar conclusions:

"The Rosen Method Bodyworker extends herself into the sensation of the structure of the client's lived body. This extension has its ground and structure in the experiences of the practitioner's own lived body. This does not happen because of intellectualism or association, but by relating again and again to an embodied perspective to the bodily events occurring in [the client's] lived body . . . The joined relational interplay seems to occur through the concrete tactile touch, inviting the client to sense the body 'here and now.' . . . The touch is specific in its intention of being with whatever is in the client. The background of the concrete movement of the touch and words adheres to the lived body of both the client and the [practitioner]" (pp. 31-33).

My own experience is that dysregulated feelings and thoughts just happen when I am working as an RMB practitioner, and that they happen only when my client is in Dysregulated ESA. Unlike the client, however, I am not stuck in these feelings. I actually feel empowered that I am fully able to experience these feelings in a way that feels safe to me (not losing myself in them) while still being fully present with my client. The felt empowerment for me is to be able to openly re-experience some of my own pain and trauma without becoming re-traumatized.

This kind of personal sense of power comes up for me outside of RMB sessions, when I am able to confront any kind of situation that feels edgy or dangerous or risky with a full awareness of the fear and of not being held back by it. This skill helps me in my personal life to engage with people who are threatening or difficult, to fully engage in challenging athletic activities, to perform music or teach or give a speech in front of an audience, and it helped me to recover from the pain and trauma of open heart surgery (see Part 1).

One example of practitioner empowerment from the practitioner session notes is the unwanted feeling of being pushed away by the client, unwanted because in some way the practitioner realizes that this is the client's old pattern and really not the fault of the practitioner. Yet, it is hard for the practitioner to not feel hurt or alone and then she has to feel those feelings and come back to herself and re-affirm her aliveness by remembering that now, in her life, she is genuinely supported and held by other people.

Another example of empowerment from this research project is the practitioner thinking about the session during the week or before the next session begins, a kind of ruminative thought process that is likely uncomfortable for the practitioner and yet she can't stop these thoughts from coming. If the practitioner can remind herself that these thoughts mean that the client is stirring something up for the practitioner, then the practitioner has an opportunity to embrace and re-affirm her own ability to handle difficult situations or work with her own memories of similar past experiences.

Similarly, the practitioners reported ruminating about what to say or not to say, do or not to do, and this rumination has a more insistent and out-of-control quality to it than similar thoughts that occurred during the Modulated state. The practitioner imagines the worst for the client (she'll never recover or she can't be reached), the practitioner finds herself talking more than usual or staying more silent than usual, or feeling disbelief that the client does not seem able to respond to her efforts. The skilled practitioner's empowerment comes from always feeling and always being in the process of re-modulating her own nervous system so that she reminds herself to feel her own personal strength of being embodied and grounded even as the client is dysregulating. This is the ability in the practitioner that provides for the client a self-regulating other.

Another way to understand that these practitioner experiences are part of a larger sense of practitioner aliveness and empowerment is to put them in the context of the entire session and each session in the context of the whole treatment program of 16 sessions. When the client does, in fact, shift into a more Modulated or even a Restorative state, the practitioner is right there with the client. The practitioner does not persist in feeling dysregulated: her feelings shift with the client's state of ESA. The most likely interpretation is that these practitioners feel safe enough and strong enough to allow themselves to actually feel their own dysregulation and more importantly, to use those feelings as essential information in finding a way to eventually reach the client. And this does indeed happen for all these clients: they all found more space for Modulated and Restorative ESA and they all benefited from their treatment (Fogel, 2013).

For students, interns, and new practitioners, this ability to stay present with one's own experiences while also being present with the client takes a long time to learn. When clients were in Dysregulated ESA, and even sometimes during Modulated ESA, the practitioners in this research project reported feelings of self-doubt, uncertainty, ruminative thinking about what to do that persisted even after the session was completed, feeling overwhelmed, dissociated, wanting to fix this person, or feeling unsure about how to help this person. According to Marion Rosen,

"Rosen Method is not work that can be taught quickly because it also depends on the students' own personal development, which shows up in how students are with patients. Can they really be present with patients without preconceived ideas, without expectations, allowing whatever comes up to take place without interference? This seems to be the hardest thing to learn . . ." (Rosen & Brenner, 2003, p. 100).

In my experience as a teacher and supervisor, ALL students, interns, practitioners and teachers have preconceived ideas and expectations, which we saw clearly in the practitioners' self-descriptions in Part 2 of this research project. When these thoughts, doubts, or expectations related to the client occur for people who are learning how to do RMB, they are more likely to be felt as personal failures. Learners get stuck in their own personal feelings and subsequently get lost in the middle of the session not knowing what to do.

Supervisors and teachers can become a self-regulating other to help the learner to feel these things, accept that they may be markers for the learner's own vulnerabilities, and that they may -- at the same time -- reflect something the learner is re-experiencing from her own history that is evoked by some similar experience in the client. The advanced practitioners in this research project all went through similar training experiences until they were able to develop the skills of self-awareness revealed in their post-session notes. The outcome of RMB training is not to pretend that these feelings don't exist but rather to just listen to them within ourselves – as we listen to the client – and feel into what they might mean without necessarily acting upon them or taking them personally as evidence of some kind of inadequacy.

"The RMB practitioner's ability to observe, allow change to happen, and make sense of the somatic reality in the inner world can become a way to create a lived experience of an embodied relationship between client and practitioner . . . The therapist's willingness to be somatically informed and authentically present with the client is considered supportive to the clients' processes of discovery within and between them" (Bernard, 2016, p. 32).

Table 4 presents some of the learning skills that need to be acquired by practitioners-in-training, which may include people who are already practitioners and need continuing education to refine and develop their skills. Keep in mind that all body-based learning process – for example, sports, music, dance, visual arts, and RMB – need years of body-based practice to reach a level of mastery: Practice, patience with ourselves when we make mistakes, more practice, knowing when we need guidance, more practice, learning when to ask for help, and more practice. Even highly successful musicians, dancers and athletes need to train, practice, and rehearse regularly or they will gradually lose their skills.

"This is the art of Rosen Method: knowing when and when not to ask questions. Students must find out through experience, and by watching teachers work and by receiving the work themselves" (Rosen & Brenner, 2003, p. 101).

Table 4: Learning skills required for developing the practitioners' Embodied Self-Awareness in Rosen Method Bodywork.

Learning Skill	Description
Learning to recognize the client's state of ESA	Study the tables and examples given in Part 1 of this research project and practice noticing the particular signs of each state of ESA when you are giving or receiving RMB sessions. You can also do this in a practicum group where several people are observing the session and talking about the ESA state changes.
Learning to recognize your own state of ESA during everyday life	Study the tables and examples in Part 1 and try to notice the ESA state changes inside yourself as they occur in your life. Keeping a diary may help. Notice the times and situations in which you feel the different states of ESA.
Learning how your own ESA is related to the client's ESA	It may not be the same for you and your client but you can learn how your particular way of feeling might be informative about what the client is feeling. A simple way to begin is to learn how to notice if the times you are thinking -- rather than feeling -- during a session are related to when the client is also thinking, either in Modulated or Dysregulated ESA. If you are thinking, just ask your client, "Are you thinking about something?" and see what happens.

Learning to remain in your own Restorative ESA while working with clients	<p>This is especially difficult when the client is not able to access Restorative ESA. This means learning to recognize and feel all the three states of ESA in ourselves as practitioners and how they might relate to our own history of trauma and recovery, and learning how our own states and feelings of vulnerability can be evoked as a form of resonance with the client.</p> <p>Practice keeping yourself connected to your felt sensations, words, images, memories from current and prior sessions, and from your own life that come up while working with a client. Notice when your thoughts or interpretations, or your need or expectation to do something come up and remind yourself to come back to your felt experience. Read the examples in Part 3 in blue to learn how the practitioners in this study managed to do this.</p>
--	--

Enhancing One's Own Restorative ESA

The training programs in Rosen Method Bodywork and Movement are specifically designed to teach people how to access their own Restorative ESA, and eventually, to learn how to guide others to that same place. In my experience, I have found that getting to the place of mastering the skills in Table 4 takes more than the formal hours of training and practice in Rosen Method. It is an ongoing and life-long process to stay connected to ourselves and find the resources we need for restoration of our own body and soul.

The truth is that you cannot master the art and practice of Rosen Method – or any relational somatic therapeutic modality -- unless you take care of yourself by engaging in a regular and reliable set of restorative practices. There is actually some research evidence for this statement. Cober, Smart and Williams (2014) did a study (reviewed in Part 1 of this research report) about how a regular mindfulness practice has helped some RMB practitioners and RM movement teachers to stay connected with their own ESA. The Rosen professionals interviewed in this study,

“...revealed that ongoing mindfulness practice and trainings help deepen their skillfulness as Rosen practitioners. They found benefit from mindfulness whether it was introduced before Rosen training, during Rosen training as an adjunct study, or in continuing education coursework. This particular group of experienced Rosen professionals (who were also well-trained in mindfulness) reported that mindfulness is essential to Rosen Method bodywork and movement and that learning mindfulness supported their work in Rosen Method” (Cober et al., p. 59).

Cober et al. point out that in mindfulness practice, one observes thoughts coming and going without necessarily acting upon them. This is similar to what practitioners in this research study reported about their own thoughts: they observed them and most often, did not act on them. They were able to discern when to let go of their own thoughts and feelings while continuing to be present for what was coming up for the client.

Another article on mindfulness and Rosen Method arrived at similar conclusions. Mindfulness practice

“... can help the practitioner to use her body as a very sensitive diagnostic tool. It can signal to the practitioner what is happening in her body as well as in the client’s body... I experience again and again that the level of acceptance of my own difficulties determines the degree to which I can hold the space for others. As I let go of self-judgment, I am free to receive with compassion. The more I realize my own human nature and frailty and bring loving-kindness to myself, the more I am able to be the container of my clients’ processes. I find it to be a daily practice of awareness and willingness to be awake and am fulfilled when I am able to open myself to others in this way” (Kushnir, 2008, pp. 13 – 14).

Mindfulness practice, while one avenue to cultivating restorative states in the student and practitioner, do not work for everyone. Without proper context and guidance, mindfulness practice can easily lead one into dysregulated worries and old traumatic states (Lutkajtis, 2018; Treleaven, 2018). Each person must find restorative resources that work for us as individuals, resources that reliably take us into our own restorative ESA. It is essential that we are making life-affirming choices to regularly indulge ourselves in our own in-depth healing and restoration. As an aid to finding these resources, I include here a list of study questions that I give to students in the RMB intensives and advanced workshops that I teach on the topic of ESA.

- Name some of the places/activities (being in nature, meditation, yoga, dance and authentic movement, Rosen Movement, sports and exercise, prayer and spiritual practices, music, art, gardening, cooking, eating healthy foods, shopping, being with family and friends, intimate partnerships, etc.) that feel most restorative for you; situations in which you are more able to fully experience your own Restorative ESA. Note that these may be different at different times in one’s life.
- How can you discern whether an activity is actually guiding you to a state of Restorative ESA rather than to a state of Modulated or Dysregulated ESA? (See the section *Summary of Characteristics of the Three States of Embodied Self-Awareness: Restorative, Modulated, and Dysregulated* in Part 1 of this research report.) During and after engaging in the activity, do you feel more alive, healthier, relaxed, happy or more fully yourself; or do you feel tired, drained, stressed, overwhelmed, tense, or sympathetically “up” or “ON”?
- Name some of the places/activities that feel more stressful or overwhelming to you. What happens to you in these different places? Can you self-regulate or do you become dysregulated? How can you discern if you are self-modulating or only thinking that you can handle the situation? (Again, see the section, *Summary of Characteristics of the Three States of Embodied Self-Awareness: Restorative, Modulated, and Dysregulated* in Part 1 of this research report). Can you sense why these things affect you in these specific ways? What can you do to minimize these stressors?
- Make a list of possible changes you might make in your life to maximize time for Restorative ESA when you feel stressed or overwhelmed. How can you be with other people in ways that help yourself find restoration (asking for help, asking someone to just listen, saying “no,” setting boundaries, asking for the kind of touch you need, etc.)? What does it mean for you to make life-affirming choices? What keeps you from making such choices?

The key to success in Restorative self-care is being able to recognize when we are, in fact, in Restorative ESA. If you are *thinking* that you have finally reached a state of Restorative ESA, then you are convincing yourself, and maybe even wanting to believe, that you are there. These thoughts come with effort and sympathetic arousal no matter how well modulated they may be. If you are *thinking*, "I'm happy now," then you are not feeling your happiness in a way that leads to getting the health benefits of parasympathetic ease. I hear Marion's voice saying, "Tell the truth!" We have the possibility to fully be healed and soothed by our own Restorative ESA only when we are completely honest with ourselves about when we are, or are not, genuinely in that restorative state of peace and grace.

This may sound easy but it is not. Human thought is astoundingly ubiquitous. Our brains are very well structured for this. Thinking infuses most conscious moments of our lives. It is so pervasive that we can easily become habituated to it, meaning that – like ordinary noise in the environment in which we live – we become so used to it that we can tune it out. When we pay attention, however, these background thoughts can be "heard" more clearly and then we have the possibility to discover a more restorative way of being.

I practice a meditative form of yoga, sometimes called Restorative Yoga. Instead of active stretching that uses muscular effort, one settles into a posture using pillows and bolsters and then stays in the posture, feeling passive stretching from gravity, for as long as 10 to 15 minutes. The passive stretch activates the sympathetic nervous system (similar to an active yoga stretch) as I feel the tightness and tension. The sympathetic activity, however, keeps me aroused; and heightens my attention. It allows me to feel the pain or ache which I did not feel before, but I stay on the surface of it in Modulated ESA. The ache is there, but so are thoughts and tension in my face and head that are all sympathetic responses of bracing (fight and flight) against actually feeling the ache or pain. The thoughts at this time are bordering on dysregulated: "Why can't I just relax," or "I'm never going to settle down," or "Maybe I should just get up and get back to work." If these types of thoughts persist, I usually end the pose and find a more gentle one because the current pose just feels like "too much" for me to handle.

The modulated sympathetic arousal that comes with the yoga stretch works better for me than the stillness of a sitting meditation because there is a bodily hurt or ache that helps me to focus my attention. As mentioned in Part 1 of this research project, some modulated sympathetic activation is a necessary prelude to finding relaxation. I know from experience that it usually takes me at least 5 minutes, sometimes longer, to feel and accept that I am actively and sympathetically modulating myself and to become aware of my efforts to stay at a distance from the pain while still feeling the outline of it.

I expect this, I know this state, and I know I need to feel this so that my interoceptive network can locate and identify the source of the discomfort. In a RMB session, our touch and talk help the client to find similar areas of tightness and discomfort, or emotional feelings of distress, that were not before present in awareness. We can expect the client to activate sympathetic modulated or dysregulated strategies to cope with what is coming up for them.

A part of becoming empowered as a RMB practitioner is developing the skill and courage to deliberately "hold" the client in a state of discomfort and sympathetic arousal. Like the patience I've developed for the unexpected aches and pains that come from the gentle stretch of my yoga practice, practitioners can provide the sense of safety – the self-regulating other -- that conveys the possibility for the

client to feel even a little bit of an old trauma or a recent physical or emotional injury. According to Salibian (2015),

"Most people are reluctant to feel their emotions because they fear one or all of three things:

- 1) They will never be able to stop feeling the feeling.
- 2) They will not be able to function.
- 3) They will die.

Leaving survival patterns behind is fraught with many dangers in their minds, and you have to show them when and how it is safe. Safety can begin to be established when they hear that:

- 1) You will not let them die.
- 2) You will not let them get lost forever in their feelings.
- 3) You will not let them walk out dysfunctional.

Survivors need a practitioner who is certain they can be there through the roughest spots and see them through" (p. 20).

According to the results presented in Part 1 of this research report, sympathetic activation in Modulated ESA is a necessary prelude to accessing a state of Restorative ESA. In my yoga practice I feel this discomfort, recognize it as my body wanting to do something about it, just be with the feelings of fight or flight, and then suddenly -- and without any planning or control on my part -- I feel myself beginning to let go of the protection. I feel, briefly at first, a few deeper breaths and an emerging sense of ease as my muscles begin to soften. But I'm still thinking: "Yes, finally, I'm getting there," or "I remember now how good this can feel," or "I wonder if this will last?" I'm still in Modulated ESA but moving closer toward something that feels more restorative rather than where I was a few moments prior, which also felt modulated but coming closer to dysregulation.

Most of the time, because of regular practice, I can eventually drop into a lasting Restorative state of ESA. Again, this comes without planning or effort. It just happens, like surrendering into a different state of being over which I have no control. I am no longer thinking. It is more like dreaming and floating. There is no pain, there is peace and ease, it seems to last forever, and sometimes I fall further into a state of trance or something like sleep from which I emerge more fully rested and renewed.

When we are sympathetically aroused in Modulated ESA or stuck in Dysregulated ESA, we need to be able to discern if we can stay with these feelings on our own, as in my example of yoga, or when we need help and guidance such as to get RMB for ourselves, or to call upon any of our other resources that help us to recover and relax. I have never gotten to a point in my life where I can stay in Restorative ESA entirely on my own. I find I need my own resources – being with my life partner, my family, friends, and my cat, receiving RMB and other bodywork like massage and acupuncture, psychotherapy, connecting with clients and students, regular exercise and athletics, gardening, appropriate nutrition, medical care, creative work like this writing project and making music, for example – in order to live most fully in each moment.

I give these examples not to suggest that other people should do the same things as I do for support but rather to affirm that each of us has our own issues and vulnerabilities and each of us has to discover what works best for ourselves in our own lives. The important message is that each of the three states of Embodied Self-Awareness is essential for our sense of aliveness and health, and that each of us requires support and regular practices to remain embodied, empowered, and restored.

ACKNOWLEDGMENTS

I wish to thank the practitioners and clients who participated in this research. The practitioners, especially, deserve many thanks from all of us in the Rosen Method community for their conscientiousness, honesty, and clarity in the way they described their clients and themselves. None of this work would have been possible without them. I'm grateful also to the two anonymous reviewers of these articles and to my Action Editor, Annabelle Apsion, and Editor-in-Chief, Carol Cober. I realize that my submitting not one, but three complicated and interrelated articles, required a major editorial effort on their part. Their comments have greatly improved the presentation. Finally, the many discussions about Embodied Self-Awareness that I have had with [Amanda Blake](https://embright.org/) (<https://embright.org/>) and Menasheh Fogel, and their supportive comments and suggestions about my descriptions of these three states of ESA, have been invaluable in the creation of the work presented here.

REFERENCES

Bernard, S. (2016). Relational somatic presence: Meeting trauma with Rosen Method Bodywork. *Rosen Method International Journal*, 9, 25-53. (<https://1xhdko41sric25njz22ditir-wpengine.netdna-ssl.com/wp-content/uploads/2016/09/BernardFinalArticleSpring2016.pdf>)

Beebe, B. & Lachmann, F. M. (2002). *Infant research and adult treatment: Co-constructing interactions*. Hillsdale, NJ: Analytic Press.

Blake, A. (2018). *Your Body is Your Brain*. Embright/Tokay Press. (<https://embright.org/>)

Booth, A., Trimble, T. & Egan, J. (2010). Feeling it: body-centered counter-transference in a sample of Irish clinical psychologists. *The Irish Psychologist*, 36, 284-289.

Cober, C., Smart, S. & Williams, J. (2014). A preliminary inquiry on Rosen Method and Mindfulness: What we notice. *Rosen Method International Journal*, 7, 49 - 62. (<https://1xhdko41sric25njz22ditir-wpengine.netdna-ssl.com/wp-content/uploads/2015/06/2014-vol7iss1-4.pdf>)

Cozolino, L. J. (2002). *The Neuroscience of Psychotherapy: Building and Rebuilding the Human Brain*. N.Y.: W. W. Norton.

Field, N. (1989). Listening with the body: An exploration of the countertransference. *British Journal of Psychotherapy*, 5, 512 – 522.

Fogel, A. (2009/2013). *Body Sense: The Science and Practice of Embodied Self-Awareness*. N.Y.: W.W. Norton.

Fogel, A. (2013). Better or worse: A study of day-to-day changes over five months of Rosen Method Bodywork treatment for chronic low back pain. *International Journal of Therapeutic Massage and Bodywork*, 6, 14 – 24. (<http://www.ijtmb.org/index.php/ijtmb/article/view/200>)

Fuchs, T., & Koch, S. C. (2014). Embodied affectivity: On moving and being moved. *Frontiers in Psychology*, 5, 1-12.

Green, I. (2014). The safe container of interpersonal relationships. *Rosen Method International Journal*, 7, 6-29. (<https://1xhdko41sric25njjz22ditir-wpengine.netdna-ssl.com/wp-content/uploads/2015/04/vol7iss1-2.pdf>)

Hrossowyc, D. (2009). Resonance, regulation, and revision: Rosen Method meets the growing edge of neurological research. *Rosen Method International Journal*, 2, 3-9. (<https://1xhdko41sric25njjz22ditir-wpengine.netdna-ssl.com/wp-content/uploads/2015/08/Vol2.2-2.pdf>)

Kushnir, D. (2008). Mindfulness meditation and Rosen Method Bodywork. *Rosen Method International Journal*, 1, 11-14. (<https://1xhdko41sric25njjz22ditir-wpengine.netdna-ssl.com/wp-content/uploads/2015/08/Vol1.1-3.pdf>)

Lutkajtis, A. (2018). The dark side of Dharma: Why have adverse effects of meditation been ignored in contemporary Western secular contexts? *Journal of Academic Study for Religion*, 31, 192-217.

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

Salibian, A. (2015). Trauma therapy with Rosen Method Bodywork. *Rosen Method International Journal*, 8, 4-33. (<https://1xhdko41sric25njjz22ditir-wpengine.netdna-ssl.com/wp-content/uploads/2015/06/2015-vol8iss1-2.pdf>)

Schore, A. N. (2000). Attachment and the regulation of the right brain. *Attachment & Human Development*, 2, 23-47.

Siegel, D. J. (2003). An interpersonal neurobiology of psychotherapy: The developing mind and the resolution of trauma. In M. F. Solomon & D. J. Siegel (Eds.), *Healing trauma: Attachment, mind, body, and brain* (pp. 1-56). N.Y.: W. W. Norton.

Stern, D. N. (2004). *The present moment in psychotherapy and everyday life*. N.Y.: W. W. Norton.

Treleaven, D.A. (2018). *Trauma-Sensitive Mindfulness: Practices for Safe and Transformative Healing*. NY: W.W. Norton & Company.

Tronick, E. (2007). *The neurobehavioral and social-emotional development of infants and children*. N. Y.: W. W. Norton.

Vinston Ritz, A. (2018). "Fixations in time": A term from phenomenology as applied to Rosen Method Bodywork. *Rosen Method International Journal*, 11, 20-37. (<https://1xhdko41sric25njjz22ditir-wpengine.netdna-ssl.com/wp-content/uploads/2019/01/DecFinalVinstonRitz2018version2.pdf>)

Wooten, S. (1995). *Touching the body, reaching the soul: How touch influences the nature of human beings*. Santa Fe, N.M.: Rosen Method Center Southwest.

Zettmar, K. (2011). How love heals. *Rosen Method International Journal*, 4, 2-8. (<https://1xhdko41sric25njjz22ditir-wpengine.netdna-ssl.com/wp-content/uploads/2015/08/Vol4.1-2.pdf>)