

## 5+ R's in emotional responsiveness

(Clear) Roles

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Reassuring

Reflective

Relational

Repetitive

Reorganizing

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## 5+ R's in emotional responsiveness

### Conceptualization Model

#### Considerations

This is a client who has experienced \_\_\_\_\_  
(history, trauma, current context) and is currently  
\_\_\_\_\_ (using opiates...at risk of death...looking for  
solutions...and \_\_\_\_\_ current functioning and mind  
set). His or her risks are \_\_\_\_\_ and  
strengths are \_\_\_\_\_.

Community and peer and collaboration opportunities  
include \_\_\_\_\_. Community or peer or  
family risks include \_\_\_\_\_.

What this client needs from me NOW is \_\_\_\_\_.

Note: What do YOU need as clinician, in your agency, what would  
assist you?

Say something that evokes  
emotion: "She is terrified her  
husband will die"

### Conceptualization Model

#### Four considerations



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Loving Presence

Select Components of Secure Attachment

As a Template for the Transmission and Acquisition of Love

Amy J. Donnan

Institute for Child Development

IECMH Certificate Program

"Your vision will become clear only when you look into your heart...  
Who looks outside, dreams. Who looks inside, awakens."

- Carl Jung

### Abstract

Love is the most powerful factor and component of early development. Love influences our biology, cognition, emotional acquisition and refinement and leads to or limits our developing abilities to handle stress, navigate relationships, create, communicate and integrate a sense of self into self efficacy and satisfaction in life. Although this paper does not propose to unravel the mysteries of love, it does propose to recognize the early components of secure attachment as a template for the human ability to give, receive and experience love.

Distorted, insufficient or unsuccessful communication and use of love by a parent—as described as avoidant, disorganized or insecure attachment relationships—handicaps the growing child’s potential for experiencing and utilizing the organizing, calming and synthesizing power of love (Bowlby, 1988).

This paper reviews some of the observable components of loving communication in infant development, focusing on the first year to year and a half of life—most particularly the ‘practicing period’ (Haviland-Jones, J., Gebelt, J. L., & Stapley, J. C., 1997), as the period of acquisition and early ability to express emotion reciprocally. Loving presence is considered to be the use of nonverbal signals, such as eye gaze, facial expression, proximity, tone and synchrony, as components of secure attachment.

## A Loving Presence

### Select Components of Secure Attachment

#### As a Template for the Transmission and Acquisition of Love

Research indicates that the early relationship between child and caregiver organizes into a stable emotional-behavioral response pattern and is observable by twelve months. Alan Schore, at the Department of Psychiatry and Biobehavioral Sciences at UCLA, proposes that this pattern is hard wired into the infant brain and operates unconsciously throughout the individual's life (2004). Schore further suggests that the first two years of life are almost completely dedicated to the development of the brain's right hemisphere—the hemisphere involved in emotional or implicit memory as well as subconscious patterns and responses.

Daniel Siegel, psychiatrist, educator and author of *The Developing Mind* (1999) complements Schore's work, describing the early development of memory in the first two years of life as implicit memory—memory which engages the right hemisphere of the brain. Siegel outlines how implicit memory or emotional memory develops first, followed by cognitive or explicit memory, with the developmental focus shifting from intrinsic to explicit at approximately age two.

Researchers concur that it is this early 'emotional memory,' stored in the right brain, which will guide self regulation, process facial expressions accurately, and provide an early sense of the developing self among other many extraordinary functions.

As attachment and memory patterns develop and become measurable, the question is raised as to the components involved in this process and when is the baby most receptive to receive or exchange these signals. There is significant research that describes how a parent's

mental state and ability to self reflect influences attachment, but it is the nonverbal cues and transmissions that become the observable markers of this ability.

Schore (1994) identifies facial expression, tempo, tone, synchronous or asynchronous connections as the mechanisms involved in the pattern of attachment, while Jukka Makela from the Finnish Theraplay Association asserts that the nervous system responds peacefully and calmly to a mother's humming, and constancy of resonance—or felt connection through smiling (2003).

An infant's biological response to nonverbal exchange can be measured, and securely attached children have been shown to have less heart rate variability under minor stress than children categorized as insecurely attached (Izard, et al, 1991). Children categorized as insecure in attachment relationship show more variability in heart rate.

Facial expression is an important component of loving presence, or nonverbal transmission of security, as well. Research demonstrates that infants of depressed mothers show more sad and angry expressions and less interest in their environment, than their same age counterparts whose mothers are not depressed (Pikens, et al, 1993).

Positively, mothers who were instructed to become aware of and improve their nonverbal communication skills saw an increase in positive emotion in themselves and in their infant children. Parents were taught to “contingently respond to (baby's) signals,” (Landry, et al supplemental, 2006) through use of positive voice tone, improved responsiveness, pacing and sounds to elicit baby's attention. Results included improvements in participating infant's level of

cooperation, social engagement, and the generalizing of these gains with other adults. Notably, this study included infants in the 'early practicing period' of 12 to 18 months (Sroufe, 1997) or 10 to 14 months of age (Schoore, 1994), when an increase in positive emotion has been observed to occur.

Eye gaze, an important component of facial expression, has been specifically studied as well, and researchers have discovered that two month old infants have an interesting sight limitation, suggesting the need for physical proximity of a parent. Two month old infants can see approximately eleven inches from their body, requiring mother (parent/caregiver) to be close when involved in mutual eye gazing.

So why is the developmental period from ten to eighteen months significant? According to Alan Sroufe, pioneering researcher from the University of Minnesota, emotions continue to differentiate during the first two years of life (Sroufe, p. 59). The one and two month old child has the ability to experience delight and distress, while the six month old has discovered and added fear, disgust and anger to the repertoire. By twelve months affection comes into play suggesting mutuality, and by eighteen months there is the potential for jealousy and greater affection for not just caregivers but other children and adults. Experts agree that by this practicing period, infants have established a primary attachment relationship and are now testing, practicing and initiating emotional exchanges (Sroufe), suggesting a greater need for responsiveness and recognition of nonverbal cues by their caregiver(s).

As mysterious as love may be in a broad philosophical view, emotions are quite functional, observable and predictive. Early abilities to express and experience emotion build a foundation from which the young infant practices, and from that foundation relationships goals and aspirations will form. Without a healthy or loving early attachment relationship, later functionality is significantly affected. In terms of loving relationships, adults who experienced secure attachment believe romantic love to be enduring while ambivalently attached adults believe it to be rare and temporary (Feeney, et al., 1993). Avoidant pattern adolescents tend to have difficulty sharing emotions and thoughts in times of stress and are more apt to engage in casual sexual encounters (Feeney, J., Noller, and Patty 1993).

Clearly, attachment and early emotional development provide a subconscious map that decades of research is beginning to read and translate. May we take what we have learned from these infants and the researchers who took the time to understand and translate their nonverbal cues, and provide new maps for parents, adults and leaders to follow. As observable components of loving become more evident, we are better able to ‘show and see the love’ so to speak, to parents and others—providing a more solid map for the infants today who will be the adults raising their children tomorrow.

As a mentor instructor from the Institute for Child Development has on occasion said, “let’s make bumper stickers that say ‘Start Seeing Babies!’” (Scott Harmon, 2011).

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