# THE ALARM SPECTRUM

*uncovering the emotional root of a diverse array of troubling symptoms including **anxiety**, **agitation**, **attention** problems, **adrenalin**-seeking and more*

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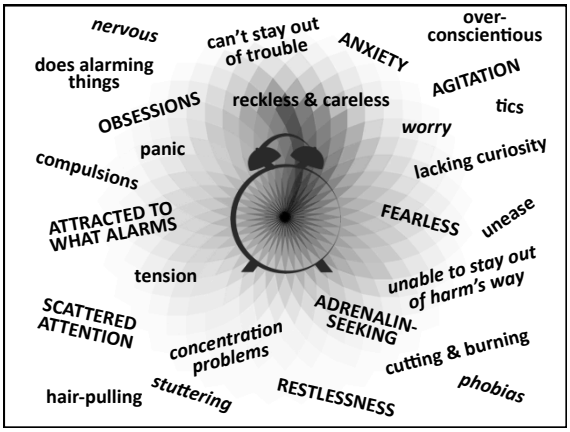


- headquartered in the emotional or **LIMBIC SYSTEM** of the brain
- activates the **ENDOCRINE** and **IMMUNE** systems and affects most every system

- mediated by the **SYMPATHETIC** branch of the autonomic nervous system
- mediated through special **NEURO-TRANSMITTERS** in the nervous system
- has high priority in functioning, affecting **AROUSAL** and hijacking **ATTENTION**
- begins operating in the **FETUS** at about six months after conception

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• alarm is a **PRIMAL** emotion that can exist without any awareness or cognitive input or involvement

• is meant to take care of us by moving us to **CAUTION**

• when felt, has a significant **TEMPERING** effect on behaviour

• once activated, alarm seeks **RESOLUTION** in one way or another. Failure to resolve alarm results in **RESIDUAL** alarm.

• alarm can **DISPLACE** other emotions as drivers of behaviour when more intense

• alarm and its effect may or may not be **FELT,** or be felt in different ways

• is often **PROVOKED** by adults as a way of managing behaviour

• alarm is a very **VULNERABLE** emotion to feel as it brings us face to face with what threatens us

***ATTACHMENT is our preeminent need***
***so SEPARATION is our greatest threat***

• attachment is about the drive towards **TOGETHERNESS** in all its various forms

• it follows that facing separation is our greatest threat and the essence of **STRESS**

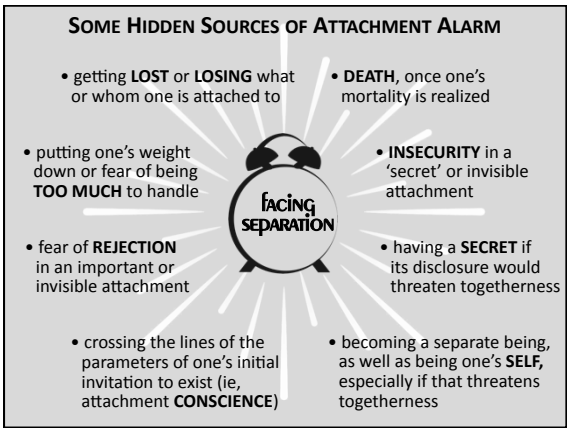
• the primary purpose of attachment is move us to take **CARE** of each other – *attachment replaces survival in mammals*

• alarm is one of three primal emotions evoked to **SOLVE** the problem of separation (the other two being *frustration* and *separation-triggered pursuit*)

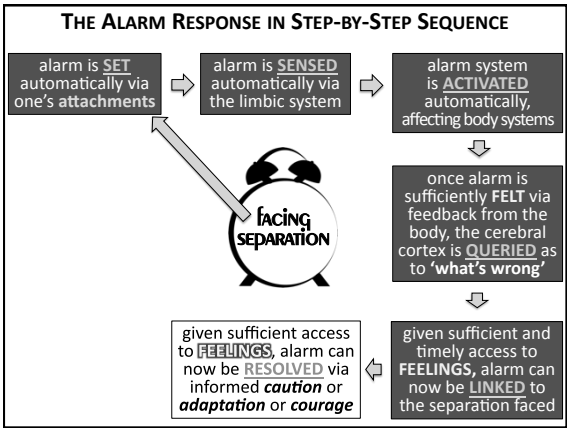
• attachment is powerful, primal, primordial and **PREEMINENT** – the first of three basic drives (play and achievement)

• the **NATURE** of the separation faced is directly derived from the nature of one's attachments

## SOME HIDDEN SOURCES OF ATTACHMENT ALARM




## THE ALARM RESPONSE IN STEP-BY-STEP SEQUENCE




## ABOUT FEELINGS AND ALARM

1. One can **BE** alarmed without **FEELING** alarmed.
   *- just as one can **BE** sick, hurt, hungry, tired, frustrated, angry, attached, in love, pregnant – without feeling it at any given moment or even at all for that matter*

2. We only **FEEL** alarmed if the cognitive brain receives the feedback coming back into the brain from the body, and interprets it as alarm.
   *- this feedback does **NOT** have high priority for processing, is **LESS** likely when the brain is under stress or has other work to do, must be **TIMELY** for the links to be made, and can be defensively **INHIBITED***

3. The more directly one **FEELS** the alarm as ***separation alarm***, the more likely the links will be made, setting the stage for alarm to be resolved.

4. Alarm can **ALSO** be felt vaguely as ***anxiety*** (unsafe, uneasy, apprehensive), felt indirectly as ***agitation*** or restlessness (the arousal system) or felt only as ***adrenalin*** (the endocrine system).

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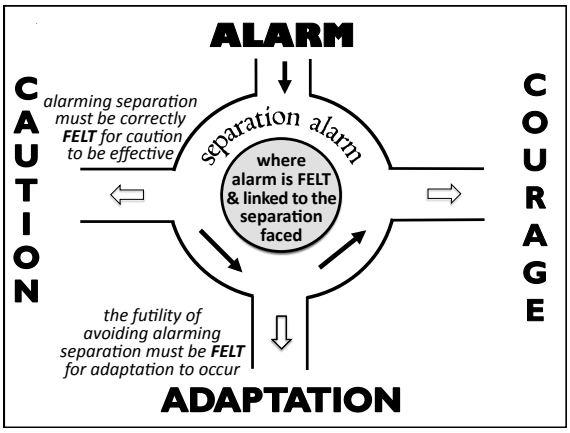



### *Adapting to Alarming Separation that Cannot be Avoided*

- futility is typically felt as **SADNESS** and usually accompanied by **TEARS** of sadness in the young or when intense
- **RESOLVES** alarm, providing some **REST** and **RELIEF** from the primal emotion
- enables a **LETTING GO** of attempts to control or avoid alarming scenarios

- develops the **RESILIENCE** to handle a world full of separation alarm
- enables **RECOVERY** from alarming events and alarming attachments
- children often need to be gently but firmly **'HELD'** in the experience of futility until it is **FELT**

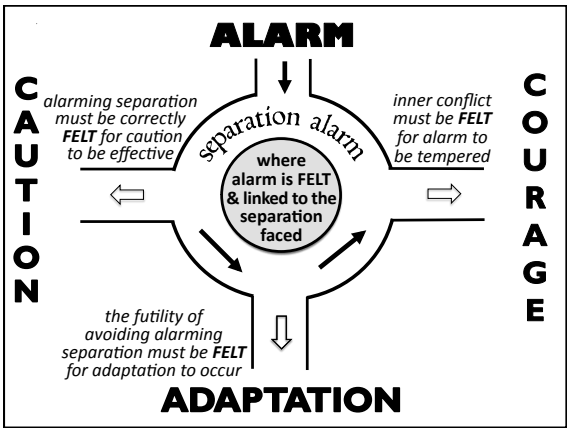
***since adaptation is an emotional process, futility must be FELT***

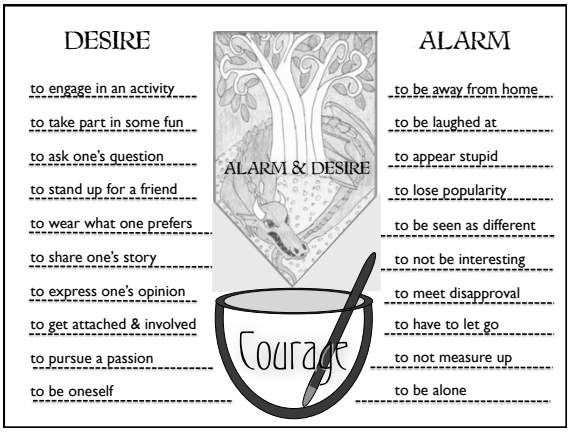
### Alarming Separation where Avoidance is Futile

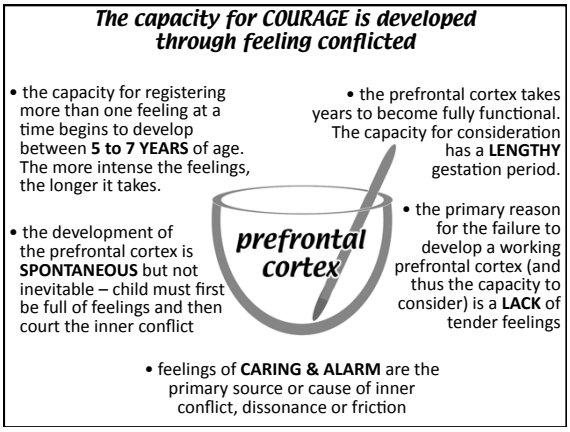
- bedtime, loss and mortality
- separation resulting from going to school, moving, divorce of parents, parents working, hospitalization, etc, etc
- the dawning realization of the inevitability of loss and losing
- always being wanted, chosen and preferred by those whom we want, choose or prefer

- being liked by everyone or avoiding rejection
- the lack of invitation to exist in another's presence
- the loss of affection or significance to another
- securing the contact and closeness in an attachment

*To attach is to face separation, but we **must** attach and so facing separation cannot ever be truly avoided.*

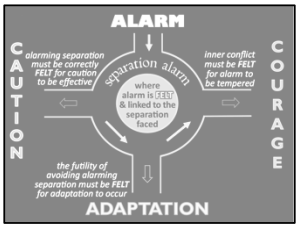

ALARM
CAUTION
COURAGE
ADAPTATION
alarming separation must be correctly FELT for caution to be effective
inner conflict must be FELT for alarm to be tempered
the futility of avoiding alarming separation must be FELT for adaptation to occur
separation alarm
where alarm is FELT & linked to the separation faced


DESIRE
ALARM
to engage in an activity
to take part in some fun
to ask one's question
to stand up for a friend
to wear what one prefers
to share one's story
to express one's opinion
to get attached & involved
to pursue a passion
to be oneself
to be away from home
to be laughed at
to appear stupid
to lose popularity
to be seen as different
to not be interesting
to meet disapproval
to have to let go
to not measure up
to be alone
ALARM & DESIRE
Courage


The capacity for COURAGE is developed through feeling conflicted
• the capacity for registering more than one feeling at a time begins to develop between 5 to 7 YEARS of age. The more intense the feelings, the longer it takes.
• the development of the prefrontal cortex is SPONTANEOUS but not inevitable – child must first be full of feelings and then court the inner conflict
• the prefrontal cortex takes years to become fully functional. The capacity for consideration has a LENGTHY gestation period.
• the primary reason for the failure to develop a working prefrontal cortex (and thus the capacity to consider) is a LACK of tender feelings
prefrontal cortex
• feelings of CARING & ALARM are the primary source or cause of inner conflict, dissonance or friction

**TRAITS DERIVED FROM A WELL-FUNCTIONING ALARM SYSTEM**

- **CAREFUL**
- **CAUTIOUS**
- **CONCERNED**
- **CONSCIENTIOUS**




- **REFLECTIVE**
- characterized by a conflicted **RELATIONSHIP** with alarm
- **RESOLUTE –** not controlled by alarm

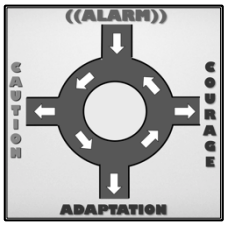
- **RESTFUL** (from finding RELIEF & RESOLUTION re alarm)
- **RESILIENT** (from having RECOVERED from alarming events and having adapted to an alarm-filled life)

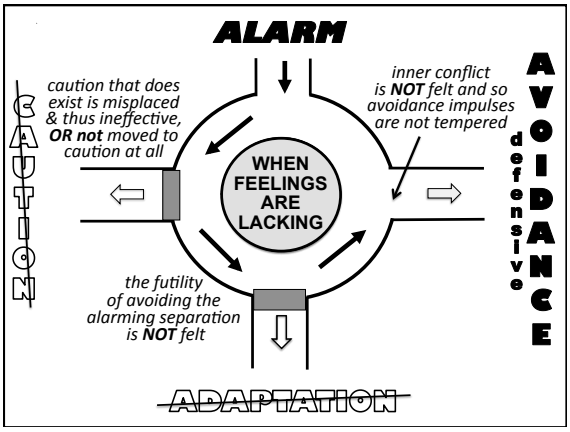
A functioning alarm system should move us …

… to **CAUTION** if that is possible

… to '**CRY**' if that is futile

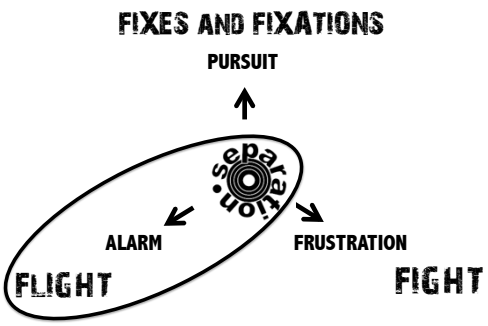
… to take **COURAGE** if what alarms is in the way



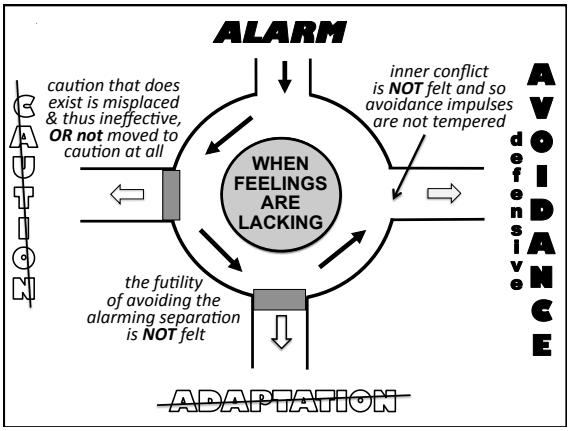
**STRESS RESPONSE** – ***more emotion but less feeling***

*Feelings that would interfere with performing or functioning in stressful circumstances are inhibited*




# THE ALARM SPECTRUM

**SESSION TWO – THE THREE CLASSIC SYNDROMES OF THE ALARM SPECTRUM**



## ALARM-BASED DEFENSIVE AVOIDANCE

**LEVEL 1 – ANXIETY PROBLEMS**

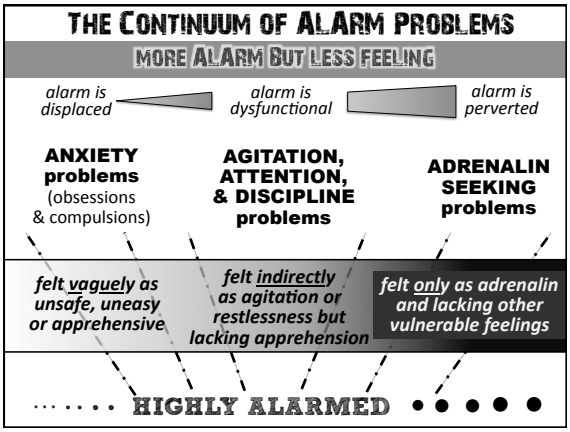
- ***flight from alarming things and situations*** – involves obsessions and compulsions which can include phobias and paranoia, as well as a preoccupation with staying out of trouble

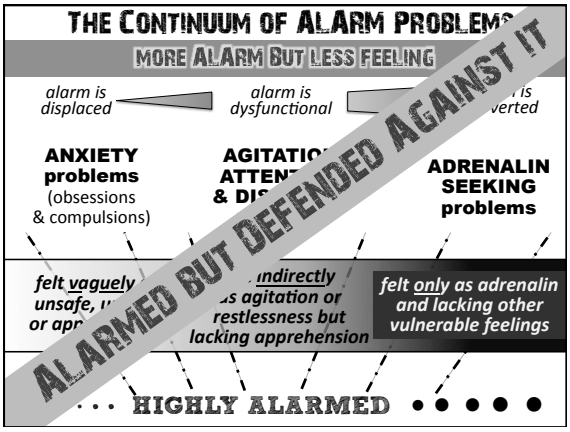
**LEVEL 2 – AGITATION & ATTENTION PROBLEMS**

- ***flight from apprehension and attending to what alarms*** - results in significant attention deficits, not being able to stay out of trouble, not being moved to caution, recklessness and carelessness

**LEVEL 3 – ADRENALIN SEEKING PROBLEMS**

- ***flight from any sense of vulnerability whatsoever*** – the adrenalin rush involved in doing alarming things when devoid of a sense of vulnerability results in being attracted to what alarms and a predisposition for being a trouble-maker



## A Continuum of Defendedeness

**ANXIETY - based**

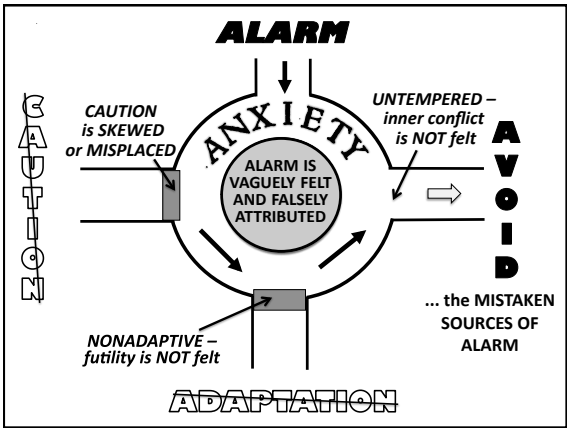
The defensive inhibition of feelings is **sufficient** enough to interfere with linking the feelings of alarm to the separation faced, but NOT enough to keep from feeling nervous. The result is ***anxiety***.

**AGITATION - based**

The defensive inhibition of feelings is **significant** enough to keep from feeling nervous but NOT enough to keep from feeling agitated or restless. In addition, defensiveness in attention results in a blindness to that which truly alarms. The result is ***agitation without apprehension plus significant deficits in attention.***

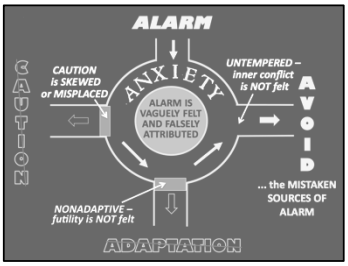
**ADRENALIN -based**

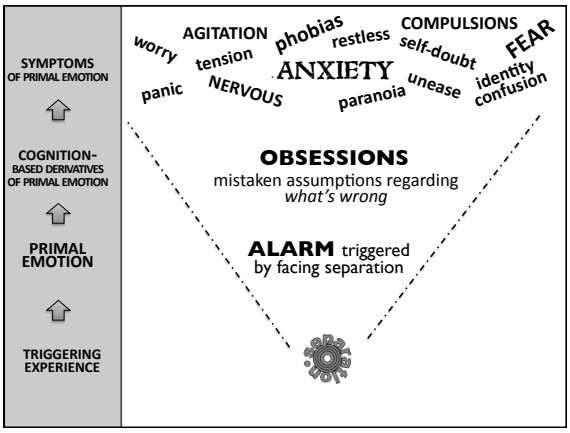
The defensive inhibition of feelings is **severe** enough to keep from feeling nervous, agitated or vulnerable, resulting in feeling ONLY the chemistry of alarm. The result is being ***attracted to what alarms***.

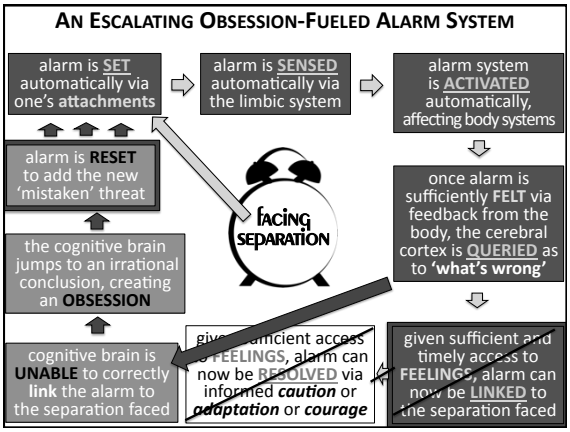



**TRAITS DERIVED FROM AN ANXIETY-BASED ALARM PROBLEM**

- obsessive
- compulsive
- overly cautious & conscientious
- can be impulsive & reactive
- lacking a relationship with alarm
- beliefs do not calm alarm
- not given to sadness or grieving (especially around the alarming separations that were or are unavoidable )



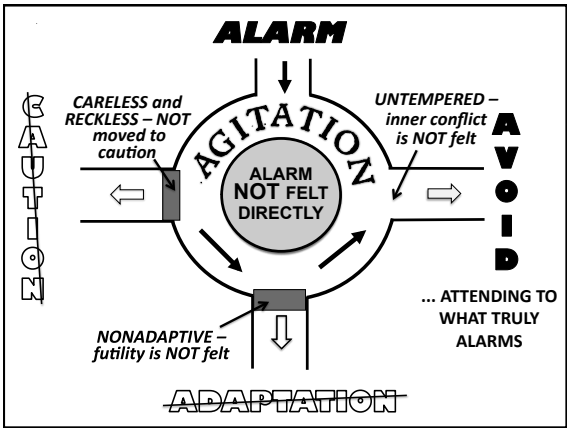



| IRRATIONAL OBSESSIONS *(mistakes regarding 'what's wrong')* | RESULTING COMPULSIONS *(to avoid or reduce alarm)* |
|---|---|
| • someone or something is out to hurt me or to get me | *work at avoiding the monsters and scary creatures, avoid getting conned, uncover people's plots* |
| • something is wrong with my health or my functioning or is going to make me sick | *work at keeping things clean, at not getting sick, at avoiding germs, at avoiding contamination* |
| • something is out of order or out of place | *work at putting things in order and their place* |
| • something is wrong with my body or with how I look | *work at improving one's appearance or at changing one's shape* |
| • some places or situations are dangerous or unsafe | *work at avoiding that which makes one feel unsafe (ie, phobias)* |
| • something has been left undone | *work at remembering to complete one's tasks* |
| • one is 'too much' or 'not enough' | *work at editing or enhancing, diminishing or improving oneself* |

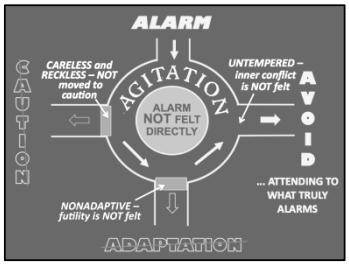
## ACTIONS & ACTIVITIES THAT PROVIDE MOMENTARY RELIEF
*- can develop into compulsions or addictions -*

- **triggering parasympathetic action** (eg, sucking, eating, chewing, nail-biting, masturbation [boys], physical exertion, controlled breathing)
- **proximity fixes** (stroking, hugging, transitional objects, contact comfort)
- **rhythmic activity and patterning** (rocking, pacing, rhythmic beat, drumming, swinging, worry beads, flickering fire, watching waves, hand wringing, etc )
- **drug-taking – depressants** (eg - alcohol for alarm, marijuana for agitation, myriad of anti-anxiety drugs & medications)
- **drug-taking – stimulants** to evoke a return swing of the pendulum – caffeine, nicotine, Ritalin, etc
- **emotional playgrounds** where alarm is de-activated – eg, music, drama, art, dance, movement, stories, silliness, humour, games, cultural rituals




## TRAITS DERIVED FROM AN AGITATION-BASED ALARM PROBLEM

- restless, tense or hyperactive
- predisposed to agitation reduction &/or expression (eg, drugs, physical exertion, frenetic activities or stimulation)
- lacking apprehension
- can't stay out of trouble or harm's way
- overly gregarious & talkative
- impulsive & reactive
- attention deficits where alarmed
- lack of memory for alarming events
- scattered attention where alarmed




- doesn't learn from mistakes and failure
- predisposed to learning disabilities

stuck in the initial ***either-or mode*** of attention instead of progressing to the advanced ***this-and mode***

***immaturity -based***

***attachment -based***

not properly attached to, or engaged by, those attempting to command attention

**COMMON ATTENTION PROBLEMS**

***hypersensitivity -based***

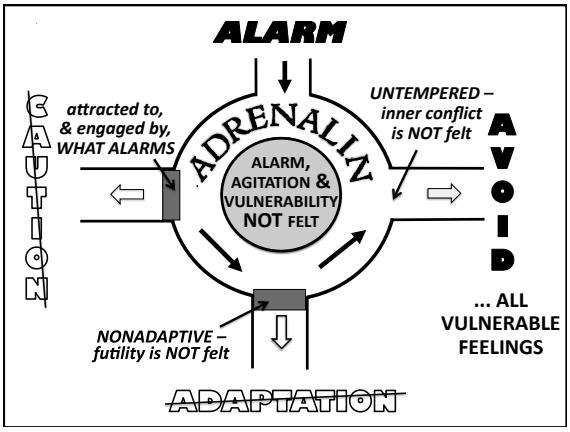
signal overload due to dysfunctional attentional filters

***ALARM-based***

highly alarmed but at the same time, defended against attending to what alarms

*about **alarm-based** attention problems*

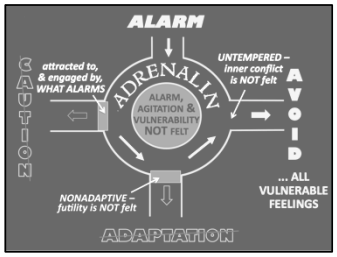
- key signs are ***'highly agitated'*** as **IF** highly alarmed but ***'without apprehension'*** as if not at all alarmed
- attention system receives **mixed messages** from the brain: *pay attention to what alarms* and *don't look at what alarms*
- the two primary symptoms are ***scattered attention*** and significant ***attentional deficits*** around alarming situations (eg, can't see trouble coming, can't stay out of harm's way, more gregarious than would be appropriate, somewhat reckless and careless, poor memory for alarming situations)
- typically will qualify for an ***attention deficit diagnosis*** as the syndrome meets the three criteria: difficulty concentrating, restlessness or agitation, and impulsiveness (only two of the three are required for the diagnosis)



**TRAITS DERIVED FROM AN ADRENALIN-BASED ALARM PROBLEM**

- does alarming things
- seems relatively unaffected

- **FEARLESS**
- risk-taking
- can become a trouble-maker
- can lack a conscience
- more able to engage in 'cold' caution



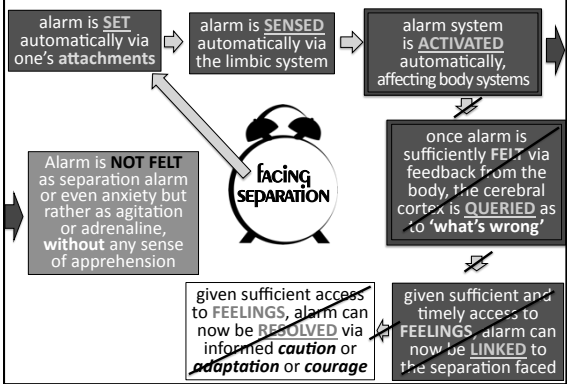

- **un**reflective
- **un**conflicted
- **in**considerate
- **un**feeling

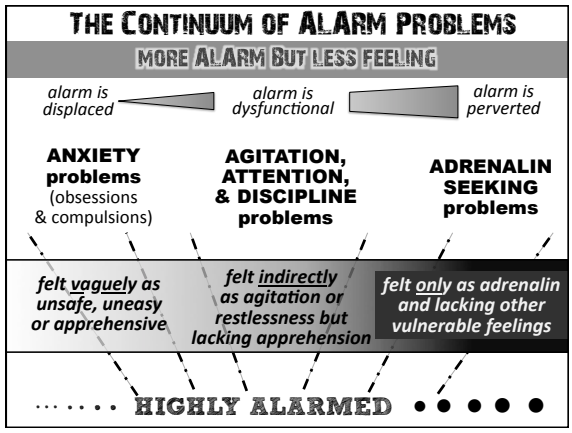
- **TEARLESS** – lacking in sadness and devoid of grief
- adversity hardens rather than softens

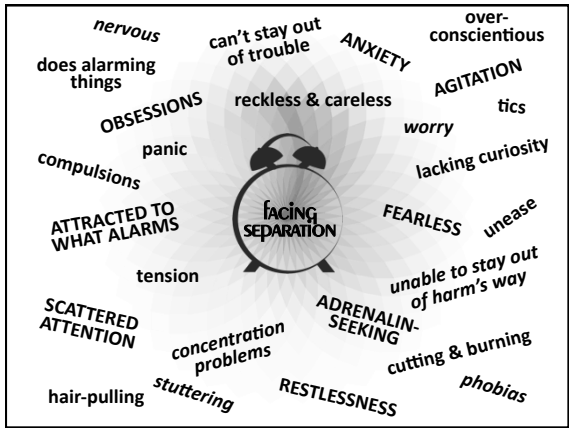
Some attractions of the highly defended …

- **scary rides and horror movies**
- **breaking taboos and out-of-bound behaviour**
- **dangerous activities**
- **daredevil stunts**
- **delinquent activity and being 'bad'**
- **extreme sports**
- **cutting and burning**

**A HIGHLY DYSFUNCTIONAL ALARM SYSTEM**




THE CONTINUUM OF ALARM PROBLEMS
MORE ALARM BUT LESS FEELING
alarm is displaced
alarm is dysfunctional
alarm is perverted
ANXIETY problems (obsessions & compulsions)
AGITATION, ATTENTION, & DISCIPLINE problems
ADRENALIN SEEKING problems
felt vaguely as unsafe, uneasy or apprehensive
felt indirectly as agitation or restlessness but lacking apprehension
felt only as adrenalin and lacking other vulnerable feelings
HIGHLY ALARMED


nervous
can't stay out of trouble
ANXIETY
over-conscientious
does alarming things
AGITATION
OBSESSIONS
reckless & careless
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panic
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ATTRACTED TO WHAT ALARMS
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unease
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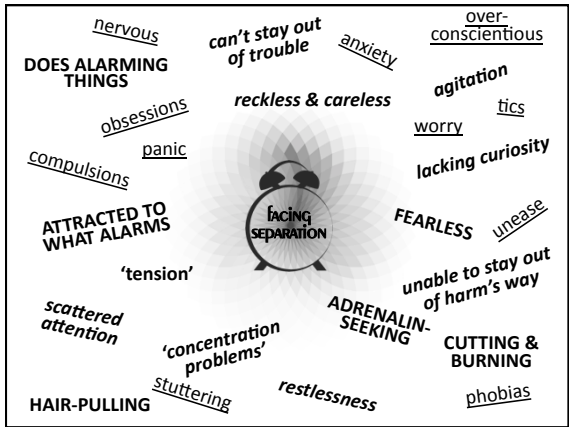
SCATTERED ATTENTION
ADRENALIN-SEEKING
concentration problems
cutting & burning
hair-pulling
stuttering
RESTLESSNESS
phobias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HAIR-PULLING

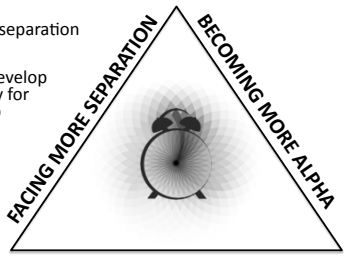
# THE ALARM SPECTRUM

**SESSION THREE** **THE THREE ROOT CAUSES OF ESCALATING ALARM IN TODAY'S SOCIETY**

*why children are more alarmed and less able to deal with it*

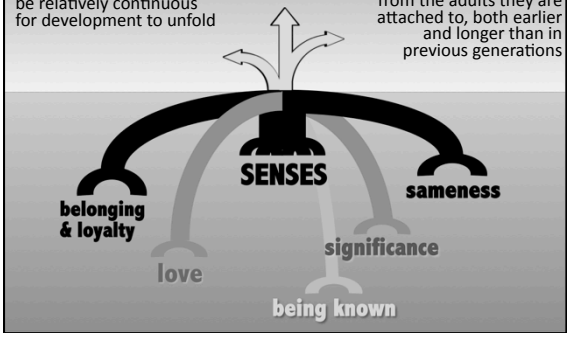
## WHY TODAY'S CHILDREN ARE MORE ALARMED
**and less able to deal with it**

- premature separation
- failure to develop the capacity for relationship
- peer orientation




**premature separation** = *physical separation before a child has developed more mature relationship-based ways of holding on when apart*

- the sense of connection or togetherness needs to be relatively continuous for development to unfold
- today's children typically experience being apart from the adults they are attached to, both earlier and longer than in previous generations



## TODAY'S CHILDREN FACE MORE SEPARATION

1) more likely to be **APART** from their parents for reasons of divorce, schooling, parental employment, out-of-home care, after-school activities, and digital preoccupations

2) when apart from their parents, **NOT** as likely to be **ATTACHED** to the **ADULTS** responsible for them *(contributing factors include smaller nuclear families, loss of extended families, loss of the village of attachment, gradual drifting of school outside the attachment village, loss of culture that would foster the needed child-adult attachments, lack of focus on student-teacher relationships)*

3) more likely to become **PEER ORIENTED** as a result of falling through the attachment cracks of today's society

## PEER ORIENTATION

*Children taking their cues from each other as to how to act, what to do, how to talk, what to wear, how to express oneself, what is valued, what is expected, what is right and what is wrong*

**The competing nature of most peer attachments today (ie, can't be close to both peers and adults simultaneously) pulls children out of orbit from around the adults responsible for them**

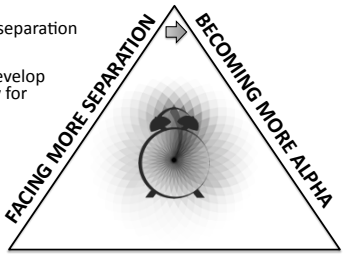
## PEER ORIENTATION FUELS ALARM

- peer attachments are inherently **INSECURE** – the more one's peers matter, the more separation is being faced by default
- robs adults of the power they need to keep social interaction safe
- powerless adults, in turn, resort to alarm-based methods of behaviour management, fueling alarm further
- the peer oriented are drawn to social media where alarming interaction is the norm

- the peer-oriented can be cruel and uncaring to those outside their 'tribe', fueling alarm
- peer orientation robs children of the shielding and protection they need to live in an alarming world
- drives alarm under-ground as fearlessness is venerated by the peer-oriented and any show of alarm can be shamed or exploited
- peer orientation breeds **ALPHA** children, fueling alarm even further

## WHY TODAY'S CHILDREN ARE MORE ALARMED
**and less able to deal with it**

- premature separation
- failure to develop the capacity for relationship
- peer orientation




## Common Manifestations of ALPHA Children

- predisposed to take charge, to take over, to take the lead
- tend to demand deference, to give orders, to take command
- inclined to command attention, to take centre stage
- insist on being the one to give directions and define the meanings

- moved to talk louder, to talk over, to talk for another
- compelled to trump interaction, to have the last word
- compelled to be first, to be the best, to be on the top
- often need to be in the know, to be the most knowledgeable

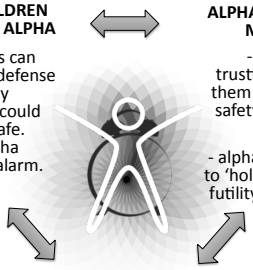
## Escalating Cycle of ALPHA and ALARM

**ALARMED CHILDREN BECOME MORE ALPHA**

- alarming events can trigger alpha as defense as the adults they depended upon could not keep them safe. The resulting alpha locks them into alarm.

**ALPHA CHILDREN BECOME MORE ALARMED**

- a lack of dependent trusting relationship robs them of a place of refuge, safety and shielding in an alarming world
- alpha children are difficult to 'hold' in an experience of futility, blocking adaptation to an alarming world



**ALPHA CHILDREN ALARM OTHERS**

- general alarm is increased as alpha children who are defended against alarm take pleasure in asserting their dominance by triggering alarm in others through threats and intimidation

## Why Today's Children are Becoming More ALPHA

- is a natural response to stress (ie, facing more separation)
- today's parents and teachers are more child-led, putting the child in the alpha role by default
- today's parents and teachers seem to have more difficulty assuming an alpha posture, resulting in children filling that void

- dependence is not as likely to be invited by today's parents and teachers
- increasing peer orientation renders it unsafe to depend as well as unclear as to who is to take care of whom
- dependence is more likely to be an aversive experience, including using alarm and what children care about, against them

## Ways we push children's faces into SEPARATION

fuels alarm

fuels alarm

any form of separation or isolation or love withdrawal or the anticipation of such

'*you won't be able to stay with us if you don't behave*' responses

'*I need a break from you*' or '*you're too much to handle*' responses

'*go to your room*' or '*get out of my sight*' responses

ignoring and the silent treatment responses

includes contracts and ultimatums that involve separation as a possible outcome

includes using what children care about against them

## WHY TODAY'S CHILDREN ARE MORE ALARMED
**and less able to deal with it**

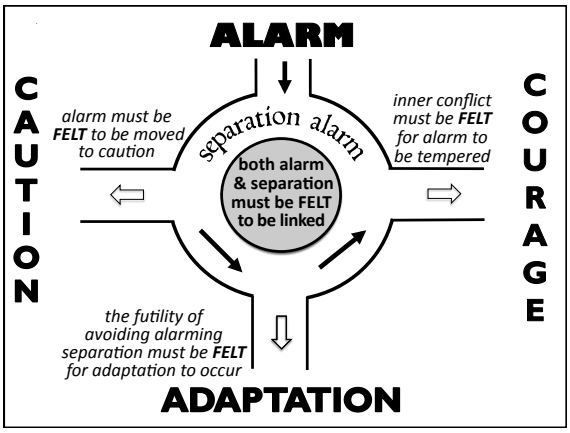
- premature separation
- failure to develop the capacity for relationship
- peer orientation

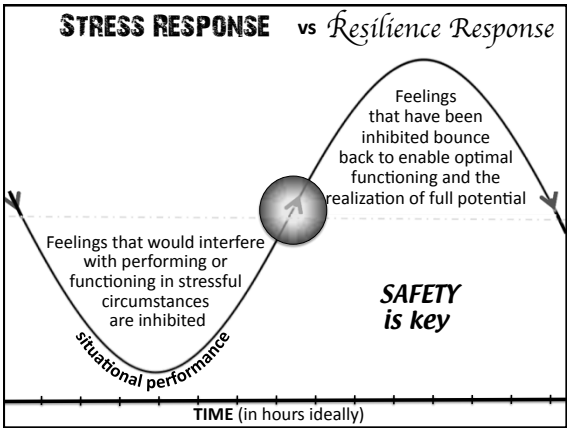
FACING MORE SEPARATION

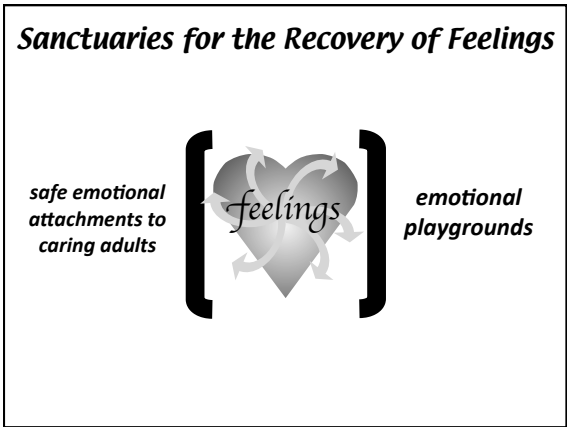
BECOMING MORE ALPHA

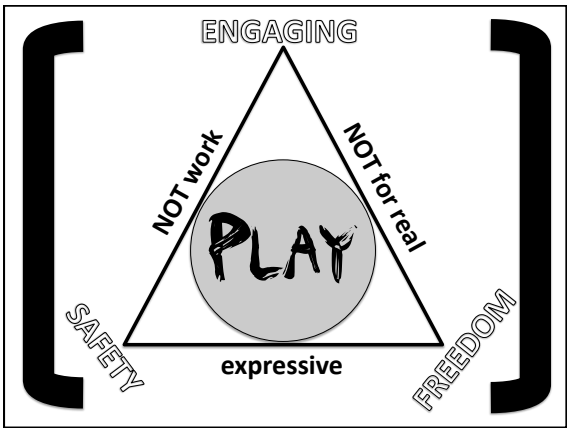
- failure of adults to inspire dependence
- not safe to depend
- peer orientation

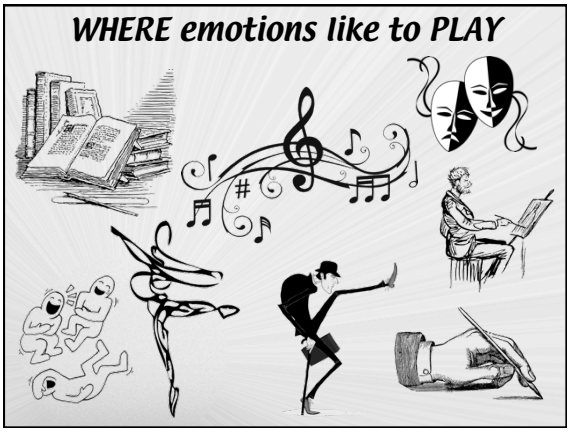
**LOSING THEIR FEELINGS**

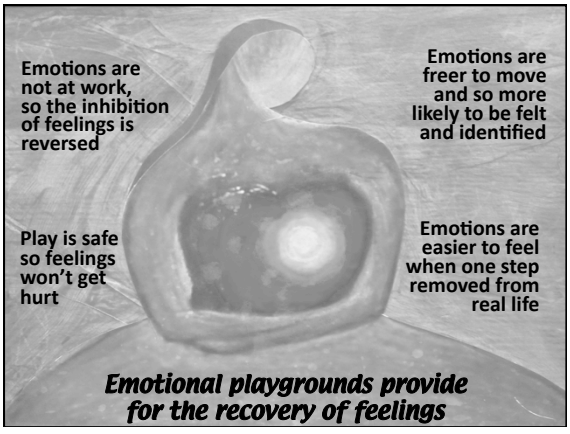

ALARM
CAUTION
COURAGE
ADAPTATION
separation alarm
both alarm & separation must be FELT to be linked
alarm must be FELT to be moved to caution
inner conflict must be FELT for alarm to be tempered
the futility of avoiding alarming separation must be FELT for adaptation to occur


STRESS RESPONSE vs Resilience Response
Feelings that have been inhibited bounce back to enable optimal functioning and the realization of full potential
Feelings that would interfere with performing or functioning in stressful circumstances are inhibited
SAFETY is key
situational performance
TIME (in hours ideally)

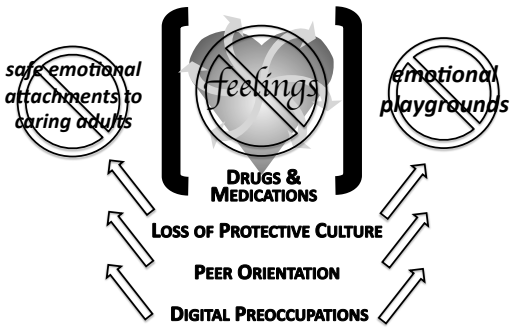

Sanctuaries for the Recovery of Feelings
safe emotional attachments to caring adults
Feelings
emotional playgrounds


ENGAGING
NOT work
NOT for real
PLAY
SAFETY
expressive
FREEDOM


WHERE emotions like to PLAY


Emotions are not at work, so the inhibition of feelings is reversed
Emotions are freer to move and so more likely to be felt and identified
Play is safe so feelings won't get hurt
Emotions are easier to feel when one step removed from real life
Emotional playgrounds provide for the recovery of feelings

## *Sanctuaries for the Recovery of Feelings*




## WHY TODAY'S CHILDREN ARE MORE ALARMED
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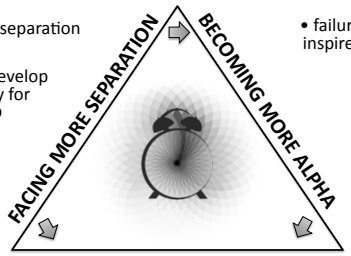


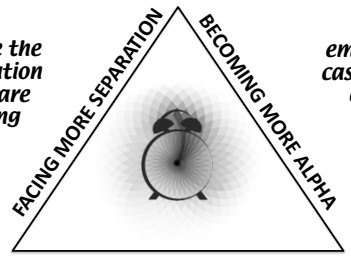

- failure of adults to inspire dependence
- not safe to depend
- peer orientation

**LOSING THEIR FEELINGS**

- loss of the safe spaces for feelings to recover
- increased peer orientation and digital preoccupation
- increased drugs and medications

## ADDRESSING THE CAUSES OF ALARM AS WELL AS ALARM SYSTEM DYSFUNCTION

*reduce the separation they are facing*




*embed in cascading care*

**LOSING THEIR FEELINGS**

***make it safe to feel***

# THE ALARM SPECTRUM

**SESSION FOUR – THE MOST PROMISING INTERVENTIONS FOR ALARM-BASED PROBLEMS**

## ACTIONS & ACTIVITIES THAT PROVIDE MOMENTARY RE

*- can develop into compulsions or addictions -*

- **triggering parasympathetic action** (eg, sucking, eating, chewing, nail-biting, masturbation [boys], physical exertion, controlled breathing)
- **proximity fixes** (stroking, hugging, transitional objects, contact comfort)
- **rhythmi… …d patterning** (rock… …rhythmic beat, dr… …winging, worry …kering fire, watching …, hand wringing, etc )
- **drug-t… …essants** …l for alarm, …a for agitation, …iad of anti-anxiety drugs & medications)
- **drug-taking – stimulants** to evoke a return swing of the pendulum – caffeine, nicotine, Ritalin, etc
- **emotional playgrounds** where alarm is de-activated – eg, music, drama, art, dance, movement, stories, silliness, humour, games, cultural rituals

**the problem with continuously seeking temporary RELIEF is that it ignores the ROOTS of alarm and interferes with its natural RESOLUTION through caution, sadness or courage**

## Approaches that treat the child DIRECTLY and are NOT informed regarding ALARM or its purpose

**ALARM-BASED PROBLEMS**

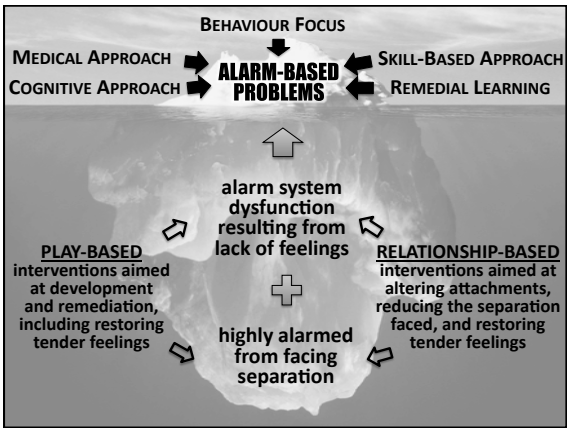
**BEHAVIOUR FOCUS**
*address behaviour problems stemming from being alarmed or defended against it – avoidance, agitation, getting into trouble, adrenalin-seeking*

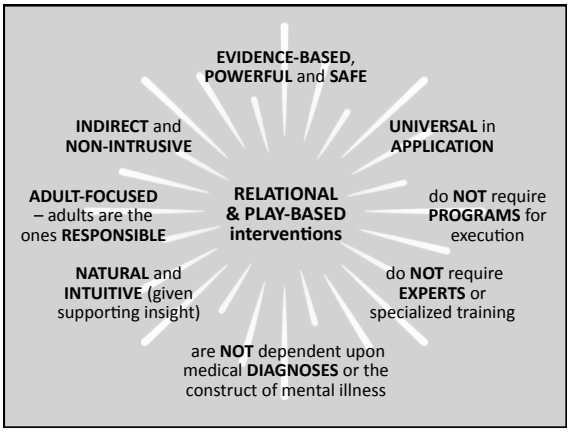
**REMEDIAL LEARNING**
*address learning problems stemming from the effect of alarm on attention, motivation curiosity, and performance*

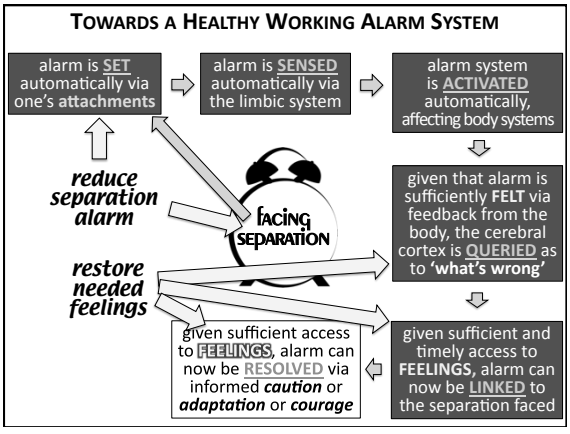
**MEDICAL APPROACH**
*diagnose for mental illness and use medications to counter the effects of alarm on the mind and body*

**SKILL-BASED APPROACH**
*teach skills to calm the alarm – eg, self-regulation, breathing, meditating, self-affirmations*

**COGNITIVE APPROACH**
*confront the irrationality of alarm-fueled obsessions*


BEHAVIOUR FOCUS
MEDICAL APPROACH
COGNITIVE APPROACH
ALARM-BASED PROBLEMS
SKILL-BASED APPROACH
REMEDIAL LEARNING
alarm system dysfunction resulting from lack of feelings
PLAY-BASED interventions aimed at development and remediation, including restoring tender feelings
RELATIONSHIP-BASED interventions aimed at altering attachments, reducing the separation faced, and restoring tender feelings
highly alarmed from facing separation


EVIDENCE-BASED, POWERFUL and SAFE
INDIRECT and NON-INTRUSIVE
UNIVERSAL in APPLICATION
ADULT-FOCUSED – adults are the ones RESPONSIBLE
RELATIONAL & PLAY-BASED interventions
do NOT require PROGRAMS for execution
NATURAL and INTUITIVE (given supporting insight)
do NOT require EXPERTS or specialized training
are NOT dependent upon medical DIAGNOSES or the construct of mental illness

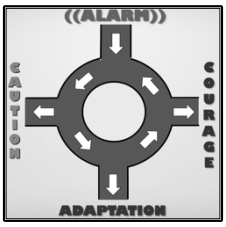

TOWARDS A HEALTHY WORKING ALARM SYSTEM
alarm is SET automatically via one's attachments
alarm is SENSED automatically via the limbic system
alarm system is ACTIVATED automatically, affecting body systems
reduce separation alarm
FACING SEPARATION
given that alarm is sufficiently FELT via feedback from the body, the cerebral cortex is QUERIED as to 'what's wrong'
restore needed feelings
given sufficient access to FEELINGS, alarm can now be RESOLVED via informed caution or adaptation or courage
given sufficient and timely access to FEELINGS, alarm can now be LINKED to the separation faced

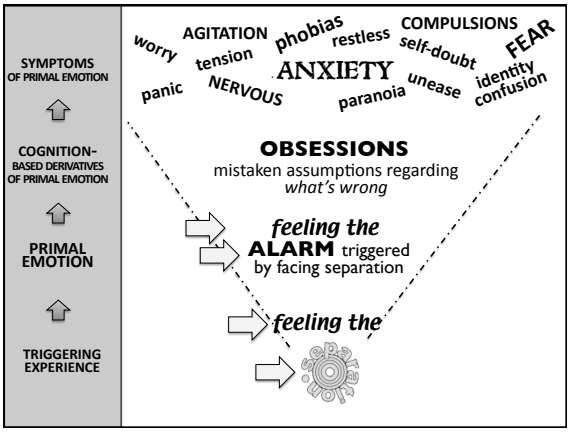
The ultimate challenge in addressing alarm problems is to ***reduce the separation*** being faced and **restore the feelings** of separation and alarm, to the point where the alarm system can more easily move the child …

… to **CAUTION** if that is possible

… to '**CRY**' if that is futile

… to take **COURAGE** if what alarms is in the way




**GENERAL GUIDELINES FOR ADDRESSING ALL ALARM-BASED PROBLEMS**

***Treat all as HIGHLY ALARMED, especially those not manifesting feelings of apprehension***

***COME ALONGSIDE - using the insight of ALARM to find one's way to their side***

**ALARM-BASED PROBLEMS**

***NORMALIZE alarm, no matter how exotic or extreme the symptoms or pathologized by clinical diagnoses***

*- to develop, activate and maintain a relationship as well as take the lead*

**- COLLECT -**
*to engage the attachment instincts*

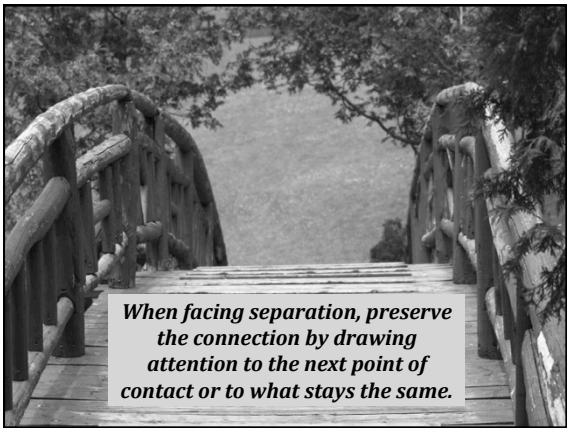
**- BRIDGE -**
*anything that could divide*

*- to take the alarm out of attachment, making it safe to attach*

**THE PRIMARY INSTRUMENTS OF ATTACHMENT**

**- MATCHMAKE -**

*- to embed in cascading care so children have a refuge from alarm and a sanctuary for their feelings*

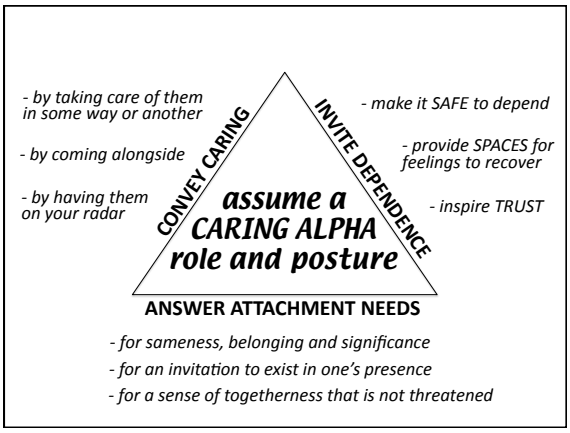


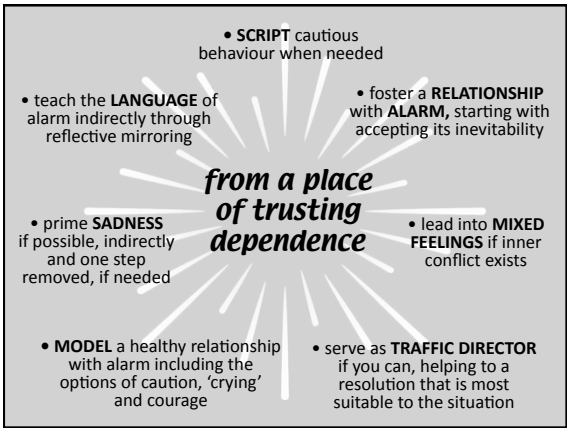

## *Embed in Cascading Care*

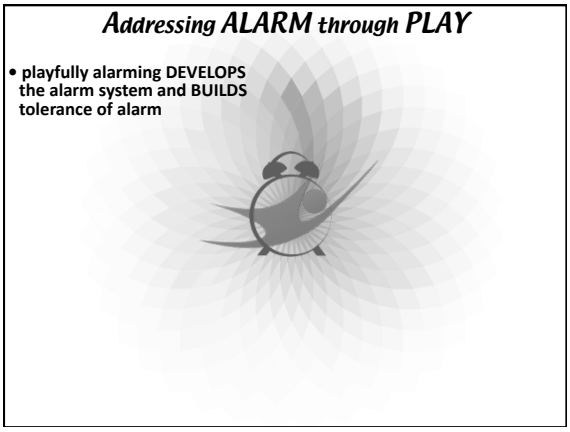
- to **ADDRESS** peer orientation and alpha stuckness in order to reverse their impact on alarm
- to create a **REFUGE** as well as a safe place for feelings to **BOUNCE BACK**
- to **EMPOWER** adults to help cultivate a child's relationship with alarm and resolve it via caution or sadness or courage

- to give adults more **CONTROL** over the wounding and alarming social interaction between children
- to **SHIELD** a child against the impact of alarming interaction
- taking care of younger children provides a suitable & non-alarming **OUTLET** for children's own ALPHA instincts

*- hierarchical relationships with caring adults as well as younger children in need of their care and protection -*


- by taking care of them in some way or another
- by coming alongside
- by having them on your radar
CONVEY CARING
INVITE DEPENDENCE
- make it SAFE to depend
- provide SPACES for feelings to recover
- inspire TRUST
assume a CARING ALPHA role and posture
ANSWER ATTACHMENT NEEDS
- for sameness, belonging and significance
- for an invitation to exist in one's presence
- for a sense of togetherness that is not threatened


• SCRIPT cautious behaviour when needed
• teach the LANGUAGE of alarm indirectly through reflective mirroring
• foster a RELATIONSHIP with ALARM, starting with accepting its inevitability
from a place of trusting dependence
• prime SADNESS if possible, indirectly and one step removed, if needed
• lead into MIXED FEELINGS if inner conflict exists
• MODEL a healthy relationship with alarm including the options of caution, 'crying' and courage
• serve as TRAFFIC DIRECTOR if you can, helping to a resolution that is most suitable to the situation


Addressing ALARM through PLAY
• playfully alarming DEVELOPS the alarm system and BUILDS tolerance of alarm

## *PLAYING with ALARM*

- peek-a-boo play
- rescue play
- startle play
- safe hide-away play
- ambush games
- dare games
- 'falling' play
- monsters & scary creature play
- safe-at-home play
- scary stories, games and activities

## *Playing with facing separation*

- GAMES
- POETRY & ART
- TRAGIC STORIES
- HUMOUR
- MUSIC
- CULTURAL FESTIVALS

## *Addressing ALARM through PLAY*

- playfully alarming DEVELOPS the alarm system and BUILDS tolerance of alarm
- play provides temporary REST and RELIEF from alarm

## *Addressing ALARM through PLAY*

- **playfully alarming DEVELOPS the alarm system and BUILDS tolerance of alarm**
- **play provides temporary REST and RELIEF from alarm**
- **RE-PLAY of alarming scenarios can lead to eventual resolution**
- **alarm can be MASTERED in play**

## Where the Wild Things Are

by Maurice Sendak

## *Addressing ALARM through PLAY*

- **playfully alarming DEVELOPS the alarm system and BUILDS tolerance of alarm**
- **play provides temporary REST and RELIEF from alarm**
- **RE-PLAY of alarming scenarios can lead to eventual resolution**
- **alarm can be MASTERED in play**
- **play can provide SAFE DISCHARGE for alarm-fueled compulsions, agitation and adrenalin-seeking**
- **SADNESS is much easier accessed in the play mode**

## LULLABIES and SEPARATION ALARM

- **DIVERTS ATTENTION** away from the separation being faced as music grabs attention
- **DISENGAGES** the attachment drive and thus the separation that would be faced as a result
- evokes the sensation of being gently **ROCKED** which soothes alarm
- can re-activate the primordial connection and its comforting sense of deep **FUSION**
- gives **PRIORITY** to the message of **CONNECTION** (if any) being delivered through the music
- primes a **SADNESS** that can resolve alarm, enable letting go, and help adapt to the separation being faced
- puts the brain and body into the **REST** mode, including parasympathetic activity

## *Addressing ALARM through PLAY*

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- **SADNESS is much easier accessed in the play mode**
- **play is the perfect scenario for the 'DRAGON & TREASURE' experience**
- **obsessions and compulsions can be DEFUSED in play**

## Bringing obsessions and compulsions into play

*When my son was younger, around 4 or 5, he developed rituals upon walking from room to room, from inside the car to outside and so on. He would walk one step forward and then back and then forward and then back again a certain number of times. At some point I began taking his hand and "dancing" back and forth with him - which made him smile. After some time, I would lead him - get there first and eventually began to add new motions to his "dance". That turned it into a game and at some point, I'm not even sure when, this habit disappeared.*

## *Addressing ALARM through PLAY*

- **playfully alarming DEVELOPS the alarm system and BUILDS tolerance of alarm**
- **play provides temporary REST and RELIEF from alarm**
- **RE-PLAY of alarming scenarios can lead to eventual resolution**
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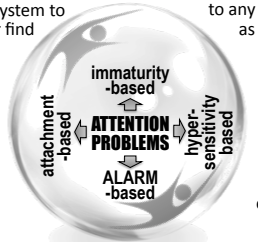
- **SADNESS is much easier accessed in the play mode**
- **play is the perfect scenario for the 'DRAGON & TREASURE' experience**
- **obsessions and compulsions can be DEFUSED in play**
- **ATTENTION problems are best addressed through play**

## *Play Holds the Most Promise*

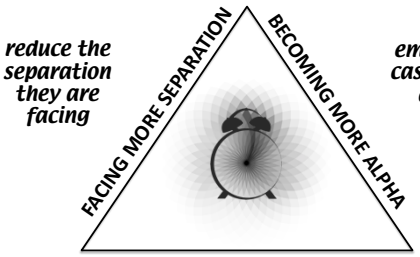
- PLAY is the best **CONTEXT** for the attention system to develop, repair, or find 'work-arounds'
- attachment and alarm are at **REST**, allowing attention some free time to play
- defensive filters are **SUSPENDED** in the play mode, stopping the mixed messages in alarm-based attention problems




- **CURIOSITY** is the best **ANTIDOTE** to any attention problem, as it can pull the child through in their area of interest
- attention is **DRAWN** rather than driven in play, allowing for optimal functioning
- play facilitates prefrontal cortex development, resolving impulsiveness and **MATURING** the attention system

**ADDRESSING THE CAUSES OF ALARM AS WELL AS ALARM SYSTEM DYSFUNCTION**

***USING RELATIONAL & PLAY-BASED INTERVENTIONS***




***make it safe for children to feel***

# THE ALARM SPECTRUM

*uncovering the emotional root of a diverse array of troubling symptoms including **anxiety**, **agitation**, **attention** problems, **adrenalin**-seeking and more*

Gordon Neufeld, Ph.D.
Developmental & Clinical Psychologist
Vancouver, Canada

# THE ALARM SPECTRUM

**SUPPLEMENT**

**A FURTHER LOOK AT THE CONSTRUCT OF SOCIAL ANXIETY**
including performance anxiety, test anxiety and selective mutism, imaginary audience syndrome, and agoraphobia

***... through the lenses of attachment and alarm***

**about the medical disease model's SOCIAL ANXIETY DISORDER** (SAD)

- classified as mental illness generally assumed to be the result of over-reactive fear circuitry in the brain which may have been the result of an unpleasant or aversive social experiences

- is characterized by nervousness in social situations

- onset most typically in adolescence in youth that are extremely shy

**NIMH** - key feature of social anxiety disorder is *'an intense persistent fear of being watched and judged by others'*

**DSM V –** *'a marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others' (includes performance anxiety and test anxiety)*

## *the fusion and confusion of shyness and social anxiety*

• **AVOIDANCE** is the manifest issue in both alarm and shyness – resulting in the projection of 'fear' as the key issue in both

• both are presumed to be the result of a **DISORDERED** brain (over-reactive fear circuitry), possibly triggered by aversive social experiences

• both are considered a **DISEASE** by leading 'experts' on shyness and social anxiety (eg, Zimbardo)

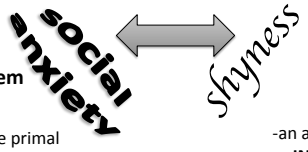
• both are presumed to be on the same **CONTINUUM** of **dysfunction** – shyness leading to social anxiety disorder if left unchecked

• today's dictionaries have drifted towards making the words **SYNONYMOUS** – *nervous around people*

• in old English and German, 'shy' used first in reference to horses who would shrink from human contact

## *teasing apart shyness and social anxiety*

**an ALARM-based problem**




**RESERVED for one's people**

- rooted in the primal emotion of alarm

- triggered by facing separation

- leading to caution or avoidance of whatever alarms

-an attachment-based **INSTINCT** to **AVOID** contact with strangers for the purpose of protecting existing attachments

- a natural manifestation of attachment **POLARIZATION** - the pursuit of proximity informs one's resistance to proximity

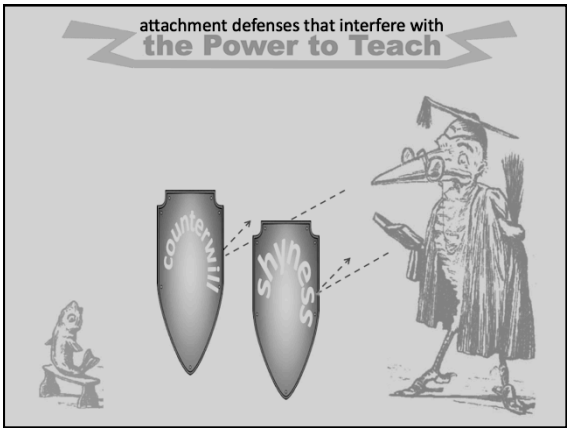
## SHYNESS through the lens of attachment

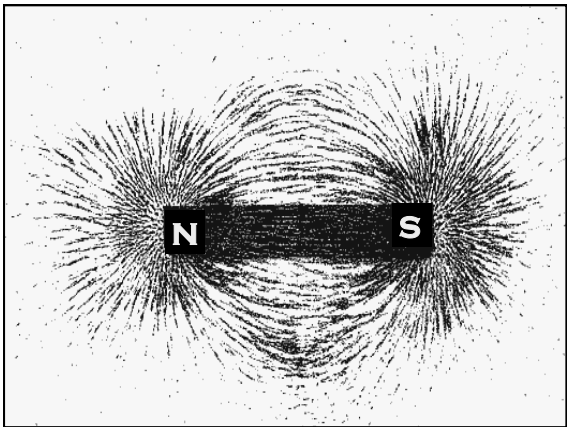
- no matter how shy a child may be to the outside world, they are not shy inside their attachments
- has a significant genetic component as well as shaped by culture and child-rearing factors

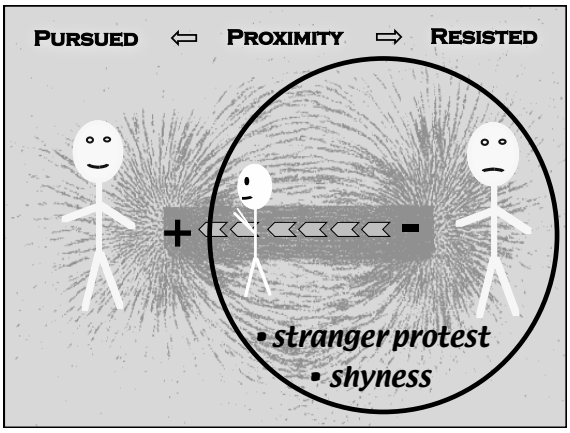
to be **SHY** is to be **RESERVED** for one's people

- what is typically reserved are certain forms of connectivity like eye-contact, talking, touch, receiving comfort, and even smiles
- the instinct is elevated when dependency needs are high as in the young and immature

- becomes more pronounced & potentially incapacitating as the child's village becomes smaller and attachments become more exclusive
- becomes more manifest and potentially crippling as today's parents depend increasingly upon adults who are outside their child's village of attachment to help raise and educate their children






| positive polarity | negative polarity |
|---|---|
| seeks to be with | shies away from |
| makes contact | resists contact |
| endears | alienates |
| looks up to | looks down upon |
| attends & listens to | ignores & disregards |
| imitates & emulates | mocks & mimics |
| possesses | disowns |
| is loyal to | opposes & betrays |
| holds dear | holds in contempt |
| attempts to find favour | ridicules and derides |
| makes things work for | spoils things for |
| seeks to matter to | discounts as not mattering |
| seeks to please | annoys and irritates |
| befriends | eschews |
| loves | loathes |
| shares secrets with or keeps the secrets of | keeps secrets from or creates secrets about |

## SHYNESS through the lens of attachment

***healthy development is the ultimate answer to not being driven by one's shyness***

- attachments become less threatened as they grow **DEEPER**
- attachments are less urgently needed as the capacity for functioning **OUTSIDE** of attachment develops

to be **SHY** is to be **RESERVED** for one's people

- emerging **INTERESTS** and the desire to **VENTURE FORTH** will draw the child into their world
- **SADNESS** about the futility of avoiding strangers leads to **ADAPTING** to a world full of strangers

- the developing capacity for **CONFLICTING FEELINGS** will enable the child to take up a relationship with shyness, **TEMPERING** shyness and setting the stage for not letting shyness get in the way of life

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## How **SHYNESS** can evolve into **'SOCIAL ANXIETY'**

*SHYNESS can exist without alarm, especially where the conditions for shyness exist (ie, strangers are present) but there is no threat to the contact and closeness with those attached to. Shyness in itself is NOT FELT as fear or alarm, but rather as discomfort or as 'not right'.*

***SHYNESS + ALARM** = a social anxiety problem*

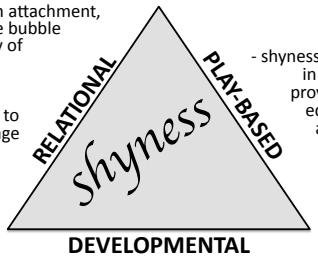
- when strangers **DO** present a threat to closeness or connection with those attached to, and this alarm is **NOT** felt directly enough as separation alarm to be properly linked and resolved, it makes sense that *strangers* could indeed become the new 'monsters' out there, leading to avoidance now being double-rooted – alarm & shyness
- the **ORDERED** nature of both these dynamics becomes rather obvious for those with some **INSIGHT** about alarm and shyness, making a diagnosis of disorder highly inappropriate and counter-indicated and typically leading to the wrong kinds of interventions

## SOLUTIONS TO SHYNESS

- **ENVELOP** with attachment, providing a safe bubble within a society of strangers

- **MATCHMAKE** to extend the village of attachment

- cultivate a **DEEPER** attachment




- shyness is **SUSPENDED** in the play mode, providing a leading edge for learning as well as social interaction & integration

**SADNESS** - adapting to life where strangers cannot be avoided

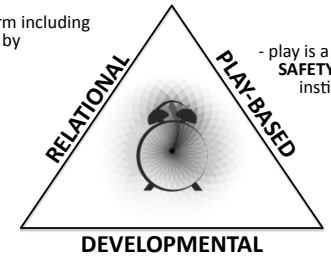
**COURAGE** - a developed capacity for mixed feelings sets the stage for living with shyness and for not letting it get in the way of life

## ANSWERS TO SOCIAL ANXIETY
**(BASICALLY SIMILAR TO THE ANSWERS TO SHYNESS)**

**- REDUCE** alarm including social anxiety by reducing the separation faced

- **EMBED** in cascading care

- a **DEEPER** attachment




- play is a **SANCTUARY** of **SAFETY** as attachment instincts are **NOT** in the work mode

**SADNESS** - adapting to life where alarming separation cannot be avoided

**COURAGE** - a developed capacity for mixed feelings sets the stage for living with alarm and for not letting it get in the way of life

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**PERFORMANCE ANXIETY**

*- typically defined as extremely nervous about performing in public -*

| DISEASE MODEL | ALARM MODEL | SHYNESS MODEL |
|---|---|---|
| - considered a mental illness if interfering with life - classified as a social anxiety disorder<br><br>- assumed to be caused by over-reactive fear circuitry possibly triggered by negative experience<br><br>- typical treatments include drugs, behaviour therapy and cognitive behaviour therapy | - if alarm is the primary dynamic, is because of the separation being faced in performing<br><br>- if young & dependent, help create a sense of safety<br><br>- if older, once alarming separation is felt, support the sadness that leads to adaptation or the courage to not let alarm get in the way | - if shyness is the primary dynamic, normalize the experience of 'exposure' and self-consciousness when performing<br><br>- defuse shyness through creating a context of safe relationship &/or bring playfulness into the 'performance' |

*test anxiety* (typically treated as a form of performance anxiety)

an **ALARM**-based problem

anxiety ⇔ shyness

an **ATTACHMENT**-based instinct

- results from facing separation

- the social aspect of test anxiety is more likely to be about shyness

- the more attached we are to an outcome, the more alarmed we become at the possibility of falling short

- being tested by a 'stranger' or in the company of strangers can evoke the shy response which can actually interfere with normal functioning, 'dumbing one down' considerably and even making one seem or feel stupid

- marks or placement can become instrumental to proximity or togetherness, including worth, sameness, status, approval, belonging, significance, etc

- solutions lie in providing relational and play-based contexts for evaluation

**social anxiety** *and the* ***IMAGINARY AUDIENCE SYNDROME***

**IMAGINARY AUDIENCE SYNDROME** – *a common young adolescent phenomenon resulting from the onset of the capacity to reflect upon themselves. When they become the object of their own attention, they mistakenly assume that they are the object of everyone's attention. This developmental delusion is typically grown out of by late adolescence if not stuck developmentally.*

- shyness could certainly exacerbate the self-consciousness when not with one's own people, possibly incapacitating an adolescent in certain situations

- when not informed by normal adolescent development and by attachment-based shyness, clinicians practicing out of the medical approach can easily mistake the imaginary audience syndrome for 'mental illness' of the social anxiety variety, probably contributing to the idea of adolescence as being the onset of social anxiety disorder

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**SELECTIVE MUTISM**

*- when a child **CAN** talk but **DOESN'T** talk where needed or expected -*

| DISEASE MODEL | SHYNESS MODEL |
|---|---|
| - considered a mental illness and classified as an anxiety disorder with 90% qualifying for a social anxiety disorder diagnosis | - when quite shy as well as exclusively attached, it only makes sense that talking would be **RESERVED EXCLUSIVELY** for this attachment |
| - typical treatments include behaviour therapy and speech therapy | - **TREATMENT** is relational-based (eg, creating an attachment through the child's working attachment) and/or play-based (where shyness is not activated or operational) |
| | - what is **OUT OF ORDER** is a society that doesn't recognize shyness or the need to attach children to the adults responsible for them |

*agoraphobia* (avoidance of open or public or crowded spaces)

an **ALARM**-based problem

- the separation faced in going outside of one's attachments is alarming

- the cognitive brain has mistakenly jumped to the conclusion that open spaces, crowds, or public places is the threat

- remains unresolved when not felt sufficiently enough to allow for processing and/or not brought to resolution through caution, crying or courage

an **ATTACHMENT**-based instinct

- doesn't feel right or comfortable to go outside of the home where one is attached

- can become intense if the child is ALPHA and if parents are afraid of the upset involved when avoidance is (or at least should be) futile

- can be aggravated by parents failing to prepare the way through matchmaking & establishing familiar places and spaces outside of the home

Attachment-Based **CRITIQUE** of the **SOCIAL ANXIETY** construct

- is primarily a ***PROJECTION OF FEAR*** that is based upon the manifest avoidance of people and of performing in public, in the absence of any insight regarding shyness as a protective attachment instinct (and typically blind to instincts or inner springs to action in general)
- the **DISORDER** is not in the individual but in our **SOCIETY** which has evolved out of sync with our attachment nature and especially the irreducible needs of children
- it is not social **SKILLS** that are required, but the **INSIGHT** that children need to be attached to the adults responsible for them for all to function properly in society, including parenting and school
- the current medical disorder model is 'diseased' or 'toxic' in that it **PATHOLOGIZES** processes and dynamics that are completely natural and for a purpose (eg, shyness, sadness, detachment, counterwill), and declares as mentally ill an increasing number who do not fit well in this disordered society

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## Information regarding the NEUFELD INSTITUTE, including our VIRTUAL CAMPUS and ONLINE COURSES

The ***Neufeld Institute*** is a world-wide nonprofit charitable organization created for the purpose of putting developmental science into the hands of those responsible for our children. Our way of doing this is through disseminating the more than twenty-five courses that have been developed by Dr. Gordon Neufeld that articulate the attachment-based developmental approach. We have about 25 faculty and over 200 course facilitators delivering our courses in more than 10 languages to parents, teachers and helping professionals.

Our online courses can be taken at anytime and from anywhere. Individuals can take these courses through scheduled online classes or through individual self-paced study. Groups of ten or more can arrange for their own customized support. The online courses consist of much more than the video-material: study guides, discussion forums, supplemental material, as well as access to all the resources on campus.

Our online courses are housed on a virtual campus that is filled with resources, support materials and discussion forums. The online campus is open to anyone who has taken one of our seminars or courses, whether it has been delivered live by Dr. Neufeld or a faculty member, as a video-course by a Neufeld Course Facilitator, or as an online campus course. Campus membership is $150 for the initial year and $120 for renewal. Benefits of course membership include product discounts, access to the campus library, discussion forums, periodic Q&A classes with faculty, and much more. The most significant benefit for many campus members is having continued access to the particular course materials that correspond to the course or courses they have taken – if that applies. Our campus typically is home to about 2500 subscribers and students on study-passes at any given time.

Our courses are aimed for parents, teachers and helping professionals. The ***Power to Parent*** series is typically the best way for parents to get immersed in the attachment-based developmental approach. This can be augmented by other courses such as ***Discipline***, ***Counterwill***, ***Alpha Children***, ***Anxiety***, ***Aggression*** or ***Adolescence***, depending upon the particular problems they may be experiencing. Educators are more likely to start with the ***Aggression*** course or the ***Teachability Factor*** as well as the ***Preschoolers*** course or ***Adolescence*** course, depending upon the age of their students. This too can be augmented by the problem-centred courses.

Helping professionals will definitely want to take the ***Attachment Puzzle***, ***Transplanting Children, Science of Emotion,*** and ***Resilience*** courses.

Serious students who want to master the attachment-based developmental paradigm in order for it to become their way of thinking as well as their modus operandi will want to take the three Neufeld Intensives: ***Making Sense of Kids***, ***The Separation Complex*** and ***Becoming Attached***. These Intensives lay the conceptual foundations of this approach in such a way that the application becomes universal.

Our Intensives open the door to further study and support for sharing the material. We also have a support program for fully credentialed helping professionals, as well as further training in implementing the attachment-based developmental paradigm in therapeutic practice.

Our new series on the Science of Play is some of Dr. Neufeld's most exciting material – relevant to anyone and everyone. **Play 101** sets the stage for the more advanced courses: ***Play & Attachment*** and ***Play & Emotion.***

**NOTE re Campus Membership Qualification**: This seminar qualifies you to register for campus membership. An annual subscription fee applies (see above). Please indicate that you have taken this course when you go to register for campus membership at our campus portal page - **campus.neufeldinstitute.org**.

For further information about the Neufeld Institute, including its courses and programs, please consult our website - ***NeufeldInstitute.org***.