

EMPATHY – the original meaning

= the imaginative projection of feelings into an (inanimate) object so that the object appears to be infused with these feelings

- the word was coined in English by two psychologists to serve as a translation of a German word - "Einfühlung"— meaning 'feeling into' (coined in 1858 by German philosopher Rudolf Lotz)
- the word was created by combining the Latin prefix 'em' (to put in) with 'pathos' meaning *suffering, emotion or experience*
- the term was created for science but was initially used by the artistic community as a way of making art or inanimate objects more intriguing

... as originated in 1908, and in more formal dictionaries

EMPATHY – current meanings

- reading another's
presumed feelings

- understanding another's
experience & perspective

- taking another's
point of reference

- reading another's
inner state of being

- taking the other
into consideration

- vicariously experiencing
the feelings of another

- placing oneself in another's position or circumstance (ie, what one
would feel if in the other's proverbial shoes)



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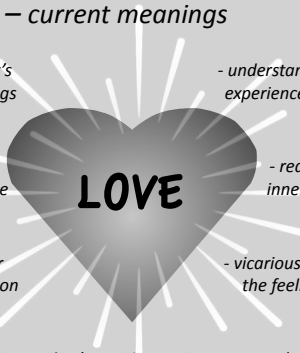
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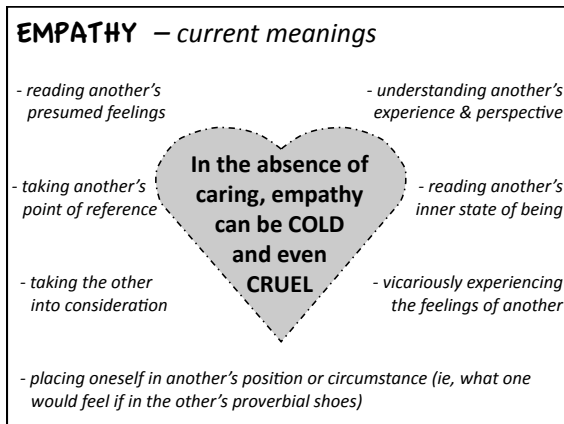
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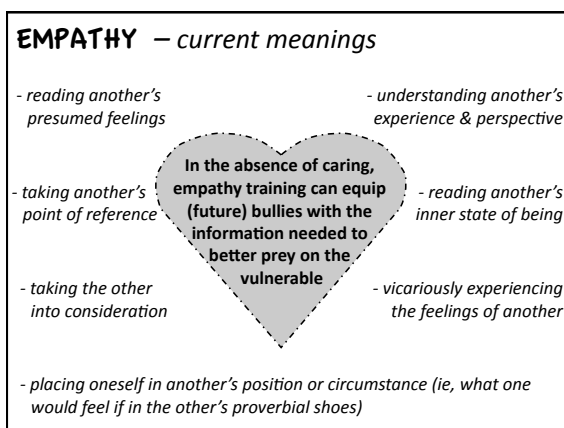
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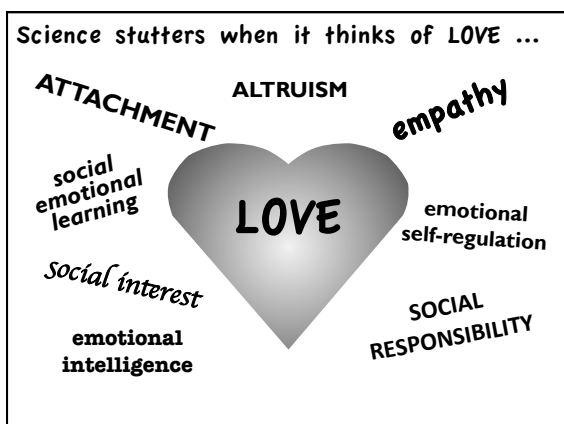
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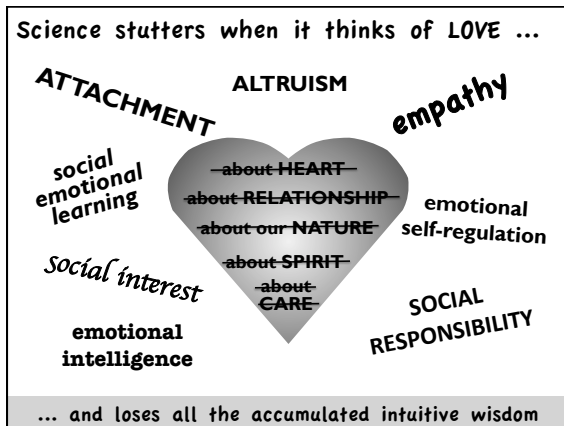
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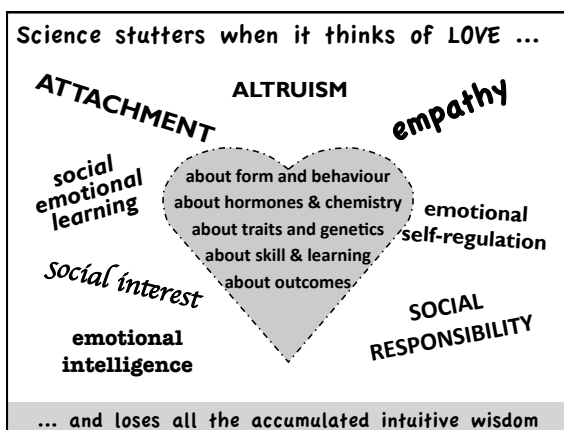


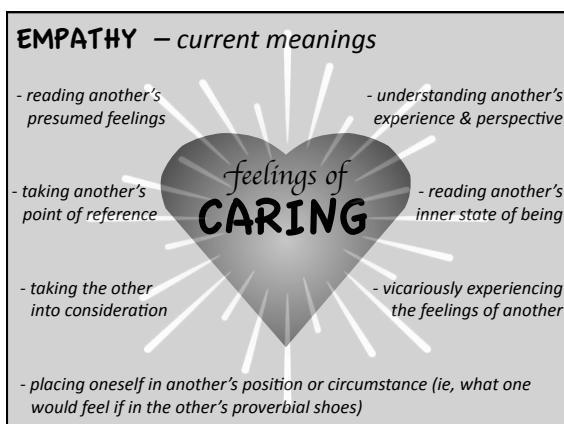


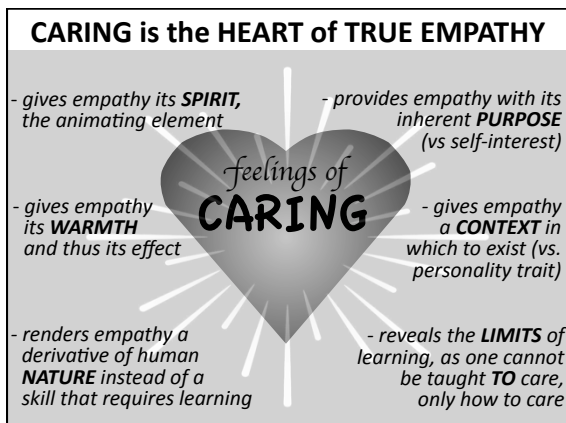


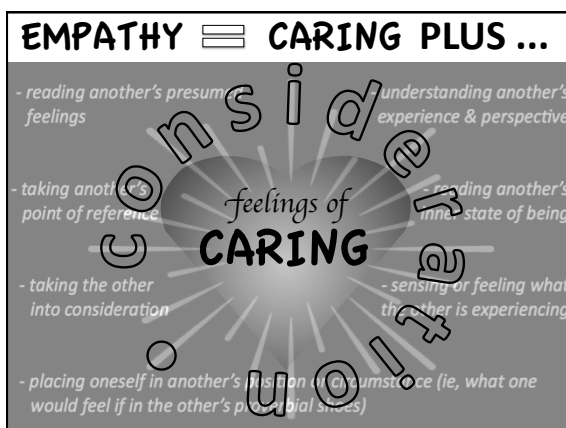


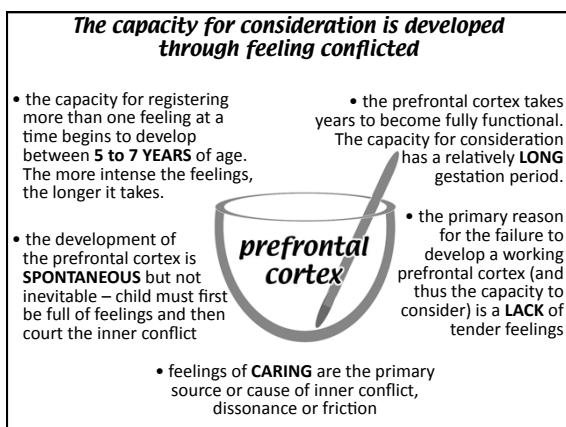


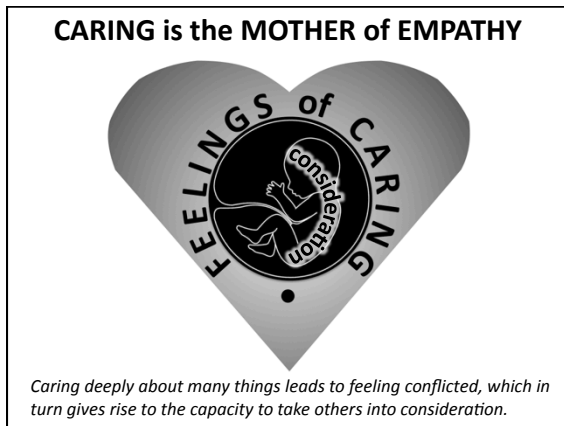


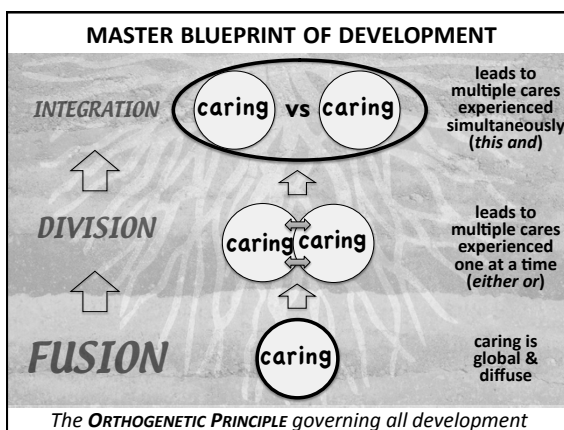


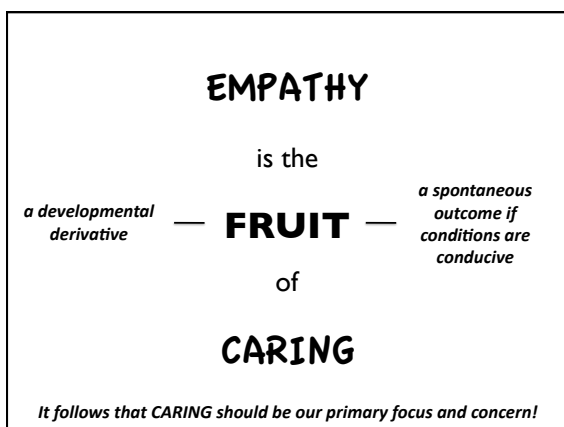


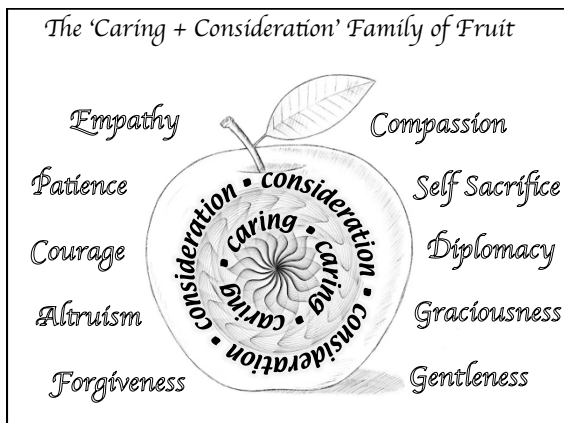


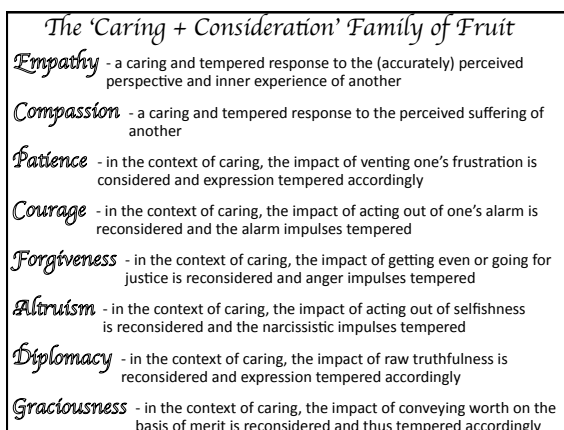


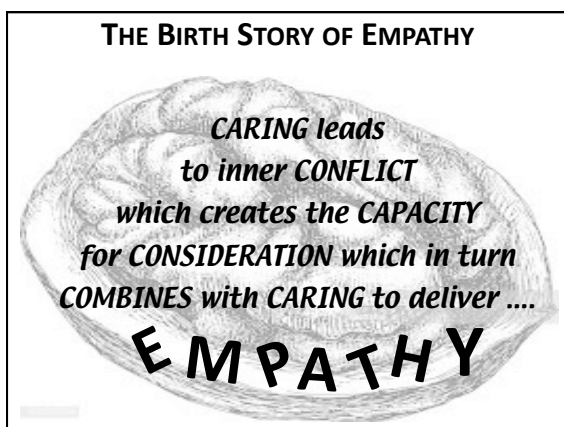


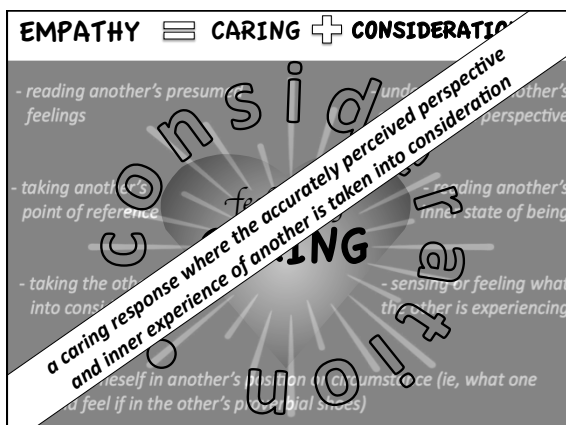


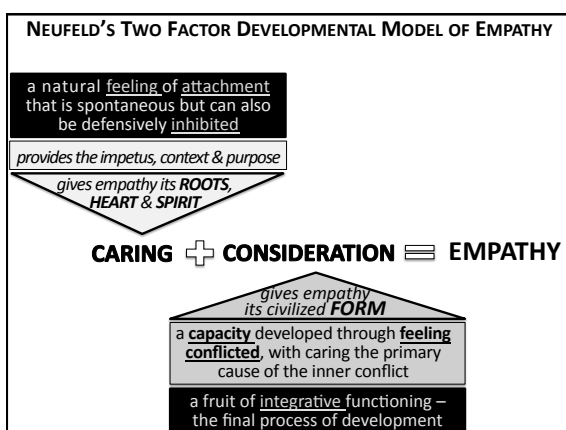


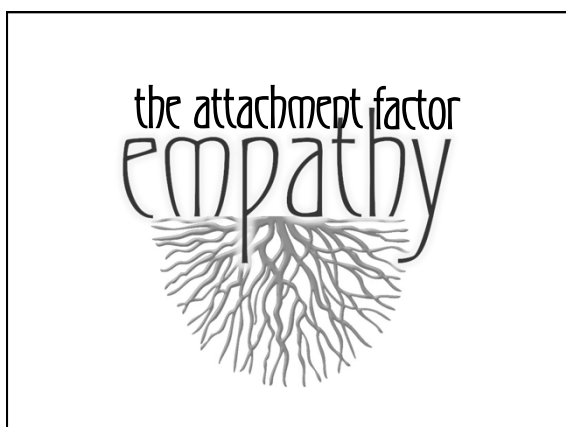


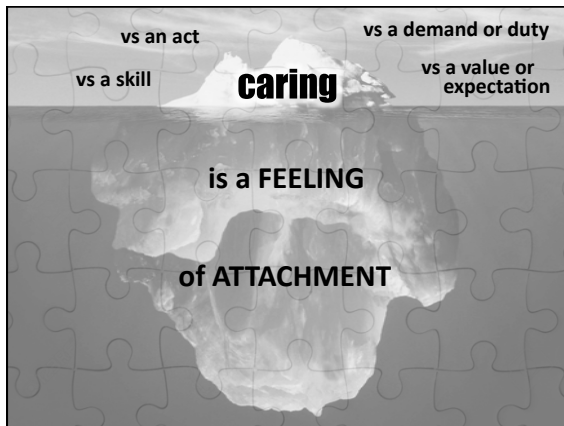


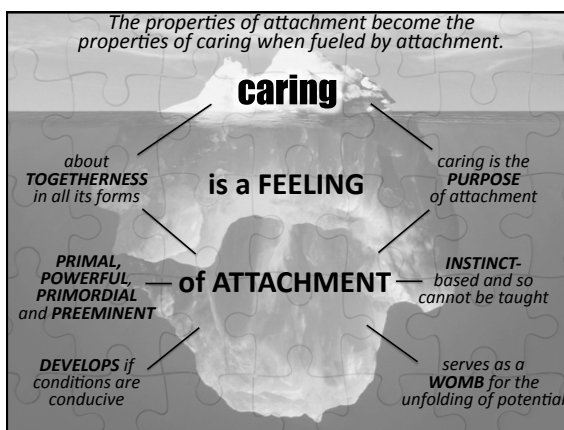


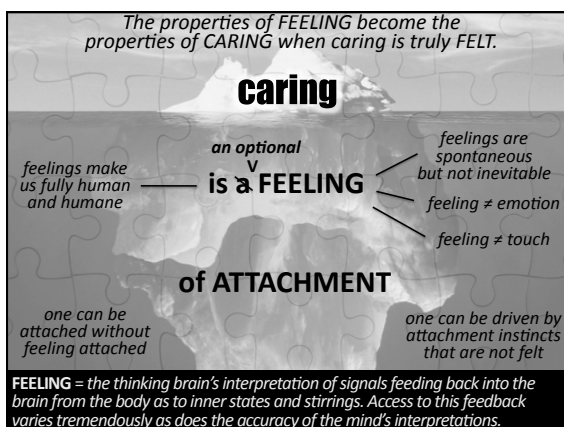


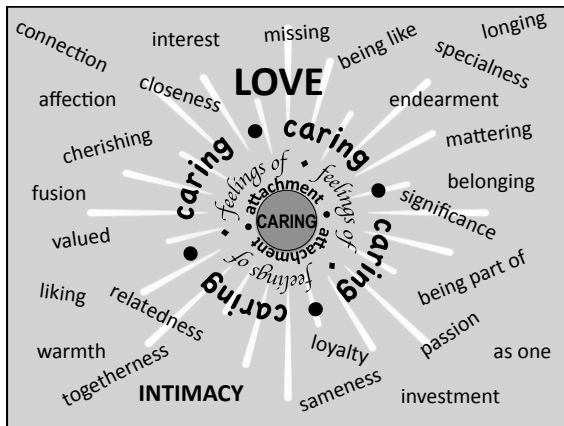


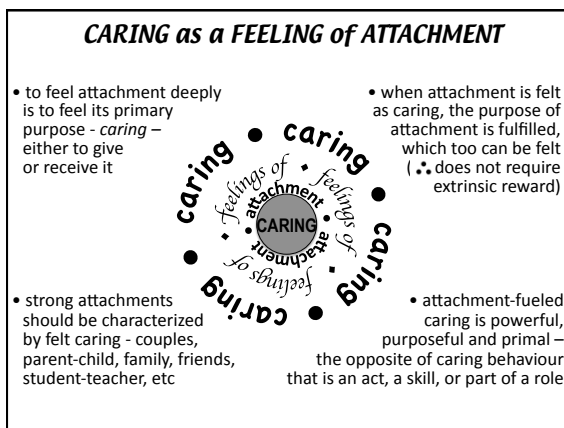


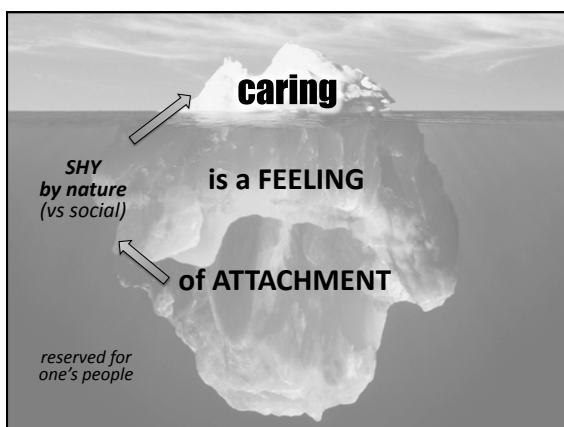









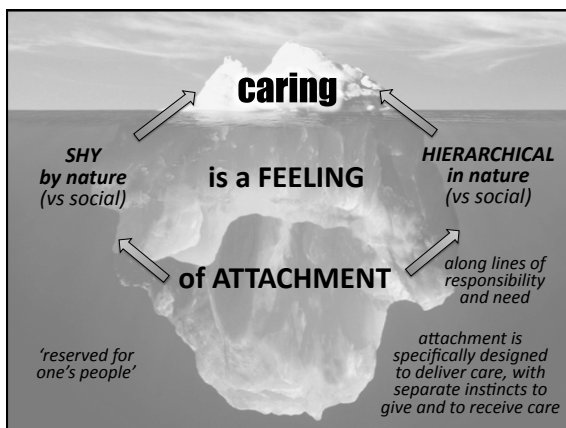




ATTACHMENT is the **NATURAL DELIVERY SYSTEM** for **CARE**



- renders one **PREDISPOSED** to give &/or receive care
- felt caring (and empathy as its derivative) is **RELATIONSHIP-SPECIFIC** and so should not be thought of as a trait or skill
- DIVORCING** attachment from care has been one of the greatest mistakes of modern society (elder care, child care, foster care, day care, health care, as well as treatment and education)
- caring for 'others' can be facilitated by caring by **EXTENSION** (someone's son, mother, grandmother)
- when caring is the objective, the corresponding **ATTACHMENTS** should be **CULTIVATED** to provide the support required
- the most natural solution to caring interaction is to embed in **CASCADING CARE**, providing the experience of being cared for as well as the opportunity to take care of



caring

SHY by nature (vs social)

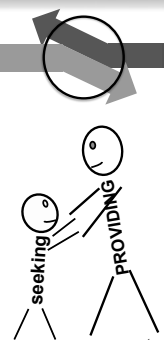
HIERARCHICAL in nature (vs social)

is a FEELING of ATTACHMENT

along lines of responsibility and need

attachment is specifically designed to deliver care, with separate instincts to give and to receive care

'reserved for one's people'



seeking	providing
instincts to depend	instincts to displace
to get one's bearings	to orient and inform
to serve and obey	to protect & defend
to seek assistance	to guide and direct
to look up to	to look out for
to belong	to possess
to follow	to lead
to wait for orders	to give the orders
to look for guidance	to transmit one's values
to comply and conform	to command and prescribe

The development of a mature *Alpha Caring Response*

"neurons that FIRE together WIRE together"

the origins of the bully response

- a perversion of alpha -

highly moved to displace + **Lacking feelings of caring & responsibility** = **the BULLY response to perceived weakness & vulnerability**


- to assert dominance by exploiting vulnerability -

ALPHA CHILDREN and CARING

- they do not feel taken care of by the adults responsible for them and so do not rest in the care provided
- they often lack a generosity of care as adults, as they are more likely to get stuck in selfishness and narcissism, thinking they need to take care of themselves
- their dependency needs are highly camouflaged by the alpha persona of independence and strength, and so do not trigger care-taking from the adults responsible
- are more predisposed to develop a bully response to neediness and vulnerability in others, especially if lacking in tender feelings themselves

the making of ALPHA children


- experiences of **NOT BEING SAFE** to depend



- a **LACK** of strong alpha caring presence and alpha caring responses in the adult(s) a child is primarily attached to

• escalating **PEER ORIENTATION** – revolving around peers or peer groups rather than the adults responsible for the child

PEER ORIENTATION



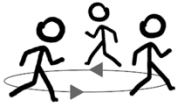
Children taking their cues from each other as to how to act, what to do, how to talk, what to wear, how to express oneself, what is valued, what is expected, what is right and what is wrong

PEER ORIENTATION and CARING

- pulls children out of orbit from around the adults responsible for them, including their care

- tends to evoke alpha instincts as it is unsafe to depend upon their peers, leading to competition and bullying rather than care-taking

- since they are not depending on us, we do not sense their neediness



- the more peers matter, the less they can afford to care – resulting in a tragic loss of caring

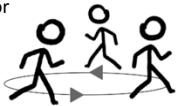
- places children in an unnatural attachment arrangement where it isn't obvious who is to take care of whom

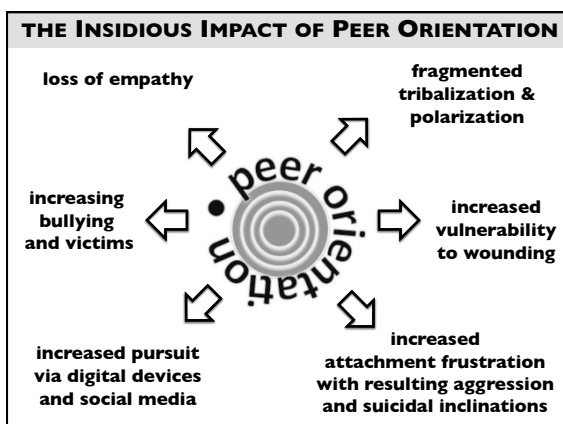
- in the absence of revolving around an adult in common, peer-oriented children tend to re-tribalize, subjecting those not in their 'tribe' to significant emotional abuse

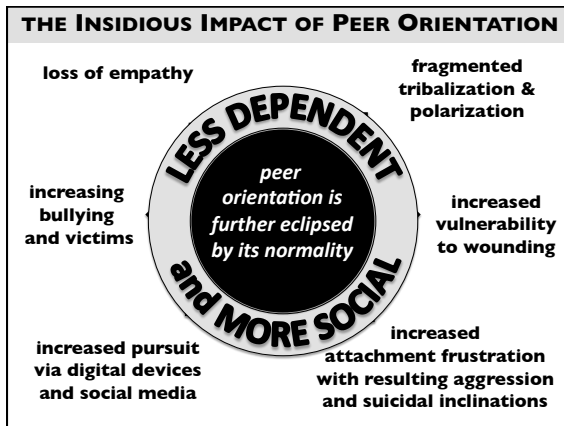
positive polarity	negative polarity
seeks to be with	shies away from
makes contact	resists contact
endears	alienates
looks up to	looks down upon
attends & listens to	ignores & disregards
imitates & emulates	mocks & mimics
possesses	disowns
is loyal to	opposes & betrays
holds dear	holds in contempt
attempts 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

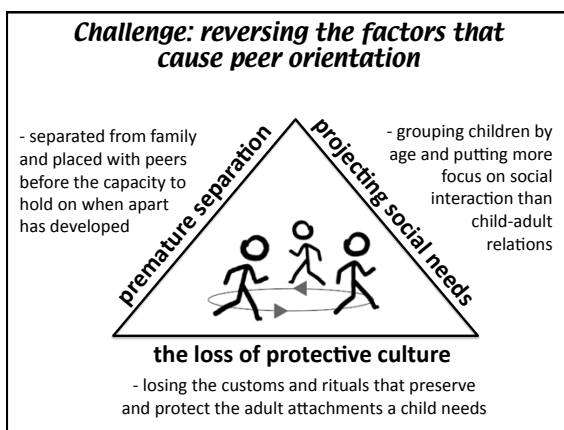
Implications for practices and programs aimed at improving social interaction

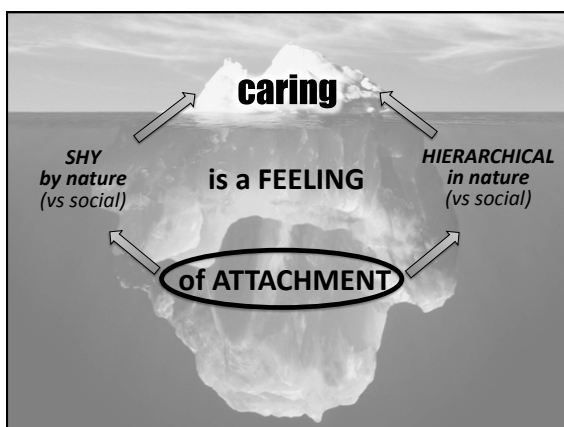
- the impact of peer orientation is undoubtedly one of the primary reasons for the loss of empathy and thus the impetus for intervention
- the primary focus of all remedial action should be to reverse peer orientation and embed children into cascading care
- trying to improve social interaction not only fails to address the empathy problem but actually fuels peer orientation
- we are not likely to reverse the escalating peer orientation unless this attachment problem is first recognized and acknowledged

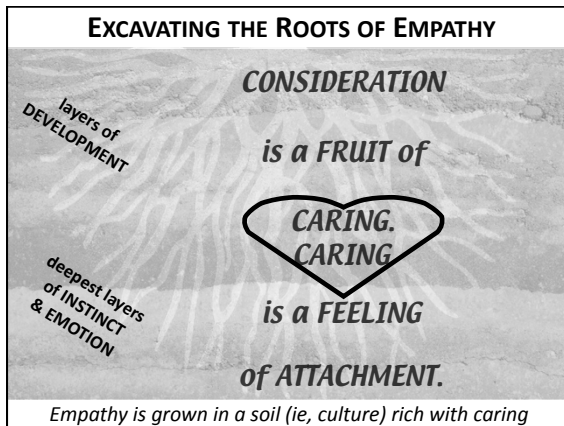




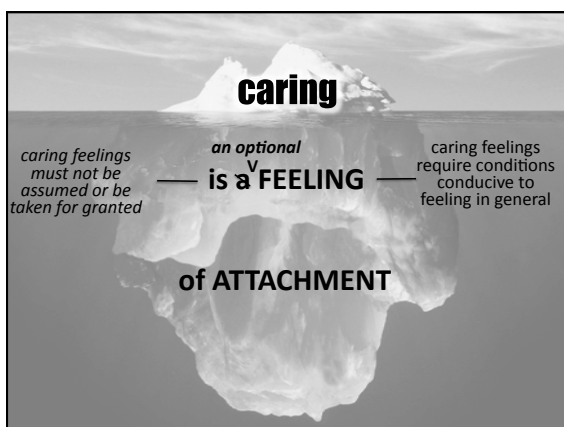


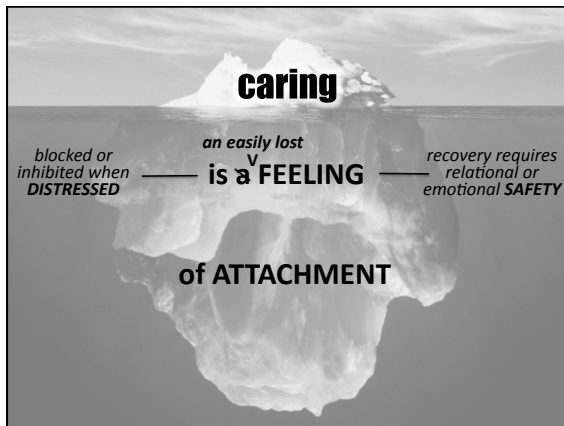


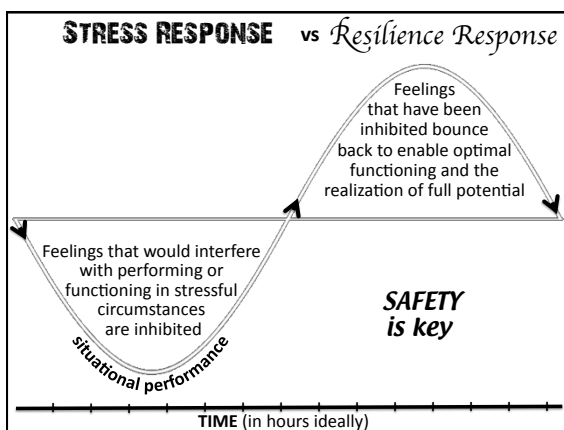


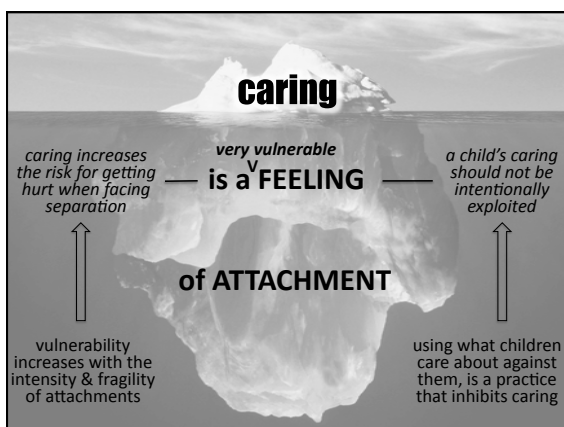


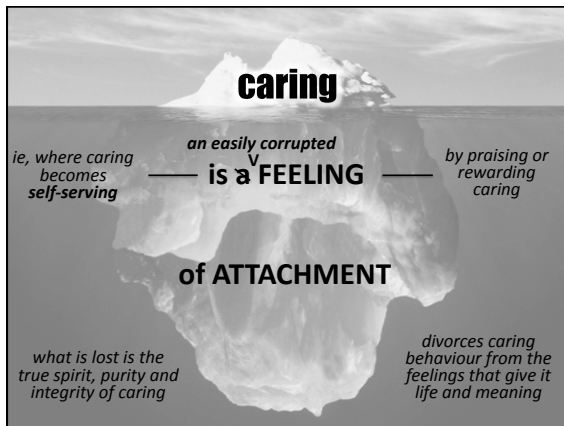


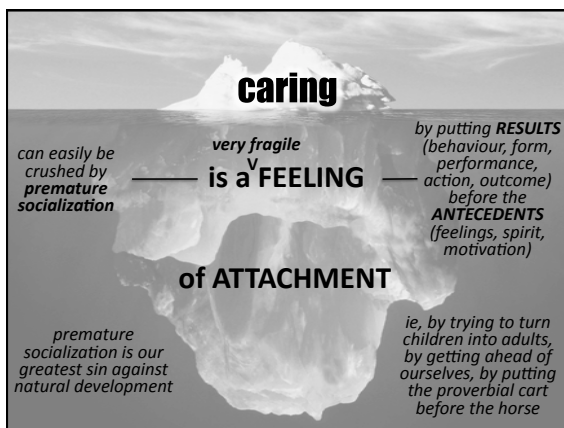












DEVELOPMENTAL READINESS for CARING INTERACTION		
	EMOTIONALLY IMMATURE (lacking inner conflict)	'MORE' MATURE (feeling conflicted)
INTEGRITY TO BE PRESERVED	feelings & behaviour ie, one's caring is truly felt	feelings & self-disclosure eg, "don't feel like being nice" + behaviour & values or roles ie, caring action is called for
PRIMARY FOCUS AND OBJECTIVE	nurture the antecedents of caring behaviour (ie, caring feelings and attachments optimized for giving and receiving care)	inculcate caring values and convey the expectations that go with the caring roles in our society
PRIMARY INTERVENTION	cultivate the conditions that give rise to the feelings that support the caring behaviour + SCRIPT action if needed	while affirming conflicting feelings, may begin to confront with the shortcomings in order to produce the inner conflict that is a catalyst for growth

Caring CAN be felt

Caring NEEDS to be felt

- to preserve 'initial' integrity
- to develop into true empathy
- to tap into the power of attachment
- to become fully human and humane

Caring SHOULD be felt

- for best results
- when not yet capable of inner conflict
- as much as possible until capable of acting in caring ways without compromising core integrity

THE DEVELOPMENTAL IMPACT OF PREMATURE SOCIALIZATION

- can lead to a **LOSS OF FEELING** in general which arrests development
- can put at **RISK** the **ANTECEDENTS** of the desired behaviour
- can destroy the **INTEGRITY** of feeling and behaviour
- can **CRUSH** the **SPIRIT** that gives rise to the desired behaviour
- can lead to the **LOSS of CARING** which is the mother of our humanness
- can lead to a **LOSS** of ability to **FEEL** one's **SELF** with resulting confusion, depression & disorientation

SPIRIT > FORM

caring before kindness

integrity before diplomacy

desires greater than demands

want to's greater than have to's

intentions more valued than behaviour

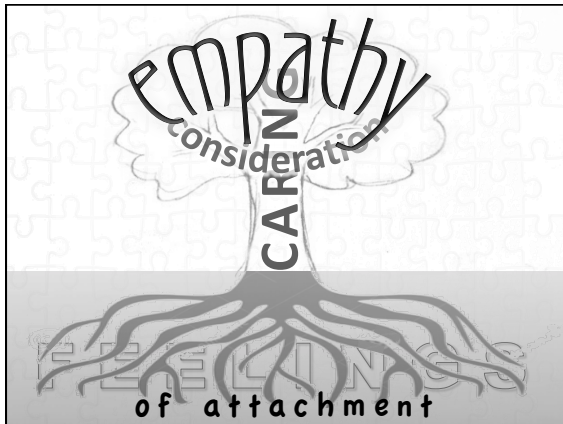
initiatives a greater priority than outcomes

curiosity treasured more than performance

aspirations more important than expectations

expression to take priority over appropriateness

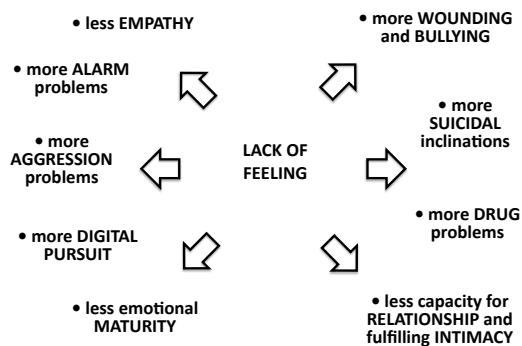
personal meanings to take precedence over social impact

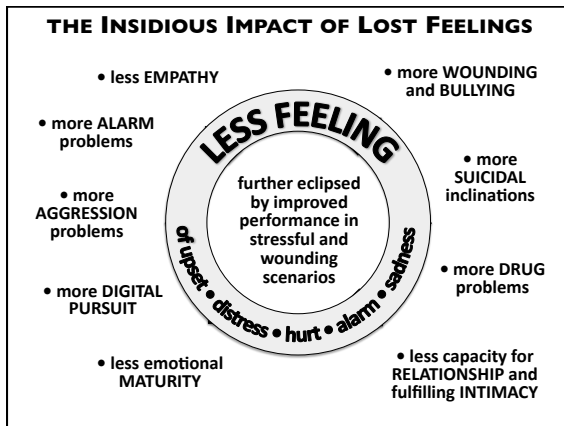


FEELINGS MORE LIKELY TO BE LOST

- ☐ feelings of **vulnerability** and **woundedness** (hurt, pain, suffering)
- ☐ feelings of **separation** (missing, loss, lack, emptiness, loneliness)
- ☐ feelings of **dependence** (neediness, insecurity, lack of control)
- ☐ feelings of **embarrassment** including blushing
- ☐ feelings of **shyness** and timidity
- ☐ feelings of **shame** (something is wrong with me)
- ☐ feelings of **futility** (sadness, disappointment, grief, sorrow)
- ☐ feelings of **alarm** (apprehension, unsafe, anxiety, fear)
- ☒ feelings of **caring** (attachment, concern, empathy, devotion, love investment, compassion, engagement, sympathy)
- ☐ feelings of **responsibility** (feel badly, guilty, sorry... feel like making things better or making things work for)

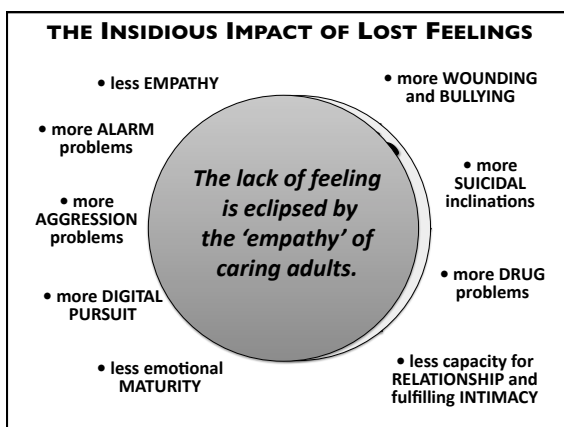
THE INSIDIOUS IMPACT OF LOST FEELINGS

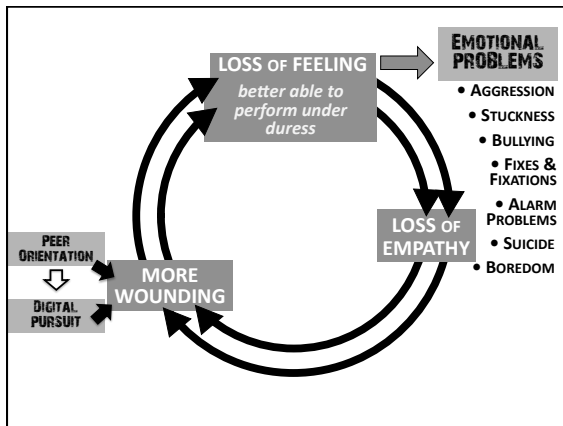


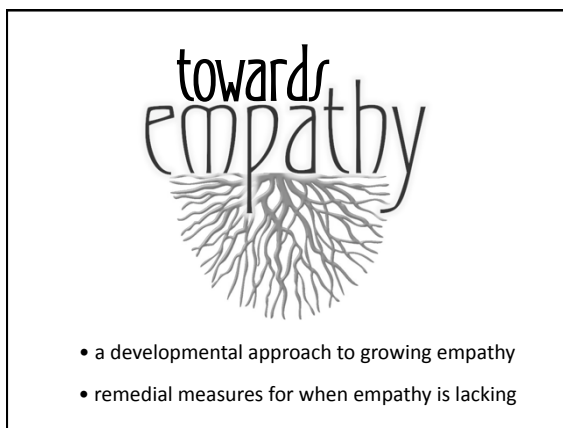


Empathy's Blind Spot

The lack of feeling at the root of a **LACK OF EMPATHY** (and other problems) is ironically eclipsed by *the projection of feelings* by the caring adults involved.







A developmental approach to growing empathy

- provide **CONTEXTS** and opportunities

- lead to feeling **CONFLICTED**

- nurture, preserve, shield and treasure caring as a feeling

- refrain from premature socialization and foster the recovery of feelings

- arrange hierarchically to optimize the giving and receiving of care

CONSIDERATION

is a FRUIT of

CARING. CARING

is a FEELING

of ATTACHMENT.

- **SHOW** that you care
- make it **SAFE** to care
- **MATCHMAKE** for care
- cultivate **SAFE RELATIONSHIPS** with caring adults
- provide **EMOTIONAL PLAYGROUNDS**
- embed in **CASCADING CARE**

SHOW that you CARE

- **COLLECT** the child/student often and for no apparent reason - collect the eyes, some smiles and some nods as in a greeting
- take care of their **ATTACHMENT NEEDS** in some way or another - convey an interest in them; convey an invitation to exist in one's presence; convey a sense of sameness, belonging, liking, mattering or significance; find a way to their side; serve as home base and help to orient them
- convey the message, where possible and where genuine - *"I will take care of you"*
- find some practical ways and **GESTURES** to convey care

Make it SAFE to CARE

- where possible, **REDUCE** the **RISKS** of caring
- **REFRAIN** from intentionally using what they care about against them. Find other ways to convey values, teach lessons, and manage behaviour.
- convey where possible (and where genuine) that you **CARE ABOUT** what they care about so that it feels more safe to care
- **REDUCE** where possible, the exposure to bullying, where the modus operandi is to take advantage of the vulnerability that caring creates (why students are often inclined to act 'cool' as if not caring)
- reduce the risk of caring by **BRIDGING** anything that could push the child's face into separation or threaten the togetherness



MATCHMAKE for CARE

- in matchmaking, one typically uses one attachment to beget another (eg, introductions, an attachment in common)
- matchmaking involves priming a sense of closeness or togetherness through pointing it out or arranging its discovery (a sameness, a significance, a belonging, a liking)
- matchmaking involves arranging who is the answer to whom and in what situation (who will take care of you, who needs being taken care of by you)
- play is a powerful primer as individuals are more engaging in play
- if possible, one should always arrange to be 'introduced' by an existing primary attachment of a child or student (for the attachment to take and to reduce competing attachments)

MATCHMAKE for CARE

- once a child forms a working attachment with an adult, it is that adult's responsibility to introduce other adults who will be involved
- to optimize care, attachments between children should be secondary to the attachment to an adult they have in common (in family as well as in school)
- arrange as much hierarchy between children or students as possible to reduce peer orientation and to optimize care (family groupings, older students with younger ones, etc)
- if possible, arrange 'playful' or 'care-taking' activities between available elders with attachment valences and children in need of caring adult attachments
- if possible and needed, prime attachments to pets or plants in order to evoke care-taking responses

A remedial approach to a lack of empathy

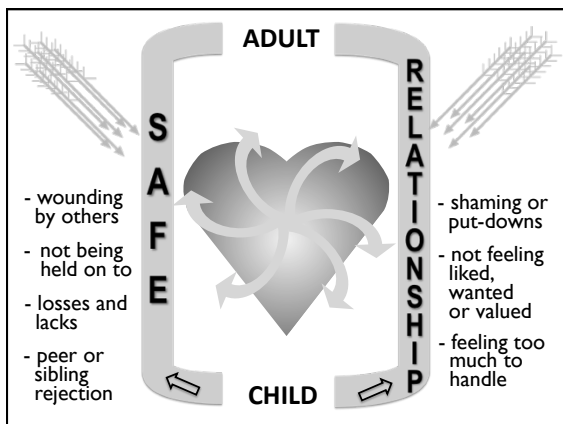
<input type="checkbox"/> a relationship problem? ___ too attached to peers? ___ unshielded by adults? ___ doesn't feel cared for by an adult? ___ doesn't have someone attached to them in obvious need of their care? • embed in cascading care	<input type="checkbox"/> a feeling problem? ___ lack of caring feelings? ___ doesn't feel their attachments? ___ missing feelings of alarm, sadness, or responsibility? • shield with safe attachments with caring adults • provide spaces for feelings to recover • provide emotional playgrounds	<input type="checkbox"/> a maturity problem? ___ doesn't feel conflicted? ___ impulsive or reactive? • patience & scripting • deal with as a feeling problem or a relationship problem
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SCRIPT 'caring interaction' in the immature*'simple, clear and doable directives about what to do when'*


- as **OPPOSED TO ASSUMING** a child cares enough, or that there is sufficient emotional maturity to temper interaction, or that supporting attachments are in place
- as **OPPOSED TO TEACHING** a lesson, shaping behaviour with sanctions or rewards, making demands, sensitivity training, or skill development
- requires a **GOOD ATTACHMENT LEAD** where one's charges are predisposed to emulate or follow (may need to collect first)
- scripts should be linked to **ROLES** they have identified with, or have a clear **SIGNAL** as to when the script is called for
- **ADULTS ARE RESPONSIBLE** for developing the scripts that lead to the desired behaviour or that are incompatible with the unacceptable behaviour
- involves putting one's **OWN PREFRONTAL CORTEX** to work to compensate for a lack of other working prefrontal cortexes

REDUCE peer interaction as well as peer orientation and shield with attachments to caring adults


- as opposed to direct attempts to get children to be more civilized and humane (eg, exhortations, consequences, sensitivity training)
- **REFRAIN** from leaving children to their own devices - to work things out on their own, to interact with whom they wish, to be on their digital devices at will
- **REDUCE EXPOSURE** to unsupervised peer interaction where possible, replacing 'free play' with adult-oriented activities that engage
- **RECLAIM** peer-oriented children, as the more peers matter, the less they can afford to care (why being 'cool' is venerated among the peer-oriented)
- most importantly, **SHIELD** from uncaring social interaction by cultivating and supporting attachments with caring adults



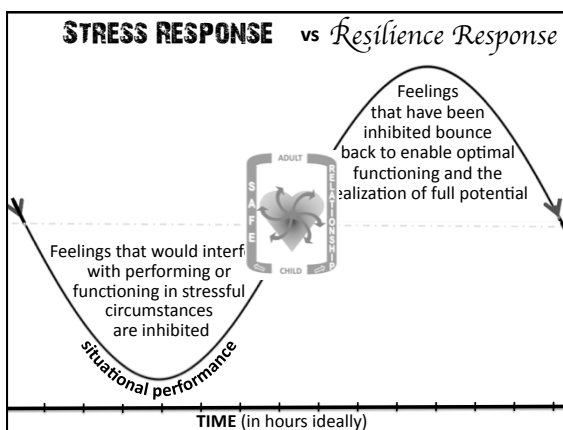
Create spaces for feelings to recover

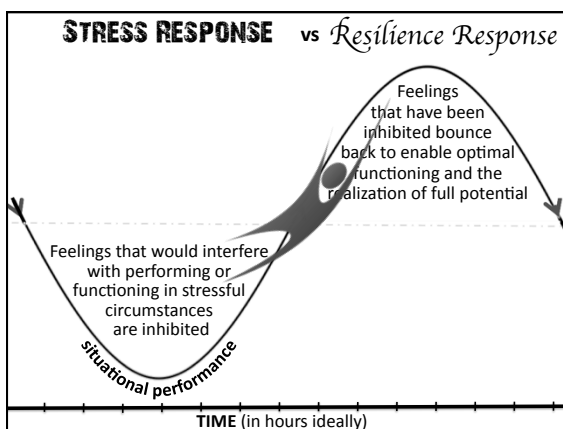


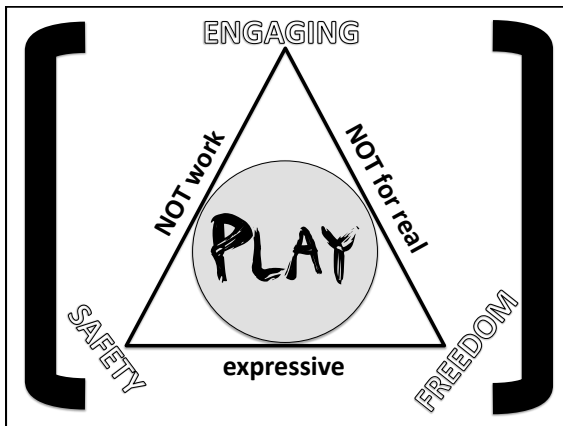
- the safety experienced in a relationship with a caring adult where a sense of togetherness is not at risk, is highly conducive to the recovery of feelings

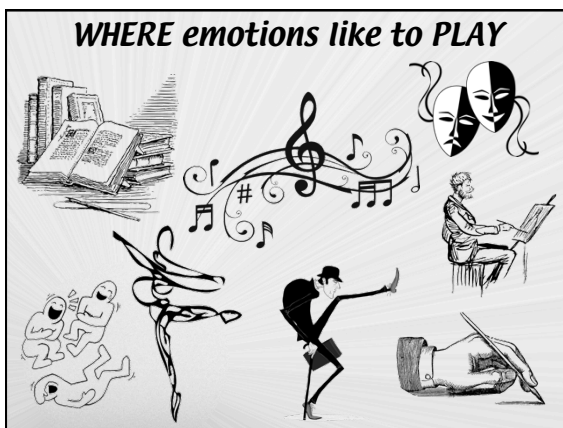


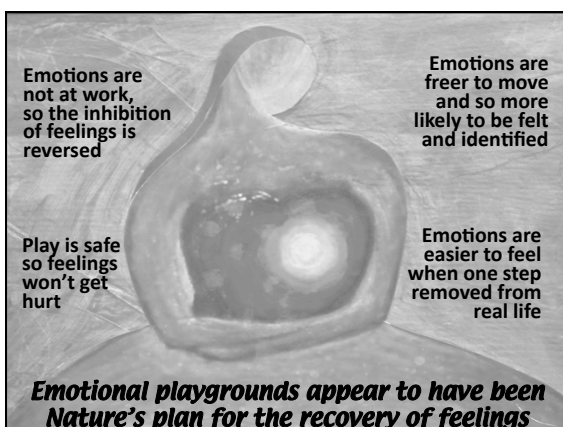
- the safety experienced when emotions are at play (rather than 'at work') is highly conducive to the recovery of feelings







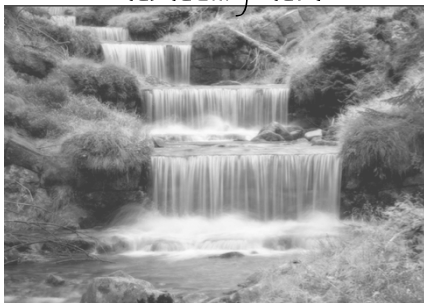




Create timely spaces for feelings to bounce back

- **AFTER** times of stress including separation, school, strained interactions, discipline, special performances, wounding, loss, etc
- ideally **BEFORE** sleep or the passing of time interferes with the ability of the thinking brain to interpret emotional feedback and link to the situations that stirred one up
- **FREE** of digital pursuit (social or videogames) and other competing activities
- **FREE** of problem solving, judgment, correction or teaching
- through **RITUALS** involving safe relationships and/or emotional playgrounds

Cascading Care



embed in hierarchical caring relationships

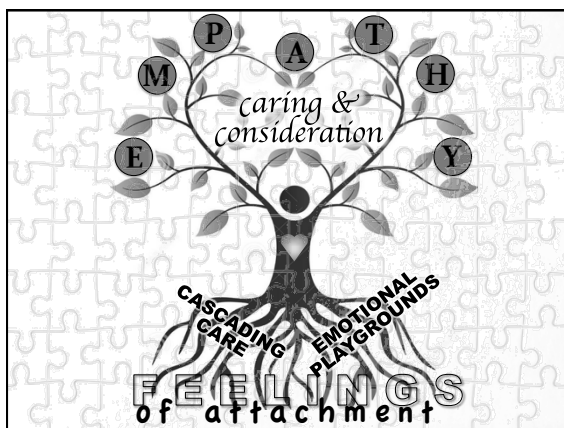
Cascading Care — the receiving

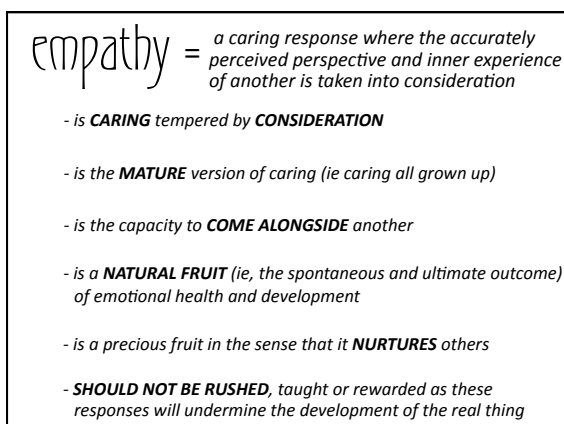
- **CARING begets CARING**
ie, feeling cared for leads to caring for others
- creates a sense of safety so feelings can **BOUNCE BACK** when connection is restored
- **PROTECTS** against the loss of caring that is epidemic among the peer-oriented
- **SHIELDS** the heart from uncaring interaction in the social sphere so it is safer to feel



embed in hierarchical caring relationships



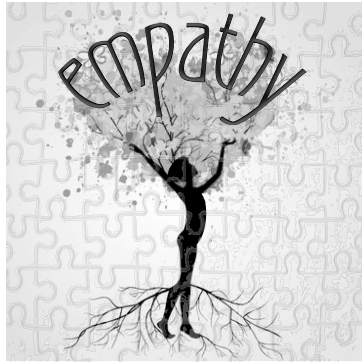


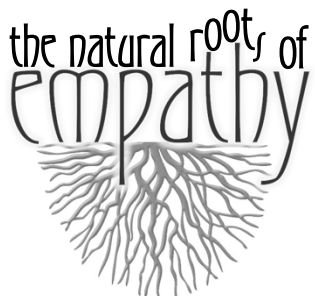


empathy = *a caring response where the accurately
perceived perspective and inner experience
of another is taken into consideration*

***If we
can take
care of caring,
empathy will result.***

the flourishing child





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

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**.