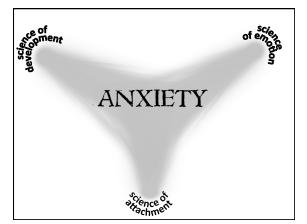
Addressing the emotional roots of ANXIETY & AGITATION

- an attachment-based developmental approach -

The material for this seminar is exerpted from the Neufeld Institute courses on *Making Sense of Anxiety* and the *Alarm Spectrum*

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What is anxiety?

... a vague sense of unsafety and unease, characterized by apprehension and restlessness

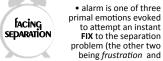
... one's subjective experience of an activated ALARM system

• triggered by FACING SEPARATION where attached

- 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
- Alarm **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

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



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

lack of

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

separation-triggered pursuit)

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feeling unlove	eaby inderste
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facing sedaration	-+ *OCOBIII/EU ») ···
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dentity being alone	, rive
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belonging rejection can't con feeling different not mattering to . isolation not belonging threats to identity discounted by ... not speci can't hold on NOT HELD ON TO BY ... BETRAYED when apart

NOT LIKED BY ...

- 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**
- once activated, alarm seeks RESOLUTION in one way or another. Failure to resolve alarm results in RESIDUAL alarm.
 - alarm and its effect may or may not be FELT, or be felt in different ways

when felt, has a significant
 TEMPERING effect
 on behaviour



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

triggered by FACING SEPARATION where attached

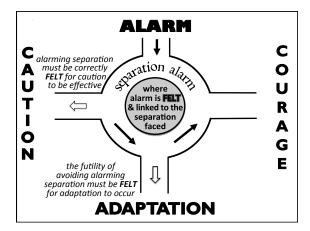
alarm

SYSTEM

- headquartered in the emotional or LIMBIC SYSTEM of the brain
- mediated by the SYMPATHETIC branch of the autonomic nervous system
 - has high priority in functioning, affecting AROUSAL and hijacking
- activates the ENDOCRINE and IMMUNE systems and affects most every system
 - mediated through special NEURO-TRANSMITTERS in the nervous system
- begins operating in the FETUS at about six months after conception
- both the separation and alarm must be FELT for the alarm system to function properly

ABOUT FEELINGS AND ALARM

- 1. One can **BE** alarmed without **FEELING** alarmed.
 - just as one can <u>BE</u> sick, hurt, hungry, tired, frustrated, angry, attached, in love, pregnant without feeling it at any given moment or even at all for that matter
- 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.
- Alarm can ALSO be felt <u>vaguely</u> as <u>anxiety</u> (unsafe, uneasy, apprehensive), <u>indirectly</u> as <u>agitation</u> or restlessness (the arousal system) or <u>energetically</u> as an <u>adrenalin rush</u>.



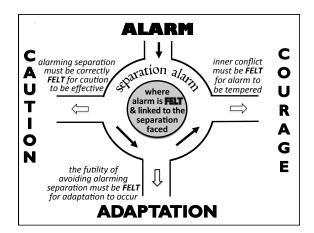
ALARMING SEPARATION WHERE AVOIDANCE IS FUTILE

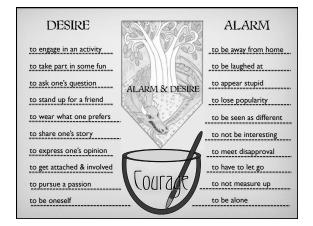
- bedtime, loss and mortality
- separation resulting from going to school, moving, divorce of parents, parents working, hospitalization, etc, etc
- the dawning realization of the inevitability of loss and losing
- always being wanted, chosen and preferred by those whom we want, choose or prefer
- being 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 <u>must</u> attach and so facing separation cannot ever be truly avoided.

facing SEPARATION

• RESOLVES alarm, providing some REST and RELIEF from the primal emotion • RESOLVES alarm, providing some REST and RELIEF from the primal emotion • enables RECOVERY from alarming events and alarming attachments





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

CAREFUL CAUTIOUS CONSCIENTIOUS CONSCIENTIOUS RESILIENT (from having RECOVERED from alarming events and having adapted to an alarm-filled life) RESILIENT (from having RECOVERED from alarming events and having adapted to an alarm-filled life) RESILIENT (from having RECOVERED from alarming events and having adapted to an alarm-filled life)

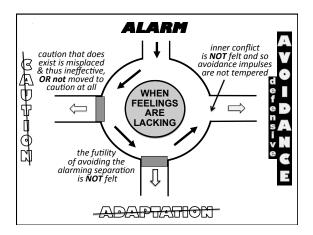
A functioning alarm system should move us ...

... to CAUTION if that is possible

... to 'CRY' if that is futile

... to take COURAGE if what

alarms is in the way



ALARM-BASED DEFENSIVE AVOIDANCE

LEVEL 1 – ANXIETY PROBLEMS

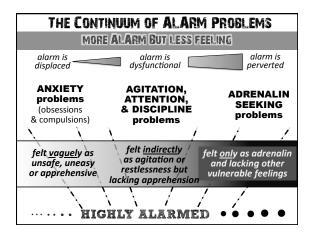
- FLIGHT from alarming things and situations – involves obsessions and compulsions, which can include phobias and paranoia, as well as a preoccupation with staying out of trouble

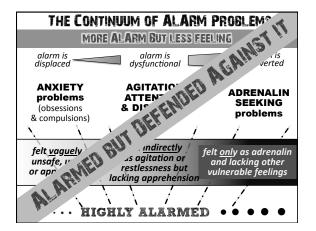
LEVEL 2 – AGITATION & ATTENTION PROBLEMS

- 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





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. 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.

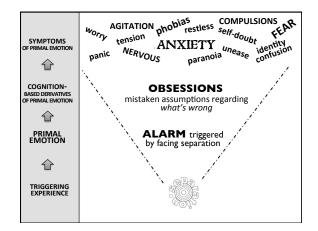
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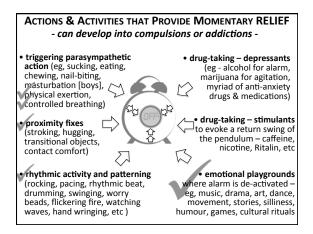
... one's subjective experience of an activated ALARM system

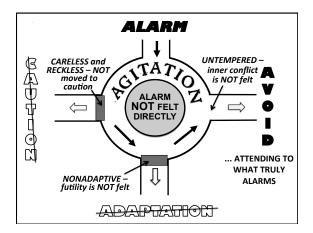
... a response to facing separation where the FEELINGS that link the alarm with the separation faced are missing

... a state of alarm-driven AVOIDANCE characterized by a FLIGHT from what our thinking brain has mistakenly assumed is the reason for alarm

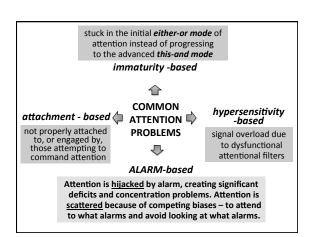


IRRATIONAL OBSESSIONS (mistakes regarding 'what's wrong	⇒	RESULTING COMPULSIONS (to avoid or reduce alarm)
someone or something is out to hurt me or to get me	\Rightarrow	work at avoiding the monsters and scary creatures, avoid getting conned, uncover people's plots
something is wrong with my health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



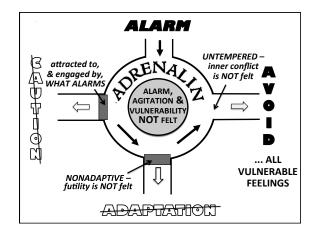


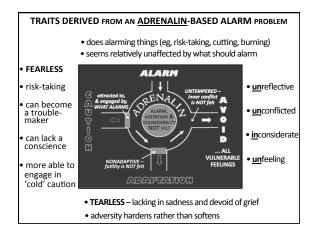
TRAITS DERIVED FROM AN AGITATION-BASED ALARM PROBLEM restless, tense or hyperactive predisposed to agitation reduction &/or expression (eg, drugs, physical exertion, frenetic activities or stimulation) impulsive & reactive lacking apprehension attention deficits where alarmed can't stay out of lack of trouble or memory for alarming events harm's way overly scattered attention where alarmed gregarious & talkative ADAPTATION • doesn't learn from mistakes and failure • predisposed to learning disabilities

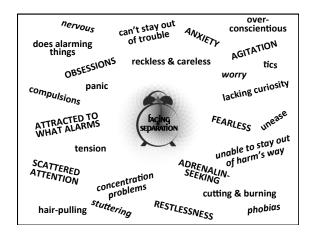


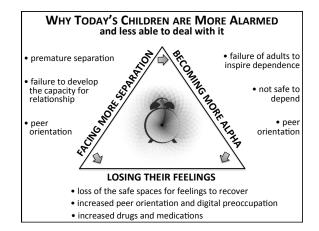
about alarm-based attention problems

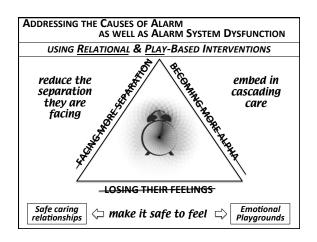
- key signs are 'highly agitated' as IF highly alarmed but 'without apprehension' as if not at all alarmed
- attention system receives **mixed messages** from the brain: pay attention to what alarms and don't look at what alarms
- the two primary symptoms are scattered attention and significant attentional 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)

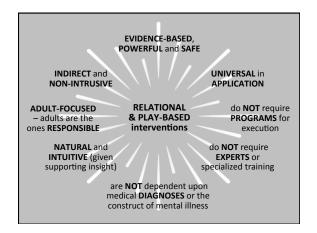












The ultimate challenge in addressing alarm problems is to *reduce the separation* being faced and **restore the feelings** of separation and alarm, to the point where the alarm system can more easily move the child ...

- ... to **CAUTION** if that is possible
- ... to 'CRY' if that is futile
- ... to take **COURAGE** if what alarms is in the way



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 -
- NORMALIZE alarm, no matter how exotic the symptoms or pathologized by diagnosis
- COME ALONGSIDE alarm, using your understanding to get to their side
- teach the LANGUAGE of alarm indirectly through reflective mirroring

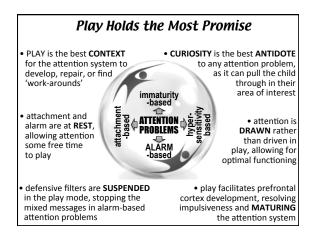
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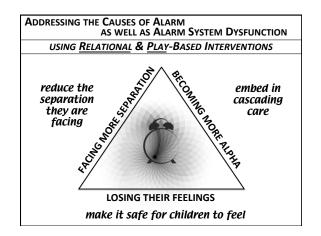
and courage

- from a place of trusting dependence
- prime SADNESS if possible, indirectly and one step
- MODEL a healthy relationship with alarm including the options of caution, 'crying'

- foster a **RELATIONSHIP**with **ALARM**, starting
 with accepting its
 inevitability
 - lead into MIXED FEELINGS if inner conflict exists
- 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 SADNESS is much easier accessed in tolerance of alarm the play mode play provides play is the perfect temporary REST and RELIEF scenario for the 'DRAGON & from alarm TREASURE' experience RE-PLAY of alarming scenarios can lead to eventual resolution • obsessions and compulsions can be DEFUSED in play alarm can be MASTERED in play play can provide SAFE DISCHARGE for alarm-fueled compulsions, ATTENTION problems are best addressed agitation and adrenalin-seeking through play





Troubled & disordered attachments and the current

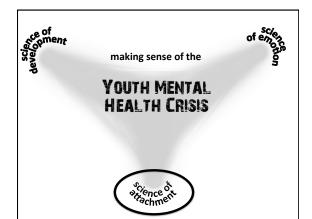
YOUTH MENTAL HEALTH CRISIS

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THE YOUTH MENTAL HEALTH CRISIS

- some facts and figures -

- school-aged children suffered an approximate 40% increase in depression, anxiety, irritability and attention problems over the span of the pandemic
- during the pandemic, adolescent psych wards were filled, children's help lines were overwhelmed, and self-reports of anxiety and depression were unprecedented
- suicides and cutting was increasing before the pandemic and continued to do so through the pandemic
- some studies reported that up to 70% of children experienced harm to their mental health when isolated from their peers (in contrast to about 20% who thrived when sent home from school)
- most experts assumed that being socially isolated from peers must be bad for the mental health of children and so prescribed more peer interaction as the antidote



ARGUMENT for MENTAL HEALTH being ROOTED in ATTACHMENT

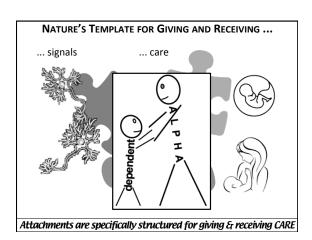
THEORY:

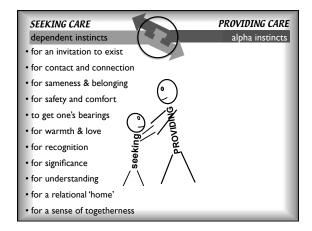
- togetherness is our preeminent drive and as such, has the most profound and widespread impact on emotional, mental and developmental processes and dynamics
- togetherness replaces survival as a drive in evolution, as survival becomes a natural outcome of togetherness
- the 'trouble spots' in our brain have evolved from emotion extending the reach of instinct attachment being our primary drive

EVIDENCE:

• the most consistent and widesspread finding is that those embedded in a context of caring attachments are found to be less at risk for mental health issues and problems







We are meant to fit together in hierarchical attachment arrangements of CASCADING CARE

a NATURAL arrangement in harmony with the dynamics of attachment and the principles of development



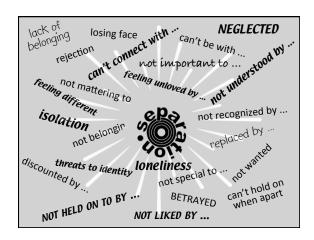
as opposed to contrived arrangements based on social roles, gender stereotypes, prevailing assumptions of equality, or particular dynamics between parents and children or between partners of a couple or in friendship

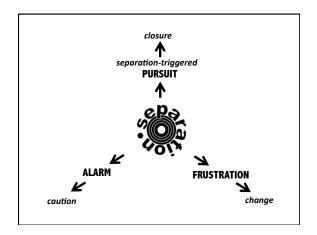
Our objective should be to embed in CASCADING CARE

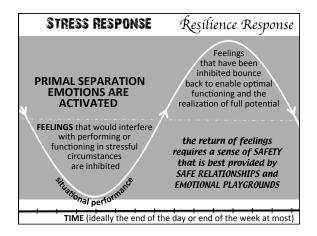
as opposed to pushing for independence or promoting self-care

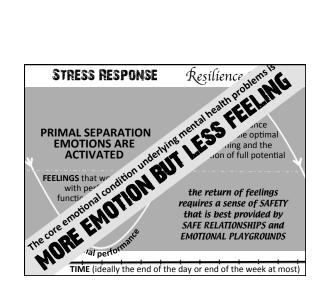


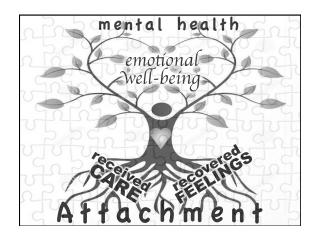












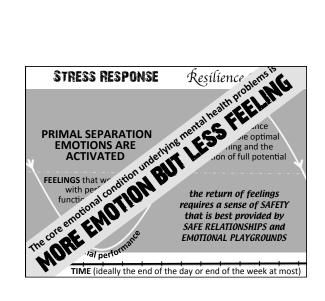
EMOTION IS AT THE HEART OF THE MATTER

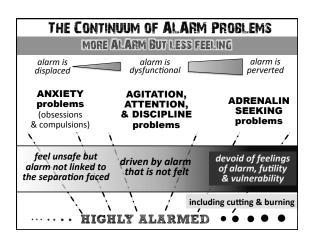
- emotion is in charge of managing the brain, including development, priorities, attention, and memory
- most problems in learning, attention, and maturation are rooted in emotion
- the stress response is emotional in nature
- EMOTION NEEDS TO MATTER TO US
- adaptation (including healing & recovery) is an emotional process
- emotional processes precede and undergird mental processes – in evolution, in development, and in everyday functioning
- mental processes are primarily derivatives of emotion, rather than the other way around
- almost all troubled thinking and behaviour (including diagnoses) are found to have roots in emotion
- emotions need to be resolved to reduce symptoms as well as to effect deep and lasting change

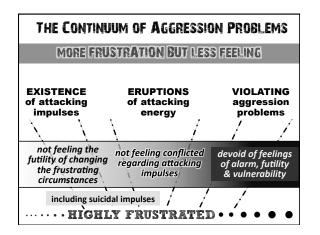
EMOTION IS STILL DISCOUNTED & ECLIPSED STILL CONSIDERED INVERIOR TO REASON WOMEN & CHILDREN STILL BLAMED FOR BEING TOO EMOTIONAL MORE CONCERNED WITH MOST MEDICATIONS NUMB EMOTION WITH LITTLE PROTEST FROM CALMING DOWN THAN MAKING ROOM SO-CALLED EXPERTS ird MATTE HAN MAKING ROUP' TO BE 'STIRRED UP' TO BE STIRRED TVALIVES OF MORE CONCERNED WITH MANAGING EMOTIONS THAN evol non rather than the UNDERSTANDING THEM STILL ECLIPSED BY und THEIR EFFECTS ON MEDICAL DIAGNOSES STILL MICULAL VIAGINUSES STILL Motion reduction effect almost all troubled at **COGNITION &** d to **BEHAVIOUR** effect deep and lasting change

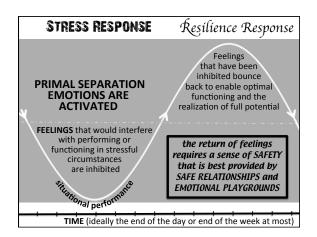
KEY INSIGHTS REGARDING EMOTION

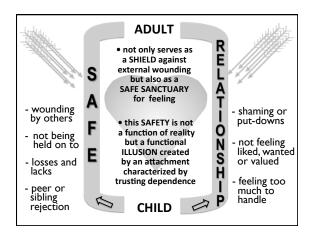
- there is **PURPOSE** to emotion it is Nature's way of moving us and taking care of us
- emotions need to be RESOLVED in some way or another or they will get stuck
- each emotion has specific WORK to do (ie, emotions are Nature's workforce)
- the emotional system needs to DEVELOP for optimal functioning but can only do so if conditions are conducive
- emotions need sufficient REST in order to do be effective in their work
- the emotional system begins in the 'EITHER OR' mode and is meant to mature into 'THIS AND' functioning where inner conflict is felt
- emotions seek RELIEF through expression but this will be thwarted if working attachments are threatened
- emotions need to be FELT for optimal functioning and for children to flourish

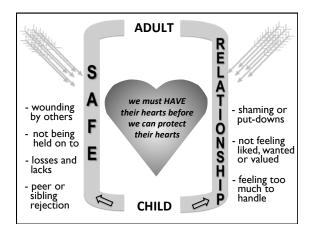














PEER ORIENTATION



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.

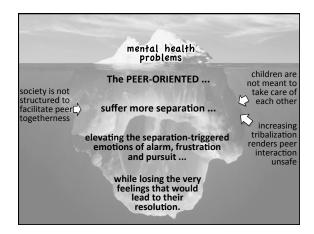
THE PROBLEMS WITH PEER ORIENTATION

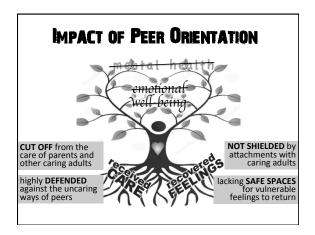
- does **NOT serve survival** as children were not meant to take care of each other
- destroys the natural context for raising & educating children
- robs adults of the **power** they need to parent, teach and treat
- the more peers matter, the more separation to be faced, resulting in escalating emotional distress
- robs children of the shielding and protection they need to live in ar wounding world

- breeds **ALPHA** children, with all the problems that ensue
 - fuels a preoccupation with digital devices and **social** media, which further compete with family
 - is not conducive to **feeling**, as the vulnerability is too much to bear
 - can result in chaotic

ł	polarization & tribalization
1	which in turn can create a
	'lord of the flies' scenario

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	r spoils things for	
seeks to matter to	discounts as not mattering	
seeks to please	ease annoys and irritates	
befriends	befriends eschews	
loves	loathes	
shares secrets with or keeps the secrets of	keeps secrets from or creates secrets about	





INSIDIOUS IMPACT OF PEER ORIENTATION fragmented fragmented and tribalization & depersonalized polarization . pursuit creates increased contrived alarm-based hierarchies problems & that do not vulnerability deliver care to wounding insatiable elevated attachment attachment pursuit frustration resulting in via digital devices increased aggression and social media including suicide **INSIDIOUS IMPACT OF PEER ORIENTATION** fragmented fragmented and tribalization & depersonalized DEPENDE . pursuit polarization creates increased contrived eclipsed by its alarm-based hierarchies problems & **NORMALITY** that do not vulnerability deliver care to wounding insatiable elevated attachment attachment pursuit frustration resulting in via digital devices increased aggression and social media including suicide THREE COMMON ATTACHMENT DISORDERS ... and how they impact received care and recovered feelings 1. PEER ORIENTATION 2. ALPHA COMPLEX 3. DEPERSONALIZED ATTACHMENT

Common manifestations of the DISPLACEMENT instinct

- to take charge, to take over, to take the lead
- to command attention, to take centre stage
- to talk louder, to talk over, to talk for another
- to be first, to be the best, to be on the top
- to demand deference, to give the orders, to take command
- to give the directions, to provide the meanings
- to trump interaction, to have the last word
- to be in the know / to be the most knowledgeable

• to take charge, to take over, to take the lead to command attention, to take central that such a to talk louder, to talk over, to take the lead to talk louder, to talk over, to take central that such a to talk louder, to talk over, to talk over, to talk over, to talk over, to talk louder, to talk over, to to be first, to be the lead when the top. • to demand chaster reduces on the top. • to demand chaster reduces on the top of control of cotions, to provide the meanings. • to grow the talk over, to take command. • to grow the talk over, to take to take command. • to grow the talk over, to take the last word. • to be in the know / to be the most knowledgeable.

IMPACT OF AN ALPHA COMPLEX emotional vell-being their lack of dependence also renders them unable - lack of dependence renders them unable to receive the care that may be there for them to experience attachment as

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ALPHA CHILDREN ARE MORE PRONE TO ...

The alpha problem has

been totally **ECLIPSED** by misinterpreting alpha as

'independence', by our

aversion to the construct of

'hierarchy', by our lack of

understanding of the nature & purpose of attachment,

and by the lack of any

supporting language -

rendering the symptoms

unexplained and resulting

in a futile battle against them

ALARM-BASED PROBLEMS

 anxiety, agitation, & adrenalin seeking (cannot make oneself feel safe)

ATTENTION ISSUES

- cannot command their attention / elevated alarm scatters attention / must be the centre of attention

FRUSTRATION ISSUES

 aggression, violence and self-attack including suicide

EATING ISSUES

- anorexia & food issues of all kinds

LEARNING PROBLEMS

- literacy problems, dysfunction due to learning disabilities, difficulties with seeking assistance

COMPLIANCE

- resistance & oppositionality

ENTITLEMENT ISSUES

- self-evident to them that they are most important

PEER ISSUES

 conflict, bullying, dominance, and supremacy issues

How FEELINGS develop the Alpha Caring Response

"neurons that FIRE together WIRE together"



when devoid of feelings of caring and responsibility as well as mixed feelings, alpha can evolve into alpha perversions including bullying

the making of the bully response

highly moved to to displace

Lacking feelings
of caring & l
responsibility

the BULLY response

to perceived vulnerability, neediness, threat or weakness

- to assert dominance by exploiting vulnerability -

Renders today's children increasingly UNSAFE and highly ALARMED, whether peer-oriented or not

PEER ORIENTATION, the ALPHA COMPLEX and MENTAL HEALTH - the perfect storm peer orientation creates **CONTRIVED** hierarchies devoid of care and safety DEPENDENT increasing numbers of peer-oriented children, ALPHA peer-oriented kids who having lost their adult shields, are devoid of taming feelings, evolve into **BULLIES** who make suffer significant WOUNDING at the hands of their peers life unsafe for **EVERYONE** the lack of received care and recovered feelings results in escalating and pervasive MENTAL HEALTH PROBLEMS

THREE COMMON ATTACHMENT DISORDERS

 \ldots and how they impact $\emph{received care}$ and $\emph{recovered feelings}$

1. PEER ORIENTATION

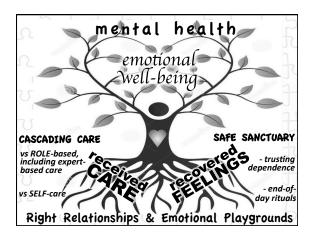
2. ALPHA COMPLEX

3. DEPERSONALIZED ATTACHMENT

The Depersonalization & Fragmentation of Pursuit the DEPERSONALIZATION of attachment

the PURSUIT	of	PROXIMITY	with a	PERSON
ATTRACTING	the	ATTENTION	of	Sarak
WINNING	the	APPROVAL	of	Matthew
MEASURING UP	to be	VALUED	by	Genevieve
DEMANDING	to be	SPECIAL	to	Rorie
IMPRESSING	to be	ESTEEMED	by	Scott
HELPING	to be	IMPORTANT	to	Ms. Kov
BEING NICE	to be	LIKED	by	Kendall
BEING CHARMING	to be	LOVED	by	Shorry
SEEKING STATUS	to be	RECOGNIZED	by	Uncle Jack

The Depersonalization & Fragmentation of Pursuit the DEPERS Depersonalized attachment the PURSUIT is not able to deliver care ATTRACTING nor serve to recover feelings and so, like peer orientation and an alpha complex, MEASURING UP is dysfunctional and disordered. DEMANDING Not only is depersonalized **IMPRESSING** attachment fundamentally disordered, HELPING but it competes with existing and potential attachments that could actually deliver care as well as BEING CHARMING provide safe sanctuary for feelings SEEKING STATUS



THE YOUTH MENTAL HEALTH CRISIS

- some facts and figures -

- school-aged children suffered an approximate 40% increase in depression, anxiety, irritability and attention problems over the spar of the pandemic
- during the pandemic, adolescent psych wards were filled, children's help lines were overwhelmed, and self-reports of anxiety and depression were unprecedented
- suicides and cutting was increasing before the pandemic and continued to do so through the pandemic

 some studies reported that up to 70% of children experienced harm to their mental health when isolated from their peers (in contrast to about 20% who thrived when sent home from school)

 most experts assumed that being socially isolated from peers must be bad for the mental health of children and so prescribed more peer interaction as the antidote

Allowing the popular construct of 'mental health', thrice removed from a working reality
- a euphemised spin on mental illness which is itself an instrumental analogy vs evidence-based reality, and an indirect 'fruit' versus useful point of intervention to thus ECLIPSE its developmental ROOTS in ATTACHMENT and EMOTION



MISDIRECTING and thus EXHAUSTING our valuable resources and energy with regards to the emotional well-being of our beloved children and youth.

DIAGNOSING SYNDROMES AND

DIAGNOSING SYNDROMES AND VS Cutivating the Conditions BATTLING AGAINST SYMPTOMS VS for Emotional Well-Being

- crusades against bullying, meanness, discrimination, violence, insensitivity, injustice, intolerance
- **prosocial programs** aimed at children being nice and kind
- discipline approaches aimed at teaching a lesson, **socialization** approaches aimed at declaring hurtful interaction unacceptable, and legal approaches punishing

the violators

- **skill-based** programs attempting to teach empathy, self-control, emotional literacy, gratitude, etc
- mental health advocacy and literacy programs as well as selfcare programs

RIGHT RELATIONSHIPS WITH CARING ADULTS

... that can deliver CARE and provide safe sanctuary for FEELING

PLAYGROUNDS for **EMOTION**

... so that emotion can find REST, working attachments can be PROTECTED, vulnerable feelings can be RECOVERED, and the CARE that has been delivered via safe attachments to caring adults can be **FELT**

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