AND THE TOOL causes of in children and adolescents

- an attachment-based developmental approach -

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A JACK HIROSE SEMINAR

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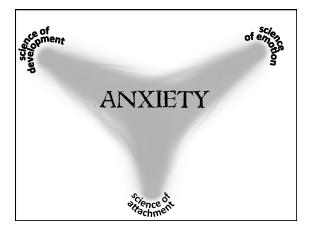
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- an attachment-based developmental approach -

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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 s
 - 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



 alarm is one of three primal emotions evoked to attempt an instant FIX to the separation problem (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

lack of belonging losing face with "can't be with rejection not important to reeling airierent feeling airierent facing airierent
not recognized by
threats to identity being alone oliscounted by NOT HELD ON TO BY repluce repluce

- 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 AS AN EMOTION

- 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

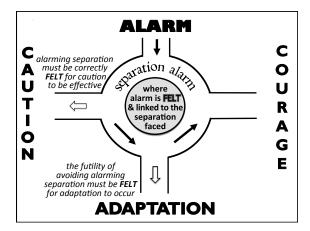
SYSTEM

- 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 ATTENTION
- 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**
- 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>.

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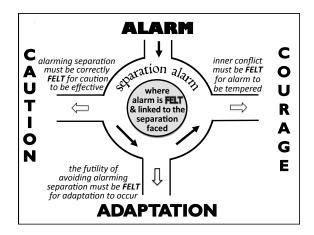
ALARMING SEPARATION WHERE AVOIDANCE IS FUTILE

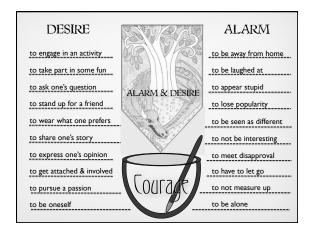
- bedtime, loss and mortality
- separation resulting from going to school, moving, divorce of parents, parents working, hospitalization, etc, etc
- the dawning realization of the inevitability of loss and losing
- always being wanted, chosen and preferred by those whom we want, choose or prefer
- being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

facing SEPARATION

Adapting to Alarming Separation that Cannot be Avoided RESOLVES alarm, providing some REST and RELIEF from the primal emotion RESOLVES alarm, providing some REST and RELIEF from the primal emotion RESOLVES alarm, providing some REST and RELIEF from the primal emotion RESOLVES alarm, providing some REST and RELIEF from the primal emotion RESOLVES alarm, providing some REST and RESOLVES to handle a world full of separation alarm events and 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
• 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 \dots

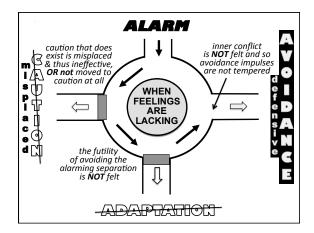
- \dots to **CAUTION** if that is possible
- ... to 'CRY' if that is futile
- ... to take <u>COURAGE</u> if what alarms is in the way



addressing the root causes of ANXIETY in children and adolescents

PART II

ANXIETY as part of a continuum of ALARM-BASED PROBLEMS caused by the failure to feel sufficiently



ALARM-BASED DEFENSIVE AVOIDANCE

LEVEL 1 – ANXIETY PROBLEMS

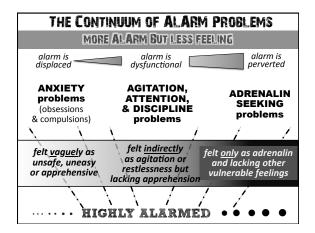
- FLIGHT from alarming things and situations – involves obsessions and compulsions, which can include phobias and paranoia, as well as a preoccupation with staying out of trouble

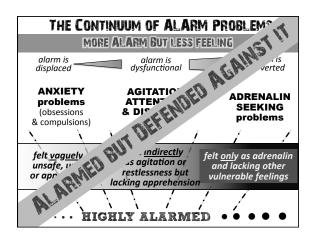
LEVEL 2 – AGITATION & ATTENTION PROBLEMS

- 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 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.

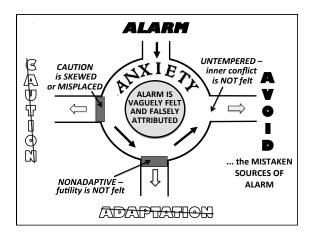
What is anxiety?

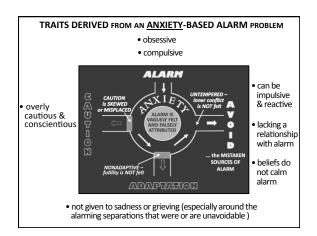
... a vague sense of unsafety and unease, characterized by apprehension and restlessness

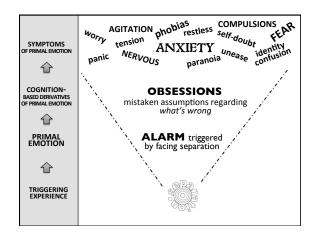
... one's subjective experience of an activated ALARM system

... a response to facing separation where the FELINGS 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





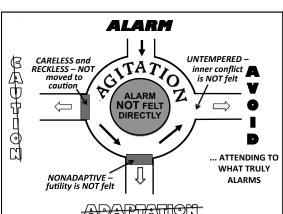


IRRATIONAL OBSESSIONS (mistakes regarding 'what's wrong')	RESULTING COMPULSIONS (to avoid or reduce alarm)
• someone or something is out to hurt me or to get me	work at avoiding the monsters and scary creatures, avoid getting conned, uncover people's plots
• something is wrong with my health or my functioning 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

- can develop into compulsions or addictions - triggering parasympathetic action (eg, sucking, eating, chewing, nail-biting, masturbation [boys], physical exertion, controlled breathing) such triggering parasympathetic such triggering parasymp • drug-taking – depressants (eg - alcohol for alarm, marijuana for agitation, myriad of anti-anxiety drugs & medications) proximity fixes (stroking, hugging, transitional objects, contact comfort) • 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

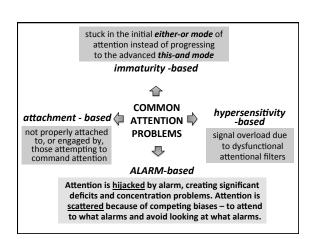
ACTIONS & ACTIVITIES THAT PROVIDE MOMENTARY RELIEF



• rhythmic activity and patterning (rocking, pacing, rhythmic beat, drumming, swinging, worry beads, flickering fire, watching

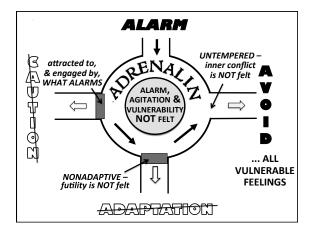
waves, hand wringing, etc)

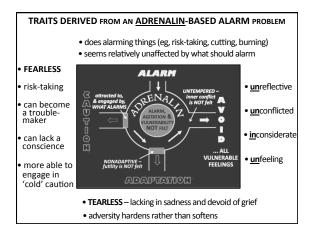
TRAITS DERIVED FROM AN AGITATION-BASED ALARM PROBLEM restless, tense or hyperactive predisposed to agitation reduction &/or expression (eg, drugs, physical exertion, frenetic activities or stimulation) impulsive & reactive lacking apprehension attention deficits where alarmed can't stay out of lack of 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

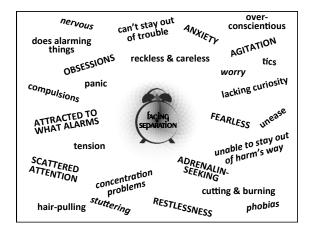
- key signs are 'highly agitated' as IF highly alarmed but 'without apprehension' as if not at all alarmed
- attention system receives **mixed messages** from the brain: pay attention to what alarms and don't look at what alarms
- the two primary symptoms are scattered attention and significant attentional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





Some attractions of the highly defended ...

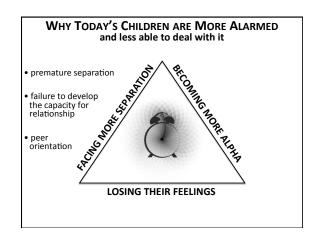
- scary rides and horror movies
- breaking taboos and out-of-bound behaviour
- dangerous activities
- daredevil stunts
- delinquent activity and being 'bad'
- extreme sports
- cutting and burning

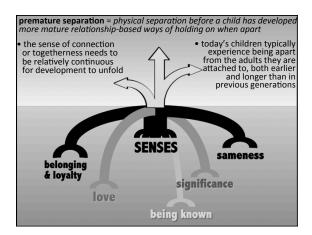




PART III

A closer examination of the ROOT CAUSES of ESCALATING ALARM in our children and youth





TODAY'S CHILDREN FACE MORE SEPARATION

- 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

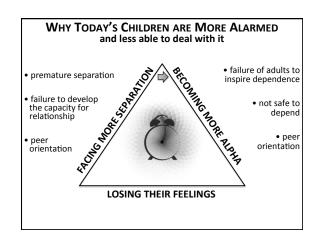
The competing nature of most peer attachments today (ie, can't be close to both peers and adults simultaneously) pulls children out of orbit from around the adults responsible for them

PEER ORIENTATION FUELS ALARM peer attachments are inherently • the peer-oriented can be cruel and uncaring to **INSECURE** – the more one's peers matter, the more separation is being faced by default those outside their 'tribe', fueling alarm · peer orientation robs robs adults of the power children of the shielding and protection they they need to keep social interaction safe need to live in ar alarming world powerless adults, in drives alarm under turn, resort to alarm-based methods of ground as fearlessness is venerated by the peer-oriented and any show of alarm can be shamed or exploited behaviour management, fueling alarm further

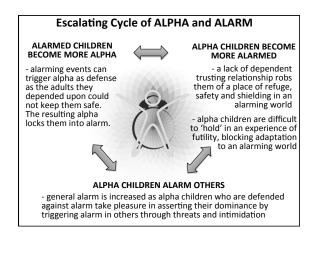
 peer orientation breeds ALPHA children, fueling alarm even further

the peer oriented are drawn to social media where alarming

interaction is the norm



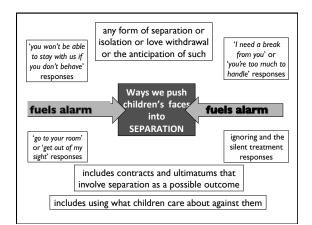
Common Manifestations of ALPHA Children • predisposed to take charge, to take over, to take the lead • tend to demand deference, to give orders, to take command • insist on being the one • inclined to command to give directions and define the meanings attention, to take centre stage • compelled to trump interaction, to have • moved to talk louder, to talk over, to talk for another the last word • compelled to be first, to be • often need to be in the know, the best, to be on the top to be the most knowledgeable

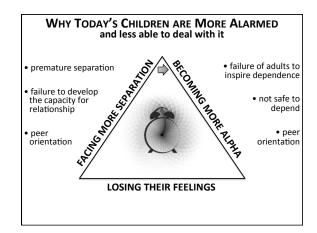


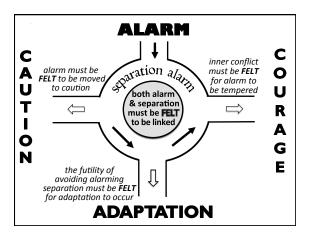
Why Today's Children are Becoming More ALPHA is a natural response to stress (ie, facing more separation) is a natural response to stress likely to be invited.

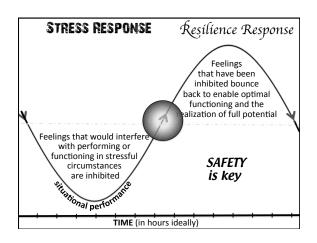
- today's parents and teachers are more childled, putting the child in the alpha role by default
- today's parents and teachers seem to have more difficulty assuming an alpha posture, resulting in children filling that void

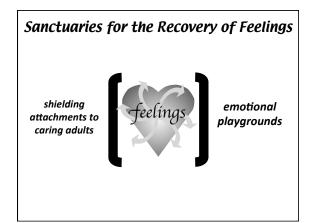
- dependence is not as likely to be invited by today's parents and teachers
- increasing peer orientation renders it unsafe to depend as well as unclear as to who is to take care of whom
- dependence is more likely to be an aversive experience, including using alarm and what children care about, against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

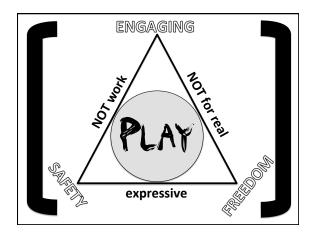


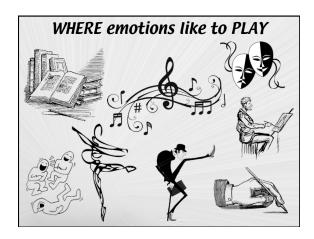


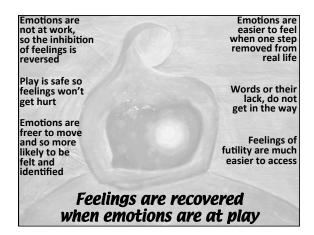


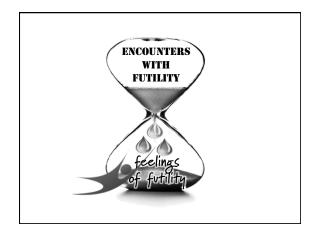


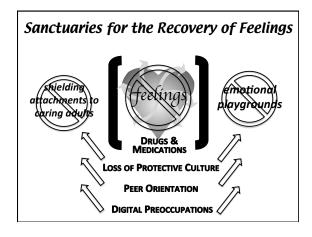


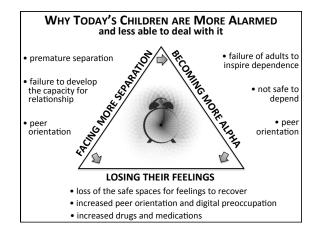








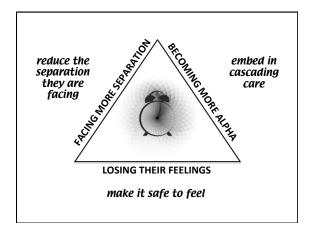


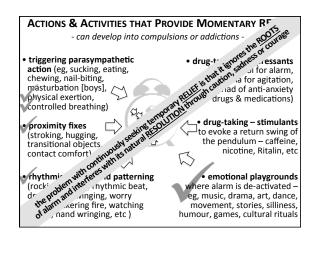




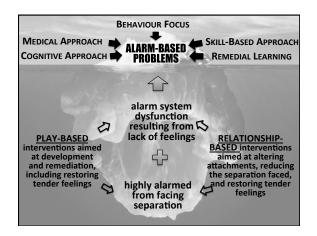
PART IV

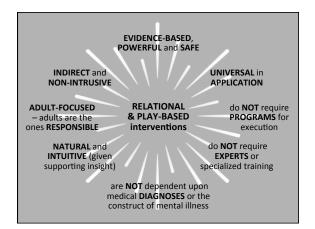
ADDRESSING the ROOT CAUSES of all ALARM-BASED PROBLEMS including anxiety





Approaches that treat the child DIRECTLY and are NOT informed regarding ALARM or its purpose **BEHAVIOUR FOCUS** REMEDIAL LEARNING address behaviour problems stemming from being alarmed address learning problems stemming from the effect of or defended against it – avoidance, agitation, getting into trouble, adrenalin-seeking alarm on attention, motivation curiosity, and performance ALARM-BASED **PROBLEMS** MEDICAL APPROACH SKILL-BASED APPROACH diagnose for mental illness teach skills to calm the alarm and use medications to counter the effects of alarm eg, self-regulation, breathing, meditating, self-affirmations on the mind and body **COGNITIVE APPROACH** confront the irrationality of alarm-fueled obsessions

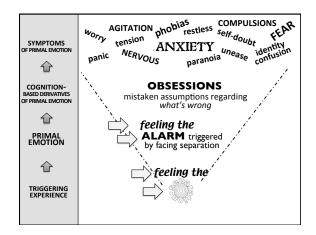




The ultimate challenge in addressing alarm problems is to **REDUCE the SEPARATION** being faced and **RESTORE the FEELINGS** of separation and alarm, to the point where the alarm system can more easily move the child ...

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



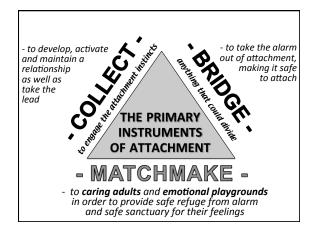


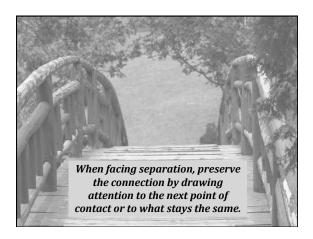
GENERAL GUIDELINES FOR ADDRESSING ALL ALARM-BASED PROBLEMS

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





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

- by having them on your radar

- by having them on your radar

- inspire TRUST

- inspire TRUST

- ANSWER ATTACHMENT NEEDS

- for sameness, belonging and significance
- for an invitation to exist in one's presence

• SCRIPT cautious behaviour when needed

for a sense of togetherness that is not threatened

 teach the LANGUAGE of alarm indirectly through reflective mirroring • foster a **RELATIONSHIP** with **ALARM**, starting with accepting its inevitability

• prime **SADNESS** if possible, indirectly and one step removed, if needed

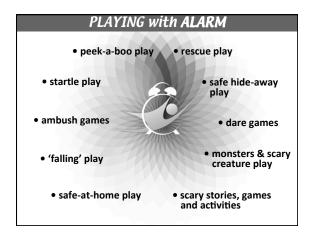
from a place of trusting dependence

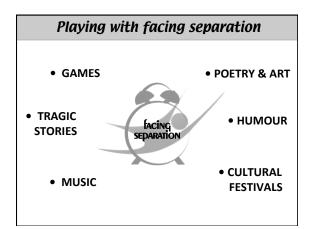
• lead into MIXED FEELINGS if inner conflict exists

 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









Dringing observious 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.

Play Holds the Most Promise

ATTENTION

- 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
 sed
 - 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 Root Causes of Alarm				
USING RELATIONAL & PLAY-BASED INTERVENTIONS				
reduce the separation they are facing				
LOSING THEIR FEELINGS				
make it safe for children to feel				

addressing the root causes of					
ANX	FTY				
in children and adolescents					
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