

Deepening the Dialogue

Translating the science of mattering to flourish in challenging times

Christina Bethell, PhD, MBA, MPH
Professor, Johns Hopkins University
November 12, 2020



JOHNS HOPKINS



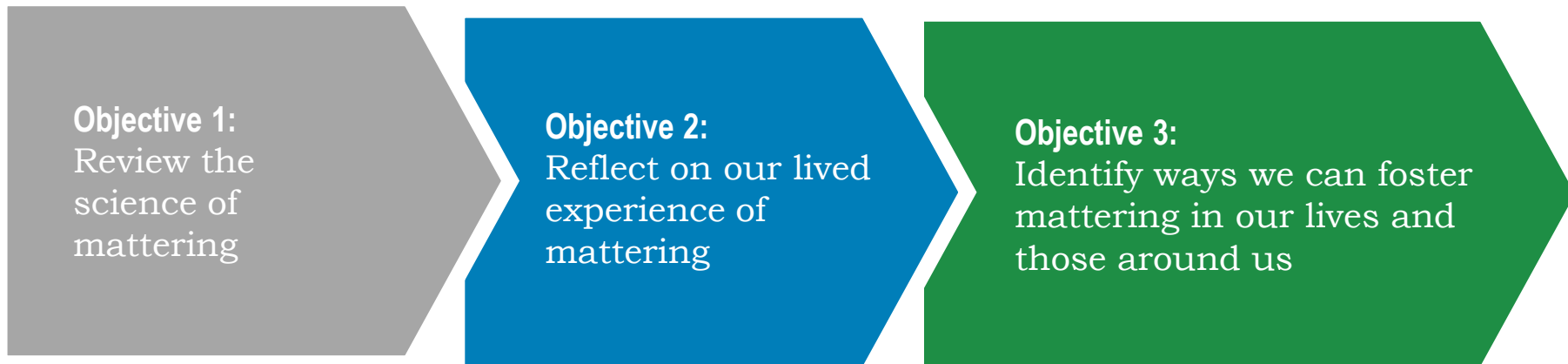
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I have no financial relationships to disclose or conflicts of interest to resolve.



Objectives: Day 1



2 self reflection polls
1-2 short group experiential exercises
2-3 breakout sessions and follow up group dialogue

The goal for the breakouts are to deepen self-learning, identify ideas to help address what is important to you and specific “small experiments” and actions to make progress. We want to end up with clarity on where people are, what they hope for and want and what help and support they need.

Fundamentals of Mattering

Science Matters

Understanding the science of mattering and connection to our well-being and resilience

Translating the science into programs, policy and cultural mindsets
(world views, beliefs, relationships, awareness, agency, stories matter)

Engagement Matters

Mattering depends on relationships and engagement with others and life

Engagement requires a sense that we, you and life matters—restoring hope, agency and the “will to be well”

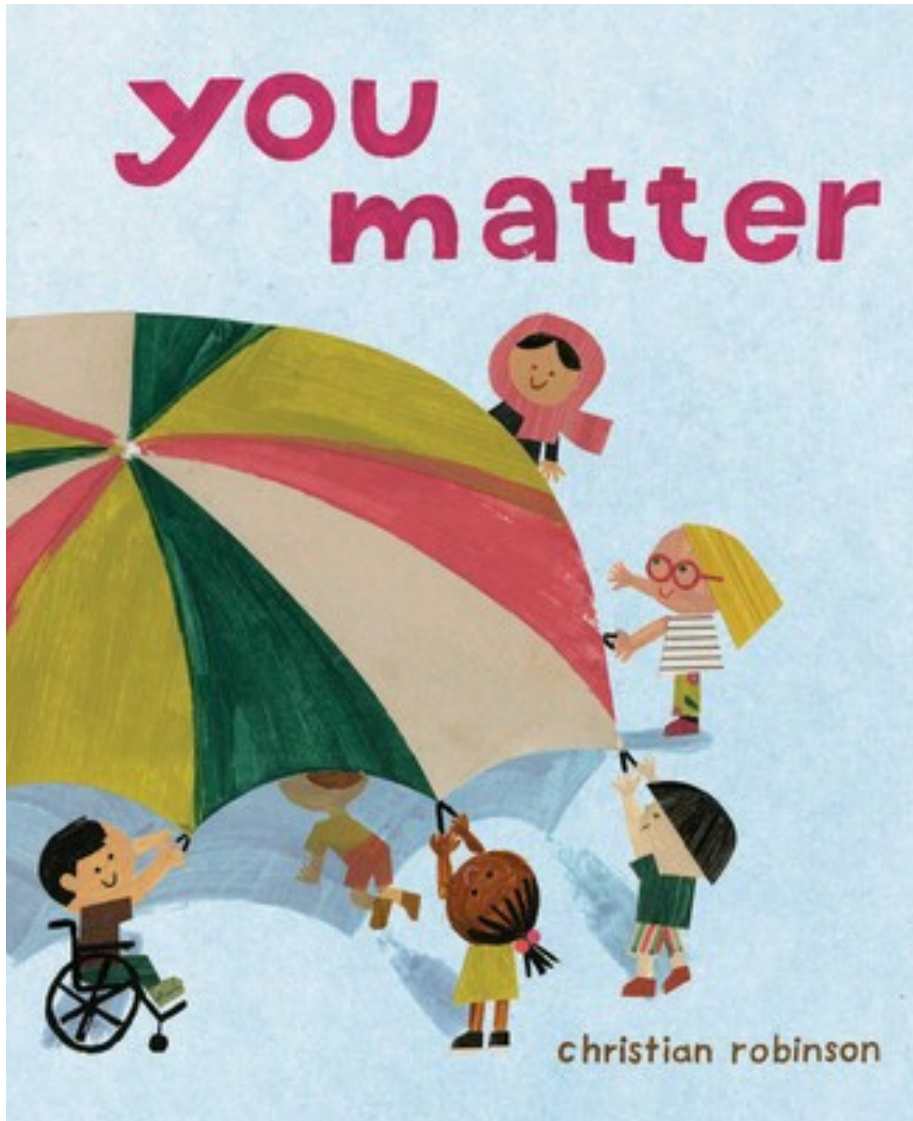
You Matter

Every interaction creates a reaction –within and between us

We are in a decade that matters –living in a pivotal time and becoming the ecosystem to take healing to scale

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Mattering is Learned



<https://www.youtube.com/watch?v=oVu545nSg7U>

AND....all parts matter:

1. The good feelings
2. The hard feelings
3. Their successes
4. Their opportunities to improve
5. Their bodies when they are well
or not as well as they want
6. Their differences
7. Their ideas, likes, dislikes
8. Their history

The Emerging and Growing Science of Mattering

Am J Community Psychol (2020) 65:16–34
DOI 10.1002/ajcp.12368

ORIGINAL ARTICLE

Mattering at the Intersection of Psychology, Philosophy, and Politics

Isaac Prilleltensky

Highlights

- Reviews the concept
- Discusses mattering
- Relates mattering

Self and Identity, 3: 339–354, 2004
Copyright © 2004 Psychology Press
ISSN: 1529-8868 print/1529-8876 online
DOI: 10.1080/13576500444000119

 Psychology Press
Taylor & Francis Group

Mattering: Empirical Validation of a Social-Psychological Concept

Resilience to Interpersonal Stress: Why Mattering Matters When Building the Foundation of Mentally Healthy Schools

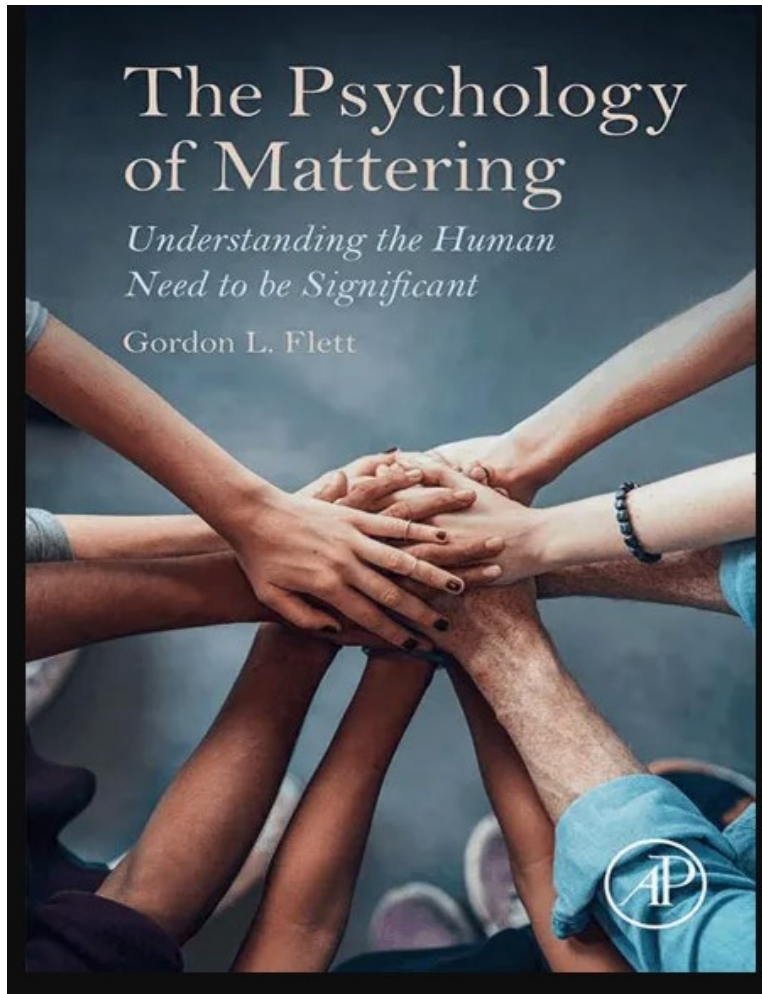
Article

Mattering Versus Self-Esteem in University Students: Associations With Regulatory Focus, Social Feedback, and Psychological Distress

Journal of Psychoeducational Assessment
2020, Vol. 38(6) 663–674
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DOI: 10.1177/0734282919890786
journals.sagepub.com/home/jpa


Gordon L. Flett¹  and Taryn Nepon¹ 

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Mattering: Empirical Validity of Psychological Concepts

Gregory Elliott, Suzanne Kao & Anna

Pages 339–354 | Published online: 24 September 2020

Download citation | [http://dx.doi.org/10.1007/s11268-020-10000-0](#)

Psychology, Philosophy, and Politics

Mattering consists of two complementary psychological experiences: *feeling valued and adding value*

Mattering is a psychological experience that involves feeling valued by others, others feeling valued by you, and adding value to others. Unfortunately, the dominant culture does not support the values required to

ARE LOVED!

The Mattering Wheel

(Prillentsky, 2020)

Feeling Valued (by self & others)

“Others care about me and I feel seen and known by them.”

1. Need to survive
2. Need to belong
3. Existential need for dignity-sense of being worthy, honored, esteemed by others

Adding Value (to self & others)

“I can act for myself and contribute to others”

1. Need for self-determination –having a self-compass (autonomy)
2. Need for self-efficacy and having something to contribute
3. Need for meaning and purpose
4. Need for mutually supportive social connections

Am J Community Psychol (2020) 65:16–34

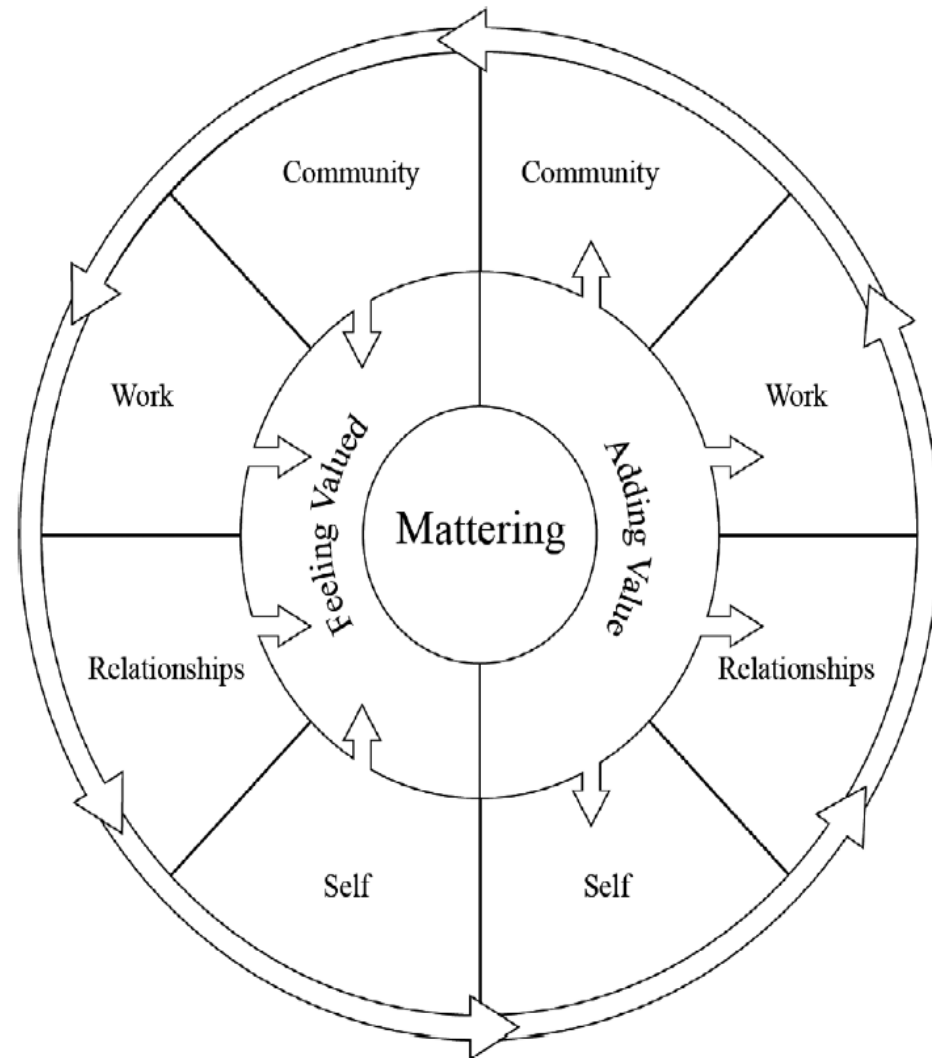


Fig. 1 The mattering wheel: A conceptual framework

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MATTERING, MEANING, PURPOSE AND HEALTH

YOUR HEALTH

What's Your Purpose? Finding A Sense Of Meaning In Life Is Linked To Health

May 25, 2019 · 8:00 AM ET

MARA GORDON



Having a purpose in life, whether building guitars or swimming or volunteer work, affects your health, researchers found. It even appeared to be more important for decreasing risk of death than exercising regularly.
Dean Mitchell/Getty Images

Having a purpose in life may decrease your risk of dying early, according to a study published Friday.

Researchers analyzed data from nearly 7,000 American adults between the ages of 51 and 61 who filled out psychological questionnaires on the relationship between mortality and life purpose.

What they found shocked them, according to Celeste Leigh Pearce, one of the authors of the study published in *JAMA Current Open*.

Arch Gen Psychiatry. 2012 May ; 69(5): 499–505. doi:10.1001/archgenpsychiatry.2011.1487.

Effect of Purpose in Life on the Relation Between Alzheimer Disease Pathologic Changes on Cognitive Function in Advanced Age

Dr. Patricia A. Boyle, PhD, Dr. Aron S. Buchman, MD, Dr. Robert S. Wilson, PhD, Dr. Lei Yu, PhD, Dr. Julie A. Schneider, MD, and Dr. David A. Bennett, MD

Rush Alzheimer's Disease Center (Drs Boyle, Buchman, Wilson, Yu, Schneider, and Bennett), and Departments of Behavioral Sciences (Drs Boyle and Wilson), Neurological Sciences (Drs Buchman, Wilson, Yu, Schneider, and Bennett), and Pathology (Dr Schneider), Rush University Medical Center, Chicago, Illinois

Abstract

Context—Purpose in life is associated with a substantially reduced risk of Alzheimer disease (AD), but the neurobiologic basis of this protective effect remains unknown.

Objective—To test the hypothesis that purpose in life reduces the deleterious effects of AD pathologic changes on cognition in advanced age.

Design—A longitudinal, epidemiologic, clinicopathologic study of aging was conducted that included detailed annual clinical evaluations and brain autopsy.

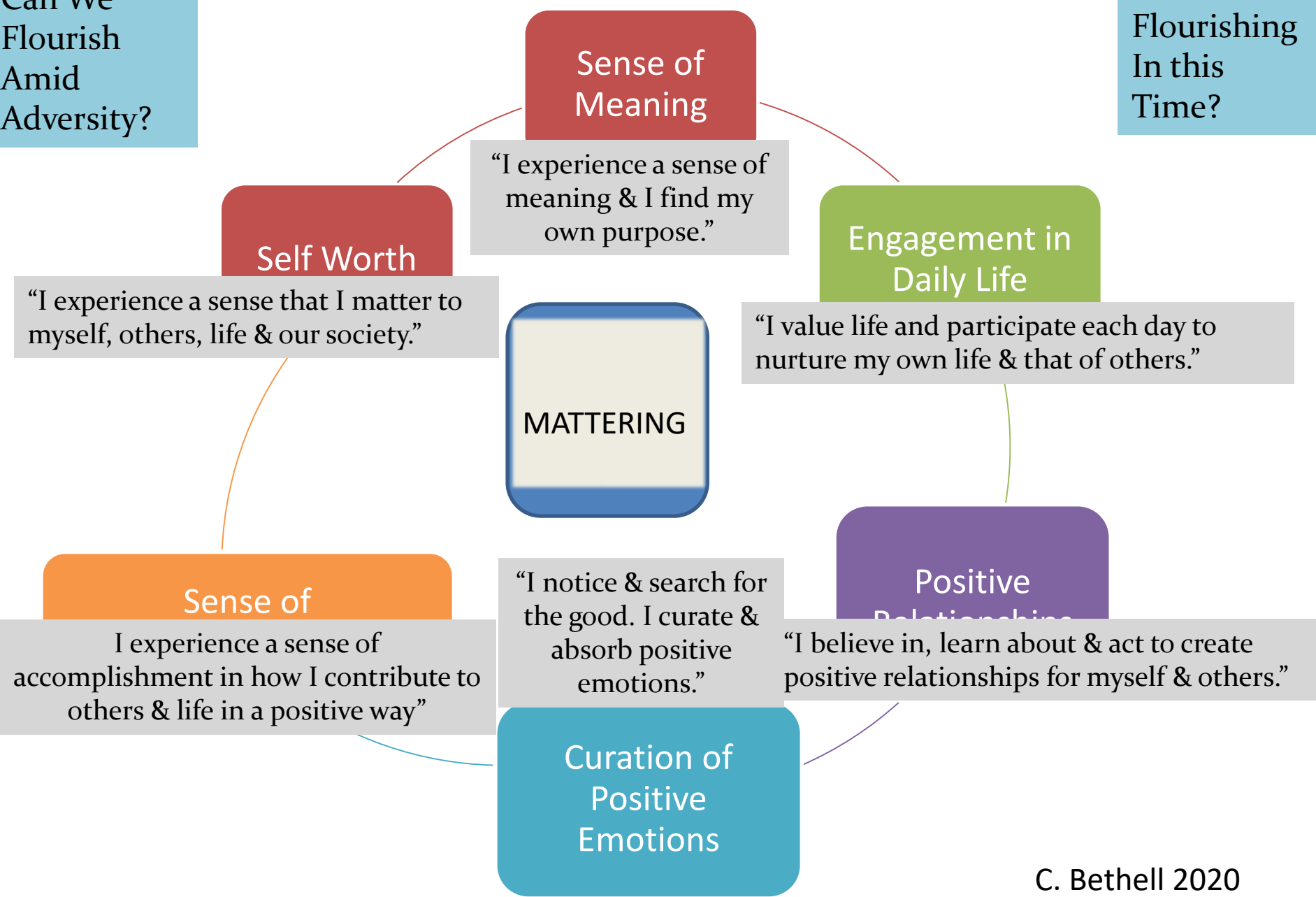
Participants—Two hundred forty-six community-based older persons from the Rush Memory and Aging Project participated.

Main Outcome Measures—Purpose in life was assessed via structured interview, and cognitive function was evaluated annually and proximate to death. On postmortem examination, 3 indexes of AD pathologic features were quantified: global AD pathologic changes, amyloid, and tangles. The associations of disease pathologic changes and purpose in life with cognition were examined using linear regression and mixed models.

Results—Purpose in life modified the association between the global measure of AD pathologic changes and cognition (mean [SE] parameter estimate, 0.532 [0.211]; $P=.01$), such that participants who reported higher levels of purpose in life exhibited better cognitive function despite the burden of the disease. Purpose in life also reduced the association of tangles with cognition (parameter estimate, 0.042 [0.019]; $P=.03$), and the protective effect of purpose in life persisted even after controlling for several potentially confounding variables. Furthermore, in analyses examining whether purpose in life modified the association between AD pathologic effects and the rate of cognitive decline, we found that higher levels of purpose in life reduced the effect of AD pathologic changes on cognitive decline (parameter estimate, 0.085 [0.039]; $P=.03$).

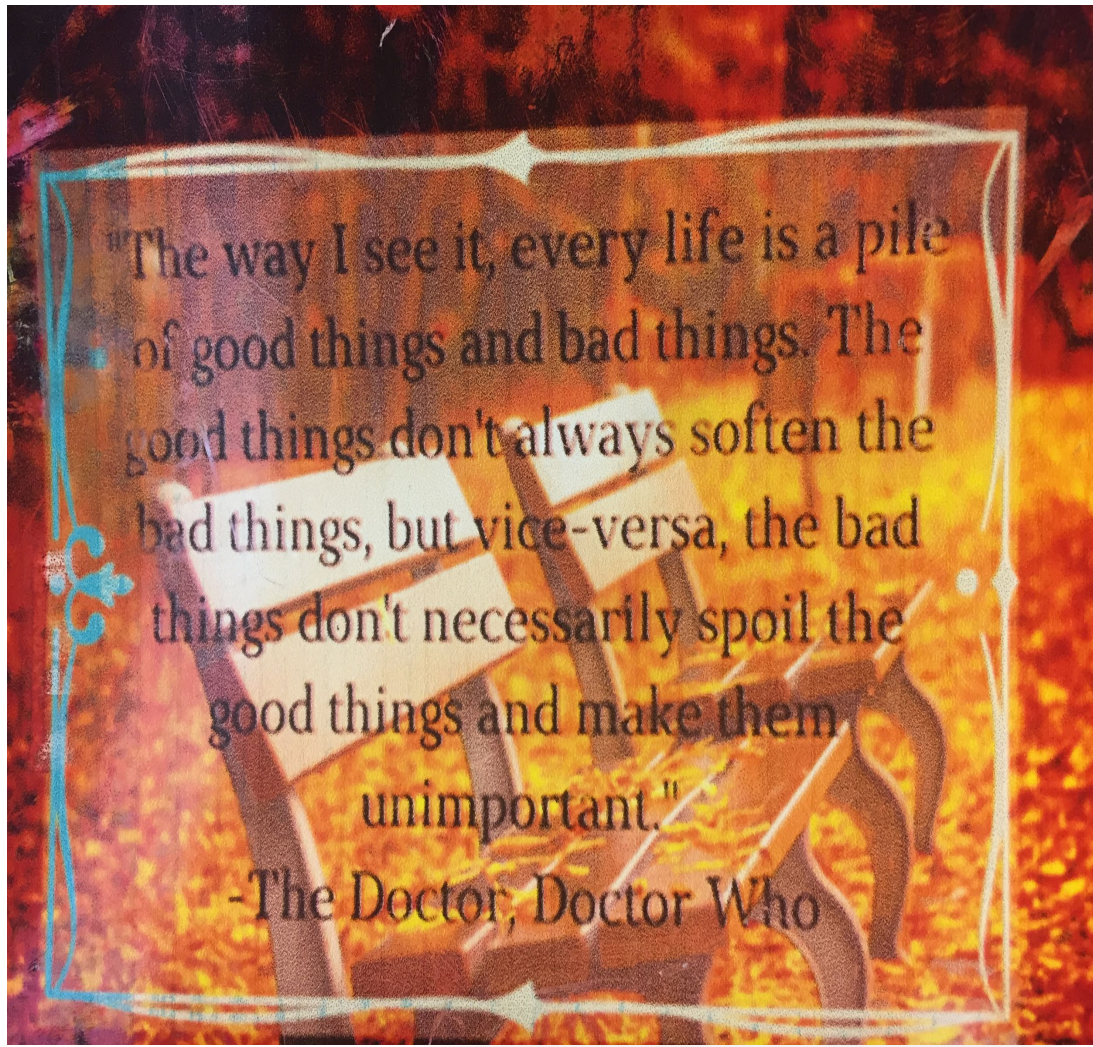
Can We Flourish Amid Adversity?

Are You Flourishing In this Time?



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*Synthesis of flourishing concepts: Agenor C, Conner N, Aroian K. Flourishing: an evolutionary concept analysis. Issues Ment Health Nurs. 2017;38(11):915-923. Diener E, Wirtz D, Tov W, Kim-Prieto C, Choi D, Oishi S, et al. New measures of well-being: Flourishing and positive and negative feelings. Social Indicators Research. 2010;39:247-266., Kern ML, Waters LE, Adler A, White MA. A multidimensional approach to measuring well-being in students: Application of the PERMA framework. J Posit Psychol. 2014;10(3):262-271.



Health operates on a
dual continuum

Absence of illness and
adversity does not
equal positive health

and

Positive health can
exist in the midst of
disease and adversity

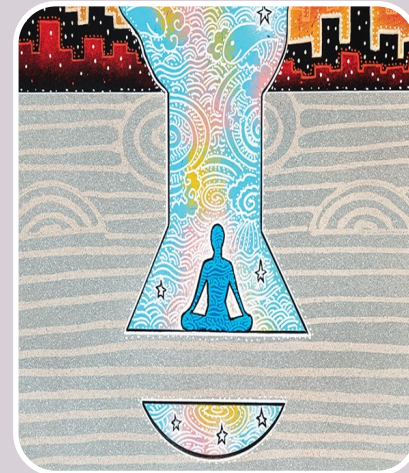
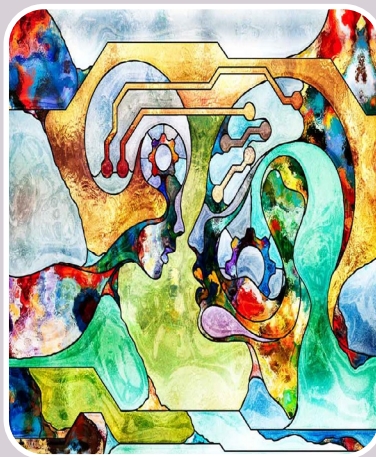
Poll #1:

Setting aside that you may also have negative experiences, how many aspects of flourishing do you experience today?

1. All six
2. At least 5
3. About 3-4
4. Two or less

Four Developmental Stages of Mattering

(Bethell, C. Mattering, Health, Joy and Social Change, 2020)



Mattering,
identity &
sense of
self, world
view
(healthy
attachment
and safe &
nurturing
relationships
)

Mattering,
vulnerability,
courage and
emotional
agility
(ability to track,
manage and
share thoughts
& emotions)

Mattering,
hope, trust
and safety
(seeking
and
receiving
care and
support to
heal)

Mattering,
growth &
response-
ability
mindset
(compassionate
ongoing
improvement,
accountable to
self and
others)

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Mattering,
identity, sense
of self & world
view (healthy
attachment and
safe & nurturing
relationships)



MATTERING AND ATTACHMENT



Secure attachment is a “felt sense, rooted in one’s history of close relationship, that the world is:

1. Generally Safe
2. Other people are generally helpful when called on
3. I, as a unique individual, am valuable and lovable thanks to being valued and loved by others

(Shaver & Mikulincer, 2012)



Parenting as Presence

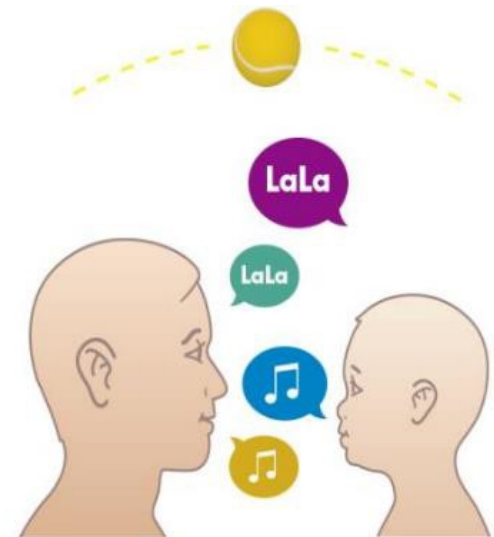
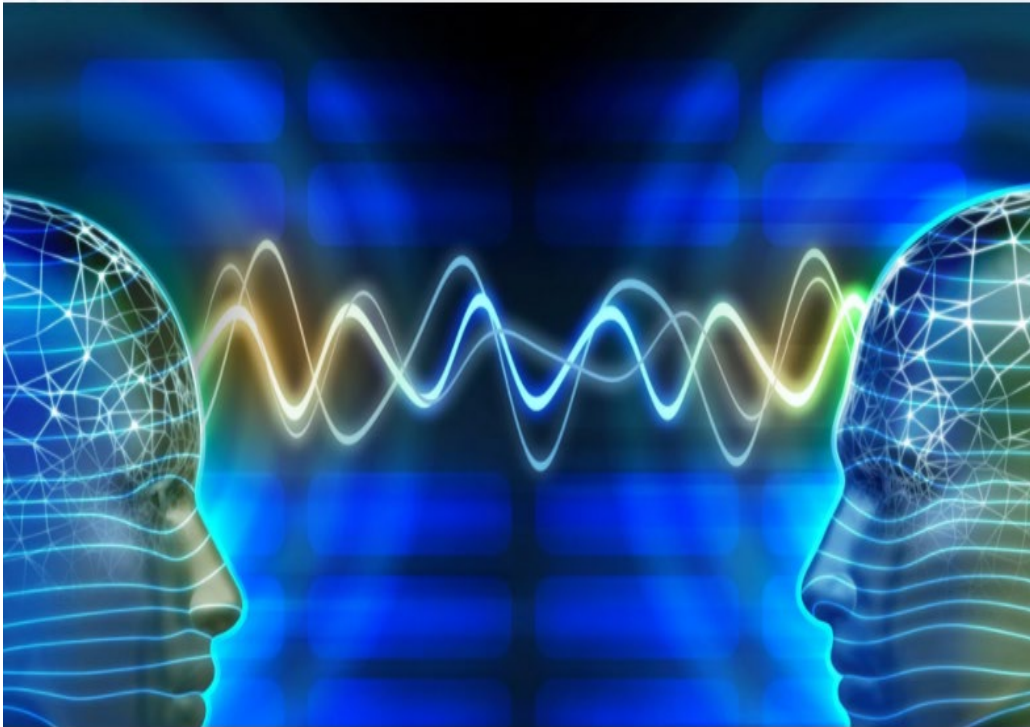
Being there is essential. Connecting is needed to thrive and heal.

Bio-Behavioral Synchrony during Parent-Child Interaction and its potential Link to Attachment

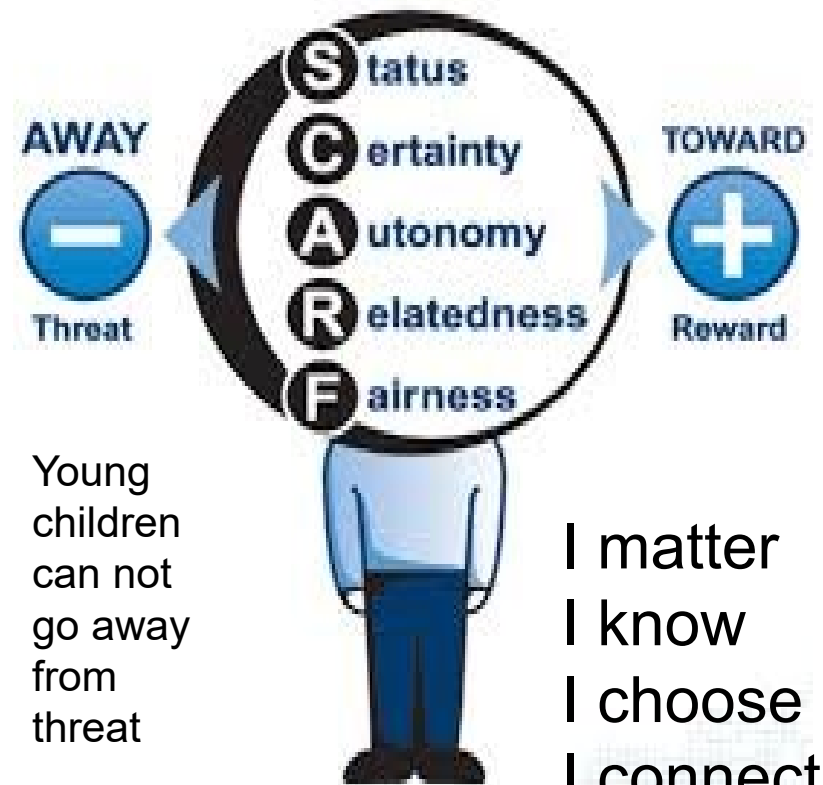


BY PASCAL VRTICKA
JANUARY 18, 2019

COMMENT 1



Fundamentals of Safe, Stable, Nurturing Relationships (SSNRs) for Children and Adults: Serve and Return and SCARF



Young children can not go away from threat

I matter
I know
I choose
I connect
I trust

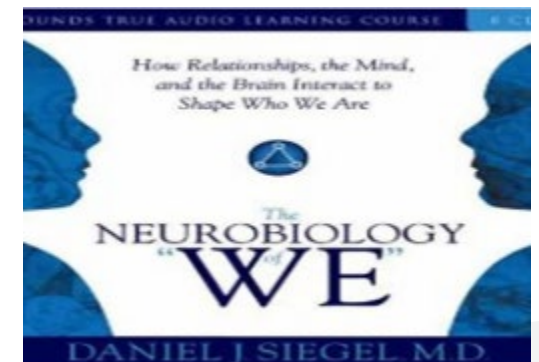
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Safe, Stable, Nurturing Relationships

SAFE = free from harm

STABLE = a high degree of consistency

NURTURING =
compassionate,
responsive
caregiver(s)



MATTERING DISRUPTED



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MATTERING DISRUPTED

“...insecurely attached people harbor serious doubts about their self-worth and self-efficacy. They lean toward hopeless and helpless patterns...are susceptible to rejections, criticism, and disapproval; and suffer from self-criticism and destructive perfectionism.”

Mikulincer and Shaver (2007)

“Like a river eddy blocks the natural flow of water, trauma resulting from lack of attuned, safe connection blocks healthy brain, body and social and emotional development.”

From oral testimony presented to the US House Committee on Oversight and Reform,
July 11, 2019 Christina Bethell.

<https://docs.house.gov/meetings/GO/GO00/20190711/109762/HHRG-116-GO00-Wstate-BethellC-20190711.pdf>

<https://oversight.house.gov/legislation/hearings/identifying-preventing-and-treating-childhood-trauma-a-pervasive-public-health>



Loss of Mattering, Depression, Self View, Self Criticism and Self Hate

International Journal of Mental Health
<https://doi.org/10.1007/s11469-020-00225-z>

ORIGINAL ARTICLE

Mattering, Insecure Attachment, and Self-Criticism in Distress Among University Students

Gordon L. Flett¹ • Ron Burrows

Published online: 24 January 2020
© Springer Science+Business Media

“....mattering uniquely predicted depression after taking into account the variance explained by insecure attachment, rumination, and self-criticism.

...rumination mediated the link between low mattering and depression.

....mattering as a potentially unique vulnerability among distressed students that...involves...

an internalized negative self-view that can **potentiate self-criticism and self-hate.”**

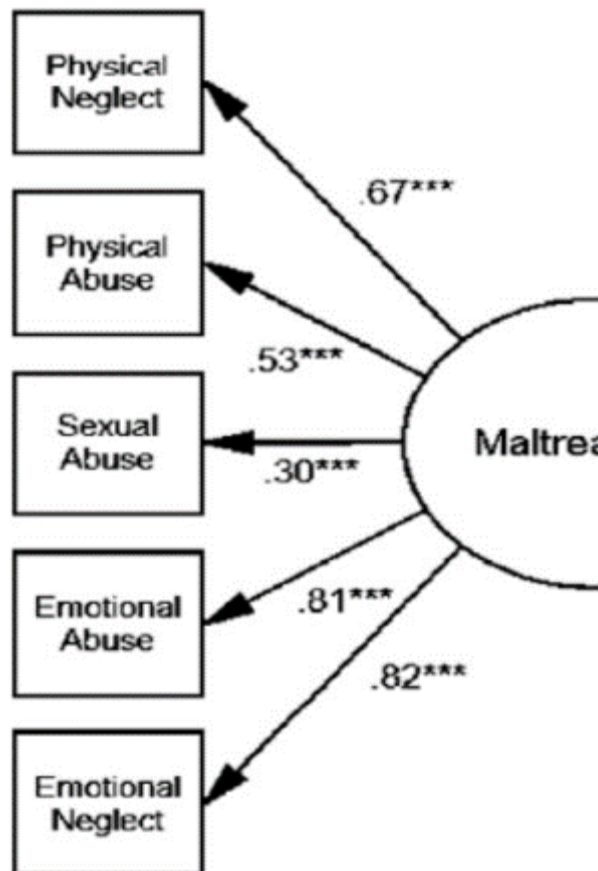
Rumination, and Self-Criticism in Distress Among University Students. *Int J Ment Health Addiction* (2020).

<https://doi.org/10.1007/s11469-020-00225-z>

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Antecedents, correlates, and consequences of feeling like you don't matter with maltreatment, loneliness, anxiety, and the five-factor model of personality

Gordon L. Flett^a, Abby L. Goldstein^b, Ingrid G. Pechenkova^c



- We tested if childhood maltreatment contributes to a sense of not mattering.

- We also investigated the links between mattering and psychosocial adjustment.

- Mattering was linked with higher emotional maltreatment and neglect.

- Mattering was further linked with greater loneliness and social anxiety.

- Mattering mediated the associations between maltreatment and maladjustment.

Phobia

Maine Ranking: Children & youth with an emotional, mental, behavioral or developmental condition (NSCH 2017-2018)



| RANK | STATE | No adverse childhood experiences % | 1 adverse childhood experience % | Two or more adverse childhood experiences % |
|------|--------------------------------|------------------------------------|----------------------------------|---|
| 1 | Montana | 11.3 | 22.2 | 51.9 |
| 2 | New Hampshire | 17.8 | 30.7 | 51.1 |
| 3 | Kansas | 15.7 | 26.6 | 49.7 |
| 4 | Maine | 16.1 | 26.4 | 49.2 |
| 5 | Minnesota | 15.5 | 20.8 | 48.4 |
| 6 | Kentucky | 18.2 | 30.1 | 47.4 |
| 7 | West Virginia | 16.5 | 27.5 | 46.9 |
| 8 | Massachusetts | 15.5 | 23.2 | 46.5 |
| 9 | South Carolina | 15.5 | 20 | 46.5 |
| 10 | Rhode Island | 15.2 | 26.9 | 46.2 |



**26% ME youth struggle to make and keep friends.
36% w/2+ ACEs**

Child and Adolescent Health Measurement Initiative. 2017-2018 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [11/01/20] from [\[www.childhealthdata.org\]](https://www.childhealthdata.org).

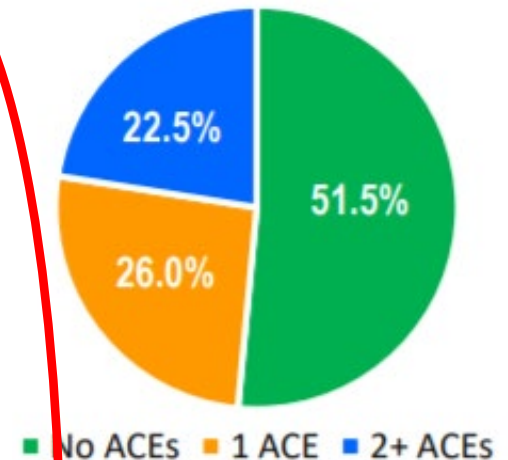
<https://www.childhealthdata.org/browse/survey/collections/2017-2018-nsch>
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**26% ME youth struggle to make and keep friends.
36% w/2+ ACEs**

Table by ACEs,

| | Maine ^{1*} | | |
|---|---------------------|-------|---------|
| | | 1 ACE | 2+ ACEs |
| Child is bullied, picked on, or excluded by other children (6-17) | 14.6% | 23.1% | 34.2% |
| Child's mother is in very good/excellent health (0-17) | 75.4% | 55.6% | 41.1% |
| Child engages in school (6-17) | 75.4% | 64.4% | 53.1% |
| Resilience and Flourishing ⁵ (met all 3 criteria) (6-17) | 47.9% | 37.8% | 27.6% |
| Child's family stays hopeful when facing problems (0-17) | 60.9% | 55.7% | 48.7% |

Maine children with ACEs, 2016-17¹



MAINE | FACT SHEET 2019
Strong Roots Grow a Strong Nation
Advancing Policies to Catalyze Well Being by Addressing the Epidemic and Legacy of Adverse Childhood Experiences



About this FACT SHEET
All findings reported here are based on analysis of data from the 2016-2017 National Survey of Children's Health (NSCH) and most recent data from the Behavioral Risk Factor Surveillance Survey (BRFSS). For questions email info@cahmi.org

Over 45% of US children¹ and two-thirds of adults² have been exposed to at least one Adverse Childhood Experience—such as physical or emotional neglect or abuse, living with someone with a drug, alcohol or serious mental health problem, the death of a parent and being exposed to violence or discrimination in the home or community. Over 1 in 5 children have 2+ ACEs where large impacts are seen.

Breakthrough neurobiological sciences explain mechanisms linking ACEs exposure levels to markedly higher rates of chronic physical illnesses, mental, emotional and behavioral health problems and lowered quality of life and life expectancy.³ Methods to prevent and heal the legacy of the trauma from ACEs are available. Policy shifts are needed to align with science and what is possible.

Bethell CD, Gombojav N, Rush M. "Maine Fact Sheet 2019: Strong Roots Grow a Strong Nation". Child and Adolescent Health Measurement Initiative (CAHMI), Johns Hopkins Bloomberg School of Public Health, June 2019.

<https://www.cahmi.org/wp-content/uploads/2019/06/CAHMI-State-Fact-Sheet-ME.pdf>
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Maine's Youth Health Data Atlas

Data from the Maine Integrated Youth Health Survey

<https://data.mainepublichealth.gov/miyhs/files/atlas/atlas.html>

Middle School >> Felt Sad or Hopeless (2019)

Trend



- ☒ County
- 21.1 - 23.1
- 23.2 - 25.6
- 25.7 - 29.9
- 30.0 - 35.2
- ☒ Street Map

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<https://data.mainepublichealth.gov/miyhs/files/atlas/atlas.html>




 Clear 
 Filter 



- ☒ County
 - ☐ 18.3 - 18.7
 - ☐ 18.8 - 20.1
 - ☐ 20.2 - 22.5
 - ☐ 22.6 - 25.9
 - ☒ Street Map

<https://data.mainepublichealth.gov/miyhs/files/atlas/atlas.html>



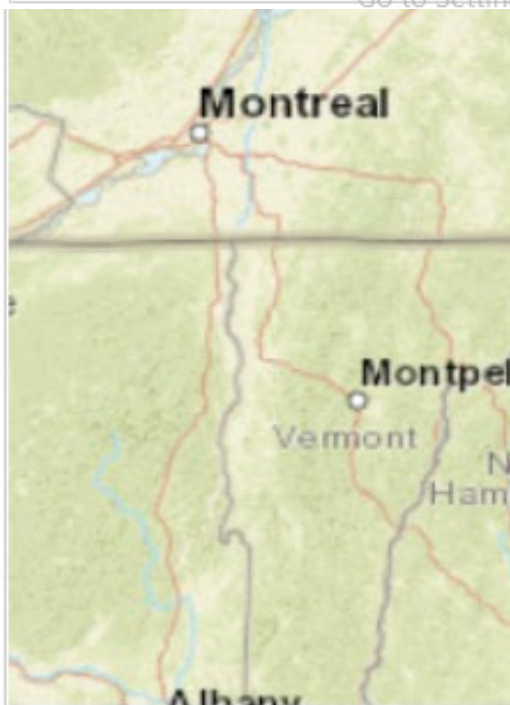
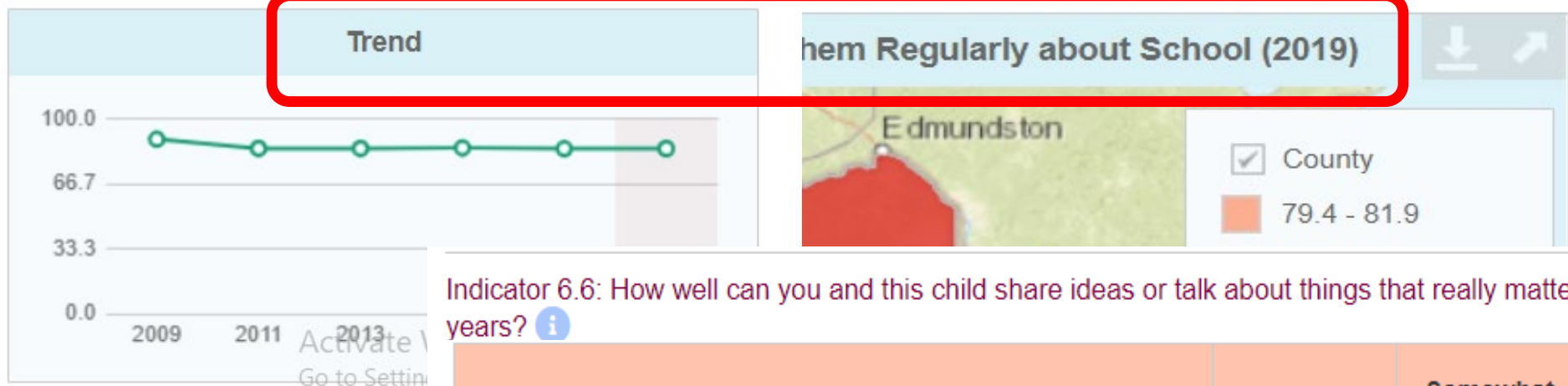

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Maine's Youth Health Data Atlas

Data from the Maine Integrated Youth Health Survey

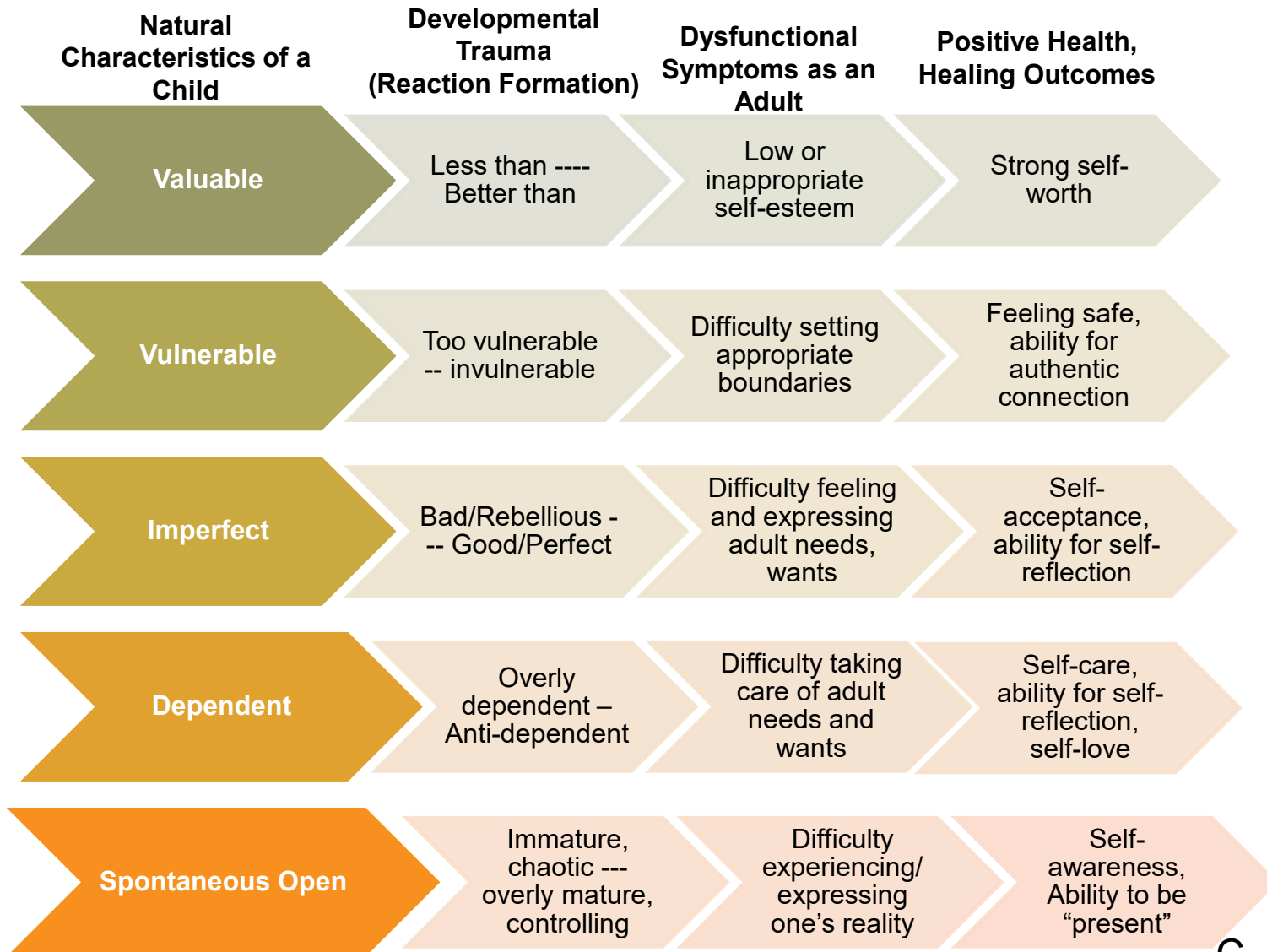
<https://data.mainepublichealth.gov/miyhs/files/atlas/atlas.html>



| | | Very well | Somewhat well |
|-----------------|--------------|-------------|---------------|
| 6-11 years old | % | 74.1 | 23.5 |
| | C.I. | 67.7 - 79.6 | 18.2 - 29.7 |
| | Sample Count | 217 | 81 |
| | Pop. Est. | 62,010 | 19,882 |
| 12-17 years old | % | 58.4 | 37.8 |
| | C.I. | 52.3 - 64.4 | 31.9 - 44.0 |
| | Sample Count | 265 | 154 |
| | Pop. Est. | 41,036 | 24,997 |

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The Journey From Childhood Trauma to Positive Health



Adapted from
Pia Melody:
<https://vimeo.com/237765405>

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Adapted from **Terry Real, MSW, LICSW**, by NICABM

HOW TRAUMA CAN AFFECT OUR RELATIONSHIPS AS ADULTS

Trauma suffered in childhood can have a tremendous impact on a client's ability to engage in healthy adult relationships.

<https://nicabm-stealthseminar.s3.amazonaws.com/Infographics/Trauma+and+Relationships+-+Module+5/NICABM-InfoG-Trauma-and-Relationships.jpg>

WOUNDED CHILD

Was wounded by abuse or neglect



- A young, vulnerable, possibly pre-verbal child
- Often overwhelmed, yet longs for connection
- Much trauma work focuses on the wounded child
- But it's NOT usually the wounded child that brings dysfunction into adult relationships

ADAPTIVE CHILD

A child's version of an adult that developed to protect the wounded child



- Often a perfectionist, harsh and unforgiving
- Sees the world in black and white
- An older child
- Unable to learn skills
- Cares only about self-preservation
- Views intimacy as a threat
- Not only reacts to aggressor, but also identifies with aggressor

FUNCTIONAL ADULT

Makes thoughtful decisions



- Mature, thoughtful, nuanced, forgiving
- Based in the present
- Understands imperfection and ambiguity
- Makes sense of trauma and its impact on relationships
- Adaptable – unlike the child parts, the functional adult can learn and use new skills

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Mattering, vulnerability, courage and emotional agility (ability to track, manage and share thoughts & emotions) re thoughts



Lack of fairness and rejection register in the brain as physical pain. Fairness and respect feels like chocolate in the brain.
(Lieberman, M. (2013) Social: Why our brains are wired to connect)

Social

Why Our Brains Are
Wired to Connect

Matthew D. Lieberman

The Psychological Health Benefits of Accepting Negative Emotions and Thoughts: Laboratory, Diary, and Longitudinal Evidence

Brett Q. Ford^{1,*}, Phoebe Lam^{2,*}, Oliver P. John², and Iris B. Mauss²

People who try to *resist negative emotions* are more likely to experience *psychiatric symptoms* later, compared with those who accept such emotions.

Those who showed *greater acceptance of their negative feelings and experiences*—also showed *higher levels of well-being and mental health*.

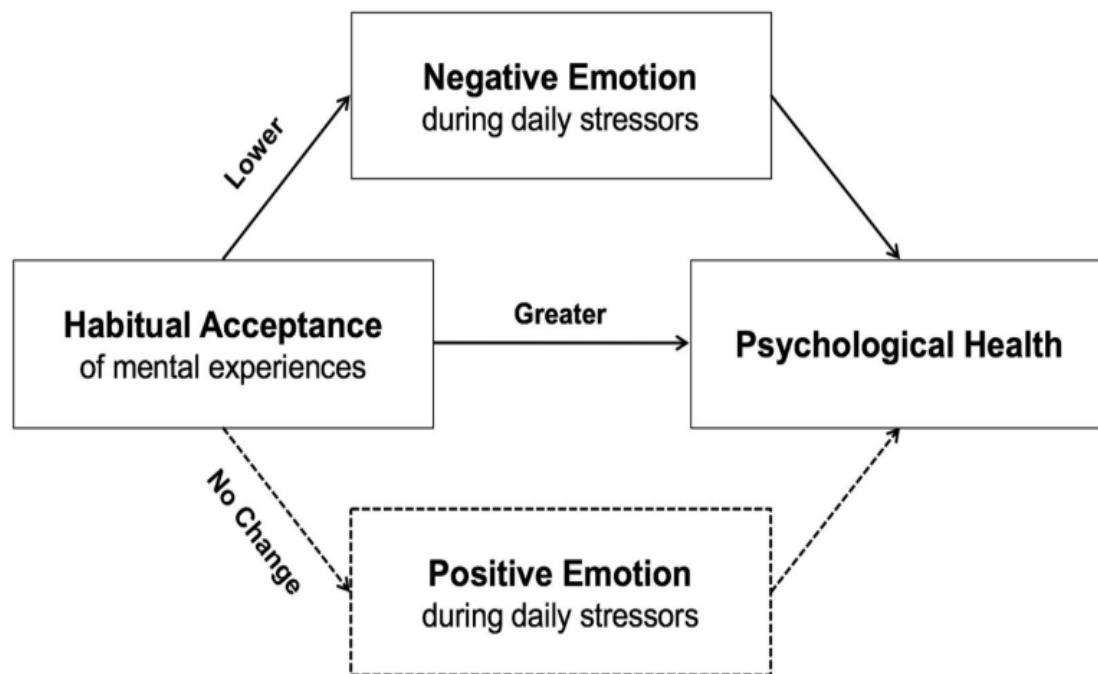


Figure 1.

Conceptual model wherein habitually accepting one's mental experiences (i.e., emotions and thoughts) contributes to greater psychological health via lower daily negative emotion (and not via daily positive emotion) experienced during daily stressors.

Learning agility

The willingness and ability to learn from experience and subsequently apply that learning to perform successfully under new or first-time conditions.

Emotional agility

A mindful, values-driven, and productive way of managing one's thoughts and feelings

Emotional Agility

People who can manage their thoughts and feelings during stressful times...don't internalize or try to sublimate their uncomfortable emotions. Instead, they approach them...developing what is frequently called [emotional agility](#).

They have the capacity to open up to their emotions and stories, name their thoughts and emotions, and then create a gap so they can let go of those that aren't serving them.

Some key capacities for restoring the social connection we need to restore mattering

Metacognition: “one’s knowledge concerning one’s own cognitive processes... one’s ***ability to think about one’s thinking and emotions*** and, to some extent, predict what others are thinking and feeling.

Interoception & Self-monitoring:
The ability to attend, ***moment to moment, to our body and emotional sensations & our actions;***

curiosity to examine the effects of those actions; and willingness to use those observations to improve behavior patterns and patterns of thinking in the future.”

Mindful practice: the “**conscious and intentional attentiveness to the present situation**—the raw sensations, thoughts, and emotions as well as the interpretations, judgments, and heuristics that one applies to a particular situation.”

Perspective taking:

Capability to think about another’s thoughts and feelings. ...

Perspective taking allows for effective communication and

makes interpersonal interactions and relationships to become empathic and to discern, establish and maintain healthy boundaries.

Don't Hide Your Happiness! Positive Emotion Dissociation, Social Connectedness, and Psychological Functioning

Iris B. Mauss, Amanda J. Shallcross, Allison S. Troy, Oliver P. John, Emilio Ferrer, Frank H. Wilhelm, and James J. Gross

Do we block or hold back the good we do feel?

Showing our positive feelings lowers depressive symptoms and ***improves levels of well-being***... these associations are mediated by (strength of) social connections. ***Without connection we withhold*** positive and negative emotions and ***wall off possibilities to foster mattering.***

Mattering, hope,
trust and safety
and seeking and
being receptive to
healing and support



<https://www.youtube.com/watch?v=2wyL1NtMVPo>



What is happening in this photo?

Resilience to Interpersonal Stress: Why Mattering Matters When Building the Foundation of Mentally Healthy Schools

The healing paradox:

If trusting relationships and authentic connection and care are needed to heal and restore a sense of mattering, how do we reach those who have lost hope and do not trust other people?

Table 20.1 Facets of interpersonal resilience

| | |
|----------------------|---|
| Social self-efficacy | A perceived capability to generate positive interpersonal outcomes and connections |
| Mattering | A felt sense of being important and feeling significant to other people that has been internalized by the self and the person realizes "I matter" |
| Social hope/ | A tendency to have positive |

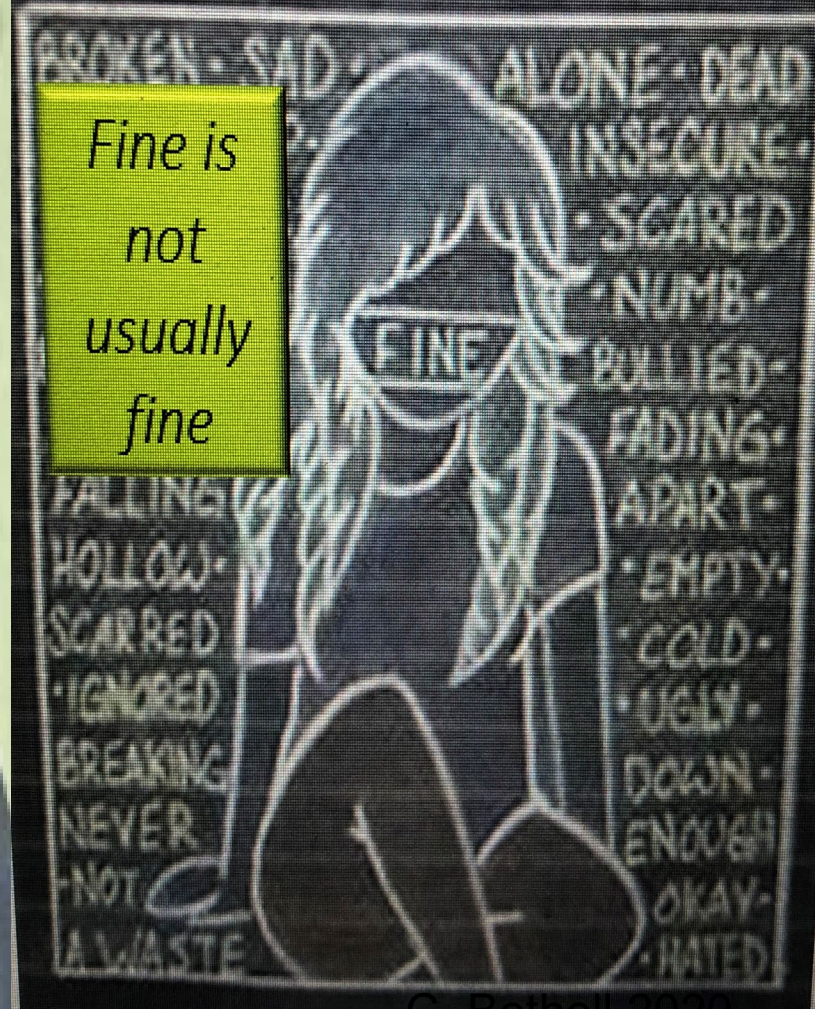
1. Social self-efficacy
2. Mattering
3. Social hope/optimism
4. Social approach orientation
5. Social malleability/adaptability
6. Low sensitivity to rejections/criticism
7. Adaptive interpersonal disengagement
8. Social self-compassion
9. Growth mind-set toward the social self

social capabilities from a process perspective



"How are you?"
"Oh, I'm just..."

Fine is
not
usually
fine



Mattering, stigma and reaching youth

International Journal of Mental Health and Addiction (2020) 18:1294–1303
<https://doi.org/10.1007/s11469-019-00138-6>

ORIGINAL ARTICLE

Feelings of Not Mattering, Perceived Stigmatization for Seeking Help, and Help-Seeking Attitudes among University Students

Amy Shannon¹ • Gordon L. Flett¹ • Joel O. Goldberg¹

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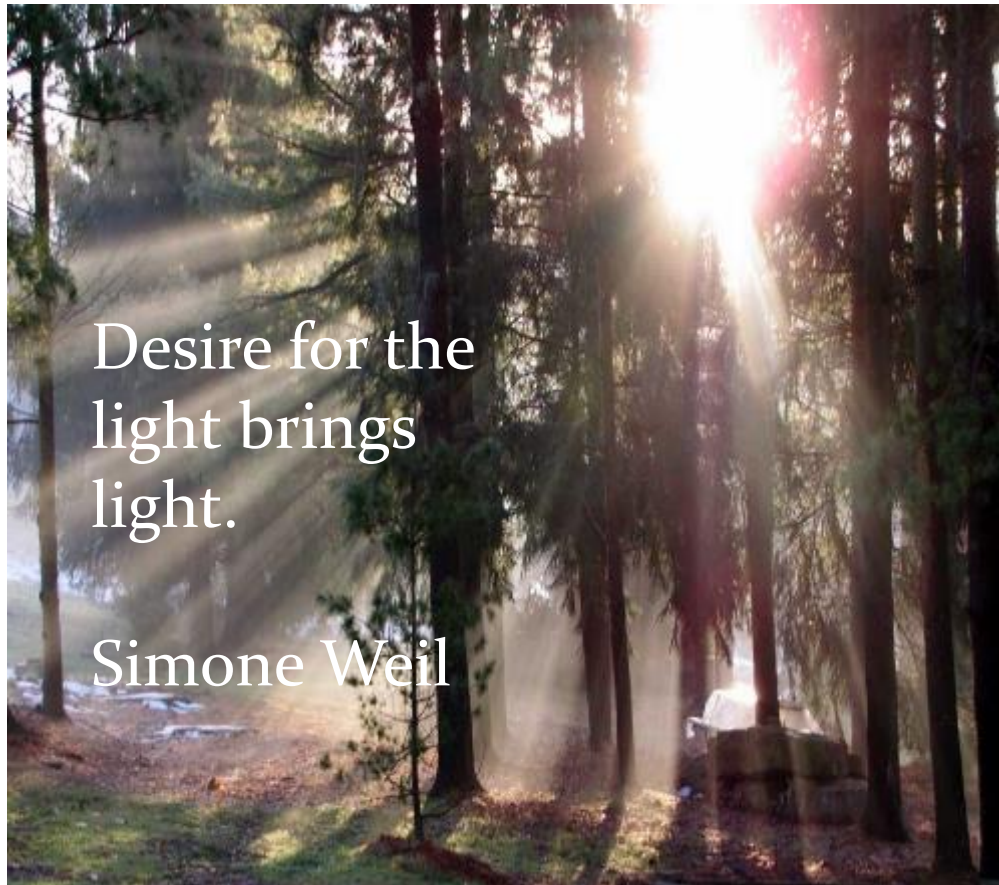
“...feelings of not mattering are associated with perceived stigmatization by others for seeking help.

However, levels of mattering were not linked with help-seeking attitudes or self-stigma for seeking help.

...results suggest that individuals who feel as though they do not matter may be especially vulnerable to perceptions of being stigmatized

...this may promote a tendency for people to avoid seeking help and perhaps isolate themselves from others. “

To activate the will to be well and get help we need to deactivate shame—the biggest barrier to seeking connection and healing.



Desire for the
light brings
light.

Simone Weil

LEGACIES OF CHILDHOOD SHAME

“In 20 years of therapeutic practice, I have born witness to these results of powerful and sustained early shaming.”

- Self-doubt
- Distrust of one's needs
- Difficulty with creating boundaries
- Perpetual efforts to "fix" oneself
- Fundamentalisms of all kinds
- Little or no tolerance for criticism
- Critical and long held secrets
- Blaming oneself when getting hurt
- Believing it is wrong to be angry or defend oneself
- Unwillingness to almost ever be vulnerable
- Dismissing one's feelings
- Believing that one is not intelligent
- Believing that one is not beautiful
- A pattern of abusive relationships
- Most addictive and hurtful dependency patterns
- More physical symptoms than I can name

C. Bethell 2020

Recognizing and rewiring children's (and your) responses to trauma



HOW TO DIFFERENTIATE FREEZE FROM SHUTDOWN

FREEZE

The client is HYPERaroused.

The muscles are tense and full of energy, but can't release it.

In this stage, there are similar levels of sympathetic and parasympathetic activation.

Increased heart rate/blood pressure

The client might say, "I feel stuck," "I can't move," or "I feel like I am encased in cement."

Eyes widen

The body is ready to return to fight/flight as soon as the threat passes.

SHUTDOWN/COLLAPSE

The client is HYPOaroused.

The muscles are flaccid and loose.

The parasympathetic nervous system is dominant.

Decreased heart rate/blood pressure/temperature

The client may not be able to speak at all.

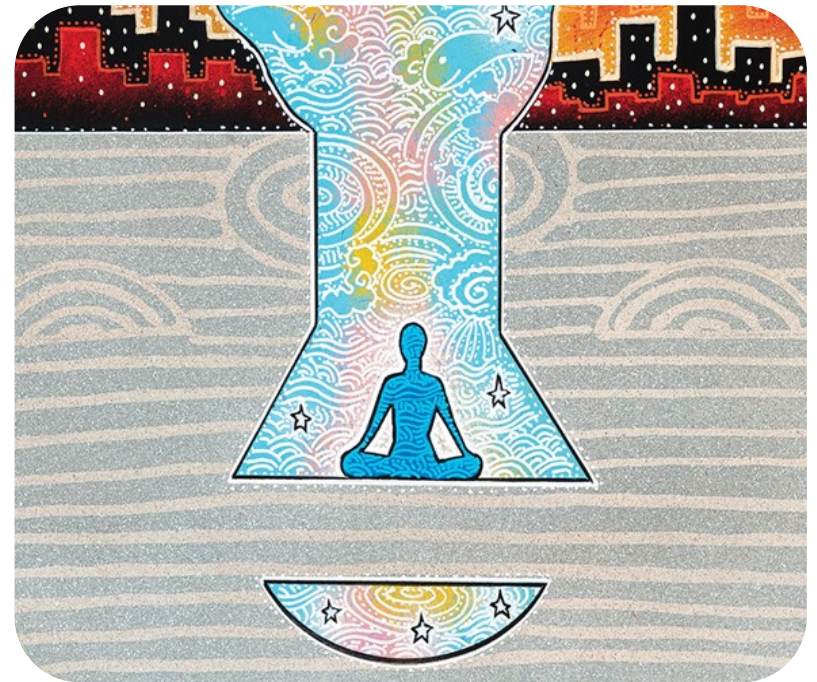
Blank stare

Sensory info stops at the thalamus. It doesn't reach the cortex (so it's not integrated). The client is less aware of their internal and external world.

Endorphins release to numb pain. Dynorphins release, which can make the client feel detached from their body.

Can result in fainting

Mattering, growth &, response-ability mindset (continuous improvement, accountable to self and others)



Growth mindset

Embraces challenges

Accepts criticism and negative feedback as constructive

Equates reward with effort

Persists in the face of setbacks

Never gives up

Learns from failure

“Talent is developed”

“What more can I do?”



Fixed mindset

Avoids challenges

Rejects criticism and is hurt by negative feedback

Expects reward without effort

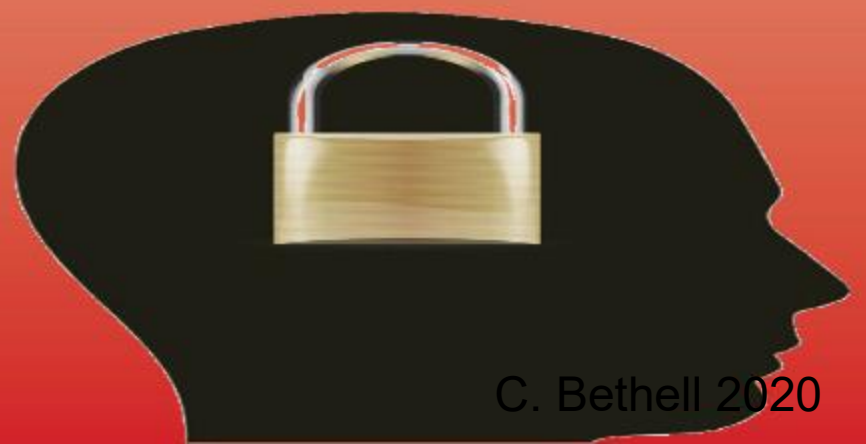
Lets setbacks derail them

Gives up easily

To fail once is to fail completely

“I’m no good at this”

“Why should I bother?”



Teach a Growth Mindset: Are We Suffering from a Societal Level “Hard-Easy” Cognitive Bias?



The University of Texas at Austin

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Depression Lowers When Teens Learn They Can Change, Study Shows

Sept. 23, 2014

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A low-cost, one-time intervention that educates teens about the changeable nature of personality traits may prevent depressive symptoms often seen during the transition to high school, according to new research from The University of Texas at Austin.

Source: Bethell, C 2016

The transformative power of growth mindset – adopting a developmental orientation toward self and life

MATTERING AS BELONGING

True Belonging

True belonging is the spiritual practice of believing in and belonging to yourself so deeply that you can share your most authentic self with the world and find sacredness in both being a part of something and standing alone in the wilderness.

True belonging doesn't require you to change who you are; it requires you to be who you are.

Brené Brown

Physical presence is not the same thing as connecting and being there

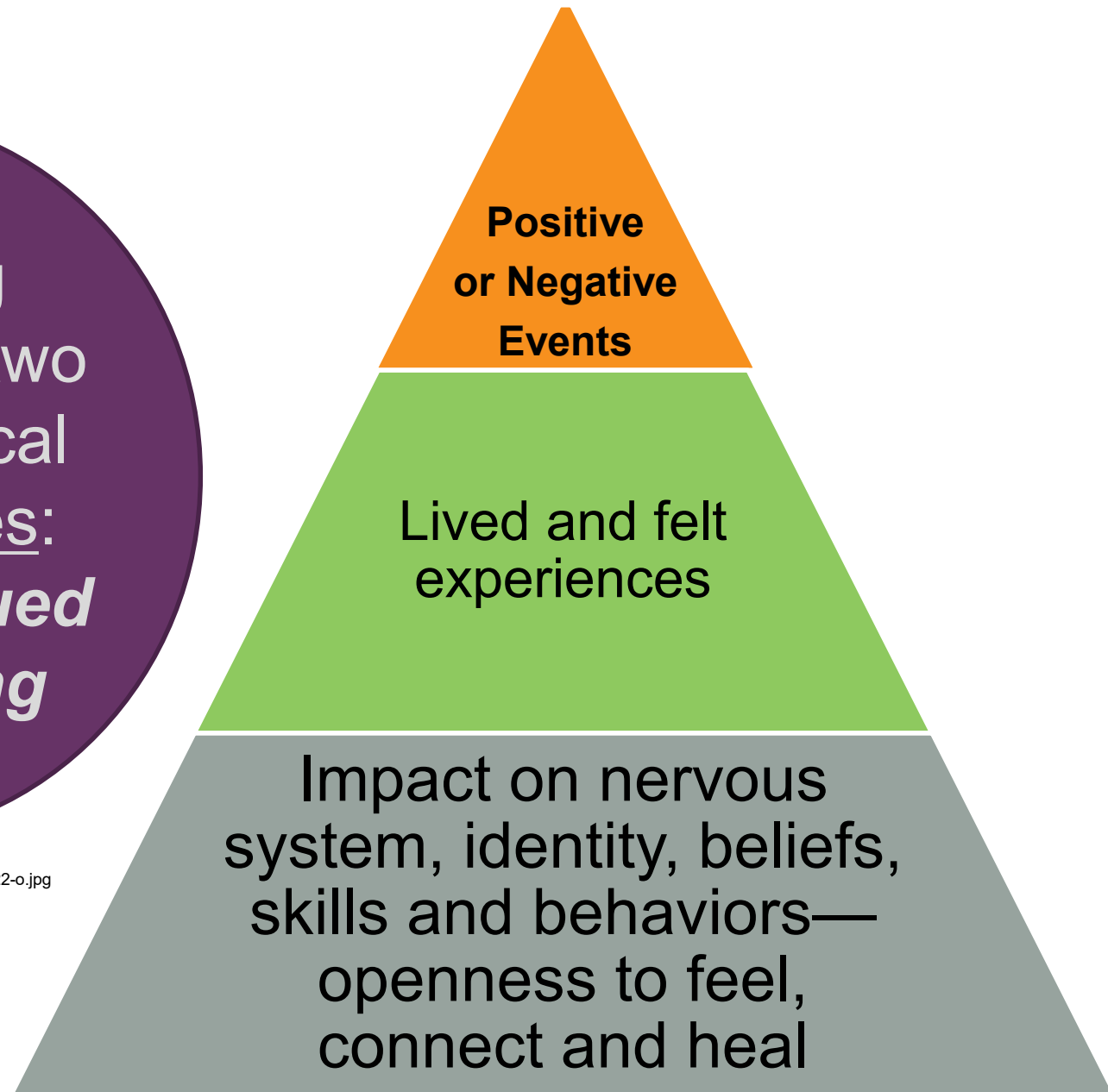
Belonging is not the same thing as fitting in

Pleasing is not the same thing as giving

Habits to protect, please, pretend and “have no needs” undermine belonging and mattering!

Mattering
consists of two
psychological
experiences:
***feeling valued
and adding
value***

<https://www.wordsonimages.com/pics/43922-o.jpg>



Turning toward ourselves

Item

Awareness Cronbach's alpha

Most people do not seem to notice when I come or
 when I go

In a social gathering, no one recognizes me

Sometimes when I am with others, I feel almost as if
 I were invisible

People are usually aware of my presence

For whatever reason, it is hard for me to get other
 people's attention

Whatever else may happen, people do not ignore me

For better or worse, people generally know when I
 am around

People tend not to remember my name

Importance Cronbach's alpha

People do not care what happens to me

There are people in my life who react to what
 happens to me in the same way they would if it
 had happened to them

My successes are a source of pride to people in my
 life

I have noticed that people will sometimes
 inconvenience themselves to help me

When I have a problem, people usually don't want
 to hear about it

Mattering: Empirical Validation of a Social-Psychological Concept

GREGORY C. ELLIOTT
 SUZANNE KAO

Brown University, Providence, Rhode Island, USA

1g

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n object of other's
 ern

sts resources in me*
 notes my welfare*
 tentative to my needs*
 ides emotional support
 r me

s pride in me*
 s about what I do*
 cizes me for my own
 od*
 nveniences self for me*
 me as an ego-extension*
 ns to me*

covered in the final 24-item index.

Reliance

Other chooses/looks to
 me

Other:

Seeks my advice*
 Depends on me
 Seeks support from
 me*
 Seeks resources from
 me*
 Needs me*
 Misses me
 Trusts me to be
 there*
 Values my
 contribution

Which of the following do you relate to today? Why or why not? Do you want these things?
Are these sufficient to incite a sense of mattering? Are criteria different for children?

**A. I am the object of
other's attention:**

Others:

1. Notice me
2. Recognize me
3. Remember my name
4. Are aware of my presence
5. Focus attention on me
6. Do not ignore me.

**B. I am an object of
other's concern:
Others:**

1. Invest resources (time, emotions, money...) in me
2. Promote my welfare
3. Take pride in me
4. Care about what I do
5. Criticize me for my own good
6. Inconvenience themselves for me
7. Listen to me

**C. Other
chooses/looks to
me**

Others:

1. Seek my advice
2. Seek support from me
3. Need me
4. Trust me to be there

Which of the following statements do you agree with today?

1. People are usually aware of my presence
2. Whatever else may happen, people do not ignore me
3. For better for worse, people generally know when I am around
4. There are people in my life who react to what happens to me in the same way they would if it had happened to them
5. My successes are a source of pride to people in my life
6. I have noticed that people will sometimes inconvenience themselves to help me

Poll #2

How many of the six “mattering” statements do you relate to in your life today?

1. All 6
2. 4-5
3. 2-3
4. 0-1

Guided Exercise and Breakout Dialogue

QUESTION: What I want to experience, express,
create and contribute (EECC)

- What I most want to experience is....
- What I most want to express is.....
- What I most want to create is.....
- What I most want to contribute is....

Breakout and Sharing

TOPIC FOR DISCUSSION

Sharing your EECC and creating a personal mattering plan

Share your EECC: “I most want to experience ... express ... create ... and contribute”

Creating a personal mattering plan: What would you include in a personal mattering plan to be sure you recognized, tracked and were supported to have a felt sense of mattering to yourself, others and in life?

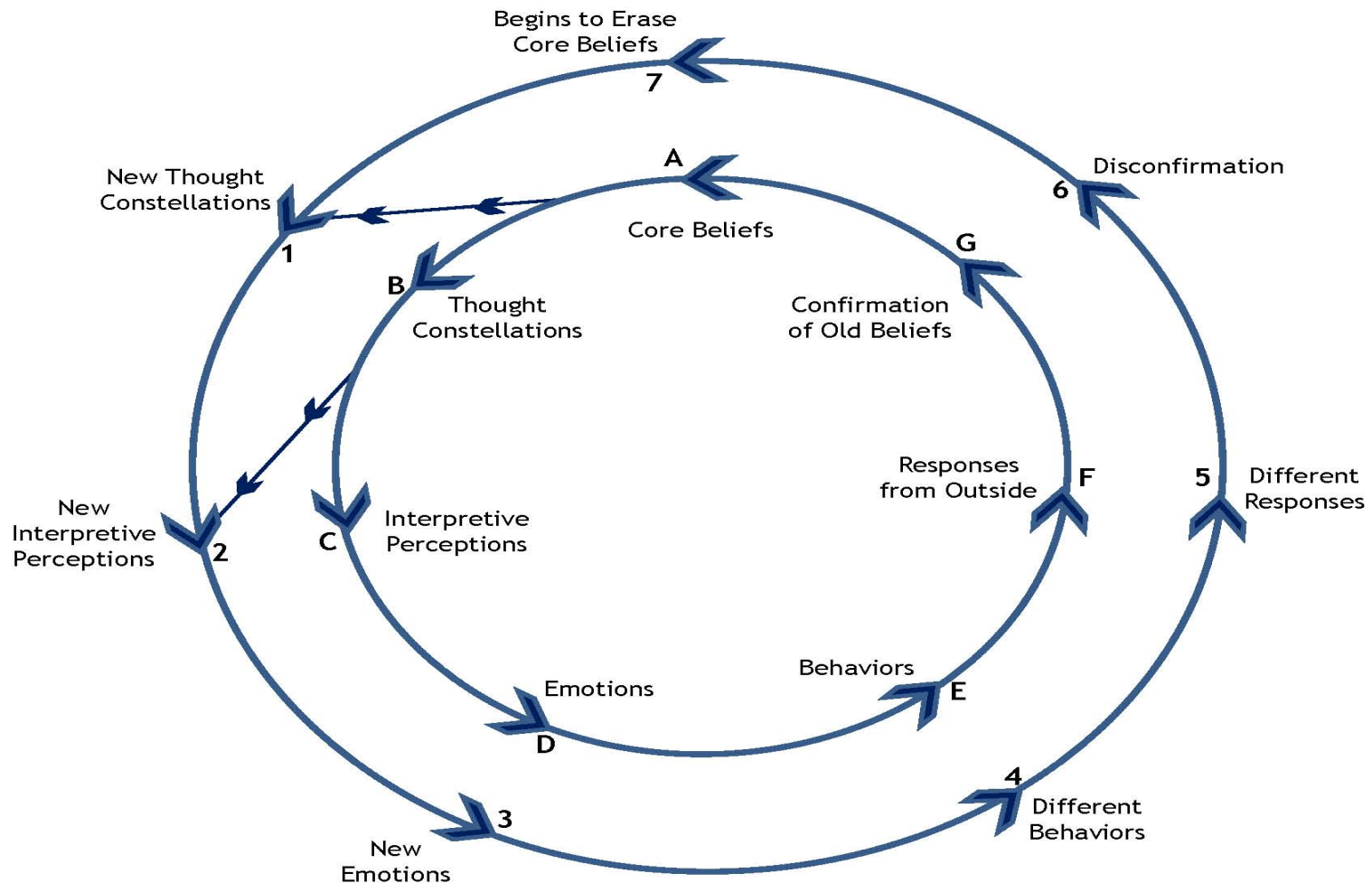
What works for you to maintain a sense of mattering, even when the outer world does not mirror this to you? How hard or easy is this to do?

Discussion and Breakout Groups

1. Sharing your EECC
2. Identifying stories and memories of mattering
3. Creating a personal mattering plan
4. Reflection on mattering & understanding “discrepant” cases

We must use our intention and our minds to rewire our brains in order to shift limiting beliefs to promote a culture of flourishing:

https://www.youtube.com/watch?v=Osu_5ljihMo



EXERCISE & DIALOGUE

Stories and Memories of Mattering

Step 1: Recall a time when you felt you mattered (felt valued and felt you added value).

Step 2: Name the feelings, thoughts, body sensations that were present?

Complete the sentence: “I know I am valued when I/others.....?”

Complete the sentence: “I know I add value when I/others.....?”

Which of the following were true in your story/memory of mattering?

A. I am the object of other's attention:

Other:

1. Noticed me
2. Recognized me
3. Remembered my name
4. Was aware of my presence
5. Focused attention on me
6. Did not ignore me.

B. I am an object of other's concern:

Other:

1. Invested resources (time, emotions, money...) in me
2. Promoted my welfare
3. Took pride in me
4. Cared about what I do
5. Criticized me for my own good
6. Inconvenienced self for me
7. Listened to me

C. Other chooses/looks to me

Other:

1. Sought my advice
2. Sought support from me
3. Needed me
4. Trusted me to be there

Statements Indicative of Having a Felt Sense of Mattering

1. People are usually aware of my presence
2. Whatever else may happen, people do not ignore me
3. For better for worse, people generally know when I am around
4. There are people in my life who react to what happens to me in the same way they would if it had happened to them
5. My successes are a source of pride to people in my life
6. I have noticed that people will sometimes inconvenience themselves to help me

QUESTION 1: How would you explain a person who felt valued and that they added value (that they mattered) even if they did not relate to ANY of the six statements above?

QUESTION 2: How would you explain a person who DID NOT feel they were valued or that they added value (that they DID NOT matter) even when they did relate to ALL of the six statements above?

Breakout Dialogue

QUESTION:

How can we best work with youth and others that show symptoms of trauma and not feeling they matter and yet are not easy to engage to heal and restore mattering?

In schools?

In primary care?

In social services?

In mental health care services?

In workplaces?

Healing Is Upon Us (and within and between us!)

We Are the Medicine

When our science, lived experience and policies meet



Ours is a social brain.

Knowledge about brain plasticity, epigenetics and social determinants of health make relationships, self-awareness and mindfulness a matter of public health.