

# Parenting *with the* Brain in Mind



MODULE  
ELEVEN



THE EMOTIONAL ROOMS

PART 1

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## The Emotional Rooms



### What's this about?

Welcome to Part 1 of 7 articles that introduce the Emotional Rooms Model. The Model attempts to provide a framework for young people to use their intellects, including the remarkable powers of imagination, and their emotions, to create quality lives regardless of their mental health status, their economic or their social circumstances. It aims at empowerment of the individual. Parents, above all others, have the capacity to contribute to the well-thinking and well-being of their children. In the flowing seven articles, we examine how to use the Model to craft healthy kids.

*Children are the greatest wealth of any family. Let's invest our time and our money where our wealth is.*

### “Life was not meant to be easy”

These infamous words, muttered by an Australian Prime Minister, hold deep meaning for some families. Some young people live their lives in a state of such deep anxiety or despair that they are almost non-beings. Their world seems remote and colourless and the future promises more of the same. Intrusive, unwanted despair-oriented thoughts bombard the consciousness and their world is defined by a lack of pleasure. The overriding urge is to die. According to the World Health Organisation (WHO) the current global prevalence of depression is about one in every ten persons. The WHO predicts that depression will be the number two global public health problem after heart disease, by the year 2020 (cited in Aldridge, 2000).

Have we become so preoccupied with whether kids can read and write and do arithmetic at the same level as everyone else on the planet that we have eclipsed the wellbeing of the child? The most fundamental goal in parenting and in schooling is surely to contribute to the personal development of each child.

Being young and male is a risk factor for suicide.

Being young and female is a risk factor for attempting suicide. Deliberate self-harm is concentrated in females in the 15 – 19 age group, the final years of formal schooling (Aldridge, 2000). Being unemployed is associated with a doubling of the suicide rate and the age group most affected is the under 25s, in the years immediately following school (Lewis, 1998). In a study focussed in England and Wales, the highest risk of adult suicide comes from the medical profession, doctors (male and female) nurses, dentists and vets; those with the highest levels of education engaged in high-stress occupations with easy access to means of suicide (Aldridge, 2000). A good academic education is not enough for a family to extend to a child. The education for the soul is even more significant. World One (our inner world) is more significant than World Three (the world we learn about at school) - see Module 5.

### What is the Emotional Rooms Model?

I did not develop The Emotional Rooms with politics, nor kids, nor mental health, nor parents in mind. It came about as I battled to deal with cancer. In 1996, diagnosed with bowel cancer, I faced the very real prospect of dying. “The chances of death are greater than the chances of living,” my surgeon said.

Cancer had a profound and transformational impact on my life. During my many months in bed, my laptop became my companion, books engaged my intellect and emotions, and daily visits from special friends who brought laughter and intimacy to me were my inspiration. Reading the likes of Joseph Campbell, the Dalai Lama, Daniel Goleman, Deepak Chopra and countless eastern and western perspectives on cancer, health, spirituality and humankind enabled me to sort through my thoughts and emotions and play with ideas in creative, non-judgemental ways. Based on much of what I read, I crafted the Emotional Rooms Model to help explain my situation and to help me cope without chemotherapy, a personal decision I made after witnessing the debilitating effects that chemo had on my parents – both of whom died of cancer.

The model consists of four rooms and to each one I assigned functionality. The **Red Room** was my raw

emotion, the anger I felt when the realisation that I had cancer hit home. It represented the fear I felt as I entered an unknown future with a young family, and a terrific expectation of life that could be shattered and gone in an hour on an operating table. This was the Room of my immediate responses.

The **Orange Room** was my moment-by-moment feelings and my moods. I experienced feelings ranging from pleasure to pain (not physical pain but emotional pain) and those feelings that lingered the longest became the substrate for my general emotional dispositions, or moods. It was here, my readings informed that I needed to remain healthy because our emotional states strongly influence our immune systems. It was the Orange Room where my ability to react in response to the threat of death would contribute to my survival or demise. I learnt how to keep my emotions in check and to meditate on thoughts that kept healthy emotions flowing through my brain and the rest of my body.

The **Green Room** was my reasoned, logical, analytic perspective on the situation. It was in this Room that we (my family) researched and planned our contingencies. We weighed up the options and calculated the chances according to the latest medical information. This was the only Room that my doctors used when discussing the situation and prognosis with myself and other family members. Doctors tend to follow the spirit of the Hippocratic Oath; declare the past, diagnose the present, foretell the future (Hippocrates of Cos 460 – 377 B.C.). Their rules-based procedures have many strengths, drawn from the accumulated evidence of thousands of cases. Few people, including myself, want their surgeons to be creative and imaginative when wielding the scalpel! Nurses, on the other hand, had little time for the Green Room. They wanted to know how I was feeling and what they could do to make my stay a little more comfortable. When time permitted, they would sit and chat, enquire about my life and

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share some of their own. They provided emotionally intelligent care within the strict confines of the surgeon's rules. Thank God for the surgeon's ways of operating (no pun intended!) Thank God for nurses! The combo is better than the single dish anytime.

The **Blue Room** was my inspiration. In this Room, I imagined all the possibilities that lay before me, depending on whether I lived or died. This was the Room of my potential and whilst thinking in the Blue Room, I could create whatever I wanted, become whoever I wanted and live for as long as I wanted. My Blue Room was a very healthy place to spend some musing time. I became adept at using it in very creative ways to visualise my immune system attacking and destroying the cancer cells that my surgeon informed me would likely remain unless I had chemotherapy.

## Key Point



*The rooms of the brain ripple with thoughts, feelings and emotions all at once in a deafening symphony which we quieten with attention to particular tasks. Think of each Room as having a dimmer switch - you can have more or less of any Room at any time.*

The year 2007 is the tenth anniversary of my survival from the initial cancer. Eight operations later and literally thousands of colostomy bags and hundreds of bag splits, embarrassing, smelly incidents in public and totally hilarious colostomy accidents, the Rooms Model has served me well. When times get tough, as they do, I use my Blue Room to generate healthy Orange Room states. I occasionally address medical conferences these days, especially those to do with bowel cancer and I tell the funny stories that have happened to me. There is nothing funny about cancer and I never, ever tell jokes about cancer. I tell stories. Real events that generate real laughter. Laughter is good for the soul. It's impossible to be in your Red Room when you're laughing.

When was the last time you laughed at something that was just too serious to take seriously? Parents need to laugh, often. For kids, laughter is natural, until it is eventually squashed by some adults who insist on focusing on the more sober side of life. It's a pity.

## How might parents use the Model?

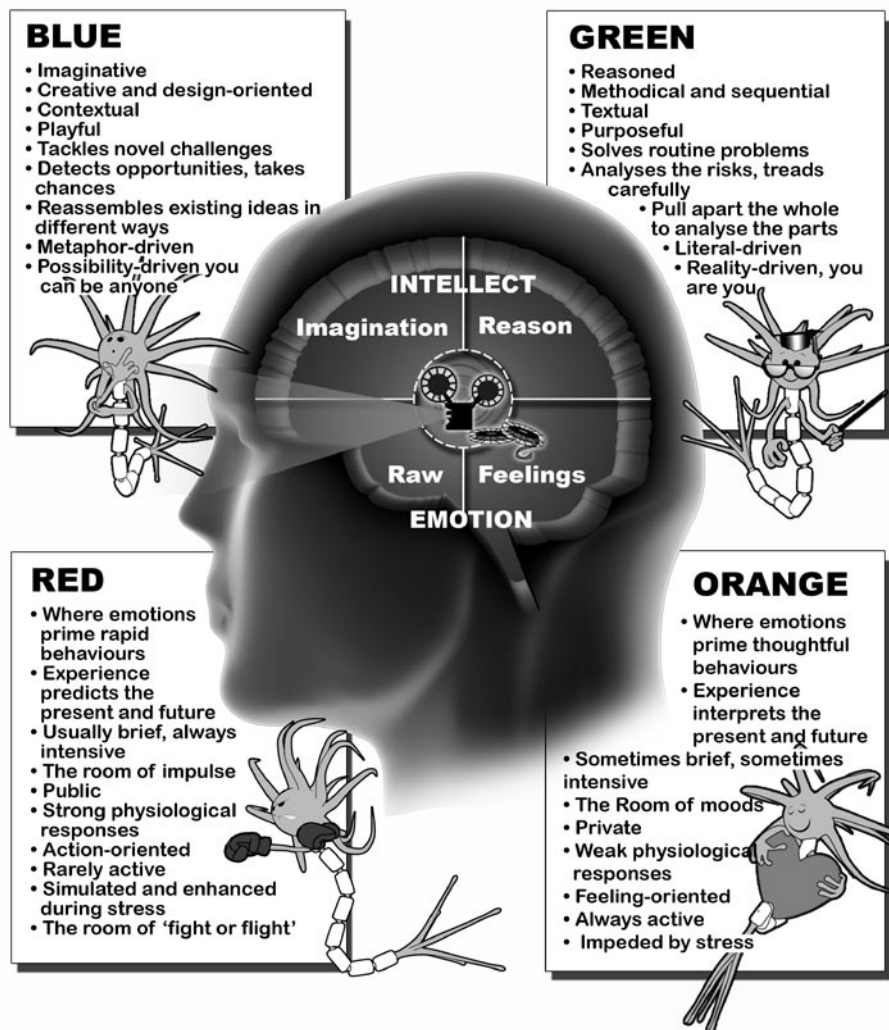
In the Blue Room lies immense untapped possibility, created by our imagination. There is more to do

than can be achieved in one lifetime. Yet, for an increasing number of kids, the possibilities are fogged-out. Parents can use powerful questioning techniques which simultaneously drive creative ideas and healthy associative emotions.

The key function of thinking in the Green Room is to to arrange our perceptions that we can apply emotions effectively. In the end, emotion makes most of our key decisions. Parents can teach their children how and when to use Green Room logic and analysis.

In the Orange and Red Rooms, children develop reliable sequences of goal-directed behaviour constructed by the brain at point of need. Behaviour has a duality - history and current chemical mix within the brain. Parents, siblings, media, teachers and peers influence our history. Our genes, our thoughts and our experiences influence the chemical mix.

In the Red Room, intentionality and action occurs before awareness and cognitive processing. The context of the behavioural response is social. The mechanism is biological. Parents are the number one teacher when it comes to managing the Red Room.



## Summary

### The least I need to know



The Emotional Rooms Model is a metaphor. In the Green Room, we break things down into parts and analyse the bits. In the Blue Room, we put the parts and bits back together in entirely new and different ways. The Orange Room and Red Room use emotions to create a framework whereby kids and their parents can communicate with less awkwardness. The neutrality of the model enables matters which might be difficult to discuss to be discussed. The model provides a conceptual way to remove emotions from a discussion in order to engage the Green Room and Blue Room intellect.

## Next Issue – Module 11, The Emotional Rooms Part 2