

*INTRA-UTERINE EXPERIENCES, MANIFESTATIONS AND THE TREATMENT
OF IDENTITY PROBLEMS IN ADOLESCENTS*

by

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DECLARATION

I declare hereby that "INTRA-UTERINE EXPERIENCES, MANIFESTATIONS AND THE TREATMENT OF IDENTITY PROBLEMS IN ADOLESCENTS" is my own work, and that all sources used or quoted, are indicated or acknowledged through thoroughly inclusive references.

A handwritten signature in black ink, appearing to read "E Meyer". The signature is written in a cursive style with a large initial 'E'.

Elsie Meyer

30 August 2001

To Chrismarie and Marissa

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SUMMARY

The goal of this study is to point out the influence of earlier experiences, and in particular the experiences in utero, on the identity formation of the adolescent. Although the *identity problem* is generally associated with the development during the adolescent years, the researcher strives to point out the relation between identity problems as they manifests in later years, and the intra-uterine experiences.

The research view this problem from three different angles:

- i. A study that examines the *identity problem* as it occurs during adolescence, as well as the causes of the problem. This study points out the main characteristics of the *identity problem*, as well as the way it manifests during the adolescent years.
- ii. A study of psycho-neurobiological models offers an explanation of the influence of memory on behaviour. This study gives the neurological explanation of how and why the very first experiences that are encoded in memory, have a distinct and prevailing influence on the behaviour of the individual. The encoding of memory takes action as soon as there is sufficient neurological development – this occurs at some stage in the development of the fetus in utero. The behaviour is not controlled by the past experiences, but by the perceptions and associations that are formed during encoding of memory.
- iii. A description of regressive therapies that enable the researcher to retrieve the memory from the subconscious mind, and reframe the perceptions and associations that were formed through earlier experiences, in order to change the behaviour. Two types of therapies are discussed – hypnosis and kinesiology.

A qualitative study is performed on three respondents. This study points out the significance of the intra-uterine experiences on the development of the *identity problem*

as it manifests in later years. It also indicates the fact that, although the past experiences can never be changed, the perceptions and associations that were formed during the encoding of the memory of the experience can be changed through reframing. The reframing of the experiences and the reformation of perceptions and associations have a definite and positive effect on the behaviour of the individual.

Keywords

Intra-uterine experiences, identity, identity problem, adolescents, regressive therapies, subconscious memory, Medical Hypnoanalysis, Kinesiology, muscle testing

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CHAPTER 1

INTRODUCTION TO RESEARCH - CLARIFICATION OF CONCEPTS - DEFINITIONS

I think therefore I am – Descartes

I think therefore I am confused about who

I am – the Yogis

1.1 INTRODUCTION

In this first chapter the researcher wishes to introduce the main ideas and terms to be addressed in this study. The main concept will be the *identity problem* as it occurs during adolescence, as well as the importance of regressive therapy.

1.2 AWARENESS

The researcher became aware of the fact that, underlying to most problems that occurred in her practice, there is an *identity problem*. Most people will, at some stage of therapy, ask the questions: "Who am I?" and even "Why am I?." They seem to have problems with the sense of self, knowing who and what one is.

According to English Dictionary (1994), *identity* is:

- i. the state of being unique, and having characteristics held by no other person or thing
- ii. the individual characteristics by which a person or thing is recognized
- iii. numerical identity - the property of being one and the same individual
- iv. qualities identity - the state of being the same in nature, quality et cetera.

Erikson in Ritzman (1992 : 5) describes the identity crisis as "The condition of being uncertain of one's feelings about oneself, especially with regard to character, goals and origins, occurring especially in adolescents as a result of growing up under disruptive, fast changing conditions. According to Ritzman, the basic question of "Who am I?" is one that has been asked from ancient times to present day. To know thyself has been the key to happy and successful living.

The researcher comes to the conclusion that the healthy identity of a person refers to:

1. the way one can distinguish oneself from others,
2. be recognized as that what one is, not only the way of being identified as that what one is, but also the valuability of oneself.
3. a way in which integrity - honesty and wholeness - can be accomplished and
4. being recognized as part of a specific group.

An *identity problem* can manifest in many different ways. Problems with relationships, eating disorders, aggression, and incapability of expressing oneself are only a few of the possible manifestations. Ritzman (1992 : 5) states that the confusion of the self is perhaps the greatest cause of depression, suicide, alcohol and drug addiction, unacceptable behaviour patterns and many types of crime. It is responsible for disruption in every aspect of society.

Extensive research has been done in the field of "search for identity during adolescence." "In the process of 'finding themselves', adolescents must establish a sexual, moral, political and vocational identity that is relatively stable, consistent and mature. This identity ushers in adulthood as it bridges the gap between the experiences of childhood and the personal goals, values and decisions that permit each young person to take his or her place in society." (Erikson in Gillis, 1994 : 69). This may lead to the conclusion that it is only during or after adolescence that the *identity problem* or the identity crisis may occur.

However, it is not only the problems in adolescents and adulthood that suggest an *identity problem*. There are many problems during early childhood that indicate a problem with the sense of self. These problems may manifest as acting out behaviour, aggression, learning problems, overly shyness, eating disorders, conduct disorders, depression and many more.

The above-mentioned behaviour patterns, as well as the problems of adolescence and adulthood, can be associated with certain incidents during early childhood such as: embarrassing experiences, deaths of important others, overprotective, and over strict parents, emotional dysfunctional parents and any form of rejection.

There is also an indication that the identity problem can be related to some of the facts about pregnancy and the childbirth, as it was taken in the history from the parents. These facts refer to problems during pregnancy such as: unwanted pregnancies, attempted or considered abortion, a threatened miscarriage, fear in the mother of difficult birth,

expectations for a specific sex, rejection of a baby with a specific sex, marital problems during pregnancy and the emotional state of the mother.

There is an increase of published evidence and data on the intrauterine or prenatal environment and the emotional and/or physical condition of the mother as an effect on the emotional development of the unborn baby. Working with the subconscious mind, and not only those perceptions and experiences that a person is consciously aware of, we may gain valuable information and even opportunities to change ineffective thought patterns and -behaviour. Therefore the researcher finds it necessary to have a look at regressive therapy. According to the Collins English Dictionary (1994), *regress* is the act of:

- i. return or revert, as to a former place, condition or mode of behaviour
- ii. the act of regressing
- iii. movement in backward direction
- iv. *logic* – a supposed explanation each stage of which requires to be similarly explained, as saying that knowledge requires a justification in terms of propositions themselves known to be true.

Therapy comes from the Greek word, *therapeia*, which means, literally, "the work of the Gods" (Elliott, 1991 : xii). Therapy is a phenomenon, not a fact, nobody can see it. It is something that happens between the client and the therapist. Although it can not be measured the results can be felt and observed.

In this study the researcher will use the term "regressive therapy" for therapies that allow the client to regress to earlier ages. It will include regression to the time in utero as well as the time during and after birth up to three years – information that is not available to the conscious mind. Speyer (<http://home.att.net/~jspeyrer/quotes.htm>) has quoted many authors on the subject of regressive therapy:

"Anthropologist Ashley Montagu recently asked a room full of doctors and nurses how to determine lack of love from an x-ray. No one answered. He then explained that one can see dense lines in the bones caused by lack of growth

that occurs when a child is unloved." -- Bernie S. Siegel M. D. in *Mothering*, Spring, 1990

* * *

"The . . . unquestioning love of our parents is so deeply rooted that hardly anything can destroy it, and certainly not insight into the truth. It is grounded in the natural need to love and be loved." -- Dr. Alice Miller in *Paths of Life*

* * *

"In psychoanalysis we have learned to search psyches for the lost loves of later eras. Now it is time to search for the lost love of infancy." -- Lawrence E. Hedges Ph.D. in *In Search of the Lost Mother of Infancy*

* * *

"Mothering does not come naturally. Mothering the way you were mothered comes naturally." -- Martha Welch, MD. in *Holding Therapy*

* * *

"Give me the first six years of a child's life and you can have the rest." -- Jesuit maxim

* * *

"Now the idea that our parents did not love us well or sufficiently is one that creates enormous resistance in people. Better to believe the fault lies within us, then at least we maintain the illusion that we can win their love if only we cut our hair, take a bath, become a doctor, marry the right person, earn more money, call home more often -- you fill in the blanks to fit the situation." -- Bernie S. Siegel M. D. in *Peace, Love and Healing*

* * *

"The myth of happy childhood takes the place of the lost memory of the actual . . . experience." -- Ernst Schachtel

* * *

"Our national spotlight should clearly be on the crib -- not on the criminal -- if we are to change the future. Infants who do not receive a warm welcome into the world will seek their revenge." -- Dr. Ken Magid and Cole McKelvey in *High Risk: Children Without a Conscience*

* * *

"The stress of our lives and tension which emerges has much more relationship to our early histories than to our daily lives in the present . . . Even when one cries for a parent at a funeral, the agonizing quality of the grief derives from infancy, when love-loss was totally unbearable, much less from the present." -- E. Michael Holden, M.D. in *The Journal of Primal Therapy* - Winter 1976

* * *

"Give me other mothers and I will give you another world." -- St Augustine

* * *

With this study the researcher wants to look at the perceptions and the train of thought that developed from the time of conception to early childhood - the experiences of the developing baby and young child. The researcher would like to investigate methods that can be used to bring change in ineffective thought patterns and -behaviour. This calls for a need to do a *ex post facto* study, and the methods that the researcher will consider will include regressions to the experiences during the intrauterine time, as well as related experiences during birth and childhood. The researcher will notify the effect of the regressions on identity- and related problems.

The researcher will also investigate awareness or *consciousness*¹, a phenomenon recently regarded by neurologists and neurobiologists as unsuitable for scientific research. Many modern researchers such as Damasio, Llinas and Pare regard this as a biological phenomenon that can be investigated neuro-biologically.

Searle (1999 : Internet) explains that the essential characteristic of consciousness that we need to explain is unified qualitative subjectivity. Consciousness differs from other biological phenomena in that it has subjective or first person ontology, but this subjective ontology does not prevent us from having an epistemically objective science of consciousness. Kant in Churchland (1995 : Internet) agrees with this statement in stating that the brain will not produce awareness unless the nervous system also generates a

¹ *Consciousness is a process of self-reflective information transduction between the verbal and sensory-perceptual languages of mind*

representation of the self. This representation of the self creates a "point of view", from which every external or internal stimuli can be interpreted. To Damasio (1994 : Internet) awareness and self-representation are two inseparable events. He regards body representation as scaffolding for self-representation, the anchor point of awareness. This is why consciousness is a very important part in the study of identity.

We need to overcome the philosophical tradition that treats the mental and the physical as two distinct metaphysical realms. Damasio in Churchland (1995 : Internet) gives the self a concrete base, in defining it as neural representation of the body: skin, muscles, joints, viscera et cetera. If this is the case, a lot of research can still be done on the neural mechanics of self-representation.

Russian scientists have acknowledged this fact after development of the first artificial brain that can truly think. "This machine needs to be trained like a newborn child. It's extremely important for us to make it a friend, not a criminal or an enemy." (Valtsev, 2001 : Internet). This proves the importance of a "frame of reference" that is set with the very first consciousness, and therefore the importance of memory.

1.3 MOTIVATION FOR THE STUDY

A 'paradigm shift' is occurring in psychology. This shift is emerging from the realization that prenatal and perinatal wounds have an important and lingering effect on us, and that these experiences can have more power over us than experiences in later life. "At the moment of conception, a child has a fully conscious spirit that is as sensitive, if not more so, than at any other time in life." (Linn, Linn, Emmerson & Linn, 1999 : 146) Gericke (2000 : 26) stresses the same fact when she declares that traditional psychotherapy is no longer adequate, and that we need to use methods, such as hypnosis, to gain information from the subconscious mind in order to assist clients to resolve underlying problems.

With this study the researcher would like to determine the value of information gained by accessing the subconscious mind, and the effect it has on positive and permanent change in behaviour. Therefore a post ex facto study will have to be done, to determine

the effect of experiences that can be remembered from early childhood years and even before birth.

The importance of the study will be on two levels:

- a. Academically - this study can give information on the importance of exploring the early experiences in order to resolve problems related to the *identity problem*.
- b. Use in Practice - this study may give information to the practitioner of educational psychology. This information may be valuable in the setting of guidelines in three ways:
 - i. Why is it important to seek for significant earlier experiences?
 - ii. Methods to access the subconscious mind and the early experiences
 - iii. Interpreting of the accessed data

1.4 QUESTIONS

The questions the researcher would attempt to answer in this study are:

1. How can the *identity problem* be identified in adolescents?
2. In what way(s) does the *identity problem* manifest in adolescents?
3. What are the problems related to the *identity problem*?
4. What events and/or circumstances cause the onset of problems related to *identity problems* in adolescents?
5. If the *identity problem* is identified, why is it necessary to do age regressions?
6. What is the origin or root cause of the *identity problem*, and can returning to the prenatal environment and early childhood experience treat it?
7. What are the possible methods that can be used to explore this early experience in order to change behaviour?
8. In what way is the regressions handled in order to solve the problem?

1.5 LITERATURE REVIEW

1.5.1 Extensive research was done on the self-concept, identity, and other related topics. Most of them consisted of facts that were gained through conscious information, such as:

- relationship with own physical body
- relationships in the family
- relationship with social groups
- religious groups
- vocational environment
- academic environment, et cetera.

“Any concept of self held by an individual represents as aggregation of self-reference meanings existing as a cognitive-affective structure. Such self-reference meanings are self-interpreted and self-evaluative. Components of this self-reference aggregation of meanings together with components from other concepts of self-held simultaneously by the individual are selected to fit various situations as they arise. At any point in time these selected, interpreted aspects form an assembly of self-reference meanings” (HorRocks and Jackson, 1973 : 58).

1.5.2 Grossman (1971 : 248) declares that the newborn infant is lacking in a conception of self, and is egocentrically unaware of any existence outside of himself. In the past, great psychologists and physicians viewed infants as passive non-perceivers whose world was only characterized by confusion (James, 1980). Above-mentioned opinions are strongly opposed by Modlin (1993 : 3) and Ritzman. Modlin describes the *identity problem* as a difficulty to recognize the self in relation to family, community and God. Ritzman (1997) relates the *identity problem* to the initial thought pattern in the mind of the unborn baby about the self, as it was created from its perception of its mother’s emotions and thoughts during pregnancy. To Ritzman there is no question of the authenticity of the fact that there is a strong and clear flow of thought from mother to child.

These thoughts determine not only the newborn infant's concept of self-worth, but also the amount of love he or she is capable of storing and expressing. "The cause of primal wounding is not the suffering itself but the absence of some empathic other and, thus, the threat of nonbeing." (Firman & Gila, undated : Internet).

Verny (1981 : 13,25-27) explains that it is not every fleeting worry, doubt or anxiety a woman has that has a rebound on her child, but deep and persistent patterns of feelings. She also stresses that every emotional upset that touches a child or grownup, does not stretch back to the womb. But it is important to point out that events affect an unborn baby and young child in quite a different way as it does in later stages. An adult, and in lesser degree a child, has had time to develop defenses and responses. Because the unborn child has had no time to do that, he or she is affected directly by external factors, and we find that maternal emotions etch themselves deeply in the psyche of the unborn child. Verny also points out the need in the unborn baby for direct communication from the mother. Without that, the unborn baby feels unloved, unwanted, and alone. This may lead to physical and emotional problems at birth.

1.5.3 Researchers of many other studies have found that the *identity problem* can be associated with many disorders:

Modlin (1993 : 3) explains a common scenario where the mother does not want the pregnancy, as in the case of a teenage pregnancy. The strong feelings that last for a long period, and even through the duration of the pregnancy, results in a feeling of "wrongness" and responsibility for the situation, and enormous and inappropriate guilt is experienced by the baby. This guilt becomes so overwhelming that future guilt becomes an unaffordable emotion. That is the subconscious reason why absence of remorse, a major diagnostic feature of antisocial personality, becomes a way of living. That is also the reason why other forms of psychotherapy is very difficult to remove the behaviour, as the person needs it for

protection overwhelming feelings of guilt. To explore the prenatal experiences and feelings of the unborn baby is the only way that the antisocial personality can change the perception and the behaviour. Modlin also stated that the successful solution of the *identity problem* is the one way of ensuring long-term improvement in any behaviour problem.

In a study regarding the premenstrual syndrome, Naude (1993) did a case study on a 32-year old lady suffering badly from premenstrual syndrome. The feelings that were determined by results from the Rorschach were feelings of fear, aggression, conflict regarding sexual and aggressive impulses, feelings of rejection and weak self-image. Regression to the prenatal period showed that the feelings of rejection had already started in utero, when she knew that she was a girl and that her mother wanted a boy.

Table 1.1 gives a summary of authors who wrote on regressive therapy and related topics. Table 1.2 gives a summary of authors who wrote on *identity problems* and related topics.

Table 1.1 Authors Who Wrote About Regressive Therapy And Related Topics.

TOPIC	AUTHOR
Spiritual Identity	Ayers : 1995; Bradshaw : 1992; Gabriel : 1995; Hallet : 2000; Janov : 2000; Linn, Linn, Emmerson & Linn : 1999; Modlin : 1999; Pocucci : 1998; Ritzman : 1992
Grief In Utero	Ayers : 1995; Janov : 2000; Linn, Linn, Emmerson & Linn : 1999; Scott : 1994
Death, Depression	Ayers : 1995; Bradshaw : 1992; Gabriel : 1995; Hallet : 2000; Janov : 2000; Market : undated; Modlin : 1999; Pizz : 1995; Ritzman : 1992; Styron : 1990
Unwanted Pregnancies	David : 1998; Modlin : 1999; Ritzman : 1992; Serenely : 1999; Verny : 1981
Learning Problems	Both : 1997; David : 1998; Scott : 1994; Stokes & Whiteside : 1996
Behaviour Problems	Bradshaw : 1992; David : 1998; Gabriel : 1995; Janov : 2000; Janus : 1997; Lewis : 1998; Market : undated; Osborne : 1980; Pizz : 1995; Pocucci : 1998; Ritzman : 1992
Crime	Janus : 1997; Serenely : 1999
Sexual Identity	Both : 1997; de Cause : 1982; Gregson : undated; Janov : 2000; Linn, Linn, Emmerson & Linn : 1999; Market : undated; Modlin : 1999; Naude : 1993; Socarides : 1995
Relationships	Botha : 1997; Bradshaw : 1992; de Mause : 1982; Gabriel : 1995; Greeson : undated; Modlin : 1999; Ritzman : 1992; Scott : 1994; Verny : 1981
Separation Anxiety	Bradshaw : 1992; Gabriel : 1995; Pizz : 1995; Verny : 1981
Prenatal Communication	Gabriel : 1995; Hallet : 2000; Hedges : 1994; Janov : 2000; Ritzman : 1992; Scott : 1994; Verny : 1981
Psychosis	Cameron : 1995; Coate : 1964; Grof & Grof : undated; Janus : 1997; Lewis : 1998; Market : undated; Pocucci : 1998; Scott : 1994; Van Til : 1997
Psychosomatic Illness, Illness	Both : 1997; Coate : 1964; Janov : 1996; Janus : 1997; Market : undated; Modlin : 1999; Naude : 1993; Pizz : 1995
Eating Disorders	Gregson : undated; Janus : 1997; Osborne : 1980; Roth : 1991
Suicide	Janov : 2000; Janus : 1997; Pizz : 1995; Pocucci : 1998; Ritzman : 1992; Styron : 1990
Immaturity	Bradshaw : 1992; Ritzman : 1987; Ritzman : 1992
Addictions	Janov : 2000; Pocucci : 1998; Ritzman : 1992
Absent Father	Ritzman : 1992; Scott : 1994
Neurology	Janov : 1996; Janov : 2000; Lewis : 1998; Scott : 1994

Anxiety	Janov : 2000; Market : undated; Scott : 1994; VERNY : 1981
Bio-Chemical Effects	Janov : 2000; Scott : 1994
Umbilical Affect	Janov : 2000; Market : undated
Intimacy	Gregson : undated; Roth : 1991
False Memory	Gaine : 1996; Janov : 2000; Loftus & Ketcham : 1994; Scott : 1995; Van Til : 1997
Guilt	Ayers : 1995; Modlin : 1993; Van Til : 1997
Oxygen Deprivation	Janov : 1996; Modlin : 1999
Childhood Abuse	C Bradshaw : 1992; Cameron : 1995; Firman & Gila : undated; Jenson : undated; Miller : 1994; Osborne : 1980; Sheppard : 1996; Van Til : 1997
Memory Of Birth	Modlin : 1999; Osborne : 1980; Solter : undated
Adopted Children	Miller : 1994; Verrier : undated
Alcohol And Drugs During Pregnancy	Scott : 1994
Oxygen Deprivation During Birth	VERNY : 1981
Neurosis	Bradshaw : 1992; Cameron : 1995; Osborne : 1980; Sheppard : 1996

Table 1.2 Authors Who Wrote About Identity And Related Topics.

TOPIC	AUTHOR
Sexual Identity	Bartle-Haring: 1997; Beaty : 1999; Black & Underwood : 1998; De Goede, Spruijt, Iedema en Meeus : 1999; Frey : 1998; Gerstman & Kramer: 1997; Gubitiz & Kutcher : 1999; Halden : 1998; Harter, Waters & Whitesell: 1997; Heilman : 1998; Kerpelman & Smith : 1999; Lacombe & Gay : 1998; Lee : 1998; Martinez & Dukes: 1997; Marusza: 1997; Matos, Barbosa, de Almeida & Costa : 1999; Ollech & McCarthy: 1997; O'Brain, Martinez-Pons & Kopala : 1999; Sato, Shimonaka, Nakazato & Kawaai: 1997; Schultz : 1999
Patriotism And Religion	Gueneri, Suemer and Yildirim : 1999; Markstrom, Berrman & Brusck : 1998; Markstrom : 1999; Skorikov & Vondracek : 1998; Smith & Stones : 1999; Younis, McLellan & Yates; 1999
Political Identity	Smith & Stones : 1999; Yates & Younis : 1998
Emotional State	Gueneri, Suemer and Yildirim : 1999

Adolescent Attitude	Akers, Jones & Coyl : 1998; De Goede, Spruijt, ledema en Meeus : 1999; Gueneri, Suemer and Yildirim : 1999; Kerby & Ray : 1998; Kerpelman & Smith : 1999; Kinket & Verkuyten: 1997; Ollech & McCarthy: 1997; Schultz : 1999; Smith, Walker, Fields, Brookins & Seay : 1999; Smith & Stones : 1999; Tomas : 1998; Wickes & Slate: 1997
Socio-Economical Identity	Black & Underwood : 1998; Caldas, Coron Caldas : 1999; de Haan & MacDermid ; 1999; Der-Karabetian & Ruiz: 1997; Gueneri, Suemer and Yildirim : 1999; Hart, Atkins & Ford : 1998; Heilman : 1998; Hemmings : 1998; Jackson & Bracken : 1998; Kerby & Ray : 1998; Loeoef: 1997; Markstrom : 1999; Markstrom, Berrman & Brusck : 1998; Smith, Walker, Fields, Brookins & Seay : 1999; Mininni & Annese: 1997; Radkowsky & Siegel: 1997; Sharpes & Wang: 1997; Stevens & Lockhat: 1997; Tomas : 1998; Vondracek & Skorikov: 1997; Yates & Younis : 1998
Relations	Akers, Jones & Coyl : 1998; Beaty : 1999; Forb De Goede, Spruijt, ledema en Meeus; es & Ashton : 1998; Halden : 1998; Kerby & Ray : 1998; Kerpelman & Smith : 1999; Markstrom, Berrman & Brusck : 1998; Radkowsky & Siegel: 1997; Stevens & Lockhat: 1997; Tjihuis : 1997
Moral-Ethical Identity	Gueneri, Suemer and Yildirim : 1999; Hart, Atkins & Ford : 1998; Kerby & Ray : 1998
Physical Identity	Heilman : 1998; Jackson & Bracken : 1998
Personal Identity	Gueneri, Suemer and Yildirim : 1999; Smith & Brookins: 1997
Vocational Identity	Kalakoski & Nurmi : 1998; Kerby & Ray : 1998; Marusza: 1997; Matos, Barbosa, de Almeida & Costa : 1999; Skorikov & Vondracek : 1998; Tomas : 1998; Vondracek & Skorikov: 1997
Academic Identity	Jackson & Bracken : 1998; Gross : 1998; Martinez & Duker: 1997; Witherspoon, Speight & Thomas: 1997
Cognition	Gueneri, Suemer and Yildirim : 1999
Self Identity/ -Esteem /-Concept/-Perception	Caldas, Coron Caldas : 1999; de Haan & MacDermid ; 1999; De Goede, Spruijt, ledema en Meeus : 1999; Elbaz: 1997; Frey : 1998; Grey, Amos & Currie: 1997; Halden : 1998; Harter, Waters & Whitesell: 1997; Heilman : 1998; Helms : 1998; Kinket & Verkuyten: 1997; Kitson: 1997; Lacombe & Gay : 1998; Lee : 1998; Loeoef: 1997; Markstrom, Berrman & Brusck : 1998; Marusza: 1997; Matos, Barbosa, de Almeida & Costa : 1999; Mininni & Annese: 1997; Smith, Walker, Fields, Brookins & Seay : 1999; Smith & Stones : 1999; Stevens & Lockhat: 1997; Tomas : 1998

Behaviour	Akers, Jones & Coyl : 1998; de Haan & MacDermid ; 1999; Gaines, Marelich, Bledsoe, Steers et al : 1997; Grey, Amos & Currie: 1997; Gueneri, Suemer and Yildirim : 1999; Hart, Atkins & Ford : 1998; Kerpelman & Smith : 1999; Smith, Walker, Fields, Brookins & Seay : 1999; Smith & Stones : 1999; St-C-Levy : 1997
Family Identity	Bartle-Haring: 1997; Beaty : 1999; Halden : 1998
Ethnic Identity	Der-Karabetian & Ruiz: 1997; Forbes & Ashton : 1998; Grotevant: 1997; Hemmings : 1998; Kinket & Verkuyten: 1997; Markstrom, Berrman & Bruschi : 1998; Martinez & Dukes: 1997; Marusza: 1997; O'Brain, Martinez-Pons & Kopala : 1999; Sharpes & Wang: 1997; Smith, Walker, Fields, Brookins & Seay : 1999; Smith & Stones : 1999; Smith & Brookins: 1997; Stevens & Lockhat: 1997; Wickes & Slate: 1997; Witherspoon, Speight & Thomas: 1997; Gaines, Marelich, Bledsoe, Steers et al : 1997;
Interest	Lee : 1998
Parent-Child Relation	Bartle-Haring: 1997; de Haan & MacDermid ; 1999; Grotevant: 1997; Martin: 1997; Matos, Barbosa, de Almeida & Costa : 1999; Ollech & McCarthy: 1997; Smith & Stones : 1999
Attachment Behaviour	Matos, Barbosa, de Almeida & Costa : 1999
Mental Health	De Goede, Spruijt, Iedema en Meeus : 1999
Sense Of Autonomy	Gubitz & Kutcher : 1999; Heilman : 1998
Success And Failure	Lee : 1998; O'Brain, Martinez-Pons & Kopala : 1999; Schultz : 1999
Maths And Science	Helms : 1998; Lee : 1998; O'Brain, Martinez-Pons & Kopala : 1999
Mother-Daughter Relation	Kerpelman & Smith : 1999
Peer Acceptance	Frey : 1998
Self Acceptance	Gross : 1998; Markstrom, Berrman & Bruschi : 1998
Educational Anthropology	Hemmings : 1998
Immigration	Berger: 1997
Major Depression	Cheung: 1997; Tjihuis : 1997
Self Congruence	Cheung: 1997
AIDS-Prevention	Elbaz: 1997
Activist Movements	Elbaz: 1997

Adolescent Development	Adamson, Hartman & Lyxell : 1999; Beaty : 1999; De Goede, Spruijt, Iedema en Meeus :1999; de Haan & MacDermid ; 1999; Forbes & Ashton : 1998; Gubitz & Kutcher : 1999; Hart, Atkins & Ford : 1998; Harter, Waters & Whitesell: 1997; Kerpelman & Smith : 1999; Loeoef: 1997; Markstrom : 1999; Martin: 1997; Matos, Barbosa, de Almeida & Costa : 1999; Mininni & Annese: 1997; Ollech & McCarthy: 1997; Stevens & Lockhat: 1997; Yates & Younis : 1998
Peer Counseling	Radkowsky & Siegel: 1997; Tjihuis : 1997
Psychotherapy	Ollech & McCarthy: 1997; Radkowsky & Siegel: 1997
Ego Identity	Akers, Jones & Coyl : 1998; Forbes & Ashton : 1998; Markstrom : 1999; Ollech & McCarthy: 1997
Adoption	Grotevant: 1997; Wickes & Slate: 1997
Decision Making	Kitson: 1997
Self-Rapport	St-C-Levy : 1997
Aspiration	Wiechman & Williams: 1997
Athletics Participation	Wiechman & Williams: 1997

1.6 STATEMENT OF THE PROBLEM

Grounded by the awareness and the literature survey that was done, the researcher will state the problem to be researched as follows:

Why is the use of regressive therapy useful in the treatment of the identity in adolescents?

This statement implies three phenomenons:

IDENTITY
PROBLEM

MEMORY
AND BEHAVIOUR

REGRESSIVE
TECHNIQUES

The above-mentioned problem implies the following sub problems:

- i How is the *identity problem* identified in the adolescent?
- ii How does the *identity problem* manifest during adolescence?
- iii When is it important to seek significant earlier experiences?
- iv What methods can the educational psychologist use to access the subconscious memory of earlier experiences?
- v How is the accessed data interpreted?
- vi In what way does the regressive technique solve the problem?

1.7 AIMS OF THE STUDY

1. This study should define the *identity problem* and its possible characteristics as occurring during adolescence as a phenomenon, to make it possible for the educational psychologist to identify the problem. This will be done in a literature study.
2. This study should determine the influence of experiences on the identity problem as viewed from conception to early childhood. This will include a study on memory and the influence of memory on behaviour.
3. A literature study will be done on the possible regressive techniques that are available that would enable the educational psychologist to gain the information that is associated with the *identity problem*.
4. These case studies should show the way(s) the *identity problem* could manifest during adolescence, and the reason why it manifests in that way. This will be done by means of an empirical study.

1.8 HYPOTHESIS

The researcher sets the following hypothesis:

1. The *identity problem* as it occurs in adolescents relates to experiences from conception to early childhood.
2. Regressive techniques will provide information on the initial events that caused the *identity*- and related problems in adolescents.
3. Reframing of early childhood experiences can improve problems related to the *identity problem* in adolescents.

1.9 EMPIRICAL RESEARCH

The researcher intends to use a qualitative strategy, such as detailed case studies to collect information about the development and the manifestation of the *identity problem* as it occurs during the adolescent years.

Qualitative research: the researcher uses qualitative strategies to collect detailed information about the characteristics of a person, group, program or other educational entity (Vockell & Asher, 1995 : 21).

Case study: Merriam (1991 : 11-13) describes a case study as follows :

- a. A case study is particular - in this study the focus will be on a particular phenomenon (identity problem as it occurs in adolescence), and a particular therapeutic approach (regressing to the womb)
- b. A case study is descriptive - the end product of the study is a rich description of the phenomenon. This includes a description of the symptoms, as well as the underlying dynamics and root causes of the particular cases. It also includes as many variables as possible, and brings to light their interaction over a period of time. These descriptions are usually qualitative, and instead of reporting numerical, quantitative data, case studies use prose and literary techniques to describe, elicit images, and analyze situations.
- c. A case study is heuristic - it should bring about new understanding, new meanings or confirming and extending what is known.
- d. A case study is inductive - for the most part, case studies rely on inductive reasoning. Examination of data grounded on the context itself, leads to generalizations, concepts and hypotheses.

1.10 DIVISION OF CHAPTERS

CHAPTER 2: LITERATURE STUDY OF THE OCCURANCE OF THE IDENTITY PROBLEM DURING ADOLESCENCE, AND ASSOCIATED PROBLEMS.

This chapter contains a literature study of the occurrence of the *identity problem* during adolescence, the possible causes as it is described in a variety of psychological models, and problems associated to this problem. The researcher will point out that, although the *identity problem* is associated with the adolescent years, the real cause for it may start very early in the development of the infant, even before birth.

CHAPTER 3: PSYCHO-NEUROBIOLOGICAL MODELS OF MEMORY AND BEHAVIOUR

This chapter contains a literature study on memory, the way memory is stored, and the way it has an influence on behaviour.

CHAPTER 4: DESCRIPTION OF REGRESSIVE THERAPIES

This chapter contains a literature study on regressive therapy. It will give information on some of the types of regressive therapy and the information that can be gained from it.

CHAPTER 5: RESEARCH DESIGN.

This chapter consists of a research design. Methods that will be applied in the course of this research will be described. It will cover the methods to be used in order to gain and describe information in the multiple case studies that will be performed.

CHAPTER 6: DESCRIPTION OF CASE STUDIES

In this chapter is a description of three case studies. These studies draw out three cases where the *identity problem* manifest as another problem, and how it is identified and treated.

CHAPTER 7: RECOMMENDATIONS / CONCLUSION

In this chapter the researcher gives a conclusive summary on the study, as well as further recommendations.

BIBLIOGRAPHY

APPENDIX A

APPENDIX B

APPENDIX C

CHAPTER 2

LITERATURE STUDY OF THE OCCURANCE OF THE IDENTITY PROBLEM DURING ADOLESCENCE, AND ASSOCIATED PROBLEMS.

Behind all forms of mental illness there seems to lie a generalized image of the human self as darkly unworthy and no good. It is a deep fantasy and a deep conviction that gets into everything that men do

William Lynch

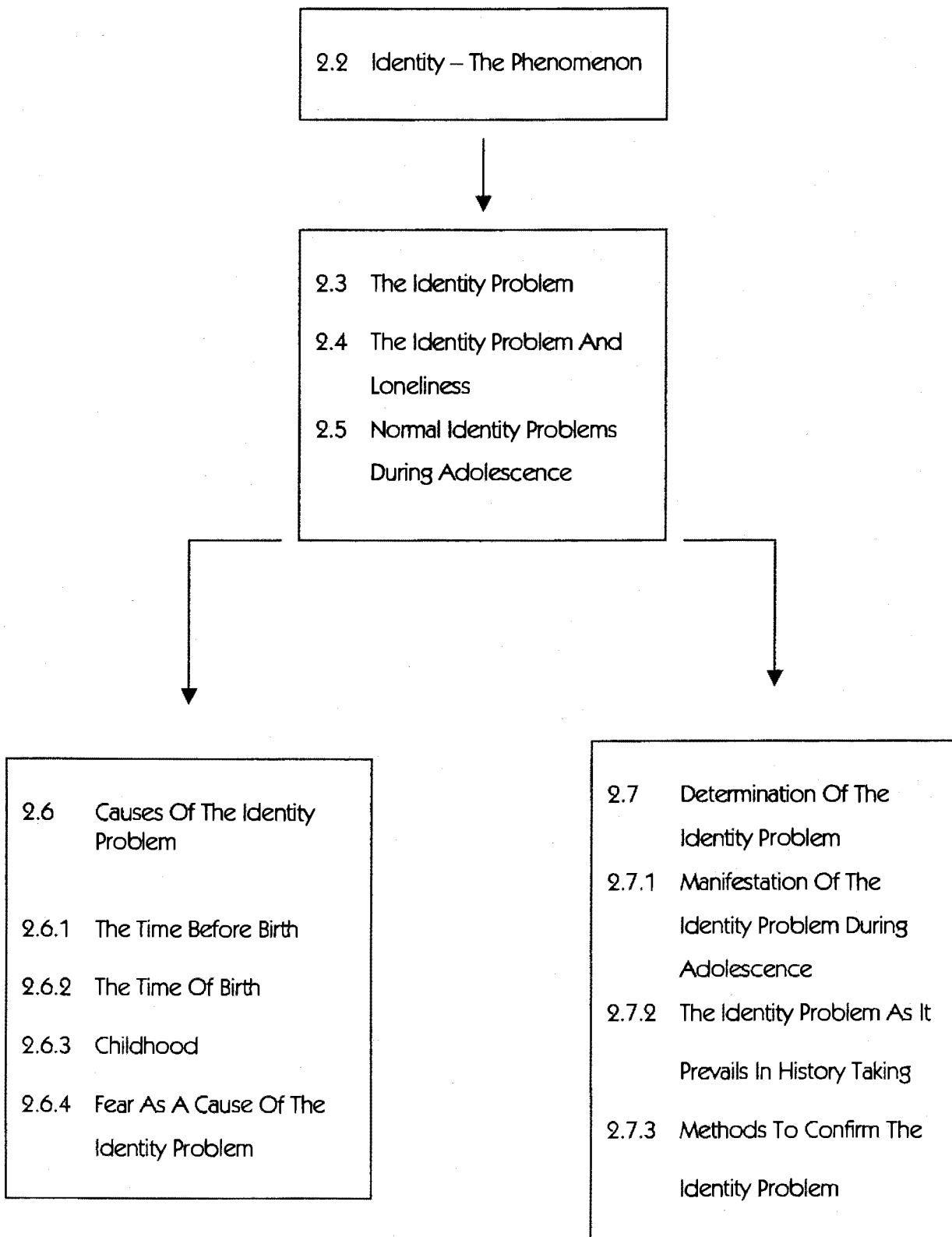
2.1 INTRODUCTION

This chapter will include a study on the *identity problem* as it occurs in adolescents. The goal of the researcher will be to make a study of the following aspects on identity, and to find the connection between the aspects:

- i. What is identity? The researcher will have a look at several definitions of identity found in the literature.
- ii. What is an *identity problem*? When does the identity as described in i., become a problem to the adolescent?
- iii. What causes the *identity problem*? The researcher will have a look at the experiences or incidents that lead to the *identity problem*.
- iv. Loneliness and the *identity problem* – the researcher will point out the relationship between loneliness and the *identity problem*.
- v. The manifestation of the *identity problem* in adolescents. In this section the researcher will have a look at the ways that the *identity problem* manifest – with what problems the adolescent with an *identity problem* will report to the educational psychologist.
- vi. How can the educational psychologist determine the presence of the *identity problem* during the history taking?
- vii. What other methods can the educational psychologist use to confirm the possibility of the *identity problem*? The researcher will have a look at a projection technique and a questionnaire.

Figure 2.1 gives a summary of what the researcher will describe in Chapter 2:

Figure 2.1 Summary Of Chapter 2



2.2. IDENTITY - THE PHENOMENON

2.2.1 The Definition Of Identity

To fully understand the *identity problem*, it is necessary to define identity. The following definition was given in Chapter 1:

According to Collins English Dictionary (1994), identity is:

- a) the state of being unique, and having characteristics held by no other person or thing
- b) the individual characteristics by which a person or thing is recognized
- c) numerical identity - the property of being one and the same individual
- d) qualities identity - the state of being the same in nature, quality et cetera

Erickson (1950 : 235) points out three elements of identity :

- i. The experience of inner sameness (integrity) - defined values, principles and expectations order behaviour. Any deviation gives a sense of "not me."
- ii. There is continuity in the experience of inner sameness. The self of the present is related to the actions of the past and the hopes of the future.
- iii. The integrated and continuous identity is supported and validated within a community of important others, and the relationships and roles that are formed in the community.

Marcia in Anderson (1990 : 159) offers the following definition:

"An internal, self-constructed organization of drives, abilities, beliefs and individual history. The better developed this structure is, the more aware individuals appear to be of their own uniqueness and similarity to others and their own strengths and weaknesses in making their way in the world. The less developed this structure is, the more confused individuals seem about their own distinctiveness from others and the more they have to rely on external sources to evaluate themselves"

2.2.2 The Difference Between Identity And Self-Concept

It is important to note the difference between self-concept and identity. The construction of an identity can be compared to the individuation process described by Jung (1939 in Möller, 1995 :75) "Individuation refers to the process whereby the systems of the psyche achieve the fullest measure of differentiation and development. As the baby develops, there will be a differentiation between himself and others, as each structure becomes more complex. This is an inborn and an inevitable process, but may be restricted or assisted by environmental factors." This process will help the individual to answer the question: "Who am I?" According to Ritzman (1982 : 5), the basic question of "Who am I?" has been asked from ancient times. To know thyself, has been the key to happy and successful living.

Self-concept includes a judgmental generalized idea about the self. This will answer the question: "How am I?" Self-concepts are also a cognition that arise from past experiences, and are used as guidelines to relate to new information. (Mischel, 1986 : 249).

A series of studies where a correlation was drawn between identity and self-concept, were done. There was a positive correlation between self-concept and identity. (Adams, Gullotta & Montemayor, 1992 : 62).

2.2.3 Sub Identities

If one looks at Table 2.1, it is also clear that identity can be sub-divided in many different identities such as :

- Ego identity - the integration - more than the sum of the childhood identifications, the accrued experience of the ego's ability to integrate all identifications with the vicissitudes of the libido, with the aptitudes developed from endowment, and with the opportunities offered in social roles (Erickson in Mischel, 1986 : 51/2)
 - the wholeness to be achieved at the stage of adolescences, is called a sense of inner identity. The young person, in order to experience wholeness, must feel a progressive continuity between that which he has

come to be during the long years of childhood and that which he promises to become in the anticipated future; between that which he conceives himself to be and that which he perceives others to see him and expect of him. Individually speaking, identity includes, but is more than the sum of all successive identifications of those early years when the child wanted to be, and often was forced to become, like the people he depended on. Identity is a unique product, which now meets a crisis to be solved only in new identifications with age mates and with leader figures outside the family. (Adams, Gullotta & Montemayor, 1992 : 25).

- Personal identity - formed by introspection and self knowledge (Adams, Gullotta & Montemayor, 1992 : 16).
- Reflected identity - knowing and valuing oneself through the knowledge and ideas of others (Adams, Gullotta & Montemayor, 1992 : 16).
- Sexual identity - this refers to the "degree to which an individual regards himself as masculine or feminine" (Kagan in Mischel, 1986 : 147)
- Interpersonal identity – combines information on the sub domains of friendship, dating, recreation and gender roles " (Rotenberg & Hymel, 1999 : 231).
- Ideological identity – religious, political and economical, occupational and general philosophical beliefs (Adams, Gullotta & Montemayor, 1992 : 54)
- Political identity - identity regarding liberal or conservative points of view (Mussen, Conger, Kagan & Huston, 1990 : 646).
- Socio-economical identity - identity based on acceptance by social groups and materialistic factors, has a big influence on vocational identity (Mussen, Conger, Kagan & Huston, 1990 : 636).
- Philosophical identity – the way one relates to the meaning in life (Fisher, 1999 : 18).
- Moral identity - the thinking about moral issues (Mussen, Conger, Kagan & Huston, 1990 : 640).
- Physical identity - physical changes at puberty demands re-evaluation of the concept on one's own body, not only the sexual development, but also the changes in size, shape and strength (Manaster, 1989 : 127/8).

- Vocational identity - having a job that the society values, and being able to do it well (Mussen, Conger, Kagan & Huston, 1990 : 624).
- Family identity - the identity constructed by inter-relationships in the family, as well as the interaction of the family and other groups (Mischel, 1986 : 85-87).
- Ethical identity - refers to identity based on physical characteristics (such as skin colour and facial features) (Mussen, Conger, Kagan & Huston, 1990 : 403)
- Group identity - includes both ethnic awareness and attitude (Mussen, Conger, Kagan & Huston, 1990 : 404)

2.2.4 Identity As Part Of The Maturing Process.

As children grow up their experiences in relationships expand as well (Mishel, 1986 : 50). In Table 2.1 Morgan, King, Weisz & Schopler (1986 : 472-474) explain the basic conflicts that occur in relationships during each phase of life.

Table 2.1 Erickson's Psychological Development Stages

Basic conflict	Optimum Outcome
Basic trust versus basic mistrust (infant)	Trust is the faith that things will be "all right." It develops from good care provided by reliable others.
Autonomy versus shame and doubt (toddler)	Without a sense of self-control (autonomy), children feel shame and doubt. A favourable ratio of autonomy to shame-and-doubt results in self-direction with self-esteem.
Initiative versus guilt (pre-schooler)	Initiative adds to autonomy the quality of doing things just to be doing them. A sense of guilt is often experienced over things contemplated or actually done. A favourable ratio of initiative to guilt results in a sense of purpose.

<p>Industry versus inferiority (schoolchild)</p>	<p>Grade school children learn to win approval by making things and doing things approved by culture. In literate societies, they learn to read; in preliterate societies, they learn the skills necessary for survival. Failure to produce or do valued things leads to a sense of inferiority. A favourable ratio of industry to inferiority leads to a sense of competence and pleasure in work.</p>
<p>Identity versus role confusion (adolescent)</p>	<p>Identity refers to the "Who am I?" and "What am I going to do with my life?" questions of adolescence. Difficulty in answering such questions leads to role confusion. A favourable ratio of Identity to role confusion leads to a sense of consistency.</p>
<p>Intimacy versus isolation (young adults)</p>	<p>Here the task is to establish lasting and loving relationships with other people. Love is the outcome of favourable ratio of intimacy to isolation.</p>
<p>Generativity versus stagnation (middle adult)</p>	<p>Generativity includes productivity and creativity, but here it refers primarily to preparing the next generation for life in the culture. Care is the outcome of a favourable generativity to stagnation ratio.</p>
<p>Ego integrity versus despair (older person)</p>	<p>Ego integrity has many aspects. In part, it refers to one's acceptance of one's life what it has to be. Despair, on the other hand, includes the feelings that life is too short to do much and that integrity cannot be achieved. A favourable ratio of ego integrity to despair brings wisdom and the ability to face death calmly.</p>

This model can be compared to the Freudian model where the psychosexual stages are outlined (Mischel, 1986 :50/1).

Table 2.2 Freudian Psychosexual Stages compared to Erikson's Stages of Psycho-social Development.

AGE	STAGE	PSYCHO-SOCIAL CRISIS	OPTIMAL OUTCOME
First year of life (infant)	Oral-sensory	Basic trust versus basic mistrust	Basic trust and optimism - HOPE
Second year of life (toddler)	Muscular-anal	Autonomy versus shame and doubt	Sense of control over oneself and the environment – WILL
Third to fifth year of life (preschooler)	Locomotor-genital	Initiative versus guilt	Goal-directedness and purpose – PURPOSE
Sixth year to puberty (schoolchild)	Latency	Industry versus inferiority	COMPETENCE
Adolescence	Puberty	Identity versus role confusion	Reintegration of past with present and future goals – FIDELITY
Early Adult	Early Adult	Intimacy versus isolation	Commitment, sharing, closeness - LOVE
Young and Middle Adult	Young and Middle Adult	Generativity versus stagnation	Production and concern with the world and future generations – CARE
Mature Adult	Mature Adult	Ego integrity versus despair	Perspective, satisfaction with one=s past life – WISDOM

According to the model presented by Erickson, the seeking for identity is the main task for the adolescent. Erickson also distinguished the way the female identity was formed compared to that of the male identity (Adams, Gullotta & Montemayor, 1992 : 13-14):

1. The girl's attractiveness, the image of her ideal mate and the decision to make use of her body and its reproductive capacity or not would be the main constituent of the identity
2. The identity formation should be completed in marriage and motherhood
3. The sequence of stage completion would be less specific than that of men

Seeking identity involves the following (Morgan, King, Weisz & Schopler, 1986 : 472):

1. Searching for continuity and sameness in oneself
2. Trying to get a clear sense of what one's skills and personal attributes are
3. To discover where one is heading in life
4. To believe that one can count on recognition of "significant others"

The adolescent that is able to achieve a strong sense of identity after a period of active searching will be more autonomous, creative, flexible, have a greater capacity for intimacy, will feel more confident in their sexual roles, have a more mature moral reasoning, and have a more positive self-concept.

When the adolescent successfully finds his/her identity, there are two key benefits:

1. A feeling of being at home in one's own body
2. A sense of psychological well-being

Although the establishing of identity is the basic concern of the adolescent years, it is an ongoing, lifelong process (Mussen, Conger, Kagan & Huston, 1990 : 617-618). According to above-mentioned model, it starts during the infant years where there needs to be basic trust of the world. The process will then continue during the years where autonomy, initiative and industry become the main concern. It will also proceed during the years after adolescence. A successfully developed identity will attribute to the ability to experience and show love, care and wisdom in adulthood.

Although the above-mentioned definitions exclude the influences of pre-birth experiences on the forming of identity, there are more and more evidence in the work of recent researchers of the influence of above-mentioned phenomenon. Ritzman (1997 : 13) is one of many modern authors that believe that the thought patterns concerning the self are created even before infancy, in the mind of the unborn infant. These thoughts are based on the infants' perception of the mothers thoughts, as well as strong emotions of fear and serenity. To Ritzman there is no doubt about the influence these perceptions have on the developing of personality and self-worth of the unborn baby.

There are also studies that show a positive correlation between mothers who were unmarried while giving birth, and children with severe emotional disturbances and identification problems (Mason, Chapman & Scott, 1999 : 357). These figures may be an indication of the development of identity in the unborn infant.

2.2.5 Self-Awareness And Identity

To be aware, is to have knowledge, or to be informed of current changes is the meaning known to self-awareness in the Collins English Dictionary (1994). Self-awareness indicates a focus towards the self and not to the outward world. It is knowing the self and the motivation of behaviour at a deep level (Zohar & Marshall, 2000 : 285). To be self-aware, is to be informed about the changes in ourselves, and to know that we cannot not change. Change is taking what you are, and adding choices to it, so that your own awareness can develop even more (Verity, 1989 : 3.9). If there is resistance in change, it is from fear of the unknown, or from fear for who one really is. In discovering "the way it is", we change our *perspectives* of ourselves as well as our behaviour.

Zohar & Marshall (2000 : 15, 284-6) associate a high degree of self awareness as well as healthier perspective as mentioned by Verity, with other capabilities such as:

- flexibility – the ability to be actively and spontaneously adaptive
- the capacity to use and transcend (go beyond) pain
- the quality of being inspired by vision and values
- the reluctance to cause unnecessary harm
- a tendency to see the connection between diverse things

- a marked tendency to ask “Why...” or “What...” questions and to seek fundamental answers
- possession of the resource for working adjacent to ruling

The above-mentioned capabilities will reduce feelings of inadequacy, and the urge to “want more than we need.” It will therefore enhance a feeling of contentment that will make the use of drugs, food, and excessive spending of time with peer group et cetera redundant.

Zohar & Marshall (2000 : 59 – 60) describes an very interesting and useful ability that develop with above-mentioned self-awareness. This is a quality that builds on two other abilities namely the ability to determine and understand the rules that are given, and secondly the ability to function fittingly within rules. These two abilities are very appropriate to the young child that needs to learn within boundaries set by parents, school and community. As the adolescent emancipate there will be more and more situations where the need to play *within* rules will be replaced by the need to play *with* rules. The adolescent with a good developed self-awareness accompanied by above-mentioned abilities will be able to play with rules in a responsible way that will be in the interest of the self as well as others.

The researcher would like to point out that self-awareness is an important part of identity formation during the adolescent years. The adolescent needs to be aware of the all the changes that take place. These changes take place on all the levels - physical, emotional, intellectual and social, and need to be seen in perspective and in the context that it happens. The adolescent should be informed and assisted through the changes by parents or other mentors in order to form a healthy identity. Ignorance towards the changes and the new choices that need to be made will cause a serious *identity problem*. Self-awareness and a healthy perception of what is happening will give the adolescent the flexibility to move through these changes.

2.2.6 Conclusion

In paragraph 2.2.1 the researcher tried to put together a definition for identity. The basis of this definition was the work of Erikson, but, in the words of Waterman (1988 : 186) : “By creating a construct with such breadth, Erikson has created problems for those of us concerned with operationally defining identity for research purposes.” To the researcher it is clear that identity is a very broad and mosaic concept, and that it has to be regarded in a contextual manner. All the aspects of identity should be considered in this research, as well as the context in which it needs to be addressed. “The conceptualisation and measurement of identity must include interpersonal content and context” (Adams, Gullotta & Montemayor, 1992 : 3).

To the researcher, and for the purpose of this study, identity will refer to an internal and personal created construction that gives the individual a sense of uniqueness, belonging, integrity, capability and being. These terms are defined as:

- a. Uniqueness - the way one can distinguish oneself from others
- b. Belonging - being recognized as part of a specific group, where there are given roles and relationships, and to be recognized as that what one is, not only the way of being identified as that what one is, but also the valuability of one self
- c. Integrity - honesty and wholeness - can be accomplished through consistent behaviour, values, principles and expectations
- d. Capability – the sense of being good enough, regardless of performance
- e. Being – the sense of having the right to be. This concept will stand apart from what one does. It will give the individual a sense of the right to live

The development of identity starts at a very early age, even before the development of logical reasoning, and will continue to develop until death. Apart from the development of identity through the maturing process, identity is also not a fixed and static construction, but will change as the situation of the individual changes – as the sub-identities in paragraph 2.2.3 indicate.

2.3 THE IDENTITY PROBLEM

The *identity problem* is, and has been for years, a fundamental problem in most Western Cultures. In 1974 Cox (p 224) stated "Of course, a unifying biological principle is operating in every living organism; but at the human level it masters extraordinary complexity, with the psyche not only maintaining its own consistency, capable of planning activities and developing values, but also standing apart from and regarding itself. It is symptomatic of the profound disturbance of the present era that uncertainty about the self is so widespread. It may well be, as Erickson has suggested, that uncertainty about identity is endemic in our time. There are many reports of young people who are vague and bewildered. They "do not know who they are", or what they are all about. ... The egos of these people are weak, brittle, and shaky. Psychological maturity, on the other hand, is characterised by an inner sense of cohesion that makes it unnecessary to ask who he is'.

The work of Erickson and the later work of Marcia showed four different ways in which identity can be expressed. Erickson (1968 : 217-219) pointed out that there are two important ways in which an *identity problem* can occur, Identity Confusion, and Identity Foreclosure.

1. Identity Confusion

In contrast to the above-mentioned identity foreclosure that seems to fix their identities at a too early stage, these adolescents go through a prolonged period of identity confusion. They do not seem to "find themselves", and some of them never develop a strong, clear sense of identity.

These young people often have a low self-esteem, and immature moral reasoning. It is not easy for them to take responsibility, and they are impulsive with disorganized thinking. Although they disagree with their parent's way of life, they do not seem to be able to settle down in a fashion of their own.

Erickson in Ritzman (1982 : 5) describes the identity crisis as "The condition of being uncertain of one's feelings about oneself, especially with regard to character, goals and origins, occurring especially in adolescents as a result of growing up under disruptive, fast changing conditions."

2. Identity Foreclosure

In the case of identity foreclosure there was an interruption of the process of identity formation. Premature fixing of the self-image prevents the individual from developing the full potential and possibilities of self-definition. These people do not differ from their peers where intellect is concerned, but they have difficulty in being flexible and responding appropriately when confronting with difficult cognitive tasks. Recognition from others is very important to them, and therefore they seem to welcome structure and order in their lives. They have close relationships with their parents, and adapt to their values and lifestyle without many questions. Matos, Barbosa, de Almeida & Costa (1999 : 805 -818) found a positive relationship between identity foreclosure and attachment. Attachment refers to the way people need to secure or hold on to old patterns, beliefs and relationships, and resisting any change.

Marcia in Anderson (1990 : 165-167) added another two, more developed identity statuses – Moratorium and Identity Achievement, which is the ultimate state of identity development.. To reach these two statuses, he adds two concepts to the theory of Erickson – the concepts of exploration and commitment. Exploration refers to the act of examining and investigation to gain more knowledge and insight, and commitment refers to the act of making a pledge to someone or something.

3. Moratorium

This identity status refers to the process to forge an identity and making temporary occupational, interpersonal and ideological commitments. It deals with the exploration that takes place in the identity formation. There are innumerable possibilities available and the person in moratorium is intensely preoccupied with exploring options and working towards final commitment. Some adolescents spend many years in moratorium; it may even extend into the adult years, before they move on to identity achievement. There are some people who never move on, and keep on, feverishly, exploring possibilities.

4. Identity Achievement

After the period of moratorium, the adolescent or adult gets to an autonomous resolution of identity. This status deals with the way the adolescent commits to the options that were explored, and represents a set of commitments adopted during the time of exploring. The attainment of this status requires strength of flexibility that is not present at the identity foreclosure. The absence of this strength will result in an *identity problem*.

Table 2.3 Marcia's Identity Statuses

		Exploration	
		Absent	Present
Commitment	Absent	Identity Confusion	Moratorium
	Present	Foreclosure	Identity Achievement

Waterman in Adams, Gullotta & Montemayor (1992 : 57 - 61) adds to the statuses of Marcia the concept of personal expressiveness. In the Greek philosophy, this term, *eudaimonism* refers to the ethical theory that calls upon people to recognize and live in accordance with the daimon or "true self." The *daimon* or "true self" is an ideal; a perfection toward which one strives that gives meaning and direction to one's life. It refers to those potentialities of each person that need to be fulfilled in order to get to a point where one feels that "one has what is worth desiring, and worth having in life."

The feelings of personal expressiveness add a third defining dimension to identity, and it results to seven identity statuses instead of four.

Table 2.4 Waterman's Seven Identity Statuses

<u>Expressive</u>	<u>Nonexpressive</u>
1. Identity Achievers	
After exploration they are committed to goals, values and beliefs that they experience as consistent with their aptitudes and talents and that are perceived as furthering their purpose in living.	After exploration they establish commitments perceived as primarily instrumental, that is, associated with ends that are not integral either to their aptitudes and talents and/or their purposes in living.
2. Moratoriums	
Seeking an expressive resolution to their identity concerns.	Expressiveness is not a criteria for the resolution of their identity crisis
3. Foreclosures	
Commitment to the first alternative seriously considered, and those specific identity elements are experienced as improving the person's aptitudes, talents and life purposes.	The commitments without considering other alternatives serves functions that are not primarily associated with aptitude, talents and life purpose.
4. Identity Diffusion	
No commitments are formed, neither are they engaged in the task of identity formation, and therefore the concept of personal expressiveness does not apply to Waterman. There are, however, psychologists who feel that individuals might experience the diffusion in an expressive manner.	

2.4 THE IDENTITY PROBLEM AND LONELINESS

The researcher wishes to include the concept of loneliness in this paragraph because of the strong connection between loneliness and the fourth aspect of identity as defined in paragraph 2.2.1. In that instance, identity refers to the fact of being recognized as part of a specific group, where there are given roles and relationships. According to a study conducted by Rotenberg and Hymel (1999 : 232), there's a significant association between loneliness and interpersonal identity. Baumeister and Leary's theory implies that loneliness "arises from the universal need for belongingness – the need to establish stable social bonds with others who care" (Rotenberg & Hymel, 1999 : 3).

The Following Definitions Of Loneliness Are Given

Loneliness was defined in a variety of ways by psychiatrists, psychologist, socialists and philosophers. Peplau & Perlmán (1982 : 3) describe two related components to loneliness:

- a. Cognitive: the discrepancy between desired social relationships and actual relationships, quantitatively or qualitatively.
- b. Affective: negative emotional experiences of disorientation, lostness and loneliness

Table 2.5 Definition Of Loneliness

	<u>Definition of Loneliness</u>	<u>Author in Rotenberg & Hymel, 1999</u>
1	Being alone and feeling sad	Burgess, Ladd, Kochenderfer, Lambert & Birch : 109
2	A negative feeling, resulting from a belief that others are unavailable when desired	Cassidy & Berlin : 34
3	A sad or aching sense of isolation; that is of being alone, cutoff, or being distanced from others. This is associated with a felt deprivation of, or longing for association, contact or closeness	Parkhurst & Hopmeyer : 56
4	Refers to feelings of sadness from being alone	Sippola & Bukowski : 280
5	A sad subjective state resulting from dissatisfaction with one's social experiences	Berlin & Belski : 135

The following elements are commonly used in the definitions:

- Sadness, aching
- Cognition of isolation and aloneness
- Lack of, or deprivation of closeness, contact and connection with others

There are a variety of antecedents for above-mentioned feelings. The researcher wants to point out the social needs of the different development stages, and the way that the needs call for specific relationships during each stage. When the needs are not met, a feeling of loneliness is experienced that might contribute to the *identity problem*.

Rotenberg & Hymel (1999 : 67 – 79) described the needs from the developmental stage of toddlers to adolescents. The researcher would like to add the stages from the time in the womb, after birth and infancy. Reference to research on these stages will be offered in paragraph 2.6.

Table 2.6 Developmental Stages And Associated Social Needs

<u>Developmental Stages</u>	<u>New Relationships</u>	<u>Functions and activities provided by relationship</u>	<u>New cognitions contribution to loneliness</u>	<u>Other emotions associated with loneliness</u>
Time in utero	Relationship to mother's thoughts and feelings	Recognition and loving thoughts from the mother	Unwanted or unplanned pregnancies, unwelcome gender, marital problems, health problems of mother, smoking, drug- or alcohol abuse	Feelings, of "I am unwanted, a mistake, not worthy of love and acceptance"
Young infant – HOPE	Dependence on caretaker(s)	Loving, welcoming atmosphere and physical care	Separation from mother directly after birth, no emotional and/or physical care	Feelings of "I have died"
Toddler – WILL	Attachment to peers	Reassurance, affection, attention and companionship	Alone in a storage place, wants affection, no attention from others and miss a friend	Fear and distress
Preschool – PURPOSE	Dyadic friendships	Fun in coordinated play, shared fantasy, deviance and humor – a sense of "we-ness"	No one to play with, and no one to be your friend	Boredom
Elementary school – COMPETENCE	Cliques	Helpers, allies, defenders, gossips and people to play group games with	Conflict with friend, exclusion, rejection, left out, ignored, treated meanly or unfairly by friends	Social anxiety – humiliation from insults, unfair treatment, abuse and incompetence
Primary school and early high school – COMPETENCE/FIDELITY	Crowds – prestige, acceptance, flirtations, crushes	Confidants, joking, sense of belonging, models, sense of standing, sense of worth, meaning, identity is based on association with group	Breach of confidence, betrayed by friends, no one to confide in, feel don't belong, no group to identify with, not valued, important, likable or attractive	Shame because of feelings of unattractiveness, unlikable, unacceptable, unpopular, left out
Adolescents – FIDELITY	Romantic relations	Fellow-explorers in search of identity based on self-understanding, ideology, values, goals social roles, romance, et cetera	Psychological distance, no rapport with others, no sharing of philosophical issues, not understood, doesn't fit in socially, lack of intimate relationship, feel that will never find intimate relationship	Emptiness and alienation

All above-mentioned stages are extremely important in the social identity formation of any person, as well as the personal- and ego identity formation. Often the first crises in romantic relations cause serious problems. The adolescent will report with a depression, eating disorder or other problem. In that case, the educational psychologist will have to deal with all the problems that occurred in all levels up to the adolescent level, because they all added up to the problem that the adolescent reported with.

2.5 NORMAL IDENTITY PROBLEMS DURING ADOLESCENCE

At this stage it is important to have a look at the normal development of the identity of the adolescent. One has to keep in mind that it is a time when the final identity is formed, and therefore will have significant "normal" problems that is part of the identification formation itself. Even an adolescent who has had a very healthy childhood will find these years stormy and "a refight of the earlier battles." (Bradshaw, 1990 : 159).

Bradshaw describe normal adolescence using an algorithm of ADOLESCENCE:

- A**mbivalence – the swinging back and forth between the world of children, and the world of adults.
- D**istancing from parents - in order to prepare to leave home, the adolescent needs to make the parent unattractive.
- O**ccupation – the adolescent is intensely occupied with questions about a future career.
- L**oneliness – there is an emptiness inside the adolescent as they become painfully aware of themselves when they start asking: "Who am I?"
- E**go identity – becomes possible as a result of the adolescents new mental abilities that enable them to think abstract and ask questions.
- S**exual exploration – secondary sex characteristics bring about a powerful new energy and the natural exploration thereof.
- C**onceptualization – the movement beyond the concrete literal thinking bring questions about possibilities and idealization.
- E**gocentric thinking – beliefs that parents are as obsessed with themselves as they are, and the belief that one is utterly unique.
- N**arcissism – an intense self-consciousness brings about that they are obsessed by their own reflection in the mirror.

Communication frenzy – endless talking to friends is a way of feeling wanted and connected.

Experimentation – this is a way to expand horizons and experiment things, often in contrast to the lifestyle of the parents.

2.6. CAUSES OF THE IDENTITY PROBLEM

At this stage we need to have a look at the causes of the *identity problem*. Identity can be seen as the structure from which the individual interacts. It is continually updated as the individual encounters new experiences and information (Adams, Gullotta & Montemayor, 1992 : 74/5).

Although the construction of identity and related problems are very much associated with the adolescent years, the researcher is convinced that it is a lifelong, ongoing process. Therefore we need to look for possible causes of the problem, not only during the early years of childhood, but also during the time of the developing fetus.

After many years of witnessing hypnotic age recall, there is no doubt in the mind of Ritzman (1997 : 13) that memories of the thoughts of mothers during pregnancies can be recalled. He is also convinced that these memories have a definite and very direct effect on the identity that a person constructs from that time on. Many other authors share his idea. They have recorded the following reasons why individuals develop an *identity problem*.

To Ritzman (1982 : 6), the subconscious thought responsible for *every identity problem*, is the idea of being unwanted, unplanned, without purpose, unloved and therefore some kind of mistake. This unrecognised thought that originates from the time in utero, is the bottom line, and a generally poorly understood cause for the identity crisis.

To Gabriel (1995 : Internet), the memories of life in the womb and of birth consist not only of emotions and the thoughts of the mother, but also of the father. To him, a hypnotherapist, these recollections are very detailed and filled with emotions. It is almost as though the fetus absorbs the emotions from its parents, and becomes marinated. This

is called the "Umbilical effect." Positive feelings will become part of the fetus, as will constant feelings of worry, fear, and inadequacy becomes an element of the identity of the fetus.

Hallet (2000 : Internet) describes many events where people - both children and adults, relived pre-birth experiences. This is despite the fact that, according to a medical point of view, the fetus does not have a nervous system suitable for long-term memory.

Although these thoughts that were formed during the time in utero may be irrational, or it may become untrue at a later stage, it will not be removed from the subconscious mind. Ritzman (1982 : 7) gives two reasons why these thoughts will not easily be removed from the subconscious mind :

1. Thoughts accompanied by strong emotions
2. Thoughts introduced at a time when the conscious mind is unable to oppose it rationally - it is only at a later age that rational thinking is possible, and by that time these thoughts are no longer available to the subconscious mind.

Verny (1981 : 15) has no doubt when he states that even the unborn child is a "feeling, remembering and aware being", and that the nine months in utero and the time after birth, shapes personality, drives and ambitions in very important ways, and has a definite effect on "how we become who we are" - in other words, how we construct our identity.

Livingston & Homykiewicz (1978 : 19) describes the way young animals are able to store memory as "imprinting." He attributes the remarkable capacity of young animals to store lasting characteristic patterns of perception, judgment and behaviour to the rapid postnatal development of the limbic system. The role of the limbic mechanisms in learning provides an infantile endowment for all brain systems according to any reinforced experiences. This means that any meaningful experience will be stored in all brains systems engaged in the experience. Rossi & Cheek (1994 : 6-7) explain how memories of traumatic events are deeply imprinted as physiological-, tissue- or muscle memory.

In Chapter 3 the researcher will explain how all sensory awareness becomes part of the subconscious mind that is the actual memory bank. Osfield (2001 : 16 – 17) reports on the latest research on sensory awareness of the fetus.

- Babies could recognize tunes after birth that were played as early as 20 weeks in the womb
- Habitation (ability to recognize repetition) is possible before birth
- After 26 weeks the baby connections between the senses and the cortex are established, and visual images can be sensed.
- Awareness of environment and the changes in the environment affects the developing brain via the mother.
- Movement of limbs start after nine to ten weeks of development, and more complex movements like sucking occur between 12 – 14 weeks.
- Although all nutrients reach the baby via the umbilical cord, the tastes of the food that the mother eats during pregnancies may affect the preference the baby has for tastes after birth.
- The touch reflex pathways are fully wired up to the brain at about 26 – 29 weeks. Although no evidence can be given, but most mothers will be aware of the babies reaction to touch and movement.

The False Memory Syndrome

The researcher is aware of the debate on the legality of the retrieved memory in the use of regressive therapies. In the literature survey many authors are convinced, beyond any doubt, that this memory is very accurate and has a lot of validity concerning the causes and rehabilitative prospect of the client, while others find it totally invalid.

Loftus in Loftus & Ketcham (1994 : Internet) makes it clear that repressed memories are invalid. The purpose of this statement is to prevent unjustly persecution on the ground of repressed memories of any age. She does admit that in theory it might be possible for the mind to repress a traumatic memory, but as it combines with other memories, it is no longer in pure form. Ketcham in Loftus & Ketcham (1994 : Internet) does not believe in repressed memories, but is unable to say whether memories can be partially repressed.

Her viewpoint is based on the findings of court cases where people have been falsely accused of molestation.

Verny (1981 : 16) agrees with the above point of view when he admits that maternal thoughts in utero is only one element in the mix of experiences. There are many other things that go into the moulding of a new life. On the other hand, (Verny, 1981 : 24) also denies that every emotional upset stretches back to the womb or early memories, but does stress the fact that events in the first stages of life affects us in a different way than in later stages when we have developed defenses and responses that are not available to the unborn or young infant.

Janov (2000 : Internet) believes that memories accessed during regressive therapy can be verified. He makes a difference between recalling and reliving, and feels that therapists should not criticize relived memories, unless they themselves have the ability to have deep access within themselves.

At this point the researcher wants to clarify the point that repressed memories (as we will be looking for in this document) are not for the purpose of persecution or other forensic investigation. In this research, the interested is in the perception around early events, rather than the pure memories, and the way it influences the identity formation of the individual.

2.6.1. The Time Before Birth

"To understand ourselves now, we must understand our primal life experiences. And to understand why these experiences made such an impression, we must understand the unique nature of the prenatal infant." Michael Gabriel

2.6.1.1. Unwanted And Unplanned Pregnancies

The unborn baby does not understand that the very strong emotional feelings of the mother regarding her unwanted pregnancy are not directly against him or her. If her feelings are that this is an unwanted, untimely, unwelcome pregnancy without purpose,

the thoughts of the baby will be: "I am unwanted, unplanned, have no purpose, I am a mistake."

The mother's feelings of anger, bitterness and resentment leave the baby without any awareness of love and acceptance. This may lead to an identity of "I am not worth of love and acceptance." (Ritzman, 1982 : 8)

David et al (1988 : Internet) describes studies where children were born to mothers who had been denied abortions for the same fetus on two separate occasions (group A) . The control group (group B) consisted of children whose mothers wanted a child very dearly. Although the mothers who wanted the abortions had more problems during their pregnancies, babies had equally good health after birth.

Tests on the age of nine showed the following:

- a) Intelligence was about equal
- b) Group A was not doing as well at school as group B.
- c) Group A were described by their mothers as being "naughty, stubborn, and bad-tempered."
- d) Friends more often rejected group A than group B.
- e) Group A was more considered as cowards, audacious, loners and clowning and showing off more than group B.

Tests at the age of 14 showed the following:

- f) Group A perceived their mothers as showing significantly less parental interest in them than group B
- g) Group A had more drug and alcohol problems than group B.

David concludes that involuntary parenthood does not provide a good environment for children to grow up.

2.6.1.2. Unwelcome Gender

In the description of Gabriel (1995 : Internet), we become aware of how the fetus is aware of the first choice that parents have regarding the gender of the fetus, and also

being aware of what his/her actual gender is. In case of the "wrong sexed" baby, they may take on an identity where they desperately want to please their parents. This may carry on long after the parents completely accepted their baby and it's gender (even for a life time).

2.6.1.3. Marital Problems

To Verny (1981 : 17) it is important that the marriage should provide emotional support during pregnancy. This allows emotional security and nurturing to the mother as well as the unborn baby. To Verny (1981 : 29/30) few things are a more dangerous threat to the sense of security or the thought of self (identity), than a father that abuses or neglects the pregnant mother, or when there is marital or relationship problems with her partner.

The constant feeling of worry and unhappiness will be projected to the fetus living in the body of the unhappy woman. On the other hand, the happy feelings of contentment in a happy marriage will result in the fetus knowing that he/she is wanted and loved (Gabriel, 1995 : Internet). He also describes a client who, as a fetus during severe marital problems, decided that he could never love his father who caused his mother so much unhappiness. He took on the identity as his father's enemy. Bradshaw (1992 : xv) explains how decisions or promises like these can cause feelings of cellular guilt if it is broken or reversed, even though the individual will not be consciously aware of the decisions that were taken.

2.6.1.4 Smoking, Drug- And Alcohol Abuse

Studies have shown the emotional agitation that unborn babies experience if their mothers just think of a cigarette (Verny, 1981 : 20). The number of heartbeats per minute measured these emotional disturbances. It wasn't even necessary for them to involve in the actual act of smoking. Of course, there is no way that the infant knows the mother is smoking. He/she is intellectually only sophisticated enough to associate these thoughts with the unpleasantness that is caused by the smoking and accompanied drop of oxygen level.

Janov (2000: Internet) writes about the importance of the mother not smoking, take drugs or use alcohol during pregnancy. Apart from the physical damage that may be done, the unborn baby perceives this as a lack of love, an emotional deprivation with far reaching effects to the individual and the construction of its own identity.

2.6.1.5 Ill Health Of The Mother During Pregnancy

Gabriel (1995 : Internet) describes how the fetus can feel responsible for the physical condition of the mother. They develop feelings of guilt, and take on the identity of rescuers.

2.6.2 The Time Of Birth

2.6.2.1 Birth

Stettbacher (1991 : Internet) believes that birth is the most important event in most of our lives. Any massive emotional or physical simulation can trigger unconnected birth memories. He connects these feelings to acting out behaviour, psychosomatic responses and even perversions and criminality.

According to Gabriel (1995 : Internet), the actual process of birth seems more like dying. This can result in lifelong feelings of claustrophobia and hypochondria. The future identity of "I have died", may also be taken on here, and result in feelings of depression.

Verity (1989 : 3.25) considers birth as the most serious experience we ever have in life. It is a dying to the existence in the womb, as well as a new beginning of life in the outside where the baby has to survive on its own. Those who do not understand the delineation of the start and the finish, have difficulty to relate to all the future experiences in life. They will either react to everything in a pessimistic way, clinging to the experience of dying, or they will continually react in a positive way, unable to get away from the living part of the birth. In either way there will be little control in issues related to the conclusions about themselves initiated at birth.

2.6.2.2 Separation Directly After Birth

Older (undated : Internet) describes the importance for newborn babies not to be separated from the mother. This is a period where the isolated newborn feels rejected. The infant needs three things in order to survive: it needs to feel love, enough warmth and to be fed. By isolating the newborn places him out of touch with the love of his parents. Settbacher (1991 : Internet) agrees that the primal cause of pain is the infants needs that were not met.

Older (undated : Internet) also describes the importance of touch for babies, older children, as well as grown ups. Touch is crucial for both emotional and physical growth. Without touch, the newborn infant might even die. In the same way it perceives a lack of oxygen during pregnancy, Janov (2000 : Internet), feels that the baby perceives a lack of touch as a lack of love.

Gabriel (1995 : Internet) agrees that the immediate experiences in the delivery room can be very traumatic, especially the harsh conditions where the newborn baby is separated from the mother. The bright lights, the noises and cold conditions may be very traumatic and unpleasant. The baby may again experience feelings of rejection, and that is especially true when the young infant is separated in an incubator.

2.6.3 Childhood

"Every child needs to be loved unconditionally – at least in the beginning. Without the mirroring eyes of a nonjudgmental parent or caretaker, a child has no way of knowing who he is." (Bradshaw, 1999 : 11)

2.6.3.1 Social Problems

This issue was addressed in paragraph 2.4, and the way that these social problems result in loneliness that may contribute to the *identity problem*.

2.6.3.2 Child Abuse

The first years in the life of an individual refers to the first basic conflict in Erickson's psychological development stages (refer to Table 2.1). The trust that can be found in

others is very important. For any child to develop to its full potential, it is also important to be able to develop a faith that things will be all right. This important first step cannot be taken when there is no good care which needs to be provided by reliable others.

Bradshaw (1992 : xvi) describes the way that children create protective trances to be able to cope with painful childhood experiences. They compose a destructive identity confusion that will enable them to become acceptable to others, and the only way to be acceptable, is to deny their own true identity - to become someone different from whom they are.

When the needs of the young infant are not met, he/she takes on the identification of someone who has no right to depend. This results into either isolation or enmeshment. In the latter case a false identity will be composed to the demand of other people's likings (Bradshaw, 1992 : 60).

Sheppard (1996 : Internet) describes how a severely abused child can develop such intense fears, that despite success, they always fear that they will not be good enough. These fears are the result of many violent beatings from the father, which made her believe that she would always be in the wrong.

It is not only the physical abused child, but also the emotionally abused child that suffers. Janov (2000 : Internet) describes how important it is that the mother meets all the needs of the young infant, physical as well as emotional needs for tenderness and concern to allow him/her to grow and develop into a complete person. He describes not only the psychological damage that is done to a child, but also the physical damage. Janov believes that early emotional trauma causes the reduction of functioning brain synapses. A negative physical image that can, among other problems, lead to eating disorders, is often the result of physical or sexual abuse or parents being critical of their children's appearance (Talkan, 2000 : 51).

2.6.3.3 Protective Parents

Both under- and over protective parents' behaviour can lead to an *identity problem* of their children. On the one hand there is the parent-child relationship that lacks love and care, and on the other hand you find the parent that is over involved and over protective.

In the first case the child will not only be fearful and wary of rejection and close relationships, but will also lack the basic skills needed to initiate and keep intimate relationships (Sullivan, 1953 : 173). The *identity problem* will become an even bigger problem as the child keeps on failing to succeed in forming and keeping of relationships. Children with over protective and over involved parents tend to become narcissistic, and think that the main goal in life is to be loved and admired by others (Zillboorg, 1938 : 210). This over involvement with the selves and the unrealistic expectations from others interfere with the emotional bonding that is necessary to create and keep intimate relationships. These children are also incapable to initiate relationships (Anderson, 1990 : 84).

2.6.3.4 Lack Of Rituals During Adolescents

In the Western culture there are very little or no rituals were adolescents are guided in developing a sense of self, being given the idea of their worth and recognized as emerging adults. It is important to incorporate boys and girls in manhood and womanhood through ritual and public transformation.

Wolf in Vaill (2000 : 36-37) points out the need in Western culture, especially for girls, to assist them in their searching of identity and meaning. The lack of guidance and rituals results in intense experiences like drug taking, promiscuity, and other "on-the-edge" self-destructive behaviour. Besides the physical implications, without the awareness of choice they are not able to take the responsibility regarding virginity, and the consequences of losing their virginity. Without the awareness, how can they take responsibility at all?

2.6.3.5 Physical Changes During Adolescence

Talkan (2000 : 51-52) describes the influence that the physical changes in adolescence has on the development of identity. Spotty outbreaks, puppy fat, developing breasts,

length, not being petite enough and all the other changes that take place, may create negative images that can persist well into adulthood.

2.6.4 Fear As A Cause Of The Identity Problem

Verity (1989 : 3.3.25 – 3.3.29) has an interesting theory on fear as a cause of the *identity problems*. Although this pattern of fear is an ongoing process throughout one's life, it starts during the existence of the baby in the womb, and also at birth when the baby has to leave the womb, and has to die to that "womb world existence." To Verity (1989 : 3.25 – 3.26) we base the rest of our lives on the experience of "dying to the existence in the womb world." In that dying we make a lot of resolves about ourselves based on the experience of birth. Birth also cause a lot of changes:

- o Internal functions
- o Relationship to the mother
- o Relationship to other
- o Sensorial picture changes
- o The way of survival

Based on the experience of Birth, we experience fear in our lives. Negative Emotional Charge (explained in Chapter 4, paragraph 4.4.3.3) is accumulating from pain, hurts, fear of pain, and the protection of the self. We need to realize that the energy we have been wasted on fear can be used to approve our own existence – to claim back our own identity.

The fear that is experienced in these early stages of existence is the doorway to Verity's Fear Spiral. The Fear Spiral explains the way all fears are connected to each other. It starts off as a Fact, the actual primary fear, that leads to a Feeling of fear, the feeling will create the Effect of delusional fears, which will cause Hurt, leading to the reinforcement of Memory of fear, that Locks into the internal fear defenses, and the spiral will start all over again.

Table 2.7 explains how one step leads to the other, which feeling each step creates, and the way the *identity problem* is formed in every step of the Fear Spiral. Verity calls this

identity problem the Negative Self, the delusion that is created with the feeling of fears, the illusion that takes the place of the true identity as it loses control, as it's true nature of the identity is denied by itself.

TABLE 2.7 The Fear Spiral

	<u>Behavior of the Negative Self</u>	<u>Resolve that is created</u>
FACT Primary fears Creates resolution	Feeling of not being; numbness to childhood experience; losing the self; imprisonment	Beliefs about the self
FEELING Delusional fears Creates Negative Self	Feelings of separation; anxiety, trapped despair; detachment, denial, hopelessness; nothingness, empty, bad, inferior; panic	Negative Self
EFFECT Ego fears Creates illusion	Mental conflict; living in illusion; negativity; over regulation – no, can't, shouldn't, stop; inadequacy; meaninglessness	Live in illusion
HURTING Somatic fears Creates reality (proof)	Feeling not well; repressed; expectations; conflicts; anxiety; nervous reactions; misunderstanding	Belief in the illusion of pain
MEMORY External fears Creates reinforcements	Jealousy; rage; apprehension; helplessness responses, tired; illness; loss of memory	To look for threat
LOCKING Internal fears Creates defenses	Overreaction; sympathy patterns; misinterpretation; feeling out of sorts, obsessions, disregarded; resistance to change; denial; suppression	To defend against core fears

Verity believes that the same way as the Negative Self was created, it can also be undone, with the use of regressive therapy.

2.7 DETERMINATION OF THE IDENTITY PROBLEM

At this stage the researcher is aware of the fact that no adolescent will report with an *identity problem* as such. The educational psychologist will have to be aware of all the possible ways that the *identity problem* can manifest, using those manifestations to make the diagnoses of *identity problem*. These manifestations will be clear in the specific problem that the adolescent report with, the history taking, and other methods to verify the initial diagnosis.

The psychologist should also take into account the developmental stages as described in paragraph 2.2.4, and identity should be seen as part of the maturing process. Therefore attention should be given to the following aspects as part of the development of a healthy identity:

- a. basic mistrust
- b. shame and doubt
- c. guilt
- d. inferiority

2.7.1 Manifestations Of The Identity Problem During Adolescence

In this paragraph the researcher would like to point out the way in which the *identity problem* can manifest in the adolescent, and the problems that the adolescent will report with. In acknowledging the occurrence of the *identity problem*, the educational psychologist will have a better understanding of the real predicament of the problem, and will therefore be able to treat it in a more direct and effective way.

Many authors report the following problems to be associated with the *identity problem* as it develops through early childhood: eating disorders, suicidal behaviour, depression, learning problems, drug and substance abuse, acting out behaviour, psychosomatic reaction, obesity, problems in relationships, perversions, criminality, asthma, homosexuality and other *sexual identity problems*, immature behaviour, poor responsibility, fears and phobias, panic attacks, alcoholism, schizophrenia, psychotic behaviour (Settbacher, 1991 : Internet; Linn, Linn, Emerson & Linn, 1999 : Internet; Janus,

1997 : Internet; Alexander, 1996 : Internet; Grof, 1980 : Internet; Jenson, undated : Internet; David et als, 1988 : Internet; Bradshaw, 1992; Bradshaw, 1990; Verry, 1991; Adams, Gullotta & Montemayor, 1992; Rotenberg & Hymel, 1999).

Adams, Gullotta & Montemayor (1992 : 50, 61) feels that there is no problem a client can report with that does not include the *identity problem*. It is their point of view that every psychotherapist should be aware of the presence of the *identity problem*, and the treatment of the problem. The researcher will have a look at four main problems that adolescents can report with, and the way it relates to the *identity problem*. The researcher realizes that all these problems are complex, and have no common or simple solutions. The idea of this paragraph is not to outline a total treatment plan or procedure, but rather to highlight the *identity problem* within the problem, and in what way it relates to incidents in early childhood where their identity formation was at risk. In every individual case reported, there will be more aspects to the problem that will need to be addressed.

2.7.1.1 Anorexia Nervosa

Body image is very much a part of eating disorders, and this identity, as other identities, starts developing during childhood, early puberty and adolescence. It does not only include the visual image, but also the thoughts and feelings surrounding those images. Although it is normal for an adolescent to be self-conscious about their physical appearance, it stands to reason that having a body different from the norm during these years, in whichever way, can result in a negative body image. The *International Journal of Eating Disorders* in 1995 also found a higher incidence of dieting and/or eating disorders among people who has been teased as adolescences (Talkan, 2000 : 51).

Anorexia Nervosa is also a problem that often occurs during adolescence. According to Viljoen (2000 : 6), the maximum onset of Anorexia Nervosa is between 10 – 30 years of age, with the highest incident during 17 – 18 years. Roos (2000 : 2-4) states that Anorexia Nervosa is characterized by an underlying disturbance in the development of the self, the identity and autonomy. Family issues are also very important factors in the

development of Anorexia, and will include the way identity is formed. Theoretically, sexual factors play a very prominent role in the etiology of eating disorders.

According to above-mentioned theoretical viewpoint, anorexic girls fear their own sexuality and the prospect of functioning as a woman. The disorder appears at a time when they begin to show signs of sexual maturation, and when interest in boys and dating occur. By reducing their body weight, they restore themselves to childlike physical characteristics; make themselves unattractive to boys, become amenorrhetic and safe from the anxiety and threat of mature heterosexual relationships. Minor psychological abnormalities are relatively common round about puberty; some patients being conspicuously tomboyish, others showing prudishness or disgust with matters relating to sex, including the development of their secondary sexual characteristics.

Sgouridis (2000 : 17) reports a study where a correlation between overprotective mothers and their anorexic daughters has been found. This overprotection is often a result of women who have previously miscarried or has had a stillbirth, and they become overprotective of their unborn babies, and later of their infants and children. These mothers have unresolved emotional fears that they project in the relationship with their children, and do not allow their daughters to mature and become independent.

The following case studies offer examples of the train of thought that results into eating disorders (Talkan, 2000: 52):

Case study 1

"By the time I was 14, I was 22 kg overweight. On the playground kids used to make fun out of me. Because of the teasing, I tried to win friendships in any way I could, like being the one to risk getting in trouble. My family made matters worse. My mother made a big deal about my weight, saying things like, 'You have such a pretty face. If only you were thin.' She was constantly dieting too. By the time I was 15, I was sick of praying to be thin. I got interested in boys and just started eating less. The weight came off in five months, and I've never been heavy again. You'd think that everything would be OK now. But those wounds go deep. When people said: 'You're fat', I thought it meant more than

that I had extra weight on my body, as I were somehow bad. I was compulsive about what I ate, avoiding anything fattening. Then I'd binge under pressure. I was also obsessed with running, and if I skipped one day, I felt guilty and fat."

Case study 2

"I got acne when I was 15, on my face, neck and back. It filled me with shame because there is a persistent myth that you are somehow causing acne. People would say: 'Can't you do something about that?' the answer was 'No', but I thought that I was horrible because I couldn't get rid of it. Thinking that anything I ate would trigger the acne, I developed an eating disorder, and trying to control something I couldn't. I felt people looked at me with revulsion. I walked with my head down, pretending I was in another world. My skin is clear now, but the scars are a daily reminder. The biggest hurdle has been to accept the way I look. There was a time when I avoided mirrors, and it really helped."

Case study 3

"In high school, I became very self-conscious and believed everyone was looking at me. I'm more than two meters tall, but more the Amazon physique than that of a super model. I was described as the 'big girl'. I hate that phrase. It make me feel hideous, ungainly. I have a library horrible memories, I remember dancing classes. I was without fail last one picked, or left without a partner. At school I was teased all the time and felt very isolated."

2.7.1.2 Addictions

Many authors, like Janov (2000 : Internet) describe the way people eat food or any other substances to replace the lack of love and attention they received as a child. Food can also be used to ease feelings of guilt or spite, or for comfort or any emotional desire (Meyers, 1993 : 12).

The very first need for dependency that has to be met through nurturing and relationships has to be fulfilled during the early childhood the time when a healthy identity should be formed. An "emotional hunger" in later years can be the result of

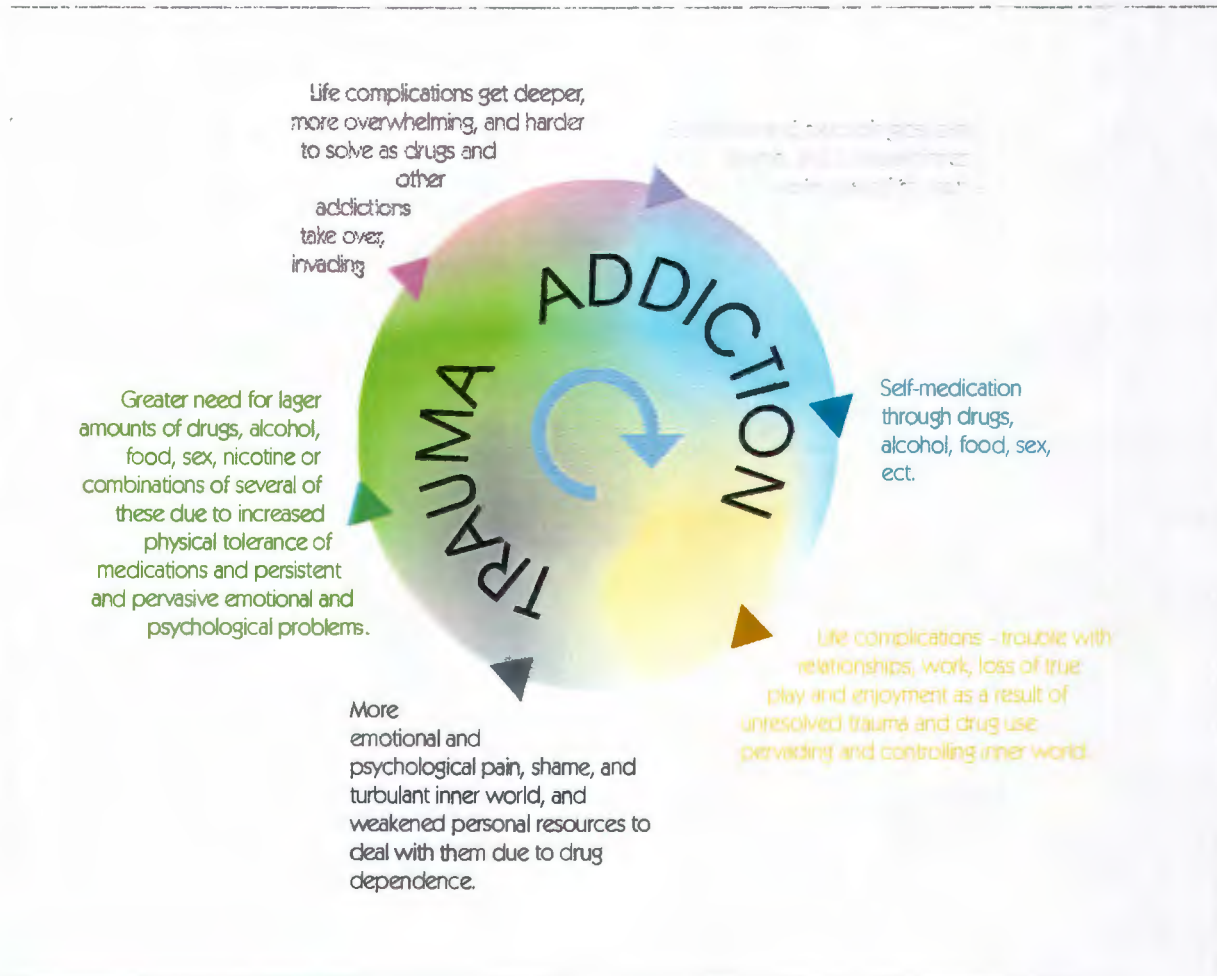
inadequacy to meet these early needs. This “hunger” will also be unmet if there is no self-awareness of how the unmet needs of the past affect present relationships (Dayton, 2000 : 17-19). There are two possible ways of responding to the suffering of the early years: Protest and Numbing.

Research by Van der Kolk in Dayton (2000 : 17) has outlined the connection between trauma and addiction. Trauma victims control their inner struggle of protest and numbness through the use of substances. This temporary relief through “self-medication” becomes a vicious circle, as the reemerging of the emotional pain after sobering up becomes a reason to once again self-medicate with food, drugs, sex, alcohol et cetera – refer to Figure 2.2.

Modlin (undated : 151 – 153) outlines the fact that while sixteen percent of all woman in the United Kingdom are obese, forty five percent of black South Africans are obese. Important factors that may be the cause for this phenomenon are separated families that result in poor support systems, as well as rejection and repression as a human being by virtue of one’s skin colour – all major factors concerning the identity formation.

Modlin also describes the way that some people subconsciously believe that, because of childhood trauma, they are in the wrong (*identity problem*), and therefore need to be punished. Overweight and all the social problems that accompany it, become their punishment that they subconsciously believe they deserve. In the same way, people may subconsciously believe that they have inadequate “right to be” – see paragraph 2.6, and fat may become a form of protection, and by being bigger and stronger, you will be protected.

Figure 2.2 The Wheel Of Trauma And Addiction (Dayton, 2000 : 19)



Corbet-Owen (2000 : 11-13) describes the way people use food, alcohol, drugs and other compulsions to comfort the part in them that is desperately in need of love and acceptance. She also gives the reasons why people need protection, and what protection people may find it in the fat that wraps their bodies:

- To numb or tranquilize painful emotions of lifelessness or negligence
- Stop us from feeling altogether
- Rebel against others who have been denied the person the right to take his/her own control
- Erect a barrier between the self and other
- Get a message through to others
- Hide vulnerabilities

- Be large to decrease attractiveness or sexuality
- The fat becomes the voice of the inner child crying to be nurtured.

2.7.1.3 Learning Problems

As educational psychologists we are no longer under the impression that it is mainly linguistic- and mathematical intelligence that play a role in the academical achievement of pupils, but in the last few years we became very much aware of the importance of other factors as well. One of the very important factors is the way someone perceives him/herself, or someone's identity. David et al (1988 : Internet) describe learning problems as one of the results of unwanted pregnancies. This is the very place where the identity will start developing.

Fisher (1999 : 17 - 40) named nine intelligences that will contribute to the effectiveness of academic study:

- a. Linguistic Intelligence
- b. Mathematical Intelligence
- c. Scientific Intelligence
- d. Visual Intelligence
- e. Musical Intelligence
- f. Physical Intelligence
- g. Personal Intelligence
- h. Social Intelligence
- i. Philosophical Intelligence

All of these intelligences have to be developed to some degree for the individual to be successful in academic activities. For the purpose of this study, the last four Intelligences need to be investigated. Fisher describes the four intelligences as follows:

- a. Physical Intelligence: control of body movements. This is more than the ability to move or doing tasks at home and at school, it is also the ability to take physical action, as well as expressing emotion (this includes all kind of arts) and taking part in sports activities. For the adolescent, it is necessary to be aware of the physical changes that take place, and to adjust to the changes in shape,

strength, length and weight. Hormonal changes in the body also makes it difficult for the adolescent to cope with mood changes, the discomfort of the menstrual cycle and other physical problems such as pimples. The knowledge and awareness of these changes will make it easier for them to adapt, for this is a time when the physical identity is very unstable and uncertain.

- b. **Personal Intelligence:** being aware of ourselves. The development of the human mind is part of the development of the "self." The change in thinking abilities from concrete to abstract and more logical may cause problems for the adolescents as well as people around them. It is important for teachers and parents to assist them in their new developing ability. This is also the part of our intelligence that tells us who we are, and as our reasoning ability changes, our idea of who we are changes, and that will change the way we see ourselves in the academic environment, academic relationships, the way we see our future and future careers. The adolescent no longer accepts the ideas of parents, teachers or caretakers as their own. When fully developed, this form of intelligence will allow the adolescent to make the most of him/herself, as it allows them to know what is necessary to change, what they need to hold on to (or control), and what they need to let go.

- c. **Social Intelligence:** being aware of others. Strong emotions are evoked in living with other people – at home, at school, in a social environment and on the sports field. This is a constant and very challenging issue that the adolescent has to deal with. Social intelligence deals with the need to solve problems of living together. In order to develop this intelligence, one has to balance your own needs with the needs of others and have to benefit from what other has to offer. To the adolescent this is not easy, for as they mature, there is a constant change in needs on all levels, as well as a change in the roles that they take on in different situations. To know "Who am I?", "What are my needs?" and "Who am I in relation to this person/situation?" is part of the dynamic changes that takes place during adolescence.

- d. Philosophical Intelligence: thinking about the meaning of life. Instead of asking, "Who am I?", the question of "Why am I?" can be asked. These are questions that have no right or wrong answers, but many possible answers, and many different viewpoints. It is all about how we can make sense of life.

2.7.2 The Identity Problem As It Prevails In History Taking

During the history taking the educational psychologist should be aware of the behaviour and thought patterns that will reveal the presence of the *identity problem* that the adolescent has. Taking in account all the models available in the literature as described in paragraph 2.3, the researcher comes to the conclusion that the adolescent with an *identity problem* will be recognized by the following behaviour:

- o Do not know who they are, and where they belong
- o Feelings of not being good enough
- o Feelings of loneliness
- o Feelings of being unacceptable to parents, teachers, peers and selves
- o Discontent with themselves and/or their bodies
- o Not knowing where they are heading in life
- o Not being able to take responsibility
- o Immature behaviour
- o Undeveloped moral reasoning
- o No flexibility in moral issues and viewpoints
- o Attachment to useless and trite relationships, beliefs, behaviour and patterns
- o Irrational fears and phobias

The following questions were taken from the History of the Medical Hypno-analysis Model, and should give an indication of the *identity problem*. Possible answers and the way the *identity problem* is indicated are also given:

Table 2.8 Question And Answers As An Indication Of The Identity Problem

Questions	Answers	Possible meaning
What is your name?	'Little' Mary / Baby / Big boy Who me?	Immature identity Poor personal identity
What is your age?	Older than the real age Younger than the real age	Too old identity Identity foreclosure
What is your sex?	Female/male – I hope! Wrong sex I wish I knew	Sexual identity
What is the problem that I can help you with?	I need to sort myself out/ I wish I knew who I am/ I need to know who I am	Poor personal identity
	I do not belong anywhere	Poor socio-economic identity
	Nobody understands me	Poor personal identity
	I am always the least, trying my best to meet others needs, and never think of myself and my own needs	This person took on the identity of a martyr
	I always try my best, but it is never good enough	Poor reflected/ Vocational identity/ Inferiority Identity of a victim
What is your relationship with your father/ mother/ brothers/ sisters/ stepfather/ stepmother/ stepbrothers/ stepsisters?	Mother/father/brother/sister always let me feel I am in the wrong/not good enough	Poor family identity Inferiority
	Bad relations My father/ mother is very cruel/hard/ strict/ absent/ mad/ ignorant Poor marital relationship between parents	All negative answers will give an indication of the family identity
Was there any early sexual incident(s) with a grown up / child?	Rape/ fondling/ abuse / exhibition	Sexual identity Basic trust Guilt Shame

What do you know about the time your mother was pregnant with you, and about your birth? (This question could be asked to the parents as well)	Parents were not married An abortion was considered for health or other reasons. Serious marital problems or a divorce during pregnancy. There was an attempted abortion, but it failed. Father was away from home for long periods of time. Mother was very sick during pregnancy Bridge birth Complicated/long/difficult birth Concern that the baby or the mother could die at some stage during the pregnancy and/or birth. Time spent in incubator.	Guilt and responsibility towards the feelings and or the health of the mother. Guilt because of their existence A feeling of – “I have died” - depression
Do you have any feelings of guilt in regard to masturbation or other sexual incidents?	Any positive answer	Guilt Shame and doubt Sexual identity
Questions about first intercourse	Any positive answers	Guilt Shame and doubt Sexual identity Personal identity Seeking for love and acceptance from important others
Do you use alcohol/ drugs? How often and what do you use?	Indication of alcohol and/or drug abuse	Guilt Shame and doubt Identity problems –refer to paragraph 2.7.1.2
Do you eat regularly/ healthy?	Answers indicating eating disorders	Identity problems –refer to paragraph 2.7.1.1 and paragraph 2.7.1.2
What do you think people say about you behind your back that you don't like?	I am a snob, aggressive/ I don't mind I am fat / thin / ugly They do not bother about me	Social identity Physical identity Personal identity
If you could change one thing about yourself, what would it be?	Physical changes Personality My family/ race Sex	Physical identity Social/ personal/ ego identity Family/ socio-economical/ ethical identity Sexual identity

2.7.3 Methods To Confirm The Identity Problem

The educational psychologist can make use of projection techniques and dreams to confirm their diagnosis of the *identity problem*. The educational psychologist will be interested in the way the adolescent project his or her feelings, anger, beliefs, attitudes and desires. The word projection refers to the way in which people externalize inner perceptions and emotional processes (Rabin, 1986 : 4 - 5).

The Word Association Test And Incomplete Sentences

Psychodynamic considerations are one of other uses of the word association and the incomplete sentence test. It can also be used to determine personality-relevant areas or creativity. There are many different tests available, each of them a selection of ambiguous words or incomplete sentences were the individual is asked to impose meaning or order to the given stimuli. (Rabin, 1986 : 200-202).

A series of studies showed the flexibility of the sentence completion techniques, and it can be used to determine emotional development, stability of feelings, ego-development et cetera (Rabin, 1986 : 205).

The researcher will make use of the Diagnostic Word Association Test developed for Medical Hypno Analysis, which consists of words and incomplete sentences as stimuli to the client, to confirm the *identity problem* that is diagnosed in the first session with the adolescent. The following words /incomplete sentences in Table 2.9 are offered to the client, and the responses that will indicate a possibility of an *identity problem* is given next to the stimuli. Please note that these are only indications of a possible meaning, and as in any other projection technique, it should only be interpreted within the global picture that the psychologist has of the client. It is also impossible to give all possible answers. The idea of this table is to give an indication of how a Word Association Test could signify the *identity problem*.

Table 2.9 Words And Incomplete Sentences With Possible Answers That Will Indicate The Presence Of The Identity Problem

<u>Stimuli</u>	<u>Possible response</u>	<u>Possible Meaning</u>
Name of client	... nothing, bad, somebody ... surname ... sensitive	Personal identity Hurtful relationships
Surname of client	... father ... distant	Personal identity Family relationships
Mother	... busy	Absent mother – lack of love
My mother always	... angry ... criticizes me	Lack of acceptance from mother
Problem	... me ... confused ... My mom/dad...	Personal identity Lack of acceptance from mother /father /important other
The real problem is me; myself ... my insecurity; in myself	Personal identity
Hate	... me	Hurtful relationships
My mother never	... loved me ... cared ... approved	Lack of acceptance from mother
I am just like	... Any person with a negative connection ... nobody ... whirlwind / pencil ... I don't know	Personal identity
Lonely/Alone	...me ...always / sometimes ... yes	Not recognized by important others / communities / groups
Rejection	... that's me ... always ... scared ... hate it ... sometimes	Lack of acceptance and/or love from mother / father / important other
Love	... me ... always far from me ... none	Personal identity Lack of acceptance from mother Hurtful relationships

Without love	... there is no hope ... starved ... loneliness ... alone ... unhappy	Lack of love and acceptance from mother /father /important other
I felt without love when	... I needed somebody ... any age ... I failed ... (name) left me ... my parents got divorced	This can also give an indication of the time / incident when the identity problem started
Sex	... comfort ... wrong	Hurtful relationships with parents Guilt
Drugs	... comfort ... wrong	Addiction Hurtful relationships with parents Guilt
Food	... comfort ... wrong	Addiction Eating disorder Hurtful relationships with parents Guilt
Anger	...me ...always ... no love	Hurtful relationships
Homosexual	...naughty / wrong ... me	Guilt Sexual identity
Who	...am I? ... can I trust	Personal identity
What am I doing here?	
Guilt	...me ... not me	Guilt
My punishment	...no love ...to be perfect ...to eat ...to be stupid	Indicates the way the individual punish themselves for being, not being perfect et cetera
My greatest need is	... love/to be loved ... acceptance	Hurtful relationships
My greatest fault is	... myself ... my inadequacy	Personal identity
My greatest talent /ability is	... there is none	Personal identity
My biggest failure	... myself	Personal identity Guilt

My father always	... beat me ... criticized me /used to bring me down ... busy	Lack of love and acceptance from father
My father never	... approved/loved me	Lack of love and acceptance from father
As a child I	... I was unhappy ... there are no memories ... got hurt ... remember being very scared / afraid ... alone ... felt bad	Hurtful childhood
If only I could	... be me ... change myself ... be strong	Personal identity Feels inadequate
Why can't I	... be the best that I can be	Feelings of inadequacy Personal identity
Every single time	... I make a mistake ... I am wrong ... I am rejected	Feelings of inadequacy Personal identity
Underneath it all	... I want to be happy / accepted/ loved / I am a failure	Personal identity Bad relationships Feelings of inadequacy
I felt like dying when	... I was wrong ... I failed ... I disappointed you/mom	Feelings of inadequacy
I'll be well when I know who I am	Personal identity
My greatest desire is	... to be loved / accepted / meaningful ... to please you ... to be somebody	Personal identity Bad relationships Feelings of inadequacy
I'm the kind of person who	... make a lot of mistakes	Guilt Personal identity
I sinned when	Any answer	Feelings of guilt

2.8 CONCLUSION

The literature survey of the *identity problem* pointed out that, although the formation of identity is very much an activity of the adolescent years, it is a lifelong, and ongoing process that starts in the womb, and continue through the childhood years. The problem is very strongly related to feelings of rejection, of not good enough, of not belonging – even to the extent that the person may feel guilty about existing at all. It is all about the

individual's deep and genetic need to be loved and accepted by at least one other person.

In this chapter the researcher gave an idea of how the educational psychologist will be able to recognize the *identity problem* in the way that the problem will manifest, the way the problem and the history is presented. The researcher gave an idea of how a test such as the Word Association Test can assist the educational psychologist to confirm the diagnosis of the *identity problem*.

In the next two chapters the researcher will do a literature survey on the way memories are stored in the mind and body of an individual, and the way that those memories influence behaviour. There will also be a study on methods that the educational psychologist can use to determine the exact experiences during childhood that caused the *identity problem*. A survey will have to be done on the way these childhood memories are captured in the mind-body-system, the ways these memories can be retrieved, and what models are available to the educational psychologist to correct the effect of these memories.

CHAPTER 3

PSYCHO-NEUROBIOLOGICAL MODELS OF MEMORY AND BEHAVIOUR

Men believe themselves to be free, simply because they are conscious of their actions, and unconscious of the causes whereby those actions are determined.

Baruch Spinoza

3.1 INTRODUCTION

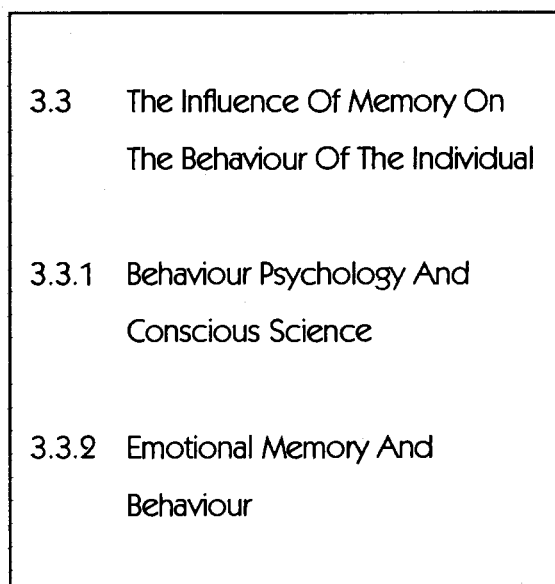
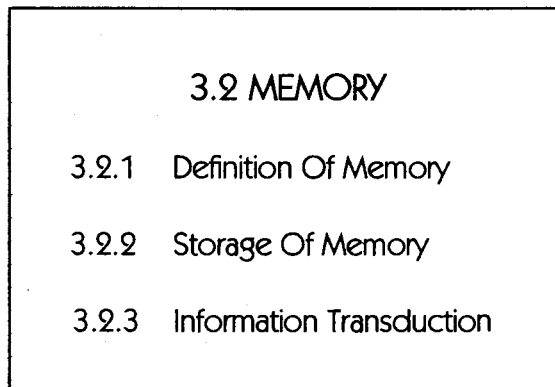
In the previous chapter a literature study was done on the *identity problem*, and the way it develops. The adolescent years are very important in the formation of identity, but through the survey the researcher discovered that this problem starts as early as during the development of the fetus in the womb. The main reason for the *identity problem* is the perception that there is not enough love, approval and acceptance.

Some of the information that the educational psychologist will need to eliminate the *identity problem* is not available to the conscious mind of the individual, and will not be given to the therapist in history taking and/or conventional therapy. The fact that the above-mentioned experiences still have an influence on behaviour of the individual is an indication that the memory of the experience is still available to the individual. These facts bring about the following questions:

- i. What is memory?
- ii. In what way is the memory of earlier experiences available to the subconscious mind of the individual? – In other words:
 - What is the subconscious mind?
 - Where or how is the memory stored?
- iii. Why is the memory of earlier experiences important in behaviour?
- iv. How will it be possible for the educational psychologist to change the behaviour?

In this chapter the researcher will do a literature survey on memory and the influence of memory on behaviour. Figure 3.1 gives a summary of Chapter 3.

Figure 3.1 Summary Of Chapter 3



3.2 MEMORY

3.2.1 Definition Of Memory

Definition according to Collins English Dictionary (1994):

- ia. *the ability of the mind to store and recall past sensations, thoughts, knowledge et cetera*
- ib. *the part of the brain that appears to have this function*
- ii. *the sum of everything retained by the mind*
- iii. *a particular recollection of an event, person, et cetera*
- iv. *the time over which recollection extends*
- v. *commemoration or remembrance*

Reber (1985 : 446) offers the following definition:

- i. *The mental function of retaining information about stimuli, events, images, ideas et cetera after the original stimuli are no longer present*
- ii. *The hypothesized 'storage system' in the mind/brain that holds information*
- iii. *The information so retained*

Barlow & Durand (1999 : 52) explain the difference between explicit - and implicit memory.

- Explicit memory is the good memory for events, the memory available to the conscious mind. That would be the information that the therapist would be able to obtain during the history taking.
- Implicit memory is when somebody acts on the basis of events that happened in the past, but cannot remember the events. These would be events that occurred during pregnancy, birth and early infancy. It would also include events that were

so threatening to the subconscious mind, that it would be hidden from the conscious mind. A further explanation of this concept will be given in paragraph 3.3

Le Doux (1998 : 180 - 182) explains the difference between explicit and implicit memory as follows:

- Conscious recollection is the kind of memory that we have in mind when we use the term "*memory*" in everyday conversation: to remember is to be conscious of some past experience, and to have a memory problem (again in everyday parlance) is to have difficulty with this ability. Scientists refer to conscious recollection as declarative or explicit memories. Memories created this way can be brought to mind, and described verbally. In this way, an individual will be able to tell you about the loss of a close relative or friend, and experience sadness as they verbalize the memory of the incident. For the purpose of this study, the researcher will call this a *memory of emotion*.
- Implicit memory on the other hand, involves implicit or unconscious processes into important senses: the learning that occurs does not depend on conscious awareness and, once the learning has taken place, the stimulus does not have to be consciously perceived in order to elicit the conditioned emotional responses. The individual may, for example, become aware of fear or anxiety, but has no control over its occurrence or conscious access to the origin of the emotion. The researcher will call this response an *emotional memory*. This is the part of the memory that the researcher will be interested to see the influence it has on the *identity problem* of the individual.

For the purpose of this study, the word "*mind*" will refer to all information that we gain through words, imagery, sensations, perceptions, emotions, thinking, memory and learning. It is an inherent state of the brain, and not a mere byproduct of sensory input.

3.2.2 Storage Of Memory

3.2.2.1 Memory And The Structure Of The Nervous System

Throughout the previous century, scientists like Papez, MacLean and Gavin (Le Doux : 1998) have tried to locate the different functions in the brain. "Emotions" and the "storage of emotions" were also two functions that the scientists were interested in. As this is not an easy task, the debate is still going on, and will continue. In this paragraph the researcher will point out important theories that contributed to the explanation of how emotions are stored.

A. The Structure Of The Nervous System

In order to understand the functions and the connections of the distinctive regions and systems of the brain, it is necessary to have an overview of the structure of the brain as a part of the Nervous System. This system can be divided into two main parts: The Central Nervous System of which the brain is part, and the Peripheral Nervous System. Figure 3.2 (Barlow & Durand, 1999 : 36) gives a diagram of the Nervous System and its parts.

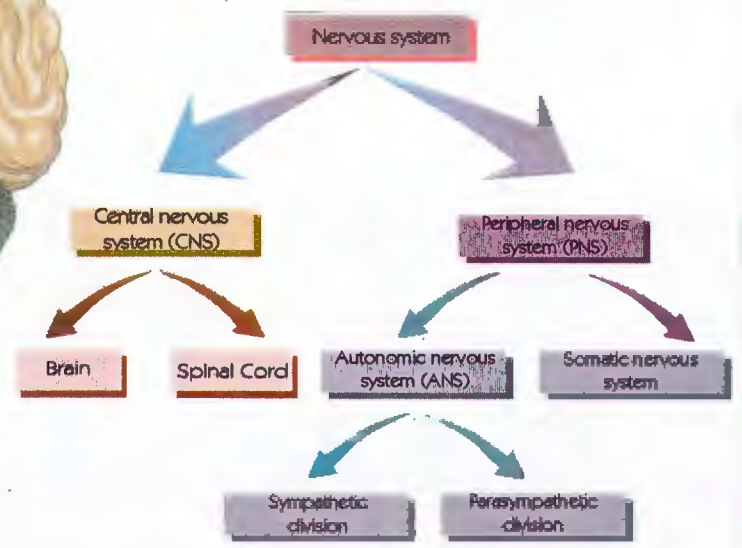
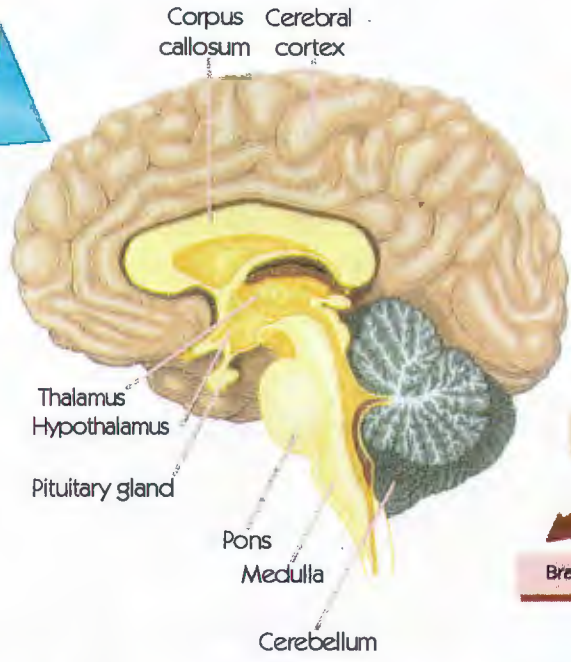
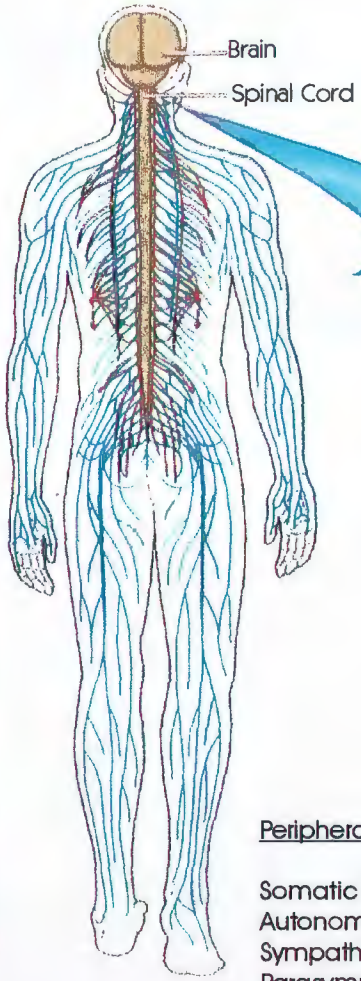
Figure 3.3 gives a schematic layout of the structure of the most important parts of the brain and its functions (Barlow & Durand, 1999 : 37 – 39). The brain is mainly divided in two parts:

The Forebrain – the more developed part that evolved more recently

The Brain Stem – the more ancient part that controls essential automatic features such as breathing, heartbeat, blood pressure et cetera. This part of the brain is found in most animals.

Figure 3.2 Divisions Of The Nervous System (Barlow & Durand, 1999 : 36)

Divisions Of The Nervous System



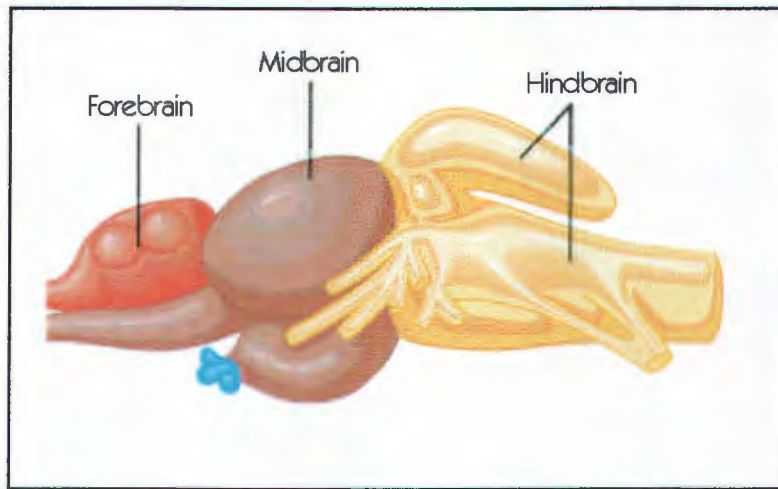
Peripheral Nervous System

- Somatic (blue) : Controls voluntary muscles
- Autonomic (red) : Control involuntary muscles
- Sympathetic : Expend energy
- Parasympathetic : Conserves energy

Figure 3.3a The Structure Of The Brain

Forebrain	- Cerebral Cortex	- Temporal Lobe
		- Parietal Lobe
		- Occipital Lobe
		- Frontal Lobe
	- Basal Ganglia	- Control of motor activity
	- Limbic System	- Hippocampus
		- Cingulate gyrus
Brain Stem	- Thalamus and Hypothalamus	- Septum
		- Amygdala
	- Midbrain	
		- Reticular Activating System
	- Hind Brain	- Cerebellum
		- Pons
		- Medulla

Figure 3.3b Three Divisions Of The Brain (Barlow & Durand, 1999 : 38)



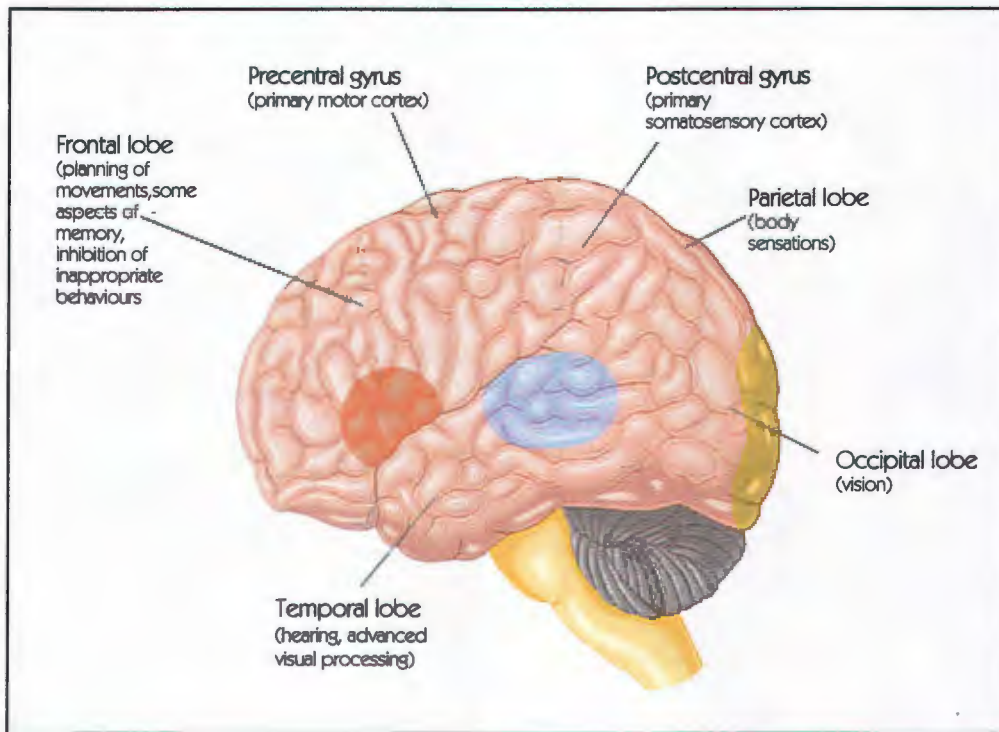
The conclusion that scientists came to at first is that brain functions are related to regions in the brain because the regions are part of a system. Therefore, each function requires an interconnected set of regions – a system to operate. The functions are the properties of integrated systems, rather than isolated brain areas (Le Doux, 1998 : 73 – 78). In order to see in a normal way, it is not only the areas in the brain associated with vision that has to be in tact, but also the eyes and the neural paths that send the visual image to the brain to interpret; as well as the neural paths to send the meaning of the image to that part of the brain that will manage the reaction on the visual image.

In the same way there are some parts of the brain that is associated with the receiving of sensory input, the interpretation of the sensory input, the storage of memory and the retrieval of the memory. These parts are also connected to other systems such as “memory banks”. It is also connected to parts of the body that will respond to the sensory input. Figure 3.4a -and b (Barlow & Durand, 1999 : 37 – 39) will show the different parts of the brain and the associated functions.

Figure 3.4a The Brain Areas And Some Of Its Functions

Temporal Lobe	Recognises sights and sounds and long-term memory.
Parietal Lobe	Recognises body sensations such as touch.
Occipital Lobe	Integrates visual input.
Frontal Lobe	Controls thinking, reasoning and memory. Makes expression of social behaviour possible.
Basal Ganglia	Controls motor activity. Plays a role in obsessive-compulsive behaviour.
Limbic System	Regulates emotional experience and expression, control of impulses and plays a role in the basic drives such as sex, hunger, aggression and thirst.
Thalamus and Hypothalamus	Regulates emotion and behaviour.
Reticular Activating System	Contributes to processes of arousal and tension such as wake and sleep.
Hind Brain	Regulates many automatic activities such as breathing, heartbeat and digestion.

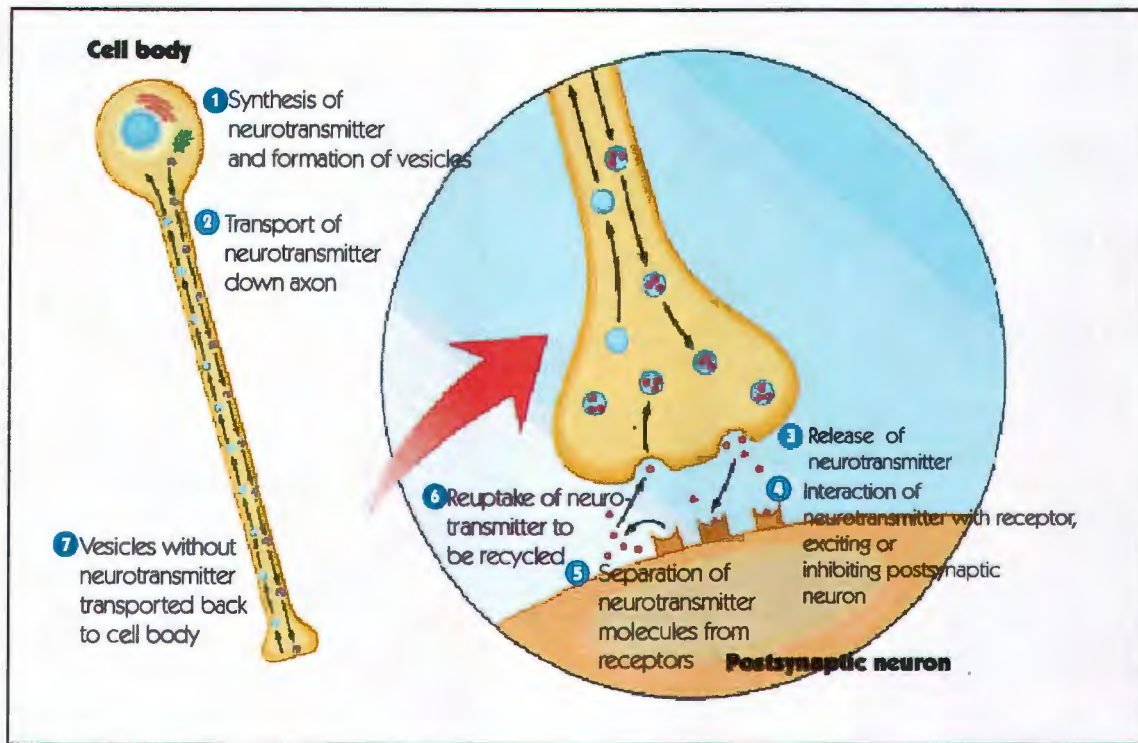
Figure 3.4b A Map Of The Brain And Some Of Its Functions



B. Information Transmission Through The Nervous System

To link all the regions in a system, the information needs to be transferred via the more or less 140 billion nerve cells or *neurons* that can be found in an average body. It is also these neurons that will be used to check the "memory banks" to determine relevant memory that will influence behaviour (Barlow & Durand, 1999 : 35). The flow of information from one region to the other takes place along the paths set up by linked neurons, and the way it happens is explained in Figure 3.5.

Figure 3.5 The Transmission Of Information (Barlow & Durand, 1999 : 37)



An important part of the synapse and the transfer of information along the neuron are the neurotransmitters. Neurotransmitters – also called *information substances* - are chemicals that cross the synaptic cleft between the nerve cells to transmit impulses from one cell to the next. Excess or deficiency of neurotransmitters can cause psychological disorders (Barlow & Durand, 1999 : G-13). The most important neurotransmitters are glutamate and gamma-amino butyrate. Neurotransmitters are released by the axon terminals and excite the receptors on the other side of the synapse. The transmission of information along the Central Nervous System in this way is fast and is measured in milliseconds.

Rossi & Cheek (1994 : 6, 54 – 55) explain that more recent research over the past few decades has revealed another, broader class of information substances. These information substances are not limited to the neural track, and although they are slower than the synaptic information transmission, they have a much wider bond of information that can be transferred. Researchers in this field have discovered cumulative and undeniable evidence for the way thoughts and emotions can stimulate physical changes

(Savage, 1999 : 66). This model makes communication possible between the Central Nervous System and two other systems:

Communication between Nervous System and:	Communication System
Immune System	Psycho-neuroimmunology
Endocrine System	Neuro-endocrinology

These information substances – also referred to as neuromodulators – can be made and sent by either one of the above-mentioned systems, and therefore we find three different types of neuromodulators:

- i. Information substances made and sent by neurons: Neuropeptides (typically)
- ii. Information substances made and sent by the endocrine system: Hormones
- iii. Information substances made and sent by the immune system: Immunotransmitters

Accurate signaling is possible through *chemical* addressing. Special classes of protein receptors are found in the cell walls of all nerves and tissues in the body, and those receptors (the recipient of the signal) make it possible for the tissue to recognize the address recorded in the chemical composition of the neurotransmitter, and to take on the signal.

According to Rossi & Cheek (1994 : 56/7) the distinction between the classical neurotransmission and the neuromodulation has weighty implications for the psychobiological functioning of man, and that it is the basis of the “states” of the organism. These “states” refer to states of homeostasis, arousal, inhibition, pain, hunger, thirst, sexuality, memory, learning, emotions, stress and motivation of all sorts. The metabolic responses that are responsible for the “states” are triggered persistently by the parasynaptic system, and will keep the “state” active as long as the circuit is not broken.

In accepting this model, it becomes clear that emotional problems may result in behaviour like eating disorders, self-destructive behaviour, sexual disorders and even illnesses. An example will be that of a person that has been deprived of emotional love for most of his life who develops an eating disorder. Every time this person perceives some form of rejection, the neuromodulators will send information to the digestive system that will interpret the feelings of rejection as feelings of physical hunger to the conscious mind. The feeling of physical contentment brought along by the relief of the physical hunger (reported by neurotransmitters from the digestive system), will bring temporary relief to the feeling of deprivation or rejection. When feelings of rejection happen too often, this person will develop an eating disorder. It is important to note that the switch from the real problem to the physical need (in this case the feeling of hunger), takes place on a subconscious level.

3.2.2.2 Awareness And Memory

There are two types of memories: short- and long term memory. Le Doux (1998 : 184 – 186) explains the difference:

- *Short-term memory* - the memory that will last seconds, for example a name that you hear, and immediately forget. What you are aware of in the moment is what is in your short-term memory. This is the information that goes to the long-term memory.
- *Long-term memory* - will last anything from minutes to a lifetime.

MacLean (Le Doux, 1998 : 92 – 98) constructed an interesting and useful theory on emotional experience – the way we become aware of our emotions. According to this theory the integration of external and internal worlds is seen as the way emotional experiences are generated. The external stimulus is perceived as a specific taste, smell, visual image, sound, texture, temperature et cetera. These inputs are integrated with the awareness of the visceral environment, such as breathing rate, blood pressure, heart rate, et cetera. According to MacLean, this integration takes place in the hippocampus, a part of the limbic system. To MacLean the structural differences between the hippocampus,

and the neo cortex – the abode of thinking – explains the difficulty in understanding our emotions.

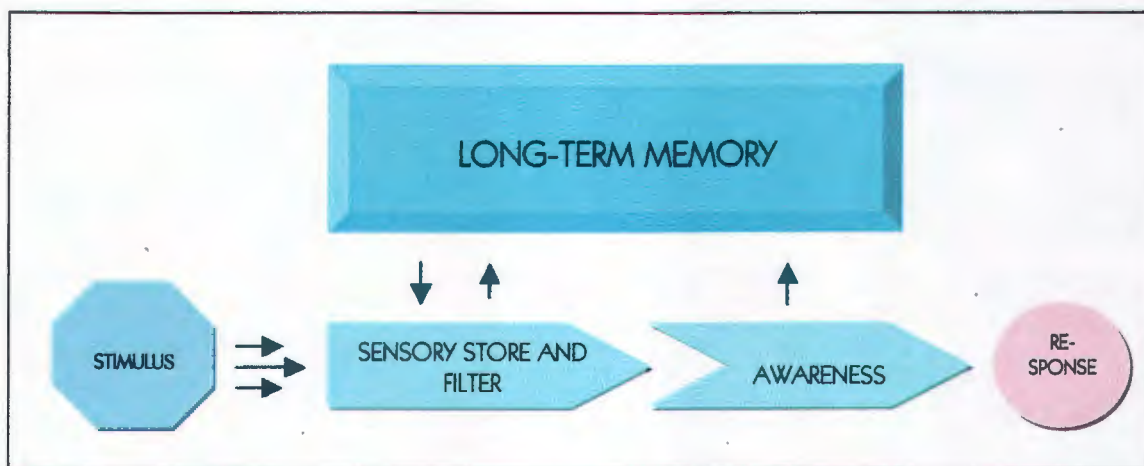
Goleman (1997 : 57 – 77) has another explanation of how emotions that are stored in the short-term memory, or the “*awareness*” of the stimulus, differ from the original stimulus that was received, and the way that the same stimulus can be recalled in different ways by two different individuals. Figure 3.6 is a simplified model that Goleman adopted from Donald Norman. This figure shows the way the stimuli received go through filters before reaching awareness. These filters are those of *meaning* and *importance*.

Before one becomes aware of a stimulus, it is connected to *meaning*, and that meaning relates to previous meanings that are found in the long-term memory. If there are different stimuli that a person will be exposed to, the person will be more aware of the most significant stimulus. In that way, two people will hear a word, but the meaning that they become aware of will depend on previous experiences. For example: the word “sweets” is given to a four-year old and to a owner of a café. The four-year old will think of something to enjoy, maybe something that he or she desires, and the owner of the café will connect the word to business or work to be done. This means that perception is screened by semantic memory – the memory of meaning - before it comes into awareness, and it is meanings, rather than the clinical correct stimuli, that one becomes aware of.

Another way that stimuli may be filtered is when a person is exposed to more than one stimulus at the same time. The stimuli then need to be screened by *order of importance*. The same owner of the café, very much involved in the planning of the security of his business, will give more attention to the word “fraud” or “hold up”, than to the word “traffic jam.” It will be the order of importance that will filter the word the person will be consciously aware of. People also tend to be more aware of stimuli that relate to them in a personal way, for example, their names, jobs, et cetera.

Goleman also points out that there is a limitation on the capacity of our awareness. Much of what we observe or do goes on in the mind without conscious awareness. If you are looking in a newspaper for a new vehicle, you can scan all the advertisements, but only those that relate to new vehicles will reach your awareness. If someone asks you afterwards how many advertisements there were for lawnmowers, you may not be able to recall a single lawnmower advertisement, regardless of how many there were.

Figure 3.6 Perception Screened By Memory



Goleman (1997 : 60) points out three conclusions that comes from the work of Freud and offers insight on how the mind can skew attention:

- i. Information flows, and is transformed during its passage, between interlinked subsystems.
- ii. Information is unconscious before it is conscious
- iii. Filters and sensors select and distort information.

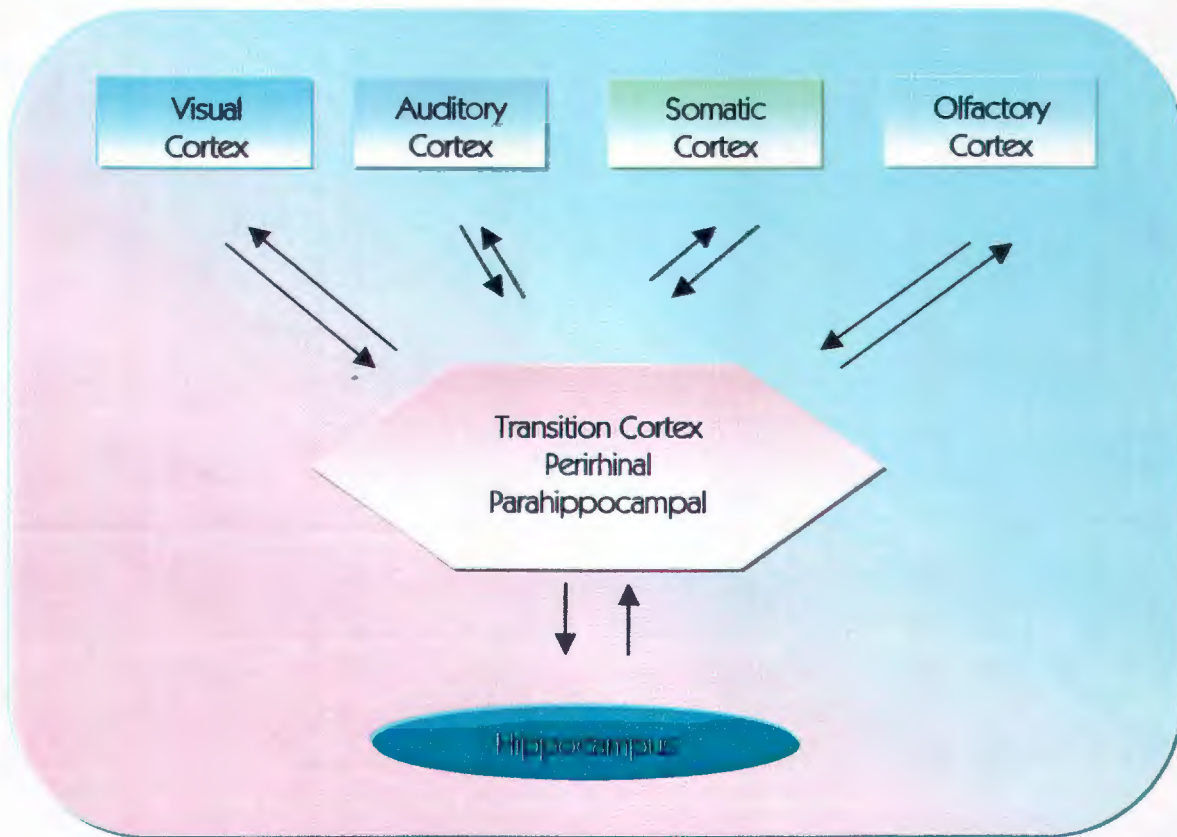
3.2.2.3 Explicit And Implicit Memory

The storage of long-term memory is really different from the process that makes short-term memory possible, and the two functions are mediated by distinct brain systems. There is also a difference between the brain systems involved in forming new long-term memories, and that of old long-term memories. Initially the hippocampus is the key player

in the game of memory, and the surrounding cortex also contributes to memory on a smaller scale. For the information to be stored in the long-term memory, the involvement of the temporal lobe will be required. Gradually, over years, the hippocampus relinquishes its control over the memory to the neo cortex, where the memory appears to remain, as long it is a memory.

Cohen and Squire (1980 : 207 – 209) point out that explicit declarative memory is mediated by a single memory system, the temporal lobe system, but that there are multiple implicit, or procedural memory systems. The major link between the hippocampus and neo cortex is the transitional cortex. This region receives input from the highest stages of neo cortical processing in each of the major sensory modalities. This means the transition cortex can mix all the sensory modalities together, to form representations of the world that are no longer just visual, auditory, or olfactory; but include these all at once. The transition region sends these conceptual representations to the hippocampus, where even more complex representations are created when it is integrated with the awareness of the internal environment of the body, as well as emotional memory. The newly constructed representations of the emotion are sent all the way back to the neo cortex, where they become part of the explicit memory.

Figure 3.7 Cortical Input To The Hippocampus



The molecular basis of memory, learning and behaviour is now known to be mediated by information substance-receptor systems in the broadest sense (Martinez et al 1981 in Rossi & Cheek, 1994 : 64) Memory in the hippocampus on molecular level is long-term potentiation dependent. In other words, for the short-term memory to become part of the long-term memory, it needs to be enhanced to become more forceful.

Another very important part of the limbic system that receives sensory inputs, is the amygdala (Le Doux, 1998 : 154 – 178). The amygdala is responsible for the implicit, sub-conscious emotional memory and emotional responses. A wide range of cognitive processing is sent to the amygdala. Figure 3.8 shows all the sensory information that is received from the thalamus, cortex, transition cortex, hippocampus and the Medial prefrontal lobe. Every part has a specific role as indicated by Table 3.1.

An important difference between the information sent to the hippocampus and the amygdala is that all the information received by the amygdala has not been through conscious processing. Several explanations are given for information that is encoded on a subconscious level only:

- a. Conscious awareness can only handle a fixed limit of information: Goleman (1997 : 70) describes the way we can only handle a fixed limit of information in a conscious way, and that much of our lives are lived in an automatic, subconscious way. That means that although we are only aware of some of the stimuli presented to us, the stimuli we are unaware of may go to our subconscious memory without us being aware of it.

- b. Stimuli too fast to be sensed by the five senses: Information that becomes available to the cortex needs to be taken in by the five senses: eyes, ears, tongue, nose or skin. Sometimes the stimulus is so subtle or fast that it is not passed to the neo cortex, but only available on subconscious level.

- c. A part of intense emotional trauma is encoded at a subconscious level: Van der Kolk in Dayton (2000 : 109): 'Intense emotions cause memories of particular events to be dissociated from conscious and stored instead as visceral sensations (anxiety and panic) or visual images (nightmares and flashbacks).' The special information substances that are suddenly released by the limbic-hypothalamic-pituitary-adrenal system during shock or trauma, encode impressions of the incident in a special state of consciousness (Rossi & Cheek, 1994 : 7). It is said to be imprinted as physiological-, tissue- or muscle memory. Elliot (1991 : 3) is of the opinion that the conscious mind may choose to forget traumatic or hurtful events, while all the events that an individual has ever had, are stored in the subconscious mind.

d. Memories that are encoded before logical thinking:

Scott (in Elliot, 1991 : 171-2) describes young children before the age of five as in a perpetual state of hypnosis, and very sensitive of everything that goes on around them. They are especially aware of feelings, which influence their feelings about themselves. Whatever they pick up, as it will go to awareness, and to long-term memory, young children do not have the ability of logical reasoning. Therefore the information will not go through logical processing before it is stored in long-term memory. The imaginary experiences they have may also become part of the subconscious memory (Matez, 1992 : 6).

Verny (1981 : 15 – 19) points out that the unborn child is feeling, remembering and aware of that what happens to him or her. According to Verny there is speculation that in the very first weeks, maybe even hours after conception, the fertilized ovum has enough self-awareness to sense feelings of rejection and will act on it. Matez (1992 : 6) portrays the possibility of such early recording of events with the development of the nervous tissue, as soon as the fetus starts to receive information via the neural track.

e. Memories during sleep, daydreaming, anesthesia and while unconscious:

Matez (1992 : 6) states that we take in information subconsciously 24 hours a day, every minute of our lives, and under all conditions.

Figure 3.8 Sensory Input To The Amygdala

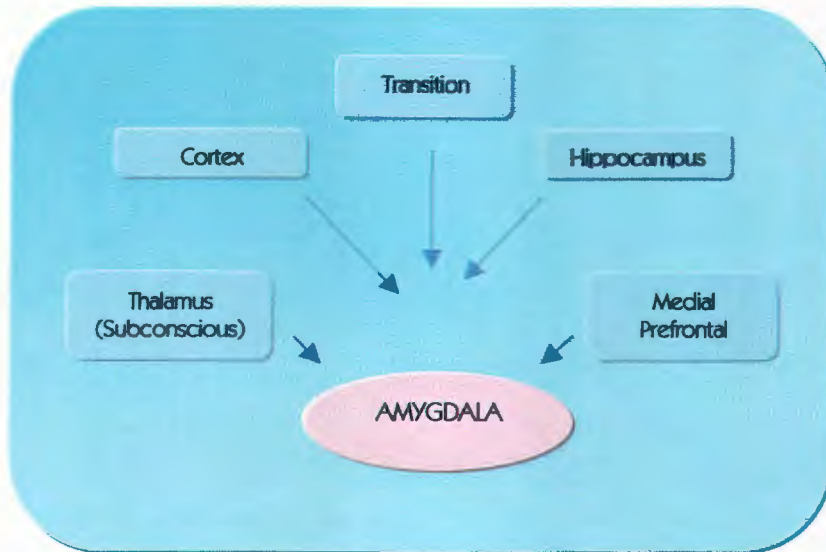
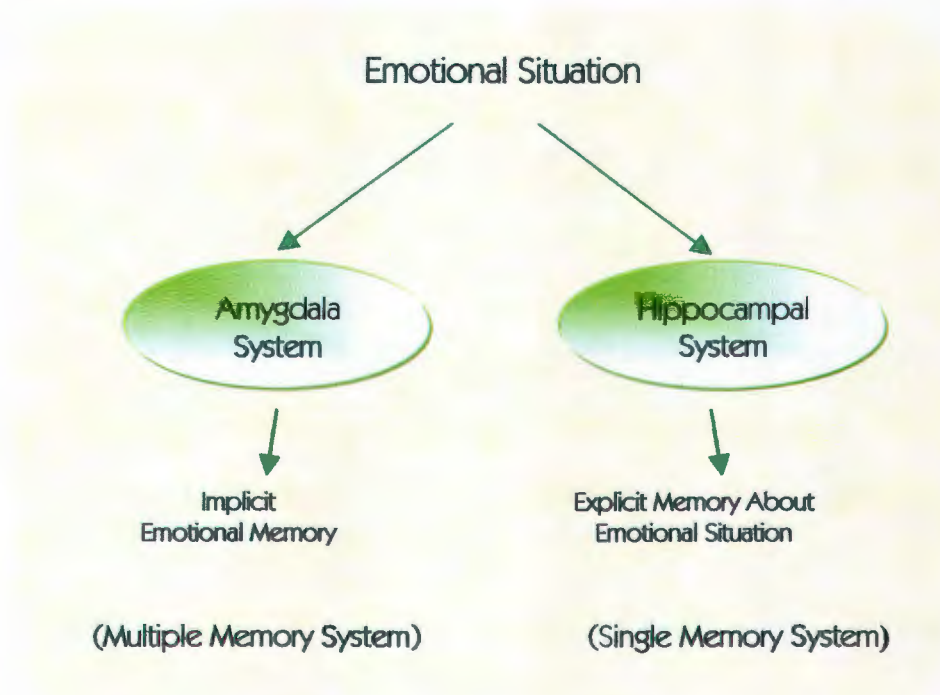


Table 3.1 Sensory Input To The Amygdala

<u>Source of Sensory Input</u>	<u>Influence of Sensory Input</u>
Thalamus (Subconscious)	Low-level stimulus features. Triggers emotional functions of the amygdala. This is a faster, more direct route than through the cortex, and does not benefit from conscious cortical processing.
Cortex	More complex aspects of stimulus processing activate the amygdala. It can be overridden by the more direct thalamo-amygdala connection.
Transition Cortex	Formation and retrieval of explicit memories
Hippocampus	Setting of emotional context – it creates a representation of the context that contains the relation between stimuli. Formation and retrieval of explicit memories
Medial Prefrontal	Extinction, that is the weakening of the ability of conditioned responses.

All the interaction between hippocampus, amygdala and neo cortex, thus between conscious and subconscious memory systems, are at the core of what gives emotional qualities to memories of emotions past. The fact that emotional memory can be mediated by pathways that bypassed the neo cortex is intriguing, for it suggests that emotional responses can occur without the involvement of the higher processing systems of the brain, systems believed to be involved in thinking, reasoning and consciousness.

Figure 3.9 The Amygdala And Hippocampal Systems



It is mainly the influence of the implicit, subconscious memory that the researcher is interested in. In paragraph 3.3 the researcher will have a look at the influence of this memory on the individual, and in what way this memory can overrule the conscious choices that the individual makes about behaviour.

3.2.3 Information Transduction

Paragraphs 3.1 and 3.2 presented a clarification on information transduction and communication at the molecular or cellular level. This offers a rational, and verifiable scientific model where any information can move through the body in a very short period, carried by a vast network of not only neurotransmitters, but also neuromodulators, and attach itself to receptors surrounding each cell in the body.

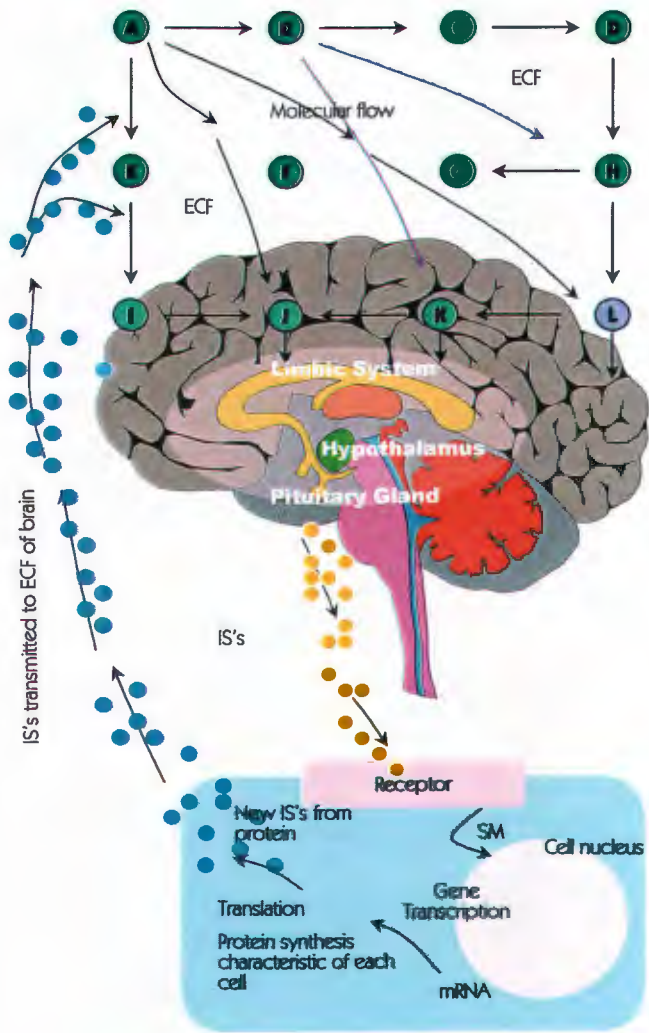
Rossi & Cheek (1994 : 159 - 160) condensed the whole process of the Mind-Body connection in three stages (see Table 3.2 and Figure 3.10):

- o The Mind-Brain Connection
- o The Brain-Body Connection
- o The Cell-Gene Connection

Table 3.2 Transduction Of Information

<u>Transduction Locus</u>	<u>Pathways Of Information Transduction</u>
<u>Mind-Brain Connection</u>	<ul style="list-style-type: none"> -The cortical-limbic system pathways of the brain. -The sensory-perceptual languages of cortical mind (imagery, kinesthetic, et cetera) are ideodynamically transduced in the cross-modal association areas of the limbic system. -Consciousness is a process of self-reflective information transduction between the verbal and sensory-perceptual languages of mind.
<u>Brain-Body Connection</u>	<ul style="list-style-type: none"> -The limbic-hypothalamic-pituitary system of the brain. -The neural encoded languages of mind of the limbic system are transduced into the information substances of the body in the hypothalamus; this involves neuroendocrinal transduction. -State-dependant memory, learning, and behaviour are encoded as "filters" in the limbic-hypothalamic and related systems. -The autonomic, endocrine, immune, and neuropeptide systems are the major pathways from hypothalamus to all parts of the body.
<u>Cell-Gene Connection</u>	<ul style="list-style-type: none"> -The cell wall receptor-gene system of the entire body. -The information substances of the body are transduced into "second messenger systems" that move through the cell's cytoplasm to the genes in the nucleus. -Messenger RNA carries the gene's blueprints out to the ribosome protein factories of the cell's cytoplasm where enzymes, proteins, and other information substances are made. -Many information substances circulate back to the limbic-hypothalamic-pituitary system to complete the information feedback loop

Figure 3.10 The Three Levels Of Mind-Body Connection



I. The Mind Brain Connection

1. Neural networks of the brain's cortical- limbic systems encode state-dependant memory, learning and behaviour of mind. With the help of cybernetic information substances in the body.

II The Brain-Body Connection

2. Neuroendocrinal information transduction on the limbic-hypothalamic-pituitary system of the brain. The information in neural networks of the brain is transduced into molecular information substances of the body.
3. Information substances travel to cells of the body with appropriate receptors.

III The Cell-Gene Connection

4. Cellular receptors binding information substances.
5. Intracellular secondary messengers lead to activation of "housekeeping" genes.
6. Transcription of genetic information into the mRNA.
7. Translation: protein synthesis characteristic of each cell.
8. New information substances flow to brain to cybernetically encode state-dependent aspects of mind and behaviour.

ECF = Extra-cellular fluid

IS = Information substances

SM = Secondary Messengers

3.3 THE INFLUENCE OF MEMORY ON THE BEHAVIOUR OF THE INDIVIDUAL

3.3.1 Behaviour Psychology And Conscious Science

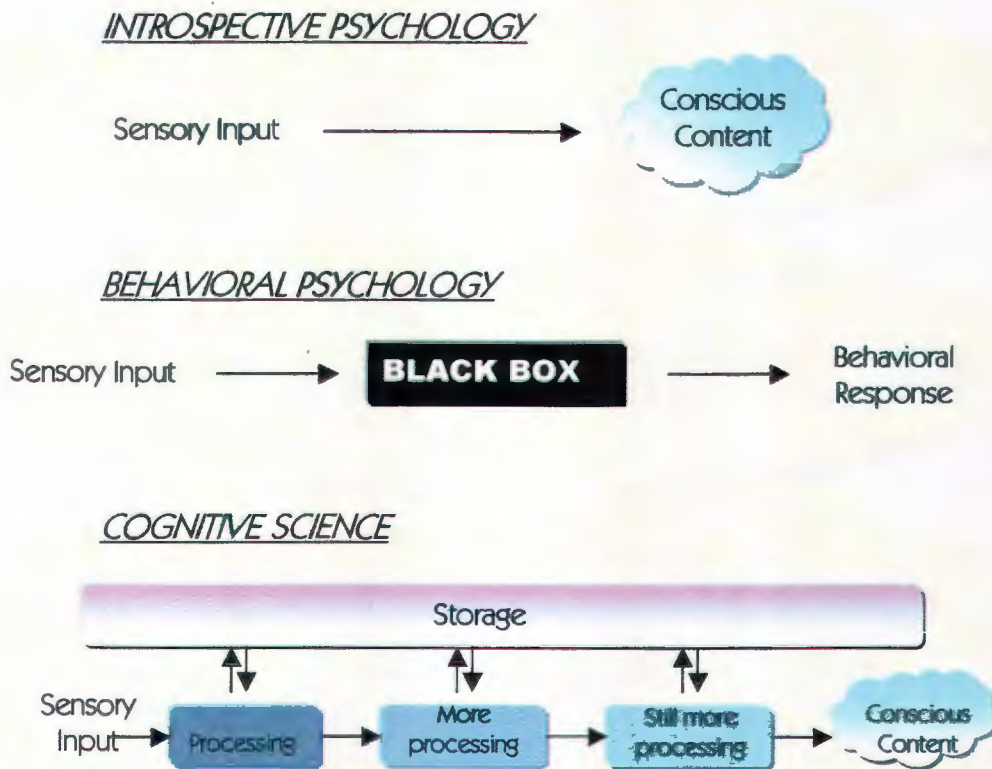
During the first half of the previous century, behaviorists dominated psychology. They believed that psychology should be the study of measurable behaviour, rather than the subjective inner states of mind, like perceptions, memories and emotions. The introspective psychology of that time was mainly concerned with the contents of the immediate conscious experience. Emotions were treated as ways of acting during certain situations, the same way as mental processes were treated. As emotional experiences were not seen as justifiable material for scientific research, little attention was given to the reason for emotional response (Le Doux, 1998 : 25-26).

Behaviourists saw the simple sequence of sensory input to motor activity similar to "stimulus-response." Everything between the sensory input and the motor response were regarded as part of the "black box." To them, the black box was impermeable, and impervious to scientific observation (Goleman, 1997 : 57).

With the development of computers during the middle of the century, everybody saw the similarity between the way the computers process information, and the way the brain processes information. Le Doux (1998 : 25-30) explains the way psychologists have seen conscious content and behaviour.

Figure 3.11 Three Approaches To The Science Of Mind And Behaviour

(Le Doux, 1998 : 26)



The Cognitive Science – movement brought back the concept of the mind. This concept was generally avoided by the Behavioural Psychology until then. The mind was seen in terms of unconscious processes rather than content. These unconscious processing were responsible for conscious content. The cognitive scientists rejected the view that mind and consciousness were the same, and they saw the cognitive unconscious only as that what the mind does that is not available to the conscious mind. There was still no attention given to the place where emotionally charged memories were stored. This kept the gap between the stimulus and the response. They tried to deal with the emotions that occurred, but gave no attention to where the emotions came from (Le Doux, 1998 : 49).

3.3.2 Emotional Memory And Behaviour

Definition of Emotion: An emotion can also be described as a feeling, sentiment, sensation or passion. Musca (2000 : Internet) offers the following definition for emotion:

"Patterns of chemical and neural responses, the function of which is to assist the organism in maintaining life by prompting adaptive behaviours. They are due to the activation of a set of brain structures, most of which also monitor and regulate bodily states around optimal physiological values, in processes known as homeostasis or home dynamics. The emotions are biologically determined, stereotypical and automatic, although it is acknowledged that culture and individual development may influence the set of inducers and can inhibit or modify overt expressions."

Damasio in Musca (2000 : Internet) distinguishes three classes of emotions or "behaviours":

- a) Primary or universal emotions namely happiness, sadness, fear, anger, surprise and disgust
- b) Social emotions like embarrassment, jealousy, guilt and pride
- c) Background emotions such as well-being or malaise, calm or tension, fatigue or energy, anticipation or dread. These emotions are normally induced by internal stimuli, and the focus of response is also mainly in the internal milieu of the body, such as affect on heart rate, blood pressure, et cetera.

Elliott (1991 : 2-4) is of the opinion that one's behaviour is a product of experiences. Every experience that you ever had is stored in the subconscious mind – the emotional memory. All the lessons from the past are stored there, and can be applied to the present and the future.

But according to Elliot, it is not only the practical behaviour of what we do every day that the subconscious mind has an influence on. The subconscious mind controls other functions as well:

- Controls the involuntary functions of the body that keep us alive such as the function of the heart, lungs, kidneys and other vital organs.
- Keeps us into coping actions such as smoking

- Keeps us into coping actions such as smoking
- Is responsible for creativity, intuition and imagination

All these actions are also based on the memories stored in the subconscious mind. For us to function as human beings, we need to retrieve information from the subconscious mind for 24 hours of the day.

In paragraph 3.2.2.1 an explanation is given for the way an emotional need would be converted to a physical need on subconscious level. Dayton (2000 : 108-109) gives an explanation why this would happen by quoting the research done by Candice Pert and others. Awareness of any kind will trigger subconscious memory. According to Dayton this awareness may be as vague as the pressing of a certain area of the body. This happens because of the memory that is stored on cellular level. When vibrations pass through the tissues where the memory was exerted on, they are altered by the stored memories, and conscious choices are influenced by the recognized memory (Oschman & Oschman, 1995 in Dayton 2000 : 56). Psychological effects of trauma are stored in somatic memory, where it is repressed and dissociated, often because these memories were too scary to recall.

It is not only the traumatic experiences that become part of the subconscious mind. Table 3.3 offers eight types of memory and learning behaviours:

Table 3.3 Memory And Learning Through Neuromodulation
(Rossi & Cheek, 1994 : 62 -3)

<u>Type of Memory And Learning</u>	<u>Definition</u>	<u>Information Substance</u>
Habituation	A reversible decrease in the strength of a natural response upon repeatedly administering a stimulus that evokes it.	β-Endorphin
Sensitization	A temporary enhancement of a natural response by a strong or noxious stimulus that evokes it.	Morphine and endogenous opiates

Imprinting	Sometimes called <i>programmed learning</i> because it is genetically predisposed to take place at a specific early life period.	ACTH and related peptides; corticosteroids; testosterone
Classical Conditioning	Also called Pavlovian or associative conditioning wherein an unconditioned stimulus (meat evokes saliva), is associated with a conditioned stimulus (bell sound) so that the bell soon evokes saliva.	Endogenous opiates and their analogs; epinephrine and analogs; SCPa, SCPb
Instrumental Conditioning	Also called operant or Skinnerian conditioning in which positive or negative reinforcement is used to change the frequency of behaviour.	Substance P; angiotensin II
Avoidance Learning	A combination of classical and operant conditioning. A more cognitive type of learning wherein the animal avoids a punishing stimulus.	Vasopressin, oxytocin and related peptides, a-MSH, cholecystokinin
Circadian Memory and Learning	Memory and learning that take place at one time of the day can be better recalled at a similar time on succeeding days.	ACTH and related peptides; endorphins; luteinizing hormone
Social Learning	"Avoidance-of-attack" and social submissiveness in mice in a standard passive avoidance paradigm.	ACTH and corticosterone; VIP, \exists -Endorphin, substance P

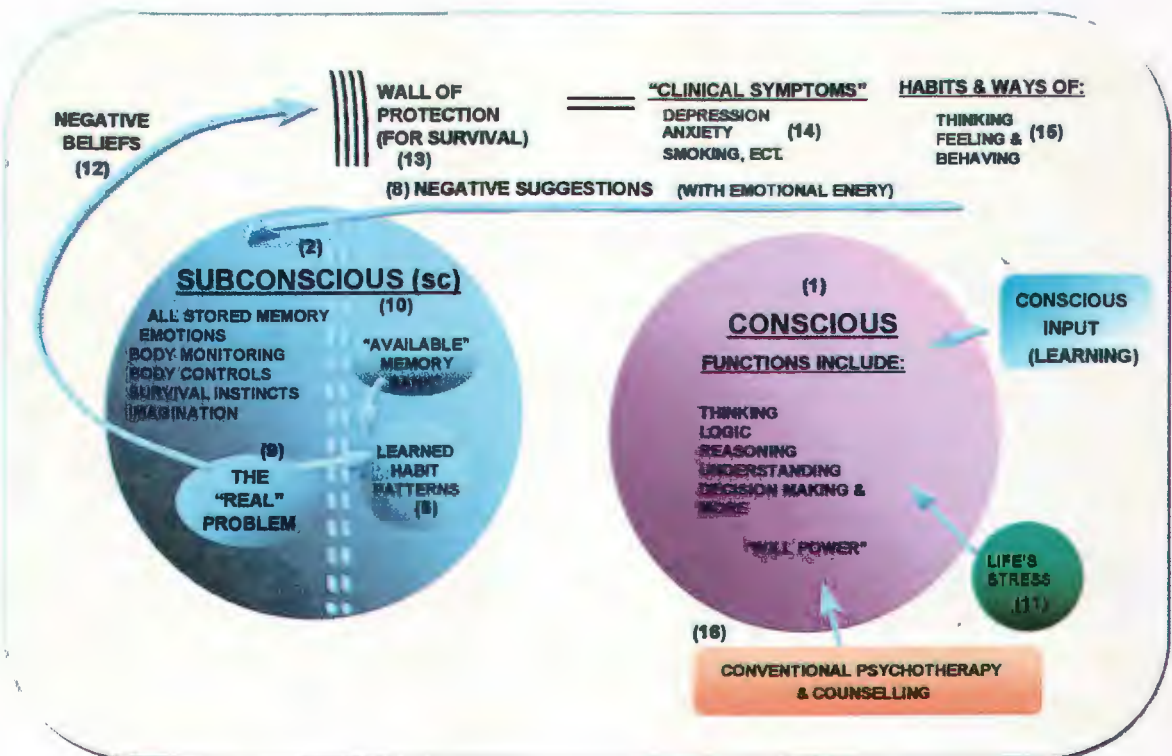
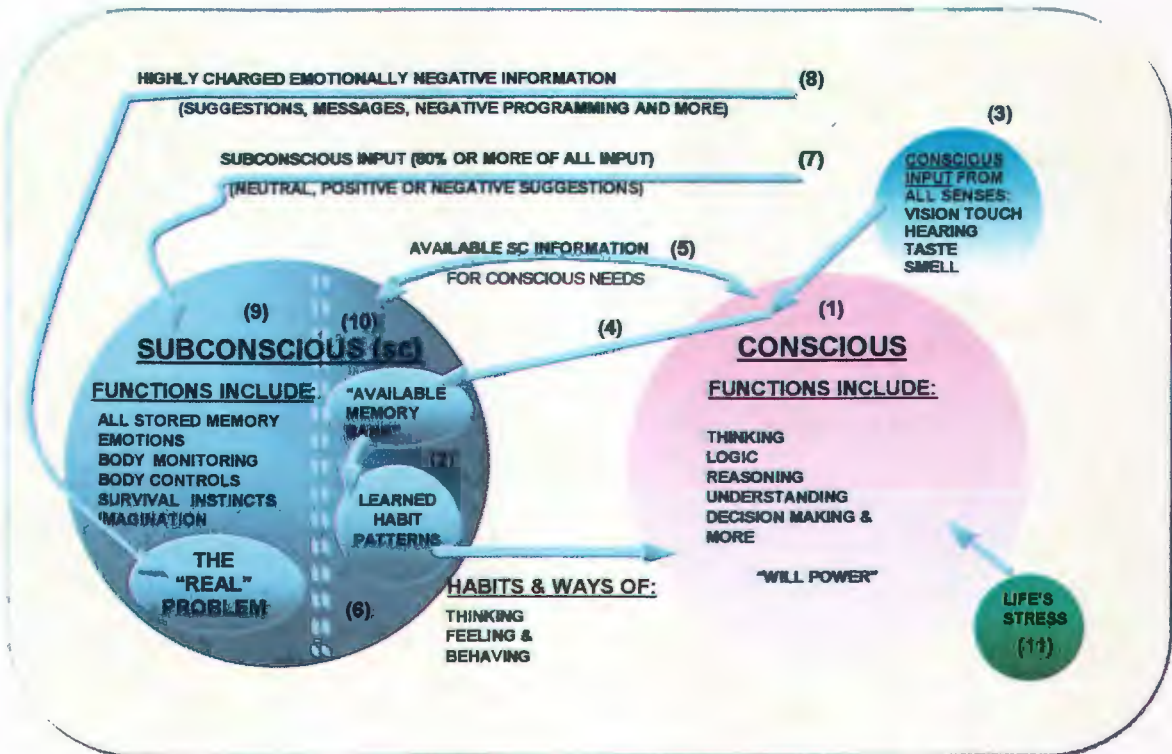
Matez, (1992 : 4 – 10) describes the role that the subconscious (Figure 3.12 # 1) mind plays in behaviour patterns on the hand of Figure 3.12. The subconscious mind (Figure 3.12 # 2) is also seen as a "memory bank." The memory bank consists of information of all experiences, significant and insignificant (Figure 3.12 # 4, 5, 8). The subconscious mind accepts information without logical reasoning, understanding or thinking. The information is accepted and acted on. An important component of the subconscious mind is that it is the supply of all *emotions* and *emotional responses* that a person has. Whenever one is confronted with life stresses (Figure 3.12 # 11), it is from the registered experiences in the subconscious mind that we choose our emotional responses and behaviour.

In paragraph 3.2 the researcher has already described the way that the subconscious mind stores all the memories, and how the memories are used to give meaning to stimuli. The input can be conscious (Figure 3.12 # 3) or subconscious (Fig 3.12 # 7 and 8). Most of the information that is stored in the subconscious mind will become part of the "available memory bank", and is available to the conscious mind any time it is needed. It is part of the learning process, and everything one has ever learned, and the content of the "memory bank", becomes the basis of the way we respond to life (Figure 3.12 # 5). Therefore, Matez describes our responses as "habit patterns" developed through life (Figure 3.12 # 6). All behaviour is psychoneurophysiological habit patterns.

According to Matez (1992 : 6-7) most of the information is neutral, or of very little significance. It is the negative, highly emotionally charged information that creates problems, that is the information stored when intense and negative emotions are experienced in cases such as rape, rejection, accidents, life threatening situations, et cetera. These experiences accumulate in the subconscious mind, and it all becomes the real problem. Because of these experiences that are stored in the subconscious mind, we develop negative beliefs, symptoms and difficulties, (Figure 3.12 # 14, 15) the subconscious mind creates a wall of protection (Figure 3.12 # 13) and therefore we act in ways that we do not want to act on the conscious level.

The above-mentioned information is not available to the conscious mind because of the "brain barrier" (Figure 3.12 #10), and therefore we are unable to make conscious changes to it. The subconscious mind is designed to ensure the survival of the individual, and therefore it is safer to keep the information unavailable to the conscious mind, and to keep the problem, than to make the information available to the conscious mind. The barrier, or the wall of protection becomes the real problem, or the symptom that the client presents to the therapist. By treating the symptoms, for example an obesity problem through medication or behaviour therapy, the "real problem" (Figure 3.12 #9) will remain in the subconscious mind, and may manifest in other ways after the treatment of the eating disorder stops.

Figure 3.12 The Role Of The Conscious- And The Subconscious Mind In Perceptions And Behaviour.



3.3.3 The Change Of Memory Controlled Behaviour

In paragraphs 3.3.1 and 3.3.2 the human mind was compared to that of a computer. The impression would be that the human being has, just like any animal, little or no control over the way it will behave, and that the static memory bank exclusively controls behaviour that one has.

"You, your joys and your sorrows, your memories and your ambitions, your sense of personal identity and free will, are in fact no more than the behaviour of a vast assembly of nerve cells and their associated molecules."

Crick (1994 : 3)

If this were to be true, there would be no sense in doing any therapy whatsoever. Although this is true in a broad sense, the researcher would like to point out that the models described in the previous paragraphs were developed to explain dysfunctional behaviour, and to allow therapists to understand and rehabilitate the behaviour and adverse habits.

In this paragraph the researcher will try to explain that the human mind can function in a normal way despite the bad experiences from the past that will be part of the memory bank. It will also explain the way the therapist can facilitate the individual to change behaviour and habits, despite earlier experiences.

Zohar & Marshall (2000 : 46 – 63) describe three types of thinking that is possible through the human neural system. These thinking styles are based on neurology patterns that were recognized through the research of Michael Persinger – neuro-psychologist (1990); V.S. Rachandran - neurologist (1997); Wolf Singer – Austrian neurologist (1990); Rodolfo Llinas (1990); Terrance Deacon – neurologist and biological anthropologist (1997); Seymour & Norwood (1993) and Dr. Antonio Damasio.

3.3.3.1 Three Thinking Styles

The three thinking styles are:

- a. Serial Thinking
- b. Associative Thinking
- c. Unitive Thinking

a. Serial Thinking

Neural activity controlled by fixed programs is responsible for this type of thinking. It is suitable for any situation that will require logic reasoning, step-by-step, rule-bound management or calculation of problems that have only one fixed answer. Instincts in animals can also be thought of as serial thinking. It is the kind of thinking that explains the way the Behaviourists and Cognitive Science look at responses.

The effective way of using serial thinking will improve intellectual qualities, and Zohar & Marshall (2000 : 46 - 50) refers to this type of thinking as The Intellectual Capacity or - Quotient (IQ). An example of neural tracts and circuits involved in serial thinking are the different points on the retina of the eye that are associated with points on the thalamus, and then point-to-point on the primary optic cortex, and so on down the chain of visual processing. An exact neural path is followed.

This kind of thinking is precise, accurate and reliable. No nuance or ambiguity is allowed – B always follows A in the same way. Only preprogrammed processes can be performed, and no functioning outside definite rules - set by logical values - will be possible. Human beings are good at this kind of thinking, and computers are even better. It is only when the answer to a problem can be one of many that this kind of thinking becomes insufficient. To scan the horizon for new possibilities, or to deal with the unexpected, we need the next kind of thinking – associative thinking.

b. Associative Thinking

This kind of thinking is distinguished from serial thinking by the way associations are formed between things. A simple and well-known experiment of associative thinking is that of the Russian scientist, Pavlov, and his dog, where a strong association was formed

between the bell that rang and the presentation of food. Many similar associations can be formed:

- Hunger and food
- Jersey and comfort
- Red roses and love
- Bed and sleep, et cetera.

The effective way of using associative thinking will improve the link between emotions and emotions, emotions and bodily feelings and emotions and behaviour. Zohar & Marshall (2000 : 50 – 56) refer to this type of thinking as the Emotional Intelligence or - Quotient (EQ). This kind of thinking is responsible for effective emotional behaviour, good body regulation, and good co-ordination of body movements in sports et cetera. It is held in the long-term memory system – an associative base built up over time. The neural networks that make associative thinking possible, were explained in the previous paragraphs.

Many aspects of associative intelligence, such as emotions and body functions, are not immediately verbal, and expressing them in a verbal way may be inaccurate and not always “rational” in terms of set rules. This is an important fact regarding this study, and the researcher will seek models that would enable the therapist to retrieve the non-verbal content of the memory system. People are not consciously aware of this associative thinking, as they are not aware of their body functions such as digestive function and heart rate (Pransky, 1998 : 62). There is, however, an ongoing dialogue between associative thinking and experience. And because of that dialogue the individual may have problems with emotional or body responses. It is in these neurological networks that the *habits* Matez describes in paragraph 3.3.2 have their origin.

Pransky (1998 : 68 – 75) describes why the problem occurs. To him, associative thinking should be free flow thinking – an effortless movement of thoughts that connect the received stimuli to the memory bank. The fact that some stimuli would trigger bad or distressing memory would cause no problem to the individual, as the thought passes

through, and would leave room for the next thought to come to the mind. As the associative thinking permit infinite associations through the neural network, the free flowing of thoughts allows the individual to choose the positive response. The misuse of processed thinking, or serial thinking in this case, would cause stress and unhealthy reactions to stimuli. A person that would go on a binge every time that she feels lonely, reacts to the feeling of loneliness as if there were only one solution (or program) to loneliness, namely bingeing. When feelings of loneliness would appear, a healthy free flowing associative thinking process would allow her greater perception and freedom of choice. The ability to keep associative thoughts free flowing is called *unitive thinking*.

c. Unitive Thinking

*Flexibility avails us far more
than either passivity or resistance;
By actively uses whatever arises,
embracing even the most painful circumstances,
we deal with our difficulties more effectively,
as we begin to see them as a form of training.*

Always fall in with what you're asked to accept.

Fall in with it

And turn it your way.

Robert Frost

Based on the research of Deacon, Zohar & Marshall (2000 : 59) describe a third type of thinking that distinguishes the human being from the other mammals and even from most species of the higher apes. Deacon points out that the development of the frontal lobe provides the human being with ability to use language and to deal with meaning. The human being does not perform a given task without ever asking "Why..?" or "What does it mean?" It equips the human being with the ability to understand semantics; the meaning and arrangement of words, and to interpret something like a metaphor. In being able to acquire language and talk to themselves, human beings become conscious (Dennet, 1992 : Internet).

Unitive thinking has the distinct constituent of *meaning*. Zohar & Marshall (2000 : 285 – 287) refer to this type of thinking as the Spiritual Intelligence or -Quotient (IQ). This is an intelligence that allows the individual to give meaning, contextualize and transform. For *meaning* to have meaning, a framework of boundaries is required. Without boundaries we lose meaning, and we feel indignation, disgust, terror, and take action. The first two types of thinking make it possible for the individual to *function within given boundaries*. Unitive thinking makes it possible for the individual to *move or create boundaries* in which the individual can feel safe. The boundaries that are created through unitive thinking are healthy borders that will give the individual a sense of “this is me, and that is not me” (identity), it is always set in the best interest of the individual, and will allow people to participate within the borders according to the rules, or to leave (Savage, 1999 : 72 – 73).

The research of Singer & Gray (1999 : 391 – 393) gives an explanation of the neurological foundation of unitive thinking. Given the fact that some neurons in the Central Nervous System are connected in a serial way, and that many more neurons are connected through a neural network, there are many neurons that have no physical connection. Another way of uniting neurons is when the frequency of the oscillation of the neurons is the same. All parts of the brain, at all times, send out electrical signals and oscillate at various frequencies .

When someone perceives a specific object, for example a book, there is no part of the brain that accounts for this discriminating ability. To unify all the diverse characteristics perceived by the person (the colour, form, height et cetera), all the neural networks involved will oscillate in unison at a frequency between 35 and 45 Hertz (35 – 45 cycles per second). In that way the person will become aware of a single concrete object with many distinct characteristics. If another single object is perceived at the same time, the characteristics of that object will oscillate by a different frequency, also between 35 and 45 Hertz. This occurrence is referred to as “*binding*” (Zohar & Marshall, 2000 : 60/1; Jefferys, Bracci, Vreugenhil & Hach, 2001 : Internet) or the “*bridging principle*” (Chalmers, 1996 : Internet).

Electroencephalographic studies by Benson (1975) and Banquet (1973 : 143 – 151) revealed progressively more coherent brain waves at several frequencies (including 40 Hertz) across large areas of the brain during deep stages of meditation where the mind is empty of specific thoughts. The mediators reported an experience where consciousness entered a unity at the same time that unity of neural oscillations was recorded.

Consciousness is not a direct, straightforward observable or measurable phenomenon and many studies were conducted to find a neural correlate for consciousness (Chalmers, 1996 : Internet). The more recent research on the extent and role of the 40 Hertz neural oscillations of Llinas & Ribary (1993 : 2078 – 2081) and Pare & Llinas (1995 : 1161 – 1163) shows that neural oscillations in the 40 Hertz range:

- improve coordination between the serial and neural systems
- are the most likely neural base for consciousness itself as the perception of objects, the perception of meaning
- have the ability to frame and reframe our experience
- are the neural base for that higher-order unitive intelligence – spiritual intelligence

It is the perception of meaning, as well as the ability to frame and reframe experience that is of importance in this study. Nobody can change the experience in the history of an individual, but if we can change the perception of an experience by reframing a single experience against a larger, more meaningful context, we will be able to change the behaviour that is the result of associative thinking.

3.3.3.2 Unitive Thinking

Zohar & Marshall (2000 : 15, 181) associate the 40 Hertz oscillation of neurons with the following abilities:

- flexibility – the ability to be actively and spontaneously adaptive
- heightened sense of self-awareness
- the capacity to use and transcend (go beyond) pain, the quality of being inspired by vision and values

- the reluctance to cause unnecessary harm
- a tendency to see the connection between diverse things
- a marked tendency to ask “Why...” or “What...” questions and to seek fundamental answers
- possession of the resource for working adjacent to ruling
- spontaneity – the ability to deeply respond with grace and connectedness
- being free from games and pretences, free from compulsions

The founder of Educational Kinesiology , Dr. Paul Dennison, described the ability to improve comprehension, deepen your sense of meaning and broaden your perspective in the Focus Dimension of The Seven Dimensions of Intelligence (Dennison & Dennison, undated : 39). Flexibility, attention and perspective are the key-concepts of this dimension. Dysfunction in this dimension is visible not only on an emotional level, but will also disclose postural blockages that will prevent him/her from easy movement and “participation in life.” It will be noticeable in the posture that is “laid back” or inactive, or the posture that is overly forward or over-focused.

The person with good perspective is able to:

- be aware of him/herself in context
- identify priorities
- focus attention on meaningful activities
- be flexible and “ready to go”
- diversify and take a broad view
- follow projects through and bring them to closure
- move on to new things

The flexibility that makes above-mentioned characteristics possible is acquired in many ways, but one of the main tools that is used by Dennison is stretching of muscles.

Millman (1993 : 324 - 327) says that flexibility involves a realistic acceptance of the present circumstances, rather than a rigid resistance towards it. It is not a passive “going

with the flow", but the ability to make constructive use of the circumstances, or at the least being able to bend, to accept, and whilst experiencing the situation fully, keeping in touch with the bigger picture of life. Being flexible does not always require a shift in behaviour, but a shift in attitude.

Being flexible will support the ability to respond in a more effective way. To Zohar & Marshall (2000 : 13) responsibility is not only a way to respond to others, but an ability to respond to the self, and to make bigger sense of the life-experience. Simon (2000 : 114 – 116) goes as far as comparing reality with the conversations we have with ourselves describing our experiences. Reality is therefore dependant on perspective and perceptions, and our commitment to our own-created reality will limit our flexibility. In order to transform the rigid patterns that control our lives, we need to bring the light of conscious awareness to our perspectives and perceptions from which our behaviours and attitudes arise.

The 40 Hertz oscillation of neurons gives an explanation as to why it is possible for some people to have resilience, the ability to recover from shock, trauma or illness. To the therapist it gives the hope that, despite the traumatic and tragic history that the adolescent with the *identity problem* presents, there will be the possibility for reframing, of breaking the habit of longstanding but unsuitable emotional behaviour and restoring the above-mentioned abilities.

Much more is to be said about flexibility that occurs with the 40 Hertz oscillation of neurons, but the researcher will conclude this paragraph by stating that we as therapists are working towards clients that have the characteristics associated with the unitive thinking, despite their circumstances. It is not easy for a psychologist to measure the oscillation of neurons, but in working towards developing those features in our clients, we will be able to serve them, and help them to live a life with better and increased quality.

3.4 CONCLUSION

This chapter gives a theoretical view of the psychological, neurological and physiological function of memory and behaviour. The researcher would like to compare the mind-body system of the human being to that of a personal computer. A personal computer consists mainly of the following:

- *A Central Processing Unit* - the hardware of the computer where all data is processed.
- *A Database* where all the stored data is kept, as well as the programs used to access and/or process the data. In the case of a personal computer, this is usually kept on the hard disk drive.
- *Temporary data* - magnetic tapes, the stiffer drive and the compact disk drive.
- *Terminals for data input* – this will include the keyboard, scanner, magnetic tapes, stiffer drive, compact disk drive, camera and other.
- *Terminals for data output* – this will include the screen, the printer, speakers, the stiffer drive, the compact disk drive, magnetic tapes and other.
- *Wires and cables that transfer the data* between the different components.

The following comparisons can be made:

- The Central Processing Unit the brain
- A Database short and long-term memory – conscious as well as subconscious
- Temporary data the experiences in the present – emotions, thoughts, people, circumstances et cetera
- Data input the five senses: sight, words and sounds, tactile sensation (internal as well as external), smells and taste
- Data output all thoughts, actions and behaviour – physical and emotional
- Wires and cables Central Nervous System, neurotransmitters and the neuromodulators

We want to change the behaviour of the mind-body system, but it seems as if we should change the permanent database in order to change the data output. The next chapter will give theoretical views on therapeutic models that will enable us to access and change the database of the subconscious mind:

- Determine emotional and thought patterns (programs) that cause the *identity problem*
- Determine the timeframe and experiences (data) that caused the emotional and thought patterns
- Frame and reframe the experiences to make change possible (rewrite the database)

CHAPTER 4

DESCRIPTION OF REGRESSIVE THERAPIES

4.1 INTRODUCTION

In Chapter 2, the researcher pointed out that the cause of the *identity problem* lies in earlier childhood, and although it manifests in many different ways during adolescence, the real cause may lie as far back as the time in utero. By finding and treating the real cause and not only the symptom of the *identity problem*, the researcher wishes to reveal better and more effective ways to the educational psychologist to treat problems related to the *identity problem*.

In Chapter 3 the researcher gave an overview on a neurological basis on the way these memories are stored, and what part the memories plays in the behaviour of individuals. In this chapter the researcher will investigate the possible methods that can be used to find significant experiences or perceptions of the past, and ways to eliminate the influence of the memory. In other words, the researcher is looking for methods to study the subconscious, the *black box* - the feelings unobservable to the conscious mind.

The researcher does not hold the opinion that these are the only methods to treat problems that include the *identity problem*. These methods were chosen because by using them, it is possible to find out the exact experience and emotional understanding of the client that link up to the *identity problem* as it occurs during adolescence. Being able to go directly to the cause of the problem will save time and make the therapy more effective.

4.2 REGRESSION AND REFRAMING TECHNIQUES

Many methods are available to access the subconscious mind, or the implicit memory. Barlow & Durand (1999 : 52) describes the method developed by Stroop – the Stroop colour-naming paradigm. There are many projective techniques available, such as the Roscharch, Thematic Apperception Test, Children's Apperception Test et cetera. The researcher chose to use two methods where it will be possible to identify the perceptions of the past that would be responsible for the manifestation of the *identity problem*. It is not the purpose of the study to give a detailed description of each of the models, but to point out the underlying theory that would help the educational psychologist in the identification and treatment of the *identity problem*.

The researcher would like to use the comparison of the body-mind system to the personal computer to explain what regression technique would be more appropriate. In the regressing and reframing of experiences we are interested in the database of the computer, and therefore we will be interested in the effective ways of accessing and retrieving data and preprogrammed programs that determine the output of the data from the database.

A database consists of:

- o *Directories*, consisting of folders
- o *Folders*, consisting of files
- o *Files*, consisting of the data

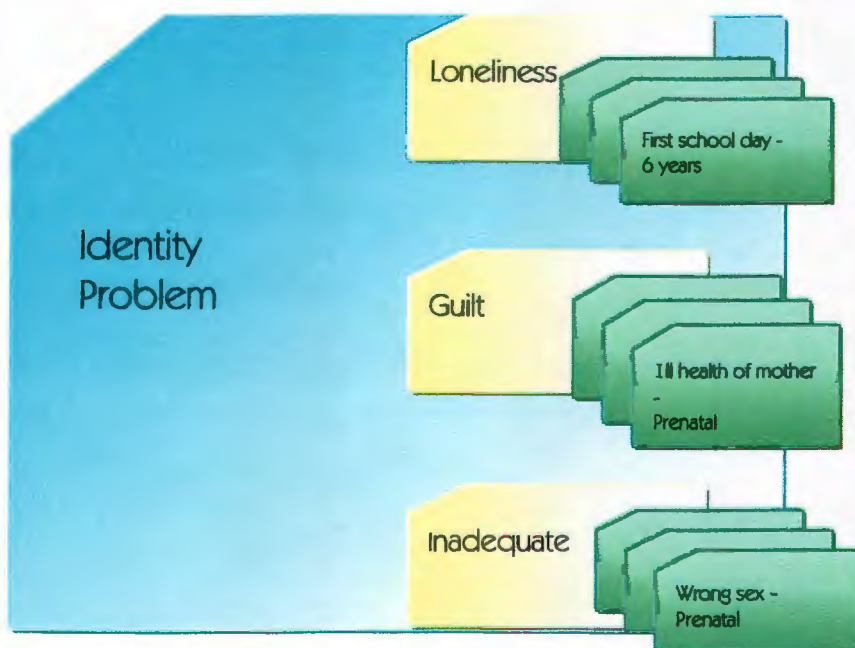
In order for a database to be useful, it should be arranged and accessed in a useful and effective way (Bell, Morrey & Pugh, 1987 : 76 – 78). Based on the information of Chapter 3, the researcher would like to suggest the following structure for the database of the subconscious mind:

- The behaviour of the client could be structured in different directories. The problem they report with, for example, will be one directory.

- The folders in the directory will consist of the different emotions that relate to the behaviour represented by the directory.
- The files would represent all the experiences that relate to the emotion(s). The files would consist of the *age*, *experience* and the *program* (associations, habits, attitudes and beliefs) that were made at the time of the experience.

Figure 4.1 Database Of The Subconscious Mind

<u>Directory</u>	<u>Folders</u>	<u>Files</u>
(Behaviour)	(Emotions)	(Experiences)



It is not possible to make use of a database if there is no method described to find appropriate information (Dale & Lilly, 1985 : 554 – 555) . A database could be searched in three different ways:

1. Sequential searches - could be compared to seeking data on a magnetic tape such as videotape or audiotape. The search will start at the first folder or file on the tape and will continue until the folder or file is found in a sequential search, or until the last file is read, and no file matches the description of the record searched.

2. Random-sequential search – in this case there could be random access to the directories and the folders, but the files could only be searched sequentially as in 1. If there are 10 directories, and the data referred to is found in the fifth directory, there would be a label on the directory that would make it possible to go directly to that directory without searching all the other directories as well. The folders could be accessed in the same way, but the files will have to be searched in a sequential way. This search is more effective and faster than the sequential search.
3. Random search – in this case no part has to be searched sequentially. Once you have the correct directory, you can go directly to the appropriate folder(s), and then to the appropriate file(s). This is the fastest and most effective search.

A search cannot be carried out without a key that would enable you to find the appropriate folders and files.



The key to the correct folder would be an emotion. Once we recognize the emotion(s) underlying the problem, we can find the appropriate folder, and in the folder we will find files that represent all the experiences of the person that relate to that emotion.



The key to the correct file would be the age of the experience related to the emotion. The age of the person at the time of the experience will make it possible to find the appropriate file. The file will contain the following information:

- o Age
- o More emotions may be underlying the problem. These emotions will be connected to more experiences in the database.
- o The files will also contain programs (train of thought/habits) that are part of the problem, and that trigger the action/thoughts/

behaviour through neurotransmitters and neuromodulators. Some of these programs are negative, and act like viruses found in computers, and cause harm to the other files.

The more effective we can search, the quicker and more effective our treatment will be. In listening to the intake history, the therapist will be able to search the directory in a sequential way. This gives an overview of the emotions (folders) and ages and experiences (files) that may be found. The folder would be easily retrieved if the emotion(s) were identified, and the correct file would be retrieved if the age of the experience(s) that refer to the emotion(s) were known. The more accurate the determination of the emotion and the age, the easier it will be to access the subconscious mind in a random way. As therapists we are interested in changing the virus programs that are found in the files that cause the problem.

The two methods that will be investigated in the following paragraphs are hypnosis and Kinesiology.

4.3 HYPNOSIS

4.3.1 Definition Of Hypnosis

“Hypnosis is an altered state of consciousness in which sensory input is processed in a different way for that individual at that time, and is usually accompanied by relaxation.” (Modlin, Nel & Hartman, 1997 : 2). According to them hypnosis is a state between being awake and being asleep. Two conditions are essential to induce a state of hypnosis:

- a) A central focus of attention
- b) Surrounding areas of inhibition

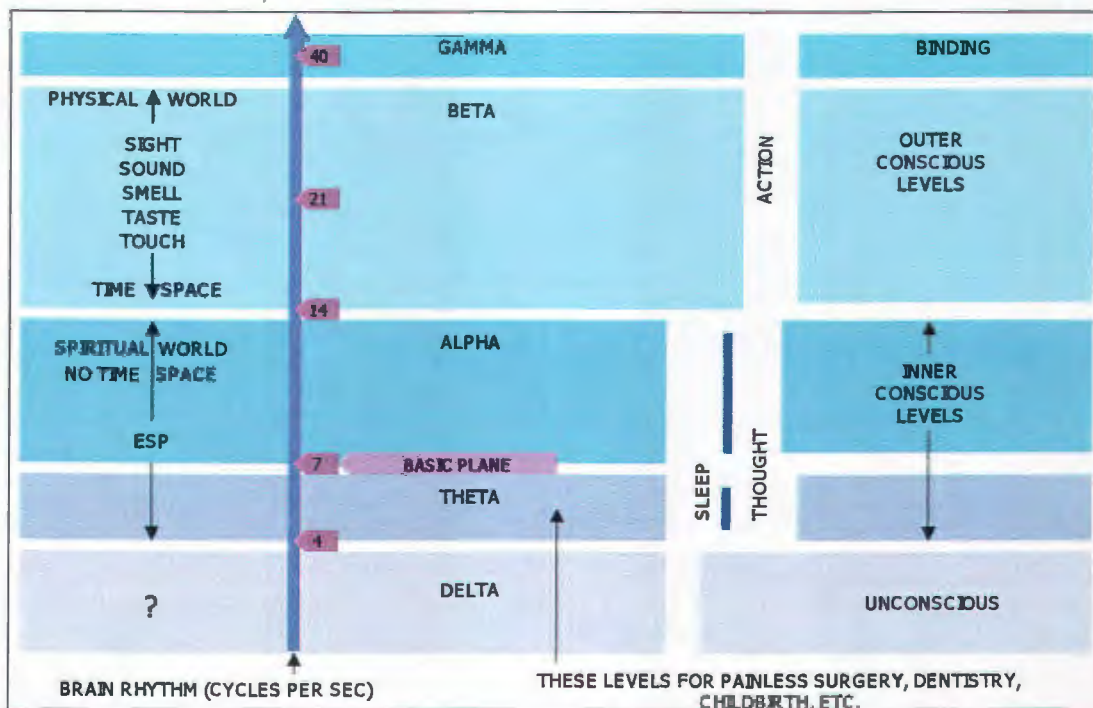
Three things are produced by hypnosis:

- a) An increased focus of attention
- b) An increased concentration of the mind

c) And increased susceptibility to suggestion

Silva & Stone (1989 : 6 - 8) compare the different states of consciousness to the frequency of the brain waves. Figure 4.2 indicates the different states of consciousness and the brain rhythm. They differentiate between four levels of brain activity according to the brain pulsations per second. The normal wakeful state is obtained by a speed of between 14 and 21 pulsations per second. Alpha, the level where regressing and reframing can take place, is about half this speed, at 7 – 14 pulsations per second. This is the level of a hypnotic state, deep meditation and prayer. If the brain slows down more, we get a state of sleep at the speed of 4 – 7 pulsations per second, and below 4 pulsations per second is a state of very deep sleep. Higher mental activity, for example consciousness and perception is associated to the Gamma band – 40 Hertz (Jefferys; Bracci; VreugDenhill & Hack, 2001 ; Internet).

Figure 4.2 The Levels Of Brain Activity



4.3.2 Hypnosis And Subconscious Memory

According to Modlin, Nel & Hartman (1997 : 3) the process of hypnosis brings about the following:

- An acceptance of imaginary phenomena rather than sensory experience
- A detachment from the sensory input
- A suspension of cognitive logic and secondary-process thinking
- A narrowing of attention as suggested by the therapist, or created by the subject's own memory or imagination
- A splitting of consciousness: the subjects normal consciousness continues and he/she is aware of the hypnotized self but the latter is unaware of the former

The above-mentioned distinctive qualities of hypnosis make it a useful tool to find the cause of the *identity problem*. In this process the therapist guides the client to regress to the experience in memory that links to the problem. According to Rossi and Cheek (1994 : 7) it is possible because hypnosis can partially reactivate the stress released hormonal information substances that originally encoded the traumatic event.

Memories are not only accessed in hypnosis, but also discussed and reframed (Rossi and Cheek, 1994 : 7) . Modlin (undated : 10) indicates that the brain waves during hypnosis are similar to brainwaves during meditation. This gives a suggestion that hypnosis can activate the 40 Hertz oscillation of brain waves, and therefore cause greater flexibility, perception and reframing of traumatic experiences possible.

Zohar & Marshall (2000 : 186) use the expression *recollecting* instead of reframing. To them it is more than mere remembering, it is remembering from the viewpoint of a fresh framework. This gives an opportunity to rewrite a family history by giving it a different conclusion, to recapture the original self - identity.

4.3.3 Medical Hypnoanalysis

In this paragraph the researcher wishes to point out the element(s) of the Medical Hypnoanalysis Model that relate to the explanation of the *identity problem* in Chapter 2. It is not the aim of the study to describe any model in full, but only to outline the useful parts of the models discussed. The reason why this model was considered appropriate to use as a treatment for the *identity problem* is the following:

- i. The focus is on the causes of a problem rather than the symptoms. This model allows the therapist to work with the subconscious dynamics as described in Chapter 3, rather than conscious forces (Matez, 1989 : 155).
- ii. It is a regressive model that will point out earlier experiences that relates to the *identity problem*. It is different from psychoanalysis, because it will enable the therapist to work exclusively on earlier experiences related to the problem of the client (Scott, 1989 : 23). To the researcher it will be those experiences (files) containing a program that relate to the problem.
- iii. The *identity problem* as described in Chapter 2 is outlined as part of one of the main diagnosis that is made in this model.

The researcher would like to focus on two aspects of the model

1. The Diagnostic Principles
2. The Triple Allergenic Theory

4.3.3.1 The Diagnostic Principles

This model makes use of a double diagnosis: the conscious and the subconscious. The first diagnosis, the conscious diagnosis, was discussed in Chapter 2, Paragraph 2.7.2. It is the way the client presents the problem in a waking state. Scott (1993 : 86) views this as the presenting of a deep-seated problem rather than the problem itself, and will be treated as a symptom and not as a cause.

The second diagnosis is the subconscious diagnosis. Scott (1993 : 86) talks about the hypnotic diagnosis, the root cause of the problem. This will be the real cause of the problem. It is explored by the Word Association Test that was also discussed in Chapter 2, Paragraph 2.7.3.1, and is done while trance is induced. The researcher gave an

indication of how the *identity problem* can be determined by using the Word Association Test. The Word Association Test is used to give the therapist a broad diagnosis that includes several aspects (Leeb & Fourie, 2000 : 4 – 7):

a) The Prenatal Experience

Ideally, the unborn baby must feel safe, loved, accepted, and be aware of the acceptance and keen expectancy of the mother. Unwanted pregnancies, ill health of mothers, marital problems, an absent father and other problems that keep the mother from feeling safe and in good expectancy of the baby causes problems during this time (Matez, 1988 : 80). The following words in the Word Association Test will point out problems during this time :

- *lonely/alone*
- *helpless*
- *hopeless*
- *frightened*
- *responsible*
- *future uncertain – may feel the compulsion to get out, or feel safer to stay (the world may seem a very threatening place to be).*

b) The Identity Problem

This concerns the thought pattern about the self, and is created in the mind of the unborn baby. It was extensively discussed in Chapter 2.

c) Death Expectancy Syndrome

This is seen as the real cause for anxiety and fear, and is associated with the birth experience (Matez, 1986 : 80).

d) Birth Anoxia Syndrome

The experience of the Birth Anoxia Syndrome can result in terror of death. It is an actual feeling of suffocation, and is often the result of:

- Falling oxygen levels
- Changes in blood chemistry
- Distortion of head
- Compression of chest
- Delay in second stage of labour

The Birth Experience will be pointed out by *sighs*, and words such as *I don't know, difficult, afraid, fear, anxiety, out of control*.

e) Separation Anxiety Syndrome

These perceptions are primarily the result of:

- Delay in bonding with the mother after birth
- No bonding after birth - a mother giving her baby for adoption.
- The ill health or death of the mother
- Baby remains in the incubator for a long period

It is the physical separation between the fetus and the placenta and/or the mother (Ayers, 1993 : 19). The baby has feelings of being lonely, and that it is unable to survive. Emotional and physical trauma in later life can result in the same feelings. It will be related to the *identity problem*. Scott (1993 : 88) describes separation anxiety as an ongoing threat, even though it has not actually taken place.

f) The Walking Zombie Syndrome

This is essentially the acceptance of a death suggestion. To these people life has become purposeless. It is also associated to unwanted pregnancies and long difficult birth experiences (Leistikow, 1995 : 311). There is a lack of love and self-worth, and no motivation to develop it (Scott, 1995 : 209). Without a reason to

live, our true identity gets lost, and we need to take on false identities and a “petty human ego” (Friedman, 1997 : 41).

This syndrome often goes along with a “proof of life” – a way to remind the subconscious mind that it is not really dead. Although this person will be without a zest for life, purposeless and lethargic, the subconscious mind will be reminded that he is alive by outbursts of anger, working long hours, always moving around (Attention Deficit and Hyperactivity Disorder), or things like pain, nail biting or overeating (Ritzman, 1982 : 26).

g) The Ponce De Leon Syndrome

This is essentially a state of emotional immaturity or arrested maturity. It is not an isolated problem at all. If there is no awareness of the self, purpose and love, the individual cannot grow up. Therefore this syndrome relates strongly to the *identity problem*.

An underlying reason for the development of this syndrome, is the fear regarding adulthood. This fear will keep the person from emotionally, and/or physically growing up, (Bryan, 1964 : 36). These people will have difficulty in maintaining relationships, keeping jobs, have an excessive need for a parental figure and will exhibit antisocial behaviour. Responses that are inappropriate for the age of the client will indicate the Ponce De Leon Syndrome.

h) The Jurisdictional Problem

This problem results because of inappropriate self-judgment and self-imposed guilt. There is a faulty perception of one’s right to live in happiness, and will therefore connect to the *identity problem* as well. Any responses that can be associated with guilt, judgment, et cetera, will be an indication of this syndrome.

The Jurisdictional Problem is an awareness of having done something wrong, and the anticipation of getting punishment for it. (Ritzman, 1993 : 11). Guilt of

existence can lead to the *identity problem*, and even to personality disorders (Ritzman, 1999 : 102).

The above-mentioned diagnoses are interrelated, and cannot be seen as isolated from the others. For the purpose of this study the researcher will only concentrate on responses that relates to the *identity problem*.

In Table 4.1 the researcher will present more stimuli and responses that will point out the feelings and perceptions around the *identity problem*, the Prenatal Experience and the Birth Experience. The Birth Experience will include experiences during and directly after birth, such as separation from the mother, and feelings associated with the walking Zombie and Death Expectancy Syndrome. Although the Medical Hypnoanalysis Modlin draws a very strong connection between anxiety disorders and the birth experience, the researcher will only refer to responses during the Birth Experience that relates directly to the *identity problem*. This diagnostic test, together with the history taken around the pregnancy, birth and early childhood, will make it possible for the therapist to have a strategy to guide the client during regressions to those earlier experiences.

Table 4.1 Stimuli And Responses That Indicate The Prenatal Experience And Birth Experience

<u>STIMULI</u>	<u>POSSIBLE MEANING TO THE SUBCONSCIOUS MIND</u>	<u>POSSIBLE RESPONSE</u>
Cave	The womb	Dark, lonely, empty, safe (the world is not safe)
Down in this dark hole ...	Darkness in the womb, and associated feelings	I am alone, it is empty, I am afraid, hopeless, uncertain
If I don't get out	Struggle during birth	I will die/suffocate, I will stay here
Darkness	Darkness in the womb, birth canal and associated feelings	Lonely, death, no love
When the walls close in ...	Contractions that precede the birth process	I am afraid, my head hurts, my body feels tight

At the end of the tunnel...	Getting through the birth canal	It is dark, I am stuck
It all started when ...	Sometimes the subconscious mind will go back to a prenatal or birth experience	I was born, ever since I can remember (prenatal experience)
When I was born ...	Time around or after birth	I was alone, I died, I wish I could make it in life (<i>identity problem</i>)
I feel out of control when ...	The birth process	I died, I cannot succeed
It all started when ...	This will give an indication of the symptom producing event or the symptom intensifying event	I was born, my mother /father left, ... went away, In the incubator

The responses are also seen in relation to each other to bring even more understanding to their meaning. The mathematical rule of:

If $A = B$

And $B = C$

It leads to $A = C$

If the following responses are given:

Cave → darkness

Darkness → lonely,

it will imply that there were feelings of loneliness in the cave, or the womb.

The following responses will be considered together because of the similar responses:

Problem → lonely

Me → lonely

Cave → lonely

This will give a strong indication of an *identity problem* that derives from feelings of loneliness which is the main problem, and has started in the womb.

The researcher has already pointed out the importance of experiences in utero, birth and early childhood. In the next paragraph the reason for the importance of these will be

given, and also the reason why it is important to bring those experiences to consciousness.

4.3.3.2 The Triple Allergenic Theory

William Bryan developed the Triple Allergenic Theory to indicate that all emotional problems can be traced along a path that makes up the history of the problem (Scott, 1993 : 10). In her report on the 1994 Medical Hypnoanalysis Conference, Mow (1994 : 168) calls the symptoms one experiences an “emotional allergy.”

For an allergy to develop, there has to be an initial contact with a harmful substance where antibodies are formed, but no external symptoms appear. The second and following times the body comes in contact with the substance, the antibodies are activated, and the body shows a allergic reaction (Scott, 1993 : 68 – 69).

In the treatment of emotional problems three events need to be identified:

- The first time the body is exposed to a harmful event is known as the Initial Sensitizing Event (ISE). This event is always unknown to the conscious mind, and happens in the first five years of life, or before birth (Doyle, 1995 : 346). In the case of an *identity problem* it will most probably be in the Prenatal Experience.

It will be the first time an association is made between a perception and the threat that accompanies the perception. In the case of the *identity problem* a typical Initial Sensitizing Event will be:

- an unwanted pregnancy
- ill health of the mother
- an unhappy marriage of the mother
- a period where the mother and father were separated
- where the unborn baby feels no love or acceptance

Although there is no symptom, the subconscious mind associate the feelings of loneliness and rejection.

- The second time a person is exposed to a similar threat is called the Symptom Producing Event (SPE) (Spear, 1987 : 75). This event or events will produce feelings of fear, anxiety, depression or guilt that will start to develop into a symptom. It is like a seed (the Initial Sensitizing Event) that is starting to germinate and grow some roots.

A child who has made the connection between loneliness and rejection during the time in utero may be placed in an incubator for no reason but the physical wellbeing of the baby. The loneliness that was connected to earlier feelings of rejection may be experienced in this time as well. This time it will start producing secondary symptoms such as feelings of depression, guilt, fear or anxiety that were not present at the time of the Symptom Intensifying Event. In the subconscious mind feelings of loneliness will be associated with feelings of rejection, regardless of the validity of the feelings, and those feelings will result in the secondary symptoms as well. These may be pure emotional feelings such as anxiety, and even physical feelings such as increased heart rate, asthmatic breathing, et cetera. In other words, when this person is lonely, a perception of being rejected will accompany these feelings, whether they are faulty or not. These feelings will begin to be associated with the secondary symptoms, although these symptoms may be very mild and cause no serious problems.

There may be more than one Symptom Producing Event. It may also occur later on in life, for instance:

- the first separation after birth, for example the time in the incubator
- the first time the mother hired a babysitter
- the first day at school
- a time when the family move from one town to the other and the child must leave friends behind
- a time when the parents left for a long period of time
- the first time that the child will leave the house on their own in primary or secondary school

- Every following time the person is exposed to the same threatening feelings, more symptoms occur and they will get worse. Increased heart rate or asthmatic breathing may develop into acute panic- or asthma attacks. The event(s) that cause the symptoms to interfere with the daily functioning of the person will be called the Symptom Intensifying Event (SIE). Often it would be subsequent to this event that the person would seek help.

It is often the first broken love affair that will cause depression or other problems to teenagers. This would be connected to all the occasions where rejection, loneliness and the secondary symptoms were fused, a fusion that became so strong that all perspective is lost in this strong emotional experience. The seed that was planted during the Initial Sensitizing Event, which rooted during the Symptom Producing Event, will start developing branches after the Symptom Intensifying Event.

It is clear that the above-mentioned experiences are present in most children, but only some of them will have symptoms later on in life. The thoughts, emotions, and later physical reactions will be fused in the same way, but the strength of the "glue" that fuse them, will depend on the *emotional charge* involved during the Initial Sensitizing Event, the Symptom Producing Event and the Symptom Intensifying Event (Matez 1992 : 7).

Ritzman (1992 : 99 – 100) reminds practitioners of the importance of finding and reframing the Initial Sensitizing Event if the patient is to be cured by treatment through Medical Hypnoanalysis. When the therapy gets fixated on the Symptom Producing Event(s), the patient will not get permanent relief of the symptom. "If your patient does not get better, you have not found the Initial Sensitizing Event" (Leeb, 2000 : Presentation of Intermediate Course in Medical Hypnoanalysis). Scott (1975 : 179) believes that finding and reframing the Initial Sensitizing Event is often the point where the client gets better.

In the case of depression, personality disorders and compulsions the Initial Sensitizing Event must be searched for in the Prenatal Experience (Ritzman, 1992 : 102). Emotional problems such as marital problems, excessive jealousy and over-dependant relationships are only a few of the problems that may result from the loneliness in incubators directly after birth (Ritzman, 1992 : 103). These first experiences give voltage to the following experiences, and need to be addressed during therapy to bring permanent change.

4.3.3.3 Reframing Of Experience

Reframing of experience takes place when the client, in trance, is regressed to the significant experiences. The history taken, as well as the Word Association Test, will give the therapist an idea of what these experiences will be, or will enable the therapist to guide the client to specific subconscious memory – a regression.

Modlin, Nel & Hartman (1997 : 15) makes a distinction between the term *regression* and *revivication*:

- *Regression*: indicates a return, in trance, to an earlier time/place/emotion in which the patient may or may not revivify the experience, or relate its content without experiencing the emotional or physical input at that time.
- *Revivication*: a dramatic, re-experiencing of a past emotion or physical feeling.

Ritzman (1992 : 104) explains therapeutic strategies to take the adolescent or adult back through regression to the various traumatic events. To Ritzman valuable reframing can only be done after the Initial Sensitizing Event has been dealt with. In order to do that, the Word Association Test must be used to find the Initial Sensitizing Event. He suggests the following procedure to ensure the best result:

- a. The client is regressed to the most recent expression of the problem. The emotion is brought forward.
- b. With this information brought forward, the client is regressed to the previously diagnosed Initial Sensitizing Event (from the Word Association Test), and is

experiencing similar emotions and thought patterns. The therapist can make use of an “emotional bridge”, where the client receives the suggestion of “Go back to the very first time in your entire life that you experienced this feeling of loneliness.” This is possible because the subconscious mind is an “emotional memory”, and will “label” events by similar emotions. Another way of doing it is to make use of a metaphor to regress to the womb – see Appendix A.

- c. The client is reminded of the similarity of emotions and thought patterns, and according to Ritzman, this understanding gives emphasis to the cure. Reframing can take place by inner child work, where the adolescent or the adult is asked to nurture the unborn baby or younger child, and to give them the love and acceptance that was lacking at that time.
- d. One or more of the Symptom Producing Events as well as the Symptom Intensifying Event need to be framed and reframed the same way, in order for the client to understand the subconscious patterns that created the ill “habit” (Leeb, 2000 : Presentation of Intermediate Course in Medical Hypnoanalysis).

4.3.3.4 The Seven R's In Hypnosis

Leeb & Fourie (2000 : 15) describe the seven R's that are important to keep in mind while treating a client through Medical Hypnoanalysis:

- 1) Rapport
- 2) Relaxation
- 3) Regression – the regression may be by memory or by revivification
- 4) Realization
 - recognise the real cause versus excuses for having the problem
 - the problem has not always been part of the behaviour
 - uncover emotions and beliefs underlying the problem
 - discover the decisions (programs) that trigger the unwanted behaviour
 - confront attitudes that need to be changed

- all behaviour is learned or conditioned, and therefore can be unlearned
- 5) Removal of the impact of the negative belief
 - desensitize emotion
 - change belief
 - change attitudes
 - removal of faulty belief by metaphor
 - 6) Replace with positive belief
 - 7) Reinforcement and rehearsal
 - using appropriate scripts

4.3.3.5 Conclusion

This is not a complete description of the Medical Hypnosis Model, but it outlines an idea of how the *identity problem* as part of the problem presented by the client, can be identified and treated within the framework set by the diagnostic principles, and the Triple Allergic Model. It is also presented because it can be used to point to the specific emotions and experiences that caused the *identity problem*.

4.4 KINESIOLOGY

4.4.1 Definition Of Kinesiology

"Kinesiology is the study of the mechanics and anatomy of human muscles" (Collins English Dictionary, 1994). This is the general meaning of kinesiology.

The past thirty years, a new meaning has evolved for this word. Kinesiology, in this context, refers to the use of muscle testing (Holdway, 1995 : 3-4). The American Chiropractor, Dr. George Goodheart, discovered muscle testing. Although muscle testing (or indicator muscle change) was initially used by health practitioners, other models, such as Three in One Concepts, Blue Print Series and Thought Field Therapy (Simon;

Markowitz; Barrilleaux & Topping, 1999 : 244-250), were developed as well. These models are used for the treatment of emotional problems.

The term "indicator muscle" or "muscle testing" refers to a muscle that showed transient loss of isometric muscle strength in a manual test in relation to a stimulus. This stimulus could be a verbal expression of an emotion, age, person, et cetera. No atrophy or other apparent reason is accountable for the loss in muscle strength. On an immediate consecutive test, the muscle could test strong again, dependable on the stimulus that is offered. In her study of the indicator muscle (muscle test), Rolfes (1997 : 8) found a link between emotional states and the change in the strength of the muscle.

An example would be an adolescent that is depressed. To determine the emotion that is the underlying problem to the depression, the indicator muscle could be used. The most common muscle to be used in this instance would be the Anterior Deltoid or the Deltoid. The tester should find a strong muscle, and then give verbal stimuli that could change the indicator muscle. Emotions such as anger, attachment, envy, guilt and fear could be offered. The indicator muscle will change on the emotion that causes stress and depression. This method is very effective for use with people who are unable to express their feelings. It makes it a lot easier to the client, and the therapist can get an accurate response from the subconscious mind.

The unexpected weakness in a muscle is not that unfamiliar or unknown to us. When someone wants to give somebody else bad- or shocking news, they might suggest that the person sit down first. The weakness in body muscles that accompanies negative emotional experience is a well-known fact to most of us. The researcher will not investigate the mechanics of the indicator muscle, but an explanation of how it is possible will be given in Appendix B.

Many researchers have described manual muscle testing as a method of evaluating nerve function (Achilly, 1977; Beare-Rogers, Gray & Hollywood, 1979; Beasley, 1978 & Bell, Tiglio & Fairchild, 1985). High correlation between trained muscle testers were reported

by Conable & Hanicke in Atkinson et al (1957). Many tests have been done to quantitate manual muscle testing (Anderson, Chen & 1979; Best & Taylor, 1966; Black in Beeson, McDermott & Wyngaarden, 1979 & Bonanome & Grundy, 1988). Walters (1988 : 277) considered the well trained examiner with sufficient knowledge of anatomy and physiology, as well as a good perception of time and force, as the best "instrument" to perform the muscle test. Verity (1989 : 3.2) considers Advanced Precision Muscle Testing as the best way to reveal information on a conscious-, subconscious- and body level of awareness.

Clinicians used the muscle test over the past 30 years to determine the following:

- a. The emotional stress involved in a problem
- b. The part of the body where stress is present
- c. The correction that will release the stress
- d. Determine if stress is released (Dewe & Dewe, 1992 : 15)

For the purpose of this study, the muscle test will be used to determine:

- a. The emotional pattern that cause the stress
- b. The timeframe in which the problem occurred

4.4.2 Kinesiology And Subconscious Memory

Verity (1989 : 3.1 – 3.2) finds the indicator muscle an essential tool to access the subconscious mind. There are two reasons why the indicator muscle is an effective way to retrieve information from the subconscious mind (Holdway, 1995 : 8):

- a. Memory is stored in the muscular system of the body.
- b. Muscles are part of the non-verbal communication system of the body.
Because the muscle testing operates on the non-verbal level, it can bypass the conscious opinion and beliefs.

Through muscle testing, the clinician can conclude the cause of the problem by determining the time when and reason why the problem has occurred. In this way the

muscle test shows the individual to which image in the subconscious mind an emotion is associated, as well as the time frame of the traumatic cause of the image. In bringing a connection between the conscious and the subconscious level, the span of consciousness of the individual will be widened, and will enable the individual to make more effective choices (Verity, 1989 : 3.1).

The researcher finds this method an advantage to hypnosis in the fact that there is no need to induce a trance, and the client and therapist can discuss the problem in a conscious way. In this way the client may feel more control. In the experience of the researcher, muscle testing is preferred by most clients.

Reframing and correcting in the field of Kinesiology is an extensive and broad study, and will not be included. The information gained by the regression techniques, as well as the emotional information, can be used by the therapist to do corrections. Corrections can be done in any way, using techniques from various models such as Transactional Analysis, Gestalt Therapy, Guided Imagery, et cetera. Verity in Stokes & Whiteside (1996(a) : 69) suggests that the changes are made by using imagination. Through research, many usable models were developed. To find the timeframe and emotional patterns, the researcher chose the Three In One models available in Kinesiology that will make it possible to determine the above-mentioned aspects. It is not the intention of the researcher to replace the model of the Medical Hypnoanalysis with these models, but to add to the model more effectiveness for the educational psychologist to use, and to have a better understanding of the *identity problem*.

4.4.3 Three In One Concepts

Choices we make in Present Time are influenced by the traumas of the past.

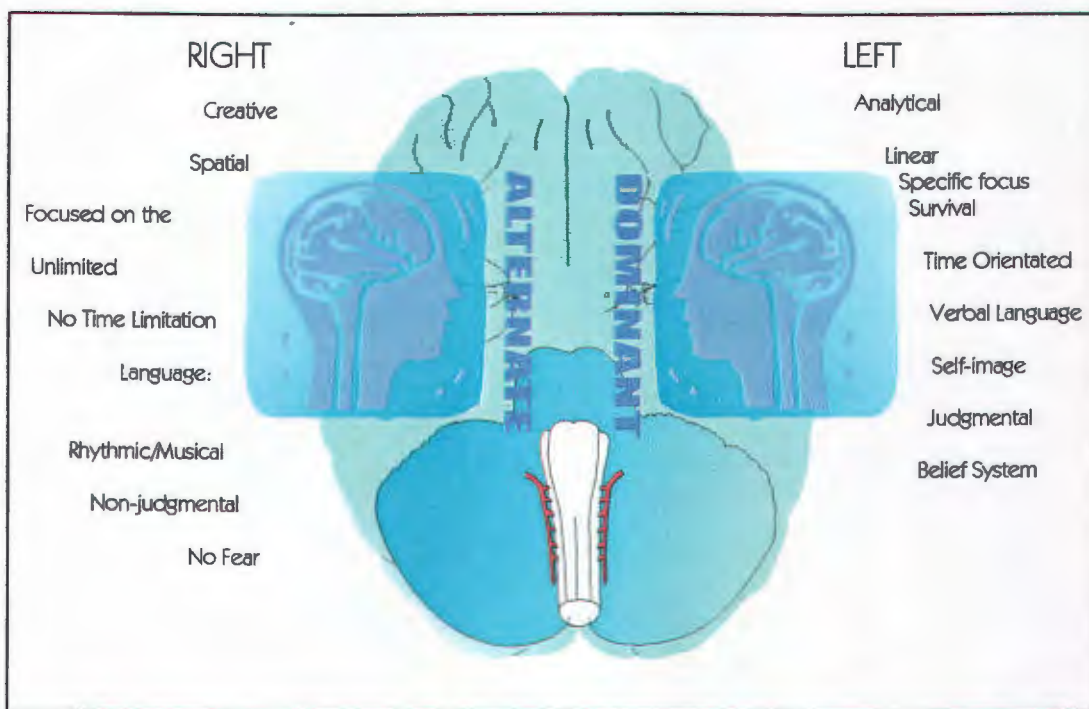
Choices we make today, of course, create our future.

If we defuse the traumas from the past, and reinforce the joys, we'll be making choices, which create the kind of future we really want to have

Stokes & Whiteside (1996 : ii)

Gordon Stokes, International Training Director of Touch For Health, Daniel Whiteside, a pioneer in Behaviour Genetics and Candace Callaway developed this model of Kinesiology. The name refers to the expansion of the Left/Right hemisphere theory of brain function, and includes the integration of the Front- and Back brain as well as the reception and expression of information (La Tourelle, 1997 : 113 – 114).

Figure 4.3 Expansion Of The Left/Right Hemisphere Of The Brain



As in the case of the Medical Hypnoanalysis Model, the researcher will not describe this model in full, but will mention those components that will help the therapist to identify and treat the *identity problem* as it is described in Chapter 2. By means of the indicator muscle, this model will enable the therapist to:

- a. Make use of the Behaviour Barometer to determine emotional and behaviour patterns – see Paragraph 4.4.3.2.
- b. Determine the percentages Negative and Positive Emotional Charge invested in the issues that is being defused - see Paragraph 4.4.3.3.

- c. Do age regression. Age regression is the term used in this model, and indicates the *recalling of the time* when the decisions were made that influence the choices at present time (Stokes & Whiteside, 1992 : 7).

4.4.3.1 Emotional Stress Defusion

This procedure is called a "*defusion*." Belief Systems or *perceptions* that exist in the subconscious mind as result of decisions made in the past, must be defused from the initial experience(s). This will be the connection of thoughts, feelings and body responses that are made in the subconscious mind, especially those in the early stages of life. The defusion is done in the present time as well in the regressed time – the times when the decisions or faulty perceptions were made. It is the intensity of the emotional experience that will determine the strength of the fusion (Stokes & Whiteside, 1996(a) : 59).

FUSION = EVENT + PERCEPTION + INTENSE EMOTION

Emotional stress defusion seeks out the images to which the emotions are associated, and allows the brain to search for alternative imagery to associate with the emotion. Dealing with pain, anger and sorrow on their own does not change the associated image the mind has manufactured. Often these images were created in early childhood, prebirth or conception (Verity, 1989 : 3.2).

This explanation shows an association with the reference to Matez (1992 : 6 – 7) in Paragraph 3.3.2. In defusing emotions in the event at cause, we change cellular memory whenever we make the CHOICE to do so. The trick is to access the *specific layer* of cells holding the memory. We are able to do so if the *exact emotion* involved can be identified. Accurate muscle testing, age recession and the Behaviour Barometer give us the tools to do so (Stokes & Whiteside, 1996(a) : 72). The perception is the sum of all experiences and accompanying thoughts and emotions. The three-layer emotional

pattern that is highlighted by the Barometer, will point out the way perceptions or Belief Systems were formed.

For example, on a conscious level of awareness a person may be aware of the fact that she has to be perfect. Yet there may be a subconscious belief that the person has to be perfect because of her own unworthiness, or because of a subconscious belief that nobody would like her if she has to be herself (a true *identity problem*). A person who would make a conscious decision not to binge anymore, but has a subconscious feeling of deprivation every time he feels lonely, will not be able to improve eating habits until feelings of loneliness and "a feeling of being deprived" are defused.

The conscious belief can also be in direct opposition to the subconscious Belief System. A person that has the conscious belief that he works hard to be prosperous may have a subconscious belief of "money is wrong", or "I am like my father, and he never succeeded" (another good example of the *identity problem*).

Memories and emotions suppressed for many years will be brought to consciousness in a gentle way while the client stays in charge (Stokes & Whiteside, 1996(a) : 13, 65). This will make it possible for the individual to make new CHOICES – in other words, defuse the conscious and subconscious beliefs that created faulty or conflicting perceptions (Verity in Stokes & Whiteside, 1996(a) : 69). The stress created by these perceptions limits the use of our forebrain thinking (unitive thinking) In understanding the subconscious perceptions, the repetition of negative experience is no longer necessary, and we can move on (flexibility). New options and alternatives become available with the new realization of perceptions that were unavailable to the conscious mind (Stokes & Whiteside, 1996(b) : 3). Experiences in life can then again become what they are meant to be - to teach a person and to allow growth – and each experience is only needed to continue as long as it is needed (Stokes & Whiteside, 1996(a) : 14).

4.4.3.2 The Behaviour Barometer

Stokes and Whiteside (1996(a) : 41) describe the Behaviour Barometer as an “exact and incredible specific” tool developed by muscle testing. It can be used as a road map to behaviour patterns. With muscle testing you can find the *exact emotion(s)* that keep you from the desired state of mind. It also allows the therapist to access information on the conscious as well as on the subconscious level (Holdway, 1995 : 71).

The three levels on the Barometer interact directly and simultaneously with each other Stokes & Whiteside 1996(a) : 42). How we react in the Present (Conscious) relates directly to the choices we’ve made in the Past, (Subconscious) when similar events took place- and are based on our overall experience of life from the moment of Conception (Body). This theory relates very strong to the Triple Allergenic Theory of the Medical Hypnoanalysis Model.

CONSCIOUS -	Recent events where we experience problems (Symptom Intensifying Event)
SUBCONSCIOUS -	Past experiences that relate directly to how we react in Present Time (Symptom Producing Event)
BODY -	Your entire life experience from Conception (Initial Sensitizing Event)

Figure 4.4 is a copy of the Behaviour Barometer as developed by Daniel Whiteside, Gordon Stokes and Candice Callaway. The true meaning of the words is given in Appendix c.

Figure 4.4 The Behaviour Barometer

THE BEHAVIORAL BAROMETER

ACCEPTANCE

- Choosing to ● Approachable
- Optimistic ● Acceptable
- Adaptable ● Worthy
- Deserving ● Open

CHOICE

ANTAGONISM

- Attacked ● Bothered
- Questioned ● Burdened
- Annoyed ● Indignant
- Opposing ● Inadequate

WILLING

- Receptive ● Adequate
- Prepared ● Answerable
- Encouraging ● Refreshed
- Invigorated ● Aware

CONSCIOUS

ANGER

- Incensed ● Furious
- Over-wrought ● Fuming
- Seething ● Fiery
- Belligerent ● Hysterical

INTEREST

- Fascinated ● Tuned-in
- Needed ● Welcomed
- Understanding ● Appreciated
- Essential ● Caring

RESENTMENT

- Hurt ● Embarrassed
- Wounded ● Used/abused/confused
- Unappreciated ● Rejected
- Dumb ● Offended

ENTHUSIASM

- Abused ● Jubilant
- Admirable ● Attractive
- Delighted ● Excited
- Alive ● Trusting

SUBCONSCIOUS

HOSTILITY

- Trapped ● Picked-on
- Put-upon ● Frustrated
- Deprived ● Sarcastic
- Vindictive ● With-Holding

ASSURANCE

- Motivated ● Daring
- Protected ● Bold
- Brave ● Considered
- Affectionate ● Proud

FEAR OF LOSS

- Let-down ● Not-heard
- Bitter ● Dissappointed
- Threatened ● Over-looked
- Frightened ● Unwelcome

EQUALITY

- Lucky ● Co-operative
- Involved ● Purposeful
- Reliable ● Concerned
- Sincere ● Productive

GRIEF AND GUILT

- Betrayed ● Conquered
- Discouraged ● Unacceptable
- Self-punishing ● Despondent
- Defeated ● Ruined

ATTUNEMENT

- In tune with ● Congruent
- In balance ● Creative
- Perceptive ● Appreciative
- Tender ● Gentle

BODY

INDIFFERENCE

- Pessimistic ● Immobilized
- Rigid ● Numb
- Stagnant ● Unfeeling
- Destructive ● Disconnected

ONENESS

- Quiet ● Safe
- Calm ● At peace
- Unified ● Completed
- Fulfilled ● At-one-ment

SEPARATION

- Uncared for ● Unloved
- Unacceptable ● Loveless/unlovable
- Unimportant ● Melancholy
- Morbid ● Deserted

CHOICE

NO CHOICE

Each level on the Barometer is divided in three pairs of categories. On the left side is the desired state of mind, and on the right side is the emotional state. The right side indicates the emotion responsible for the inappropriate behaviour. The left side is the desired state of mind that will allow *choice* in the matter:

CONSCIOUS

ACCEPTANCE / ANTAGONISM

WILLING / ANGER

INTEREST / RESENTMENT

SUBCONSCIOUS

ENTHUSIASM / HOSTILITY

ASSURANCE / FEAR OF LOSS

EQUALITY / GRIEF AND GUILT

BODY

ATTUNEMENT / INDIFFERENCE

ONENESS / SEPARATION

CHOICE / NO CHOICE

CONSCIOUS – on the conscious level we can ACCEPT a situation as it is, finding ourselves to be WILLING to consider new options and alternatives, and becoming increasingly INTERESTED in positive outcomes.

OR

We can take the position of an ANTAGONIST in a situation, feeling ANGER when we are not in control, which may lead to sulky, withdrawn RESENTMENT.

This Present Time decision will draw us into the subconscious memory of the Past:

SUBCONSCIOUS - on the subconscious level we can move forward toward success with
ENTHUSIASM, ASSURANCE AND EQUALITY.

OR

We can fall back in previous self-defeating patterns of HOSTILITY, FEAR OF LOSS
and GRIEF AND GUILT.

BODY – We can then build on our overall experience from conception onwards with
feelings of ATTUNEMENT, ONENESS and CHOICE

OR

React with an attitude of hopeless INDIFFERENCE, SEPARATION and NO CHOICE

The Emotional State on the right tells you what to STOP, and the Desired State of Mind tells you what to START. It will also coordinate with one another on a vertical line. ENTHUSIASM on the subconscious level will key in with ACCEPTANCE on the conscious level and ATTUNEMENT on the body level. In the same way will NO CHOICE on the body level key in with GRIEF AND GUILT on the subconscious level and with RESENTMENT on the conscious level.

The exact emotion can be found under each of the subheadings (refer to Figure 4.4). In Appendix C a description of all the meanings of the words on the Barometer are put forward. These words will also key in on a vertical line. If the priority level (any one of the three levels can be the priority) is tested to be the SUBCONSCIOUS level, and the priority subheading is FEAR OF LOSS, together with the priority emotion FRIGHTENED, the following bounces are made:

CONSCIOUS

ACCEPTANCE / ANTAGONISM

WILLING / ANGER

INCENDED • FURIOUS

OVER-WROUGHT • FUMING

SEETHING • FIERY

EFFULGENT • HYSTERICAL

INTEREST / RESENTMENT

SUBCONSCIOUS

ENTHUSIASM / HOSTILITY

ASSURANCE / FEAR OF LOSS

LET DOWN • NOT-HEARD

BITTER • DISAPPOINTED

THREATENED • OVER-LOOKED

UNWELCOME • UNWELCOME

EQUALITY / GRIEF AND GUILT

BODY

ATTUNEMENT / INDIFFERENCE

ONENESS / SEPARATION

UNCARED FOR • UNLOVED

UNACCEPTABLE • LOVELESS, UNLOVABLE

UNIMPORTANT • MELANCHOLY

MORBID • DESERTED

CHOICE / NO CHOICE

The emotions that cause the inappropriate behaviour will be feelings of being **FRIGHTENED**, **MORBID** and **BELLIGERENT**. The Desired State of Mind would be **AFFECTIONATE**, **FULFILLED** and **INVIGORATED**. These emotions provide a *Behavioral Road Map* for better awareness of emotions (Stokes & Whiteside, 1996(a) : 42 – 47). The example given above tells a story of a recent experience where the desired **CONSCIOUS** attitude would be that of **WILLINGNESS**, but because of recent experiences in the past where **FEAR OF LOSS** were experienced instead of **ASSURANCE**, the conscious choice of behaviour was that of **ANGER**. These feelings were connected to the **BODY's** overall experience of **SEPERATION** instead of **ONENESS**, and resulted in feelings of being **MORBID FRIGHTENED**, and **BELLIGERENT**.

If one has a look at the meaning of the words on the Barometer (Appendix C), it is clear that some of them will relate more strongly to the *identity problem* as described in this study. The researcher will refer to a few:

ACCEPTANCE

- ☺ worthy having merit or value, useful, valuable, honorable, admirable
- ☺ deserving worthy of reward, praise, meritorious

ANTAGONISM

- ☺ indignant outraged
- ☺ inadequate insufficient, incapable, not able

WILLING

- ☺ refreshed restored, renewed by stimulation
- ☺ aware sensitive, perceptive, well-informed, conscious

ANGER

- ☺ fiery liable to explode, emotionally volatile
- ☺ hysterical excessive or uncontrollable strong emotions

INTEREST

- ☺ appreciated fully aware, sensitive to, value greatly, realise
- ☺ caring to be concerned, interested, strong feeling/opinion

RESENTMENT

- ☹ rejected to deny, refuse recognition or affection, defective, useless
- ☹ offended create of excite anger, annoyance, hut feelings

ENTHUSIASM

- 😊 excited to stir activity, motion, elated
- 😊 trusting confident, hope, reliable

HOSTILITY

- ☹ sarcastic sharply mocking and scornful
- ☹ withholding restrain, refrain from giving

ASSURANCE

- 😊 considered have regard for, pay attention to
- 😊 proud feeling pleasurable satisfaction, self-respect, self-esteem

FEAR OF LOSS

- ☹ overlooked ignored deliberately, disregard
- ☹ unwelcome not received or accepted gladly

EQUALITY

- 😊 concerned interested, affected, involved
- 😊 productive bring forth, yield, constructive

GRIEF AND GUILT

- ☹ despondent dejected, loss of courage and hope, useless feeling
- ☹ ruined totally destructed, destroyed, valueless, and useless

ATTUNEMENT

- 😊 appreciative fully aware and sensitive to
- 😊 gentle considerate, kind, patient, mild, loving

INDIFFERENCE

- ☹ unfeeling callous, having no sensation, insensitive
- ☹ disconnected shut off, cut-off feeling or action

ONENESS

- 😊 completed made whole, an entity
- 😊 at-one-ment wholeness, undividedness, complete

SEPARATION

- ☹ melancholy sadness, depression of spirits, gloom
- ☹ deserted abandoned, forsaken, totally alone

CHOICE

the option, power, right to decide for self

NO CHOICE

no option, power, or right to decide for self

The right side of the Barometer can also test out to be the priority stressor. In such a case the word "not" will be put before the word, for example, if fulfilled comes up as the priority emotion, it would be "not fulfilled", "not affectionate" and "not invigorated" that will be considered as the stressors.

With the emotional pattern available to the conscious mind, the tester still needs to determine the Emotional Charge and the story, to complete the information necessary to for the defusion.

4.4.3.3 Positive And Negative Emotional Charge

A muscle test is used to determine the Positive and Negative Emotional Charge: 0 – 100% (Stokes & Whiteside, 1996(a) : 50 –52).

Positive Emotional Charge - gives an indication of the emotional energy available for positive change. If it is 0% before you start the defusion, there will be an underlying reason that needs to be dealt with before there will be motivation to change. After the defusion the Positive Emotional Charge should be 100%.

Negative Emotional Charge – gives an indication of the potency of the emotional charge attached to the issue. A Negative Emotional Charge of a 100% before the defusion gives

an indication of strong emotional issues that need to be dealt with before the actual defusion can start. After the defusion the Negative Emotional Charge should be 0%.

The main reason why the Positive- and Negative Emotional Charge is measured before and after a procedure is to evaluate the change that took place during the defusion. Other types of measurements are used in the different Kinesiology modalities. Thought Field Therapy makes use of the Subjective Units Of Distress Scale, where a count of 7 and higher would indicate stress, and after the defusion or balance it should be down to 2 or lower (Lambrou & Pratt, 2000 : 100 – 102).

Subjective Units Of Distress Scale

0. The absence of any distress. Feeling calm and totally relaxed.
1. Neutral feeling or just all right, not as relaxed as could be.
2. A mild irritation. First awareness of tension or vague stress.
3. Increased discomfort, unpleasant, but in control.
4. Noticeable discomfort, unpleasant, but in control.
5. Discomfort is very uncomfortable, but I can stand it.
6. Discomfort worsens and affects my life.
7. Discomfort is severe and emotional pain interferes with life.
8. Discomfort increases and is in my thoughts constantly.
9. Discomfort is nearly intolerable.
10. Discomfort is extreme and the worst imaginable.

4.4.3.4 Age Recession

Age recession allows the therapist to clear emotions and traumatic experiences of the past. A muscle test is used to determine the following:

- Emotion and bounces (all three levels) from the Barometer
- Specific age
- Positive and Negative Emotional Charge (Holdway, 1995 : 73 – 74).

Some, or most of the age recessions, will point to events that are only available to the subconscious memory. A skillful and trained therapist will be able to find the whole story by muscle testing. Methods such as trance induction (hypnosis) or gestalt therapy can also be used to find the information. These methods are easy to combine with muscle testing, because by working with the client, and giving information that derives from the reflective content of the client's subconscious memory, the therapist has already managed to awaken a strong focus from the client, one of the methods to induce trance.

The experience needs to be reframed, or defused. This includes a wide choice of techniques (La Tourelle, 1997 : 114; Holdway, 1995 : 72). These methods will not be discussed in this study. The goal of the therapist will be to move from the negative emotions on the right side of the Behaviour Barometer to the positive emotions on the left side of the Behaviour Barometer.

Verity (1989 : 3.2) describes an interesting and useful way of age recessing, the *non-specific age recessing*. No specific age is determined, but it reveals an emotional pattern that contributed to the problem. It is handy when recessions are made to very early experiences that are not easily recalled when not in trance. By framing and defusing the patterns and the Negative Emotional Charge, it is possible to make positive changes.

4.5 CONCLUSION

This chapter concludes the literature assessment on the *identity problem* as described in psychological models, the way memory is created and the way it influences our behaviour; as well as therapeutic models that will make it possible to prove the theories described in Chapter 2 and 3. The next Chapter will consist of a research model that will enable the researcher to point out the following:

- The *identity problem* as part of the reported problem
- The Initial Sensitizing Event(s) that caused the *identity problem*

- The Symptom Producing Event that contributed to the *identity problem*
- The Symptom Intensifying Event that leads to the notifiable problem that the client reported with.

CHAPTER 5

RESEARCH DESIGN

The self is built up slowly, from childhood on, as perhaps the most basic groupings of schemas the mind holds. Its origins are in the interactions between parent and infant; its development runs along lines carved by the contours of relationships with parents, family, peers – any and all significant people and events in one's life. The self-system sculpts the way a person filters and interprets experience; it invents such self-serving readings of past events as Dean's and Darsee's. In doing so, the self has in its power all the tools – and temptations – of a totalitarian state. The self acts as a sensor, selecting and deleting the flow of information.

Goleman (1997 : 96)

5.1 INTRODUCTION

In the previous chapters the researcher covered the following topics:

- Chapter 1 Awareness of the *identity problem* as part of the problem the client presents with.
- Chapter 2 A literature study of the occurrence of the *identity problem* during adolescence, the possible causes described in psychological models and problems associated to this problem. In this chapter it was clear that although the *identity problem* is associated with the adolescent years, the real cause for it may start very early in the development of the infant, even before birth.
- Chapter 3 A literature study of neuropsychological models that describes how memory is stored and how behaviour is influenced by the memory. The information confirmed the hypothesis that early memories are important in forming a frame of reference in which later experiences are considered and assessed. A description is also given on how reframing of early experiences can help to change behaviour.
- Chapter 4 Two models of regressive therapies were described, and the way they could help the therapist to determine the cause of the *identity problem*, as well as methods to resolve the problem.

This chapter consists of a research design and methods that will be applied in the course of this research. It will cover the methods to be used in order to gain and describe information in the multiple case studies that will be performed.

5.2 AIM OF THE STUDY

1. In Chapter 2 the *identity problem* was defined as a phenomenon. A description of the characteristics of the phenomenon as it occurs during adolescence followed. These characteristics will be used to identify the *identity problem*

through the history taking, the Word Association Test and regressions. These methods were explained in Chapter 2 and 4.

2. These case studies should show the way(s) the *identity problem* could manifest during adolescence (for example, eating disorders) and the reason why it manifests in that way. This will be done by means of an empirical study.
3. This study would be used to determine what experiences from conception to early childhood had an influence on the development of the *identity problem*. The following objectives will be considered:
 - o To define the Initial Sensitizing Event, the Symptom Producing Event and the Symptom Intensifying Event of a multiple case study group.
 - o To discuss and explore the prenatal, birth and early childhood experiences of the clients used in this study.
 - o To link the prenatal and early childhood experience with the related incidents experienced later in life, and to highlight the decisions that were made that lead the way to the *identity problem*.
4. The study will include the use of two regressive techniques that would enable the educational psychologist to gain the information that is associated with the *identity problem*.

5.3 RESEARCH DESIGN

"The design of a study begins with the selection of a topic and a paradigm" Creswell (1994 : 1). Paradigms are necessary in the human and social sciences to give more understanding to the phenomena that are investigated. The paradigm will include theories as well as methods.

This will be a qualitative study, defined as an inquiry process of understanding the *identity problem*, based on the holistic picture synthesized through the literature study done in Chapters 2 – 4. The study will be an inquiry into the *identity problem*, testing the theory composed of variables in order to determine whether the predictive generalizations of the theory hold true (Creswell, 1994 : 2).

LeCompte & Preissle (1993 : 30) instruct that the research design is determined by the research question. Qualitative research begins with a question, and the question of the qualitative researcher is quite different from the question the quantitative researcher will ask (Denzin & Lincoln, 1994 : 210). In this study the design will be constructed around the following questions that were set in paragraph 1.4:

- i How is the *identity problem* identified in the adolescent?
- ii How does the *identity problem* manifest during adolescence?
- iii When is it important to seek significant earlier experiences?
- iv What methods can the educational psychologist use to access the subconscious memory of earlier experiences?
- v How is the accessed data interpreted?
- vi In what way does the regressive technique solve the problem?

The literature studies done in Chapters 2 – 4 provided answers for the questions. The empirical study will only be designed to answer question i to v, as the answer to question vi will require an excessive study of its own.

The aim of research design is to achieve a complete understanding of the context being studied (Miles & Huberman, 1994 : 6). In this study the context will be the *identity problem* as it occurs in the adolescent years, and the causes thereof. The *identity problem* will not be seen as an isolated problem, but as part of the problem the client presented with, such as depression, anger outburst et cetera.

The research design will be the plan to gather information that will be integrated to formulate specific findings (Merriam, 1991 : 6). This study will seek to find a correlation between literature and theory. To establish this compilation of theory, the researcher will make use of qualitative case studies, as suggested by Merriam (1991 : 59). Vockell & Asher (1995 : 192) describe a qualitative study as a study where profound, deep and general interpretations are given of a situation. Although it can never be as objective as the quantitative research, attempts can be made to ensure the analysis of the human behaviour to be as unbiased as possible.

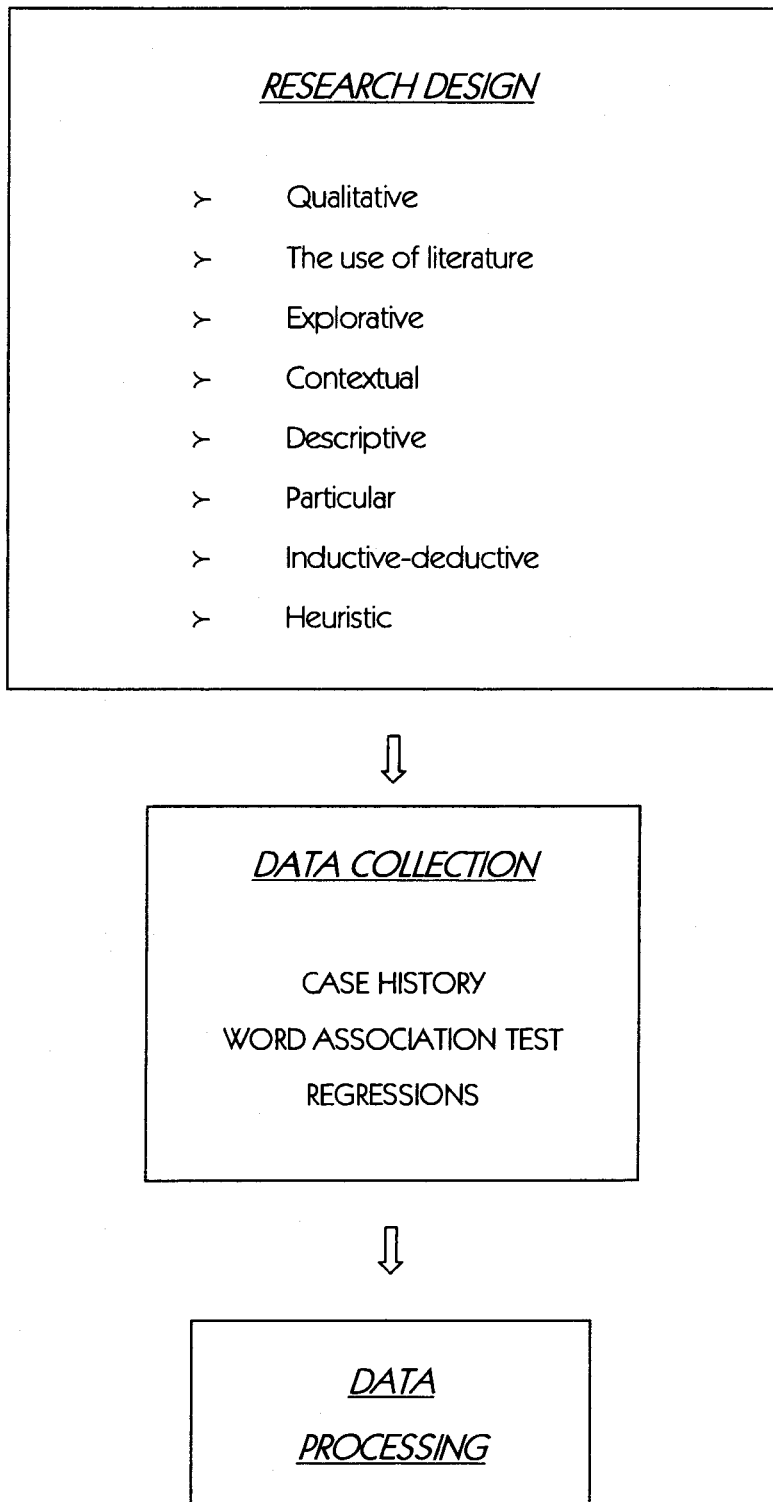
According to Merriam (1991 : 19) a case study is an investigation and inquiry of a specific phenomenon. In this case the phenomenon is the *identity problem*, and the investigation will focus on the cause of the problem, in order for the educational psychologist to identify and treat the problem successfully.

The following characteristics of qualitative design will be kept in mind in the course of this study (Denzin & Lincoln, 1994 : 212):

- Qualitative design is holistic – it keeps in mind the whole picture, and searches for understanding of the whole.
- Qualitative design looks at relationships within a system.
- Qualitative design refers to the personal.
- Qualitative design focuses on understanding of a given phenomenon, not necessarily making predictions.
- Qualitative design demands time in analysis equal to the time in the field.
- Qualitative design demands that the researcher develops a model of what occurred in the setting investigated.
- Qualitative design demands that the researcher becomes the research instrument – to have the ability to observe behaviour.
- Qualitative design incorporates room for description of the role of the researcher as well as the researcher's own biases and ideological preference.
- Qualitative design requires an ongoing analysis of data.

Figure 5.1 provides a diagram of the research design for this study:

Figure 5.1 Research Design



5.3.1 Qualitative Research Method

The multiple methodologies of qualitative research may be seen as *bricolage*, or a close-knit set of practices that provide explanations to a problem in an existing situation. The qualitative researcher as *bricoleur* is seen as a Jack of all trades (Lévi-Strauss, 1966 : 17), where a variety of tools are used to secure an in-depth understanding of the phenomenon in question (Denzin & Lincoln, 1994 : 2). In this study the researcher will make use of the history taking, the Word Association Test and regression method provided by the Medical Hypnoanalysis Model, as well as the regression technique and Behaviour Barometer from the Three-In-One Concepts.

In this kind of research observations, interviews, content analysis and other data collection methods are used to report the behaviour and responses of objects. No scores are assigned as in the case of quantitative research. It is mainly concerned with relationships among variables, and the interpretation of events in the natural setting (Vockell & Asher, 1995 : 452-453). In this study taking the case history, the Word Association Test and regressions through trance induction and muscle testing, will all be used to find the variables and the relationship among them.

The variables that will be included in this study will be the following:

- The problem the client presents with for example depression, anger outburst, eating disorders et cetera.
- The identity problem as part of the problem, as identified through the history taking and the Word Association Test.
- The events that are related to the identity problem. These events will be differentiated into the three groups:
 - The Initial Sensitizing Event(s)
 - The Symptom Producing Event(s)
 - The Symptom Intensifying Event(s)

Qualitative research is used as an approach in procedures where there are no strictly formalized rules or guidelines. The range of the study is more likely to be undefined. The

following characteristics of qualitative research (Merriam, 1991 : 19; Miles & Huberman, 1994 : 10) make it the selection of choice for research method for this study:

- It is primarily concerned with process, perceptions and interpretations rather than products. In this study the researcher is interested in the process of memory development, perceptions that are influenced by memory, and the interpretation that are given to experiences according to previous perceptions.
- It is interested in meaning. This is not a study about actual happenings, but about the meanings that were given to experiences.
- It stresses the respondent's lived experience, perceptions and assumptions; and makes it possible to examine belief systems, interpretations and needs. It is not only the meaning of experiences, but also the belief system and the way needs are met or not, that influence the perceptions of the individual.
- The researcher is the main instrument for data collection and analysis. As therapist, my aim is to investigate and explore the real cause of the problem of the client. This investigation will be done through the Medical Hypnoanalysis Model, as well as muscle testing using the Behaviour Barometer and age regressing.

5.3.2 The Use Of Literature

In this study the literature provides a useful background for the problem, and is used as an introduction to "frame" the problem (Creswell, 1994 : 21 - 23). The problem was "framed" in Chapter 2 by the integration of psychological models that were described in the literature. In Chapter 3 the complementary psycho-neurobiological models available in literature were described. In Chapter 4 a study was done on therapeutic models that would enable the researcher to gain the information needed to answer the questions of the study.

5.3.3 Explorative Research Method

The aim of exploratory research is to explain a specific phenomenon in terms of specific causes. This is one of the main reasons why a qualitative research is conducted (Creswell, 1994 : 20 – 21). The researcher builds a picture based on the information gained through the case studies.

This study is an exploration of the *identity problem* and the causes thereof. Through this study the researcher wishes to indicate the causality between the variables as mentioned in paragraph 5.3.1. The focus of this explorative study is on the individual, and will explain the subconscious dynamics of the behaviour (Merriam, 1991 : 25).

This study also implies an exploration of the subconscious mind. In Chapter 3 the mechanisms involved in the subconscious mind were explored to determine how memory is stored, and the influence of memory on behaviour. The subconscious mind of the respondents will be explored to determine the ages and events that have shown the way to the *identity problem*, and further exploration will reveal the habits or thought patterns that caused the unwanted behaviour.

5.3.4 Contextual Research Method

The research is contextually based on the underlying dynamics of the *identity problem*. Creswell (1994 : 20 – 21) suggests that the literature in the study will provide a structure to establish the study's importance, as well as a benchmark for comparing the results with other findings. Each case will be viewed in it's uniqueness and within the context of memory and it's influence on behaviour as it is described in Chapters 2 – 4.

5.3.5 Descriptive Research Method

In this investigation a qualitative strategy is applied to reveal an in depth description of the respondent's experiences around identity formation. The main objective of qualitative research is to understand the following: the meaning of the experience, how all the parts work together, situations in their distinctiveness as part of a particular perspective and the relations thereof (Merriam, 1991 : 16).

Merriam (1991 : 11) describes the end-product of a case study as a “rich, thick” description of the case. A case study also seeks holistic description (Merriam, 1991 : 11). Therefore the documentation of the case studies will be holistic and will cover all aspects of the *identity problem*.

LeCompte & Preissle (1993 : 39) point out the importance of exact description of the respondent’s experience. In this study an exact description of the experiences in the history, the exact responses to the Word Association Test, and an exact description of the regressions will be given.

The study will also give a complete description of the phenomenon the *identity problem*, as it is uncovered by the individual cases. This description will either sustain or confront the theoretical assumptions that are made in Chapters 2 – 4 (Merriam, 1991 : 27).

The focus of the descriptive study will be on interpretation and understanding (Denzin, 1989 : 108, 120). From the detailed description of the information gained through history taking, the Word Association Test and the regressions, it will be possible to interpret and understand.

5.3.6 Particular Research Method

This case study focuses on a particular phenomenon, the *identity problem*, as part of the problem the client presents with. The importance of the cases lie in what they reveals about the phenomenon. Case studies are problem centered, small scale and industrialized activities that make them a good design for the everyday problems that occur in everyday situations (Merriam, 1991 : 11).

5.3.7 Inductive - Deductive Research Method

Qualitative research should be used inductively, in this way it will not direct the questions asked by the researcher Creswell (1994 : 20 – 21). LeCompte proposes that inductive researchers will hope to find theory that will compliment their data and findings. New theory will be developed from the collected data – a psychological structure

incorporating all variables and dynamics of identity formation and resulting *identity problem*.

5.3.8 Heuristic Research Method

The research done in this study has a heuristic character. It brings about new understanding and meanings, or confirming and extending to what is known. The following characteristics of qualitative design are required to ensure a heuristic character (Denzin & Lincoln, 1994 : 212):

- o The researcher makes use of a holistic case study where all parts of the phenomenon are used to create the whole picture. In this study the researcher will consider all experiences and subconscious thought patterns that created the *identity problem*, as well as the way it manifested during adolescence. This is a examination of a complex entity operating within a number of contexts, including the physical, economical, ethical and aesthetic (Denzin & Lincoln, 1994 : 239).
- o The relationships within a system need to be acknowledged. In this study the relationships between the variables as described in paragraph 5.3.1 will be identified.
- o The method will be personal, and there will be an investigation of the personal experience of each participant.
- o The study will bring about greater understanding of the phenomenon, and not necessarily predictions about it. The experiences will be used to determine the way the unique situation lead the way to the *identity problem* of the specific case, rather than making predictions about the occurrence of the *identity problem*.

The researcher is therefore able to bring about new understanding of the perceptions formed from as early as the time in utero, the underlying dynamics of the *identity problem*, and new understanding in the treatment of such cases (Merriam, 1991:11).

5.4 RESEARCH STRATEGY

A research strategy is determined by the nature of the research question and the subject being investigated. The research format that each specific investigation takes is merely a tool to answer the research question (Denzin & Lincoln, 1994 : 223). The research strategy lends itself to a multiple case study, a specific method of data collection, data analysis and data processing.

The research structure of this investigation is based on a multiple case study. The research is a qualitative inquiry, examining the underlying dynamics of the *identity problem* as it occurs during adolescence.

There will be three stages in this strategy:

1. Data collection
2. Data analysis
3. Data processing or integration

5.4.1 Multiple Case Study

As part of the case study, a process of selection needs to occur in order to determine who is going to be used as respondents. Denzin & Lincoln (1994 : 441) states that multiple cases are important in qualitative research, as they lead to a more powerful explanation of a phenomenon. The multiple case study will consist of three adolescents who presented themselves for treatment as the result of a condition associated with the *identity problem* as it was described in Chapter 2 – refer to paragraph 2.7.1. In each of these cases a structured procedure will be followed.

5.4.2 Sample

Qualitative research usually concentrates on small samples of people. (Miles & Huberman, 1994 : 27). The size of the sample is not important, but rather the diffusion of the data, as well as the availability of sufficient vital information (Denzin & Lincoln, 1994 : 229). The respondents used in this study are purposefully chosen for the problems they present with for help. These problems will correlate with those indicated in Chapter 1 as manifestations of the *identity problem*. These are the criteria that are set in order to answer the questions asked in the statement of the problem, paragraph 1.6.

5.5 METHODS FOR DATA COLLECTION

Qualitative data consists of “detailed descriptions of situations, events, people, interactions and observed behaviour” (Merriam, 1991 : 67). It is a process of discovery and is influenced by the way in which the researcher views the circumstances (LeCompte & Preissle, 1993 : 147). According to Denzin & Lincoln (1994 : 229), data collection is the most interesting and exciting part of research for the clarification it can bring to the perplexity of the phenomenon being examined. This accumulation of information is essential to gain answers to the research questions (LeCompte & Preissle, 1993 : 158)

The data collected will be accepted the way it is given by the respondents, including all variable phenomena and the subjective meanings that the respondents may give to the experiences they had.

5.5.1 The Use Of Theoretical Framework In Data Collection

Theory makes sense from data (Merriam, 1991 : 55). The case study will be built on the psycho-neurobiological theories as described in Chapter 3, the Medical Hypnoanalysis Model, as well as the theory of regressions of the Three In One Kinesiology Model as described in Chapter 4.

Research and the accompanying conceptualization of a problem as well as data collection are inevitably affected by the view held by the researcher (Merriam, 1991 : 53). The researcher’s training and practical application of Medical Hypnoanalysis, as well as in various models of Kinesiology in practice have paved the way to the following view of behaviour that will guide the data collection, data analysis and data processing:

- Behaviour is the result of stored memory – the subconscious mind
- Memory becomes part of the cellular organization of the body as explained in Chapter 3
- Because of the way memory is stored, it can be accurately retrieved through trance induction and muscle testing
- Reframing of memory is an integral part of permanent change in behaviour

5.5.2 The Case History As Data Collection

Examination of presenting symptoms by means of a case history, where verbal and non-verbal communication are observed in order to find conscious as well as sub-conscious clues to the cause of the symptoms, is the first step in data collection for this study. The case history is done by means of the specifically designed questionnaire of the Medical Hypnoanalysis Model.

As explained in Chapter 4, this is a sequential search through the memory to be able to make a conscious- as well as an underlying diagnosis. This diagnosis is described in paragraph 4.3.3.1. It is not only the verbal responses that will enable the therapist to make the diagnosis, but also detail like body language, off-hand remarks, jests, turned phrases, metaphors, hesitations and sighs and coughs (Scott , 1993 : 107). This is not an open-ended interview where the responses of the client guides the therapist in asking the next question, but an interview where the therapist takes charge to gain important information.

Scott (1993 : 108) emphasizes the importance of the initial contact. The therapist should look out for detail like *"body language, off-hand remarks, jests, turned phrases, metaphors, 'Freudian slips', hesitations, and even sighs and coughs."* One of the founders of the Medical Hypnoanalysis model, Bryan in Ayers (1994:57) states that *"the patient will tell you the real problem in the first three sentences of the history."*

The following sub-sections are covered during the first interview:

Section I: Present Illness

- The therapist then asks the question: *"Tell me what the problem is?"* Every exact word, every sigh, every pause, are recorded. The following questions investigate more:
 - *When did the problem start?*
 - *What is the duration of the problem?* This information helps to identify the Symptom Producing Event.

- *What conditions make the symptoms worse and what conditions make it better?*
The answers to these questions will help the therapist to determine the cause and cure to the problem.
- The next question helps to determine whether or not there is a possible secondary gain from having the symptoms: *"What would you do if cured from your symptom that you cannot do now?"*

Section II: Past history

The medical history of the client reveals important information about negative experiences concerning the prevailing symptom. According to Scott (1993 : 113) it is in childhood that *trauma and/or fright become Initial Sensitizing Event(s) which set the child up for future problems. It is not so much the fact of the event as the impression or interpretation of that event to the mind of the child which makes it traumatic enough to have after effects severe enough to contribute to the present symptoms."*

Section III: Family History

Questions about any critical illnesses of family members and the influence it had on the client should be asked here. The next question is about the client's childhood, whether the childhood was happy or unhappy and where it was spent. Following this, everything about the father and mother needs to be asked: their names, age, health, status, occupation, personality, the client's relationship with the parents and how the child experienced the relationship between father and mother. A useful question to add here is: "If there were one thing you could change about your mother/father, what would it be?" This may indicate the need(s) that were not met in the earlier years, which might have contributed to the *identity problem*.

The next step is to gather information about other siblings and the client's place in rank order with regard to other siblings. The age and sex differences of the siblings also play a very important role in identity formation - refer to Chapter 2. The last question in this section is about the mother's pregnancy and the birth of the client. The importance hereof was explained in Chapter 2.

Section IV - Sexual History

The investigation of the person's sexual history and experiences gives important information regarding sexual identity, guilt et cetera. The earliest sexual incidents, at what age puberty was reached and the sources of initial sexual information, will give the therapist valuable information. After the birth experience the adolescent period is the most important time in a person's life, (Scott, 1993 : 118), and should be evaluated as such and treated as significant.

Section V - Psychological History

To gather accurate information about the first five years of the client's life is difficult. Nevertheless, it can help to understand more about this period by asking questions about sleepwalking, nightmares or repeated dreams. Questions should be asked about the age when sent to nursery school, primary school and high school, as well as the happiness or unhappiness experienced. Information about teachers, failures, friends and any problems during this period should be investigated. These experiences may contribute to the *identity problem* as Symptom Producing Events, and even Symptom Intensifying Events.

Section VI - Habits

These questions will determine the consumption of alcohol, drugs and the amount of cigarettes smoked, and will give an indication of possible addictive behaviour. Nervous behaviour such as nail biting, thumb sucking, stuttering, hives and nervous tics should also be investigated (Scott, 1993 : 121).

Section VII – Present Social History

The questions in this section will indicate a lot about the identity formation of a person. The following questions are asked:

- *What do you think people say about your back that you do not like?*
- *If you could change anything about yourself, what would it be?*
- *What is your attitude towards the opposite sex?*

Questions are also asked about suicidal attempts or thoughts about suicide. The way the therapist asks these questions may help to determine the client's potential suicide tendencies.

Section VIII - Religion

Questions about the important aspect of religion help the therapist to know what the client's religious beliefs are, and how the client feels about this subject. Do they believe in a God, how much power does God have and is there anything religious they feel guilty about (Scott, 1993 : 125).

5.5.3 The Word Association Test

The Word Association Test used in this research is developed by Dr. William Bryan. It is a projective technique used to reveal the subconscious emotions and thought patterns. This test is given to the client to access the client's subconscious in a short period of time on a number of sensitive subjects. The client is unaware of the interpretation of the answers, and important unconscious aspects of the personality are revealed.

This Word Association Test is performed while the client is in a hypnotic state. There are 202 words or partially finished sentences, and the client has to add words or complete sentences. This allows the therapist to look into the deeper meaning and to formulate a diagnosis.

The exploratory interview has the function to elicit ideas, thoughts and feelings to lay the foundation for consequent and more structured data collection (Vockell & Asher, 1995 : 133). The Word Association Test is used in the same way as an exploratory interview, as words and phrases are added to the test to investigate given responses more thoroughly, for example:

Stimulus: If only ...
Response: ... I did more.
The therapist would add:
 If I could do more ...

The answer could reveal the area where the client has feelings of inadequacy. These answers would all be evaluated in the framework set by the interview and other responses in the Word Association Test. The interpretation of the Word Association Test regarding the *identity problem* was given in Chapters 2 and 4.

5.5.4 Regressions As Data Collection

After the first interview and the Word Association Test, the researcher will explore events that contribute to the *identity problem*. This will be done by means of trans-induction or muscle testing, or a combination of the two methods. The information the researcher would like to gain will be the following:

- o Time frame of the event
- o The event as the client perceived it
- o The thought patterns and emotions that resulted from the experience, and the way they added to the problem.

5.6 PROCEDURES AND TECHNIQUES

The researcher will make use of three cases where the following procedures and techniques will be used:

Case A: Complete history taking

Word Association Test

Regressions and reframing through trans-induction

Case B: Complete history taking

Word Association Test

Regressions and reframing through muscle testing and the use of the Behaviour Barometer

Case C: Regression through muscle testing and the use of the Behaviour Barometer

5.6.1 The Clinical Procedure Followed In Therapy

- a. An important aim of this process will be the diagnostic result. The diagnostic principles discussed in paragraph 4.3.3.1 will be considered in this process,

as well as The Triple Allergenic Theory, refer to paragraph 4.3.3.2. The focal points would be the *identity problem* and the Initial Sensitizing Event. The diagnostic procedure would take place i) after history taking and ii) after the Word Association Test.

- b. In the consecutive sessions there would be a series of regressions to significant events as indicated through the diagnosis. The main objective of the regressions will be to “frame” and “reframe” the significant experiences that played a role in the *identity problem*. The framing of experiences is an extension of the diagnostic activity.

5.6.2 The Procedure Of Reporting Of Cases

The following report will be given on each of the cases:

- i. The reported problem
- ii. A summary of the history as it refers to the *identity problem*
- iii. A summary of the Word Association Test with those responses that point to the *identity problem*, the Initial Sensitizing Event, the Symptom Producing Event and the Symptom Intensifying Event
- iv. Regressions to significant events – the Initial Sensitizing Event, the Symptom Producing Event and the Symptom Intensifying Event will be indicated.
- v. A short explanation on how the *identity problem* contributed to the reported problem

5.7 DATA ANALYSIS

Qualitative design demands time in analysis equal to the time in the field (Denzin & Lincoln, 1994 : 212). The data in this research will be continuously analyzed as the case proceeds. There will be no fixed boundaries between interim, later- and final analysis (Denzin & Lincoln, 1994 : 432). In each session there will be a new analysis to determine the subconscious needs of the client.

Data processing will be well grounded by the theory from which each case will be viewed (Yin, 1989 : 57). Chapter 2 - 4 will serve as a theoretical base for the cases that

are described. The continuous analysis is a descriptive process, analyzing what is going on and how things are progressing in therapy (Denzin & Lincoln, 1994 : 432).

In this study the researcher will make use of Miles and Huberman's (1994 : 10) methods of data analysis. Data analysis is divided into three components of actions: a) data reduction, b) data display and c) conclusion drawing. Each case is a study on its own and forms replicas of each other (Yin, 1989 : 53). The subject's problem is determined by using the preferential ranking order. It is then dealt with in accordance to Medical Hypnoanalysis diagnostic principles. The Triple Allergenic Theory is applied to be able to relinquish the Initial Sensitizing Event, Symptom Producing Event and Symptom Intensifying Event in regression. In Case B and Case C the Behaviour Barometer is used to determine the emotional patterns that are present in the individual cases.

- a) Data reduction - Data reduction is the process of selecting, focusing and transforming the data from transcribed notes and field notes (Miles and Huberman, 1994 : 10). Data collected in the Medical Hypnoanalysis history, the Word Association Test and age regressions will be reduced in the form of summaries, coding and clustering.
- b) Data display - According to Miles and Huberman (1994 : 10) a display originates from extensive information that allows the researcher to draw conclusions and take action.

The data collected from the multiple case study will lead to progressively more clustering and analysis. In accordance to Miles & Huberman (1994 : 82) four analytic transformations of data take place:

- I. Individual Case Synopses - Miles and Huberman (1994 : 86) describe these synopses as aiming to "disclose what was essential to each person's experience, while reducing the original transcript to one third."
- II. Illustrate Narrative - Key words, themes and sequences finding the most characteristic accounts are searched (Miles and Huberman 1994 : 87). In doing so the loose ends of each segment of the data are connected.

- III. General Condensation - A compact description of the characteristics common to the transcripts are given. According to Miles and Huberman (1994 : 87) a general summary of the data is stated.
 - IV. General Psychological Structure - The analysis is connected to the body of knowledge lying outside the data set. A literature study is done to verify the findings of the research.
- c) Drawing conclusions – The purpose of qualitative analysis is to determine what things mean. In this study, the aim will be to draw conclusions from the patterns, explanations, casual flows and configurations (Miles and Huberman, 1994 : 11). All the case studies will follow the same analyzing process (Yin, 1989 : 57).

5.8 CREDIBILITY, RELIABILITY AND VALIDITY OF THE RESEARCH

Lincoln and Guba (1985 : 290) state that the measurement of the study's trustworthiness lies in the way that the researcher is able to convince the reader that the findings of the research are worth taking note of.

The trustworthiness of the study lies in the researcher's "careful design of contexts of production, phenomena, and the processes of measurement, inference and interpretation" (Merriam, 1991 : 166). The qualitative nature of the research leaves the researcher interested in the dynamics of the *identity problem* as it occurs during adolescence. To ensure the trustworthiness of the qualitative investigation the researcher is obliged to present a more or less honest reproduction of the respondent's experiences (Taylor in Merriam, 1991 : 168). These experiences will be the building blocks of all the variables that shape this study.

Without giving up the relevance of the research, Guba's model of trustworthiness will be applied. Guba proposes four aspects of trustworthiness that are relevant to qualitative research: (1) truth-value, (2) applicability, (3) consistency and (4) neutrality (Poggenpoel, 1994 : 132).

5.8.1 Truth-value

To ensure trustworthiness Lincoln and Guba, (1985 : 296) state that the operative word is "credibility ". The research needs to be performed in such a way that the "probability that the findings will be found to be credible is enhanced" and to prove this credibility by having them "approved by the constructors" being investigated (Lincoln and Guba, 1985 : 296).

Krefting (1991 : 215) describes the truth value of the research in determining how confident the researcher is of the findings, based on the research design of the investigation. Guba termed this concept as credibility, stating that there is a "single tangible reality" which is measured.

The multiple case studies add to the truth value of the research in that "multiple-case sampling adds confidence to findings" (Miles and Huberman, 1994 : 29). The use of the second therapeutic model adds to the confidence of the findings, and cross-checks that explanations are credible, thus adding to the truth value of the research. Denzin (1994 : 216) is of the opinion that it is necessary to cross check research to ensure its validity.

The multiple data collection sources used in the research add to the truth value of the inquiry and allow for triangulation (Merriam, 1991 : 69). Triangulation is viewed by Miles and Huberman (1994 : 267) as a way "to get to the findings in the first place by seeing or hearing multiple instances of it from different sources using different methods."

Triangulation confirms the emerging results. In this research multiple data sources in the forms of history taking, the Word Association Test and the regression techniques, serve as means of triangulation. These multiple sources of evidence leave a clear audit trail of what was done. Denzin (1989 : 230) states that all research should leave "careful documentation of the conceptual development" of the study. The audit trail consists of raw data, data reduction and analysis, data reconstruction and synthesis, process notes and material relating to the research. These all add to the truth-value of the investigation.

5.8.2 Applicability

The applicability of the research refers to the degree to which the findings can be transferred to other people and settings (Krefting 1991 : 216). The findings of this research will be transformed into recommendations for other Educational Psychologists on treating problems related to the *identity problem*.

The external validity of a case study investigation, according to Merriam (1991 : 177) is enhanced by the following: a rich description of the research (refer to paragraph 5.3.5). LeCompte & Preissle (1993 : 349) are of the opinion that external validity is obtained by the description of the phenomena in the research. Once the phenomenon of the research is described and established, comparisons with other studies can be made and results may be translated for applicability across disciplines. Miles and Huberman (1994 : 279) conclude that external validity is a "careful interpretation and not just adding up."

5.8.3 Consistency

To ensure the trustworthiness of the research the data needs to be consistent. In other words if the research was to be replicated with similar respondents in a similar context the findings should be consistent to the initial research (Krefting, 1991 : 216).

Lincoln and Guba (in Merriam, 1991 : 172) stress that in qualitative research the reliability of the research is dependent on the data collected. The results and conclusions also need to "make sense." Rather than replicating the study one should ask if the research presented is consistent and dependable when viewed by an outsider.

The reliability of the research lies in the above mentioned. The research question and problem statement are clearly stated and congruent to the research design. Miles and Huberman (1994 : 278) state that the theory should also be connected to the research as this is essential to the reliability of the study. Chapters 2 - 4 connect the theory to the research question and problem statement.

5.8.4 Neutrality

Krefting (1991 : 316) explains the fourth criteria of neutrality as the degree to which the findings are a function solely of the informants and conditions of the research and not of other biases, motivations and perspectives. The researcher and the respondent are naturally closely linked and involved with one another in this investigation, yet the researcher stands neutral to the data collected in the research:

- The questions during history taking will be offered in a neutral way without suggestions that would indicate any answer. The history will be written down exactly as responded.
- The stimuli in the Word Association Test will be given in a neutral way, and the responses will be recorded exactly as given.
- Using the emotions connected to the *identity problem* will induce regression to earlier experiences through hypnosis (refer to paragraph 4.2). The researcher will use the emotions indicated through the Word Association Test, or through the method described in paragraph 4.3.3.3. The regressions through muscle testing will also be done objectively, allowing the muscle to indicate the ages and emotions that will point to the earlier experiences which will need to be reframed.

Implementing the four criteria, truth-value, applicability, consistency and neutrality, will ensure the trustworthiness of the research. LeCompte & Preissle (1994 : 322) are of the opinion that trustworthy research refers to in "common-sensical terms accurate, justifiable, warrantable and hence believable." Merriam (1991 : 172), on the other hand, is of the opinion that rather than demanding outsiders obtain the same results, one wishes them to agree that, given the data collected, the results make sense and that they are consistent and dependable.

5.9 CONCLUSION

This chapter is a representation of the research design and research framework that will be used in the study. Information was given about methods of data collection, data analysis and processing of data. Considerations were taken to ensure the trustworthiness of the study, as well as the morality of the study. Chapter 5 will enclose a detailed description of the reported cases.

CHAPTER 6

DESCRIPTION OF CASE STUDIES

6.1 INTRODUCTION

In this chapter the researcher wishes to describe three case studies that will elicit the way the *identity problem* can be identified and treated as part of a problem. The researcher will make use of the two models described in Chapter 5. In each case the *initial sensitizing event*, the *symptom producing event* and the *symptom intensifying event* will be pointed out.

The researcher will make use of three cases where the following procedures and techniques will be used:

- Case A: Complete history taking
 Word Association Test
 Regressions through trans-induction
- Case B: Complete history taking
 Word Association Test
 Regressions through muscle testing and the use of the Behaviour
 Barometer
- Case C: Regression through muscle testing and the use of the Behaviour Barometer

The following abbreviations will be used in the tables:

- ISE Initial Sensitizing Event
SPE Symptom Producing Event
SIE Symptom Intensifying Event
PNE Prenatal Experience
BE Birth Experience
JDP Jurisdictional Problem

IDP	Identity Problem
DES	Death Expectancy Syndrome
WZS	Walking Zombie Syndrome

6.2 CASE STUDY 1

Name:	Evan
Age:	18
Gender:	Male

A general practitioner referred this young man for a serious nail-biting problem. Evan's mother phoned to make his first appointment, and told me about the nail-biting problem. She added that Evan was very concerned about the relationship between her and her husband. Although they do fight, she felt that he was overreacting to the problem. She also mentioned that she was concerned about the way he always tried to give answers that seemed to be correct, even though he and everybody else knew that he was lying.

During the first session it was evident that Evan was very depressed. He was very pale and without zest. For the purpose of this study, the researcher will only refer to the problems connected to the *identity problem*. Table 6.1 shows the answers from the history taking that indicated the *identity problem* and other diagnostic indicators.

Table 6.1 History - Case Study 1

<u>Questions</u>	<u>Answers</u>	<u>Remarks</u>
1. What is the problem that I can help you with?	I just want to stop this nail biting. I want to know why I do it. I feel tired and do not want to go on. I'm feeling depressed, in the same way as a friend of mine. I do not have any self-discipline. I want to quit smoking as well, just like the nail biting. I am very tense during tests and exams.	Nail biting as well as smoking could be a proof of life – as is needed in the case of a WZS.

<p>2. What is the duration of the depression?</p>	<p>The depression started last year, when I had a car accident. It was also a time when my parents had a lot of fights. I am biting my fingernails ever since I can remember</p>	<p>Possible SIE for depression The ISE for the nail biting must have been very early in life</p>
<p>3. What are the conditions that make the symptoms worse?</p>	<p>Tension – at the moment I have to study hard for the exams.</p>	<p>DES Anxiety</p>
<p>4. What is your relationship with your father? What kind of person is he? What would you like to change about him?</p>	<p>We have a good relationship. He is a very straightforward person he, knows what he wants. <u>Change:</u> That he would not judge people so easily.</p>	<p>IDP JDP</p>
<p>5. What is your relationship with you mother? What kind of person is she? What would you like to change about her?</p>	<p>My mother is very much the same to me. Things can influence her very easily. She is very loving and caring. <u>Change:</u> She gets cross with my dad very easily, and it lasts for a long time.</p>	<p>IDP Anxiety</p>
<p>6. What is the relationship between your parents?</p>	<p>They fight a lot, but then they can be very fond of each other, and still do things like having coffee together, or go to the movies.</p>	<p>This aspect makes Evan very unsure of himself - IDP</p>
<p>7. What do you know about the time your mother was pregnant with you, and about your birth?</p>	<p>He knew that he was born two months too early, and that he spent two months in the incubator. According to the mother she lost his twin after the first trimester of pregnancy. It was a long and tiring birth for both mother and baby.</p>	<p>It seems as if there was possible prenatal experiences (ISE) that related to his problem, and that the time in the incubator could be the SPE.</p>
<p>8. Have you ever been in hospital?</p>	<p>Tonsils removed at the age of 6</p>	<p>These could be SPE's of the separation at birth and in the time in the incubator.</p>

9. Do you have any feelings of guilt in regard to masturbation or other sexual incidents?	I used to have in primary school.	JDP
10. Do you sometimes have nightmares or repetitive dreams?	I often dream about something that is chasing me.	DES Anxiety
11. Name the most traumatic incidents of your life.	<ul style="list-style-type: none"> • Car accident – age 17 • My girlfriend (Carin) left for another town - age 17 • My parents fought very much last year – age 17. At that time I went to my girlfriend's house and wanted to stay there. 	SIE SIE SIE
12. What do you think people say about you behind your back that you dislike?	That I am weird.	IDP
13. If you could change one thing about yourself, what would it be?	To be able to talk to other people in an easier way.	IDP Communication
14. Have you ever thought about suicide?	Yes, last year.	Depression WZS
15. What is God like?	He is like a judge.	JDP
16. Is there anything you feel guilty about?	Everybody sins. Sometimes you want to die – you feel so guilty.	JDP

A list of emotions from Thought Field Therapy was given to Evan after the first session, and he had to determine the feelings he had when he felt the need for nail biting. Although he was very confident that it was going to be anxiety, he returned the next week, and realized that it was *anger* that he was feeling every time before he bit his nails. When he was asked what he was angry about, he answered: "People".

The Word Association Test revealed the following answers in Table 6.2.

Table 6.2 Word Association Test - Case Study 1

<u>Stimuli</u>	<u>Possible response</u>	<u>Remarks</u>
1. Evan	pain	Trauma, IDP
2. Surname of client	my father	Identity merge with that of the father.
3. Sinner	everybody	JDP
4. Father	strong	The reason why he cannot have his own identity?
5. My father allows me to	be who I am	Identity merge with that of the father
6. Confinement	parents	IDP
7. Mother	far away	Over-ruled by father
8. My mother always	cared, loved us	
9. Lonely	big room	PNE, ISE
10. Problem	big	Depression
11. Cave	dark	PNE, WZS
12. The real problem is	she (Carin)	SIE
13. Love	Carin	Attachment to Carin
14. Desire	Carin	Attachment to Carin
15. Hate	people	IDP
16. I am just like	my dad	Identification with dad
17. Rejection	leave home	SIE
18. Without love	suicide	Evan felt without love the previous year when he had the accident, his parents fought, and when Carin left. - SIE
19. I felt without love when	everybody went away	IDP
20. Sex	everybody	(= sinner) JDP
21. Deep down in this dark hole	we won't get out	We = sense of more than one, PNE

22. Dark	baby	PNE, ISE
23. Please ...	take me out of here	PNE, BE
24. I got stuck at the age of	16	SIE
25. Who ...	will bring me back?	Dependency
26. It all started when	in the incubator	SPE
27. I could never do anything right for	Carin	IDP
28. Guilt	mine	JDP
29. My punishment	trouble	JDP
30. It felt as if I were going to die when...	I was in the car accident	SIE
31. My greatest need is	to have Carin back	Evans resolve of SIE
32. My greatest fault is	to have lost her	JDP
33. My greatest sin is	to judge other people	God/father - IDP
34. I am afraid when	I am alone	IDP, PNE
35. I lost a part of myself when	she left me	SIE
36. Underneath it all	she	SIE
37. When I was born	it all started	BE, SPE (incubator)
38. I nearly died when	I was born	WZS, BE, SPE
39. It is so easy to	lose someone	Carin/ twin?
40. The thing I need most is	love and hope	IDP, WZS, DES
41. My parents actually wanted	a better person	IDP
42. Depression protects me from	feelings	WZS
43. When my parents fight	I don't want to know about it	WZS
44. When I'm left behind on my own	I will die	WZS, PNE, incubator, Carin
45. The thing that chases me is	loneliness	IDP – this refer to the dreams that Evan often has
46. I am tired of	being alone	IDP
47. Nail-biting protects me from	the future	WZS, DES
48. I am angry with people when	they leave me alone	IDP
49. I am angry at	people leaving me on my own	
50. I am tired of	everything	WZS, DES

51. I felt like dying when	I had the car accident	WZS, DES, SIE
52. If I describe my problem in colour	black, brown, purple	Black = WZS, DES
53. The colours black, brown and purple to me means	death, darkness, morbid	PNE (Cave = darkness; darkness = baby), depression, WZS, DES
54. My greatest desire is	Carin	
55. I sinned when	I cheated on her	JDP, SIE
56. I'm the kind of person who	... must have friends	IDP
57. I need friends in order to	... have love	IDP

Conclusion:

First Session

Number 25 of the Word Association Test was used to find the emotion to be able to go back to earlier experiences.

Age: 16

Event: It was the beginning of St. 8; he was tired and had no aspiration to carry on in school. He was asked to think about the future (WAT number 48)

The emotion that he experienced was *fear*. This emotion was used to find corresponding events earlier in life.

Emotion: *Fear*

Age: 1 week.

Event: Evan was alone in the incubator, and was very afraid (see Word Association Test number 27, 35)

Other feelings: *no hope* (see Word Association Test number 41)

Decision at that time: It is better to go to heaven than to feel so *afraid*. *To heaven* implies that he needs to die (WZS – see Word Association Test 43)

New decision: After reframing he could change this decision and decide although he might be *alone* sometimes, and that there is still hope.

Second Session

A regression to the womb was done by means of the script in Appendix A.

Emotion: *Fear*

Age: 5 months in womb

Event: Prenatal experience. The mother is very *afraid* and *uncertain* about the wellbeing of the baby (it is just after the twin aborted). The fear is the mother's feelings, but is extended to the baby. The baby is also aware that the mother wants a little girl, and that he is a boy. He is also aware of the fact that his parents are fighting.

Other feelings: *loneliness, uncertainty, anger* about the mother wanting a girl, and his parents fighting.

Decision at that time: It is safer to die than to feel so *afraid, uncertain* and *angry*.

New decision: After reframing he was aware of the love of his parents despite their arguments, and he decided that he could feel *safe* - there will be enough love for the baby.

The feelings were used to go to an event that contributed to this decision.

Emotion: *Anger and fear*

Age: 17

Event: Parents are fighting

Other feelings: fear of being left *alone*

The earlier decision to feel *safe* although they may fight was brought into this event, and Evan could feel *safer*.

These three sessions took care of the *identity problem* that was part of the cause for the depression. The following were significant events in the establishment of the *identity problem*:

ISE - 4 months in utero where the *uncertainty* of the mother were transferred to the baby. These feelings were connected to the parents fighting and the feeling that it is *safer to feel dead* (WZS that is the main cause of the depression). In none of the sessions could any sign be detected that the baby was conscious of the existence of the twin, or the loss of it.

SPE - the time in the incubator, one week after birth, where the feelings of *being dead* (WZS) were connected to *loneliness*. This was connected to *anger*, and the *fear of being left alone*.

SIE - the fighting of the parents at 17 years of age. The merged feelings of *loneliness*, *anger* and *depression (no hope)* were so strong that Evan started being depressed.

During the following sessions the Birth Experience was reframed, as that was the SPE for his anxiety and nail biting. His JDP was also taken care of in the following sessions. There was an event that was a symptom producer for the JDP, where he was five years old and spilt paint on the carpet. He decided that it would be safer to lie than to speak the truth. That event was reframed, as well as the car accident and the relationship with Carin that were the SIE's for those problems. After these sessions Evan's depression and anxiety were under control, and he could stop the medication that he started using as he started therapy. The nail biting problem improved drastically as well.

6.3 CASE STUDY 2

Name: Bettina

Age: 17

Gender: Female

This young girl came for help because of her poor relationships with her peers. Her mother was very concerned because Bettina cried a lot, and was very reluctant to go out and visit friends. She also had a weight problem until very recently.

Table 6.3 will point out the answers from the history taken that indicated the *identity problem* and other diagnostic indicators.

Table 6.3 History - Case Study 2

Questions	Answers	Remarks
1. What is the problem that I can help you with?	There is a lot of negativity inside me. I am very negative about myself, I belittle myself a lot, and it feels as if I have lost myself totally.	IDP
2. What is the duration of the problem?	A very long time.	Indication of earlier events.
3. What are the conditions that make the symptoms worse?	When I am alone at home.	This identity problem resulted in a social problem.
4. What would you do if cured that you cannot do now?	I would be able to have more friends, and to get away from everything and be on my own.	Social problem. There is also an indication that her present circumstances became a problem to her (SIE)
5. What can you remember from your childhood? Was it happy or unhappy?	<u>Very</u> unhappy, I was too fat, and I was the child that everybody made fun of. I never had a friend, and was always on my own.	Possible SPE
6. What is your relationship with your father? What kind of person is he?	My father is an introvert. We are very spiteful with each other.	Poor relationship with father
7. What is your relationship with you mother? What kind of person is she? What would you like to change about her?	My mother is an extrovert. She is a <u>hard</u> person, and stands on her rights. We get along fairly well.	IDP
8. What is the relationship between your parents?	Very good. They love each other very much.	

9. What do you know about the time your mother was pregnant with you, and about your birth?	They waited 2 – 3 years before she fell pregnant. My mother hated her figure, she hated the time she was pregnant with me. It was a normal delivery, and afterwards I was in the incubator.	Possible reason for poor physical identity – the overweight
10. Name the most traumatic incidents of your life.	In Standard 6 I went to a mixed school for the first time, and the boys used to tease me and call me lunchbox.	SPE
11. How old were you when you had first intercourse?	16	JDP
12. What do you think people say about you behind your back that you dislike?	It is always about my appearance. I have to be perfect. I am very particular about my looks.	Physical identity. She never feels good enough.
13. If you could change one thing about yourself, what would it be?	I would like to be thinner, less cellulite. My weight is a big problem.	Physical identity and weight problem
14. What is your attitude toward the opposite sex?	Mostly positive, otherwise negative. It is the problem with my father. I always belittle him	Sexual identity is a problem, because of the relationship with her father.
15. Have you ever thought about suicide?	Yes, very recently.	Depression
16. What is God like?	I do believe in God, but my parents never took me to church. When I was smaller, I went to church with a friend.	Poor spiritual identity
17. Is there anything you feel guilty about?	The fact that I didn't attend church. In school they sometimes enquired about it.	This could also cause an IDP – she was different from most other friends.

Table 6.4 Word Association Test - Case Study 2

<u>Stimuli</u>	<u>Possible response</u>	<u>Remarks</u>
1. Bettina	I see myself	
2. Surname of client	family	
3. Still	black	JDP, WZS
4. Sinner	still	JDP, WZS
5. Father	sorrow	Depression
6. Mother	nothing	IDP

7. Fear	alone	IDP
8. Love	nothing	IDP
9. Problem	many	Depression
10. Cave	closed	PNE
11. The real problem is	being honest	JDP
12. Desire	freedom	Circumstances
13. I lost my freedom when	Nothing	IDP
14. Hate	lots of it	Anger
15. My mother never	nothing	Depression, WZS
16. I am just like	myself	No positive identification with anybody
17. Rejection	not easy	IDP
18. Without love	empty	IDP
I felt without love when	I was on my own	IDP
19. Sex	nothing	Sexual identity, JDP
20. Please ...	allow me to be myself	IDP
21. I got stuck at the age of	16	SPE
22. Who ...	am I	IDP
23. It all started when	I was nine	SPE
24. I could never do anything right for	nothing	IDP
25. Guilt	nothing	JDP, IDP
26. My punishment	to be on my own	IDP, JDP
27. My greatest fear is	not being successful	IDP
28. My greatest need is	to be successful	IDP
29. My greatest fault is	to let people in too soon	Social problem
30. My greatest sin is	nothing	IDP, JDP
31. I am afraid when	nothing	WZS
32. I am angry about	how I was treated	IDP, SPE
33. I feel guilty about	nothing	JDP, IDP
34. I lost a part of myself when	nothing	IDP
35. When I make love	I feel special	IDP
36. I really desire	to feel special	IDP, it is the reason for having sexual relations
37. Underneath it all	nothing	WZS
38. My parents actually wanted	nothing	IDP, WZS
39. I am angry when	with people	IDP, anger
40. I started being angry at he age of	12	This was when she entered the mixed school for the first time. SPE

41. I am tired of	everything	Depression
42. If I describe my problem in colour	pink	
43. The colour pink to me means	nothing	WZS
44. I'm the kind of person who	take care of myself	No trust in other people

Conclusion: From the history and the Word Association Test it is clear that Bettina feels *trapped* by her circumstances. There are clear signs of poor social-, sexual- spiritual and physical identity. There is also a strong indication of depression.

The Word Association Test also reveals a strong feeling of *guilt* and the WZS. The important part of the Word Association Test is the many stimuli associated to *nothing*: Mother, love, loss of freedom, sex, I could never do anything right, guilt, my greatest sin, I am afraid when, I lost a part of myself when, underneath it all, my parents actually wanted and pink - the colour of the problem. It gives an idea of an emptiness that is associated with without love (number 18).

Muscle testing and the use of the Behaviour Barometer allowed the regressions discussed below. The experiences were all reframed by kinesiological methods, and will not be discussed in this study.

The first regressions were to experiences in utero, and indicated the Initial Sensitizing Events:

Emotion: *Tense and insecure*

Age: 3 months in the womb

Event: Father is reserved. This is a characteristic of him that Bettina is familiar with. Although the mother became aware of the pregnancy, the father remained distracted.

Other feelings: *Unloved.*

Bettina could recognize the feelings of feeling *not-heard* later in life when anybody would remain distracted, and becoming *furios*.

Age: 4th month in the womb
Event: No specific event could be attached to this age
Other feelings: *No choice*, and the two bounces: *despondent*, and *rejected*. This was also a familiar pattern to Bettina.

Age: 9th month in the womb
Event: Mother is *afraid* that she would not be able to care for the baby.
Other feelings: *Deserted*, and the two bounces: *unwelcome* and *hysterical*.

Age: Directly after birth
Event: Bettina was left in the incubator
Other feelings: *Melancholy*, *despondent* and *fiery*

From these events (Initial Sensitizing Events) it was clear that Bettina associated her father's *distractedness* and feelings of *insecurity* with feeling *deserted*, later *unwelcome* and *hysterical*. She admitted that she often felt *unwelcome* because of the closeness between her parents, and many *hysterical* outbursts between them and her when she was feeling *alone*. These associations were defused by a Thought Field Therapy technique.

The following events were identified as Symptom Producing Events:

Emotion: We were working on Bettina's poor self-image and feelings of *insecurity*, and these were related to feelings of being *questioned*, *put-upon* and *rigid*.

Age: 6 months 1 year
Event: Bettina was left on her own to play in a jolly jumper. Again she had a feeling of being *deserted*.
Other feelings: The bounces to the feeling of *deserted* are *unwelcome* and *hysterical*. They were also associated to feelings of *grief* and *sorrow* (her present depression).

Age: 13 years

Event: It was during Bettina's Standard 6 year, when she attended a mixed school for the first time in her life. She described it as an "awful year". All her friends *rejected* her, and the boys teased her for being fat.

Other feelings: *Disconnected, withholding and inadequate.*

When we were working on Bettina's feeling of own identity, the following Symptom Producing Events were framed and reframed:

Age: 5 years

Event: Bettina is in the kindergarten, where everybody is eating tomato soup. She is the only one (that was how she perceived it) who disliked tomato soup. The teacher forces her to eat the soup.

Other feelings: *Furious, not-heard and unloved.* These were the same feelings that she associated with the *distractedness* of her father.

Age: 10 years

Event: Bettina had a good friend Elaine, who moved to another school and after that she was on her own for a long time before she could find another friend.

Other feelings: *No choice, despondent and rejected.*

The following Symptom Intensifying Event was identified:

Emotion: This event was also connected to the poor self-image and feelings of *insecurity*, and that was related to feelings of being *questioned, put-upon* and *rigid*.

Age: 16 years

Event: Bettina has again lost a friend has moved to another town. She then became friends with another girl, Nadine, who treated her very badly. As Bettina was desperate not to be *alone* again, she stayed with the friendship.

Other feelings: *Frightened, morbid and belligerent.* These were defused to feelings of *invigoration, affection* and *fulfillment*.

After the defusion of all these events, Bettina was a very thankful young lady, able to start new healthy relationships with both genders. The relationship with her parents improved drastically. She was also ready to make decisions about a future career. She was much more in control of her mood swings.

6.4 CASE STUDY 3

Name: Yvonne

Age: 47

Gender: Female

In this case study, the researcher would like to demonstrate the way an *identity problem* can cause problems at any time, not only during adolescence. Neither the SPE's, nor the SIE of this case took place during adolescence, but is was strongly connected to the *identity problem* and the PNE. An important part of identity is pointed out – the actual practice of existence – “I have the right to be”, and the close connection between life and death. The perceptions connected to this part of the identity are connected to the awareness of existence in the womb. For a female, the act of giving birth requires a transformation of consciousness. “Every woman in labour knows that despite modern technology, she may face her own death or that of her child's, the experience of birth confronts the mother with a unique understanding of the close connection between life and death” (Savage, 1999: 107).

This does not mean that men or a woman who never gave birth would not have a complete understanding of existence, but the construction of this part of the identity would happen in a different way.

This lady was unable to cope with the imminent death of a close friend, and was totally unable to handle her feelings, or to function in a normal way. She also mentioned a friend of the ill person who was very casual about what was happening, and that he saw the whole thing as part of life. It was clear that this comment was also part of her distress.

As the friend was terminally ill, and would die in the next few days, there was no time to take a history, or to do the Word Association Tests.

Emotion: The emotion in the present circumstances was *fuming*, with the two bounces: *disappointed* and *loveless*.

The ISE was the following:

Age: The first trimester in the womb

Event: Yvonne's parents were not married, and had to face the pregnancy. It was a big shock to the family.

Other feelings: *Disappointed*, with the bounces: *fuming* and *loveless*. She also had the feeling that there was *no control*.

The SPE's were:

Age: 27

Event: The birth of her eldest child. She was bleeding excessively, and went into a coma.

Other feelings: *Picked-on*, and the two bounces: *bothered* and *immobilized*. Again there was the feeling of *no control*.

Age: 31

Event: The pregnancy of her second and youngest child. She had a threatening miscarriage.

Other feelings: *Rigid*, with the two bounces: *put-upon* and *questioned*.

The Symptom Intensifying Event was of course the friend who was dying. In this situation Yvonne relived the feelings of *no control* over life and death. After the experience in the womb was defused, we could defuse the symptom producing events. It became clear that it was not only the loss of the friend that disturbed Yvonne, but also the sense of no control over life and death that she had to carry with her from the time in the womb where she realized that she was unwelcome. It was only then that she could agree that

death was a natural outcome of life. Yvonne was able to cope with the death of her friend in the following week, and to grieve in a normal way.

6.5 CONCLUSION

The description of these cases concludes this study. The three cases that were described showed that the *identity problem* is part of many problems, and that it is intrinsically woven through almost every problem. The researcher wants to agree with Ruiz (1997 : 17) that the biggest fear humans have is to be themselves. "*We have learned to live by other people's point of view because of the fear of not being accepted and of not being good enough for someone else.*" If we take into account that this fear is originally created in the mind of a fetus, with little logic and life experience to put the fear into a meaningful perception, it makes the problem even bigger, but it also explains the irrational and strong patterns that persist so overwhelmingly and devastating through many people's lives.

This study has shown two models that will make it possible for the educational psychologist to solve the *identity problem* within other problems. The study of the binding problem may reveal more therapies to overcome these patterns on a more subconscious level.

In the next chapter the researcher will make a summary of the study using the following headings:

- Conclusion From The Literature
- Findings Emanating From The Empirical Investigation
- Contributions Made By The Study
- Limitations Of The Study
- Recommendation For Further Research
- Implications Of The Study

CHAPTER 7

RECOMMENDATIONS / CONCLUSION

7.1 INTRODUCTION

The problem that impose this study, is twofold:

- 1) The *identity problem* that forms part of most problems clients report with in office of the educational psychologist.
- 2) The development and actual character of the *identity problem*, and the fact that it develops from the time in utero, through the birth process, the early childhood and adolescence, and continues to develop through every stage of life.

The research of this problem demanded that the *identity problem* had to be viewed from three different angles:

- A study that examined the *identity problem* as it occurred during adolescence, as well as the causes of the problem.
- A study of psycho-neurobiological models to explain the influence of memory on behaviour.
- A description of regressive therapies that would enable the researcher to retrieve the memory from the subconscious mind, and to reframe the beliefs that were formed in order to change the behaviour.

7.2 CONCLUSION FROM THE LITERATURE STUDY

7.2.1 The Identity Problem

This study was elucidated in Chapter 2 where it was pointed out that factors contributing to the *identity problem* as it manifests during the adolescent years, are already present during the time in the womb, and continue through the childhood. The problem is very strongly related to feelings of rejection, not being good enough, of not belonging – even

to the extent that the person may feel guilty about existing at all. It is all about the individual's profound and inherited need to be loved and accepted by at least one other person.

Although the formation of identity during the adolescent years is upsetting and turbulent at best, the researcher gave an idea of how the educational psychologist will be able to recognize the *identity problem* in the way that the problem will manifest (refer to paragraph 2.7.1), the way the problem and the history is presented (refer to paragraph 2.7.2), and the responses in the Word Association Test that would confirm the *identity problem* (refer to paragraph 2.7.3). The following are the main clues that will indicate the *identity problem*:

- Do not know themselves, and where they belong
- Feelings of not being good enough
- Feelings of loneliness
- Feelings of being unacceptable to parents, teachers, peers and selves
- Discontent with themselves and/or their bodies
- Not knowing where they are heading in life
- Not being able to take responsibility
- Immature behaviour
- Undeveloped moral reasoning
- No flexibility in moral issues and viewpoints
- Attachment to useless and redundant relationships, beliefs, behaviour and patterns
- Irrational fears and phobias

7.2.2 Memory And Behaviour

The study of psycho-neurobiological models confirmed the fact that early memory has a decisive influence on the behaviour of the individual. The main points of importance that were pointed out in Chapter 3 are:

- a) Memories are stored throughout the body on a cellular level (refer to paragraph 3.2.2).

- b) The earliest memories that have an influence on the individual can be traced back as early as the time in utero (refer to paragraph 3.2.2.3(d)).
- c) Memories form a subconscious frame of reference whereby new experiences are interpreted and understood (refer to paragraph 3.3.2).
- d) The subconscious interpretation precedes the logical, conscious awareness of the experience (refer to paragraphs 3.2.2.2 and 3.3.2).
- e) In this frame of reference there is a subconscious network of connections between certain concepts, for example loneliness and rejection (refer to paragraphs 3.3.2 and 3.3.3.1(b)).
- f) These concepts are fused during traumatic events (refer to paragraphs 3.3.2 and 3.3.3.1(b)).
- g) There is a direct correlation between the potency of the connection that fuse the concepts and the emotional charge of the event where the connection was made (refer to paragraph 3.3.2).
- h) This subconscious frame of reference acts as a computer program to manipulate the thoughts, emotions and actions of the individual (refer to paragraph 3.4).
- i) Framing and reframing the experience that created the program can change the program (or defuse the connections) to bring about new and more appropriate behaviour, thoughts and emotions (refer to paragraphs 3.3.3.1(c) and 3.3.3.2).

7.2.3 Regressive Therapies

In Chapter 4 the researcher investigated therapies that would enable the following:

1. To identify the *identity problem* as part of the problem, in other words to make a diagnostic evaluation that will point to the *identity problem*.
2. To frame and reframe the significant events that lead to the *identity problem*.

The Medical Hypnoanalysis Model and the Three In One Concepts were the two models that enabled the researcher to do so. From the description of the models the following important information was gained regarding the problem:

- For every problem there is an event in utero, where the first connections are made that have the possibility to develop into an *identity problem*. This will be the *seed* of the problem, and it will not develop unless there is water

and other necessities it needs to develop. In the Medical Hypnoanalysis Model it is referred to as the Initial Sensitizing Event, and is found on the Behaviour Barometer under BODY, the lower level.

- The *seed* will start to develop during childhood if there is water for it. At first it will only develop roots, which will have little or no effect on the life and behaviour of the child. In the Medical Hypnoanalysis Model it is referred to as the Symptom Producing Event, and the accompanying emotions are found on the Behaviour Barometer under SUBCONSCIOUS, the middle level.
- When the plant has received enough water, the branches will develop, and the symptom will become more visible. At some stage an event(s) may cause behaviour to become so severe that the individual needs help to change the behaviour. This event is referred to as the Symptom Intensifying Event in the Medical Hypnoanalysis Model, and is on the Behaviour Barometer the emotion that underlies the behaviour found on the top level, under CONSCIOUS.

By using methods such as hypnotic trans induction and muscle testing, it was possible to retrieve only the most significant events to help the individuals to change behaviour. The researcher did not explore or describe the correction techniques, as this is considered to be a potential study of it's own. The corrections were done either by reframing in hypnotic trance, or through the various corrections available in Kinesiology.

7.3 FINDINGS EMANATING FROM THE EMPIRICAL INVESTIGATION

7.3.1 Manifestation Of The *Identity Problem*.

In each case the problem manifested in a different way:

Case 1: Nail-biting, anxiety and depression.

Case 2: Inability of social compliance and depression. It was also evident that the earlier weight problem could also be related to the *identity problem*.

Case 3: Severe depression and inability to cope with the death of a friend.

7.3.2 Events That Lead To The *Identity Problem*

In each case that was described, the researcher pointed out the events that have lead to the identity problem.

In each case a distinction is made between:

- A. The Initial Sensitizing Event
- B. The Symptom Producing Event
- C. The Symptom Intensifying Event

Table 7.1 Events That Lead To The *Identity Problem*

	<u>Initial Sensitizing Event</u>	<u>Symptom Producing Event(s)</u>	<u>Symptom Intensifying Event</u>
CASE 1	<u>5th month in the womb.</u> Parents are fighting, and the mother wants a girl, but Evan is a boy.	<u>Age: 1 week</u> Evan is left alone in the incubator where he spends another two months.	<u>Age: 17</u> Parents are fighting, and at this time his girl friend leaves him.
CASE 2	<u>3 months in the womb.</u> No feelings of love from the father can be detected. <u>9th month in the womb</u> Anxiety is transferred from the mother who feels uncertain that she will not be able to cope with the baby. <u>Directly after birth</u> A feeling of melancholy as Bettina is alone in the incubator.	<u>Age: 6months 1 year</u> Alone in a jolly jumper <u>Age: 5</u> Bettina is being forced to eat tomato soup, like every body else. <u>Age: 10</u> Loneliness because of a friend who moved away. <u>Age: 13</u> Boys tease Bettina for being fat.	<u>Age: 16</u> Bettina has again lost a friend that moved to another town. She then became friends with another girl, Nadine, who treated her very badly. As Bettina was desperate not to be alone again, she stayed with the friendship.

CASE 3	<u>Age: The first trimester in the womb</u> Yvonne's parents were not married, and had to face the pregnancy. This was a big shock to the family.	<u>Age: 27</u> The birth of her eldest child. She was bleeding excessively, and went into a coma. <u>Age: 31</u> The pregnancy of her second and youngest child. She had a threatening miscarriage.	<u>Age: 47</u> The friend that was dying. In this situation, Yvonne relived the feelings of no control over life and death.
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7.4 CONTRIBUTIONS MADE BY THE STUDY

7.4.1 Contributions To The Theory Of Psychology Of Education

- In Chapter 2 the researcher compiled a profound definition of the *identity problem*.
- The study pointed out the events that cause the *identity problem*, not only during adolescence, but from the earliest time that neural development allows the encoding of memory.
- The study on the psycho-neurobiological models gives new insight to the importance of subconscious memory in the approach and treatment of behavioural problems related to the *identity problem*.
- In Chapter 3 the researcher compiled a representation of the subconscious mind to understand the way memories influence behaviour: not only that of the identity problem, but any other form of behavioural problems.
- The description of the two treatment models, The Medical Hypnoanalysis and Three in One Concepts, offered two treatment models that the educational psychologist can use to interpret the *identity problem*.
- This study makes it clear that, through the use of regressive therapy, although we are unable to change the past experience of the client, reframing of the experiences can change the beliefs/thoughts patterns/habits that was the result of the experience.

7.4.2 Contribution To The Practice Of The Educational Psychologist

- This study brought forward the importance of the *identity problem* as part of almost any problem referred to the educational psychologist in practice.
- The study provides guidelines to identify the *identity problem* and the causes thereof.
- The educational psychologist becomes aware of the importance of subconscious habits/thoughts/beliefs/programs that are stronger than the logical thinking of the client, that need to be changed for permanent improved behaviour.
- The description of the two models shows the availability of methods to retrieve the subconscious memory in an explicit way.

7.5 LIMITATIONS OF THE STUDY

- The three cases presented in Chapter 6 show definite emotional, rational and behavioural improvement. Due to the fact that the study was done in a two-year period, there is no documentation of permanent changes.
- The size of the test sample is limited. The ideal would be to have at least eight subjects, but due to the magnitude of the study, it was impossible. The group from which these subjects were chosen was much larger.
- The span of identity and the secondary and tertiary problems that may arise because of the *identity problem* is much wider than were described in this study. Because of the extent of the meaning and influence of identity, only a limited view was given. Many other problems such as marital, vocational and other problems may arise due to the *identity problem*.

7.6 RECOMMENDATION FOR FURTHER RESEARCH

- The concept of binding, or the binding problem, is an interesting phenomenon that will bring more clarity in the goal that the educational therapist have in mind with a treatment program.

- There can be other ways to retrieve the subconscious habits/thoughts patterns/beliefs/programs that indicate the way the individual regards himself in relation to the problem. As these subconscious beliefs are the most important ones to change, it is important that, regardless of the models that are used by the educational psychologist to change *those* beliefs.
- More diagnostic tools can be developed to identify underlying beliefs/habits/thought patterns. The tools in this study are only available when trained in the hypnosis models, or the use of muscle testing.
- Guidelines can be set for pregnant or young parents to treat young infants in a way to enhance their identity formation. When the community is more aware of the importance of the identity formation at a very early age, they can help the young to build a more positive sense of the self. In this way, the problems that arise in later years will be viewed through a much stronger and positive frame of reference.
- The whole concept of "reframing" indicates those actions that bring about the defusion of old and redundant connections that were made during traumatic events. It can be done in an explicit way as through trance induction and the retrieval of the specific incident, or as subtle as the stretching of muscles that are used in Edu-Kinesiology, or the practice of Yoga, as indicated in the studies by Damasio.
- What brings about the 40 Hertz where new and more appropriate associations are made? This will not be a study on the treatment of problems, but a study on lifestyle changes that would prevent problems, and even physical illness. This is also not a study that will remain in the field of health workers, but need to be addressed by the recreational studies, including Physical Education, Musical Education, expressive art and others.

7.7 IMPLICATIONS OF THE STUDY

- 1) This study has made it clear, that the very first impression that any individual has, is about him-/herself, and any other impression is viewed in relation to that impression. The very first impression of awareness of the

self starts during the time in utero. This awareness is dependant on the external environment (mother, father and close relationships, health of mother, et cetera), as well as the internal awareness of viscera, blood pressure, heartbeat et cetera. This awareness is built on perceptions that the fetus has, and not on facts.

- 2) Everybody plays the leading part in his/her own life. Even someone with a very low self-esteem is always busy to prove the impression of not being good enough through enhancing the part that the others play. It is almost impossible not to play the role you have of yourself. No problem that a client present with can be viewed without being aware of the identity of the person in his own mind. Every other connection in the subconscious mind will be in relation to that identity, and it is important that the identity should be changed in order to solve the problem.
- 3) Being aware of the neuro-biological function of the connections that are created in the mind of the individual, not only the educational psychologist, but also every parent and educator, should become aware of the way that our lifestyles prevent us from living a healthy life. We should teach our children to live a life where there is time for the body and the mind to alter faulty and stressing subconscious connections, through correct recreational activities that should be done on a daily basis. This will also stress the importance of healthy family activities.

7.8 CONCLUSION

The researcher has come to the conclusion that identity is an integral part of the behaviour, feelings, thoughts and physical reactions of any individual. It is therefore the most important and common part of any problem that needs to be addressed in order to change behaviour, feelings, thoughts and physical reactions. The individual will always act (emotionally, physically and in a cognitive way) in accordance with his/her identity that is encoded in the subconscious mind and in the cellular system of the body.

It is not possible for the individual to be aware of anything unless an image of the self is created by the nervous system. It is this image of the self that forms the point of view to

understand the external or internal world. Identity (the awareness of the self internally, externally, as well as relational) is the very first perception that the fetus has. Every stimulus thereafter is perceived within that frame of reference. Although the history of an individual can never be changed, the concepts/habits/thought patterns/beliefs that were formed by past trauma can be changed if one can access the subconscious belief system that a person has about him/herself.

If we have the knowledge of how the identity is formed and the way it influences every perception of an individual, and if we have the knowledge to make use of therapies like the Medical Hypnoanalysis and Three In One Concepts, we are able to help our clients to find their true identities, and to change their behaviour according to the new-found identity. In this way we can help our clients to find permanent solutions and to become independent of others to actualize their own potential.

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REGRESSION TO THE WOMB

A Stroll Along A Beach

Susan Kriegler (In recognition of R Pelser and D Ebrahim)

Now, as you relax deeper and deeper, listening only to my voice, thank your subconscious mind for the efficient way in which it has protected, supported and helped you through all the years of your life. If you are kind and respectful towards your subconscious mind it will be kind and respectful towards you. It will provide you with accurate, reliable and useful information to support and help and protect you during this session, and further on your way to healing.

Now, we are going to ask your subconscious if it would be appropriate and safe to go back to the very beginning of your life. Because it would seem from looking at your history, that your problem is possibly just as old or even older than yourself. I now respect that we go back, back to the beginning of your existence, when you were still in your mother's body in the womb. Is that OK? Thank you!

Now imagine yourself walking down a lovely beach. Everything is beautiful and calm. There's nothing bothering you, it's a wonderful, sunny day. The sky stretches high up above you like an infinite blue dome. Here and there are soft, snow-white little clouds floating lazily along, high up above you, blown along by a gentle breeze.

Look at the waves coming in and out, and in the background hear them breaking over the rocks, splashing and breaking rhythmically, in harmony with the cycle of the tide. Rest your eyes on the amazing palette of colors of the immense ocean ranging from blue-green to soft shiny blue and intense indigo to lovely shades of green, stretching right up to the horizon, where it becomes a misty haze and then disappears.

Far away you may hear a seagull calling, children laughing, maybe even a dog barking, but there is nothing that bothers you. Nothing that bothers you at all, as you

comfortably strolls along the beach. Feel the soft warm rays of the sun on your skin, so reassuring, and the sea breeze cooling you off and playing through your hair. Taste the saltiness of the sea spray on your lips.

Soon I am going to count from one to three and at the count of three you can be back in your mother's womb or you can imagine that you are still in your mother's body. Is it OK? But first I want to remind you of the rules that you should follow when you receive information in a state of hypnosis. First of all, remember that your subconscious has the duty and privilege to help, support and protect you at all times. Therefore, you can accept the information it provides with gratitude and respect, regardless of how strange or irrelevant or unlikely or vague it may seem to you. It will always help, support and protect you by providing the reliable and accurate information to help you on your way to healing. For this reason you can accept the information you are now going to receive without criticism or judgment; as if you were an interested observer, no matter how vague or inappropriate the information may seem to you. Simply accept it, whatever form it may take: a thought, an emotion, a sensation, or even a color, and accept the information thankfully and respectfully, knowing, as you do, that you can trust your subconscious completely. Remember, nothing is also an answer.

You walk on without getting tired, further and further...the sun is setting, echoed by a symphony of red and gold. Dusk settles over the beach and you walk, further and further. Above you the stars glitter like a thousand friendly eyes, smiling down at you. You are walking further and further, as if you are walking back, back into your past. You are so comfortable and so relaxed, it is almost as if you're weightless, as if you are walking on air and becoming lighter and lighter. Lighter and lighter as if you lift from the earth, and start to float, lighter and lighter, floating higher, higher and higher, free as if you are floating in outer space, among the stars, with the immeasurable universe like a soft, black velvet curtain enfolding you and the golden light of the millions and millions of stars, like tiny specks of light, a spangled carpet stretching into infinity. You are softly illuminated by the reflected light of the huge spiral arms of the milky way,

calm, peaceful, relaxed, floating, safe, free... Nothing bothers you, so calm, so relaxed, so tranquil.

My voice goes with you. A part of you knows that you're OK, completely safe, and that everything is all right. I am with you, and I know how you're feeling. I'm counting for you: one, two, three... Now, allow the feelings and sensations to develop. Take your time (wait a few minutes) Now, without breaking your concentration or your relaxation, I'm asking you to use your voice to tell me what you're experiencing now. Notice carefully; what do you feel at this moment? Are you aware of a color? Now I am going to count to three again and on the third count, you will think of a number from one to nine. The number will be an indication of our age in the womb. One, two, three. What is the number? That means you are ... months old and you are feeling ... (repeat client's words)

I now ask the subconscious mind to further assist us by answering these questions:

- Whose feelings are these, yours or your mother's?
- Are these feelings the result of emotional or physical causes, or maybe both?
- Does your mother know you are there?
- What messages are you picking up from Mother? From Father?
- Does Mother want the baby?
- What does Mother want?
- Do you want to come out? Do you want to be born?
- What do you see? Is there a color? What do you hear?
- What do you feel?
- How do you feel about this?
 - Anxious?
 - Alone
 - Frightened? Of what?
 - Guilty? Responsible? If you were not there would Mother be better off?
 - Angry? With whom? Self? Mother? Father? Others?
 - Hope? Do you feel meaning/purpose/belonging?

- How do you feel about yourself? Like/Dislike?
- How do you feel about Mother/Father/Others?
- Can you survive without love?
- How?
- What do you think about being born?
- What do you think about the outside world?
- What colour would you give these feelings?
- What can you do for yourself?
- Are you helpless?
- Is there hope for you – have you given up?
- What do you do then?
- Do you switch off/dissolve?
- Anger? What purpose does this achieve? Without it, what would you have left?
(Nothing! = existential void = death.)
- Do you know that you are alive?
 - Do you feel your heart beating?
 - Do you feel emotionally alive? Where is love?
 - Do you feel spiritually alive? Where is God?

These thoughts and feelings that you have been carrying' around for all these years are all erroneous, and you don't need them anymore. Those thoughts stem from circumstances in the womb, when you were still inside your mother's body. We don't know exactly what was going on in your mother's body and mind while she was expecting you, and it doesn't really matter, because it was a long time ago. Those thoughts belong to the very distant past. The past is past, and it never has to hurt you again. (Add in here there is time: The Past is Past / that was Yesterday / Live Today) Those thoughts and feelings stem from incidental circumstances in your mother's body and mind, which caused you to feel frightened and lonely. But those circumstances didn't actually have anything to do with you. Your mother didn't create you. Who did create you? That's right, God created you. You are a Child of God and God merely used your mother and father to give birth to you on this planet. Your mother only gave an egg cell and a womb for the cell to grow in. The only thing

your father gave, was a sperm cell. But it was God who created you, an unique individual, with your unique characteristics. There is no one else quite like you. You are infinitely precious and very, very special. Now I want you to become aware of the specific place in your body where all those old, erroneous thoughts have been stuck all these years. What color is it? Weight? Temperature? How are wae going to remove it? (Breathe out / garbage bags / extract with a syringe / painless operation by an angel / The Holy Ghost / Jesus / a heart bypass operation.) Tell me when everything has been removed. That's good. Will it be OK if the conscious mind is aware of this session and the information that has been made available by the subconscious? Thank you. That's good. Thank your subconscious for the information and the work that has been done to help you on your road to healing. Is there any reason why you still need to carry those old, erroneous thoughts and feelings with you?

That's right. Thank you, and good for you.

EMOTIONAL CONTROL OF MUSCULAR RESPONSE WHY YOUR ARM GOES "WEAK" WHEN YOU THINK A NEGATIVE EMOTION.

Dr. Charles T. Krebs

Introduction:

One of the most common and remarkable observations in Kinesiology is a person's arm suddenly going "weak" when they are being muscle monitored and they "think" of a negative emotion or emotional circumstance. But why should this happen? Clearly a muscle response is a neurophysiological event, while emotion a mental event - How are the two connected?

Since the ultimate event is physical, the arm "giving" or unlocking, then there must be neurological circuitry that underlies this event, but a search of the traditional anatomy and physiological literature appears to offer few clues? However, after studying the in-depth neurological circuitry of muscle spindle cells and Golgi tendon organs and their connection to the brain, I have pieced together at least a reasonable explanation that is consistent with current neurological knowledge. I then go further afield and suggest the interface between the mental event of "thinking" and "emotion" and the physiological response to this mental event – an unlocking muscle.

Review of the Role of Spindle Cells & Golgi Tendon Organs in the Control of Muscle.

Function. Before investigating the emotion-muscle linkage, it is important to understand the neurological control of muscle function without emotional input, because it is via the same mechanisms that emotion affects muscle function and response. Muscle responses are controlled primarily by the interplay of two proprioceptors - the Golgi Tendon Organs and the Muscle Spindle Cells. Thus, I will

first present a brief, yet in depth review of how these two proprioceptors control muscle function.

A. Golgi Tendon Organs: (See Fig. 1)

Although muscles have only two types of proprioceptors, these receptors account for a large percentage of the subconscious feedback to the Central Nervous System (CNS). Golgi Tendon Organs (GTO's) are located at the muscular-tendinous junction and consist of a fluid-filled capsule invested with small numbers of tendon fibers interwoven with high-speed myelinated nerve endings that ramify throughout the tendon fibers (Fig. 1A). As muscle tension increases, the tendon fibers are pulled tightly together. This squeezes the fluid-filled capsules and increases pressure on the nerve endings, which increases the output from the GTO's to the CNS. As the muscle contracts, the GTO's read the instantaneous level of "tension" within the tendon. When the output reaches a specific threshold, the GTO's strongly inhibit the muscle in which they located, while at the same time turning on the antagonist(s) to this muscle to prevent overload of the tendon and possible tendon damage. GTO's only monitor and react to muscle tension. This information is of two types.

1. Instantaneous Readout of Tension - continuous output to CNS monitoring how much tension is on the muscle at any one moment, and changes in that tension over time via the rate of impulses emitted to the CNS per second. The greater the tension, the greater the number of impulses sent to the CNS.
2. Tendon Reflex Inhibition of the Agonist - once the "set" point or threshold for the inhibition reflex is reached, the GTO's send inhibitory impulses to the agonist or prime mover and to its synergists that are generating the tension to turn them off, and facilitating impulses are sent to antagonist, telling them to contract and quickly relieve tension on the tendons of the agonist. (See Fig. 1B)

The critical feature of GTO activation is the "set" point for inhibition. When this threshold or "set" point becomes set too low, reflex inhibition is activated long before actual damage to the tendon or muscles is likely to occur limiting the range of motion of the muscle. When this threshold is "set" too high, damage to the tendon, muscle, or even the bone may occur. But what sets the threshold for this reflex inhibition? The answer to this question is the central issue of this paper and will be discussed below.

B. Spindle Cells: (See Figs. 2-4)

Spindle Cells on the other hand, are the real "brains" of the muscles. They have two types of sensory output to the CNS, Annulospiral and Flower Spray Endings, and three types of motor input from the CNS: Gamma 1, Gamma 2, and Beta efferent input. The sensory endings inform the CNS about muscle length, change in length and rate of change in length. The efferent motor input controls the actual rate and degree of contraction and co-ordinates muscle action with intended action. Hence, while the GTO's monitor tension and act as circuit-breakers to prevent excessive tension from damaging the muscle, the Spindle Cells actively control the actual "work" of the muscle - contraction.

Structurally, Spindle Cells are a fluid-filled capsule containing 3 to 12 intrafusal or spindle fibers of two distinct types, Nuclear Bag and Nuclear Chain fibers, that run parallel to the main muscle fibers and are often attached to the main extrafusal muscle fibers (See Figs. 3 & 4). Both types of fibers have a mid-region that is non-contractile with two contractile regions on either end. The structure and function of the contractile ends is identical with the typical skeletal muscle fibers surrounding the Spindle Cells.

- o The Nuclear Bag fibers are so named because most of the nuclei are gathered into the expanded, fluid-filled "bag" in the middle of the fibre. The contractile ends of the Bag fibers extend out of the Spindle Capsule to attach to the main muscle tendons or extrafusal main muscle fibers.

- The Nuclear Chain fibers, on the other hand, have most of the nuclei end to end in a "chain" in the middle of the fibre and attach directly to the ends of the Spindle Capsule, not extending beyond the capsule as do the longer Bag fibers.

Annulospiral Primary Endings: Measuring Changes in Length and Rate of Change of Changes in Length. (See Figs. 3 & 4)

The Annulospiral Endings wrap around the non-contractile mid-region of both Bag and Chain fibers, while the Flower Spray Endings are almost entirely restricted to the Chain fibers. When there is a sudden change in the length of the muscle, the Annulospiral Endings on the "bag" of the Bag fibers respond very powerfully, dominating the sudden stretch reflex and causing reflex contraction of the surrounding muscle. When the muscle is stretched slowly, however, the Annulospiral Endings of both Bag and Chain fibers respond by increasing output to the CNS which is proportional to the degree of stretch. The greater the degree of stretch, the higher the output to the CNS.

Thus, the Bag fibers are primarily concerned with muscle stretch and monitor rate of change (velocity) and changes in the rate of change (changes in velocity). The Bag dominated muscle stretch reflex controls the "Load Reflex" which initiates reflex tonification (contraction) of the surrounding extrafusal muscle fibers to automatically maintain limb position even with increased loading. Conversely, when the muscle is suddenly shortened, the nuclear bag output rapidly decreases or is lost altogether, and the CNS responds to this loss of information by reflex inhibition of the surrounding extrafusal fibers to stop contract and regain Nuclear Bag output once more.

Flower Spray Secondary Afferent Endings: The Measurement of Muscle Length.

In contrast, when the contractile regions of the muscle contract or relax, the Flower Spray Endings of the Chain fibers "fire" and send output about the change in muscle

length that just occurred to the CNS and the subconscious areas of the brain. Thus, the Flower Spray Endings of the Chain fibers primarily monitor muscle length.

Together, the Annulospiral and Flower Spray Endings provide the CNS with information about what the muscle is doing, and how fast it is doing it!

Motor Input to the Muscle from the CNS: (See Fig. 3 & 4)

The Bag fibers receive three types of efferent (motor) nerve fibers, while the Chain fibers receive only one type. Both Bag and Chain fibers receive Gamma 2 input at the Trail Endings. The Trail Endings innervate the contractile region of the spindle fibers on either side of the non-contractile mid-region (See Figs. 3 & 4). Gamma 2 input "sets" the Spindle Cell length. The CNS is kept informed of the "length" of the muscle by the output of the Flower Spray Endings which are compressed or stretched whenever the muscle fibers surrounding these endings changes length. The degree of contraction of the Spindle fibers is directly related to the degree of Gamma 2 stimulation. The greater the degree of contraction ordered by the Gamma 2 efferents, the more the Flower Spray Endings are stimulated to send output to the CNS informing the CNS that the muscle is shortening.

The Gamma 2 Efferent - Nuclear Bag Fibers Interaction:

Misalignment Detectors & the Automatic Load Reflex.

The Spindle Cells also act as alignment sensors between actual muscle response and the response intended by the brain. When the brain intends the muscle to be a specific length, for instance the forearm held horizontal to the ground, it sends impulses to the Alpha motor neurons of the main extrafusal muscle fibers surrounding the Spindle Cells to contract this <-----> much. At the same time, via co-activation it sends an identical signal to the Spindle Cell fibers via the Gamma 2 fibers so that they also contract this <-----> much. As long as both the main muscle and the Spindle Cell fibers contract equally, the intended action *is* the actual action.

If the main extrafusal fibers are lifting a load, however, they may only contract this <--> much due to the load, while the Spindle fibers do contract this <-----> much as ordered by the CNS. The difference in the two lengths is made up by the elastic, non-contractile central region of the Spindle Cell suddenly "stretching". Since the "Bag" fibers are more sensitive to stretch, they send strong signals to the Alpha motor neurons of the surrounding extrafusal fibers to "CONTRACT", which causes more motor units to be "recruited" to cause the degree of contraction asked for by the brain - that is this <-----> much.

Thus whenever the Spindle fibers have contracted more than the surrounding main muscle fibers, the "Bag" fibers are stretched initiating the "Load Reflex". This tells the main muscle fibers to pick up their game and "catch" up with the intended response (Fig. 3).

In this case, the Gamma 2 input about intended length and output from the stretched Annulospiral Endings act as "misalignment detectors" between the intended and actual muscle response initiating muscle contraction to automatically compensate for varying loads^{2, 3} (Figs. 3 & 4).

The other two motor inputs to the Spindle Cells, Gamma 1 and Beta efferent fibers, only innervate the Nuclear Bag fibers. Beta efferent fibers terminate at P1 plates on the contractile region of the Bag fibers that extend outside of the Spindle Capsules just before the junction with the Bag fibre tendons. The Beta efferents originate as axonal collaterals (branches) from the Alpha Motor Neurons of adjacent muscles, particularly postural muscles (Fig. 3). When these adjacent muscles require additional muscular support to do their job, the rate of the Beta efferent input to the Bag fibers is increased. This Beta efferent input to the Bag fibers results in shortening of these fibers, which initiates the muscle stretch reflex "recruiting" the surrounding extrafusal muscle fibers via the muscle stretch reflex to help maintain posture or perform the intended action.

Recruitment: Why You Don't Push Too Hard While Muscle Monitoring?

This is the basis of "recruitment" you learned about in basic muscle Monitoring procedures, and why you get inaccurate results if you "push" too hard on a muscle when monitoring. If you apply force on the muscle too rapidly and too hard, all it does is cause the Beta efferents of that muscle to "recruit" the surrounding muscles to "turn on" and help me out. This "recruitment" of surrounding muscles then allows even a "turned off or weak" muscle to appear locked. However, as long as you do not apply rapid or excessive pressure, the Beta efferent output to surrounding muscles is minimal, and the muscle being monitored can not recruit these muscles to help it out!

The Role of the Gamma I Efferents: Setting the Bag Threshold for the Muscle Stretch Reflex.

The Gamma 1 efferents terminate near the ends of the contractile region inside the Spindle Capsule at the P2 plates (Fig. 3). When P2 endings are stimulated by the brain, they "set" the threshold tension of the Bag fibers, the threshold at which the muscle stretch reflex is activated. If Gamma 1 input is high, then the Bag is tight and the Annulospiral Endings are "prestressed" such that even small changes in length will initiate the stretch reflex. However, if the Gamma 1 input is low, the Bag is relatively "slack", and it will take a far greater degree and more rapid stretch to initiate the same response. Hence, the Gamma 1 efferents control the nature of the dynamic stretch reflex and the speed and degree of the load reflex.

From a muscle monitoring perspective, when the Gamma 1 input is high, and the Bag is tight, almost any pressure will automatically initiate muscle contraction via activating the muscle stretch reflex, which is of course, *subconscious*. In this state, the muscle is "over-facilitated" relative to homeostasis, and even manual sedation of the Spindle Cells will be over-ridden by the over-active muscle stretch reflex causing the muscle to "lock" and hold strong. In contrast, if the Gamma 1 input, is low, the Bag may be so slack that a considerable amount of stretch will be required to initiate the muscle stretch reflex. When the muscle is monitored properly - slow, even application of

pressure to only approximately 2 kilograms - there is just not sufficient pressure to initiate the muscle stretch reflex, and the muscle will be "under-facilitated" and unlock or give passively under pressure.

The Emotion-Muscle Connection: The Limbic Control of Gamma 1 Output.

But again, what "sets" the threshold for response? Current anatomy and physiology textbooks are "fuzzy" on the details of exactly what part of the brain controls Gamma 1 output to the Spindle Cells. Piecing together the apparent and possible connections between the upper motor neurons descending from the brain and the Gamma 1 lower motor neurons "setting" the muscle stretch reflex threshold, the following scenario arises:

The Gamma 1 motor neurons are not directly connected to descending motor tracts, but rather by interneurons receiving input from several sources. The most probable sources are the Medial Pontine Reticulospinal tracts and Lateral (medullary) Reticulospinal tracts (Fig. 5). Both of these tracts terminate at all levels within the spine in the medial parts of the ventral gray horns adjacent to the Gamma 1 motor neurons and are linked to Gamma 1 motor neurons via interneurons from both of these tracts as well as spinal tracts projecting down from brainstem nuclei of the reticular formation. These multiple connections to these subconscious reticular nuclei I believe to be the neurological key to the emotion-muscle response.

The Medial Pontine and Lateral (medullary) Reticulospinal tracts arise from several major reticular nuclei that receive direct input from the areas of the brain known to be involved with the origin and expression of emotion - the Amygdala, the Hypothalamus and the Locus ceruleus. The Amygdala appears to be one of the primary subconscious "emotional centers" in the brain in charge of the survival oriented "Fight or Flight" responses, and gives rise to our primary emotions of fear, punishment, escape, rage and pleasure.

Fibers project directly from the Amygdala to the Hypothalamus which then create our physical and physiological reaction to these powerful emotions - the dry mouth, tightness in the stomach, the clenched jaw, sweaty palms, etc. The autonomic nervous system centres in the Hypothalamus do this by projecting their influences directly to spinal levels via the Lateral (medullary) Reticulospinal tracts. The emotional "content"

of these messages is then relayed via interneurons directly to the Gamma 1 motor neurons. Depending upon the nature of the content, the Gamma 1 motor neurons will either be facilitated, potentially leading to "over-facilitation", or inhibited, potentially leading to "under-facilitation" of the associated muscles.

Fibers also project directly from the Amygdala to other reticular nuclei including the Pontine nuclei and the Locus Ceruleus, which via the Medial Pontine Reticulospinal and other reticulospinal tracts transmit the emotional "content" to the Gamma 1 motor neurons via the interconnecting interneurons. Again, depending upon the nature of the content, the Gamma 1 motor neurons will either be facilitated, potentially leading to "over-facilitation", or inhibited, potentially leading to "under-facilitation" of the associated muscles.

The Emotion-Brain Interface.

While it's fine to suggest that output from emotional areas of the brain - the Amygdala, Hypothalamus, Locus Ceruleus, etc. - initiate the neurological response to emotional stress, with the rest just being a neurological cascade down through the brain from these limbic and reticular areas to the Gamma 1 motor neurons, and their effect on the Nuclear Bag fibre control of the muscle stretch reflex, it begs the question - How does the subtle energy of the astral and mental bodies in which "emotions" are created interface with the emotional areas of the brain?

What follows is totally speculative, but it at least provides a cognitive model to understand the muscular response to emotional states. "Thought- forms" (mental body phenomenon) and "vibrational patterns" associated with emotions (astral body

phenomenon) are both generated in the subtle vibrational bodies of man, but are then "stepped-down" into etheric energy patterns, which are in turn "transduced" into physiological patterns of nerves firing within the emotional centres of the brain such as the Amygdala. Neural output from these emotional centres then follows the cascade given above to the Gamma 1 motor neurons that ultimately results in either "over-facilitation or under-facilitation" of the muscle being monitored.

Perhaps an example will clarify the rather detailed description above. You have cleared an indicator muscle and performed all pre-checks. You then ask the person, "Think of your Mother / Father!" and monitor the indicator muscle - are three possible responses.

- (1.) The muscle "locks", and when sedated unlocks demonstrating homeostasis, and hence no stress to whatever thought-forms were accessed;
- (2.) The muscle "lock", but will not unlock when sedated demonstrating "over-facilitation", a state of compensated stress; or
- (3.) The muscle "unlocks" registering overt uncompensated stress.

In latter case, the muscle unlocks. According to above model, the "thought-form" generated an astral body reaction to the associated stimulus - Mother/Father, and the astral emotional pattern distorted the denser etheric body, which in turn was transduced, suddenly altering the neural firing patterns within the Amygdala. This pattern of neural activity in the Amygdala was then projected to the Hypothalamus, Locus Ceruleus, etc. and directly to reticular nuclei in the brainstem. These reticular nuclei in turn relayed this pattern via the Medial and Lateral Reticulospinal and other reticular fibers to the interneurons in the spinal segment containing the Gamma 1 motor neurons innervating the Nuclear Bag fibers of Spindle Cells within the indicator muscle. This change in Gamma 1 input to the Bag fibers suddenly inhibited or turned down the tension of the Bag fibers. The sudden slackening of the Bag fibers caused the threshold for the muscle stretch reflex to dip below the stretching caused by the muscle being monitored, and thus the muscle just gave way under the monitoring

pressure - and the indicator muscle unlocked. The unlocked indicator thus indicated some type of emotional stress for this person around Mother/ Father.

The person may even state, "I get along very well with my Mother/ Father, and we love each other!" This may well be their conscious understanding of their relationship with this person, but the indicator muscle just demonstrated a "stress" reaction informing the person and the monitor that somewhere in this person's subconscious there lurks some unresolved issues. This is not surprising when you note that the muscle response was controlled not by the conscious part of the brain saying "hold your arm up", but rather by the subconscious emotional centres beyond our conscious knowledge or understanding!

While the nature of the subtle body interface with Amygdala is as yet unknown, the etheric effects of acupuncture point stimulation on the neuronal firing rates and patterns in the Amygdala have been demonstrated. Stimulation of specific acupoints have been shown to alter the discharge rate and pattern of firing in specific neurons in a rabbit Amygdala. Stimulation of another acupoint caused a different pattern of neural activity in the same Amygdaloid neurons, while the exact same stimulation of non-acupoint "sham" points had no effect on the rates of neural discharge in these Amygdaloid neurons.

In a simplified flowchart form, the above discussion can be presented as:

Thought-form → Astral emotional pattern → Etheric pattern → Change in firing pattern of Amygdaloid neurons

Projection to reticular nuclei of brainstem → Reticulospinal pathways → Interneurons → Gamma I motor neurons → Nuclear Bag fibers → Change in Bag tension → Under- or-Over-facilitation of muscle.

The Emotion-Muscle Interface for Golgi Tendon Organs.

Inspection of Figure 1B reveals that the GOLGI TENDON ORGANS'S also have interneurons between the input from the sensory fibers of the Golgi Tendon Organs capsule and the motor neurons controlling muscle response. The same Reticulospinal pathways carrying the emotional "content" of the Amygdala reaction to a "thought-form", could also change the "set-point" for the GOLGI TENDON ORGANS threshold for muscle inhibition. Should the Amygdala reaction relayed by the Reticulospinal pathways strongly inhibit the GOLGI TENDON ORGANS circuit interneurons, the GOLGI TENDON ORGANS output would need to be very high to cause any degree of reflex inhibition - hence the muscle would monitor "over-facilitated" with respect to GOLGI TENDON ORGANS sedation. If, on the other hand, the emotional "content" strongly facilitated the GOLGI TENDON ORGANS circuit interneurons, only slight GOLGI TENDON ORGANS activation would cause strong reflex inhibition of the muscle - hence the muscle would monitor "under-facilitated" and unlock.

It is interesting to me that the more I come to understand the nature of the intricate and complex nature of the multidimensional human being, the more awe and fascination I have for this truly amazing piece of work that is Man! And how amazingly we work!

Figure 1A

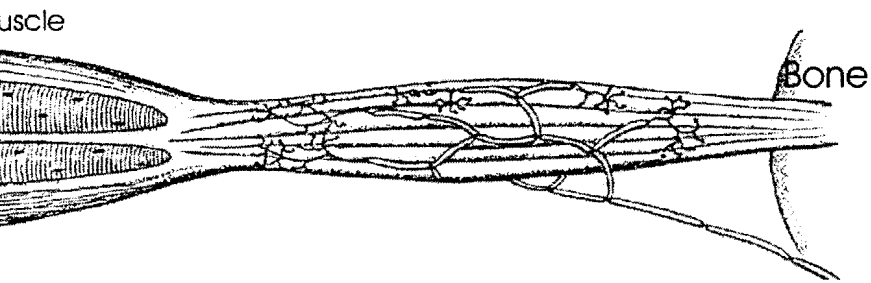


Figure 1A:

Observation of a Golgi Tendon Organ. For clarity the epineurium and endoneurium have been omitted to show the distribution of nerve terminals which ramify amongst the collagen fibers of the tendon.

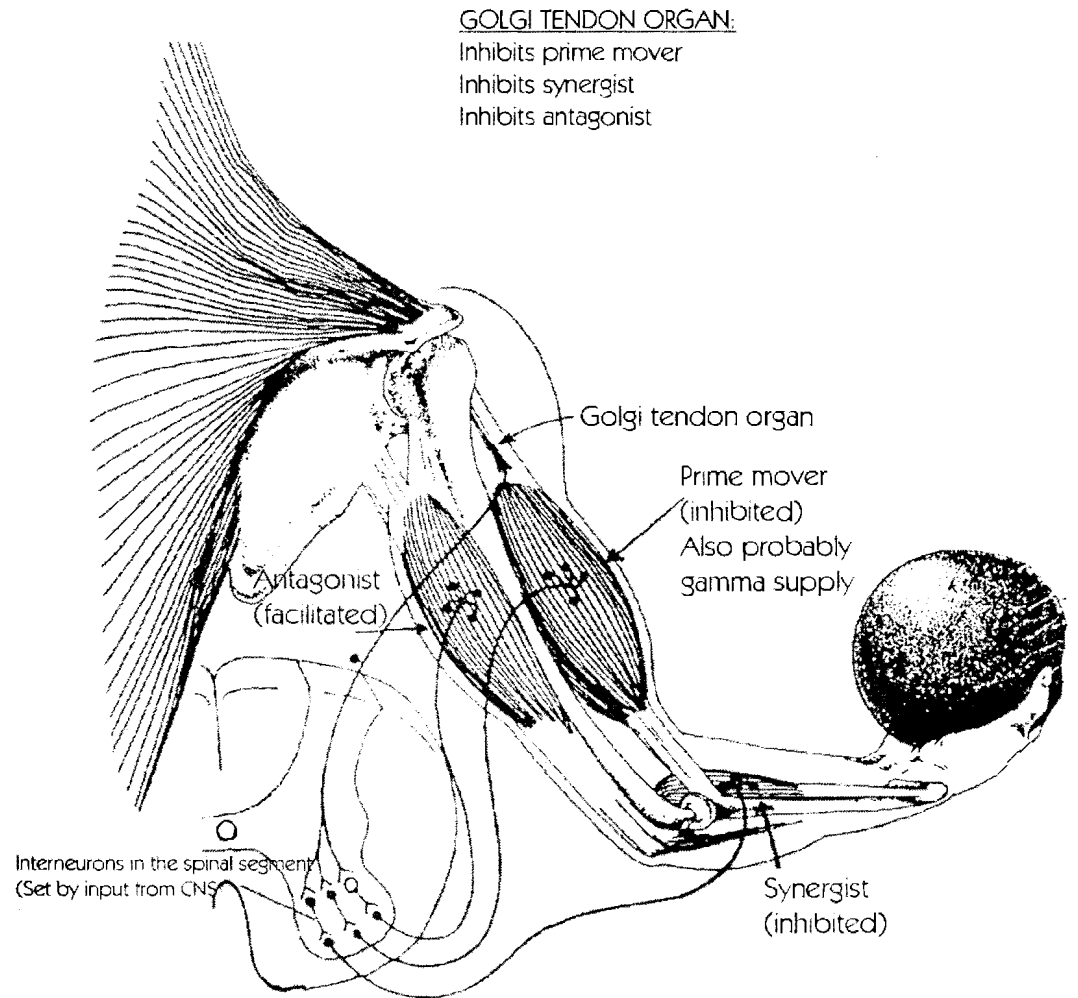
Note that the Golgi Tendon Organ is located at the musculotendinous junction. The tendoninuous connection to the bone is close to the Golgi Tendon Organ in this illustration but with long tendons like the fascia lata the Golgi Tendon Organs may be some distance from the actual connection to the bone and other tendons and ligaments.

Figure 1B:

Schematic diagram of Golgi Tendon Organ pathways for inhibition and facilitation. Golgi Tendon Organs cause reflex inhibition of the Prime Mover and its Synergist(s) and facilitation of its Antagonist(s) once threshold tension has been reached.

The Threshold for response can be "set" by neurons from the brain facilitating or inhibiting the interneurons separating the afferent sensory input from the efferent motor output of the spinal segment. Facilitation of these interneurons results in the threshold being reached at lower tendon tensions, while inhibition of these interneurons allows greater tendon tension before reflex inhibition is triggered.

Figure 1B



Schematic diagram of Spindle Cell pathways for facilitation and inhibition. Stimulation of the Nuclear Bag and Chain Cell fibres cause reflex facilitation of the fususcular (main) muscle fibres surrounding the Spindle Cell by a monosynaptic reflex arc.

Since there are no interneurons between the afferent sensory input from these Spindle Cell fibres and the alpha Motor Neurons that innervate the main muscle fibres. Thus, whenever the Nuclear Bag fibres are suddenly stimulated, they activate the surrounding muscle fibres to contract "harder", called the "Load Reflex". This is the basis of "tonifying" the muscle with Spindle Cell stimulation.

On the other hand, if the main muscle fibres surrounding Spindle Cells are suddenly pushed together, relaxing the tension on the Nuclear Bag and Chain cells, the sudden decrease in this sensory output to the spinal segment results in reflex inhibition of the surrounding main muscle fibres called the "Negative Catch Reflex". This is the basis of "sedating" a muscle with Spindle Cell stimulation.

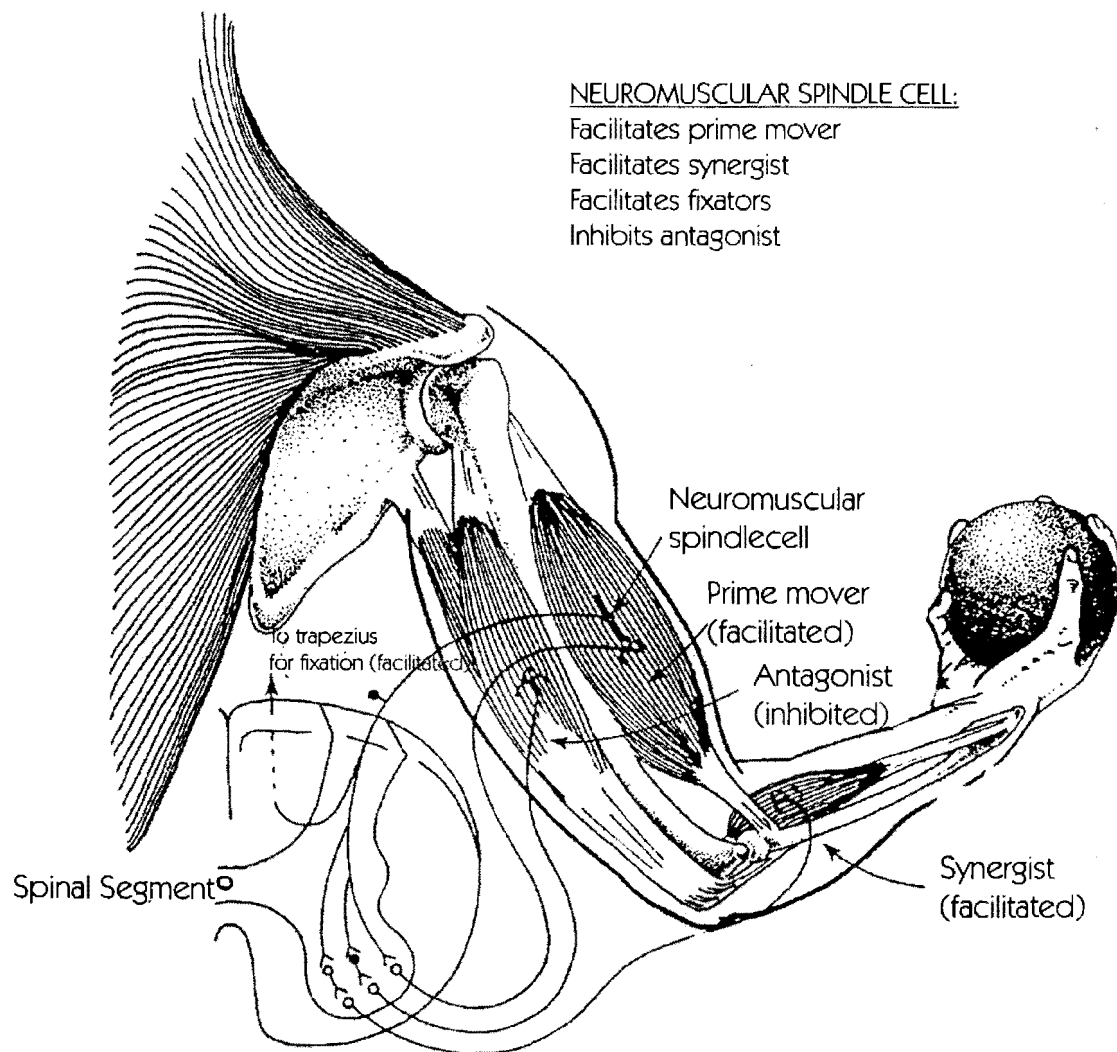


Figure 3

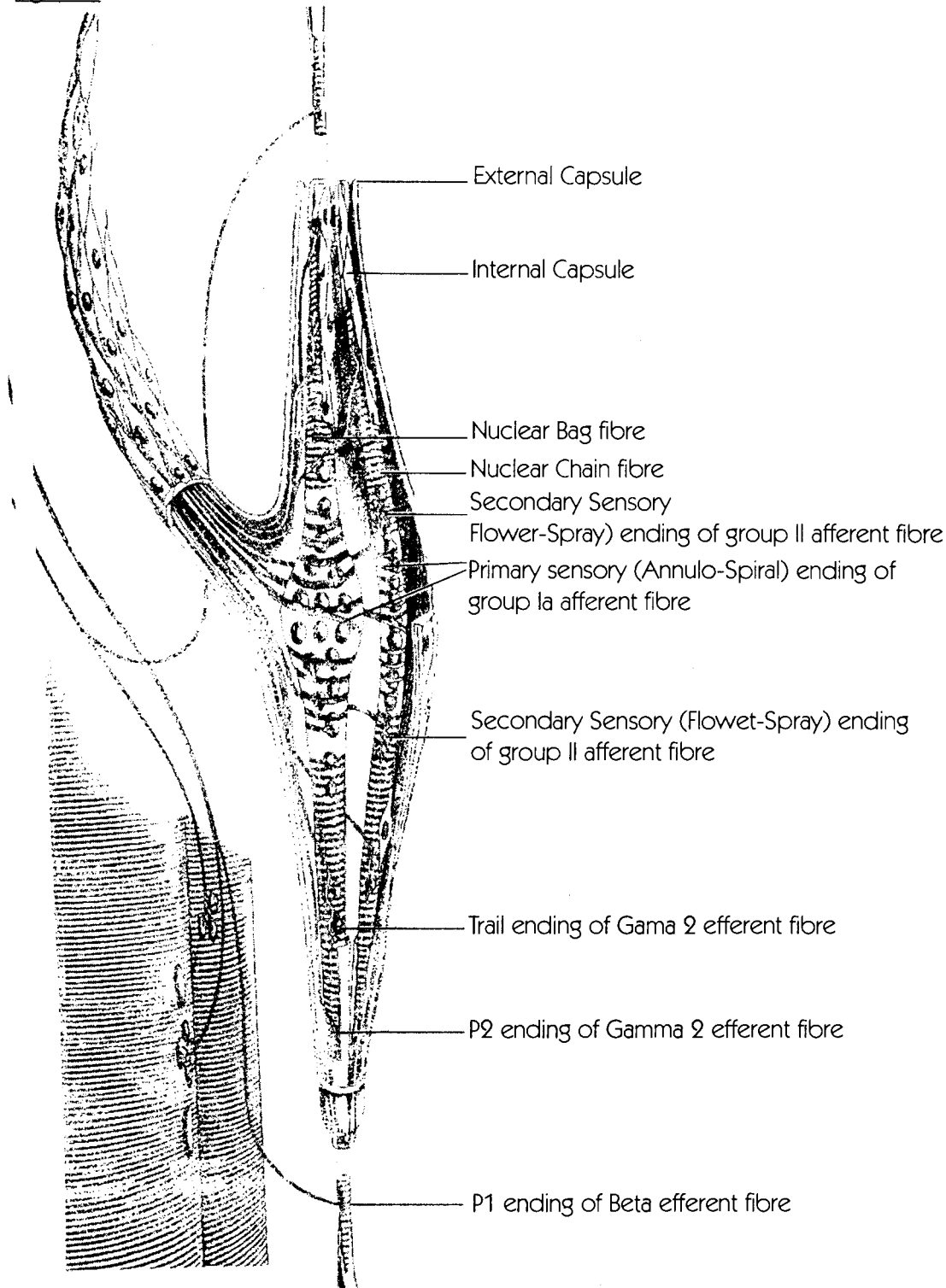


Figure 3.

Schematic three-dimensional reconstruction of a neuromuscular spindle showing the spindle capsule and the nuclear bag and nuclear chain fibres.

The spindle cell has two types of sensory terminals (blue):

The Primary Sensory endings, called Annulo-Spiral endings because of the way they wrap around the non-contractile mid-region of both bag and chain fibres, monitor changes in length and changes in the rate of change of length.

The Secondary Sensory endings, called Flower-Spray endings because of the way they resemble the open petals of a flower, are located only on the nuclear chain fibres at the junction between the non-contractile and contractile regions. The Secondary endings monitor muscle length.

Both Primary and Secondary sensory endings send impulses to the spinal segment innervating that particular muscle. Spindle cells are innervated by three types of motor fibres (red). Gamma 1 efferent fibres terminate at P2 'en plaque' endings on the end of the nuclear bag fibres, just before they exit the capsule.

Corticospinal innervation of the P2 endings sets the 'threshold' of the nuclear bag fibres to muscle stretch. Gamma 2 efferent fibres terminate at 'en grappe' Trail endings in the middle of the contractile regions on both ends of nuclear bag and chain fibres. Corticospinal innervation of the Trail endings controls the length of the spindle fibres. Beta efferent fibres terminate at 'en plaque' P1 endings outside of the spindle capsule at the end of the contractile region on either end of the bag fibre just before its tendinous attachment. Beta efferent fibres arise as a collateral branch of an Alpha Motor Neuron innervating a slow twitch postural muscle in the neighbourhood of the spindle. High level stimulation of the neighbouring postural muscle increases Beta efferent output shortening the nuclear bag fibre, which in turn stretches the 'bag' causing a reflex 'recruitment' of surrounding extrafusal muscle fibres.

Figure 4A

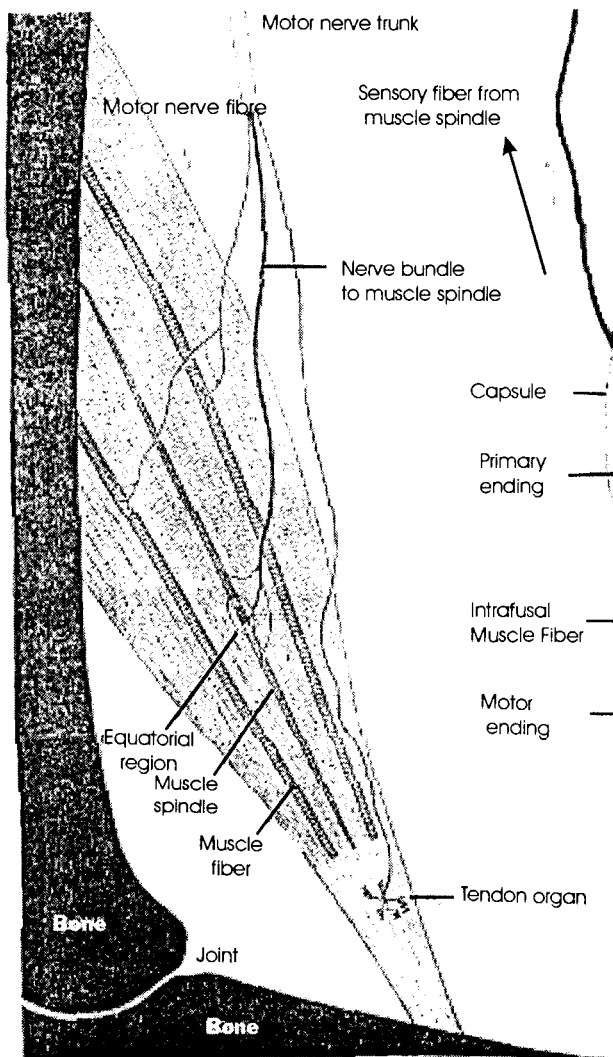


Figure 4B

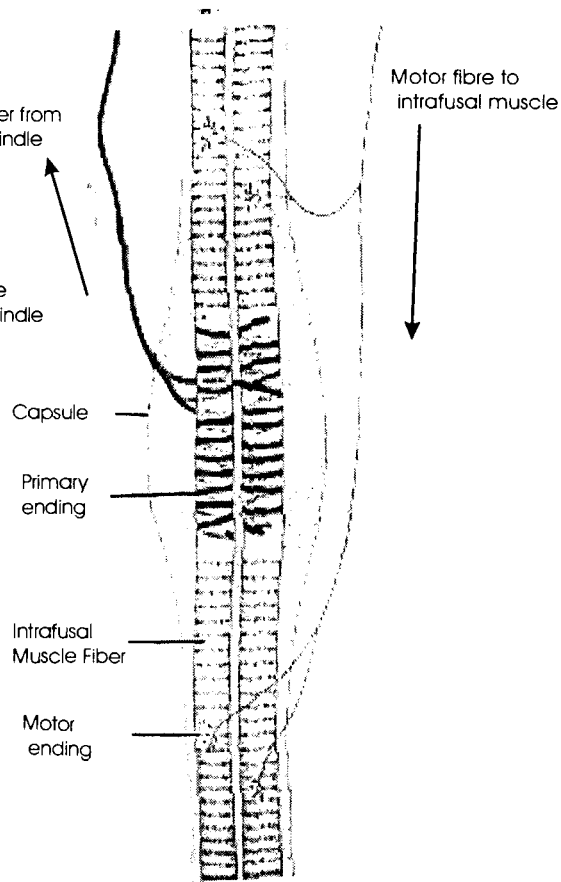


Figure 4A:

Schematic diagram of the arrangement of the sense organs in a typical muscle. The proportions in the diagrams are highly distorted. A real muscle fibre is only about a tenth of a millimeter in diameter, but it is often several centimeters long.

A Spindle Cell is somewhat thinner and consists of finer specialized intrafusal fibers, the Nuclear Bag and Nuclear Chain fibers.

Although only two ordinary extrafusal muscle fibers and one Spindle Cell are depicted in detail in Figure 3A, a real muscle may contain tens of thousands of extrafusal fibers and hundreds of Spindle Cells.

Figure 4B:

The diagram at right gives an enlarged view of the equatorial region of one type of Spindle Cell fibre, the Nuclear Bag fibre.

The Annulospiral endings that wrap around the non-contractile mid-region are terminations of sensory nerves to the fibre: these sense endings respond to stretch and changes in length of the muscle by causing sensory input to the associated spinal segment and where the "Load Reflex" is activated. In this diagram only two Nuclear Bag Spindle fibers are shown; a real Spindle Cell often have a dozen or more.

The Nuclear Chain fibers and the motor nerves to the Spindle Cells have been omitted for clarity.

Figure 5

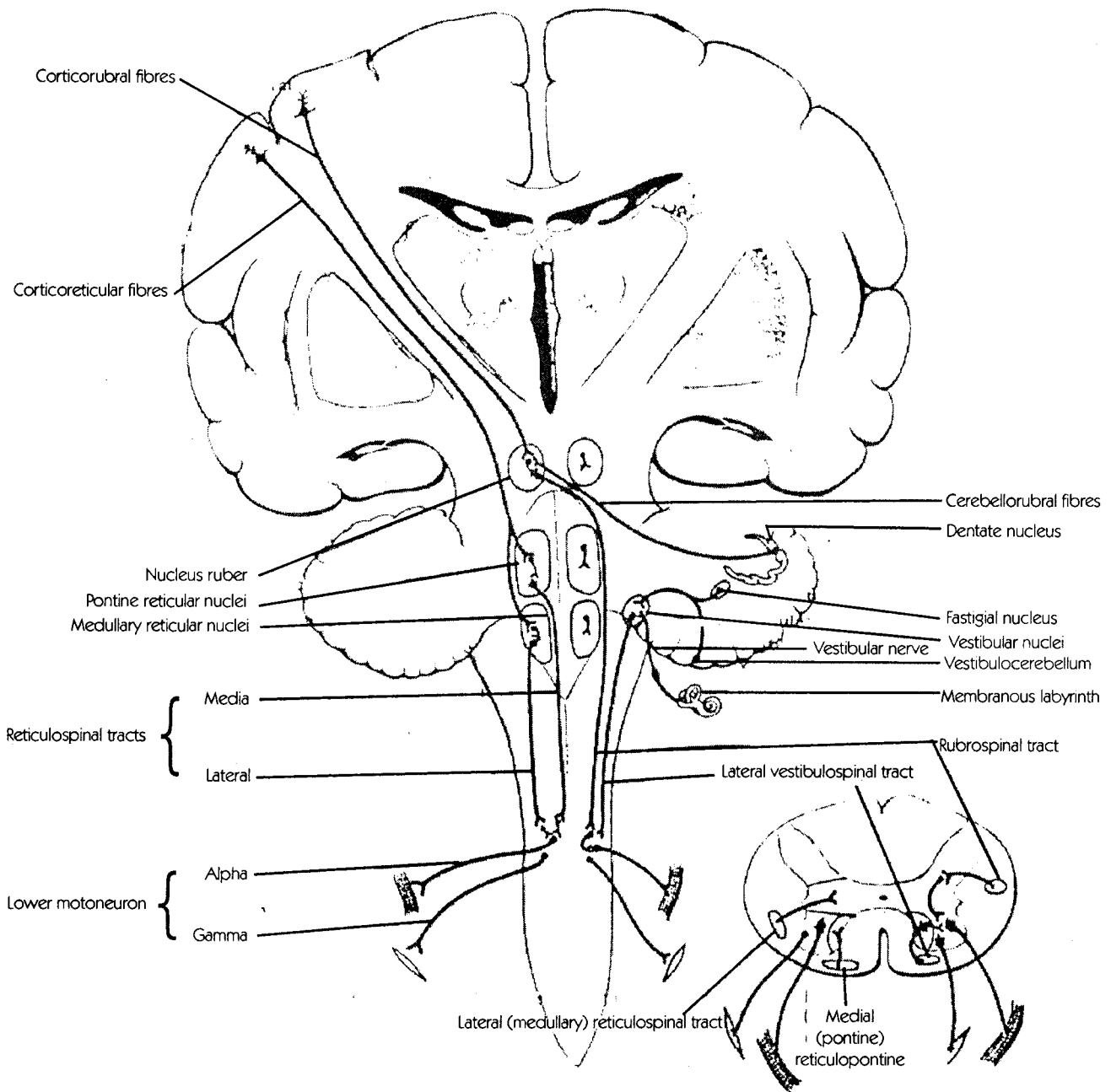


Figure 5. Descending motor pathways to the spinal cord including the Reticulospinal tracts (Corticoreticulospinal pathways), rubrospinal tracts (Corticorubrospinal pathways), and Vestibulospinal tracts.

Not shown are the subconscious emotional centres of the Amygdala, Hypothalamus and Locus Ceruleus which project fibers to the Pontine and Medullary Reticular nuclei.

WHAT THE WORDS ON THE BAROMETER TRULY MEAN

In almost every program that Gordon or I teach, people ask us to clarify some of the Barometric words. This happens as often here in the United States as anywhere else in the world. Because of this, we decided to create this publication. Before we begin with the actual definitions, however, we want you to reflect upon a couple of other issues that relate directly to understanding the "language" which appears on the Barometer.

Remember the Behavioral Barometer created it self. True, Candace and I tested hundreds of words (and their sequence) to identify the Sub-headings within each category. However the finished product speaks for itself and in its own language. That language is American, not English, it's American.

English, for the most part, is a language of repressed feeling. The traditional British "stiff upper lip" speaks to denial of emotion. "American" has much more freedom of emotion; it's a language of feeling and the Barometer reeks of implied emotion. Emotions avoided, denied or desired as the case may be. However, please note, it is NOT an "Emotional Barometer," it is strictly behavioral.

WORDS NOT ON THE BAROMETER

Candace and I were surprised to find that the words "Love, Joy, Jealousy, Hate and Rage" (and others we expected to include) do not appear on the Behavioral Barometer. The reason? Testing told us that the meanings of such emotionally charged words depend upon our personal experience of life.

You can find your own *individual* definition of these words by testing the Behavioral Barometer. What a revelation *that* turns out to be! (Whenever clients use such words, test to find out what they're actually saying.) For example, most people's arms identify their *priority* for "Love" under ONENESS or ATTUNEMENT, but not everyone. "Hate" rarely prioritizes itself under ANGER or RESENTMENT. FEAR OF LOSS or GRIEF AND GUILT usually contains that word's priority.

Again, each of us has a working-definition of any emotionally-charged word, positive or negative. This working-definition depends on our individual experience of life - NOT on what the dictionary has to say. In fact, most people have very little knowledge of the actual meaning of most of the words that speak to emotional issues. This may be *why* the majority of Barometric words relate to *behavioral reactions* in emotional situations, rather than directly to emotion itself. Also, most of them are not words in common verbal usage.

As a matter of sad fact, we learned our "native tongue" more from tone-of-voice and body language *implication* than from knowing the actual definition of words. More: we were at the mercy of our parents' ignorance as well. For this reason, people who learn a second language are likely to speak that language more responsibly than they

do their native tongue. If you really want to understand what a word means (and how to use it), go to the dictionary.

We use the Barometer's words exactly as they're defined in Webster. To understand those definitions more profoundly, look to the word roots - the Latin, French, Old or Middle English et cetera from which the word grew in meaning. Sometimes, the word root is more important than the word's common meaning now.

Also, it's important to consider a word's *construction*, its prefix and suffix. A Prefix is a word (or part of a word) attached to the beginning of another word. A prefix changes the original meaning of the word itself. A Suffix is attached at the end of another word, which also changes that word's original meaning.

"RE"

For instance, the prefix "Re" means "*again*." This becomes invaluable in your knowledge of what the Barometer has to tell you.

"Re-ceptive" for instance means "having the quality of receiving, taking in, or admitting." But the implication is "to do so *again*."

"Re-freshed" means to be "freshened" (made fresh, feeling "new") again.

"Re-liable" means to be liable (legally responsible) again.

"Re-jected" means to be "thrown away or discarded as worthless again."

The Re/"again" implication tells the whole story: it's happened before, we're used to it, familiar with it, we've lived with it for years.

"CON"

The prefix "Con" means "*with*". The rest of the word tells you "with" what action. "Con" appears five times on the Barometer: "confused, considered, conquered, concerned and congruent."

Let's examine "con-fused." The literal meaning of the word is "with fusion" - or to put it another way "in a fused state." Fusion means that two elements have fused into a oneness under great heat. This is why we decided to use the word Defusion to describe what happens when we work with Negative Emotional Charge.

During a ONE BRAIN session, remember, we de-fuse the negative emotion from an event. Negative Emotional Charge represents the "great heat of emotion" which fuses together an *event* with Belief System self-doubt. More often than not, that emotion is based on fear, pain or fear of more pain.

"Con-sidered" (a fascinating word!) comes from the Latin "sider" which means "star or star-group." Con-sidered literally means "with your star." The ancients in all

civilizations believed that each of us has a star in the heavens - our special reality, the home of our spirit and, for that matter, where we came from. (Yes, space travel was a reality for all cultures until the Judeo-Christian culture came into being.)

Webster defines con-sidered: "To think carefully about, especially in "order to make a decision." However, we add to this a paraphrase from the original Latin word root: "*considered*" means "*to act in accordance with your star, your individual truth, your heart's desire.*"

"Con- quered" means "to be overcome by force, to be *acquired*' by force' of arms."

"Con-gruent" means "the quality or state of agreeing exactly with, or conforming exactly to, or according exactly with the nature or form of something else." Hand-in-glove, as it were. Diving into a swimming pool, for instance: your body conforms exactly to the water, the water conforms exactly to your body.

"UN"

About the prefix "UN". . . Webster says: "A prefix meaning '*not*' as well " as the *reversal* of some action or state (of being); freely used to give negative or opposite force" to adjectives and related adverbs, nouns and verbs. "

For example, examine these words:

Unappreciated

Unwelcome

Unacceptable

Unfeeling

Uncared for

Unimportant

Unloved and Unlovable

" ABLE"

The suffix "able" means "*has the ability*" to perform a specific function.

"Approachable, " for instance has two quite different meanings. Webster defines the word as "capable of *being approached*" - yet "able" also works in reverse: meaning that a person is capable of *approaching*

This double definition applies equally to:

Approach-ABLE

Accept-ABLE

Unaccept-ABLE

Adapt-ABLE

Answer-ABLE

Admir-ABLE

Reli-ABLE

Unlove-ABLE

Think about it. Our "two-way street" interpretation of "ABLE" offers a new (and double) appreciation when you interpret the Barometer for your clients.

So . . . you might just as well have our definitions for all the Barometric words. Interestingly, these definitions (or most of them) come as a surprise to as many English-speaking folk as they do people who speak another language. (What a comment on our American/English educations, eh!)

Also this will let you feel their logical progression within the Barometer's Emotional States and the Desired States of Mind.

EMOTIONAL STATES / DESIRED STATES OF MIND

Please note it's "Emotional States," not "Negative Emotional States." Emotion is emotion, feelings are feelings. Our Belief Systems are the culprits when it comes to assigning emotion as good or bad, positive or negative. What emotions are: *motivators*. Emotions follow beliefs. You cannot affirm one emotion and deny another without setting up barriers.

The feelings prompted by ANTAGONISM could lead to the CHOICE of ACCEPTANCE. Certainly, every antagonist wants acceptance – what other reason would prompt struggle in the first place? People locked into HOSTILITY would give anything to feel true ENTHUSIASM again. A person suffering the death-in-life of INDIFFERENCE longs for the freedom which ATTUNEMENT brings.

The only reason we find ourselves in ANGER is that we aren't WILLING to seek mutually beneficial agreements. When ANGER becomes boring, the only alternative is WILLING positive change in expression. (ANGER uses the exact same energy as ENTHUSIASM, after all - the same adrenalin turns on, so do the same hormones.) When you're sick and tired of FEAR OF LOSS, you'll finally motivate yourself to start rebuilding your ASSURANCE. And when SEPARATION becomes unbearable, you'll finally leave (or change) the situation and make your move toward the ONENESS you've been seeking so desperately.

It's a positive/negative deal, you know. We're never 100% in RESENTMENT. There's always the desire for INTEREST being shown you. In fact that's why you're in RESENTMENT: the person you're interested in isn't interested enough in you to care!

GRIEF AND GUILT are the strongest motivators to propel a person toward eventual EQUALITY. The costly consequences of making NO CHOICE at last will compel you into CHOICE.

I believe that covers what I wanted to bring to your attention. And I trust that the following trip through Barometer-land will make that world more and more exciting for you as you work on issues with clients and yourself.

To begin, when people see the Barometer for the first time they almost always focus on its Emotional States. No wonder! Most people are so awash in negative emotions that they wouldn't recognize a Desired State of Mind if they stepped in it!

Here's how the Emotional States progress within each Major Category and how they connect.

THE EMOTIONAL STATE OF ANTAGONISM

"Attacked" means "to be set-upon forcefully, violently or aggressively. " However, this is a two-way street. People who expect attack will perceive it happening even when it isn't happening at all. "Attack" itself means "to begin hostilities or to start an offensive against" an enemy. It takes two to tango in the attack game. Are you looking to BE attacked or are you being attacked? There's a real difference between the two. And of course you're 'not "Choosing to" do (or be) anything except a reaction to negative input (as you perceive it) from the outer world. Naturally you want to keep this internalized response hidden from anyone else; you want to look like the attack you perceive doesn't get under your skin. So you let it *externalize* as...

"Bothered" which means "harassed, worried or interfered with." This is low-grade annoyance (see below). "Bothered" is how we act when a fly or a mosquito buzzes around our heads. We brush it away or slap at it, but it doesn't take much priority because it's such a small thing. This is what you externalize. You act as if your current stressors are unimportant. And you certainly do not appear "Approachable."

"Questioned" relates to all of Webster's many definitions of "Question." As our priority, we chose Webster's #4: "a subject of dispute or controversy". The real issue here is *feeling that your own personal authority is in question*. "Optimistic?" Certainly not! You're being Attacked, and questions are the weapons your opponent uses to make you doubt your own authority, rightness or information. It really troubles you *internally*, but you wouldn't want them to know they're "getting to you, " so you externalize. . .

"Burdened " which means "loaded down with, carried with difficulty, or an unpleasant obligation." Anyone looking at you can see this burden-bearing in your shoulders (or shoulder). There's a slump to the posture. Obviously, this burden is not "Acceptable", however, it is NOT too great to bear - yet. Having let your opposition see the burden it has placed upon you, you expect they'll "lighten up" on you. Do they? Of course not, so you internalize. . .

"Annoyed" which means "to be *disturbed* in a way that displeases or *slightly irritates*". Irritation is the key word. "Bothered" has intensified its Negative Emotional Charge. *Internalizing* your reactions, you think about them. Whatever the irritating force you allow your antagonists to create in you, it takes your thoughts (and energy) away from what you want to do. Under this attack, are you "Adaptable?" You certainly are not. And your antagonists should know it, so you come out of your corner to let them know how you feel, which is:

"Indignant" which means "expressing strong displeasure at something deemed unworthy or unjust." The key word is "*expressing*." Now the ANTAGONISM you've been holding in is clearly coming out. "Indignant" comes from the Latin word root "to take offense." Your self-"Worthy"-ness has been questioned. No one has the right to do that! You externalize your indignation but – alas! - no one appears to give a damn, so you go back inside to think about your options. The result?

"Opposing," which means "to act against or provide forceful resistance; to stand in the way of, to hinder or obstruct." You and your opposition have reached a point of no return. You accept enemy status and are now willing to hold your ground against your attackers. "They" don't care about you or your feelings; they don't find "Deserving" of appreciative attention. The die is cast, the lines are drawn. After this *internal* struggle, you put the issue out in the open again. Unfortunately - since you've found no positive options - its manifestation makes you appear (to your antagonists and to yourself) as . . .

"Inadequate" which means "not adequate, inept, unsuitable, insufficient." You don't feel you have the ability, strength, resources or weapons to actually win when push comes to shove – and that's what's happening right now. In such stress, it's flight or fight. And are you "Open" to further discussion or effort to pour oil on troubled waters? Ha ha! On goes the adrenalin and in order to find the extra strength you need, you graduate from "Inadequate" to . . .

THE EMOTIONAL STATE OF ANGER

It's interesting that so many of the ANGER words have fire or flame implications. Yet, left to itself, these "fires" do not last, they bum themselves out quickly. On the other hand, if you try to pretend ANGER out of existence, *if you suppress it*, its fire can last forever, and the energy it represents cannot be used for any other purpose.

Of itself, ANGER does not produce violence, but it certainly can give you the added energy to make your position clear and to ward off violence from others. Nor is ANGER the denial of love. Actually it is an attempt to regain love. ANGER exists only as the mask of FEAR OF LOSS and SEPARATION.

"Incensed" means, literally, "to light a fire or fuse." The word carries with it the connotation of "to inflame with wrath, make angry or enrage." The ANGER is there, all right, but at this stage, the effort is to *keep it under wraps, concealed, internalized*. You've closed the door on being "Receptive" to new options or alternatives, and you're

"Furious" which means "full of fury, violent passion or rage" - the result of not feeling "Adequate" to handle the situation in any other way. Everyone can certainly see this in your eyes and facial expression, but this does NOT mean you've reached the point of doing physical battle, though - not yet. Since few of us want to become embroiled in a physical battle, "Furious" shows in body posture and most likely in

words or tone of voice. However, you'll probably soon suppress this momentary *external* flare-up and internalize the conflict one more time to mentally re-hash the issue. This leads to . . .

"Over-wrought," which means "worked up or excessively excited." Actually, the word comes from the process of wrought-iron, in which iron is heated so that it can be shaped into a design. "Over-wrought" suggests that the iron has been *re-heated* too many times and is in danger of becoming brittle or broken. "Furious" shows *externally*, but "Over-wrought" takes place *internally*, because it is suppressed ANGER. You are not "Prepared" for what's happening. You may be "Encouraging" yourself to resolve the situation in some mutually profitable way. But enough is enough, suppressed ANGER is bound to externalize no matter how much you try to conceal it.

"Fuming" implies a condition of "smoke-like or vaporous exhalation, especially of an odorous or harmful nature." When we "fume" our anger almost can be smelled if not actually seen. It can be seen, though. The person's body appears to be in a struggle to move or not move, to speak or not speak - the impression is a sort of rocking motion. As we reflect upon the situation, we think the blame is all theirs. We are not the "Answerable" parties. That's how we think, that's how we talk: shame and blame. This only makes matters worse. So, once more, we'll choose to suppress this external manifestation of our growing rage and "stuff it" back down and go into . . .

"Seething" which means "to be in a (negative) state of agitation or excitement" - specifically to be near the boiling point - the bubbles are beginning to rise but the water's not boiling yet. You may be "Encouraging" yourself to resolve the situation in some mutually profitable way. Others may be "Encouraging" you to do so. So what? Once again, this dead-end kind of internal thinking will lead to an externalized behavior of . . .

"Fiery" means "intensely hot, like or suggestive of fire; flashing or glowing (as in the eyes)." Now you can't miss it. The person is *ablaze*. If we're talking about you, you'll feel your face flush with heat, your whole body will strain to strike out at your opposition. Momentarily, this external flare-up will make us feel "Refreshed." Yet the result is not positive; *they* do not move or change their position. And, since expressed rage is socially unacceptable, we'll probably make one more stab at suppressing it.

"Belligerent" means "warlike, given to waging war; of warlike character, aggressive, hostile." In words from the text of the Rose Essences' Royal Highness: "I want to smash their stupid faces, I'm so angry I could kill." That's what you're *thinking*. And such thinking turns on adrenalin even if you're sitting still. You feel the surge of energy, you feel "Invigorated." It remains for you to keep these feelings to yourself (most of us do) or to act upon this "Belligerent" rage. However, if you do it manifests as an . . .

"Hysterical" outburst. "Hysterical" means "the state of being in an uncontrollable outburst of emotion or fear characterized by irrationality." *Irrationality* tells the whole story. When hysterical, we sacrifice conscious CHOICE and our "Aware"-ness.

Instead, we react *externally* in stupid, mindless ways - blind rage, for example. However, because we've been taught to suppress and repress our violent reactions, "Hysterical" may be entirely internalized. Again from Royal Highness: "a white phosphorus bomb exploding in your head."

Whether or not you express your ANGER in an actual physical attack, "Hysterical" is a no-win deal for you and everybody else. The result: we feel ashamed and distressed for our ANGER and retreat into. . ."

THE EMOTIONAL STATE OF RESENTMENT

Most often we go into RESENTMENT because we feel that others are not *interested* in us. Of course, what that means is: we don't feel good about ourselves. And if we try to deny we're holding RESENTMENT, the body cannot get rid of the stress it causes. When we accept and acknowledge the RESENTMENT we feel, the body can release the negative charge RESENTMENT represents.

"Hurt" means "to feel or suffer bodily or mental pain." And what causes us this bodily or mental pain? They have not shown us the "Fascinated" interest we want them to show, the interest we so desperately desire. They don't care, or they wouldn't act that way? An *internalized* state, we now use silence as the weapon of RESENTMENT. There's a lot of mind-chatter going on, though, as we try to make ourselves right and our opposition wrong. NOTE: physically, "Hurt" suggests only minor harm - a skinned knee, for example - nothing major.

"Embarrassed" means to feel "uncomfortably self-conscious and *shamed*." But "Embarrassed" has another very significant side: when "Embarrassed" we "put obstacles or difficulties in the way of progress." Why? Because the people we're interested in have not "Tuned in" to our needs and feelings. We feel unsure of ourselves, and we act that way. Since this is an *externalized* state, everyone can see us act-out "self-conscious and shamed." And the "obstacles" we put in "the way of progress?" When we're "Embarrassed" no one can reach us. Our self-conscious state immediately turns us inward again. The obstacle is our unwillingness to deal with the issue in Present Time. This hurts us more than it does them. Of course, "Embarrassed" always ends up unproductive - it's such a self-serving, self-indulgent behavior. Since it fails to produce the interest we want, we turn inward again to "think about it." And when we do, we feel more and more . . .

"Wounded" which means "suffering from bodily *harm*; as a laceration, bullet wound or the like." "Hurt" was nothing compared to this! Now we retreat to lick our wounds; now the mind-chatter deepens, intensifies. We are not "Needed" by those we feel should need us. Self-justification takes priority; we *internalize* our RESENTMENT, mull it over, think about it and try to find some way to make ourselves right - some way to justify our own inability to handle our feelings in the situation. The answer is: "they're wrong and they don't care. Why? I have to know." And we're still willing to take another stab at communication. '

"Used/abused/confused" works in a progressive sequence. We wanted to feel "Welcomed" in the situation, and we did our best to make ourselves welcome. In fact, we over-extended ourselves to do so. Since the response isn't what we wanted it to be - we blame them (rather than accept their disinterest as their CHOICE). Our rationalization: we've been "Used." With that rationalization in mind, we think about it and (to make them wrong) decide that we've been Abused (meaning humiliated and hurt) because they treat us with such cruelty or disinterest. Last in sequence, Subconscious GRIEF AND GUILTY / Unacceptable and NO CHOICE fuse with the event / person - which leaves us terminally Confused as to alternative behavior or perception. It would profit us to realize that, *externalized*, "Confused" is a suit of armor that will not protect us from the enemy against which we armed ourselves. It only delays the inevitable resolution of the issue. But it sure is a swell way to make others feel stupid - because when we're "Confused," they'll try harder to reach us (if they give a damn). Truly, "Confused" is simply a TEST of how much others are interested in us.

"Unappreciated" means "not appreciated." And what does the verb "*to appreciate*" mean? It means "to value highly; to place a high estimate upon," also "to be grateful for" and "to raise (increase) in value." Well, they certainly aren't valuing us highly, nor are they grateful for our interest or attention. An internalized activity, "Unappreciated" means we're driving more nails in the coffin of our Self-esteem. Our opposition gives us no "Understanding." (Nor are we giving any to our opposition.)"

"Rejected" means "to be thrown away or discarded as worthless" - to which we must add "again" because of the prefix RE. A very painful experience to have - again. 'The word itself demonstrates you're familiar with rejection. Of course! You're used to feeling NOT "Appreciated." However, to believe you truly are rejected means you need to make one more effort to achieve the INTEREST you want shown back to you. If your externalization of "Rejected" doesn't work, however, you find yourself totally Unacceptable (GRIEF AND GUILT) and believe that you have absolutely NO CHOICE left. You probably never want to see them again in this life, and you certainly don't want to speak with them in the near future.

"Dumb" has two meanings: "mute" (voiceless) and / or "stupid." We mean both - with the priority on "*mute*." Do not let your clients assume that Dumb means simply stupid. Resentful silence takes priority. Remember, silence is the weapon of RESENTMENT. When we *internalize* our RESENTMENT at this point, we retreat into sulky silence until we figure out what it is we really want to do or say. And, yes, we do feel "stupid" because we failed our purpose. We wanted to feel "Essential" in the relationship and now, clearly, we aren't. It's depressing, to say the least. But after we've suffered in silence long enough, we decide to take some action - if for no other reason than to make them know how MUCH we suffer.

"Offended" means "to have been caused resentful displeasure and irritation." Now we confront them. Our attitude is "superior," we are the correct ones, they are in error. It's an extremely self-righteous position - strictly "eye-brows up." Our opposition has failed to realize our true worth. Otherwise, why would they behave with such a lack of consideration? Of course, our high-minded superiority doesn't

work. Why should it? In our hearts we know we bear some of the guilt. Confronted with the failure we now have to live with we decide to continue our "rightness" - on the surface, at least. This puts us in the position of having to act-out being as perfect as possible. That mistake puts us in . . .

THE EMOTIONAL STATE OF HOSTILITY

"Trapped" means caught in "a mechanical device that springs shut *suddenly*, a pitfall or a snare." What's interesting here: "a mechanical device" - as if it had nothing to do with *personal* reality. "I thought I was getting 'this' and instead I got that." Trapped indicates that we are not allowing ourselves to be "Amused," and that we're definitely blaming others for what is happening right now. (The Barometric bounce of this internalized position puts Attacked and Pessimistic instantly on-line.)

"Picked-on" comes from the word "pick" which is a sharp instrument that "pierces, indents, or drills into" something else. Picked-on means "repeatedly pierced with a sharp instrument" (such as a very sharp, and usually sarcastic, tongue)." This is an *externalized* behavior; soothers see and hear us doing a lot of complaining in an effort to make ourselves right and the opposition wrong. When others stop wanting to listen to our repetitious whining and complaining, we stop it (for the time being) and turn inward again. (No one feels "Jubilant" when caught in the net of HOSTILITY.)"

"Put-upon" means "ill-used, maltreated". Which implies "treated unfairly or unjustly." Now we *internalize* to find further self-justifications. And once we have them, we take another shot at getting others on our side. Not that we feel "Admirable" doing it, however. Instead we feel like an actor in a bad role in a bad play. We're just going through the motions.

"Frustrated" means "to have one's goals or plans blocked, thwarted, or to feel worthless, disappointed." Now we have something new to talk about, to externalize. Now we're talking goals which others block us from obtaining. It's a much more romantic position; it suggests that we really are creative, "Attractive, " purposeful people - when in reality, we're only trying to make our opposition wrong. We feel the unjust-ness of this, however, and once more turn inward to find further justifications for the "wrongness" of our opposition

"Deprived" means to have someone "to remove or with-hold (from you) something from your enjoyment or possession." More self-justification. "They" are keeping from you what you want to have, or what you need. An *internalized* state, this means you're feeling personally insulted, as well as deprived, because of the denial of something you feel is justly yours.

"Sarcastic" means "harsh or bitter derision or irony; a sneering or cutting remark." Since you *internalized* "Deprived," you *externalize* your suppressed feeling of "Rejected" in SARCASM. What you say (to those who are "depriving" you of what you want) is harsh, sneering or some other form of low-key verbal punishment. Of course this

doesn't make that person feel good. You will have negative feedback, and that negative feedback turns you in on yourself again.

"Vindictive" comes from a Latin verb which means, "to vindicate yourself - to prove that you are right - which means, of course, that those who oppose you are wrong. Webster says: "Inclined to revenge" and "having a vengeful spirit." We Americans call it "getting even. "An internalized state, "Vindictive" means that - having been rejected - you are now thinking how you can cut your opposition down to size, how you can shame them as you feel they've shamed you by lack of interest. You're likely to dream-up all kinds of viciousness. You may even decide to put those vicious plans into action. You've been cut to the quick, you don't feel "Alive." Why shouldn't they suffer, too? And the best way to make them suffer?

"With-holding" means "to refrain from giving or granting; to hold back. " What a wonderful way of getting even! "I won't tell you what you need to know." And, "I won't give you what you want to have." This is the ultimate revenge: to refuse to give someone what they want or need to have. There's no position on the Barometer to equal this mean-ness of spirit. "With -holding" indicates that you know what is needed and you refuse to give it. This is the miser position, the hoarder, the obstructionist, the *deny-er*. This surfaces in overt behavior; there's nothing hidden about it. Based on a no-"trusting" position, you'll have conscious rationalization for this disgusting behavior - but disgusting behavior it remains. It's petty, vicious and can only bring more pain. To With-hold from another is to With-hold from yourself the very thing you want from that person: Acceptance, Enthusiasm and Attunement. The result? You plunge into . . .

THE EMOTIONAL STATE OF FEAR OF LOSS

"Let-down" means "diminished in force, energy or power; disillusionment." What a great description of "not *Motivated!*" Well, up to now, ANTAGONISM didn't get you what you wanted, neither did ANGER, RESENTMENT or HOSTILITY. You've failed at every turn. Of course you're afraid! Internally, you're feeling incapable. You've destroyed what you wanted and now feel you must find a new way to justify yourself. You decide on further shame and blame. What's the best way? How about "You're not listening to me?" - that's a good one?

"Not-heard" means. . . well, the phrase speaks for itself. We stated our feelings, they didn't (appear to us to) listen. Another proof that "they don't care." It was an act of *externalized* "Daring" to speak up, but did you receive the attention you wanted? Certainly not! Another proof that they don't care. (Of course, if you're used to being "Not- heard" you *expect* to be "Not-heard." And *expecting* that you won't be heard, you probably wouldn't recognize that someone really HAS heard you.) So, having decided that no one's listening to you, once more you turn inward and find yourself in the midst of...

"Bitter," which means "having a harsh, disagreeably acrid taste (like metal, or aloes, in Your mouth); characterized by intense antagonism or hostility. " You bet you feel "Bitter!" You tried to communicate - and once more you failed. They don't care, they

just don't care! And you are not "Protected" from their callous behavior. It hurts! All the ANGER you've suppressed to prove your good intention has come to nothing. Of course, you feel. . .

"Disappointed" which means that someone has "failed to fulfill the wishes of another person (in this case YOU)." You've lost "the job, the position, the appointment" you wanted. This surfaces *externally* in tone of voice, attitude, and body posture.

"Disappointed" can be a whole life-work! More: having been "Disappointed" in the past, you expect others to disappoint you NOW and - since you *expect* to be disappointed - you see disappointment coming toward you from all directions, whether it's really there or not. How can anyone feel "Bold" in the face of continued (and / or expected) disappointment? Of course you feel. . .

"Threatened" which means "to be menaced by punishment, injury, death or loss." The world is against you now. FEAR is clearly on the line. You doubt your ability to handle the threat you face. You manufacture negative outcomes. "They" should realize how much you're suffering, "they" should know. And if they cared, they'd appreciate your suffering. How can anyone be "Brave" when (time and again) your opposition proves top-dog? *Internalized*, "Threatened" becomes a way of inner- life. Everything is evaluated on the basis of the threat it could be to your security - or the little security you have left. This results in a willingness to feel... "

"Overlooked" which means that *they* "fail to notice, perceive or consider; (that *they*) disregard or ignore (you)." No one notices how you feel or what you are doing; therefore they do not appreciate your needs, accomplishments or your desire to be accepted. They pass you by without caring. This is an *externalized* position on the Barometer which means you are actively complaining and whining about being "Overlooked." No question about it: you are not "Considered" important enough to bother with. Whatever you do is all in vain. (Of course, once you expect to be Overlooked, you probably wouldn't know if somebody was actually looking you over, noticing, or considering your interests and needs.) This further proof of how unimportant you are is scary- again it turns you IN on yourself and makes you feel..

"Frightened" which means "terrified, scared; to be driven *away* through fear." An *internalized* position, "Frightened" throws us into the fear that we will never be acceptable as we are, that we will never achieve what we want to achieve. We worry about this, we fantasize the worst possible outcomes. Our FEAR makes us doubt all our relationships - old, new or future. We feel we can't risk being "Affectionate." If we did, we might be hurt again - perhaps even more than we're hurting now. *Internally*, we live in terror of "what might go wrong" and proceed with extreme caution on any issue - especially personal relationships. Of course we feel . .

"Unwelcome." Webster does not specify a definition, but the word speaks for itself: "Not welcome." Nothing you have done, nothing you have tried to do, has made you acceptable to *them*. It's absolutely hopeless now. You don't feel secure or welcome in any situation or relationship. Your focus is on fear of more pain. "Proud?" How can you be proud when life has caused you nothing but self-doubt and fear?

What is there left but to rationalized that *you* are the one at fault? This plunges you into . . .

THE EMOTIONAL STATE OF GRIEF AND GUILT

The GRIEF AND GUILT words have the taste of war and struggle, particularly "Betrayed, Conquered, Defeated" and, of course, "Ruined." This struggle, this *war*, is based on OUR having bought-into the expectations of others. "Shamed and blamed" live here. We believe we must live up to other's expectations and standards. Naturally, we fail. Our perceived failure increases our GRIEF AND GUILT. (More: some people use GRIEF to deny both ANGER and FEAR OF LOSS - which only makes for greater GUILT AND GRIEF.)

"Betrayed" means that others have been "unfaithful in guarding or maintaining" the agreement or relationship you *thought* you had with someone else. That person (or persons, like Mommy and Daddy) has betrayed your hopes or expectations. Doesn't THAT sound familiar! You did your best, and what was your reward? Nothing! But you did not betray them, *they* betrayed you. You, the innocent party, have made every effort, they did not. You hoped to be "Lucky" at least once in a relationship, but - oh no! At times, you thought you had an agreement. Apparently not. Is it your fault? This internalized mind-chatter leads to the externalized behavior of. . .

"Conquered" which means literally (Latin word root) "to be taken away, to be acquired." Webster says, "to be *acquired* by force of arms." *Conquered* suggests that felt you were an equal partner in an endeavor or relationship - you were "Co-operative." At this point, you have given up the struggle and surrendered your personal authority in an effort to find the acceptability you so desperately desire. Since this is *externalized* behavior, you find yourself walking around as if wearing the heaviest of chains. Yet, even if you humiliate yourself before them, do they care? No! You must have failed them (not to mention yourself); you must be the guilty party, and you grieve. This turns you in on yourself again and leads to the feeling of. . .

"Discouraged." which means to be "deprived of courage, hope or confidence." Internalizing your conquered state, feelings of inadequacy and FEAR of more loss overwhelm you. You've lost your sense of being "Involved." You feel excluded, left out. It's too extremely painful to lose your self-confidence, but that's exactly what's happened. You're willing to make an effort to show them how they've hurt you, to find out whether they're really rejecting you or not. It's time to take a stand! The GUILT cannot be yours alone!

"Unacceptable" means "not acceptable." Webster gives no specific definition beyond the obvious; however "Acceptable" means "to receive with approval or favor; to respond affirmatively." Well, we have NOT been received with approval or favor, nor have they responded affirmatively to our desires. Apparently we aren't acceptable, what we do is not acceptable - and *they* are no longer acceptable to us! We're "Purposeful," too, after all. It's time to confront them, to *externalize* once more. (After all, "they should understand, shouldn't they?") Whether this *externalizes* in an actual confrontation, in expressed *attitude*, or as a mental conversation with

ourselves makes no difference. "Unacceptable" shows. Yet, coming from such a weak position, our presentation/ display is bound to fail. Even if they show some interest and attention, we doubt that any positive, acceptive response is real. We'd feel we'd failed even if we had succeeded, which turns us inward again . . .

"Self-Punishing" means "To subject oneself to pain, loss or death as the penalty for some offense transgression or fault." Since you failed to present your case in such a way as to receive the attention and appreciation you wanted, you take the whole responsibility for this failure upon yourself. You're not the "Reliable" person you thought you were being. *Mea culpa, mea culpa!* It's your fault, and you must punish yourself for your failure. This punishment is *internalized*. Your own negative self-talk is the whip with which you flagellate yourself. This self-condemnation, self-punishment surfaces as . . .

"Despondent" which means literally (Latin word root) "to lose heart, or heart- broken" (this is how we define the word). Webster adds: "to be depressed because of loss of hope, confidence or courage." An *externalized* behavior, our broken heart causes us to walk around, head down, in Third Stage Stress, sighing. Tears are very near the surface, they spill out uncontrollably. We want them to see the suffering they've caused us. Will they notice that you are so terribly "Concerned, " that they mean so much to you - will they care? No, they don't. This turns us inward again to reflect on thoughts of failure.

"Defeated" means "to be overcome in a battle" and "to be deprived of something expected. The implication: this is the final defeat. That's what we *internalize*, that's what we think about, that's what we're obsessed with. We fought to be acknowledged as important, as worthy of being cared about, and we lost. We know nothing more to do or say.

"Ruined" means "the complete loss of health, position, hope or the like; the downfall and decay of anything; to be reduced to ruin, to be devastated." This is the end. There's no reason to try to be "Productive" any more. And it's so painful, so terribly depressing, that we surrender totally, rather than risk more pain. *Externalized* in behavior, we walk head-down, we sag, we mope, we out-picture "Ruined" in everything we do.

What is there left but to sink into the bottomless pit of . . .

THE EMOTIONAL STATE OF INDIFFERENCE

"Pessimistic" means "the tendency to see or anticipate only what is disadvantageous or futile in current conditions or actions." Nothing can possibly work out to our advantage; there's no hope for any positive outcome. *Internalized*, "Pessimistic" means "Fatalistic," too. On this Subconscious Level, we're doing Pain Behavior #10 (Expectation of Failure and a Pessimistic Outlook): "Pessimism in relationships and fatalism toward life in general, based on unwillingness to change." We're not "In tune with" anything - we're out of harmony with life. This leads to . . .

"Immobilized" which means "unable to move or organize; deprived of the ability to move." This position is the *externalized* manifestation of Pessimistic. Our "ESP" shuts down, we don't feel "Congruent" with our world, with ourselves, with our feelings. And if we can't see the possibility of a positive outcome, there's no reason to change our attitudes or emotional position and no one, nothing, seems able to move us out of our INDIFFERENCE to positive change.

"Rigid" means "inflexible, strict, severe, unbending and un-bendable." This *internalized* state guarantees an inability to think, or to create new options or alternatives. We feel that the only way to stay "In Balance" is inflexibility. We must keep everything in rigid control. More: this inner rigidity leads to the inability to appreciate NOW. This externalizes as . . .

"Numb" which means "deprived of (or deficient in) the physical or mental power of *sensation*." Webster gives the example of "fingers numb with cold; a person numb from grief." This is the outer manifestation of inner Rigidity. We walk around like zombies. It's like being permanently in First Stage Stress, and in First Stage Stress it's like trying to pick up a needle while you're wearing that you're alive is to cause enough pain to others mittens. Any desire to FEEL or to be "Creative" is doomed to fail. "Numb" is the state in which we give up trying to change the situation or relationship.

"Stagnant" means "characterized by lack of development, advancement or progressive movement; inactive, sluggish and dull." How could a "Numb" person be anything else? As an *internal* state, we're like a stagnant pond; nothing comes in, nothing goes out. Nothing is worth the effort necessary to make it happen. We know this has taken place, but rather than make a move toward positive change, it's easier to avoid the idea - or to deny it altogether. We lack our "Perceptive" awareness. We've gone blind to possibilities. It's a painful state of mind - so painful that we take the next step to armor ourselves with further INDIFFERENCE. We go...

"Unfeeling." which means "not feeling, " devoid of feeling," therefore "unsympathetic (to the feelings of others), callous." The last word in the previous sentence gives the best image: callous, as in *calloused* hands. When your palms are calloused (thick, hard skin), you can't feel much with your hands. Unfeeling means you have a calloused *heart*. The coffin is closing before you're actually dead. When you avoid or deny positive change, you have to go "Unfeeling" How can you be truly "Appreciative" of anyone or anything? This behavior / state *externalizes* as "I don't care." Others feel we are callous - which, of course, we are. "Unfeeling" means that we have built a wall around ourselves; what others suffer means next to nothing. We have no empathy, no sympathy, no caring.

"Destructive" means "tending to destroy; causing destruction or much damage; tending to overthrow, disprove or discredit." When you're Immobilized, Rigid, Numb and Unfeeling, the only way to prove that you're alive is to cause enough pain to others (or yourself) so that you FEEL *something* again. This is what's happening *internally*. We may not manifest it; on the other hand we might. If you can make others suffer, you can feel alive in (and through) *their* pain. "Tender?" Not at all! Your

own pain is masked by INDIFFERENCE to them and to yourself. The easiest way to deny or avoid "Destructiveness" is simply to become . . .

"Disconnected." which means "to sever or interrupt the connection of, or between; disjointed; broken; not coherent, seemingly irrational." For people into INDIFFERENCE, it's easier to "pull the plug" than deal with a responsible positive change into ATTUNEMENT. The "not coherent" part of the definition is absolutely correct. Not "Gentle" to ourselves, we're not gentle to others. As *externalized* behavior: if we speak at all, we speak in disjointed, incomplete phrases. We "double-talk" and make our feelings (if we still know what they are!) as much a mystery to others as they are to us. From "Disconnected," the only place to go is . . .

THE EMOTIONAL STATE OF SEPARATION

"Uncared for" means "not cared for; no liking or fondness is felt or shown." Having failed to accept responsibility for our own actions (or our own effect on those we blame), *internally* we whimper and cry and complain that "no one gives a damn about me." Our mind-chatter becomes the big issue here and it revolves around the "fact" that nobody cares. Our inner "Quiet" has been shot to hell. We can't stop reminding ourselves of our wretched state - and this can go on for long time. However, when it becomes unbearable, we'll try once more to reach out to the people we feel are rejecting us. We try once more to gain the interest and attention. We confront our opposition with the accusation that we are . . .

"Unloved" . . . Webster gives no definition. "Unloved" means simply "Not loved." No one loves, us. Since this is an *externalized* behavior, we act- out "Unloved" - which is a body posture and behavior, as well as what we talk. Physically, our posture takes the form of overt dejection. We sigh, we're sad, despairing, in hopes that someone will notice and take pity upon our wretched state. We're not "Safe" anywhere, or with anyone. Nobody cares. And with this belief, we retreat within (again) only to find that we are totally . . .

"Unacceptable," which means (in this *internalized* position), "NOT receiving the approval or favor (You want) and therefore NOT being able to respond affirmatively (or effectively)." In your heart, nothing works. "Calm?" - forget it! You're in torment. You can't say "yes;" you can't say "no." This is, perhaps, the most stuck place on the Barometer. When Unacceptable appears under GRIEF AND GUILT, it is characterized by those issues. When it appears in this position (under SEPARATION), it indicates that everything is Unacceptable. You are Unacceptable - to yourself and to others. Their actions and reactions are Unacceptable to you; neither are your own actions (or inaction). Nothing works. here's no hope anywhere, or in any direction.

"Loveless / Unlovable." "Loveless" means "devoid of, or unattended with, love; feeling no love and receiving no love." Webster gives no specific definition for either, but obviously "Loveless" means "without love." And "unlovable" means "NOT lovable." Given our Three In One view of "all Barometric positions are a two-way street," they also mean that YOU have no love to give and that you are "not ABLE to love." This is an *externalized* state, so how do you act when you feel Loveless/Unlovable? Like

life's victim, of course. There's very little "At peace" available; perhaps with pets, but not with people. You mope, you let your outer physical appearance match your inner feelings. You let yourself go to the dogs visually. You lose your verve and vibrancy. That's how YOU act, and it's how others react to you. Others are, after all, only your mirror.

"Unimportant" . . . there's no specific Webster definition on this, but the word construction reads: "not important;" therefore "worthless." *Internally*, you feel like a door-mat. You don't count. Everyone else is more important than you are. You surrender to their wishes, opinions and desires no matter how you feel? You don't count, since you don't feel "Unified" within or with the world outside you. This *externalizes* as . . .

THE EMOTIONAL STATE OF NO CHOICE "

"Melancholy" which means "a gloomy state of mind, especially when (this gloom is) habitual or prolonged; depression." Depression, ugh? Everything we do, say, think or act-out is based on this Melancholy. We're seeking pity, and we act that way. However disgusting, it's the best we have to offer. Worse: when we receive not pity (interest) for our suffering (or even if we do) we're prone to become. . .

"Morbid" - which means "an unhealthy mental or physical state." It comes from the Latin root for "sickness, disease" Another meaning is "dying (body) tissue." We put together all of Morbid's many definitions to create one of our own: *thoughts of death and dying*. The implication: killing yourself or someone else - a "natural" outcome of prolonged depression / melancholy. This *internalized* state definitely is the bottom of emotional pit. Where else could we go - except to the realization that we have been . . .

yourself or someone else - a "natural" outcome of prolonged depression / melancholy. This *internalized* state definitely is the bottom of emotional pit. Where else could we go - except to the realization that we have been . . .

"Deserted" - which means "abandoned, forsaken; lonely." *Externalized*, this means absolute dejection and depression. Now you know the truth: they have deserted you. Of course, that's not the truth. YOU have deserted them. Not that you realize this (in the depths of your depression), but it's true. You're the one who cares you're the one who feels the "need." Yes, someone might actually desert YOU, but your own self-doubt (in the relationship) made that possible. If we whole-heartedly involve ourselves in a *real* relationship, it survives whatever obstacles present themselves. "Deserted" works two ways. In any case, to feel so not "At-one" catapults us into . . .

THE EMOTIONAL STATE OF NO CHOICE

An internalized state, NO CHOICE means only that we're not making one. Either we don't have the courage to make the CHOICE we want to make, or we don't know that we have a CHOICE to make. Regardless, the NO CHOICE position is strictly

masturbational, the kiss of death. This position represents the built-in "escape clause" from responsibility, self-esteem and self-knowing.

Some people live their lives at this level, ignorant of their power to choose. Religion, politics and the educational system all conspire to convince us that we have No CHOICE, that(as individuals) of ourselves we are powerless, unimportant and of no consequence. But we are! When we realize that our lives make a difference, we are "born again" *by the power of CHOICE*.

Ugh... what an unpleasant trip to take! Good Heavens, life's so much easier when we live on the Barometer's Desired States of Mind.

THE DESIRED STATE OF MIND ACCEPTANCE

"Choosing to" means "making a CHOICE to." Webster has no specific definition, I suppose because the definition is so obvious. When you choose to accept what's going on right now, every option and alternative is available. (The other side of the Barometric coin is: "Attacked.") This *internalized* awareness manifests *externally* as . . .

"Approachable," which means "capable of being approached, accessible, " to which we add: "capable of *approaching*." Approach-ABLE people are on the way toward what they want. (Bothered.)

"Optimistic" (an *internal* state) means "disposed to take a favorable view of things and to anticipate favorable results. " Why not? You're on a positive wave-length and on the move to gain your goals. ("Questioned.")

"Acceptable" means "to receive with approval or favor; to respond affirmatively." Why not? You might as well accept the current reality. Otherwise, how could you ever deal with it effectively? An *externalized* behavior, this means accepting what's going on and moving with it. (Movement in our Emotional Body is the most self-healing act we can perform.) Not only do you accept "it," but "it" accepts you. In your acceptance of others, they find themselves able to accept YOU. ("Burdened.")

"Adaptable" means able to "adjust fittingly according to different requirements, environments, etc." And why not? This *internalized* awareness provides the freedom to reach past your Belief System and "go with the flow." (The other side of the Barometric yin/yang coin: "Annoyed. ")

"Worthy" is an *external* behavior. The word means "of commendable merit, character or value." Literally, this speaks to awareness of self-worth. You know your own worth. There's no excusing your behavior. You have accepted your responsibility. You fulfill your commitments, nothing's hidden. People know where you stand and you don't back down from necessary confrontations. ("Indignant.")

"Deserving" means "qualified for, or having a claim to, reward or assistance because of one's proven excellence." *Internally*, you value yourself and know that you're worthy of being treated with respect and appreciation. ("Opposing.")

"Open" has many meanings - Webster offers 83! We've combined Numbers 20, 23, 66 and 78 together with Webster's definition of "Open-Mindedness." Here it is "accessible, unreserved; one who does not use or seek concealment; having or showing a mind receptive to new ideas." (The other side of the Barometric coin: "Inadequate.") Well, if you're of that disposition (which is clearly *externalized* behavior), naturally the next step is

THE DESIRED STATE OF MIND: WILLING

(The WILLING words take a tone of positive inner *energization*, as in "Refreshed" and "Invigorated.")

"Receptive" (an *internal*/state) means "having the quality of receiving or taking in, able or quick to receive knowledge or ideas." The prefix "re" adds the implication that this is the usual state, since "re" means "again." Once we're WILLING positive change, it's easy to be "Receptive" to whatever's happening. ("Incensed.")

"Adequate" means "equal to the requirements or occasion; fully sufficient, suitable or fit." An *externalized* reality, we believe ourselves to be "Adequate" to whatever is necessary, and so does everybody else. ("Furious. ")

"Prepared" means "to put in proper condition or readiness; to put things or oneself in readiness." Because of all of the above, of course we feel "Prepared." And we are prepared; in fact, our preparation takes place as an automatic matter-of-course. Internally, we're ready for "what's next – whatever that is. (The other side of the Barometric coin: "Over-wrought.")

"Answerable" means literally "able to answer," therefore having the answer. But there's more: being ABLE to answer implies the emotional and physical capability of standing up and speaking the answer - a very strong, self-assured position. Webster says, "liable to be asked to give account; responsible, as to a person or for an act." That's how we act externally. It's the inner reality, too. We know we have the answers. We depend on no authority. We do our homework. We're just fine on issues of old information, new information and our own originality. ("Fuming.")

"Encouraging" means "to inspire with courage, spirit or confidence." The prefixes "en" and "in" are pretty much interchangeable. Both mean "in" and "into." So Encouraging means "putting courage, spirit or confidence into yourself or another person." A positive internal self-talk, "Encouraging" extends from ourselves to others as well. Wherever we are, people feel encouraged - by our example alone. ("Seething.")

"Refreshed" means "to provide new vigor and energy by rest, food, et cetera; to make fresh, re-energize or cheer a person, the mind, spirit, et cetera." How does a person act when feeling "Refreshed?" An *external* behavior, "Refreshed" equates with "alert" and "energized." (The other side of the Barometric coin: "Fiery.")

"Invigorated" means "filled with life and energy." Feeling "Refreshed" - and acting that way - we begin to appreciate the abundance of positive energy within us. Internally, energy bubbles up with re-assuring, and loving, re-occurrence. ("Belligerent.")

"Aware" means "having knowledge; *conscious*, cognizant; informed, alert." Since this is an *externalized* behavior, others see - and appreciate - how "Aware" you are. So do you; in fact, you amaze yourself with what you notice and how MUCH you notice! (The other side of the Barometric coin: "Hysterical.") This increased awareness leads you directly to . . .

THE DESIRED STATE OF MIND: INTEREST

"Fascinated" means to be "attracted and held spellbound by a unique power, personal charm, unusual nature or some other special quality." Free from Belief System restrictions, you further amaze yourself with how MUCH everything begins to Fascinate you. An *internalized* state, "Fascinated" equates with wonder, with awe, with delight. ("Hurt," because the people who interest YOU are not interested in you.)

"Tuned-in" means literally that: we turn the television or radio to a specific channel and give it our full attention. (Webster doesn't define "Tuned-in.") Externally, it's clear to everyone that we're paying close attention to what, others do, say, or imply. Not self-conscious at all, our attention is off ourselves and onto THEM. ("Embarrassed. ")

"Needed" means "a condition marked by the lack of something requisite, or a lack of something wanted or deemed necessary. " We don't mean the Webster definition here. Instead we look to his definition of "Necessary" which means, "being essential, indispensable, or requisite." *Internally*, you KNOW that you - your abilities, awareness and talents - are needed in this relationship or situation. You know where you fit in and HOW to fit in. ("Wounded. ")

"Welcomed" is just that. You feel and ACT "welcomed" in this situation or relationship. You're glad to be there, glad to be doing what you're doing. An *external* behavior, this means that we're providing welcome as well as feeling "Welcomed. " People are glad just for the pleasure of meeting us or being with us. ("Used/ Abused/ Confused.")

"Understanding" means having "Superior power of discernment, enlightened intelligence; skill in dealing with or handling something; the power of abstract thought, logical." Of course! With all-of-the-above on the line, you've seen, sensed and become aware of so much more than most folk ever will. ("Unappreciated.") *Internally*, you're empathetic, discerning and cognizant. This " produces. . .

"Appreciated" which means "to be valued highly; to have others (and, hopefully yourself) place a high estimate upon (you)," also "to be *grateful* for (their/your) appreciation" as well as "to raise in value your estimate of self and others." This is an *external* behavior, which means that you recognize appreciation when it comes your way and validate it, as well as giving appreciation where it is (genuinely) merited. ("Rejected.")

"Essential" means "absolutely necessary, indispensable." In our Three In One work, the word also carries the connotation of "spirit" - the ' true spiritual essence of a human being. In daily life terms, however, this position means that, internally, you are fully aware of your absolute importance to the relationship or situation on-line. You ARE the essence of that relationship or situation. ("Dumb.")

"Caring" means "caring about" - not caring for. Webster defines caring as: "giving serious attention to, taking heed or caution about" something or someone. This is NOT a "nursing" job. Caring about someone or something simply means your INTEREST is so real, so deep that you think about it *consciously* almost all the time, that you are concerned with its positive outcome. ("Offended.") This is an *external* reality; they know you care, you act in a caring manner, and your total commitment to "Caring" leads you right into . . .

THE DESIRED STATE OF MIND: ENTHUSIASM

(The Greek word-root of Enthusiasm means "having a god within" and/ or "in the breath of God.")

"Amused" means, literally, "touched by a Muse" - one of the Greek goddesses associated with the arts, charm and beauty. The word has attributes of divine awareness. Webster defines "Amused" as meaning "pleasurably occupied, entertained, diverted." An *internal* awareness, you're smiling most of the time, maybe even chuckling. (The other side of the Barometric coin: "Trapped.")

"Jubilant" means literally "singing and dancing in praise of" something (usually God), also "showing great joy or triumph, exultant, rejoicing." *Externally*, you hum to yourself or sing. Your feet tap to a silent melody, you're having a happy time. ("Picked-on.")

"Admirable" comes from "admire", which - interpreting its Latin word roots literally - means "worthy of a second look." However, Webster defines the word as: "to be regarded with wonder, excitement, reverence." This is an internal awareness you keep to yourself. Yes, it pleases you that others find you "worthy of a second look." But you know they're right to take that second look. You've earned it. ("Put-upon.")

"Attractive" also contains the meaning "able to attract" and "attract-ING." You *externalize* this in your appearance. Sure, you might lose weight or gain weight - or whatever - but so what, and who cares? You're looking your best RIGHT NOW. You know it, and that gives you pleasure. ("Frustrated. ")

"Delighted" means having "a high degree of pleasure or enjoyment, joy or rapture." This internal enjoyment is so satisfying, such a source of good feeling that it makes everything worth the effort. ("Deprived.")

"Excited" means "stimulated to activity, brisk; set into motion, animated." *Externally*, this shows in how you move, how you breathe, the excitement with which you speak. It's infectious, charming. When they're with you, people "catch" your excitement and it creates excitement in them. ("Sarcastic.")

"Alive" means "not dead or lifeless; filled with verve; vivid, vibrant." A self-fulfilling prophesy, "Excited" re-cycles into a feeling, *internally*, of life-ness, well-being, almost wild enthusiasm for what you are doing, for what you're accomplishing - for your increased awareness. ("Vindictive. ")

"Trusting" means "reliance on integrity, strength, ability; a confident expectation." With all of the above on-line, now you find yourself capable of trusting in positive outcomes - eagerly (enthusiastically) waiting to see things turn out FINE! Trusting yourself, you trust those worthy of trust. You're moving ahead, you're making progress - life is GOOD! You can afford to trust others because you know you can trust yourself. ("With-holding.") This bounces you directly into . . .

THE DESIRED STATE OF MIND: ASSURANCE

"Motivated" means to be "prompted to act in a certain way; volition, incentive." And what prompts you?" Your ENTHUSIASM, of course! You're a self-starter, you're on the move. You know where you're going. ("Let-down.") This internal awareness prompts the *externalization* of. . .

"Daring," which means "to have the necessary courage to do something." Our definition is "*willing to take the risk.*" ("Not-heard.") Everyone can see this external risk-taking, it's something to be admired - by yourself and for yourself as well as by "them." ("Not-heard.")

"Protected" means to feel "defended or guarded from loss, annoyance, insult et cetera; to be shielded from injury or danger." Having taken the risk - and *succeeded* - you feel that your "Guardian Angel" is working with you. You no longer feel the need for protection. *Internally*, you know that your willingness to take risks is your protection. ("Bitter. ")

"Bold" means "not hesitating in the face of actual or possible danger." The implication: your *external* behavior is so free-from-fear that it shocks others (who wouldn't "Dare" to take such a risk). "Bold" is flaunting your truth in the face of opposition. There's no

effort, there's only honesty and direct action. It all happens naturally since you're no longer afraid of negative outcomes. ("Disappointed.")

"Brave" means "possessing courage or courageous endurance; having the courage to actively face or endure anything threatening." Internally, now you know that it's true: you have the assurance and self-confidence you always wanted to have. From now on, your behavior manifests . . .

"Considered" which means "to think carefully about something, especially in order to make a decision." The original Latin word root literally means "with your star." Every ancient civilization believed that each of us has a special star in the sky, which is us - and our original home, the place from which we came. (Yes, space travel is not new to our generation.) With the original word root in mind, we expand our definition of Considered to mean: *"acting in accordance with your 'star,' your individual truth, your hearth desire."* ("Over-looked.") This may be, for you, a whole new meaning for the word "Considered." If so, fine - share this definition with those of your clients who find themselves with a priority of "Considered/ Over-looked."

"Affectionate" means "showing, indicating or characterized by affection or love; tender." Whenever "Affectionate/ Frightened" takes priority on the Barometer, you're always dealing with relationships. "Affectionate" does not partake of passion or "love" (in the usual possessive sense). Affection speaks to a tender regard, the *internal* freedom to simply be "with," to touch without expectation, to embrace without implication. No double-message here, just honest, affectionate appreciation of another human being. Isn't it interesting that ASSURANCE/ confidence in a relationship doesn't come into the picture until we've successfully gone through all-of-the- above? ("Frightened.")

"Proud" means "feeling pleasure or satisfaction over something regarded as (highly) honorable or creditable to one's self." (Don't confuse this word with *pride*. "Proud" is a feeling, an awareness in the moment that you have achieved what you wanted to achieve, the way you wanted to achieve it.) This external behavior makes everyone feel good. You're "Proud" about your accomplishment, the people who care are proud of you. ("Unwelcome" is on the other side of the Barometer.) Your delight in reaching your goal is so great that you move directly into . . .

THE DESIRED STATE OF MIND: EQUALITY

"Lucky" contains the element of surprise, of the unusual as in "this is my lucky day." The sudden, present time awareness of how fortunate and happy you can be. The word does NOT suggest this happens every day. In fact, this kind of fortunate occurrence happens so rarely that it always comes as a surprise. Since we're looking at an internal awareness, "Lucky" brings a smile to your inner self. Things are looking up, going well - better than you expected. ("Betrayed.") "Lucky" inspires, it thrills, it moves you into the pleasant state of being agreeable to be . . .

"Co-operative" which means "working or acting together willingly for a common purpose or benefit; demonstrating a willingness to cooperate." Testing insisted that

we hyphenate the word to make it clearer that "working or acting together" as EQUALS completes the definition. *Externally* you act as an Equal, not as a Boss or a Slave. ("Conquered.")

"Involved" means "committed or engaged (as in a political cause, et cetera)." And internal awareness is satisfying. You feel an integral part of the activity, basic to its success. This is not only re-assuring, it's motivational. You and the activity - and all others involved in that activity - are a single mechanism aimed at fulfillment. ("Discouraged. ")

"Purposeful" means "having a purpose, determined, resolute." Everyone can see this in your external behavior. Whatever you do is in line with your purpose. You don't do anything except what's necessary to achieve your goals. You use your time wisely, whatever you do profits your progress. ("Unacceptable.")

"Reliable" comes from "liable" which means "legally responsible," to which the prefix "re" adds the reality of again. Thus the word really means "taking full responsibility." Your internal Self-talk affirms that you can and do trust yourself. You know you're fulfilling all of your responsibilities and you're glad to do so. ("Self-punishing.")

"Concerned" has no relationship to anxiety. The word's meaning here is entirely positive. It means "to relate to, to be connected with, to be of interest or importance" and also "a commercial or manufacturing company or establishment." Yes, that's right. In this position, we're taking care of business. "Concerned" is what "concerns" you, it's your focus, what fills your thoughts. It means you *feel connected to the priorities you have set for yourself and you are taking responsibility for their profitable outcome.* Since this is an external behavior, your expression, attitude and *focus* makes it clear to everyone involved that you really do care - and that you're paying full attention to everything related to the achievement of your mutual goals. ("Despondent.")

"Sincere" comes from a Latin root that means "without flaw or crack." French wine-makers apply the word to wine, which is absolutely with addition or dilution. Webster says: "free from deceit or hypocrisy; pure, clean, untainted." In other words, absolutely pure of heart and intention. We're talking internal reality here. You know that your heart is pure on the issue, you have no double-game going. You're forthright, up-front and totally honest. ("Defeated.")

"Productive" means "having the power of producing; generative, creative; producing readily or abundantly. " This is the bottom-line: what you intended to do, you have done - and you've done it well, whole-hearted-ly and with positive intention. This *externalizes* in your every word, movement and attitude. Your life has demonstrated its true worth. ("Ruined.") This evolves you into . . .

THE DESIRED STATE OF MIND: ATTUNEMENT

Strangely, many people seem unable to understand what ATTUNEMENT means. Take a look at its components. AT: you're right there at a place, in a situation or with yourself. TUNE is a song or melody. MENT is a state of being/ reality. So ATTUNEMENT means: being where you, who you are, doing what you're doing and - mostly - *not aware of (or in conflict with) yourself*

"In Tune with" means "on the same wave-length, in harmony with, turned on to." This *inner* state synchronizes you with the object of your intention AND yourself. ("Pessimistic. ")

"Congruent" means "the quality or state of agreeing exactly with, or conforming exactly to, or according exactly with" something else. The Latin word root suggests, "flowing along with, in complete harmony." As an externalized behavior, others see us (and we are) moving smoothly in concert with events, relationships and situations. We're attuned to the people in our lives and to the activities of which we are a part. We flow with the moment, not against it. ("Immobilized.") This leads us to the awareness that we are . . .

"In balance" which means we're in a "state of equilibrium or equipoise; mental steadiness or emotional stability; (we have the) habit of calm behavior." ("Rigid.") Our internal balance manifests on the outside as our being . . .

"Creative " means "having the quality or power of creating, resulting from originality of thought." This is the creative position. Once we're "In tune with" ourselves, "Congruent" with the vibrations around us and "In balance" within ourselves, we propel ourselves into the *externalization* of what we want to Create. ("Numb.") More: once our creativity begins to flow, we become more and more . . .

"Perceptive" which means "having the power or faculty of perceiving; having or showing keen-ness of insight, understanding or intuition." Perceive: "to become aware of, know or identify by means of the sense." ("Stagnant.") This increase of *internal* perception leads to the *externalization* of...

"Appreciative." which means "capable of appreciating; feeling or manifesting appreciation." The word "capable" is interesting here. It's as if (up to this point) we have NOT been capable of appreciating anything except our own sufferings and desires; we've had no real empathy to give anyone else. Now you have enough wisdom to appreciate truly the wisdom and the beauty and the goodness in the world around you. ("Unfeeling.") This is an *external* behavior: others see it and respond to it. Heavens, they may even show their appreciation of you! (How different from "Appreciated" under INTEREST/ RESENTMENT!)

"Tender" means "easily moved to compassion; delicate in substance, not rough, hard, or tough." An *internalized* awareness, this speaks to a tender regard for the people, events and situations of your life. Tears come in response to beauty, not sorrow. ("Destructive.")

"Gentle" means "Kind, amiable (friendly); mild (in expression), not severe or violent." Externally, your tender regard results in a gentle touch, a gentle embrace, and gentle *attitude* toward the people and events in your life. ("Disconnected.") This Gentleness moves you right into . . .

THE DESIRED STATE OF MIND: ONENESS

"Quiet" means "free from disturbing thoughts, emotions et cetera; mentally peaceful; tranquil or peaceful; at rest, silent." There's nothing left to talk about, no reason to speak. It's comfortable, a relief. Since this is an *internal* awareness, it's one of the loveliest places to be on the Barometer. It feels so incredibly free-ing. ("Uncared for.") And this inner quiet leads to the awareness that you are...

"Safe" which means "free from hurt, danger or risk." Again the word "free." Isn't it interesting that "safe" and "free" go hand in hand. And how does someone who feels "safe" behave *externally*? Smoothly. There's an easiness to life now; we expect no enemies to jump out from the shadows. And even if they do, they can be dealt with *easily*. ("Unloved. ")

"Calm" means "free from excitement or passion" to which we add "or fear." Knowing that we're Safe, it's natural to be (and maintain) inner calm. This is calm beyond Assurance. ("Unacceptable.") This calm leads directly to the *externalized* behavior of. . .

"At peace" . . . means "a certain place or point in time." Since "Peace" is generally seen as the opposite of War, Webster includes many definitions for the word, among which we have chosen "a state of mutual harmony between people" as well as "freedom of the mind from annoyance, distraction or anxiety." The war is over, you have found harmony with others as well as within yourself. ("Loveless/ Unlovable.")

"Unified" means "formed into a single unit by the removal of differences; united, reconciled." Knowing Peace fortifies the inner awareness of your unity within - spirit, mind and body are in harmony, a harmony you can contact with gratitude. It's a self-restoration place, a healing place. This is where you find the strength to complete old cycles or begin new ones - not out of pressure, force or deadlines but because you're unified with your heart's desire. ("Unimportant. ")

"Completed" means "finished, ended, concluded." Nothing more remains to be done. The cycle is over, done. There's no more to do. The conclusion & is complete, satisfying. Now the NEW can manifest. ("Melancholy. ")

"Fulfilled" means filled-full. "Filled, containing all that can be held, filled to the utmost capacity." This word means much more than Completed. You can complete a task without benefiting from it. Since Fulfilled follows Completed in the ONENESS cycle, the Barometer says you have successfully completed a cycle, and in this completion you accepted and received the full positive benefit from that experience. By the

way, this is the "perfectionist" position. In order to feel fulfilled we believe that every element of the experience must be perfect. Anything "less than the best" is not good enough. ("Morbid. ")

"At-one-ment." Webster has no definition for this, but according to its components it means: "At one-ness with, the state of being at one with something else." Some people experience this as a "cosmic consciousness" experience. More typically, it's an *awareness* of complete harmony with a person or an experience. ("Deserted.") This At-one-ment is a momentary awareness, however. We can't hold on to it, it doesn't last. From a moment of ONENESS we return to the business of life – hopefully beginning from the point of positive . . .

CHOICE

CHOICE has no Sub-Categories. Either you feel you have a CHOICE or you don't. Still there's *more*.

If CHOICE/ NO CHOICE is your first priority, go ahead and test I through 8. The resulting indicator change will show you the related Sub-categories under GRIEF AND GUILT and INTEREST/RESENTMENT.