

Awareness Integration Therapy

Awareness Integration Therapy:

*Clear the Past, Create a New
Future, and Live a Fulfilled
Life Now*

By

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Foreword by Jeffery Zeig, Ph.D.

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INTRODUCTION

Welcome to the Awareness Integration Therapy (AIT) model and guidebook for therapists. AIT is the culmination of my 30 years of experience as a therapist and as a human being learning and teaching others how to effectively dismantle the core beliefs that are holding them back—and for good.

It started with a desire to better understand myself, and later my own core beliefs. I remember the first time I attended therapy; I was 28 years old. I expressed remembering that I had promised myself, when I was 16, that by age 30 I would be married, own my home, and have my own business. Well, by age 28 I did, but I was not happy with any of it. I wanted to get a divorce, the business was not satisfying, and I could not figure out who I was or what I wanted anymore.

My experience was amazing when, for the first time in my life, a man sat and listened to me, was curious about who I was, and kindly accepted me for who I was. I was not raised with a father, was abused by men from ages three through eight, and had migrated at age 12—alone—to the U.S., where I practically raised myself. Because of my past, I did not trust men, nor my own boundaries or capabilities. All I knew was how to survive.

I was chronically depressed and practically numb when my first therapist taught me self-reflection. I learned ways to observe myself, accept myself, see my strengths, set boundaries, appreciate myself and others, and communicate what I needed and wanted.

After attending individual and group therapy for many years, and then self-progress seminars, I found my passion: figuring out human beings. I guess *that* is what I needed to feel safe among them. I went to graduate school to become a therapist, and since I came from a divorced family and had not done a great job with my own relationships, I chose to learn about relationships, which motivated me to become a licensed marriage and family therapist.

My first supervisor, Rhoda Rand Codner, was “the goddess” in my eyes. I was in awe of what she created with clients. (She even did personality

reconstruction with clients without speaking their language.) She taught me how to create a therapeutic bond, sit in pure silence with love and acceptance, be curious, scan the psyche of the person, and, slice by slice and in the most in-depth way, explore all that lied inside. From a psychodynamic perspective, she bonded and created healthy attachments with clients and even with me, as her student. I heard her voice inside my head, guiding me for many years. In fact, whenever I did not know what to do in a session, I asked Rhoda to come to me and take over the session; she usually rescued me well. I am forever grateful to her.

A big turning point for me was when I attended the Evolution of Psychotherapy Conference. All the masters of the field were speaking, and I remember feeling elated with joy as I devoured every word and enjoyed learning from everyone. No theory or intervention were missed. I even bought the audio and videos of all the presentations, so I could listen to all the lectures, including some I had missed. And I listened to them again and again for years.

When I met Dr. Jeff Zeig, who was the founder and the organizer of these conferences and shared my utmost gratitude for his brilliant idea—and all the effort it takes—to bring the greatest minds together under the same roof for all of us therapists to learn from. I was living my passion among all the masters who are living theirs.

As I listened and learned from the greatest of minds, I realized that I had not heard from anyone about how to dismantle core beliefs for good. That became the missing piece of the puzzle for me to strive to find.

In 2005, I wrote to many masters in the field asking them to read a book I was co-authoring with Kathleene Derrig-Palumbo called *Online Therapy: A Therapist's Guide to Expanding Your Practice* (Norton Professional Books, 2005) and to write an endorsement for it. Many declined, since I was a novice and, in 2005, online therapy was considered ridiculous. But, when I wrote Dr. Albert Ellis to ask if he would write an endorsement for our book, his beautiful wife, Dr. Debbie Joffe Ellis, responded with: “Al wants to write the foreword.” I opened the email, screamed with joy and disbelief, and cried with joy. Debbie invited us to New York City to meet with him. We sat around while Dr. Ellis talked about new inventions, and how to be an effective therapist without being in the same room with your clients. What I learned most of all from him was about going beyond boundaries.

Later that evening he worked with clients. For the first time in my life, I witnessed highly effective therapy (including full on profanity at times) occurring in minutes. In fact, Dr. Ellis gave each client only 15 minutes per session. That night, I learned how to give a client full control, so they could learn to monitor their thoughts, regulate their emotions, and become responsible for their behaviors—and in 15 minutes. *Wow!*

In 2007, when I was formulating the AIT model, I had read every book that Dr. Irvin Yalom wrote word by word. I felt every word, and I experienced every word. I brought his words and wisdom into my sessions. I emailed him, because I wanted to hear his views on the model. He graciously invited me to his home in San Francisco. I was elated, shaking in my body, as if I was in the presence of my hero. I shared what I knew of what I wanted to create. He listened carefully and said: “You have an idea, which is in the clouds, and not on earth yet. You don’t have a model. You have jumbled ideas.” I left his home feeling dizzy, and so disappointed for wasting his time. I sat in my car for an hour, and then decided to land it on earth.

We began implementing and formulating a step-by-step application of the AIT model at the organization, Personal Growth Institute (PGI), which I founded. Here, we had over 30 multi-cultural and multi-lingual psychotherapists, working with diverse populations. The journey had begun to test what I had envisioned, with our team beginning to utilize the model with clients, colleagues, and each other. We logged and monitored audio- and video-taped sessions, extensively analyzing the data coming from each phase.

Concurrently, I continued learning from the best in the field. I remember the 100 hours of hypnosis training from Dr. Michael Yapko, as he taught us the profound way of distinguishing and discriminating thought patterns. His training changed my way of questioning and creating distinctions forever. I even supported a client undergoing dental surgery in an oral surgeon’s office, using hypnosis. I was in utter disbelief as the oral surgeon performed the procedure with no anesthesia, and my client experienced no pain. This is when I truly experienced how the human mind and body can choose and create.

When I took EMDR training, I thought I had learned a magical intervention, which worked quickly to release clients’ suffering. Beyond the bilateral stimulation, there was a way of distinguishing the thought, emotion, and the body experiences, which were important keys to accessing the trauma, so it could be released.

I followed Dr. David Burns, Dr. Donald Meichenbaum, and Dr. Christine Padesky in the hallways of conferences and interviewed them, asking detailed questions about Cognitive Behavioral Therapy. I interviewed Dr. Leslie Greenberg (after learning Emotionally Focused Therapy), Dr. Daniel Siegel, Dr. Antonio Damasio, Dr. Phillip Zimbardo, Dr. Peter Levine, Dr. Robert Dilts, Dr. Stephen Gilligan, Dr. Scott Miller, Bill O'Hanlon, and many more masters to learn all that I could. I love learning and seeing how each one of these experts views the human being thinking, feeling, and behaving from a particular angle, and how I could bring what I had learned from each and every one of them to the model.

The missing link that was needed to dismantle a core belief was revealed to me, and as we began implementing this new insight and seeing great results in our clients at PGI.

Since 2000, I have attended all of the Evolution of Psychotherapy conferences as well as Brief Therapy conferences, where I attended most of the lectures by Dr. Jeff Zeig. His finesse and brilliance in the way he formulates sessions and communication patterns are extraordinary. After formulating and researching the AIT model for many years, I asked Dr. Jeff Zeig if I could present my model in one of the conferences. The Brief Therapy conference in 2013 was the first conference where I presented the AIT model to my colleagues. Subsequently, I published *Life Reset: The Awareness Integration Path to the Life You Want* in 2017 as a self-help book. I wanted to give the model to people to try at home on their own, after which they could come to therapy to deepen their experience. As I lectured nationally in conferences, and I created a certification program for therapists to learn how to work with clients, more and more therapists asked for a more complete manual to use to work with clients. Hence this book was born.

When Dr. Zeig agreed to write the forward for this book, I was filled with gratitude, since he was a source of guiding light and a pathway for me to create and express all that I have learned from all the great masters, my colleagues, and my clients.

This has been my humble journey so far, and I hope that you enjoy this book and the Awareness Integration Therapy model as much as I have enjoyed, with every fiber of my being, learning from everyone in the field of psychology and every client that I have worked with.

CHAPTER ONE

AWARENESS INTEGRATION THERAPY: A FRAMEWORK FOR SELF-AWARENESS

Awareness Integration Therapy (AIT) is an efficient, open-structured model that encompasses all aspects of the human experience. Through suggested awareness skills, a therapist helps her client assess and understand the correlation between the way he perceives the world and how he relates and behaves towards others. As the client enhances his ability to incorporate a new understanding of how he sees the world, he is able to make better decisions about his self—his personal identity. AIT delves deeply into both the conscious and subconscious processes, simultaneously facilitating the restructuring of irrational thoughts and emotions, while assisting the client with developing and constructing effective life skills.

This process is done by first supporting a person in becoming aware of their present moment thoughts, feelings, and behaviors in relation to people and the world around them. Then, through a deep integrative process, the person becomes aware of the subconscious thought formulas and schemas established in early years, which are still operating in the background. After the integration process, the person can freely reinvent and construct an intentional way of thinking, feeling, and behaving.

There are many paths to mastering the art of awareness. This includes many meditation and spiritual paths that teach the skills of becoming intentionally focused on our five senses, bodily signals, mental activities, and relatedness to objects and people around us. They are all useful and impactful in people's lives, just not enough for healing and recreating life. In this book, I have shown where to hold the attention, so that the client becomes aware of their own dualities. These dualities can be between different parts of their psyche, between thoughts and feelings, between thoughts and actions, between intention and results, or between one set of belief systems versus another.

The skill of self-awareness does not deny the impact of past negative experiences, which for some clients were egregiously distressing, akin to physical and/or psychological torment. AIT allows the client to attend to traumatic and compartmentalized parts of one's identity, nurture these with compassion, and integrate useful skills designed to help the client to be a powerful survivor. It does this by employing cognitive, behavioral, emotional, and body/mind techniques to inculcate a significantly greater self-awareness into clients' lives and their patterns of thinking, feeling, and behaving towards the self and others.¹

The Importance of Self-awareness

The conscious awareness of one's own thoughts, intentions, emotions, desires, motives, strengths, and vulnerabilities, and the ability to act from this awareness, are unique human capabilities. Further, being aware and acting from this awareness are both crucially important to individuals seeking emotional and mental health. This allows a person to navigate, distinguish, and choose among all that shows up in their world as an automatic thought pattern: It allows a person to live a conscious life versus an automatic one. These capacities are what therapists, coaches, and counselors worldwide rely upon as they share a common goal of assisting their clients in overcoming the root causes of their current and painful extreme anxiety, depression, obsessions, addictions, or other maladaptive behaviors, precluding clients from leading fulfilling lives.

Despite the great importance of self-awareness and the capacity to act from this awareness, many people have not learned the skill of being aware of themselves in their natural environments. They are not systematically taught the skills of conscious awareness by their parents, the school system, or society, and therefore live a lifetime with a poorly-developed sense of self. This is particularly troubling, because self-awareness is a vital and attainable skill that provides a person with the ability to become accountable and responsible for who they are and how they lead their lives. Once a person gains greater self-awareness and works with the blocks that hold them back from being who they want to be, they will naturally start making healthier choices. I've never come across anyone who would choose negative intentions or destructive values when given the freedom to access greater choice.²

Although mindfulness is recently becoming more mainstream, and some schools are creating a daily practice of it, it is still only being utilized as a passive, ten-minute, quieting-the-mind technique as opposed to an active,

correlational view of how our ways of thinking, rationalizing, feeling, and behaving create our relationships and our world. The term mindfulness, as Dr. Daniel Siegel states in his book *Aware: The Science and Practice of Presence*, can be summarized as being aware of what is happening as it happens without being swept up by pre-established mental activities like judgments or ideas, memories, or emotions, but with a sense of open presence with compassion. The awareness of the present moment and the allowance of monitoring what shows up is a great skill, which will allow the person to also become aware of the patterns that have developed, the formulas that have been created, and the maps of generalization and categorizations that have been established when creating a sense of self.

AIT teaches that when a person becomes more aware—meaning that they observe, experience, and examine identity-created beliefs, meanings, behaviors, and emotional patterns in different areas of life—their experiences and interactions can be objectively examined for effectiveness, based on the person's desired intention and outcome. Subsequently, the client can become responsible and accountable to the impact of their way of thinking, feeling, and acting in relationships with people around them. If, based on this observation, a person does not like the created result, they have the opportunity to choose, recreate, and operate from an intentional and desired identity. This new frame of thinking, feeling, and acting is different than the automatic one that was triggered based on old beliefs created during childhood or earlier in life. The ability to take full responsibility and accountability for the approach of thinking, feeling, and behaving, creates a powerful stance toward owning the result that is created. If the result is what was intended, then the person feels powerful and confident. If the result is not what was intended, then the person has the ability to reevaluate and shift their thinking, feeling, and behavior to gain the desired result.

For many people, the accumulation of various core beliefs, positive and negative, become the foundation for their identity in different areas of life. Yet, the compartmentalization of a core belief and its network system of thought, emotion, sensations, and behaviors, limits the individual, since they react today using outdated and unworkable automatic responses, given their desired attitude and behaviors. This compartmentalization limits the person, who looks at the world through only one lens. Awareness Integration provides the opportunity to see the world anew and deal directly with what is present every moment.

Leslie's Story

When Leslie was 15, she fell in love with James in high school. James had been trying to court her for six months and had told all of his friends how attracted he was to Leslie. Finally, Leslie gave him a chance. James shared his loving gestures, loving words, and actions, and Leslie began opening up her heart to him, believing that James's love was real and everlasting. One day Leslie saw her best friend talking to James and acting differently. Leslie felt a pain in her gut, decided to monitor their communication, and soon found out that they had been talking together behind her back and had developed a sexual relationship. Leslie confronted both separately. At first James denied and minimized it, and then finally said that he was seduced by her friend. Leslie's friend said that James came on to her, and she responded to him. Leslie felt devastated, broken, lost, betrayed, angry, and sad. She said to herself: "I don't matter, and I can't trust anyone's love." Leslie made a decision about herself and the rest of the world, maximized it, generalized it, and cemented it into her psyche. From that point of view, her relationship with friends and lovers became transactional. They each fulfilled some need for each other until they were no longer needed. This way of being appeared to be safe and made life have less drama, but she felt lonely and not connected to herself or others.

I met Leslie when she was 32 and was in a great relationship with Robert. Robert had asked her to marry him. Leslie was very anxious, and although she could not pinpoint what was wrong with the relationship, she knew in her heart that she could not trust Robert's love and dedication. She was always waiting for the other shoe to drop—to find out that his professed love was not really a commitment to her—even though she could not state what Robert had done to deserve this non-trusting accusation.

Leslie was able to become aware, responsible, and accountable that she was a 32-year-old who was letting a 15-year-old lead her romantic relationship and run with her thought processes, emotions, behaviors, and physical sensations, even though the 15-year-old's perceptions were not consistent with her present moment information and experiences. Allowing James to not be a part of her relationship with Robert, healing her own wound by dismantling the decision she had made years ago about herself and others, and becoming present to who she is today and what she offers in a relationship—and who Robert is and what he brings to the relationship—means committing to a new set of thoughts, emotions, and behaviors that will create a healthy union. Ultimately, she was able to say yes to Robert's proposal of marriage.

Dismantling Negative Core Beliefs

I have assisted clients in discovering past events that contributed to or caused their problematic thoughts and behaviors, like Leslie. I was also able to bring clients back to the point at which a crisis occurred. In addition, I helped them identify their original emotional triggers, so that they could learn to avoid these triggers. But these intense emotions did not abate, and they were still sabotaging my clients from fully recovering. It seemed to me that there had to be a better way of handling the past rather than constantly revisiting painful memories, going through the pain, having a cathartic reaction, and coming back to the present with no apparent shift in what the client believed about themselves or the external world. So, I continued to look for a way to not merely identify problems, but to identify and then dismantle them so that they no longer had the high emotional charge.

Awareness Integration Therapy is unique in that, unlike past models, it concentrates on the dismantling of negative core beliefs rather than merely challenging them, replacing them with positive ones by the therapist, or teaching the clients ways to cope with them. When the client is able to realize how they have created the negative core belief at a particular instant based on their feeling of powerlessness, fear, and vulnerability; become aware of how they have stamped themselves with such a core belief; and then integrate that part of them with who they are today; they are able to have a new opening about who they really are today and allow themselves to let go of an old unworkable belief. The younger the person was when forming a negative belief about the self or the world, the more opportunity the person has had to weave this negative belief into different experiences at different ages and in different areas of their life. Therefore, dismantling the negative core belief from each area of life and opening the hold of the grip that this type of belief has had on the person's life experience is crucial. This feature of the model allows clients to clean up the past, while envisioning their future from a fresh perspective with their new belief system, and to identify and liberate themselves from their past restrictions and limitations. We will go through step by step intervention in Phase Four of the model.

Through the process of AIT, the therapist, coach, or counselor uses a specific set of questions that are developed as a comprehensive and systematic plan to promote awareness toward one's own beliefs, thoughts, feelings, bodily sensations, and behaviors in key areas of their life—such as career, finances, spirituality, sexuality, death, and relationships—including those with strangers, friends, parents, and lovers. My clinical experience working with

clients reveals that most clients have never been asked these questions in a systematic way or about all the major areas of their life before. Yet, their responses to such questions can be enormously revealing in how they have set in stone certain beliefs and patterns of behaviors that lead them subconsciously in day-to-day decisions and behaviors, ultimately creating their life's circumstances. This allows a novice therapist to follow a direct and clear guideline designed to maximize effectiveness and create enduring results, while also allowing a seasoned therapist to add their own unique style and orientation to the model.³

The primary goal of Awareness Integration Therapy (AIT) is to foster awareness as well as an integration of all the split parts of the self from the past into the present. This is achieved by utilizing the following interventions:

1. Exploring one's thought patterns, feelings, behaviors, and the impact of that attitude on every realm of life;
2. Exploring the assumptions that one lives by about others and the corresponding actions and reactions arising from these assumptions;
3. Identifying negative and/or irrational core beliefs that are creating limitations in the client's life;
4. Dismantling negative core beliefs into neutral/positive and functional beliefs and attitudes in every area of life;
5. Integrating the separated parts into the system as a whole;
6. Choosing workable and healthy values and ways of thinking, feeling, and behaving in all areas of life;
7. Envisioning tangible goals and systematic action plans for each area of life based on the chosen values;
8. Establishing external feedback systems to ensure sustainment of healthy values, thought patterns, emotional regulation, and behaviors.

AIT Is Uniquely Helpful

Throughout the history of psychology, from Sigmund Freud to Milton Erickson, to Albert Ellis, to Aaron Beck, to Les Greenberg, and to Francine Shapiro and beyond, new models of psychotherapy have been developed, and each has generated further significant breakthroughs for clients. Likewise, when developing the Awareness Integration Therapy (AIT), I drew upon the information and techniques that were created from proven past therapies, including Cognitive Behavior Therapy (CBT), Rational Emotive Behavior Therapy (REBT), existential as well as person-centered

therapies, emotion-focused therapy, attachment theories, EMDR, hypnosis, solution-focused therapy, and theories about the body-mind connection.

Cognitive Behavioral Therapy (CBT)

Cognitive Behavioral Therapy (CBT) is based on a cognitive model that says the way that individuals perceive a situation is more closely connected to their reaction than the situation itself. The cognitive model describes how people's perceptions of, or spontaneous thoughts about, situations influence their emotional, behavioral, and often physiological reactions.⁴ CBT understands psychological disorders in terms of mechanisms of learning and information processing.⁵ The goal of CBT is to achieve change by means of new learning experiences that overpower prior maladaptive learning and information processing.⁶ Schemas, or networks of information that dictate how people think about things and interpret the world, form in childhood and adolescence and can activate later in life.⁷ Awareness Integration Therapy makes use of this theory of behavioral schemas to explain how people create patterns of maladaptive coping mechanisms out of perceptions.

AIT operates with the intention of challenging clients' beliefs and behaviors based on an understanding of how the client has developed schemas.⁸ These principles are embedded in the first three phases of the model.

Rational Emotive Behavior Therapy (REBT)

Rational Emotive Behavior Therapy (REBT) helps clients understand their role in shaping and controlling their emotions, thereby empowering them to lead a happier and more fulfilling life.⁹ People do not merely upset themselves because of unfortunate adversities that occur in their lives, but also with beliefs, feelings, and behaviors, which they add to these adversities creating their consequences, after distinguishing rational with irrational beliefs, they can form effective new philosophies, such as unconditional self-acceptance (USA), unconditional other-acceptance (UOA), and unconditional life-acceptance (ULA).¹⁰

AIT utilizes this essence of our innate ability to intensify or calm emotions, be in control, understand one's own rationale, and to set up a system of behavior to change existing patterns.¹¹ These principles are embedded in Phases One through Four of the AIT model.

Emotionally Focused Therapy (EFT)

Emotionally Focused Therapy (EFT) suggests that emotions have an innately adaptive potential, which, when activated, can help clients reclaim unwanted experiences and change problematic emotional states and interactions. EFT views the individual as fundamentally affective in nature, where emotions drive the main mode of processing.^{12,13} An emotion-focused therapist works toward providing an empathic relationship to promote healing, explores the client's emotional experience, including the origin and dynamics of these emotions, and encourages their client to allow and accept emotions for the information that they provide rather than just attempting to release them. It also focuses on interruptive processes that interfere with the client's ability to access emotion or new emotions and to use these emotions to create new narratives.¹⁴

AIT insists that the client distinguish and honor emotions by using both emotional and cognitive schemata to access source memories for non-functioning coping mechanisms, allowing clients to release and then integrate the blocked memory.¹⁵ AIT also insists that the client becomes fully aware, responsible, and accountable for their feelings, experiencing, and expressing their emotions.

Humanistic Therapy

The goal of Humanistic Therapy is to help clients achieve self-actualization by developing a stronger and healthier sense of self.¹⁶ Accordingly, human beings are aware and are aware of being aware: Human beings are conscious beings.¹⁷

AIT draws from this proactive view of humans, and understands people as intentional, responsible, future-oriented creatures who supersede the sum of their parts. Additionally, the goal of AIT in fostering awareness in clients stems from the humanistic perspective.¹⁸ Self-actualization, the essence of Humanistic Therapy, is one of the core AIT principles.

Existential Therapy

The philosophy of Existential Therapy is that, although humans are inevitably alone and separate from the rest of the world, they still desire to be connected with others.¹⁹ Norcross explains that there are eight themes in existential therapies: ontology, intentionality, freedom, choice/responsibility, phenomenology, individuality, authenticity, and potentiality.²⁰ The following

principles underlie the process of existential psychotherapy: Active participation of the person-in-therapy in determining the focus, meaning, and essence of therapy process; recognition of the significance of the inner world of the experiencing person expressed; understanding of the meanings that the person attaches to experiences and relationships; a therapeutic relationship that is attuned to uniqueness and communal connections, within the flow and interrelation of past, present and future; in a climate that encourages expressions of honesty, trust, and love; commitment to an anticipatory caring, a human presence and responsiveness that supports the individual's ability-to-be and responsibility for decision making; accentuation of moments in therapy that contribute to unity of self, time, and relations with others.²¹

AIT adopts this standpoint and explores these themes across the client's life.²²

Solution Focused Brief Therapy (SFBT)

Solution Focused Brief Therapy (SFBT) focuses on solutions rather than problem solving and explores current resources and future hopes rather than present problems and past.²³ The therapy often involves observing how clients respond to a set of predetermined questions.²⁴ SFBT focuses on identifying a solution to the client's problem and developing the skills or discovering the resources to achieve that solution.

AIT draws from the pragmatic aspects of this model of setting up a specific action plan to achieve one's goals in Phase Five of the model: developing the skills needed to lead a fulfilling life.²⁵

Hypnosis

Hypnosis is a relaxed, hyper-suggestible state, which allows the client to be more responsive to suggestions. It is a process of clinical intervention that can be described as a series of communications between clinician and client designed to influence the client so they feel or behave differently when in distress—and in a way that is considered more adaptive or beneficial.²⁶ Hypnotic techniques encourage one's ability to intensely focus on a particular thought, emotion, physical sensation, location in the body, and memories.²⁷

In AIT, this process is utilized to locate original memories that have been a source of negative core beliefs and to process memories toward a reintegration within the system as a whole.²⁸

Transactional Analysis

Transactional Analysis understands the psyche as composed of different parts that have ongoing inner dialogues as one moves through life, and that the ability to consciously identify these dialogues is suppressed early in one's childhood.²⁹

In AIT, going back to original memories linked to negative core beliefs is pivotal. When healing those memories, one needs to connect the accountable part of one's identity to the emotionally charged memories through the inner dialogue as a healing and integration model.³⁰

Eye Movement Desensitization and Reprocessing (EMDR)

The model underlying EMDR hypothesizes that the symptoms of PTSD are caused by disturbing information stored in the nervous system. This information is stored in the same form in which it was initially experienced, because the information processing system has, for some reason, been blocked. The information is frozen in time, isolated in its own neural network, and stored in its originally disturbing state-specific form. Because its biological/chemical/electrical receptors are unable to appropriately facilitate transmission between neural structures, the neural network in which the old information is stored is effectively isolated. No new learning can take place, because subsequent therapeutic information cannot link associatively with it.

AIT has utilized EMDR's hypothesis of the PTSD Symptoms to create the integrative approach of its intervention.

Accelerated Information Processing

The Accelerated Information Processing model suggests that the moment of insight and integration comes when the two internetworks link up with each other. When the information-processing system is activated and maintained in dynamic form, the appropriate connections between the two networks can be made.³¹

AIT uses the same model of neural networking (core belief, emotion, body) to access original memories and move toward linking the internetwork for the purpose of integration.³²

Key Elements

The advantage of Awareness Integration Therapy (AIT) over other psychotherapeutic models rests on the fact that it is a comprehensive model encompassing cognitive, emotional, physical, and behavioral components, while supporting the client in dealing with the past, present, and the future toward the creation of one's fulfillment in life. The majority of existing therapeutic models only incorporate one or two of the above components. Until now, the theories and interventions that have worked with negative core beliefs have, at best, been able to challenge the beliefs and refocus the client on healthier coping mechanisms. AIT seeks to dismantle negative core beliefs, so that they do not become a source of subconscious sabotage or a constant burden on daily, automatic thoughts that ignite intense displaced emotions.³³

The Awareness Integration Therapy (AIT) has been successful because it distinguishes the process of the mind and its impact, takes therapy to a new level, is adaptable by psychotherapists from multiple disciplines, is systematically life-encompassing, and includes developing a new working plan for life. Here is how AIT incorporates these key elements.

The Mind and its Impact

Many people go through life not tuned in, not aware, or having an incomplete understanding of the differences between their thoughts, feelings, and behaviors, and the impact that their attitude has on their life. So first, the Awareness Integration Therapy (AIT) begins with teaching clients to differentiate these elements, because they are all closely interrelated. This skill is crucial in assessing where the strengths, the obstacles, and the vulnerabilities are, and what might need to be transformed, revised, or relearned in order to create healthy and fulfilling relationships with self and others. At times faulty or irrational beliefs can limit us or create unhealthy emotions. For example, emotions such as anxiety, shame, or anger that surface constantly as default emotions create a life filled with drama. Behaviors can be habitual and automatic which will lead to some unhealthy results. It is important to have the ability to look at the result that we have in our life and assess to see which strong belief or

action created the desired outcome as well as the undesired outcome so that we can go to the source and change the particular thought, belief, emotion, or action in order to create a desired result.

According to my clinical and research experience, many clients have a poor awareness and comprehension of how their thoughts, emotions, and behaviors impact others in the world. Instead, most people interpret other people's actions by making lots of assumptions about the other's thoughts, emotions, and intentions. Many don't even see the correlation between their own attitude and actions and the result in their life, so they remain a victim of other people's actions.

A designed-in part of the AIT helps realize one's mental images, beliefs, rationalizations, emotions, and consequently behavior may cause often-predictable reactions from others. A key component of AIT is addressing the mind, thoughts, feelings, body, behavior, and impact of established core beliefs.

Mind

The mind is defined by the Webster dictionary as "the element of a person that enables them to be aware of the world and their experiences, to think, and to feel; the faculty of consciousness and thought." Daniel Siegel in his book *Aware: The Science and Practice of Presence: The Groundbreaking Meditation Practice* (TarcherPerigee, 2018) describes the mind as "all that relates to our subjective felt experience of being alive, from feelings to thoughts, from intellectual ideas to inner sensory immersions before and beneath words, to our felt connections to other people and our planet."³⁴ Damasio described the essential adaptive function of the brain as: "the overall function of the brain is to be well informed about what goes on in the rest of the body, the body proper; about what goes on in itself; and about the environment surrounding the organism, so that suitable survivable accommodation can be achieved between the organism and the environment."³⁵

Steven Pinker in his book *How the Mind Works*, talks about the conscious mind having four obvious features: "First, we are aware, to varying degrees, of a rich field of sensation: the colors and shapes of the world in front of us, the sounds and smells we are bathed in, the pressures and aches of our skin, bone, and muscles. Second, portions of this information can fall under the spotlight of attention, get rotated into and out of short-term memory, and feed our deliberative cogitation. Third, sensations and thoughts come with an emotional flavoring: pleasant or unpleasant, interesting or repellent,

exciting or soothing. Finally, an executive, the 'I,' appears to make choices and pull the levers of behavior. Each of these features discards some information in the nervous system, defining the highways of access-consciousness. And each has a clear role in the adaptive organization of thought and perception to serve rational decision."³⁶

Our mind is designed to have automatic processes to make sure that we will remain alive. Becoming more conscious of the automatic process will help us to live a more fulfilled life versus a biologically-surviving life. So, the subjective experience of living is what we can have a say so on. Antonio Damasio states, "All mind is made of images, from the representation of objects and events to their corresponding concepts and verbal translations. Images are the universal token of mind."³⁷ He states that the separate images streams can be integrated to produce richer accounts of external and internal realities. It can render an object from multiple sensory perspectives, and it can also string together objects and events as they interrelate in time and space and produce the sorts of meaningful sequences, we call narratives.

Thoughts

When distinguishing thought, and by this I mean becoming aware, paying attention to the words that hover in our head commenting constantly about every bit of information that our sensory systems pick up, generalizations, categorizations, the If-Then formulas, the beliefs that create a narrative about our own identity, and relatedness to all other people or objects around, analyzations, rationalizations, justifications, opinions, reasonings, motivations, perceptions, intentions, and meanings that are assigned to information coming in. In other words, becoming aware of the narratives and the story line that is constantly being created, or the narrative that has been fixated as a general rule by experience of generalization such as stereotypes (ex. men are this way, women are _____, Whites are _____, Blacks are _____, Jews are _____, Muslims are _____), or fed by cultural myths. Antonio Damasio in his book *The Strange Order of Things* describes thoughts as "the basic unit for minds is the image, the image of a thing or of what a thing does, or what the thing causes you to feel; or the image of what you think of the thing; or the images of the words that translate any and all of the above." Francine Shapiro in her book *Getting Past Your Past* states "every experience we've had in our lives has become a building block in our inner world, governing our reactions to everything and every person we encounter. When we learn something, the experience is physically stored within networks of brain cells called neurons. These networks actually form our unconscious mind, determining how our brain interprets the world around us and governing

how we feel from moment to moment.”³⁸ The constructive way of living involves consciously creating results by becoming aware of these patterns.

Feelings

When distinguishing feelings, I ask clients to be aware, pay attention, and name the emotion and the feeling that is felt in the body. According to Antonio Damasio the immediate causes of feelings as the background flow of life processes are experienced as spontaneous feelings; the emotive responses triggered by processing myriad sensory stimuli such as tastes, smells, tactile, auditory, and visual stimuli; the emotive responses resulting from action oriented drives like hunger or thirst and motivations like lust or play; spontaneous emotions including joy, sadness, fear, anger, envy, jealousy, contempt, compassion, and admiration which arises from the primary homeostatic flow; the emotions triggered by processing of the images generate provoked feelings; affect is a wide tent under which all possible spontaneous emotions, provoked feelings, the situation or mechanisms responsible for producing the actions whose experience become feelings.³⁹

Damasio also distinguishes in his book *the feeling of what happens* during three stages of processing. “A state of emotion, which can be triggered and executed non-consciously; a state of feeling, which can be represented non-consciously; and a state of feeling made conscious, known to the organism having both emotion and feeling.”⁴⁰ He suggests the term *feeling* to be used for the private, mental experience of an *emotion*, and the term *emotion* to be used for responses that are publicly observable. Emotion occurs in a setting of consciousness, which can be felt constantly, and we know that we feel them since the fabric of mind and our behavior is woven around the continuous cycles of emotions followed by feeling.⁴¹

Body

When focusing on the body, I request that the instrument that houses the self and its interactions should be observed and nurtured. Peter Levine states: “Physical sensations are the very foundation of human consciousness. As the biological creatures that we are, our bodies are designed to respond in an ever-changing, challenging, and often dangerous world.”⁴² He further states that consciousness unfolds through the development of body awareness, of learning to understand the meaning of our internal physical sensations, and emotions.

In day-to-day living, physical sensations and the emotions we feel act as signals to promote action towards safety, comfort, or pleasure. The body initiates a message, the mind processes the message, and then the body carries out the intended action to reach a particular goal. However, many people who come to therapy or seek help have been traumatized. Some have been traumatized by actual life-threatening traumas and some by the perception of being threatened. In case of trauma, Peter Levine states: "One's sensations can become signals not for effective action, but, rather for fearful paralysis, helplessness, or misdirected rage."⁴³ Levine continues to say that when a person constantly experiences fear, helplessness, rage, and defeat, they tend to avoid feeling their emotions. This comes at a cost: Losing the capacity to appreciate the subtle physical shifts of comfort and pleasure or real danger. Helping clients contain and regulate the capacity of tolerating extreme sensations with awareness and acceptance allows healing.

According to Peter Levine, there are four receptors in sensation channels. The kinesthetic receptors signal the state of tension in our muscles due to excess nerve impulses coming from muscles in the shoulder, neck, jaw, or pelvic area as well as an overactive mind. The proprioceptive receptors give a positional information about body joints. The vestibular receptors send signals from the microscopic hairs embedded in the inner ear canals, letting us know our position with respect to gravity and change in velocity. The visceral receptors send information from the blood vessels to our brain and our organs.

In my experience with clients, major and minor traumas are stored in the body and reoccur as intense reactions to current life events. For example, many clients do not realize that in their childhood, when Mom walked out while Dad ranted, followed by Dad berating or even attacking the child client, this experience produced intense feelings, which were felt and stored in her throat, heart, stomach, or elsewhere in the body. Due to the physical pain and discomfort that a person experiences from their feelings, they dissociate from their body to minimize the pain. As a defense mechanism, they continue to not relate to their body and numb their bodies in order not to feel the painful feelings. In most therapeutic work, even if the therapists ask about the feeling, they rarely ask about the location of the body that the feeling was and being felt in. The release of these stored feelings from the body, allows the reframing of the meaning that the person has given to the traumatic event. This type of deep work is essential to the healing and integration of the past trauma, and it is also a very essential topic that I thoroughly explain in this book. It is also Phase Four of the Awareness Integration Therapy (AIT).

Behavior

Across the years of clinical and research practices, I have become aware that behavior is the only tangible element that one can observe and the key access to our relationship with the external world. Thoughts can be subjective explanations of the behavior. Many people automatically act, and when asked, try to come up with some reasoning or justifications for their actions. This can be seen with addicts or perpetrators of sexual abuse or violence. People who are preoccupied with their own narratives don't realize how their body language, the words they use, the tonality, and their action shows others what is going on in their internal world. Behavior is also the only channel that therapists or healers can directly observe to see if a shift or healing is occurring.

Peter Levine differentiates levels of awareness, ranging from the most conscious voluntary movements to the unconscious involuntary patterns. Gestures such as hand and arm movements, emotions showing up in facial expressions; postures being the platforms from which intrinsic movement is initiated; autonomic signals, such as visible behaviors including respiratory and cardiovascular signposts, include rapid breathing, raised heart rate by visible pulsation in the neck, and changes in skin color; visceral behavior by an observable motility of the gastrointestinal tract and gurgling sound; or archetypal behavior such as grand hand and body movements, which are closer to cultural gestures.⁴⁴

Actions toward others, such as a greeting, by saying hello or a handshake; a caring and loving act, as in giving service; expressions of emotions, like hugging, kissing, and cuddling; expressions of anger, such as yelling, cursing, hitting, pushing, killing; withholding an action that was expected of you or promised by you; and strategized plan of action in relationships and business, are all external representation of the internal process.

Actions are what the world holds us accountable to because they are tangible. The process of the mind is internal, so when it expresses itself in the form of action—a behavior—one can be held accountable to the created results. I suggest particular attention toward behavior for the sake of having a sense of responsibility and accountability for the process of the mind as well as the behavior and its impact on our life and others.

Impact

Exploring and noticing the impact that our way of thinking, analyzing, formulating, feeling, and behaving has on our lives is essential to living a conscious life. We all live in relationships—in relation to self, objects, life situations, people we know, people we don't know, nature and universe, God, and death. What we offer a relationship and what we allow to receive from a relationship creates the manageability and the fulfillment of our lives. When we don't notice how we impact these relationships, we tend to live in a reactive and victimized model of our life. With this view we live in internal pain and feel powerless to act upon a new way of behaving to create a new impact.

Takes Therapy to a New Level

The questions utilized in Awareness Integration Therapy concentrate on major life areas and are structured to elicit an enhanced self-awareness and initiate a sense of ownership, responsibility, and accountability toward one's own thoughts, feelings, behaviors, and impact. In using the model with clients, I found that not only did clients learn to differentiate their emotions, thoughts, and body responses, they also found that the process to be liberating and helpful in healing the damage caused by past experiences and perceptions. I found that in many cases, ten to twelve sessions could resolve longstanding issues for many clients. I also noticed that they were able to use the techniques anywhere, anytime, and felt independent in owning the skill.

In one of the most challenging cases, I worked with a client who was severely physically and emotionally abused as a child and continued to be abused for 20 years by her father and sisters. I didn't think 12 sessions would be sufficient for her, and it wasn't. Thirty sessions after we started, my client was a markedly different woman from the vulnerable, emotionally damaged, and highly confused individual who talked incoherently, sobbed constantly, and berated herself continually. In the first few sessions, she talked in run-on sentences, which were extremely hard to follow or make sense of. At the completion of session 30, she had metamorphosed into a self-assured woman who was excited about her present and her future. But would this transformation persist over time? Four years later, my former client came to see me, and it was apparent that the therapy had "stuck," because she was still the same self-confident and self-aware young woman I had assisted in her last session with me. She said that all the core beliefs that we had worked

on had never resurfaced, and she was back in therapy to learn new skills in dealing with owning a new business.

Adaptable by Psychotherapists from Multiple Disciplines

Awareness Integration Therapy is an in-depth, short-term therapy that can be used by therapists who come from virtually any psychological orientation. AIT is a multi-modal model that enhances self-awareness, releases past traumas and psychological blocks, and promotes clarity and a positive attitude to facilitate learning and implementing new skills to create an effective, productive, and more successful life. This model integrates and incorporates cognitive, behavioral, emotional, and body-mind techniques to create more awareness into a person's life patterns of thinking, feeling, and behaving toward oneself and others. The interventions and the structure can be utilized within any psychological or educational framework. Therapists or counselors can also use their particular intervention or skill within the phases of the AIT. In other words, make it your own—bring *you* to the model.

Systematically Life-Encompassing

For the past 30 years I have seen clients who have come to my office with one presenting problem. As we explored what they were seeing as problems, we also saw that the cause could have been from an experience in childhood, or how one of their parents had treated them, and that it affected many aspects of their life, such as their career, intimate relationships, or parenthood.

When an event happens to cause a child to create a negative core belief about the self, this belief is brought with him through the different stages of development. This self-belief is carried into his relationships with peers at school, then into his intimate relationships, then to his job and career, then to his parenting role, and then to his relationship with his community, which only serves to strengthen the core belief. In therapy, we can see how the domino effect can also create a feedback loop that reinforces the self-belief, since it is being reflected back to him in every area of his life, making it appear real. Clearing the irrational and negative self-belief from all areas becomes crucial for the client to have a fulfilling life.

Each area of life is explored systematically in the first five phases of the AIT model. This promotes awareness of the integration process as relevant to the age, development stage, phase of life stage, and condition of the client. These include:

- Strangers: People whom the client does not know personally, but are on earth and living around him, such as people on the street, in the neighborhood grocery store, coffee shop, or restaurant; countrymen; those with a different religion, different race, different culture, and so forth.
- Acquaintances: Family members of friends or co-workers, friends of friends, or people that the client knows, but who are not part of his close circle.
- Extended family: Grandparents, aunts, uncles, cousins and their extended families, in-laws and their extended families.
- Friends: Best friends.
- Career: Client's view on the career versus a job position; relationships with boss, co-workers, employees, and customers; school or educational background; and so forth.
- Money: Ideas about wealth and poverty, income productions, power over creation (management of income), expenditure management and styles, retirement.
- Siblings.
- Children.
- Sex.
- Past intimate relationship history including long term relationships, marriages, divorces, first fling, first crush, and so forth.
- Current intimate relationship/marriage.
- Caretaker/significant person in life.
- Father.
- Mother.
- Relationship between parents as the client was growing up and now.
- Self: Includes body image, illnesses, addiction, depression, or mental conditions.
- Nature.
- Universe.
- God/higher power/religion/spirituality.
- Death.

There is a reason for creating the list in the above order. The list begins with the areas of life that usually do not lead to much attachment formation yet are important to note since generalization and categorization of people is a common human habit, which tends to impact the decision-making process. All or some of these areas of life can be explored with clients. This is a chance for the client to practice the awareness and the integration techniques

in areas that might have less emotional charge for them and work their way into more emotionally attached areas. In my clinical work with clients who have been traumatized (by a group of people they did not know, because they were at the wrong place at the wrong time, robbed, held captive, or abused because of their skin color, ethnicity, or sexual orientation), traumas will surface, which need to be worked on from this early, first area of life.

As you notice the areas are set up in wider categories, starting with less mentally and emotionally attached, to more personal relationships, to relationships that have had the power to influence the client's lives, to relationship to all parts of self, to the areas above and beyond the self. Going through this path allows the client to become proficient in the techniques which create awareness and allow the practice of emotional containment. If there are any traumas from the past, they usually will be addressed within one of the life areas.

As mentioned, if a trauma happened in early years, it will have an imprint in many areas of the client's life. *Helen was molested by a distant cousin first and then by a neighbor at age five and eight. This trauma had its effect on how she dealt with extended family, people she did not know but were in her community, her sex life, intimate relationships, her relationship with her sibling and parents, and with her children. It also affected her body image, self-esteem, and the way she saw God. Through AIT she was able to release the images, the negative core belief that she created about herself, the generalized beliefs she created about others, the feelings of resentment, powerlessness, rage, sadness, and, most of all, shame from all areas of her life.*

Developing a New Working Plan for Life

After the client is guided through the areas of life with the first of the four-phased interventions, understanding their cognitive, emotional, and behavioral responses to important life domains and "cleaning up" maladaptive beliefs and actions, she can move to Phase Five. There, the client can create new conscious values, workable beliefs and a new narrative, identify selected feelings and behaviors in the relevant areas of her life, and create new goals and milestones needed to achieve desired results in their relationships. With this evolving self-knowledge, a client thus devises a new future for herself.

Six Phases of AIT

There are six phases of Awareness Integration Therapy (AIT), and each phase has its own set of questions or procedures aimed at a particular type of intention, awareness, and integration. As the process of awareness is explored, I define four ways of relating:

1. Seeing the self as the one who observes the outside world and relates to objects or people from the self, standing here in the body. (Phase One)
2. Assuming and projecting from here how others “out there” view the self and then being able to respond as if the assumptions are real. (Phase Two)
3. Splitting the self and relating to different parts of self from an observer or an interactor out there to the self. (Phases Three and Four)
4. Becoming aware and experiencing out-there/in-between the self within the parameters of the body and other. (Phase Five and Six)

Phase One will explore the thought process, feelings, behaviors, and the impact on the Self in relation to the external environment. This phase explores the present and the past experiences.

Phase Two encompasses four major functions: creating an awareness of the individual’s projections of others’ opinions and feelings, enhancing the ability to observe the behavior of others towards one self, perceiving the meaning created based on those behaviors, and identifying the ways these constructs impact one’s life. This phase explores the present and the past experiences.

Phase Three includes AITs to develop the client’s view of her own identity and how, no matter where a client is, a view of the self-occupies the narrative and has direct effect on their relation to their environment. This phase explores the present and the past experiences.

Phase Four is a deepening process for identifying, locating, and dismantling negative core beliefs and healing of past traumas. It is comprised of acknowledging the past; revisiting the original memories from which the belief systems were created; owning the meaning the client has assigned to the event, the self, and others; and healing and integrating all the separate parts into the whole. A healing and clearing of the impacts of creating the core beliefs also occurs. This phase explores and integrates past experiences.

Here we connect to the strengths, learnings, and skills that the client encompasses in the present time as well as the impact of past experiences, reassuring and integrating the separated or dissociated part within the whole system, allowing the client to arrive at a neutral and positive space.

In Phase Five, the client develops an intentionally desired way of being, including selecting values to operate from, committing to workable and healthy beliefs, fostering positive and pleasurable feelings, and choosing healthy behaviors and actions that can become truly representative of the client. Ultimately, it is similar to the client creating a mission statement to live by. Certainly, this mission statement can be revised at any time when the client finds some view, outlook, or behavior that is healthier. With this mission statement in mind, the client is guided through the life areas one more time to create a tangible goal for their relationships or in each life area. Goals are also to be categorized as short-term goals, long term goals, or maintenance goals. Action plans with timelines set for each week or month are determined for each goal. A supporting structure will be created to keep the client on the path towards being successful at achieving the goal.

In Phase Six, which is the last phase, we create external anchors to reinforce the intended and declared values, intentions, and desired results. To understand the phases better, see Chapters Three through Eight.

The Integration Process

In the model, the client's negative core beliefs, the emotions triggered by and/or attached to the various life areas, are revealed. Note that the locations in the body where these emotions are felt are pathways leading to the release of charged emotions. Once identified, they can be resolved and largely left behind. The convergence of these three paths—emotion, cognition, and body experience—allow associated memories and the original memory at the core of a belief to be identified. Healing and reintegrating the dissociated part will allow the release of the emotional charge. When integration happens, the client is free to shape neutral and/or positive attitudes about the self, others, and the world at large.

At times, an original core belief, through repetition, has become part of a more complex formula. For example, a negative core belief of “I am unlovable” fits into a formula of “If I pretend that I am sick, my mom and dad will pay attention to me, and then I am loved and special.” Cognitive challenging and reality checks for dismantling these unrealistic and unreasonable formulas and negative core beliefs are necessary.

The inherently more disturbing and painful memories can be stored as a particular link. The information stores in a neural network manifested by all elements, including visual images, physical sensations, tastes, smells, sounds, affect, and cognitive responses, and belief statements. Thus, when the client's unresolved issue is stimulated, he sees not only what he recalls having occurred but may also re-experience the emotion and physical sensations that were elicited at the time of the initiating event.

Therapy is a safe space for the client to experience somatic and emotional charges that were caused by unintegrated experiences and memories. The goal is to accept and release these bodily and emotional charges so that the client can move forward in life. With Awareness Integration Therapy, the client experientially returns to the original traumatizing experience/memory, works with the therapist to create an understanding, and holds compassion for the part of the self that was traumatized and felt helpless. The client can reframe the experience from the present moment which is the future of that part of the self that has survived that particular event and has become resilient. The client who is in the adult state in the present moment invites an integration of all parts of the self as a whole with accessibility to all strengths. Much more information will be provided on this aspect of the model in Chapter Seven.

CHAPTER TWO

THEORETICAL PERSPECTIVES AND PRINCIPLES

Even if neuroscientists someday decode the entire wiring diagram of the brain, human behavior makes the most sense when it is explained in terms of beliefs and desires, not in terms of volts and grams.⁴⁵
—Steven Pinker

Psychological or educational models are usually based on two things. The principles gleaned from existing theoretical models in combination with observing these principles in action in a tangible way. AIT is comprised of nine key principles, each of which is described and discussed in this chapter.

The Nine Principles

As I mentioned in Chapter One, the AIT model was created as a result of my 25 plus years of experience with a diverse population of clients applying all that I had learned and practiced from the great theories and interventions explained in the previous chapter. During this time, I also attended and learned from many of the spiritual doctrines and many self-progress courses that were based on existential philosophies. I considered myself an eclectic psychotherapist and a coach, bringing all the tools in my toolbox into the sessions with clients. After years of the day-to-day practice, I noticed there was a set of structured interventions, which appeared to bring about systematic transformation and change for the client in all areas of their life. As I observed the six phases of interventions working, I wondered why applying the intervention together has repeatedly created the transformation and healing results for clients in such a short time. The nine principles were formed, as I observed the progression and the impact of each phase, as they build upon each other.

Principle One

Reality is the experience of the observer/perceiver. Every human being observes/perceives and creates reality based on their state of being, beliefs,

emotions, and behaviors. In this way, human beings are co-creators of their reality.

Every human being observes, perceives, and creates their own personal reality based on their subjective state of being, as well as on their personal beliefs, emotions, and behaviors, and the experiences they have encountered in the past, as well as the ways in which they have interpreted these life experiences. Consequently, it can be stated that human beings are co-creators of their own reality⁴⁶.

Daniel Siegel, in *The Developing Mind: Toward a Neurobiology of Interpersonal Experience*, states that the mind has distinct models of processing information. Each individual has representations of sensations in the body, of perceptions from our five senses, of ideas and concepts, and of words. These information processing modes can act independently or interact with each other and affect the processing. Relationships early in life may shape the very structure that create representations of experience and allow a coherent view of the world. Interpersonal experiences directly influence how we mentally construct reality. This shaping process occurs throughout life but is most crucial during childhood. Early relationships and the client's past experiences strongly affect how an adult behaves, and these relationships, especially those that occurred during childhood with their parents and others who were and/or are very close to the individual, heavily determine how the person ultimately perceives reality.

Stapp, further elaborates on this concept in the following manner: "In psychology the identity and form of the percept that actually enters into a stream of consciousness depends strongly on the intention of the probing mind: A person tends to experience what he or she is looking for, provided the potentiality for that experience is present. The observer does not create what is not potentially there, but does participate in the extraction from the mass of existing potentialities individual items that have interest and meaning to the perceiving self."⁴⁷

Thus, our minds will not extract impossible scenarios as the truth; improbable scenarios, however, while not usually extracted, can sometimes be deemed "true" by certain individuals. Personal reality and consciousness are as much a product of emotions as they are of thought and rationality. Automatic emotional responses often precede or influence the conscious meaning of events; Emotion and subjectivity rather than logic and objectivity most often determine what people see as "true."⁴⁸

Although a person's reality is constantly being constructed, owning that one creates his or her own reality will allow a person to move beyond self-righteousness and beyond holding firmly to their perception of reality being the absolute truth. This allows any rigid mental constructs to lift and for a person to co-create their reality and live in the present moment with what the external situations offers.

In his book *Mind: Journey to the Heart of Being Human*, Siegel says it eloquently: "Perception (along with the rest of our mental activities) is ultimately subjective. We can call this whole entry an invitation to awaken to the choice you have to create a mental space in your lift that gives respect to subjectivity, cultivates freedom in your growth and expression, and gives respect to the inner and inter worlds that create who you are. We can awaken to the central reality of our subjective mental life."

Principle Two

Every human being has the capacity and potential to learn the skills needed to have an enjoyable, happy, functional and successful life.

Many psychological theories including Humanistic⁴⁹ and Existential theories⁵⁰ have subscribed as viewing a human being as a whole and greater than the sum of its parts, and that all people are inherently good. Because reality is subjective, human beings have the capacity to learn the skills to create an internal narrative that produces feelings of joy and happiness and a sense of success. In my experience, human beings can also learn to manage being functional in life independently or with support from others. Children learn how to live a functional life with the support of family. As a person reaches adulthood, the functionality becomes interdependent and at times independent. However, as a person ages or has an illness, the management of the functionality can become dependent on other sources. I believe every human being has the ability to create a sense of meaning, purpose, and fulfillment in their lives. But, people might not have the skills or know-how to achieve personal fulfillment. The field of positive psychology also attests that as a person becomes emotionally healthy and integrated, they can experience a prolonged state of positive emotions, including joy, love, gratitude, happiness, and so forth.

Siegel, in his book *The Developing Mind: Toward a Neurobiology of Interpersonal Experience*, explained that the brain is considered a living system that is open and dynamic, forever in a state of change. This open, dynamic system is one that is in continual exchange with a changing

environment, which then changes the state of its own activity. The fact that the brain is a dynamic system means that change is possible; and because change is possible, improvement is possible.⁵¹ (Zeine, 2014) I have seen repeatedly, when observing my clients, that people have the ability to thrive and excel every day, throughout the world, despite the circumstances of their family of origin, childhood traumas, socioeconomic status, physical limitations. It requires an intention to live a happy life and accepting and managing their disabilities or vulnerabilities.

Principle Three

Skills are learned through physical and psychological development; personal experiences; and mirroring parents, teachers, peers, media, and culture.

Many psychological findings identify the role that the relationship between the primary caretaker and the child plays. In fact, it has been identified as the most pivotal part of how the child is nurtured and is a significant indication for the child's mental health as he or she gets older. Allan Schore, in his book *Affective Regulation and the Repair of the Self* states "In early development an adult provides much of the necessary modulation of infant states, especially after a state disruption and across a transition between states, and this allows for the development of self-regulation. Infant resilience is characterized as the capacity of the child and the parent to transition from positive to negative, and back to positive affect. It is important to note that resilience in the face of stress is an ultimate indicator of attachment capacity."

Schore continues, "The baby's brain is not only affected by these transactions, its growth literally requires brain-to-brain interaction and occurs in the context of a positive affective relationship between mother and infant. In early preverbal development, the infant constructs internal working models of the attachment relationship with his/her caregivers, and these representations, permanently imprinted into maturing brain circuitries, determine the individual's characteristic approach to affect modulation for the rest of the lifespan."⁵²

It should also be noted that there is also a distinct genetic component to an individual's basic psychological development, and additionally, there is a strong and ongoing interactive relationship between the individual's hereditary and personal subjective experiences. For example, learning is affected by the genes that a person inherits. Much less well-known is that a

person's genes are also affected by learning, a concept that is explained by Daniel Siegel in his book *The Developing Mind*: "Genes have two major functions. First, they act as 'templates' for information that is to be passed on to the next generation; second, they have a 'transcription' function based on the information encoded within their DNA, which determines which proteins will be synthesized. Molecules on the chromosome directly affect when, which, and how genes are expressed. Transcription is directly influenced by experience... For the brain, this means that experience directly influences how neurons will connect to one another—creating new synaptic connections, altering their strengths, and allowing others to die away. In other words, genes do not act in isolation from experience. Experience has a long-lasting impact on how we learn, and it directly involves gene expression. In turn, the nature of our genes and of their regulation directly affects how we respond to experience."⁵³

Of course, genetics is not the only influence on a person. Instead, the mother-child attachment is a pivotal part of how the child is nurtured and develops. According to Allan N. Schore, the development of cerebral circuits in the brain is promoted by the attachment between a mother and her infant.⁵⁴ Says Schore, "This interactive mechanism requires older brains to engage with mental states of awareness, emotion, and interest in younger brains, and involves a coordination between the motivations of the infant and the subjective feelings of adults."⁵⁵

Schore says that this process is important to the early development and maturation of the infant's right brain and, ultimately, to the ability of the child to self-regulate his emotional states. This interaction also induces the waxing and waning of important brain chemicals, such as endorphins and dopamine, as well as adrenaline and noradrenaline.

Beyond infancy, the child learns and mirrors the behaviors of her parents, learns relatedness from how each parent relates to her and how they relate to each other. They later expand this learning as they interact with classmates, peers, and other human beings around them. As a person goes through the developmental stages and different phase of life, others become significant, and the individual has to learn how to act from and with people in different areas of their life.

With each phase, the person learns skills appropriate to that age and appropriate to the area of life. For example, he learns how to behave with other kids in a daycare, how to share in Kindergarten, how to care for others, participate in a team sport, gain power and independence in middle or high

school, bully or not be bullied, collaborate in school, flirt with someone he is interested in, maintain an intimate relationship, create goals and achieve them, and so on as he moves through each stage.

Unfortunately, the people who can role model the skills for them may not be available, or what is available and gets role-modeled might be dysfunctional, and therefore the person does not acquire the skills needed as they approach each area of life. For them to reach success in the game of life, they must deliberately and consciously seek out competent people to act as role models in each area.

Principle Four

The human mind perceives and creates meaning internally for all external stimuli that results in a subjective reality that may vary from actual events and the realities of others. Through the invented reality, one creates formulas, beliefs, and personal identities that relate to self, others, and the universe at large.

As the individual grows and seeks understanding and clarification about the events in their environment, the human mind perceives and creates meanings (internally) to explain and make sense of external stimuli in relation to self. These developed meanings may evolve into a subjective reality, which may vary considerably from the actual events that have occurred and/or the subjective realities as they are perceived by other individuals. As these meanings accumulate, a storyline about the self and the world is created, and then operated from.

Based on the key precepts of Cognitive Behavioral Therapy, it is during early life when individuals first develop their long-lasting beliefs and values.⁵⁶ These early formative personal assessments and assumptions regarding oneself, as well as the outside world, ultimately affect how an individual develops a system to process and interpret information that is emanating from environmental stimuli. Every day, at a very young age, we consciously develop a set of formulas and form a certain identity, which we use to survive as well as to experience life at its best. We create one way of being and behaving at home with our parents or siblings, and other ways of being with our extended family, our teachers at school, our friends, our lovers, our bosses, employees, co-workers, or society at large.

Simply put, from all we experience in the world around us as a child, we create assumptions and beliefs about our world and ourselves. Then we,

subconsciously, continue to live based on a set of rules developed at an earlier point in life. In addition, over time, these assumptions are reinforced by similar experiences, and the resulting automatic thought patterns are referred to as schemas. A schema allows the individual to screen and evaluate both oneself and others, and also the events occurring within the environment.⁵⁷

Schemas, or networks of information that dictate how people think about things and interpret the world, form in childhood and adolescence and can activate later in life. This may result in behavioral patterns in those with mental disorders.⁵⁸

Over time, those assumptions and beliefs get reinforced by similar experiences and turn into automatic thought patterns.⁵⁹ In his book, *Mindful Universe: Quantum Mechanics and the Participating Observer*, Henry Stapp explains that “a person tends to experience what he or she is looking for, provided the potentiality for that experience is present.” In that way, our subjective awareness is simply not challenged.⁶⁰

Another issue to keep in mind is that virtually all individuals unknowingly create their own inner obstacles within their lives, and these obstacles are largely based on the accumulation of various core beliefs that have become the foundation for an individual’s identity. “The core of the self is the nonverbal and unconscious, and it lies in patterns of affect regulation.”⁶¹ The construction of a core belief and its corresponding network system of thoughts, emotions, sensations, and behaviors together may then work to limit a person to an ongoing life that is based on the past and is powered by automated and, at times, unworkable attitudes and behaviors. For example, if an individual has an experience that is bad or difficult, he may tell himself that he is bad or that he is incapable as opposed to seeing the event as bad or difficult. Once he assigns a negative belief to himself—he is bad—he develops or reinforces the core belief about his identity. Subsequently, this negative identity severely limits the individual, who can only see the world through his very clouded lens.

Les Greenberg in his book *Emotional Focused Therapy: Coaching Clients to Work Through Their Feelings* states that “the basic psychological unit or generating mechanism of emotional experience and meaning is what we call the ‘emotion scheme.’ A scheme involves a set of organizing principles, constructed from the individual’s innate response repertoire and past experience, that interact with the current situation and generate current experience. Schemes are highly personal and idiosyncratic, laden with

emotional memories, hopes, expectations, fears, and knowledge gleaned from lived experience. We therefore call them personal or emotional schemes. Not based solely on emotion, they involve a complex synthesis of affect, cognition, motivation, and action that provides each person with an integrated sense of him- or herself and the world, as well as with subjective felt meaning.⁶²

These emotional schemes profoundly influence experience, behavior, and interaction. People can create different emotional schemes for different relationships with individuals in their lives. For example, one can hold a particular belief system about the self and others in the area of career or in the area of intimate relationships.

Individualized experience is characterized by being emotionally charged and is not a true representation of events in external reality. Our internal schemes are not a mirror replica of the external world, rather a constructed model derived from our experience of being in the world. A significant amount of coding of our experiences takes place at a nonverbal and preverbal level, which is more concerned with being and doing than with our conscious knowing of concepts. It is the emotionally-colored subjective meaning, which comes from the experiential process, that is of importance when constructing meaning.⁶³

Becoming aware and owning the storyline that has been created will allow a person to move beyond the rigid construct of the story. Being aware and conscious of the present moment and allowing the events of today to expand the story line that was created in the past, brings the person into living a conscious life in the present time. The shift in time allows a person to let go of past experiences of feeling powerless and lacking control. They can operate in the here and now, where there is an opportunity for action toward a workable result in different areas of life, using all their available resources and strengths, without the anxiety that their past will reoccur in the future.

Principle Five

Human beings store experiences cognitively, emotionally, and somatically. The unintegrated experiences await integration. Negative core beliefs, including the emotions that are produced by them and the area of the body experiencing the emotions at the time of the original incident, repeatedly resurface in automatic thinking patterns. These negative core beliefs create a withholding and survival-based attitude. This attitude is triggered by an event and creates a result that prohibits the individual from achieving

optimal potential beyond survival, even when there is no real threat. This attitude holds back one's ability to live a fulfilled life.

Individuals store and retain their experiences not only cognitively, but also emotionally, by how that emotion was experienced in their body. Primitive mental states are much more than early-appearing “mental” or “cognitive” states of mind that mediate psychological processes. Rather, they are more precisely characterized as psychobiological states.⁶⁴

Allan Schore, in his book *Affect Regulation and the Repair of the Self*, states, “The early-maturing right hemisphere of the brain is dominant for the first three years of life and is specialized for the processing of emotional information.⁶⁵ This is due to the fact that this cortex, more so than the left, is anatomically connected into the limbic system, brain network that ‘derives subjective information in terms of emotional feelings that guide behavior.’”⁶⁶

Not all past experiences are integrated. When experiences are positive or neutral, they might get integrated within the system. But, when the system experiences an overwhelming, negative experience where there was an experience of pain or powerlessness, the experience may get compartmentalized and not be integrated. Siegel states: “At times, the mind cannot organize itself effectively in response to experiences. Such experiences are traumatizing, in that they overwhelm the mind’s ability to adapt.”⁶⁷ These unintegrated experiences await integration—cognitively, emotionally, and somatically. Unintegrated experiences can lead to maladaptive behaviors. Negative core beliefs and the intense emotional charge that is experienced in the body repeatedly resurfaces within the automatic thinking or with any triggers that have similarities to the original negative experience.

Siegel proposed: “Each moment brings a combination of activations creating a unique state of mind. However, repeated patterns of activation may become ‘engrained,’ meaning that they are made more likely to be reactivated in the future. Particular states of mind may develop cohesion through their repeated activation, as well as through the functional benefits of their internal linkages.”⁶⁸

Negative core beliefs create an intrinsic withholding and survival-based attitude in an individual. This attitude is subsequently triggered by an event. It also creates a result that precludes the individual from achieving optimal potential beyond survival, even when there is no existing real threat. Sometimes interpersonal experiences result in the individual’s mind

becoming unable to form a cohesive and adaptive state. In this situation, the mind enters a chaotic, disorganizing state of activation lacking in cohesion. The non-cohesive characteristics of such a state may itself become a trait of the individual. Some such developed traits work to hold back an individual's ability to live a successful and fulfilled life.

Unintegrated and dysfunctional memories are frequently associated together in the mind, because these memories cannot make newer and more appropriate connections. It is almost as if such memories were frozen in time. Thus, the information for such a memory that has been stored in the individual's neural network may manifest along with all the associated sensory elements of the event, including images, physical sensations, tastes and smells, sounds, and emotions, as well as the types of thoughts, such as assessments and belief statements. Consequently, when the unresolved trauma is stimulated by an event, the client then not only perceives what has happened in the past, but also re-experiences both the affective and physical sensations that were felt at the time or the original event.

Francine Shapiro, in her book *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols and Procedures*, states: "When a person has adequate language to formulate and convey a particular self-concept, such as, 'I can't get what I want,' or 'There is something wrong with me,' then the individual's verbalization of such concepts is linked associatively with the network, based on the effect that the meaning of those words engenders within the person, whether it is sadness, frustration, or happier forms of responses. The essential truth is that once the affect-laden verbal conceptualization is established in the neural network, it can be viewed as generalizing to each of the subsequent experiences that are then stored as information in the network."⁶⁹

As Peter Levine states in his book, *Trauma and Memory*, "trauma has been and continues to be at the epicenter of human experience"⁷⁰ Despite the ability and capacity to render horrific traumas and atrocities to others, human beings are also capable of surviving, adapting, and healing from traumatic experiences and creating a fulfilling life for themselves.

Principle Six

As the unintegrated belief-emotion-body state is attended to, released, and integrated into the whole system, neutral and positive attitudes, beliefs, and emotions can be experienced. In the human organism, there appears to be a self-organizing and a self-management mechanism that is always

operating to keep the system in balance and maintain a homeostatic state. If this mechanism is overwhelmed, compartmentalization occurs to bring the system back into homeostasis for a brief time. In the long term, the system will be off balanced if these compartmentalized states are not integrated back into the whole system. Therefore, when the traumatic memory is accessed, and the system gets activated, the information is moved to an adaptive resolution and then integrated.

The self-management system then has the capacity to process the information, integrate it to the whole system, and restore mental health. Once the un-integrated beliefs, emotions, and body states of an individual are heeded, experienced, and released, they can then be integrated into the whole system of the body. Consequently, these formerly negative states can then become transformed into neutral or positive attitudes as well as equally neutral or positive beliefs and emotions.

The therapist can ascertain what small changes are most indicated to best use the most relevant therapeutic skills to ascertain where to intervene to achieve a goal more rapidly. This model attends to cognition, emotions, behaviors, and body sensations all at the same time in dealing with the individual.

Because of such newly-occurring modulation, the information from the client's emotionally-charged, yet now regulated right-brain experience, can then be communicated to the client's left- brain for future processing. This effect follows a right-brain-then-left-brain temporal sequence, which further allows for the development of linguistic symbols to represent the meaning of an experience, while the individual is feeling and perceiving the emotions generated by the experience.⁷¹ This means that the person can discover and talk about the impact of an experience with the therapist, as well as feel it cognitively, emotionally, and somatically.

A key in moving through trauma is learning to separate out the sensation, thoughts, images, and emotions that may cause arousal. When you are able to note and track sensations as they change, instead of being stuck in habitual traumatic patterning, then thoughts and images that used to cause strong reactions will begin to lose their hold.⁷²

Levine in *Trauma and Memory: Brain and Body in a Search for the Living Past: A Practical Guide for Understanding and Working with Traumatic Memory* explains the renegotiation process as gradually revisiting the sensory-motor elements comprising a particular traumatic event by accessing

procedural memories—impulses, movements, and internal body sensations that guide a person through various actions, skills, attractions, and repulsions—associated with the two dysregulated states of the autonomic nervous system (ANS), and then restoring and completing the associated active response. As this process progresses, the client moves from hypo- or hyper-arousal, to equilibrium, relaxed alertness, and orientation to present time. In this non-traumatized state, sensation, image, behavior, affect, and meaning form a fluid, continuous, and coherent response that is appropriate to the present situation.⁷³

When releasing a trauma, recalling a memory only serves when the intention is to update the memory. By bringing in new and relevant information about the present moment from the client's strength and their ability to obviously survive the trauma, the therapists can allude to their client's strength and ability to overcome future obstacles and circumstances. This neutral and positive state is a clear space to envision what comprises a fulfilled life, explore possibilities, and learn the skills needed to obtain and manifest that state.

Principle Seven

Through self-awareness, integration of one's experiences, and the creation of conscious choices regarding beliefs, emotions, and actions, one can choose a positive attitude for the creation of a new, positive reality and, therefore, produce intended results.

In many years of experience with clients, I have discovered that when the traumas or the unfinished business of the past are complete and resolved emotionally, living in the present moment becomes possible. A sense of agency gets created, including the feeling of being in charge, knowing where one stands in the world, having a say in what happens, and sensing the ability to shape one's own circumstances. Van Der Kolk, in his book *Body Keeps Score* (2014), states "Agency starts with what scientists call interception, our awareness of our subtle sensory, body-based feelings; the greater that awareness, the greater our potential to control our lives. Knowing *what* we feel is the first step to knowing *why* we feel that way."⁷⁴

Daniel Siegel, in his book *Aware: The Science and Practice of Presence*, states: "If feeling, thought, and behavior are particular values that create a sense of self in the world, then living from a conscious plane gives freedom to both awareness and the creation of an emerging sense of self. Not defined only by past circumstances, awareness and intentionally being conscious

allows a new space to arise giving fresh life to ways of thinking, feeling, and behaving. Transformation moves us from ingrained personality restrictions as we open the doorway of possibilities. Because of lifelong neuroplasticity, the brain is capable of changing its structure. This change can lead to a shift in how we behave, feel, think, our personality, and the experience of who we are. You access these new possibilities from the plane of possibility.

“You can use your mind to shift the patterns in your relationships and in your brain. You are not a captive prisoner to brain or relationships, even though the propensities of these inner and inter sources of your mind will tend to move you in old patterns. Getting lost in familiar places is a natural vulnerability we all have; using your mind and your capacity to be aware is the pathways to freedom from these ingrained patterns.”⁷⁵

Human beings are also forward thinking and envision a future that awaits them. This future can be anxiety producing, if one continues to predict that the past will be superimposed on the future. A new intention regarding the values that one chooses to operate from in life can be declared and upheld. A way of thinking and viewing the self and the surrounding world can be chosen that is workable on a day-to-day basis, as one deals with their tangible reality. Feelings that promote balance, harmony, pleasure, fulfillment, and gratitude can be chosen to inspire and find ways to ignite the felt experience of joyous feelings. Commitment to certain chosen behaviors can be made to ensure a peaceful, adaptable, and workable day-to-day management of relationships and life. Taking on a personal mission statement to live by and to be in integrity with will create a path one can honor and be proud of as they to move forward from a strong stance. This sense of strength, agency, and being in integrity is what creates a fulfilling life.

Principle Eight

New skills can be learned and practiced in a neutral and positive environment to enhance life's capabilities, experiences, results, and relationships.

When trauma—regardless of how minimal or how it is perceived by the client—has not been dealt with, the individual becomes disembodied and compartmentalized. They are either overwhelmed with daily events or shut down and dissociated. This way of being puts a lot of stress on the system.

Learning under negative conditions significantly delays and impedes memory retrieval, largely because stress often impairs memory. One way in which memory is impeded is through the elevation of cortisol, a neurochemical that is released when a person is under stress. In fact, the effects of the stress may continue to impede memory for an extended period, even after the cortisol levels have dropped back to normal.

In the “Timing matters: temporal dynamics of stress effects on memory retrieval” study using 120 college students, the students learned specific words on Day One of the research study. Then, 24 hours later, the students were either exposed to a stressor or were in an unstressed control group. Memory retrieval was not impeded immediately after the introduction of the stressor however, 25 minutes later, when cortisol levels were elevated, the stressed students performed significantly worse on recalling the key words than did the control group. In addition, the students were retested 90 minutes later, after which time cortisol levels had returned to normal (based on measures of the subjects’ salivary cortisol as well as their blood pressure), and memory retrieval was even worse than at the 25-minute point. The researchers concluded that stress has a longer-term effect on memory retrieval than previously realized. The researchers also stated that the effects of stress on memory retrieval can continue for up to six months. In addition, stress may interact with and even change a person’s memories.⁷⁶

Learning is a process that requires attentiveness and storing the acquired information in the long-term memory. The converse of stress-induced difficulties with memory retrieval is that memory is likely facilitated—or at least not impeded—by the absence of high stress levels. The implications are clear: Clients who have resolved their sometimes-massively stressful, past traumatic events are now free to create a new paradigm for their lives, and they are much more capable of learning and developing a happier and more fulfilling life.

The goal is not to eliminate all stress in life, because when stress levels are too low, individuals become sleepy or bored and perform poorly on learning tasks. At moderate levels, stress can actually enhance learning. However, most people have difficulty learning new tasks during high levels of stress.⁷⁷

A traumatized person who has dissociated some parts of their identity to survive does not integrate their learnings. Many people learn skills in one area of their life but have not integrated or bridged it to other aspects of their personality or in relationships. I have worked with couples who are amazing communicators and negotiators at work but fail to bring these same skills to

their home life or when communicating with a mate. I have also worked with clients who have learned communication skills or anger-management skills and can utilize these skills well unless presented with a trigger that resembles a past trauma. This puts them back in a position where they cannot use their learned skills.

The unresolved parts will sabotage a new way of being unconsciously, since it is a stronger survival-based action that has been tested and guarantees success. This success comes with the hefty price of living an unfulfilled life until healthier skills are developed that are more workable in the current situation. It is easier to take control of the situation immediately, for example by yelling and screaming so that the partner shuts down, as has happened in the past—guaranteed way to win the fight in the short-term—but it comes at the price of losing inner peace and the love of our mate. Containing the anxiety felt when being confronted, the possibility of being wrong and having to face the shame, and letting go of what you want temporarily to gain the peace and love in the relationship permanently might appear hard and not worth risking for a person who has been traumatized.

When a person heals their unfinished matters of their psyche and integrates into a whole person, the newly learned skills can also be integrated and be utilized in all aspects of life. Peter Levine, in his book *In an Unspoken Voice*, states: “Trauma sufferers, in their healing journeys, learn to dissolve their rigid defenses. In this surrender they move from frozen fixity to gently thawing and, finally free flow. In healing the divided self from its habitual mode of dissociation, they move from fragmentation to wholeness. In becoming embodied they return from their long exile. They come home to their bodies and know embodied life, as though for the first time. While trauma is hell on earth, its resolution may be a gift from the gods.”⁷⁸

A client who has healed and integrated can in a neutral or positive environment assess the skills that are needed for every area of life to create healthy relationships and tangible results. Clients can learn and develop their newly-acquired capacity and confidence to master new and desired skills that will be individually and personally fulfilling for them in all areas of life, including personal and family relationships, work relationships, spirituality issues, views toward nature, and every other key area that is experienced by the clients.

Principle Nine

Conscious intentionality and envisioning of a desired result, in combination with effective planning and timely scheduled action plans, raise the probability of achieving the desired results in all areas of life.

With self-awareness and integration, individuals can consciously envision the future they intend to create that appears to be fulfilling. This is what I refer to as “conscious intentionality.” As Daniel Siegel says in *Aware*, “How intention glows determine where attention goes, neural firing flows, and neutral and interpersonal connection grow.”⁷⁹

When an intention is set contextually toward an envisioned tangible goal, and a structure for the required effort is created, the intention continues throughout the path as a set context even at times when a person is not in full awareness or attention. This is how human being create automatic trains of behaviors in life to maximize the efficiency of day-to-day living. “... Without a specification of a creature’s goals, the very idea of intelligence is meaningless.”⁸⁰ (Pinker, 1997, p. 61) Intelligence, then, is the ability to attain goals in the face of obstacles by means of decisions based on rational (truth-obeying) rules... Intelligence consists of specifying a goal, assessing the current situation to see how it differs from the goal, and applying a set of operations that reduce the difference.”⁸¹

Creating a vision of the future that calls one forward creates passion and excitement toward a pleasurable designed future. This vision can embrace the intentionality of the value systems that the person wants to live by and be a guiding light while going through actions to achieve the set tangible goals.

Tangible goal setting will help the person be on a track of measuring the path toward achieving the stated goal. Measurement structures that are set as timely action plans help the individual manage each step and assess what is needed for the next step to succeed. This structure also notices obstacles faster and acquires the skills to remove the obstacles and continue the path or assess to see if the path needs to change. Self-organization, self-management, and self-efficiency leads to the bonus of raised self-esteem and self-confidence.

CHAPTER THREE

LAYING THE GROUNDWORK

Usually a person decides to enter psychotherapy, counseling, coaching, or healing sessions because they have a problem in an area of their life, because they are content with life but bored and ready for the next level of their growth, because family members are concerned for their well-being or distraught with their behavior, or because they are forced by law enforcement due to being a danger to themselves or others. (Note: I will use the word therapist throughout the book, and you may interchange it with a counselor, coach, teacher, or healer as it fits your profession). Regardless of why, let's consider that the client has in fact chosen to be in your office. As a therapist, you should honor that effort, knowing that the client could have chosen not to be there, regardless of the reasons. Now it is the therapist's role to create an environment in which the client feels valued, both in terms of their time and their vision for showing up.

As a therapist, you already have formulated your way of creating the therapeutic alliance. Creating this alliance comes from the therapist being aware of one's self, being present and in the moment, being in tune with the purpose of being a therapist as well as intending and experiencing acceptance and kindness towards one's self and the client. This context allows for the client to feel at ease with what they bring to the session and for trust to be created between client and therapist. Building the alliance and trust between the therapist and the client supports the process to flow from one area of their life to another and allows the client to reach deeper layers, share without resistance, and delve into the areas where they were wounded by a trauma, so they can integrate and heal.

Before introducing the Awareness Integration Therapy interventions, the first thing to do is to gain information needed to set up a treatment plan for the client. The therapist does this by listening to the client's reason(s) for being in therapy, getting a background history, conducting psychosocial assessments, identifying any crises that need to be managed, and seeing if the client needs to be referred to other practitioners for additional care.

Addressing the client's presenting problem(s) and giving the client skills to overcome their obstacles is important.

The therapist may utilize the Awareness Integration Therapy interventions with the life area that the client has presented or address with the client's specific problems first, before introducing the Awareness Integration Therapy and guiding them through all the life areas. For example, a client may come in only to deal with the relationship with their mate. The therapist can choose to introduce AIT immediately and take the client through the 12 questions and the integrative section or choose to give some immediate communication skills to the client first, before educating the client about the AIT process and working with the entire model as described in this book. Another example is if a client comes in with anxiety symptoms, the therapist may offer some practical tools for the client to gain skills for reducing their anxiety and then introduce AIT. Awareness Integration Therapy interventions can then be used to uncover the different area(s) of life in which the client is experiencing anxiety, uncover which areas of life appear to cause more stress, which areas the client has handled the anxiety well, and how anxiety affects the client as he/she formulates his/her thought process. AIT is meant to have a set structure, and yet be flexible enough that it can fit the therapist's style and address and fulfill the vast needs of clients.

For most clients, Awareness Integration Therapy will begin in the second or third session. The therapist can also request that the client obtain my book *Life Reset – The Awareness Integration Path to Create the Life You Want* to work with at home as a workbook, while they deepen the therapeutic process in the office. *Life Reset* was written as a self-help book with exercises that the client can do on their own at home, coming prepared to discuss with their therapist the insights and awareness they gained.

There is a lot of information and research about awareness available on the Internet, which clients can use as a resource when preparing for the process. As an example, Daniel Siegel, in his book *Aware: The Science and Practice of Presence* says: "open awareness cultivates a larger, more expansive container of consciousness. People who participate in the practice seem to be strengthening their minds." He also talks about the fundamental emergent properties of a complex system being self-organization. "The form or shape of the unfolding of a complex system is determined by this emergent property of self-organization. This unfolding can be optimized, or it can be constrained. When it's not optimizing, it moves toward chaos or toward rigidity. When it is optimizing, it moves toward harmony and is flexible, adaptive, coherent, energized and stable."⁸²

I have noticed that clients who have gone through AIT in its entirety have reported experiencing true transformation without their negative and unworkable core beliefs resurfacing. They become able to utilize, on a day-to-day basis, the new tools they have learned. For example, they learned how to:

- Observe and be aware.
- Distinguish between their thoughts, feelings, behaviors, and assumptions, and to understand how these impacts the self and others.
- Notice any negative core belief that shows up.
- Go through the integrative process to see when in their life and at which event they created the negative belief.
- Nurture the part of self that was left aside.
- Empower that part from the strength of today; reassure and integrate the separate part into the whole system.
- Set their intended value.
- Evaluate their goals and whether their thinking, feeling, or behavior is in alignment, compatible, and in integrity and with their intentions.
- Choose a way of thinking, feeling, and behaving (action) toward gaining the intended result.
- Report feeling empowered, strong, confident, and fulfilled.
- Acknowledge that, with practice, they can become so proficient that they are able to go through the process within minutes and no longer waste their precious time and mood, dueling around the unworkable mental and emotional processing that left them depressed, anxious, self-blaming, and powerless.
- Report being free and clear to live life in the present moment with the joy and curiosity of a child.

I have also had clients who insisted on only working with the presenting problem area as opposed to extending it to any other area. In that case, I have worked with the model only within that area and, not only did the client receive ample support and result in one area, they also learned the tools to utilize in other areas. I have also seen clients who only came for a brief time utilize the model in one area only to come back months or years later to complete the model in other or all areas of life.

Introducing the Model

Ready...? This is how I introduce the model. You may shift it to your style; make it your own.

Together, we are going to embark on a journey. A journey of your life today as is, with all who are in your life and all the areas that you encounter in life. Imagine that we are walking through a path together, and as you look around you see people who you don't know, people you know, people you are very close to, and areas of life that you deal with such as work or money.

As we go through this path together, I will ask you certain questions. Although these questions may appear very simple, I ask you to answer them with all that comes to your mind. At times you might not have the answer to the question in your immediate consciousness. Allow the question to be received, give it time, and allow your subconscious to relate, explore, and respond. The answers might show up while we are in our therapy session or they may come to you when you are resting at home, you are dreaming, or early in the morning. If they come to you away from our therapy session, write them down, and we will explore them in our next sessions.

As we go through this path, we will discover a core belief that is not working for you. These kinds of beliefs are overly and negatively charged with emotion, feel like baggage that is too heavy for you to keep carrying, or make it seem like something is holding you back from being happy, fulfilled, and successful. Then I will guide you to an intentional, focused path through your body and memory lane to see where and when you created the negative belief.

We will take care of that separate part of you, which has stayed in the past and has been suffering, by understanding what type of meaning you created from that negative core belief, and when you assigned it to yourself and others. This will heal and nurture the part of you that was separated, so we can integrate it with who you are today with all the strengths and skills you own and have now, in present time.

Then we will come back to the present time and go to the next area of life and become aware and integrate again, and so forth until we have covered all areas of life that are relevant and important to you. When we are finished with reintegration of your past with the present time, we

will set the core belief and value system that works for you and makes you smile when you view yourself in that light.

We will set goals that work for you in every area of life that are important for you and work together to gain the skills for you to achieve your goals. This process can take from 10-20 sessions, depending on what we come across in our path.

Through this process you will learn how to expand your awareness about your internal process and be more aware and observant of all that is outside of you, so that you can efficiently regulate your thoughts, emotions, attention, intentions, and actions, and so this tool can become a natural part of your being. The same way you might practice driving until it is effortless for you to pay attention, you have a destination to go toward, and until you know how to coordinate with all the other drivers and the laws outside governing the roads. You will gain the skills to have this tool naturally operate as you go through all aspects of your life.

I then answer questions that might come up and reassure them that they don't have to remember the process, all they have to do is to become aware of themselves as an observant and share what they see, think, and feel.

Usually, in the first session using AIT it feels new and awkward for clients as they try to give a right answer to the questions. They become aware that they are really not aware and feel embarrassed about it. However, by reassuring them that this process is new, and they will learn the process of awareness, attentiveness, monitoring, and self-reflection as we move along the path, the anxiety gets minimized as proficiency maximizes.

I worked with Sara for four sessions. As she came to therapy room on the fifth session, she laughed and said "I am getting so great at this, in the ten minutes I was waiting in the lobby, I went through the 12 questions, found my negative core belief, went back to the original memory, took care of the me who was young then, brought her back with me and promised her that I would take care of her, decided how I would treat myself from here on, and figured out how to set boundaries with my mate with kindness toward myself and him. I got it." Sara was elated about having the independence and know-how to care for herself and shift the course of her actions to create the relationship that she wants. This process had empowered her and raised her self-confidence.

A chapter is allocated for each phase so that you can experience and see the purpose of each phase. Remember that for each area of life the therapist will

work with four phases in a row until all areas of life are covered. Then Phase Five will be done for all areas of life. Phase Six is the completion session with the client having a reinforcement symbol.

Working with the AIT Model

To begin working with the AIT model, the therapist first introduces it (see suggested script earlier in the chapter). Then, she asks the 12 questions in Phase One to Three (see Chapters 4, 5, and 6) followed by the Integration Process in Phase Four (see Chapter 7), going through the 21 life areas in the order below. The role of the therapist is to be aware, notice, reflect, and mirror what is being stated. She also helps clients explore the dualities that show up between different parts of the client, investigates inconsistencies between what the client believes and the results of his actions, identifies the client's existing strengths and inner skills, and teaches skills needed to accomplish his goals in the future.

Although the AIT model is highly structured, the therapist can stay in an area of life as long as it is needed for the client to explore it cognitively. Working with some of the areas might only take half a session and some areas might take more than one session.

Twenty-One Areas

1. People the client does not know personally (who the client might call strangers), such as people on the street or in the neighborhood, at the grocery store, in a coffee shop or restaurant, and so forth.
2. Acquaintances, such as friends of friends, family members, or other people the client knows, but who are not part of their close circle.
3. Extended family, such as aunts, uncles, cousins, and their extended families.
4. In-laws and their extended families.
5. Friends.
6. Career, including the client's view on pursuing a career versus having a job; their relationships with their boss, co-workers, employees, and customers; and their view of school or education, and so forth.
7. Money, including ideas about wealth and poverty, income level, power over creation or management of income, expenditure management and styles, and retirement.
8. Siblings.
9. Children.

10. Sex.
11. Past intimate relationships, including long-term relationships, marriages, divorces, first fling, first crush, and so forth.
12. Current relationship.
13. Caretaker / significant person in the client's life.
14. Father.
15. Mother.
16. Relationship between parents as the client was growing up and now.
17. Self-including body image, illnesses, addiction, depression or mental conditions.
18. Nature.
19. The Universe.
20. God/a Higher Power/religion/spirituality.
21. Death.

When this process is completed, the therapist will begin Phase Five in which she will guide the client in setting his healthy, workable and intended value system, thoughts, feelings, and actions chosen based on envisioning intended results. In Phase Five, the therapist will guide the client in setting goals and action plans for each relevant life areas. In Phase Six, the therapist with the client will create a useful feedback structure so that the client can have a self-sustaining management and quality assurance system to stay on the healthy and intentional path.

CHAPTER FOUR

PHASE ONE: RELATEDNESS TO THE WORLD

Phase One is a gentle entry into the Awareness Integration Therapy interventions. It is also when a client begins to become aware and distinguish the differences between thinking, feeling, and behaving, and to adapt this way of being conscious into their daily mindset. In Phase One, the therapist's uses her skills and a specific set of questions about life domains to facilitate her client awareness towards his own beliefs, thoughts, emotions, body sensations, and behaviors towards the external world. The purpose of questions in Phase One is to create an awareness of an individual's thought process, perceptions, emotions, and behaviors in relation to one's external environment and to create an understanding of how these constructs impact the client's life.

Phase One also offers the opportunity to engage clients in owning and being accountable for the effect their actions have on other people, which is a key component of creating healthy relationships. Most people readily recognize the cause and effect concept when they are personally impacted by someone else's thoughts, feelings, and actions; however, they are much less aware and responsible about how their own thoughts, emotions, and actions affect the way they operate in life and with others every day.

For example, most people are quite aware of how they feel when their boss or their mate talks to them in an angry tone. However, they are seldom as aware of how their own negative and demeaning thoughts, their feelings of anger, their tone, their words, and nonverbal body language affects the quality of their discussions and of the overall long-term quality of these relationships with their bosses or mates.

Regardless of how they see the impact in their relationship or whether they feel victimized by their mate, having a negative description of one's mate and brewing negativity within themselves and their relationship has long-term effects. The awareness leads to the client becoming responsible and accountable for their contribution to any friction in their relationships. More

importantly, this awareness empowers the client to shift his thinking, feeling, and actions toward their intended results.

The role of the therapist in this phase is to listen carefully for generalizations, categorizations, unrealistic expectations, or unrealistic formulas that the client has created as well as false assumptions and dualities between client's different parts.

Questions for Phase One

1. What do you think of _____ (person/people in the category, e.g., money, career, etc.)? Give me both your positive and negative thoughts.

It is important for the client to explore fully her thoughts, beliefs, expectations, dualities, stories, convictions, and prejudices and to identify any of the client's beliefs that are at odds with one another.

Cindy

Cindy thought of men in general as bad, cheaters, and vicious liars who only want to use women for their own pleasure. However, at the same time, Cindy expressed that she wants men in her life to give her a feeling of safety and security. This is an impossibility for Cindy, given that she perceives men in such a negative light. How could a vicious liar and cheater make her feel safe and secure? It can't happen, and any movement toward connection with a man will be thwarted by Cindy's underlying negative core beliefs. In this phase, Cindy might begin to realize that continuing to think of all men in the very negative way she regards males will not help her to feel safe and secure with men. Cindy might be encouraged toward thinking that "some men" are vicious, lying, and so forth., which leads her to also believe that some men do not fit her former preconceptions of the male gender. With this new way of de-generalizing, the therapist can support Cindy to gain skills needed to find the men who could create a feeling of safety for her. This information can also be utilized in Phase Four when clearing any unfinished business or memories Cindy has held from her past.

Henry

Henry believed that money was the route of all evil and was convinced that money had destroyed his father's family. Henry was a struggling

businessman who felt defeated because he did not perceive himself as successful. In this phase, Henry realized that he negotiated around money with a very negative underlying belief which led him to fail inevitably so that he would not bring evil into his life like his father did and so that he would not fight with his siblings. Thus, Henry could not be successful in business because of his core beliefs that came from an underlying fear and sadness from a childhood experience. In this phase Henry becomes aware of this duality. The therapist supports Henry to realize this duality will stop him and supports Henry when formulating what type of beliefs, emotions, and actions would create a successful business. The therapist can support and guide Henry to learn skills from successful business owners in his community and adapt those skills into his own daily business practices. In Phase Four, the therapist can support Henry to clear his childhood experience with his father and siblings to dismantle the unworkable core belief.

With this first question, the client also opens up to all of the *positive* beliefs and thoughts that have so far moved him forward in life and created successes in his life. These positive beliefs have facilitated movement toward goals and achievements and can be noted as strengths and a source of resiliency.

In addition, with this first question, the client becomes aware of how her beliefs about one matter can change from one area to another area of life.

Carla

Carla thought of men as powerful and merciless individuals, and she enjoyed competing with them at work. However, in contrast, Carla perceived the men in her own family as loving, caring, and reliable individuals. She also thought of men as generous and fun in terms of their sexuality towards her. In the area of intimate relationships, Carla had a great deal of expectations. No man had ever completely fulfilled this role—and no men could. The therapist can support Carla in understanding where her beliefs about men came from—perhaps it was the culture in her family or an event that caused her arrive at this generalization—and if she wants to hold on to these beliefs.

If not, the therapist can help Carla redefine her view of men so that it works for her and it is close to reality.

The client can also trace his own thought processes and beliefs throughout the time line and discover for himself how they developed, and what factors were the primary reasons for the changes that occurred from childhood to adulthood.

2. How do you feel about _____ (person/people in the area or the category, i.e., money, careers, etc.)? Discuss both positive/pleasurable and negative/uncomfortable emotions.

I have noticed frequently that most people are not trained to identify, feel, and express their feelings or emotions or to differentiate between thoughts, emotions, and behaviors. Many times, people start a sentence with “I feel” and then continue stating either a thought or a behavior. With this second question, the therapist trains the client toward naming, feeling, and expressing emotions. The client can become aware of his full range of emotions, including identifying feelings that are more favorable, their typical mood and its related feeling, and how they feel when all is calm. Some notice that they favor one emotion over another, such as anger (giving them a sense of power), or sadness (for having a nostalgic safe and warm feeling) and avoid, at all costs, other feelings such as fear or shame.

The client learns to identify the feelings that are the most and least empowering. This learned habit helps clients to tolerate, contain, regulate their emotions, and build a high level of emotional resiliency and emotional intelligence. Responding to this question also helps the person to release the authentic feelings that are attached to a charged emotional past trauma or experience. This skill is also needed to help the client build strong communication skills, to learn to release any destructive feelings privately before communicating with people and learn to share freely and authentically uplifting feelings that encourage closeness.

At times clients were stunned that they stated they had positive thoughts when asked about an area of their life but had a negative response when asked about their feelings of the same area. Sometimes these dualities are described in words by the client; other times they are expressed through nonverbal body language. The therapist can notice these kinds of dualities by observing the client closely. Once she shares these observations, the client can begin to tap into the subconscious beliefs underlying these negative emotions, which are constantly running in the back of his mind. Having the conscious awareness of these hidden beliefs, agendas, and dualities will create an integration of all the subsystems to a whole unified self.

James

When talking about his relationship with his mother, James talked very favorably. He admired her and mentioned all the positive aspects of her character. However, when he began talking about his feelings toward her, his face changed, his posture became infantile, and he stated that he felt shame and sadness toward her. When the therapist noticed the duality, James stated that he feels small near “the queen on a pedestal,” that he would never see himself as her equal. She would always remain huge, and he would, in turn, always stay very small. The negative feelings opened up the door for James to revisit how he had formed the impression of his mother. James realized that this keeps him from feeling confident and close to his mother and does not serve him well.

3. How do you behave toward _____ (person/people in the area or the category, i.e., money career, etc.): Discuss both actions/behaviors that create favorable results and the ones that have created unfavorable results.

The responses to this question aid the client in becoming significantly more aware of their words, tonality, gestures, body language, actions, and the behaviors that they automatically do. Most people do not experience their behaviors as chosen actions. Instead, they see them as reactions to the outside world coming at them. Yet many behaviors are chosen, even when people do not realize they are making choices. It is very powerful and liberating to realize that you can be proactive in choosing every behavior that you express, rather than being a slave to your own behaviors and reactions. But for that rewarding experience to happen, there must be a strong awareness and recognition of the habitual, reactive, tit for tat, and conditional behaviors that the person has evidenced in the past. The pattern can only be modified or dismantled if it is identified.

Tom

Tom realized that whenever he wanted to discuss something with his wife, from one sentence to the next she would start yelling at him. Tom fell victim to this pattern and inevitably saw his wife to blame for this unworkable communication glitch. The therapist supported him to see how he behaves when he intends to communicate, by asking, whether he changes from the first interaction to the next, what becomes more important to him, what thoughts or emotions take over and express subconsciously, how does he sound, and what does he say, and so forth.

Tom became aware that a particular pitch of his wife's voice as well as a particular body posture immediately triggers a perception that she is insisting that she is right, and he is wrong, which angers him and makes him want to prove her wrong. This hijacks the communication, turning a discussion into a yelling match. This realization supported Tom to stop when he realizes that he is getting triggered and shift back to his original intention of communication, so that he can have a fruitful conclusion to the discussion. Tom also realized that he had learned this trait from his father and continued the habit without noticing the damage it had created in his parent's marriage or, now, his.

4. How does the way you think, feel, and behave toward _____ (person/people in the area of the category, i.e., money career, etc.) impact your life and others' lives? Write the positive and negative impacts.

A person becomes more empowered in life by becoming responsible and accountable for their actions. When we grasp the impact that our actions have on our whole life and the lives of others, we are more apt to make holistic decisions that lead to better results. With this awareness, the client tends to identify and move away from short-term pleasure or ego-oriented reactions to more sustainable and workable decisions for their overall life. This includes consciously choosing their attitudes and acting with intention when decisions are made. It is as if the client is learning to put a filter between his thoughts and feelings (which are internal) and his behavior (which is external) as a way to consciously create an impact more suited to what he desires.

This awareness leads to owning the result of his co-creation and it lessens the feelings of victimization, powerlessness, and hopelessness thereby allowing the client to become proactive in the process of co-creating an intended result in any relationship or area of life.

Tom

When Tom realized that his way of thinking and projecting that his wife wanted to have power over him, saw him as useless, or manipulated him, these assumptions angered him. He felt belittled, shame, sadness, humiliation, and, at times, hate. His behavior became defensive and aggressive, and at times he was the rebellious teen who, instead of negotiating maturely with his wife, would turn the discussion into a battle. The impact of his wife losing the love and high standing that she had for

him as well as knowing he was reduced to a teenager who was manipulating in her eyes, made him wake up. He manned up and grew up. As he took ownership of his style of communication, he began shifting to a more mature dialogue. Every time he witnessed his own thoughts, emotions, and behaviors being triggered and hijacked, he stopped the conversation, owned that he was triggered, shifted immediately, or took time away to calm himself down and shift, and then continued the dialogue. Their relationship, which was on the verge of divorce, became “best friend quality.”

In many cases, individuals say that they don't *know* how they think, feel, or behave, and they are being truthful. They are not used to distinguishing between those three categories, and that is why we, as therapists, train clients to identify and distinguish between them. Here are the crucial differences, simply put for the client. If what a person hears inside her head is abstract, analytical, or descriptive, and it is about someone or something, then it is a thought. In contrast, if the experience is felt in the body and can be stated in just one word (love, hate, jealousy, and so forth), then it is a feeling. Last, if it is action-oriented, then we are talking about a behavior. For example, you may *think* that a large scary dog who is barking at you will attack you, but what you primarily *feel* is fear. Taking the example further, your behavior may include freezing up, screaming, or running away. Clients can be corrected, redirected, and trained in ways to distinguish the differences between their thoughts, emotions, and behaviors. Learning these differences will generate benefits for years to come. The client may have limited choices with the angry barking dog, but within the course of their lives, they will have many occasions when they *will* have an array of choices to make. A conscious awareness of choices is empowering and also leads to change within most clients.

Once the client begins to grasp the differences between thinking, feeling, and behavior, he can far better understand how his thinking, feeling, and behavior affects his life. For example, if Jim believes that most people are mean and cruel, he will likely have negative feelings toward them and will either avoid them or behave aggressively toward them. In response to Jim's behavior, these individuals will likely, and, in turn, either ignore him or fight back. With this newfound awareness, Jim can grasp the impact of how his ways of thinking, feeling, and behaving actually cause and instigate a predictable response from the people around him and may have led to his feelings of isolation and loneliness. One of the key takeaways from Awareness Integration Therapy (AIT) is that a person's thoughts, feelings, and behaviors towards others have a direct impact on how they interact with

other people. Thus, changing one's thoughts, feelings, and behaviors will also usually generate a different response in other people.

Phase One Sample Sessions

Before I enter Phase One, I explain the purpose of this phase to my client, so that she understands the basic goal to develop awareness of the client's thoughts, feelings, and behaviors and the impact of the internal world toward life results.

Dolores

Therapist: What do you think of people in the world?

Dolores: Some are judgmental, some are nice, most are ungrateful.

(Therapist notes "ungrateful" as a distinct word and particular view point because it might indicate held beliefs and emotions. Here the therapist chooses to continue opening up the thought process by asking a question.)

Therapist: Ungrateful? Say more.

Dolores: People have a sense of entitlement. Does not matter what they have, they are constantly complaining. How much do you want? How much is enough?

Therapist: How do you feel about people in the world?

Dolores: I have mixed feelings. I do not trust them, and, yet at the same time, I feel like I am a part of them.

Therapist: What is the experience of not trusting them versus being one of them like?

Delores: Weird. Ha. I don't trust the selfishness of the human being side. One sided. Only thinking about themselves and nothing else. I feel like an outsider who they don't care about. With the nice ones who are not selfish, I feel connected and one with. There's a sense of warmth.

Therapist: You don't like being the outsider; you like being included and cared for.

Delores: Yes

Therapist: How do you behave toward people in the world?

Dolores: I defend myself.

Therapist: How do you defend yourself?

Dolores: By putting up a wall, by not giving all of my information to people, by not looking in their eyes, or not acknowledging them.

Therapist: Hard to be included that way.

Dolores: Well, yeah! Ha!

Therapist: How does the way you think, feel, and behave toward people in the world impact your life and others' lives?

Dolores: I live a defensive life. I do not open up with others. I don't feel free, and I can't trust people. This isolates me.

Therapist: Yep. Is this what you hoped for?

Dolores: Not really. It is interesting that I didn't see how I was creating this mess in my own head and that it has nothing to do with how people really are. People are people, just like me, and have all sides. I make them into a monster, withdraw from them, and then I'm pissed about not being included. Funny. Ha. Wow.

Sometimes the client offers only a little bit of information. If this happens, don't be discouraged. Although the questions appear simple, they are essential and deep. Just ask as many questions within the same category as you need to reflect content, emotions, and dualities, and to deepen and expand the client's awareness as much as possible. The client will answer all that comes to their mind at that time, but as you allow time, they will expand on it. At times they need more probing with simple phrases such as "tell me more." This is where the therapist can also bring their own therapeutic orientation and preferences when asking additional questions and where they have the opportunity to reflect and add in their style. I strongly suggest that no matter how many questions you add that you keep coming back to the structure at hand and continue following the AIT structure. Make this model yours, by fitting in your style to get even more benefits from AIT.

In the case of Dolores, who immediately reveals a very negative view of unknown others (whom she largely perceives as "judgmental" and

“ungrateful”), the therapist can also ask for a positive assessment. This checks the balance within Dolores’s system and can seed the opportunity for Dolores to begin looking for the positive aspects. Dolores also begins to see how this reality, as she has created it, has made Dolores reluctant to engage with people, leading to her own self-isolation. However, the discovery of key information is not always so immediate, and as the therapist follows the model, the proficiency of the client and the therapist to go deeper increases.

Keep an eye on client’s body language cues. This should not be ignored. If a client says they feel fine about the world at large (or their parents, nature, and the other domains), but they are sobbing, or their body language indicates that she feels quite the opposite of fine, then it’s important to ask about it in a gently probing manner.

Sample Session Two, Phase One

Therapist: We are beginning the Awareness Integration Therapy (AIT). In this model, we will cover different areas of life that matter to you. We will start with areas that are less personal and move along to areas that are more vulnerable for you. The reason is for you to be able to practice distinguishing between your thoughts, feelings, and behaviors, and to learn ways to contain your emotions before we explore areas that are filled with issues of attachments and vulnerability. I start with proposing questions for the purpose of your awareness. You might know the answers right away, and that is okay. Even if your conscious mind does not have the answers right away, your subconscious mind will continue to process and bring up the answers to your awareness as we go along. So, please answer with the first response that comes to your mind, and we will take it from there. Remember, there is no right or wrong answer, just your answer, and sometimes you may give answers which appear to be opposite from each other.

In this process we also become aware of patterns, dualities, formulas, schemas, strengths, and vulnerabilities. We get into both negative and positive core beliefs, past traumas, how you may be holding on to old beliefs, and what the impact this is having on your life.

Now, I want you to visualize that you are on a path, and all around you are people you don’t know. There are about seven billion people in the world that are living around you on Earth. They are driving on the street beside

you, in shops, in your neighborhood. They are men, and they are women. So, what do you think about these people who are strangers to you?

Jane: In general, I am okay with everyone. I don't really connect with strangers, but I am fine with it. I am polite and sometimes helpful when needed.

Therapist: Thank you for telling me your thoughts that you are okay and that you don't really connect, and for telling me your behavior of being polite and helpful. Is there a distinction between how you think about men versus women in general?

Jane: In general, I am okay with everyone. But as soon as a man becomes needy, I go to that place where all men are users. If you give them room, they will take advantage of you and the situation. I have to make sure they know where they stand with me. Men are needy and always find someone else to carry their weight and responsibilities.

Therapist: It appears that you have more of a charge about men being needy versus women. What do you feel about people in the world?

Jane: I'm okay.

Therapist: Elaborate on being okay.

Jane: I am comfortable with them; I am not scared. Like I said, with men I feel agitated. I need to protect myself from their neediness.

Therapist: How do you behave toward people in the world?

Jane: I am usually kind to everyone and try to be helpful when needed. I don't start conversations with strangers and don't make the first connection. But if someone starts a conversation with me, I will get involved.

Therapist: How do you behave with men who become needy?

Jane: I show them my agitation by rolling my eyes at them and saying something to belittle them so that they stop being needy?

Therapist: Does that usually work?

Jane: Not really, but I try anyway.

Therapist: How does the way you think, feel, and behave toward people in the world impact your life and others' lives?

Jane: I see this shyness in me all the time. I go to the same restaurant over and over, but they never remember me. I am unsubstantial to the world. On the other hand, I have a friend that, wherever he goes, everyone remembers him. He has charisma. He shows interest in people and talks to them, and they remember him. I have tried to do that, but my sentences are short and to the point, and therefore, no connection.

Therapist: How does the way you think, feel and behave toward men affect your life?

Jane: Well, I don't have too many male friends around. At work, men don't come around me much. In my relationships, I pick overachievers who don't need me. And since I am shy, I don't initiate much either, and our relationship becomes very independent very soon with no attachment, especially from them. Shoot—never thought of it that way.

Common Mistakes That May Occur in Phase One

There are several common mistakes that may occur in Phase One. A frequently occurring one is rushing through the questions for each life domain. It is even worse to omit some of the life domains altogether. This may be an error by the therapist, who may believe that some life domains are irrelevant. Yet if the right questions are asked, the client may reveal crucial information. This error might also be triggered by an impatient client, who sees no reason to go into how they think, feel, or behave towards siblings or children, and instead wants to focus on the problem that they identified as the “real issue.” Gently steer the client back to the questions in the model, assuring them that the issues they have identified will be addressed.

Another mistake therapists make is going through the four questions without asking for additional input. When the client mentions something that is worth pursuing, ask questions to explore deeper and analyze patterns. As you do, the client's life story unfolds, dualities, created formulas, schemas, and core beliefs come to the surface, so be willing to discover more within the construct of the four areas of thinking, feelings, behavior, and impact.

CHAPTER FIVE

PHASE TWO: PROJECTION DISGUISED AS REALITY

The purpose of Phase Two is to develop the client's awareness toward her own projections of the external world as they relate to her. People constantly project and set up their self-identity and behaviors based on projections. Yet because many people believe that their projected reality is *the reality*, they seldom conduct a basic reality check. However, the way the client projects others perceive her, as well as the way others perceive her relationship with career, money, sexuality, spirituality, and other life domains, has a significant impact on her life. For example, if the client believes that others have harmful or otherwise malevolent attitudes and intentions towards her, she is less likely to wish to engage with them—even when these theoretically malicious people are unknown to her and when they have no ill intent whatsoever. As mentioned in Chapter Three, each life domain is explored through the first four phases before proceeding on with therapeutic work on a new life domain. Note that this phase takes a different approach when exploring the life domains that deal with people as opposed to the domains that deal with objects, actions, and concepts such as money, wealth, sex, nature, the universe, and death. In these areas, Phase Two questions will be about the client's assumption of people's thoughts, feelings, and actions toward them in relationship to people or a particular domain.

Phase Two is an important phase because a lot of the powerlessness and victimhood clients experience stems from this state of their own projection, which has caused them to apply generalizations or categories to people at large, based on one person or incident in their life. When clients realize that they are the ones who have assigned meaning to other people's behavior, they can then begin to understand that their personal projections onto others are far more powerful and real than they have ever imagined. While this has added to their misery, with knowledge comes power and a sense of being in control.

In day-to-day living, the client's awareness of how he projects feelings and beliefs onto others creates a new understanding. Instead of projecting and then moving on, creating a life pattern against his own projection, the client can check out and test his projections. For example, if he decides to test that people are hostile to him by extending himself and try being nice, he may receive returned friendliness and kindness, thus challenging his previous views that everyone is distant and uncaring toward him. He can also explore in what instances people are hostile and/or friendly. He can, therefore, drop the generalization and pick up some useful assessment skills. He can also become aware of how he contributes to people acting hostile versus friendly. This would create a feeling of empowerment instead of victimized. It allows the client to create another relationship with reality versus building a bubble and, falsely, calling it reality. Operating from observing what is out there and noticing the in-between the relationships gives ample information in how the client can relate to others vs. relating to others only through a lens of projections.

In Phase Two of the model, questions are also asked to elicit projective thoughts from clients about these same key life areas, such as how clients think that strangers think, feel, and behave toward them, as well as how siblings, parents, romantic partners, and coworkers think, feel, and behave toward them. For example, if clients believe that the world at large is a very hostile place or that acquaintances loathe them, these thoughts are usually more indicative of a generalized view of an unfriendly world where most (or all) people are unkind, and such information will lead the therapist to explore earlier experiences that produced such a negative generalization. A very negative experience that leads to generalization would often entice a person to create heavy and deep coping mechanisms to constantly survive the nasty world—the source of the fear, anxiety, and anger. These negative emotions and the guard that one has to keep up will mostly lead to acting in a hostile way toward others, enticing them to mirror the hostility, thereby creating the self-fulfilling prophecy that the world is hostile. The client's awareness into the way one projects, how the projection got created, the effect of the projection on one's feelings and behaviors, and, therefore, the results helps the client to become more responsible, accountable, powerful, and reality-based when relating to the world.

Questions for Phase Two

Phase Two Covers the same four categories—thoughts, feelings, behaviors and impact—as Phase One, however they are asked about the client's perception of how others think, feel, and act.

1. When ____ (person, people in the life area) are around you, what do you assume

they think about you. What do you assume people think about you using/managing/being with (in the areas such as Money, sex, nature, universe, and death)? Write your positive and negative assumptions.

This question allows the client to explore his assumptions about how others view him, his role in the society. As the client explores these assumptions, the therapist can also check to see how he has formed these assumptions. Some form assumptions by hearing their parent's, teacher's, or someone else's negative or positive feedback. They tend to apply generalizations to everyone, as if to imply all people view him the same way. Some clients assume, based on projections, that the other person also thinks of them the same way they view the other person.

Some client's project how they view themselves as what others also think of them, which is related to the earlier notion that a significant person in their life stated a negative view about them, introjected it, and it became their own view of themselves and is projected on to all people out there. Some clients might have had one or two negative interactions with someone, then generalize it as if that person always thinks of them that way. Clients notice that they rarely do a reality check to see if their projection is true. They just live and react to it as a fact of reality for a lifetime.

It is also important to see the positive projections that clients have. This part should be noted in the pile of their strengths and visited when building their value systems in Phase Five. When questioning the client's relation with an object or a state, for example, in the area of money, in this phase, the therapist will ask: "How do you assume others think of you in relation to money, management of money, earning income, and so forth?" Client might see the duality of how they think of themselves and act versus the way the people in the world around them view them.

At times it is wise to guide the client to do a reality check with people and ask what they think of him. I have asked for the client to ask five to twenty of their friends or family members, face to face or via email, how they think

of the client. Although clients have gasped at first hearing this idea, they have been pleasantly surprised by the outcome. This process also teaches the client to go beyond their simple assumptions and check—however comfortable they are with their mode of communication—to verify the validity of their assumptions before acting on them.

2. When ____ (person/people in the life area) are around you, how do you assume they feel about you? What do you assume people feel about you using/managing/being with (in the areas such as money, sex, nature, universe, and death)? Write your positive and negative assumptions.

The skill of reading people's emotions from their facial expressions and body language has a survival and biological function that human beings have inherited. The lack of that skill in some people appears as a symptomology of a disorder such as the autism spectrum. Since human beings seek acceptance, admiration and some adoration from others, to be part of the herd or feel wanted and confident, they are keen in observing other people's emotions.

Clients will react emotionally automatically to their perception of another person's feeling toward them. It is important for the client to be aware of the feelings that the client assigns to others when witnessing their emotions in their body language.

This area is very hard for people to get straight feedback on. Clients except in their intimate relationships rarely ask how someone feels about them, many are scared to find out, many think that people will not be honest about sharing their negative feelings about them. This is especially true in the areas of romance, sex, and money, where people feel very vulnerable asking another's feelings about them. However, through the straight reality checking clients become courageous in facing the world out there. This reality checking becomes most important when the client has negative assumptions, which are not accurate but are affecting the way the client is responding, or when the client is accurate about other people's negative assumptions and not exploring of how he is contributing to the negative impact.

3. When ____ (person/people in the life area) are around you, how do you assume or experience his/her/their behavior toward you? How do you assume people's behavior around you using/managing being with

(in the areas such as money, sex, nature, universe, and death)? Write your positive and negative assumptions.

The distinction of whether the client is observing or assuming is very important to notice. When the client observes another person's behavior toward herself, she can relate and respond accordingly. The therapist can support the client to receive it as a feedback to continue or shift her behavior to create a healthier relationship. If the client notices that she observes other's behavior and lands lots of her own projections and assumptions, then the therapist can support the client in clarifying the intention of others before responding.

This area creates many misunderstandings in close relationships, such as at work and with siblings, friends, parents, children, or mates. Without the ability or the skill of checking reality, relationships can be damaged.

4. How has the way that you assume _____ (person/people in the area or the category, i.e., money, career, etc.) think, feel, and behave toward you has impacted your life and others' lives? Write the positive and negative impact.

Clients at times gets surprised of how much they have carried a type of relationship in their own illusionary minds, have created feelings and acted only on their own version of the perceived relationship, which had nothing to do with reality. This realization allows a freedom to get real and behave in accordance to actual dynamic that is in between people instead of only in the figment of one's imagination.

Many clients begin creating more real conversations with people who are close to them. They also become more aware of their friends' and family's love and begin sharing their positive feelings about each other. Since they had kept mostly negative remarks in their head, they had to quickly shift it to what was actually happening in the here and now.

Overall, the realization that we all live in our assumptions and projections is a shake up for many people. Since, falsely, we think how we view the world is really how the world runs it does not occur to us to do away with our perceptions. This may scare some clients at the beginning stage, since losing a structure that they have built would be scary. It can also be liberating to not be stuck in an unreal world that constantly creates suffering. The notion that we live in our own world allows us to be open to constantly checking for what is being presented and to then correlating and co-creating the relationship together.

Sample Sessions

Here are examples of several client sessions in Phase Two.

Dolores and Phase Two

I asked Dolores (from Chapter 4) the Phase Two questions, starting with strangers in the world at large. Here is our interaction:

Therapist: When people who you don't know are looking at you, what do you assume they think about you?

Dolores: They judge me. They think I am not pretty enough or smart enough. Some of them want to take advantage of me.

Therapist: How do you know that?

Dolores: Well, guys don't ask me out, so I know that they don't think I am pretty.

Therapist: You assume that guys think you are not pretty and that is the reason that they don't ask you out, because if you were pretty, they would. How do you know that they want to take advantage of you?

Dolores: At work, all they want is to pile up work on me. Don't even want them near me. I know what they are thinking. Hey, the fool is there; let's dump on her.

Therapist: Since lots of work is being given to you, you assume that they must think you will take anything that they give you, and therefore they do.

Dolores: Yes.

Therapist: Do you take the work?

Dolores: Well, yes. I can't say no.

Therapist: You can't?

Dolores: No. I will be fired.

Therapist: Since you have assumptions about people in different areas of your life, you also assume the same thing about all other people.

Dolores: I guess, yes.

Therapist: When people who you don't know are looking at you, how do you assume they feel about you?

Dolores: They don't like me.

Therapist: Elaborate on the feeling you are assuming.

Dolores: They feel I am irrelevant.

Therapist: That is your assumptive thoughts. If you assume that they think you are irrelevant, how do you assume they feel about you?

Dolores: Agitated, numb, disturbed, bothered.

Therapist: Are those your usual and common emotions when you are surrounded by people?

Dolores: Most of the time

Therapist: What are the other times? How do feel at other times?

Dolores: I am fine. Happy go lucky. Don't care.

Therapist: Interesting. Such a radical shift. How come? What is the difference?

Dolores: I guess when I say I don't care about how they think of feel about me, then I become carefree.

Therapist: And Free.

Dolores: Yep. (She laughs.)

Therapist: When people who you don't know are around you, how do you assume or observe they behave toward you?

Dolores: They either pay no attention to me or they want to take advantage of me.

Therapist: How do they behave that you assume they want to take advantage of you?

Dolores: They usually want something from me, and I am stuck. If I do what they want, then I am leading them into continuing to ask me and take advantage of me. If I refuse, then they get mad and won't be around me.

Therapist: You certainly also care for them to remain around you, and, therefore, give in to what they want, regardless of what you want.

Dolores: You said it.

Therapist: How has the way that you assume people whom you don't know think, feel, and behave toward you when they are looking at you impacted your life and others' lives?

Dolores: I became indifferent and suspicious. It has forced me to isolate myself most of the time. I feel lonely and I am alone most of the time. It has taken away my freedom and joy.

Dolores has revealed that she assumes that even complete strangers who don't know her think she is not smart nor pretty and, in addition, they invariably seek to take advantage of her. As she discusses her thoughts, feelings, and behaviors, she begins to see that her own attitudes towards others affect her reality and her interaction (or lack of interaction) with others.

Therapist: How are you with the result that your assumption has created in your life?

Dolores: Well, I see how ridiculous it is that I have bundled up all people into categories. I have people around me that have been very nice to me without wanting anything from me. I guess I am discounting them.

Therapist: Yes, you are. And discounting yourself for who you are for them. If you had the chance to reality check your assumptions, how would you do it?

Dolores: First, I don't think it is fair for me to categorize all. If that is the case, then I am also in that category.

Therapist: Are you?

Dolores: Well, sometimes I want something from others. Who doesn't at times? Mostly, I am just relating for the sake of relating. I guess I can grant them the same.

Therapist: If that was your assumption then, how would that affect your life?

Dolores: I guess, I would be more open to relating and opening up to people. I would actually be nicer. (She giggles.)

Steve in Phase Two

Therapist: In the area of your management of money, how do you assume that others think of you?

Steve: It depends. People who don't really know me or work with me think that I have lots of money and manage my business and wealth well. Because I want them to think of me that way. That is how I run my business. I have to drive a nice car and wear an expensive suit and watch to show people that my business is thriving. But my family and friends think that I am a mess and can't manage anything. And you know, I am doing my best. What can I say?

Therapist: What is your best?

Steve: Well I don't mean that I am really doing all the best, but I am surviving. They just don't agree with my decision making and how I shift money from one location to another. Like, I borrow from a friend to handle one month, then make some money and pay them back, and then reward myself with a gift or a trip to Vegas. My wife and my mom really get pissed at me since they think I keep repeating the same pattern and will never get out of this mess.

Therapist: And ... are they accurate?

Steve: I guess so. But I can't just survive; I need to live a bit to have motivation.

Therapist: How do you assume others feel about your management of money?

Steve: People who don't know me are proud and envious, my clients feel satisfied and good, I guess. They keep coming back. My wife is furious, my mom ashamed, my friends pity me.

Therapist: You assume that the people in your close circle hold very negative emotions about you. How is that for you?

Steve: It is hard to know the one's that I love and matter the most to me have such a view of me. I guess I have let them down and make life difficult for them.

Therapist: How do you observe or assume others behave toward you around the concept of money management?

Steve: Strangers give me positive feedback, constantly feeding me with great and uplifting comments. I guess that is only what I want them to see, and they are benefitting from it. My family and friends tell me how upset they are every day. My wife is distant and is mostly angry at me. Looks at me with disgust when I buy myself or even her something. She will say: "What is the point? We don't have money for the most important things in our life and you buy expensive shoes."

Therapist: How has your assumptions about how others think, feel, and behave toward you impacted your life and others?

Steve: I can see that I have made one group more important than the other. I care for what strangers think and feel but aren't as concerned with what my closest people and resources think and feel. To be honest, I am not managing my financial life well at all. I never have. I wing it. I don't manage it and don't think long term about it.

Therapist: Do you know how to?

Steve: No, my dad didn't either. That is why my mom feels shame. She partly sees it as my dad's fault for not being different, so I could have learned how to manage my money. But, it's too late.

Therapist: Not really. You can have other role models in this area to learn from if you wanted to. Do you know someone whom you think manages their money well?

Steve: Yep, Oliver. He is amazing

Therapist: Would he teach you?

Steve: I guess, if I asked. Wow, that would be embarrassing.

Therapist: To come clean with yourself or Oliver?

Steve: I guess me, since Oliver already knows the mess, I create.

Therapist: Great. He obviously still hangs out, so he must not judge you that negatively. So, what do you say?

Steve: Yep. Let me figure out how to approach him.

Jane in Phase Two

In this Phase Two session, the therapist and Jane were talking about people she knows at her job.

Therapist: What do you assume people who work with you think about you?

Jane: That I am a pain in the neck to work with or for. That I take things very seriously and am all work and no play.

Therapist: Is that also your experience?

Jane: (Giggles) Well I guess sometimes. I am all work and no play.

Therapist: What do you assume people who work with you feel about you?

Jane: That I am a showoff. I have a big ego. I am also capable and smart. There are very mixed feelings—some positive, some negative.

Therapists: Those were your thoughts. How do you assume they feel about you?

Jane: Oh, sorry I keep getting them confused. OK. They feel intimidated, jealous, agitated, annoyed.

Therapist: How is it for you to assume they feel like that toward you?

Jane: It sucks. But, whatever...

Therapist: How do you assume or observe people at work behave toward you?

Jane: They are reserved and unloving. They are envious and closed.

Therapist: You must have rough days working in an environment where you see people as unloving and envious.

Jane: Well I have to watch my back, but it is ok. I maneuver.

Therapist: How has the way that you assume people at work think, feel, and behave toward you impacted your life and others' lives?

Jane: I hurt some of the people around me by pushing them away. I also have made good friends that rely on me and depend on me. I have grown in life faster than others that I know in my field. My strength has made life for others easier and helped them to become better people.

Jane clearly has very mixed thoughts, feelings, and behavior toward herself. She perceives herself (through projection) as highly competent and even more competent than peers. But she also believes that she is perceived negatively or as a showoff. She needs to resolve these diametrically opposed images of herself as super competent and at the same time, as one who is closed and reserved, as well as someone who has many friends, yet who has hurt numerous people around her.

Therapist: It is great that you are taking responsibility regarding the way that you have hurt people around you, especially by pushing them away. You also sound righteous about the way that you operate at work and see the benefit of it. As if, you like what you do, you just hoped they would see the benefit that they are all gaining and would in return appreciate and like you instead of being envious and hurt.

Jane: Exactly. Their problem.

Therapist: Is it their problem? Then how come it is showing up in your life as a negativity? There appears to be some dualities here.

Jane: Yep. So, what can I do? Just lay low, so they like me.

Therapist: Then you wouldn't like yourself, and no one would benefit?

Jane: True.

Therapist: Does it have to be all or nothing? Can we hold what works and shift what doesn't?

Jane: Hmm. What works is my actions and smartness. What doesn't work is that I become a jerk, proving that I am good.

Therapist: (Laughs.) Thanks for acknowledging what does not work. How can you be, if not the jerk proving her worth?

Jane: The result is there; I don't need to prove. I can be nice and acknowledge them for their effort in creating that result.

Therapist: Sounds like a great idea.

CHAPTER SIX

PHASE THREE: RELATEDNESS TOWARD THE SELF AS AN IDENTITY

The purpose of the Phase Three is to aid the client in discovering how she perceives herself and her own identity. In this phase, the client is asked about how she thinks, feels, and behaves toward herself in various life domains. There is an opportunity for the client to be more conscious about the assignations, such as “I am not good enough” or “I am a failure,” that she has created about herself in each area, and how the accumulation of these formulas and beliefs fixed in place an identity, which she operates from automatically.

Allan Schore, in his book *Affect Regulation and the Repair of the Self*, talks about the theory in which the individual assigns mental states to self and to others, and then predicts behavior on the basis of such assignments. He says that the core of the self is nonverbal and unconscious, and it lies in the patterns of affect regulations.⁸³

Antonio Damasio, in his book, *Self Comes to Mind: Constructing the Conscious Brain*, suggests self is built in stages. The simplest stage—Proto Self—emerges from the part of the brain that stands for the organism, a neural description of relatively stable aspects of the organism. The second stage—Core Self—forms from creating a relationship between the organism and an object, which also modifies the images of the object. These images of the organism and the object are linked in a coherent pattern, and the relationship is described in a narrative sequence of images (thoughts), including feelings. The third stage—Autobiographical Self—allows multiple objects previously recorded as lived experience—and anticipated in the future—form multiple and an abundance of continuous narratives.⁸⁴

The most important beliefs are the ones about the self. These beliefs color how we operate in the world, despite the reality of how we present out there and who we are seen as in the eyes of others. Some clients are righteous

about who they are, and they have a very positive view of the self despite their behavior harming others and not being able to create or maintain relationships. On the opposite side of the spectrum are clients who, in the eyes of the world and based on tangible results, have all that anyone might want or need, but still think of themselves as not good enough and less than. So, when the reality that is built as a narrative about one's self is very different than the results that are presented to the world, living day to day, coordinating and cooperating with others, becomes very difficult and often leads to suffering. Bringing these two worlds of inner and outer reality closer together creates some congruence and a sense of integrity, which will create smoother interactions in the client's relationship with self and others, therefore bringing about a sense of inner clarity and peace.

This phase often uncovers negative core beliefs the client has about herself, which appear to be unshakable and have become the core of her identity. This is the basis for the client's self-esteem. Once known, these beliefs can be managed, challenged, dismantled, or replaced with a healthier and more age-appropriate self-belief later in Phase Four. This phase also brings the positive core beliefs that are the basis of the client's strength and can be utilized as the source of their sense of self love, fulfillment, and success.

Questions in Phase Three

Questions in this phase go over the same four categories of thoughts, feelings, behaviors and impact, but this time from the perspective of one part of the self toward another. It is as if we purposely split off the self, then we monitor how the critical or the nurturing part of the self relates to the other parts of the self. These sets of questions also reveal the most important beliefs that we have about ourselves, which are running the show in our daily life.

1. When you are present with ____ (person/people in the area or the category, i.e., money, career, etc.) what do you think about yourself? Share the positive and the negative thoughts and beliefs.

Usually people carry a sense of identity that includes the way they think of themselves. These thoughts might show up differently when they are alone by themselves versus with their lover or mate, or at work. It is important for the client to observe and become aware of her belief systems about who she is in the different roles she has chosen in life, and the reason she chose those beliefs. Which of these beliefs are proposed by others that she bought into and made her own? Such as a mother or a teacher telling a child that they

are lazy or dumb, which the child bought into and which seeded these beliefs about herself. Which beliefs were created based on own lived experience that were then interpreted and assigned as true? For example, “I am a failure because my business fell apart.” Many positive beliefs also arise, which should be noted. These can be utilized in Phase Five when you are helping the client build a chosen identity and for developing resiliency.

When negative belief system about the self is shared by the client, it is important for the therapist to distinguish between core beliefs and regular beliefs, which were created from one incident or one area. Core negative beliefs usually have been created, received, and installed early in life, mainly from birth to end of teen years. Looking at the developmental stages of a child, the therapist can help the client identify when the belief systems were installed. For example, beliefs around trust may arise as early as infancy, when a child is in the emotional state of deciding about trust and mistrust. Therapists can work toward the mobilization of the fundamental modes of development to complete the interrupted process. When one or more negative core beliefs are defined by the client then we work, with the support of the therapist, toward dismantling the irrational negative core beliefs. (See Phase Four, Chapter Seven.)

2. When you are present with _____, (person/people in the area or the category, i.e., money, career, etc.) how do you feel about yourself? State both positive and negative feelings.

Very similar to the thought question, it is important to know the feelings that the client holds about herself. Positives can be cherished and promoted in creating a conscious self-identity. The negative feelings about the self needs to be accepted and healed. The distinction of the source of these feelings are important. For example, if a client feels shame because he felt that his mother was ashamed of him (by receiving it directly from someone else), because he was sexually abused (by being victimized), or because he was shoplifting and got caught (by him acting in way that was hurtful or out of integrity).

In Phase Four, the distinction of the source will support the therapist in the healing process. If the client holds an emotion that is actually another's, the therapist can support the client in releasing themselves from it and having autonomous feelings about the self, based on their own experience of the self. If the client was victimized, then forgiveness of the self and the abuser might be a part of the healing process. If the feeling has arisen due to an impact of the client's actions, the therapist can help the client learn from the

life lesson, understand why he made those life choices. The client can then reach resolution and integration through compassion and forgiveness of self, followed by a commitment toward living a life more based on integrity or chosen values.

3. When you are present with _____, (person/people in the area or the category, i.e., money, career, etc.) how do you behave toward yourself? State the negative and positive.

The way a client behaves toward the self is directly proportionate to the way they were treated as a child by parents or the primary caretaker. If a child was treated with love, respect, honor, and caring, as the person grows up, they also treat their inner states and vulnerabilities with the same love, respect, and honor. If the child was scolded with anger, shamed, or neglected, then growing up the person follows the same role modeling. I have worked with many clients who treat their own children or others with the utmost respect and love, if they learned to role model parenting from a loving person, and yet had not been able to integrate the same way of treating the self.

The therapist can work with the client to distinguish the areas in which they are or can be accepting, nurturing, respectful, motivating, inspiring, empowering, and empathic to themselves as well as the areas in which they are punitive, scolding, punishing, and even abusive toward the self. Identifying these matters will give the client and the therapist the areas that the client needs to heal and nurture, and the opportunity for the therapist to role model, in therapy, how to be accepting and nurturing of the self, so he can duplicate the experience.

4. How does the way you think, feel, and behave when you are present with _____ (person/people in the area or the category, i.e., money, career, etc.) impact your life and others' lives? State positive and negative.

The awareness of and being totally conscious of the impact of how the client deals with the self is crucial. As long as the grandness of this impact is not realized and then corrected or adjusted toward self-acceptance and love of self, the client will not experience a fulfilling life. Since the core of the self is an unconscious process, clients can only access it either through, direct self-observation, meditation practices (which can create more of awareness), or by observing the results they keep creating, how these results keep happening in a pattern, and the impact it is having.

This phase is one of the most important phases to work on. It is here the client can become responsible and accountable for the narrative that he has created and lives by as the source and the filter through which he experiences others and life. It is important that the client owns the narrative that he has written for this autobiographical, ongoing novel. When the client owns it and acknowledges that this story has been and is continuously being written by him, then he will also be empowered to shift the narrative to one that is more fulfilling. The screenplay can be rewritten from a thriller, horror story, or painful drama to an inspirational drama, romantic comedy, or action movie with a hero.

Phase Three Session with Jane

Therapist: When you are present at work, what do you think about yourself?

Jane: I'll get the job done, but I can never deliver my best. I am not detailed enough. I miss some things when making a report. I don't know enough. Am I doing things, right?

Therapist: What stops you from delivering your best?

Jane: I don't know. Not knowing, not paying attention.

Therapist: Is it intentional that you don't know it all and are not paying attention?

Jane: Not really.

Therapist: Then what is your best? Not what you think your best should be?

Jane: But even that is not my best.

Therapist: What is stopping you from being your best?

Jane: Me. I believe that *I will never be the best*. (This is a core negative belief that we will explore in Phase Four.)

Therapist: When you are present at your job, how do you feel about yourself?

Jane: I am *scared* that I am going to fail. It shows *I am incapable*. (These are the core negative belief and the feeling that we will explore in Phase Four.)

Therapist: When you are present at your job, how do you behave toward yourself?

Jane: I judge myself all the time. I don't trust my knowledge. In the end, I just give up and turn in unsatisfactory work.

Therapist: Unsatisfactory to whom? Before you had said that you are good at your job, you create results that all benefit from, and that people are envious.

Jane: I try to prove to them that I am good. In reality, inside myself I never meet my own standards

Therapist: Where and how did you come up with your standard?

Jane: Along the way. My dad had very high and unrealistic expectations. I would never have been able to meet them. Nothing was ever good enough. I guess I took on his way of holding this expectation of myself and act as if I am proving to the world that I can meet expectations, but inside I know I can't.

Therapist: It is a no-win situation inside.

Jane: Yes, it has been.

Therapist: How does the way that you think, feel, and behave toward yourself in the area of your job impact your life and others' lives?

Jane: I am in a constant state of fear and dissatisfaction. My fear transfers itself to people that are living with me. I am frustrated and take it out on them. The fear is always present in my lifestyle and my behavior. That is when the element of proving I am enough shows up. I also hold others to those high standards, and it annoys everyone not just at work but also in my private life.

* * *

Jane has interjected her father's way of treating her into her system, therefore duplicating the dynamic she grew up in every day. She relives her childhood throughout her adulthood, and thus never grows up inside. She has compartmentalized different parts of her, and these parts are at odds with each other. These dualities also show up externally in her relatedness with others, which creates conflicting reactions from others and conflicting

results for her. Until these parts are integrated and completed, she will not be able to create a cohesive result that fulfills her identity.

The Creation, Permeation, and Long-term Effects of Negative Core Beliefs

Negative core beliefs create a withholding and survival-based attitude, and they often become apparent by Phase Three. Therapists are well-aware of the many prevalent negative core beliefs, such as the client's belief of being worthless, unlovable, unintelligent, and generally a hopeless human. There are also subtler negative core beliefs, such as the entitlement view that the world owes the client a nice life, money, a home, happiness, and so forth, and if these are not forthcoming, then it is the fault of others and has nothing to do with the actions or inactions of the client. From my experience as a therapist, the key negative core beliefs that I have heard repeatedly are the following ones:

- I'm not good enough.
- I'm "less than"
- I'm ugly.
- I'm broken.
- I'm no good at all.
- I'm not competent.

Negative core beliefs are triggered by an event or series of events that create a decision about the self or the world, which prohibits the individual from achieving optimal potential beyond survival, even when there is no real threat. These beliefs become part of the individual's working model for life and diminish the client's ability to live a fulfilled life.

Some people carry an overlay of negative and irrational core beliefs around in their minds, like internal, portable naysayers who can sabotage even the most favorable situations that arise. For example, the hugely pessimistic person will not find solace in winning a million-dollar lottery (she can't trust anyone, because people may be after her for her money) or winning the job of her dreams (because she will screw it up somehow, and they will find out soon that she is a fraud).

Allan Schore believes that the deficit in self-regulation becomes apparent when the capacity to modulate the intensity and duration of affects are very low, especially biologically primitive affects like shame, rage, excitement, elation, disgust, panic-terror, and hopelessness-despair. Under stress, such

individuals experience undifferentiated chaotic states accompanied by overwhelming somatic and visceral sensations. The inability to differentiate or tolerate does not allow for the client to reflect. When the internalized representation of the external world collapses, the client regresses from whole to part object relationships.

There is consensus that the psychotherapy of these “developmental arrests” is directed toward the mobilization of fundamental modes of development⁸⁵ and the completion of interrupted developmental processes.^{86,87}

A key part of Awareness Integration Therapy (AIT) is to aid the client not only in challenging their negative core beliefs but also in dismantling them completely. All core beliefs are irrational, because they are generalizations about the self and the world at large. The truth is that generalization is a form of categorization that a person does to simplify life as they deal with it. Although it is normal for the human brain to generalize and categorize, it is also important not to be limited by it and to remember that we made up this game in our head; it is not the truth.

Another important part of the model is the dismantling of these maladaptive beliefs and ideas, replacing them with more functional and positive (yet realistic) beliefs and ideas. For example, the person who believes she is very unattractive may be led to believe that she is at least average-looking in appearance, or that there will be someone who will be attracted to her, or that she has areas of her body and character that are attractive, which is good enough.

According to Damasio, the self is a “repeatedly reconstructed biological state” that “allows our experience with subjectivity.”⁸⁸ The self is not a fixed object. It is permeable, fluid and forever growing. That is the beauty of what we call the self.

“Memory, when reduced to its most vital function, has to do with securing, a future that chooses selectively from the past and builds on what was effective, while not repeating those responses that were deleterious or harmful—in short, securing a future that is influenced, but not overly constrained, by our history. Through memory we maintain a thread of continuity by linking present with past. In the ongoing process of comparing similarities and differences, times of threat and those of safety and contentment, as well as important accomplishments and failures, we sort through and then reorganize this information to shape our present and upcoming choices, in this way we aspire to create a future more adaptive, rewarding, and beneficial than our past.”⁸⁹

CHAPTER SEVEN

PHASE FOUR: INTEGRATING THE PAST INTO THE PRESENT

Whether a client has issues of deep anxiety, sadness, fear, powerlessness, or one or more of the many other possible underlying issues preventing her from experiencing a fulfilling life, the primary goal of Phase Four of the Awareness Integration Therapy (AIT) is to identify and resolve these original impetuses for the client's current problematic beliefs, emotions, and behaviors. Consequently, not only is this phase a very important and pivotal one, it is also the major crux of the healing and integrative aspect of the AIT. The prior phases provide integration through the process of awareness of the cognitive dualities, while Phase Four allows emotional healing for the separated parts of the self and integrates those parts into the whole system. Phase Five constitutes the rebuilding of the key aspects of the self and the values that are willingly and freely chosen by the individual and anchoring these newly chosen ways of being.

This phase holds the intervention that is unique and unlike any other intervention that is out there. In my 30 years of practice, I have been fortunate to work with amazing therapists, supervisors, and mentors. I worked very hard on my own childhood issues for many years. I have been to object relation, psychodynamic, inner child work, transactional analysis, EMDR, and hypnosis sessions, and although each one of them were amazing at releasing some parts of my childhood trauma, none of these methods dismantled the negative core beliefs that I had assigned to myself as the result of the traumas. I had changed the meaning and the significance of the trauma but had generalized the belief and lived with it for years. As I worked with my emotions in meditative and at times in hypnotic states, allowing my body, by linking with the specific emotions and the core belief, to take me to the original memory, which I had never accessed before. Working with thousands of clients personally doing many different interventions to release their traumas had not unlocked these original memories so they could be released, either. It appeared that the network of the visual, auditory, body sensation, or raw emotions felt at the time

influenced the development of the core belief. It became fixed in time, when the experience was overwhelming, and the person was not able to handle it at that time.

Awareness Integration Therapy is a systematic and proven approach designed to aid the client in divulging key information necessary to truly understand and bring the unconscious into the light of consciousness. Phase Four is the phase in which the unfinished business, distressing and even traumatic events from the client's past, are revealed, sometimes for the first time. For this reason, this chapter also includes an important section on the subject of trauma and how Awareness Integration Therapy can provide pivotal and life-changing insights into the traumatized client.

Within Phase Four, which is the most complex of all the six phases of AIT, the overriding goal is to deepen the therapeutic process such that the therapist successfully guides the client toward discovering, acknowledging, and taking ownership of the emotional meanings that the individual has often unconsciously assigned to her major past experiences in terms of her thoughts, emotions, and body responses. Some of these meanings are akin to mental detritus—they no longer serve the purpose for which they were developed in the past. For example, the child frightened of physical harm or abuse is validly fearful in the face of real threats. But when these fears extend into adulthood and get triggered and expressed in even non-threatening environments, then they block the client from moving forward in life.

In the process of Phase Four, the therapist assists the client to identify, fully experience, and then clear the impact of the former and ongoing assignment of emotional meanings, and thus facilitate the client's liberation from the invisible memory chains that have kept the individual in a chronic state of fear, sadness, anxiety, or other multiple negative emotions that are maladaptive in her current life. As with removing and discarding the tangled debris from a building site before any new construction may occur, Phase Four also clears out unnecessary emotional baggage, providing an opportunity to prepare the client to create new workable, healthy, and efficient self-construction in Phase Five.

Moving through each life domain, from the initial domain of unknown strangers and up to the domains of the self and nature, negative core beliefs are expressed by the client. Heeded by the therapist within Phase Four, the process reveals the emotional significance of these past experiences at its culmination. After what I call a "clearing out" of the client's previously-

assigned emotional links (and often ones that were unknown to the client until they are revealed in therapy), it is then that true healing can begin. Despite what a client's parent, uncle, boss, or anyone else may have said about the client's lack of worthiness or of other traits in which she was assessed by others or herself as lacking (or that she perceives others believe), and then having incorporated these feeling and beliefs within her psyche, it is possible and desirable to move on and find happiness.

In addition, it is also important to note that the process that is embedded in Phase Four serves to train and imbue clients with the ability to tolerate and manage their emotions far more effectively. So many people have no idea how to tolerate and "be" with their pain, and consequently, they often spend extreme efforts avoiding or denying that their emotional pain exists. In Phase Four, therapists gradually and carefully take their clients through their painful negative core beliefs and the accompanying feelings, letting them "sit" in these feelings as clients fully experience them. Then, therapists instruct and advise the clients to accept their feelings of emotion and pain, who they can now assist and guide in releasing this pain. It is somewhat comparable to relaxation therapy, in which a client is told to tense multiple progressive muscle groups to the client's maximum ability, then hold the tension to the maximum for a short period, and, subsequently, release it entirely.

Contrary to the belief of many clients and even some therapists, deep emotional pain is not resolved by ignoring it, taking medications, or talking for hours about how sad or upset a client feels in the present. Instead, the source of the original pain needs to be identified, re-visited, and slogged through, somewhat like wading through a muddy swamp to reach the welcoming shore on the other side.

Francine Shapiro, in her book *Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy*, states "In addition to the millions of memory networks, we all have hardwired into our brain a mechanism—an information processing system—for healing. It is geared to take any sort of emotional turmoil to a level of mental health or what I call a level of adaptive resolution. This means a resolution that includes the useful information that allows us to be more fit for survival in our lives. The information processing system is meant to make connections to what is useful and let go of the rest."⁹⁰

A relevant quotation to help understand Phase Four of Awareness Integration Therapy comes from noted therapist and author Peter Levine, who has

referred to “implicit memories” linked to traumatic events as having a major impact on people. He said, “These implicit memories are generally activated below the radar of our conscious awareness, often when we least expect or desire them to show up. To break these negative ‘complexes’ (often associated with our parents) and enhance positive ones, we need to develop a capacity for self-exploration and reflective self-awareness.”⁹¹ Note that AIT gifts clients with the tools they need to create a new sense of both self-exploration and reflective self-awareness.

Clients also learn that, although a person cannot change an event that occurred in the past, they *can* change the meaning that they give to the event in present time, and, further, they can shift and transform their view of themselves from one who is a powerless individual to someone who now—and at long last—feels empowered.

Keep in mind that not everyone has experienced a severely traumatic experience. However, everyone has experienced distressing problems and issues in their lives, and the person’s emotional and bodily experiences of these events are often what ultimately limit an individual from leading a personally fulfilling life. Conversely, the new insights that are gained in the process of Phase Four provide the client with a new opportunity to go back to these early distressing experiences, and to the cognition, emotions, and body experiences that occurred at those times, with a therapist can aid the client now in reframing the event from the perspective of the adult.

In this chapter, I discuss the major points which therapists need to understand about Phase Four, and I also describe the most common types of errors that therapists make in this important phase, based on my own personal observations. In addition, I include sessions of four different clients in Phase Four, offering these particular sessions to illustrate the deep work of Phase Four in practice as well as in theory. I am not including every session or every dialogue that I had with each client, which would take up far too many pages. Instead, in these sessions offered to readers, I am encapsulating the main salient points in each case. With the set of directions, the client is assisted in simultaneously experiencing the connection that his thoughts, emotions, and his body have in the areas holding these intense emotions. This process also links the associated memories of the client to the belief and current irrational thoughts as well as maladaptive decision-making, beliefs, and schemas, all of which can be challenged, reframed, and replaced with realistic, positive thoughts and beliefs. In this integration process, the therapist guides the client in allowing the self to release the negative core beliefs, hidden intensions, shadows, and the bottled-up emotions warehoused

within the body. This process also allows the client the opportunity to become aware of the ability to be with, tolerate, and manage his emotions significantly and more effectively.

The next section offers the specific direction to the guided process in Phase Four. The responses to these questions will help elicit further information on the thoughts, feelings, and body experience associated with the client's underlying negative core beliefs. Be sure to take one negative core belief or feeling at a time, for example, do not try to rush through the questions by asking about feeling less-than and feeling unloved while also addressing the emotions of sadness and anxiety. Each network of negative core belief, with the feelings associated with it and the location of the body, appears to be a combination code to a particular memory. Therefore, it needs to be considered significant to link to the memory that the client first assigned the meaning to the self for this network to be dismantled. As Shapiro explains "The dominant theory is that the original memory is accessed, connections changed and then stored with these new modifications in a neurobiological process called 'reconsolidation.'"⁹²

Tracking and Releasing Process

The process of integration begins with defining a negative core belief, going through a process to identify the earliest memory of when the client created that belief, releasing the emotional process of the memory, shifting the outlook of the client as they were at that age in memory, and integrating that part with present moment skills and strengths. Here is the step-by-step process.

1. When you say that I am ____ (fill in a negative belief that the client reported from Phase Three), one or more feelings arise. Tell me about the feeling that you are experiencing.

We start the process with the negative core belief as the first combination to open the lock of the memory, and then the feeling that is associated with it as the second combination.

2. Tell me the location of the feeling (state the feeling) being felt in your body.

Expect some reluctance or confusion but be persistent. Many people who have been traumatized physically or sexually have learned to dissociate from their body, and it takes patience from the therapist to reconnect the

client to their body sensations. Small exercises can be given for the client to reconnect with their body, such as getting a massage or caressing their own body while they pay attention to it fully.

3. On a scale of zero to ten, with zero meaning no feeling and ten meaning the most extreme amount of feeling, tell me the intensity of the feeling (name the feeling) in your body (name the location of the body).

The Subjective Units of Distress (SUD)⁹³ measurement gives the client and the therapist a measuring device so that they both can monitor and be aware of the progression. At times the SUD will first rise before going down, which would indicate that the client is first fully immersing themselves into feeling the emotion or that they are fully present to the memory as a first-person experience and not just a narrator. At times I will ask the client to raise the SUD purposely to have the client learn how to tolerate, accept, and contain feeling the felt emotion in their body as an exercise. For example, I will state: "Rate your sadness from one to ten" and if the client says five, I will say "raise the feeling of sadness to seven, and let me know when you get there," and then ask them to raise it to nine and as much as they can go, up to ten. I will ask the client to stay in ten as much as they can tolerate. When the client states that they are no longer able to tolerate it, then I ask them to purposefully and intentionally bring the SUD down in increments and feel the difference. This exercise allows the client to learn to be in control of feeling and containing their emotion in their body.

4. Now close your eyes. Focus on the area of your body where you experience that feeling of ____ (name the feeling). Let yourself fully experience the emotion and allow it to take you with the muscles of your body, with every cell of your body, back to the very first time you ever experienced this feeling and told yourself ____ (fill in the phrase with the negative belief about the client).

It is important to guide the client in this particular way. Clients have the tendency to fast forward and try to think about a memory which they already have visited, and is ingrained as a disturbing memory, and talk about it. The key to opening the vault is not in these conscious hundred-times-visited memories. So, guide the client back to their body and ask them to stay in their body and let their body and the emotion and the feeling take them to the original memory when they first experienced that particular feeling. In addition, it is important to state that they told themselves the belief. This seeds in the concept that, even at the time of the event, they were the ones who made up their perception. They were not in control of the event and

*may have not been in control of what happened, but they were certainly the one who created the perception and the belief about themselves. Therefore, **although they can't change the event or what happened, they can certainly change what they said to themselves about it.***

5. Share with me when the earliest memory appears.

By sharing the memory, the therapist can hear how the client has narrated the event and how has seen herself within the story or the event. Therapist can assess if the client is reliving the memory or reporting from the distance. Then guide the client to share the memory from the felt experience of the self in the memory as she stays connected to her body. Therapist can also look for more negative or positive core beliefs that might appear, and more emotions and feelings that are felt to be able to address in a later time.

6. As you see the younger you in the memory, tell me about the thought that he/she has about what is happening to him/herself.

This is one way to guide the client to experience and share the memory from the original time of the event and it also brings the attention to the thought process and the felt experience of the client at the time of the incident. This helps figure out when the belief was assigned. If there is a new belief expressed, then address it.

If the client is able to regress to the experience, then you can address the younger part directly with a softer tone and with words that are more applicable and appropriate to the age of the client at the time. If the client stays removed and observes the memory, then you can state the statement as an observer.

7. As you are looking at the child, tell me the age the child or how old you are.

8. Tell me about how the child is (or you are) thinking about the event, about people in the event, and feels about the event and the people.

9. Tell me about how the child is (or you are) thinking about himself/herself and how he feels about himself/herself.

10. Tell me what the child (the client) needs at the time of the event that she/he was not getting.

11. Tell me your thoughts about the child in the memory today, as you.

12. Tell me your feelings about the child in the memory, as you are today.

If the therapist hears a new negative self-belief, one that was not stated before, then explore this new information further as the process is shown above. This might be a new loop that is attached to this network, and yet has its own set of networks, which are isolated.

13. Tell me your feeling as you say “I am _____” (say the self-core belief that was just stated).

14. Tell me the location of the body where you feel this _____ feeling (state the feeling).

15. Tell me the intensity of the feeling of _____ (state the feeling) felt in your _____ part of the body (state the location of the body) from zero to ten.

16. Allow this feeling of _____ (state the feeling) with the muscles of your body (state the location) and every cell to take you back to the first time you felt this kind of feeling and you told yourself, “I am _____.” (State the new negative self-belief.)

17. Share with me what you see and experience within the memory.

18. As you are looking at the child, tell me the age the child is. (If the client has regressed to the age, then address the child directly with a tone and words appropriate to that age.)

19. Tell me about how the child is thinking about the event and people in the event; tell me how the child feels about the event and the people there.

20. Tell me about how the child is thinking about himself/herself; feels about himself/herself.

21. Tell me what the child needs at the time of the event that she/he was not getting.

22. Tell me your thoughts about the child in the memory, as who you are today.

23. Tell me your feelings about the child in the memory, as who you are today.

24. Offer empathy and understanding related to that need. Validate that the child you were back then did not receive what was needed at that time. Remind the child that, as the future person of that child, you have traveled in the memory time machine to tell him/her that you know you have survived the ordeal and you are now ready to take care of the child's emotional need. Let him/her know that you are assessing, as a grown-up, how to fulfill that need now and promise that you will be there to take care of all needs that are possible, realistically.

25. Now you, as the adult who is here, looking at the memory, tell me what you see the event as.

26. Scan your body for emotions or tensions.

If all the experience of belief, feelings, emotions felt in the body, and body tension are positive or neutral, then continue with the following. If not, then loop back to the above- mentioned process until you get positive or neutral beliefs, feelings, and emotions as well as an SUD of zero to one.

If there are still tension in the body even if all other is positive and neutral:

27. Breathe deeply. After a few moments, focus on that emotion and say to yourself, "Release." Try to bring the intensity of the emotion and tension as low as possible.

28. Ask yourself, "As I look at myself with (person/people in the category itself, i.e., money, career, etc.), what do I think and feel about myself?" Notice if a different negative core belief comes up. (If it does, then go through the process again.) If neutral and/or positive beliefs surface, relax your breath and take a moment to simply rest. Then open your eyes.

If the client is looking at memories or the person or subject in that area of life and after this process has a neutral or positive belief or thought process and neutral or positive feelings with a relaxed body, then that memory has been resolved and integrated to the network of the whole memory system. If there are positive or neutral beliefs or thoughts but there are negative feelings still being felt, then loop back this time focusing on naming the feeling and the body location. Then, go through the process and retrieve other memories, which are connected to that particular feeling. You will see that there are more memories with different belief systems and other sets of feelings and emotions awaiting to be retrieved and integrated. If the SUD of the feeling is zero, then that link is released. If the SUD of the feeling is close to one or two, then assess if the residual emotion is appropriate to the

memory's subject and whether this value is as low as it will ever go, even fully integrated. If the negative belief as well as associated feelings are positive or neutral but there is tension in the body as the client scans the body, then just focus on the body and go through the process again to see if it attaches itself to any preverbal memories to release. If yes, then process the memory as described, heal, and integrate. If it is just emotional residual in the body that needs to be released, then ask the client just to breathe into the space of tension and relax that part of body with guided meditation and relaxation techniques.

After the sessions for the process is done with one area, ask the client to tell you the experience of Phase Four. Complete this phase before you go on to the next area of life to be explored. Start again with Phase One, Two, Three, and then Phase 4 for each new life area.

Reverting to the First Time a Negative Core Belief Developed

It is important to work toward identifying the major precipitating distressing event, which is nearly always directly linked to the first time that a client's negative core belief developed. This is when the client assigned a meaning to himself and the world at large. This assignment then became a part of the narrative that the client lives by.

Most therapists are familiar with the idea of determining the first time a negative, even a traumatic event, occurred in a person's life. The problem is that many times, when the event is elicited from memory by searching through only cognition without involving the emotions or the body memory, the client might not access the original memory. I have noticed when clients are asked "When was the first time you remember something happened that related to your thoughts," usually clients search through their many times rehearsed and conscious memories that they know they have been hurt by and not necessarily the incident that created the core belief. The body memory is extremely important and accesses the emotionally charged up neural network that has held the core belief in tack for so long.

Mira

Mira held on to the belief "I am unwanted" for close to 40 years. In our work previously when we had worked on where this statement came from, Mira would share her upset about her parents getting a divorce and that

she thought that her father left and did not want her. She talked at length about how her father did not come to visit her often and, even when he did, he only paid attention to her mother and did not play with her. Therefore, Mira assumed that is when she assigned “I am unwanted” to herself. In our work with the AIT model, I took her through the Phase Four model’s perspective of bringing the cognition, emotion, and the body sensation together when retrieving the memory. This time, Mira went to a much earlier time when her parents were going to an event and, for the first time, had left her with a very nasty lady babysitter, whom she did not like. Mira recalled the scene: her parents’ backs as they left her despite her crying very hard for them not to go. This incident was when Mira decided “my parents don’t want me, and they left me,” which then got introjected to “I am unwanted.” This core belief certainly got reinforced by the divorce, her father not coming to see her, and any friendship or romantic break ups. Until the day that we were able to work through this particular incident, which was not actually as traumatic as many later experiences were in her life, was very significant. It was the one that that seeded the negative belief yet to be dismantled. After the integration of this event into Mira’s system, the thought of “I am unwanted” just did not show up, and she reported that when and if, once in a blue moon it did, it was more of a lighter tone with her accepting that some people might not want her versus a core, devastating, gut- wrenching, ultimate truth about her.

As clients assign a generalized belief about the self or the world around and grow in different areas of their development, the belief gets upgraded and reconfirmed. For example, Mira took the concept of “I am unwanted” to school with her, and whenever her teacher gave her negative feedback or did not pay attention to her, she assigned the “I am unwanted” to school and later on to work and career areas. Whenever, her friends did not pay attention to her or said something nasty, she hammered in the belief. When she got heartbroken by romantic partners, she stamped herself with it. Most of the time the memory networks hold some connections and can be accessed from one to another if the core belief or the emotion or the body sensation are similar.

Since the memory networks are intertwined, one felt emotion can connect to and loop in another memory, which shares the same emotion, feeling, and belief. Accessing it, the client can release another charge from a memory that shares the same negative core belief or felt emotion or feelings. The therapist can guide the client to scan her body to see if she feels any pressure or emotions in any area of the body. If so, the therapist can ask about the feeling in that area and whether there are any thoughts around it before

beginning the process of releasing again. This process of releasing may continue and trigger many memories, which have similar emotions, feelings, or beliefs attached to them to come up and also be released. The client might continue to bring up memories and release them in their dreams. In fact, the releasing mechanism might continue for couple of days after the session.

Bridging from the Vulnerable Past to the Resilient Present

Phase Four also includes the concept of “bridging” or closing the gap between the troubled child state, which has gotten frozen in time, with the adult today. This state of bridging is toward integration of all parts of the self into a whole system without being compartmentalized or dissociated.

The therapist bridges the two parts of the child and the adult by asking the child in the memory what her needs were that she did not get at the time of the incident. Then allows the client as an adult to imagine offering a hand to the client in the memory of the event and stating out loud to the child: “I am you from your future, I am here to let you know that *We* are OK, and that we survived all of this. Don’t worry. I am here to tell you that you are OK and will be OK; I am here to tell you that it is my responsibility to take care of you from here on and to fulfill your needs. Trust me and allow me to take care of you.” Then guide the client to imagine holding the child image in his arms, caressing him with compassion, empathy and love. Allow the client to even hug himself and caress his shoulders and face to feel love. Guide the client to use words of affection out loud toward himself and the imagery of his child self. Guide client also to say “I am grown up now. I am _____ (fill in the blank) years old and have many strengths and skills today. I am OK.”

This allows different states to integrate into one. There is no need to carry an inner child image for a lifetime; it is not real. The client is seen as an adult in the world and is expected to act, think, and feel like an adult, because he is one. The inner child is only a symbol used for healing and bridging purposes, not an image that needs to stick around. False cartoon images of self will not work for any of the areas of the client’s life. Many people utilize the child image to represent the emotional state, and the adult as the cognitive state. Again, this is not real. A healthy, mature adult thinks, processes cognitively, and feels greatly. Like an adult, a child can hold both states: the cognitive and the emotional processes. So, separating those two parts in that format is not helpful and a false teaching to the client. You will be surprised how many times I have heard: “My inner child is hurt.” It is

OK to state that I am hurt as an adult and then deal with it versus pretending that my emotions are a child that lives in my torso and my adult is a robotic boring logical android also taking up space in my body. That is not true, so let's stop pretending as if it is.

Sometimes clients have trouble with bridging, and they need the therapist to help them. They may have had aggressive and harsh parents who did not treat them kindly, respectfully, and lovingly. So, when they attempt to nurture this vulnerable part of themselves, they begin to talk like their own parents, which will end up hurting them more or even retraumatizing them. Most of the time, the client has introjected their parents voice internally and treats themselves with the same tonality. In this case the therapist needs to become the nurturing parent in the session, talking kindly and with love to the inner, vulnerable part of the client in the child's memory, and saying the sentences needed to heal the child. The therapist must also role model the statements, the feelings, and the experiences repeatedly until the client has the ability to role model the state of nurturance from a felt experience and be able to express it to the self.

There are times when the client does not believe that they are strong now or that they could take care of themselves, therefore, since the statements don't ring true for them, they cannot honestly say it. In this case, explore what the client can truly say about their strengths and resiliency in their present life and create a nurturing statement with their words, which they can tell their vulnerable side. At times clients with very low self-esteem won't believe this internalized adult strong part and argue: "No way this fake adult can help. I am doomed and weak and powerless." In this case, I suggest the therapist nurture both the child-vulnerable state within the memory and the adult who is in the session. It is done by giving factual life resiliency, results and strengths that the client has talked about in the sessions as matter of fact statements. The client must have some strength to be an adult sitting with you in your office. The therapist needs to do a thorough reality check with what the day-to-day accomplishments are. Critical clients don't know how to name what they do positively since they have trained themselves to only look at themselves negatively. Therefore, they minimize all of their greatness and maximize all that did not work or did not reach their unrealistic expectations. If the client is very fragmented, the therapist has the opportunity to re-parent the different parts of the client with a realistic and nurturing stance to make sure that the client is receiving the role modeling needed to apply it to self and others.

Possible Challenges

When you are working with this Phase, you may come across challenges, including resisting the process, feeling emotion in the body, becoming (as the therapist) scared by the client's extreme emotional releasing and assuming the job is done.

Resisting the Process

Clients who had very traumatic experiences, especially in early childhood, may resist the Phase Four process. Be patient. Honor their resistance. The client, more than anyone, knows what they can tolerate at first. It's much more likely that the resistance will occur because the client has spent years actively trying to bury and completely avoid this feeling and may feel that they have succeeded. They may be right; they have succeeded in blocking the emotions at an unconscious level. But the unresolved feelings are still there, underneath everything, and they are still unresolved and yearning to be taken care of. Only by allowing themselves to fully feel all the pain and distress of the emotion, whether it is anger, fear, loneliness, or some other strong emotion, will they be able to recover from the effect of these unresolved emotions. Acknowledge the resistance and let them know that you honor their process and will never force them to do anything that they are not ready for. At times when the therapist explains the process of what they will be going through and what are the possible outcomes, the clients will feel safer knowing the process cognitively before they will jump in emotionally.

At times clients will surf around already known and processed memories since they are safer, and they already have handled the emotions and relate to it cognitively. The therapist can notice if the memory that the client is revisiting is actually the original memory where the belief was created, or if it is a memory that the client has already worked on but keeps rehashing without any emotional release. For example, a client whose parents have divorced might have a memory in her consciousness of one day when the parents talked about the divorce and constantly recalls and revisits that particular memory every time a person talks about relationships. This client has given this memory a lot of significance, and with the hefty price of ignoring all the other experiences that have happened in the area of parent's divorce. Honoring to work with the memory that the client recalled is important, however, it should not end there. It is important to allow the process to begin here if that is all that is coming up. But as the process begins to loop back and intertwine with other belief systems, feelings, and

emotions arising from the topic of divorce, the client and therapist can explore and release all negative beliefs and charged up feelings from any and all memories around that topic. For this client, it might have been the memory of waking up to their parents fighting and hearing them talk about leaving that the belief “I was abandoned” or “I am not worthy” or “I am bad” was assigned and associated with feelings of fear, anxiety, sadness, shame, and so forth.

If traumas happened in the preverbal age of the client, there might not be a full story or a negative belief. There might be images, colors, shapes, physical sensations, and a knowing. If the physical trauma, in combination with the psychological trauma, has been so severe that the client cannot tolerate staying with the memory, ask them to be present in the therapy room and remind them that they are here and safe. Help them contain their emotion of fear with respect, acceptance, and nurturance, and give them breathing and calming exercises to ignite the parasympathetic responses. Ask the client how they usually calm themselves and support them in using their technique. Guide the client toward a safe haven or a calming visualization while you allow your calming voice to give them the message that they are safe.

Therapists who are proficient in the Eye Movement Desensitization and Reprocessing (EMDR) techniques may use tapping or eye movement procedures to support the client in passing through the releasing process quicker. Note: Although there are many differences between EMDR and AIT, there is one noteworthy difference between the Phase Four intervention and EMDR—the key to conscious living. The client strictly works with core beliefs and consciously takes ownership of the way they perceived and assigned meaning to who they are and who the world is. The EMDR technique, although it has at times magical results (and I forever hold gratitude to Dr. Francine Shapiro for introducing me to this technique, which I have used with clients daily), leaves the client with this experience of relief because of something outside of them, done by the therapist. It does not give them the tools to own their reality, and therefore they continue to live in world of a constant, self-fulfilling prophecies.

Feeling the Emotion in the Body

Many clients have not been trained from childhood to recognize, name, or feel their emotions. They might experience pain and pressure in their body and just call it stress or assign some physical ailment to it, but not realize that the emotions and feelings are felt and experienced in the body.

Training a client through the process may take time. Allow the client to focus on her body, ask the client to scan her body with closed eyes. As she pays attention from the top of her head to her toes, call out the areas that have tension and focus to see what emotion, feeling, thought, or shape is associated with that tension. Ask the client to continue this exercise throughout the week, and to monitor, name, and release the emotion from their body as they go about daily life. Clients become excited about their new power of management and control of their bodies and emotions.

It's important for the client to not only identify the emotion that she experienced for the first time which generated the negative core belief but also to state where in her body it was most dominant. Many clients say they don't know at first, and some will never identify a body location. Clients mostly report they notice tension around their heart, their stomach, their throat, their head, shoulders, and sometimes in their hands or feet. When the client thinks about the negative core belief, a feeling is always associated with it. Guide the client to fully experience the feeling in her body, and then identify the body location where the emotion is most prominent. This increases the likelihood that she will go back to the first time the experience occurred to her with that combination, uncovering the key to unlock the networks.

Therapist Getting Scared of the Client's Extreme Emotional Releasing

Some clients will go through extensive sharing of traumas and may release cathartically. Some clients might have physical releases in the form of shakes, involuntary muscle movements, blacking out moments, and so forth. Depending on how severe their traumas were and how and how long they managed to hold on to the trauma, as the doors of releasing opens, the whole body either reverts to the old ways of protecting or handling the emotions or it may result in extreme reactions as old tensions are released.

A therapist who works in a solo private practice and has not worked with trauma, may get scared and not know what to do with the client's experience. Remember, the client knows; they have handled it for years. They are the experts of their bodies and traumas. Calmly ask the client to reorient herself/himself to the present moment and the room, using the sound of your voice or sound in the room. Guide them to touch the chair, the couch, to look at you in your eyes. Have them touch their feet to the floor and constantly with a clam voice say: "You are here in my office. You are _____ (say their name) at _____ age (state their age), safe in my

therapy room. Come back to this room and allow yourself to breathe deeply, filling all the way to the bottom of your stomach with breath. Then exhale as slowly as you can.” The therapist can also role model the deep breathing, directing the client, and using the concept of attuning and connecting with the client as a way to calm them down.

With some clients holding their hands might orient them, however with clients who have been physically or sexually abused this movement might activate another trauma. The therapist can offer and ask: “If you think that it helps you to hold my hand, you may. Let me know if you would like me to offer my hand to you to hold.” Do not move forward. Allow the client to show by their words, hand gesture, or head nodding that they give permission.

Make sure the client can drive home on their own. Ask the client to call you within couple of hours and within couple of days of the session to report in on how they are. Also get permission to call and check in on their well-being if you do not hear from them in a certain amount of time. Request the client identify who their support system will be through any vulnerable times and consider asking for authorization (and contact information) in case it is necessary to connect with someone in their support system.

After an intense session, the therapist needs to be taken care of, too, to release the emotions, which now are stored and felt in her body. Debriefing with colleague, exercise, meditation, massage, a good cry (at times), and a bath might help. Working on countertransference will be crucial to maintain healthy boundaries with the client so that empathy does not get substituted with sympathy, and so that the client is not disempowered as a victim, but rather empowered as a resilient and a strong survivor.

If the therapist does not work with a population that has trauma, then going through this model with clients will not have these severe reactions from clients. However, if the therapist chooses to work with a population who has been traumatized, such as veterans, immigrants, raped or sexually abused persons, majorly depressed individuals, addicts, those with eating disorders, or those in violent domestic relationships need to study trauma and its effect on the body and the psyche to be prepared and confident about this phase.

Assuming the Job Is Done After the First, Juicy, Memory Work

Another problem is that sometimes the first negative memory that is revealed in therapy is often assumed to be *the* climactic event in the client’s

life, causing all subsequent emotional issues and maladaptive adaptations to problems. Yet there may be deeper ground to plow through to get to the root of the problem. In my years of experience with clients, I have come to believe that core beliefs that have been generalized to create the central narrative of one's identity were created at an early age. It is important to explore the youngest memory that a client can connect to and retrieve. These memories are rarely in the conscious mind. They are usually stuffed way deep, where the client cannot access through cognitively searching their conscious memory filing system. This is why it is so important to link the individual's thoughts, feelings, emotions within the bodily responses, location of the tension in the body, and the negative core belief before allowing the body to take the client to the original memory. Most of the traumatic experiences are held and not integrated due to the intensity of the emotion felt at that moment when the person felt powerlessness. I am suggesting that when the negative core belief is dismantled, the network that held that traumatic experience together and isolated, often opens to the bigger network of memory lane. Integration happens.

I have chosen the following case study to illustrate a client who is having resistance and reservation in experiencing their emotions fully.

Lena

Lena, 42, says she was born as an accidental pregnancy to a 45-year-old mother who was married to her then much older husband (of 66 years). Lena reports that her mother was primarily indifferent and passive to her as a child, and her father was avoidant as he frequently smoked dope in a special room solely dedicated to that activity. Lena was merely tolerated by her parents. She was not physically or sexually abused or seriously neglected, nor was she psychologically abused, since psychological abuse requires some interest in the child, albeit negative interest and attention.

According to Lena, neither parent knew what grade she was in at any given time, nor were they interested at all in her opinions, activities, friends, or anything else about her. Instead, each parent was far more interested in themselves, and their needs were always the main priority. As long as Lena didn't interfere with what her parents wanted or needed, she received what she wanted—with the exception of love and nurturing.

Lena reports sometimes still feeling like a nonentity or a person who isn't really here, although she did not report symptoms of psychosis. She says she was never made to feel important by her parents or other caregivers in

her childhood. Lena generally has a good relationship with her adult son, but there are some major unresolved issues in that relationship. For example, Lena feels totally responsible for her son's happiness and fulfillment. If he is not happy, then Lena is certain it must be her fault and that she must act, whether it is to give him money, attention, or virtually whatever he reports needing from her.

This section illustrates a dialogue between Lena and her therapist in Phase Four:

Therapist: *You said that when you are beside your son, you think of yourself as incapable, yet responsible for his life.*

Lena: **Yes.** I feel responsible for everything that is happening in this life, but feel out of control and think I am incapable.

Therapist: *When you say "I am incapable" to yourself, tell me about feelings that comes up.*

Lena: Sadness.

Therapist: *Tell me about the intensity of your sadness from zero to ten.*

Lena: It's an eight.

Therapist: *Tell me and show me the location you feel the sadness in your body.*

Lena: It's in my stomach.

Therapist: *Close your eyes and go to your stomach where the sadness is.*

Lena: I just don't know why I don't want to go there, but I don't want to.

Therapist: *You don't want to go inside the sadness.*

Lena: It keeps coming, but I just don't want it to.

(Therapist pauses and remains quiet for a while, just observing Lena's body language.)

Therapist: *Your facial expression seems sadder. Tell me about the intensity now.*

Lena: Yes. It's a nine.

Therapist: *I want you to fully experience the sadness, even take it a notch higher; raise it to ten.*

(The therapist is trying to give the client the control knob of the feeling to minimize resistance.)

Now allow your sadness with the muscles of your stomach and the cells in your body to take you to the first time you experienced this kind of sadness and told yourself "I am not capable."

Lena: I really don't want to go there.

Therapist: *Tell me what is holding you back.*

Lena: It just hurts.

Therapist: *I know that it can be difficult. It is hurting already; I can see it in your physical expressions. Remember, you have already been there and survived it, so this time can't be worse than what you have experienced. Now allow your sadness with the muscles of stomach and the cells in your body to take you to the first time you experienced this kind of sadness and told yourself "I am not capable."*

Lena: I am four years old. My stomach hurts but nobody will help me. Daddy is in his special room and won't come out. Mama is taking a nap. My stomach hurts so bad! What if I die?

Therapist: *You are afraid that your stomach hurts so much that you might die. You can't find anyone to help you make the pain go away.*

Lena: I am all alone! I need help, but no one will help me! I can't help myself; I am not capable. I will die.

Therapist: *Tell me what the four-year-old feels about herself.*

Lena: I am scared I will die. I can't take care of myself, and no one is here.

(Since the client is getting overwhelmed and repeating the same thing, the therapist removes her from the scene by talking to her as the adult person. She does this by taking her out of the experience and describing something that will give her a bit of space.)

Therapist: Yes, it must have been so scary for the little one to be so alone with pain and utterly powerless to take care of herself. Tell me, as you look at the four-year-old, what are your adult thoughts about her?

Lena: She was neglected. I feel so sad for her. Poor girl. I think my parents are so ignorant. My mom did not have enough experience as a mother, and she didn't care to learn either. Never knew what I needed. I relate this to myself and my son, and I feel responsible for everything that happens to my son. Everything. I should be responsible not like my mother.

Therapist: You really wanted your mom and dad to be responsible parents so that they would attend to you and fulfill your needs. You also want to give your son what you didn't get, but expected them to do for you.

(Since the client surfs between the past and the present constantly, the therapist is also following her lead in her way of integration, first talking to the four-year-old, then to the adult.)

Lena: Yes. Yes, they created pain for themselves and for their child. The child is innocent. I'm responsible for creating the child, and without me, he wouldn't exist.

Therapist: As you are looking at the four-year-old girl in the memory, knowing that what she wants is attention, care, and love. Can you tell her that you are from the future and you are coming back to tell her that she won't die? You are now capable of taking care of yourself and are here to promise her that you will pay attention to her and try to fulfill her needs as much as is realistically possible.

Lena (anxiously): But, will she take good enough care of that baby?

Therapist: Yes, she will. She will take good care of that baby, and she did take good care of her, and now she's all grown up. Tell the little girl that not only does she take care of herself, she also had a beautiful son and took care of him. He is also a healthy adult now. Reassure her that she will be fine, she won't die, and she will grow up to be very capable.

Lena: Okay. Little girl, who is also me when I was young. You are really scared, and you thought you might die. Your parents should have paid more attention to you, and I'm sorry that they did not. You are a wonderful little girl. (Crying) You don't have to be scared anymore. Your stomachache will go away, and you will grow up. You will even have a child of your own someday, and he will grow up too.

Therapist: *Tell me about your tears and emotions.*

Lena: Sadness.

Therapist: *Tell me the location of your body that you feel the sadness.*

Lena: It's in my heart.

Therapist: *From one to ten, tell me the intensity.*

Lena: Three.

Therapist: *Connect to the sadness in your heart and breathe into it. Tell me what your heart needs to hear to release the sadness.*

Lena: This is sweet sadness. I feel sad for what happened to make my parents be so cold. And I feel sad for the way I was raised.

Therapist: *It sounds more like you feel empathy and compassionate for yourself and your parents. This is a healing feeling.*

Lena: I guess.

Therapist: *Scan your body and tell me what you are experiencing now.*

Lena: I am fine; I am OK.

Therapist: *Now as you are beside your son, tell me how you think and feel about yourself.*

Lena: Actually, I did good, not having a loving role model, I actually did a damn good job. I love him and show him, and he loves me.

Therapist: *How about being fully responsible for him. Tell me about your thoughts about how realistic that is.*

Lena: I guess I am capable of what I can do and don't have control over everything else. And, you know, with what I am capable of, I have done OK.

Therapist: *Great work, how was this session for you?*

Lena: Pretty healing. I feel like a huge rock has been lifted off my shoulder.

Sandra

I have chosen to share Sandra's session to illustrate how to work with client's who express their emotions on a very physical level in the session and also have multiple traumatic experiences that have to be released.

Sandra is a very angry and aggressive client who reportedly takes no pleasure in life. She says that the people she works with seem to fear her and avoid her, and she doesn't have any personal friends or romantic relationships. Sandra does not know why she is so angry, but she does know she doesn't like it. She wants this behavior to stop but doesn't know how to make the needed changes. In therapy, I learned that Sandra had been raised by her aunt and uncle, who abused her physically and psychologically. She was beaten and frequently told she was a bad child and unworthy of her aunt's attention and care. Her mother had left the marriage due to not being happy with Sandra's father, who was an alcoholic and chronically depressed. The father, out of revenge, took full custody and never allowed the mother to contact the children. Since he needed help to raise three girls, Sandra and two younger twin sisters, moved in with the aunt and uncle who physically abused them as kids.

Sandra: I don't like people to be around me and I don't want anybody to talk to me. I sometimes hate myself because I am such a bitch, especially at work. Then I feel guilty and apologize to everyone. I think I confuse people; they don't know what to expect from me. I am also always edgy and on alert. I guess I am kind of a mess.

Therapist: *It sounds like you have a lot of anger and pain inside.*

Sandra: Yes! So much anger!

Therapist: *As you say: "I am a mess and I hate myself," a feeling shows up. Tell me about the feeling.*

Sandra: Yes, I am very, very sad.

Therapist: *Tell me about the location in your body where you feel sadness.*

Sandra: It's in my throat.

Therapist: What is the intensity of the sadness in your throat from a zero to ten?

Sandra: It's an eight.

Therapist: *Bring your attention to your throat, allow the feeling of sadness with the muscles of your throat and the cells of your body to take you to the first time you said to yourself “I hate myself.”*

Sandra: I am sitting beside my father’s bed. He is drunk and sick. He is depressed and tells me he is going to go away and die and never come back. I am crying and saying: “No!” I am yelling and saying: “No!” My aunt comes to the room and pulls me out to the hallway and starts hitting me and telling me that I have no right to yell when my dad is so sick and depressed. She hit me so hard that I could not breathe.

(Sandra cries so hard in the session that she holds herself like a baby while shaking.)

Therapist: *I am so sorry that you had to go through that. You are shaking. Tell me what is going through your body.*

Sandra: Every time I remember my past and what my aunt and uncle did to me, my body starts to involuntarily shake.

Therapist: *Tell me how I can make this easier for you.*

Sandra: (Crying.) I don’t know. She is hitting me; she is on top of me. How could she be so cruel?

(The client has regressed totally into the memory as a flash back.)

Therapist: *What do you need at this time?*

Sandra: (Crying and shaking.) I need her to stop. Someone make her stop.

Therapist: *Go to the time that she stops. Tell me what you think of yourself.*

Sandra: I am awful. I was hurting my dad. I hate myself.

Therapist: *When you say I am awful to yourself, a feeling appears. Tell me about the feeling.*

Sandra: (Crying.) Anger. I am angry at myself.

Therapist: *Tell me where anger is in your body.*

Sandra: My stomach and my hands.

Therapist: *Zero to ten, tell me the intensity of anger you are feeling.*

Sandra: Ten.

Therapist: *Focus on your stomach, allow yourself to feel the anger to the maximum intensity, allow your anger within the muscles of the stomach and the cells in your body to take you to the first time you experienced this kind of anger, when you said: “I am awful” to yourself.*

Sandra: I am four. My mom did not come back home, and my dad was angry and sad. He said she is not coming back, and he will never let me see her again. I was home playing when she left. I told her I wanted to go with her, and she said no. I pulled her skirt and said I wanted to go with her. She told me to let go and then took my hand to shake her skirt out of my hand and left. I did not know if she was not coming back. I made her mad. I am awful. Now my dad is mad at me too.

Therapist: *Do you really think it is your fault that she left you, your sisters, and your dad.? That must be so painful for you. What do you need right now as the four-year-old?*

Sandra: I want my mommy. I want my dad to be happy. I want them to be happy. I want my family back.

Therapist: *Of course, that is what you want. I am so sorry that you didn’t have that. As you look at the four-year-old, tell me what she is thinking and feeling.*

Sandra: I am sad, scared, don’t know what to do, and don’t know what to say. I want my mommy; I want my daddy.

Therapist: *Of course, you do. Tell me the location in your body that you feel sadness.*

Sandra: My heart.

Therapist: Intensity zero to ten.

Sandra: Ten.

Therapist: *As the adult you (who is in my office) sees the four-year-old, tell me your thoughts and feelings about her.*

Sandra: Poor little girl; she is so lonely. Her two other sisters are one-year-olds. Her dad is so sad, and her mom is gone. I feel terrible for her. So sad

that she had to go through so much. But she was not that innocent, she pissed off her mom, because she hated her two sisters for being born.

Therapist: *It is normal for the first born to be upset when the next siblings come along. It is normal also for mothers to get upset at their children sometimes. You know as an adult the reason your mom left your father. You know that it was not because of you, no matter how mad you made her. Right? The four-year-old did not know then, but you know as an adult.*

Sandra: Yes, I know. She left because she was tired of my dad drinking, never being home due to his work, and when at home he was depressed and complaining and putting her down. She left to her mother's home to scare him so that he could change, but he got so angry at her game that he divorced her and by the law of the country with a male dominated culture and laws, he could take full custody of us and ban her from ever contacting us.

Therapist: *Yes, you know it was not you. Can you tell the four-year-old that you have come from her future in the memory time machine letting her know that she survives it all, she will get to have her mom at age 15, and that her mom did not leave her because she was bad? Tell her that you are here to protect her and take care of her. That she is never alone. You are always with her.*

(Sandra remains quiet with her eyes closed for five minutes.)

Sandra: I am. I did.

Therapist: *Great. Thank you. Tell me about your feeling of sadness now. Zero to ten?*

Sandra: Five.

Therapist: *What do you need to tell yourself, how do you need to take care of the four-year-old to release your sadness. Concentrate on your stomach and the feeling of sadness. Care for yourself and release the sadness.*

Sandra: I am telling the four-year-old that she is OK. She didn't do anything wrong. Their marriage was not her responsibility, his depression and alcoholism were not her doing. That we all survived it. My sisters are grown and live in Europe. I am here in the U.S. My mom is remarried and happy. My father passed away due to heart failure, not suicide. So, it all worked out. Life goes on.

Therapist: *Tell me the intensity of your sadness now, zero to five.*

Sandra: One.

Therapist: *Great work. Now let's go to the six-year-old, who was sitting beside her father's bed. Tell me, as you look at her, what thoughts and feelings arise?*

Sandra: I pray that everything will change.

Therapist: *You pray that everything will change, and everything will be good. Good for you.*

Sandra: I pray every night, but nobody listens.

Therapist: *Apparently, somebody did listen. You grew up, and things did change when you grew up. Your aunt can't hit you anymore. Things have changed for the better. You have a good job and are not under threat from anyone.*

Sandra: But I constantly feel terrible—very bad, bad, always so bad.

Therapist: *I know you were afraid as a child, and you had every right to be at that time. You were psychologically and physically abused, and that's a terrible experience for a child. But things have worked out since then. Things you didn't have control over changed. You grew up. Good for you. What is the sadness level now?*

Sandra: It's probably a four.

Therapist: Good work!

Therapist: *Now I want you as an adult to connect with that six-year-old child, because that child is very alone where she is. We need to connect to her, so she realizes there is life after age six.*

Sandra: Yeah, it seems like I still live in that time.

Therapist: *When you go there to the child, you have no bridge to this other side where you are an adult. You're stuck in childhood. I want to allow you to release as much as you can so that it will bridge automatically. What that means is you give the six-year-old child in you a glimpse of reality as it is today and hope that things will really turn out okay. And in your true world, like in between sessions, it will bridge more in your mind. We must remind the child that the future is better. Although she was fearful and later angry, the future did get better.*

Sandra: Okay. I am telling her. You know. She saved herself by keeping angry. After six months of living with my aunt, I became so angry that she was then scared of me. But then she had my uncle beat me. But I didn't feel it anymore. I held power to my inner pain. It didn't matter how hard he hit me, I looked at him in his eyes. Finally, when I was eight he stopped. I also told my dad, and we moved out of their home.

Therapist: *Wow. See how resilient you are? So, you kept your anger to protect you, and you used it strategically to protect yourself. You tell others to back off, to not hurt you.*

Sandra: I guess.

Therapist: *Tell me the intensity in your body regarding sadness, fear, and anger.*

Sandra: Sadness one, fear zero, anger zero.

Therapist: *As you see yourself beside your co-workers, what do you think of yourself now?*

Sandra: I am powerful. I am actually lovable (giggles), since they still like me and want to be with me, even though I have been a bitch to them. I guess I should calm down and be nice, huh?

Therapist: *It may work to your advantage, so you wouldn't feel so lonely. Nice to hear you appreciate them. As you tell yourself "I am powerful and loveable" feelings arise. Tell me about those feelings.*

Sandra: Power, joy, peace.

Therapist: *Tell me the location that you feel them and the intensity, from zero to ten.*

Sandra: In my gut. Six.

Therapist: *Close your eyes, focus on your gut, feel power, and feel joy and peace. Now raise the intensity to ten and feel it all over your body. Tell me when you get there.*

(Big smile on Sandra's face after being quiet for two minutes.)

Sandra: Wow. I can do that? Wow. That felt awesome. I have never felt this great in my life. I didn't think it was ever possible to reach these feelings.

Therapist: *Those are yours to keep, and you have a knob to turn that up any time you want.*

Sandra: Thank you.

Edward

I am choosing to illustrate Edward's case to offer ways to do the bridging and integration process with someone whose childhood and adulthood experience is the same. Edward is a young adult male who wants to be in a romantic relationship with a woman, but he fails, again and again, because of extreme self-consciousness and overthinking everything. He also reports a lack of experience with women and says that he has had only one sexual experience with a woman when they were both intoxicated. This was a discussion we had in Phase Four in the area of self and body image.

Therapist: *Imagine that you're in a hallway with a very long mirror that goes down the whole length of the hallway, and as you look at yourself looking back at you, what do you think about yourself?*

Edward: I feel a little self-conscious. I guess I kind of look down on myself because I can't get into a relationship. That's really a big deal for me now, and it kind of throws me off. It makes me feel low.

Therapist: *I hear you say you look down at yourself. What are the words that come to your mind while you are looking down on yourself?*

Edward: I can't think of the word to match it. Less dominant is the best I can do.

Therapist: *Less dominant?*

Edward: Yes. Or maybe more reclusive. Is that the right word? Like drawn to the side, like isolated.

Therapist: *Isolated?*

Edward: Yes, isolated.

Therapist: *And as you say to yourself “I am isolated, less dominant,” tell me the feeling that arises.*

Edward: I’m sad and frustrated a little.

Therapist: *Tell me the location of this sadness and frustration.*

Edward: Here, in my stomach.

Therapist: *And from zero to ten, what is the intensity of the sadness you experience in your stomach? And then, what is the number for frustration?*

Edward: It’s a six. Yeah, a six. For both.

Therapist: *Okay. Now I’m going to ask you to close your eyes and concentrate on your stomach and the feeling of sadness and frustration. Allow the feelings of sadness and frustration within the muscles of your stomach and in the cells in your body to take you to the first time you experienced this type of sadness and frustration—when you told yourself “I am less dominant and isolated.”*

Edward: I am 14. I like this girl at my school. She is standing with other girls, as I walk in front of them and look at her. She looks at me, then whispers to the other girls, and they all laugh while they look at me. I melted. And then this football player waved her, and she waved and smiled at him. I knew that she would never like me because I just was not that. I was not dominant and tough like the other guy. It just isn’t my nature. I guess girls like big dominant powerful men, not me.

Therapist: *Tell me how the 14-year-old thought and felt about himself.*

Edward: Sad and frustrated that I would never get to be with girls just because I am built this way and have my personality. No girl would like me. Defeat. No point even in trying to compete. Will lose every time.

Therapist: *Sounds very powerless.*

Edward: Yes, I am. Don’t know what to do. Can’t do anything. It just is what it is.

Therapist: *As you look with your adult eyes at the 14-year-old guy, tell me how you think and feel about him.*

Edward: Same. I still can't get any girls. Well, now I don't even try. I figure I am not putting myself in place to get rejected again.

Therapist: *The experience of the 14-year-old has stayed with you and kept you from learning the skills needed to be successful at the game of dating. You made a decision about yourself and never attempted to learn the skill to be in a relationship.*

(Since the client's childhood and adulthood experience is similar and has not changed, the bridging cannot happen the same way it is written above. So, first the irrational belief has to be challenged before the bridging can work.)

Edward: I guess, well, but I am not dominant and powerful.

Therapist: *Have you ever seen men your size or with your body type with non-dominant personalities be in a romantic relationship or get married?*

Edward: Oh, yeah. Many.

Therapist: *So how do you think they got to be married or be in a relationship?*

Edward: I don't know. I guess they found someone who was attracted to them. So, how did they do that?

Therapist: *Exactly. There is always someone who would be and could be attracted to you. You would have to put yourself out there.*

Edward: I would not even know what to say.

Therapist: *That is the skill I am talking about. Usually in high school or college, people learn this art from watching their peers and then practicing. You gave up and never looked for it. So, now it's the time to learn.*

Edward: How?

Therapist: *Books, videos, asking friends to tell you how they did it. You've got to do your research, and then begin practicing and hearing "No," until your master the art.*

Edward: Wow. That is doable. How is it that I never thought of it that way?

Therapist: *Scan your body now for the feelings of sadness and frustration.*

Edward: Oh, I don't feel that now. I am actually excited to learn and practice.

Therapist: *Now look at the 14-year-old and tell me what you think and feel about him?*

Edward: Poor guy. He was scared. I guess I made that girl too significant. She was just one girl, not all girls. I am OK with him. He is cool. He was great at school.

Therapist: *Now look at yourself in the mirror again. What do you think of yourself and feel about yourself?*

Edward: I am ok. I am not ugly. So, what if I am not macho? Yeah, I got a lot to learn, and I can learn. It will be awkward, but I can do this.

Therapist: *Your feeling about you?*

Edward: I am content.

Therapist: *Is that a good place to stop today?*

Edward: Yes

Therapist: *Great. This week, take on the research and see what you come up with.*

Effects of Trauma

Let's first consider what trauma is. Webster's dictionary defines trauma as a "deeply distressing or disturbing experience." Trauma occurs when a person is exposed to or closely witnesses a life-threatening injury, severe illness, or violence. When a person is faced with a situation in which he feels powerless, either physically or psychologically, he will either freeze or feel overwhelmed and shut down.

Not everyone experiences major, horrific, traumatic events such as rape, the horrors of combat exposure, or life-threatening tsunamis. Let's refer to those types of traumas as "big T's," in contrast to "little t's." Big traumas are generally associated with single events that have a profound impact on the individual, such as a physical or sexual attack or an event or an incident where the client's life is endangered. The symptoms of Post-Traumatic Stress Disorders as stated in DSM-V (APA-2013), such as flash backs,

nightmares, distressing and intense memories, and physical reactions to triggers, are associated with the “big T” events.

Little traumas are personally difficult and aggravating events, which, although they are more perceptual in nature, still may impact the person profoundly by markedly impeding his ability to achieve psychological health. Little traumas of life can produce symptoms, such as continuous obsessive thought processes, which inflict considerable damage on the individual’s psyche as well. Most clients have experienced little traumas. An excess of little t’s may significantly erode an individual’s feelings of personal self-worth and self-competence. Symptoms such as blaming self or others for the trauma, decreased interest in things that were once enjoyable, negative feelings about self and the world, inability to remember the trauma clearly, difficulty feeling positive, feelings of isolation, negative affect, and avoidance can also, in different degrees, be the effect of either or both types of traumas.

The client experiences a state of helpless resignation and a hopelessness which lessens the energy to move forward. At times the only way to be able to gain some energy to conduct life is to compartmentalize and shelf the traumatic memory. However, in reality, it continues to suck the energy of life from within.

Peter Levine, in his book *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness*, states “a precondition for the development of posttraumatic stress disorder is that a person is both frightened and perceives that he or she is trapped. The interaction of intense fear and immobility is fundamental in the formation of trauma, in its maintenance and in its deconstruction, resolution, and transformation.”⁹⁴

Many clients have been affected by prior traumatic events in their lives. Sometimes they are aware of these past traumas but often they have been buried deep within their consciousness and are not readily accessed. The work done with clients in Awareness Integration Therapy, however, is likely to bring these traumas to the surface. Phase Four is the time when they are most likely to emerge. I have heard from many of the clients that in Phase Four, they either, for the first time, recall a memory or talked about it with another person. Therapists may be surprised by what they learn about a client’s past traumatic experiences and need to retain their empathy while upholding their objectivity, if they are to help the client resolve the beliefs, feelings, and behaviors largely stemming from childhood or adult traumatic experiences.

Traumatic events often have a profoundly negative effect on the individual over their lifetime. As Peter Levine put it: “The effects of unresolved trauma can be devastating. It can affect our habits and outlook on life, leading to addictions and poor decision-making. It can take a toll on family life and interpersonal relationships. It can trigger real physical pain, symptoms, and disease. And it can lead to a range of self-destructive behaviors. But trauma doesn’t have to be a life sentence.”⁹⁵

When a traumatized person comes out of the initial shock, emotions of anger, rage, fear, powerlessness, anguish, and possibly shame or guilt (in case of sexual abuse, killing someone in battle, or survival guilt) flood the emotional system. These emotions can be so overwhelming that they overtake the client, causing him to relive the moments somatically, as if they were currently happening. The client’s ability to report from the sideline gets debilitated and goes into flashback. In the case of Sandra, although the trauma had happened 30 years prior, it still took over in the session when she was reliving being hit by her aunt. When the client feels overwhelmed or pulled apart by rage or fear, she becomes immobile, helpless, and hopeless. She may employ a coping mechanism, like shutting down or felling numb, which leads to self-hatred, self-harm and major depression.

Peter Levine, in his book *Trauma and Memory: Brain and Body in a Search for the Living Past*, states that a fundamental concept in Somatic Experiencing (SE) is a term he coined—pendulation—which refers to the continuous, primary organism rhythm of contraction and expansion. He says that traumatized individuals are stuck in a chronic contraction state which is no-exit fixated and never changing, leading to extreme helplessness, hopelessness, and despair. With no signs of relief in sight, the individual will do anything to avoid the sensations in their bodies. It is this avoidance that keeps people in the stuck place. Although fearful and resistant, when the client opens up to a tentative curiosity and the sensations are felt gradually, her contracted state can open with gentle support. This process is repeated, with the contraction opening up an expansion and the feeling of being less stuck leading to another spontaneous experience of expansion. With each cycle, the client experiences an inner sensation of flow and relaxes more in the sense of inner movement, which lessens the terrifying experience. Levine also talks about tapping into the client’s healthy aggression, which is the capacity to stand up for himself, to mobilize and feel the power toward getting his needs met, which opens new possibilities.⁹⁶

Phase Four and Trauma

With the traumatized individual in Phase Four, whether the trauma is a ‘big T’ or a ‘little t,’ the therapist’s goal is to tap into the feelings, emotions, and bodily experiences that are related and are frozen in the body, muscular, and cellular memory, so that they can be accepted, resolved, and integrated into the system, and so the client can move on with a healthy life. Past traumatic events can be undone through the recognition of how the memory was formed and stored, and how well it can be accessed.

Karim Nader in his breakthrough research found that memories are not formed and maintained as a fixed pictorial concept. Memories are rebuilt anew every time they are accessed by allowing for transformation at its cellular level by changing the cellular circuitry in the brain. As if memory comes with its own updating mechanism to create efficiency in only keeping what is useful. So, every time a memory is recalled, there is an opportunity to update with new information via present-time sensations, images, beliefs, and emotions and to be bridged to the reality of a more empowered self.⁹⁷

When the past traumatic memory is recalled from the client’s strength in the present time, the transformation will be as if the information about the strength gets transferred to the self that was in the memory and this bridging of the somatic experience alters the memory from an experiential and perceptual level. Therefore, the emotions, beliefs and feelings that were clumped in the neuro-network releases.⁹⁸

In this phase the client becomes free of the emotional and cognitive ropes that have held him back from living a day-to-day conscious and healthy life, leaving a neutral space where he can intentionally create a conscious life using the awareness of his strengths and the integration of his inner psyche.

The next two chapters will cover Phases Five and Six and provide a discussion of the life-rebuilding that occurs after a client has largely or wholly resolved her major issues in Phase Four.

CHAPTER EIGHT

PHASE FIVE: LIVE INTENTIONALLY

“Intentional living is the art of making our own choices before others' choices make us.”

—Richie Norton

Phase Five: Who You Choose to Be

Phase Five is a highly positive as well as an energizing part of Awareness Integration Therapy. This phase comes after the client has had the opportunity to become aware of his thoughts, beliefs, emotions, feelings, connection to his body, behaviors, and the impact that his attitudes and actions have had in his own life and others' lives, in every area of his life. The client also now has integrated his past traumatic or negative core beliefs as well as previously stored negative emotions and feelings, so they have a neutral effect on his life and a positive sense of who he is now, including his strengths and resiliency.

By this time, clients have fully understood, practiced, and developed the ability to differentiate between how they think, feel, and behave, and shift their beliefs, feelings, and their behaviors, if deemed necessary to create the desired result. They are now far more capable of and adept with intentionally identifying and making positive choices. Rather than accepting their old automatic beliefs and identities that may have been chosen for them by others and which beliefs, identities, and expectations had been previously superimposed on the client.

It is time to create an individualized Mission Statement to operate from. Life has its way of bringing many opportunities to make decisions to a person where they could possibly waver from who they intend to be. It is easy to be out of integrity and to justify it constantly. However, a life that is out of integrity with the person's true values will never feel fulfilled. It may be functional for a period of time, pay the bills, or pass time till death do them apart, but certainly is not a passionately fulfilling, consciously lived life.

Webster's dictionary describes "Intentionality" as the fact of being deliberate or purposive. The quality of mental states (such as thoughts, beliefs, desires, and hopes) being focused on or directed toward some object or state of affairs. The use of the word "intend" is so that the client becomes deliberate and purposeful in the constant creation of the mission statement instead of leaving it to the co-creation of his biological, survivalist, unconscious mind reacting to whatever life springs upon him. Intentionality is deliberate, conscious decision-making, choosing a healthy state of being, and acting to co-create with what life brings up, using it as an opportunity for learning and growth.

Before asking the client the questions in Phase Five, give her a writing tablet so she can jot down her major values and goals. This will help to reinforce them in her memory. These open-ended questions follow and are adapted, depending on the area of the model in which you and the client are working.

1. Who do you intend to be?

Support the client in envisioning who they intend to be, aspire to, influence, and impact people and the world. An exercise that may be useful is to ask the client to imagine his death bed and as he looks back, what is it about himself that he wants to be proud of now, or, what would he like others to remember him by; and what he would want others to say when he is no longer among people. This inspires the client to look at their best virtues.

2. What beliefs, concepts, or attitudes do you intend to adopt and follow?

There are lots of thoughts and images appearing in our mind every second. A person automatically and unconsciously has become trained to choose particular ones that he will pay attention to, rekindle, promote, and engage in. A person chooses a belief system, or a formula, and assigns it to the self or others. It is important to become aware of which healthy thoughts, belief system, or formulas the client is choosing to promote and believe in while he acknowledges any thoughts that arise that are unhealthy or unworthy of his time. Support the client in learning the distinction between the healthy or unhealthy thought patterns exploring the impact that his thoughts have had on his life and others over the long term. Some examples are:

- I am capable.
- I have the ability to learn and implement what I have learned.

- I have the ability to assess and distinguish who and how much to trust.
- There are loving people around who I can connect with and form great relationships with.

3. What feelings do you intend to foster?

There are many feelings that have become default feelings (sadness, anxiety, and so forth) or a go-to feeling (anger). Emotions are felt in the body and are signals for a person to assess and act upon the signal's message to create a balance a state of homeostasis for the body and mind. Feelings are a bit more complex, since they ride along with thoughts and are part of the formulas a person creates based on his perception and created narrative. Emotions need to be paid attention to and moved through by taking care of the message. However, the therapist can guide the client to choose healthier go-to feelings, such as joy, peace, content, gratitude, hope, and calmness and to promote a state of happiness. This does not mean to ignore the basis of the emotions of sadness, anger, fear, disgust, shame, so forth. It means acknowledging, naming, getting the message from the emotion, and doing something to release it and bring oneself back their chosen state of feelings—those that promote long-lasting health in the body, relationships, and when creating a fulfilling life. Guide the client to not insist on being angry or anxious and sad, rather, insist on producing joy, gratitude, and happiness. Clients insist by unconsciously and automatically promoting thought patterns that reproduce their negative feelings as opposed to handling the message and releasing the negative emotion. By the same token, the client can insist on formulating healthy, positive thought patterns as a way to consistently produce positive feelings.

4. What values do you intend to uphold?

Support the client in listing the values that they are willing and intending to live by and uphold regardless of what occurs in the external world. Some examples are fairness, integrity, kindness, and so forth—the kind of values that the client has cherished about himself or seen as plausible in others, which he can role model and adopt for himself. This makes the client proud and raises his self-esteem and self-confidence.

5. What behaviors will you commit to?

The four questions above are part of the client's internal process, whereas question five speaks to about how he will represent himself to the external world. Guide the client to choose behaviors that he can commit to, practice, and that will feel natural and effortless in daily life. Here are some examples:

- I intend to communicate in a respectful manner to myself and others.
- I intend to eat healthy and take care of my body.
- I intend to exercise daily to keep healthy.
- I intend to manage my finances impeccably and responsibly.
- I intend to honor my relationships by listening from my heart to them.

The client can write their mission statement in a paragraph form and practice stating it as his representation of who he is and intends to be. At times clients read it with hesitation as if they don't believe that what they chose and are intending to be truly represents them. Although some part of the mission statement is a concept and not natural to the client *yet*, practicing will turn a new notion into an automatic one that seems quite natural. Ask the client to repeat his mission statement daily in front of a mirror. Reassure the client that any of the parts of the mission statement can be changed anytime he chooses by adding or removing any portion that is not in alignment with who he is and intends to be. Support the client in making this appear as normal as breathing in and out and other daily rituals like brushing his teeth or handling his physical hygiene. This mission statement is their mental and emotional hygiene.

A Sample of a Personal Mission Statement

I am a _____ (Insert values, such as loving, caring, authentic, generous, who believes _____ (Insert thoughts, for example, knowing people deserve to be respected and valued; I am a valuable human being; I matter, and so do all others. I feel _____ (Insert feelings, like joyous, happy, peaceful, filled with gratitude I commit to _____ (Insert actions, like committed to strive for excellence; honor myself and other beings; promote health; tell the truth; walk my talk, and live on integrity.

Skill Building

Even with the best of intentions and foresight, people can only visualize what it is in their domain of knowledge. In creating one's life intentionally, a good start is acknowledging the areas of life in which the client does not have many skills. She may be visualizing her intended future where she is in a great and loving relationship with a mate, but if she does not know the skills needed for loving communication, conflict resolution, and expressions of love it will be hard for her to succeed without the resources to learn them. When visualizing her intended future in the area of finance, does she know financial management skills? Does she know ways to earn more income? What career to pursue to gain the financial independence that she envisions? Where can she gain this information?

Most people only look at the people around them to find these answers. Some never ask their friends or family, because they feel embarrassed to ask and be found unknowing. Some assume and project what they already know to the people with the knowledge and never actually ask for information. Some don't have anyone around them who has the knowledge. For example, when I asked a client about his vision for a great relationship with his wife, he said he wanted a loving one, but that all husbands that he saw in his group, including his own father, were all unhappy, so he could not really ask them for any words of advice. Maybe he never asked the right questions from those friends or family members. He could ask what works in their relationship, why someone insists on staying a relationship despite being unhappy, or what skills they used when their relationship worked best.

Other ways of acquiring skills are to look beyond friends and family. Explore who the experts in that field are and take courses with them, request consultations, or hire coaches in that area. A client who was 39 and had never dated before got a dating coach to see he could start from scratch, learning the skills that came so natural to high school peers. A client who was 30 and did not know how to appear sexy and flirty, looked for role models in some of the actresses she liked in sexy roles, and studied and acted as they would. A client who wanted to become wealthy, but came from a lower socio-economic family, took classes and hired mentors from the top one percent group of wealthy individuals from whom to learn.

Support the clients in identifying the skills they need to reach the outcome that they desire and by looking for a variety of sources in different areas of life for the client to learn to become masterful in those skills.

A Conscious Life Journey

In previous phases, the client ended with the last area: being with God/a Higher Power/spirituality. If symbolically and metaphorically, the client had chance to rebirth himself, a second chance at creating a conscious and intentional life this time, how would they be in relation to every area of life? It is in this phase the client begins to develop this for himself as he returns to every relevant area of life, such as:

- God/Higher power/Spirituality
- Nature and universe
- Self, healthy body, illnesses
- Parents (skip if they are no longer alive)
- Mate/Spouse/ Intimate Relationship/Sexuality
- Children (skip if the client is not planning to have children)
- Sibling (skip if there are no siblings)
- Friends
- Career/Education/Work/Finances
- Extended Family/In-laws/Acquaintances
- People in the community/People in the world/Politics

Now it is time to combine the intended conscious way of being and behaving and the personalized mission statement with goals and action plans for each area of life.

Getting Into the Details

Clients are generally much more positive and excited about creating a healthy relationship with the self and others in their life. Here are the questions to guide the client toward re-envisioning their life and setting up structures to ensure that they are getting the result that they intend to. Note that these series of questions will be asked for each of the above life areas.

1. Who do you intend to be in this relationship?

Refer back to the individualized Mission Statement. The client might shift some of the terms, thoughts, values, feelings, and behaviors based on the area of life that is being worked on.

2. What do you intend to create in this relationship?

Guide the client through an imagery of the future intended in that area, so the client can have a felt experience of how it will be when the relationship is a fulfilling one. When the client creates the image, request the client to share what she has imagined. If the client has brought negativity into the picture, explore the negative images. If there are unresolved beliefs or feelings that needs to be processed, then go back to the Phase Four intervention to clear what has been left or what was not presented in previous sessions. When complete, request that the client re-envision their desired and possible relationship in that area and with that person. If the client thinks she cannot have what she desires with this particular person, then guide the client to imagine the healthiest form possible, given the character of the person and the circumstances at hand. When their image of a positive, workable, reality-based future is imagined, then take them through the following process to ensure they are creating a felt experience for what they are striving toward:

- Tell me your workable thoughts and beliefs that are creating this result.
- Tell me how you are feeling (positive and neutral).
- Tell me the location of these feelings in your body
- The intensity from zero to ten.
- Allow yourself to raise the intensity of your feeling to ten, then feel it throughout your body.

People tend to get excited and fulfill what they can imagine pictorially and experience it with their senses as real versus just an abstract concept. This type of guided imagery and hypnosis is often used in sports activities.

3. What is your short term and long-term goal for this relationship/area of life?

After the visual imagery is done, it is time to break down the created positive future imagery to short term and long-term tangible goals. It is important for the client to have a concrete measurable destination to know that she has arrived or what the steps are needed to arrive. There could also be a measurement about how a goal is maintained. This process might appear to be easier done in the areas of health, education, and finances, since in those areas the medical community or the economic/financial community has created the standards. In the areas of relatedness with mate in an intimate relation, family, friends, and community, there needs to be a personalized

standard created so that the client can measure her growth and achievement based on the standard she creates. Goals need to be:

Specific: The client may have multiple goals within one area; however, each goal needs to be clearly defined and not abstract.

Measurable: Metrics let you know when the goal has been reached. In the areas of relatedness, the measurement of closeness, healthy communication or intimacy, alignment, negotiation, and so forth, can be measured by an action that needs to create the closeness or intimacy. This measurement will be very subjective—and is still very important. Clients will get distracted and not realize whether a goal has been achieved and not have a sense of achievement. Also, they have no way of measuring if they are getting close to their desired goal without them. The term “how many by when” alludes to the measurement and time allocated to a goal.

Attainable: The client has to have the ability to attain the goal or have the ability to learn the skill to achieve the goal. It needs to be created from what is in control or able to be managed by the client versus setting up a goal that is dependent on other people for its success. For example, a goal cannot be set as: “I want her to love me and show me.” This goal is not directly in the client’s control. This type of goal can be set in the manner of “I intend to act lovingly, such as _____ (fill in the blank) to promote love within our relationship.” This is specific, measurable through the stated actions, and attainable since it is up to the client to act and promote. This does not guarantee that the other person will love or show it, but at least the client knows what is up to him to do to promote his objective.

Realistic: “I want my husband to be like my father” won’t cut it, because it is just not realistic. Most stated problems in relationships are due to unrealistic expectations from the self or others. It is crucial that the client does a reality check on the desired goal. Otherwise, there will be lots of disappointments.

Timed: Lastly, goals need to be assigned a due date. Some goals are short term, some are long term, and some short-term goals lead to the fulfillment of a long-term goal. Take the goal of financial freedom. The long-term goal might be defined as having a certain amount of money in cash as well as five investments that provide cash flow regularly, by age 65. The short-term goal (which could lead to this goal) would be a certain amount in cash saved at the end of two years along with one cash-flow investment in five years,

and so on. If goals aren't measured and timed, they are not much more than a nice fantasy of what you would like your life to look like someday.

Some goals are more about maintenance versus achievement. Once a person has achieved his goal, he now needs a structure to keep it up. Then, there are structured action plans to keep the achieved goal in a continuous, self-maintaining process. Examples are achieving the desired weight and needing to create a lifestyle structure to maintain it, utilizing great communication and negotiation skills within relationships at home and work, and creating structures to create and maintain quality time such as times that they could walk together and talk, or one hour a week in a favorite restaurant to talk about their relationship, for the communication to stay at flow.

It is also important to assess if the client has the skills to achieve the goals they set. If there are skills that needs to be learned, then that should be also considered as short-term goal that would lead to achieving the long-term goal. For example, if the client's goal is financial freedom, however, she has no skills in financial management or investments, then obtaining knowledge, experience, or mastery in that area should be set as a goal via going to classes or getting a professional to help.

4. What are your action plans to reach these goals?

This step needs to be set up in the client's calendar. She can state the actions necessary to reach each goal in the session and enter it all into her calendar at home. Things will not be done or will be missed if an actual time is not assigned to them. Life is full of surprises every day, and it moves fast. If the client has not scheduled a time for the steps to get to her goals or maintain the goals, she will end up having more justification of why things have not been done instead of celebrating achieving the goal.

It is recommended for the client to give a copy of her action plans and goals to the therapist. She can utilize the therapist as an accountability person, who can offer a weekly check to make sure she does what she has set out to do. If she was not able to complete the tasks, then she and the therapist can revise what is doable for her. If there are obstacles that come her way, if she cannot manage her time, procrastinates, or loses interest in the goals, the therapist can adjust all that is needed. This process is set up for the benefit of the client and should not resemble a teacher/student or parent/child relationship. This accountability structure is still in the context of a therapeutic and support. If the client appears to treat it as if they are

answering to their authority and will be evaluated by them, then the therapist needs to clarify and shift the context toward the supportive place for the client's life to be workable, in a flow, effortless, passionate, and fulfilling.

Phase Five Case Studies

The following cases illustrate Phase Five therapy with three different individuals: Edward, Nora, and Alfred.

Edward in Phase Five

Edward is a socially shy and somewhat a repressed young man who wants to be significantly more dominant and sociable and develop positive relationships with the opposite sex. He also appeared in Chapter Five.

Therapist: *Who do you intend to be in your relationship with the universe?*

Edward: Being a responsible neighbor.

Therapist: *Who do you intend to be on earth with nature?*

Edward: I guess, I'm still me. But at the same time, I feel like I'm not really part of the earth.

Therapist: *Say more.*

Edward: I think it goes back to the significance thing. Like I want to make something of myself. I feel like to make something of yourself, you need all those aspects that I'm working on. Once I've reached a goal, I'm comfortable with everything else.

Therapist: *So, you think you're not going to be comfortable with who you are unless and until you actually reach a goal?*

Edward: Yes, I think so.

Therapist: *And who do you have to be to create a goal, plan for the goal, do the work of the goal, and reach the goal?*

Edward: I must be me, but without the laziness.

Therapist: *And who is this person? The me without the laziness?*

Edward: The hardworking person who gets things done instead of just being someone who is lazy.

Therapist: *Okay. And, is that person part of the Earth or not?*

Edward: Yes.

Therapist: *Earlier you said: “I don’t feel like I’m part of the Earth.” So, as you come to Earth, as the hard-working person, what do you think of yourself now?*

Edward: I think very positively.

Therapist: *And who do you intend to be?*

Edward: I guess that now I am a successful person who has his head on straight. Someone who’s down to earth but has positive goals and good days ahead of him.

Therapist: *As you are on the Earth, you then come back to the pathway and arrive at a hall of mirrors (an exercise for the body image in the area of self). And as you’re looking at yourself, in relation to your relationship with you. Who do you intend to be?*

Edward: I feel kind of taller.

Therapist: *Tell me about your feeling when you say: I am a successful person who has his head on straight, who’s down to earth but has positive goals and good days ahead of him. And I am kind of taller.*

Edward: Confident; proud.

Therapist: *Now you’re directly in front of the mirror, looking at yourself looking back at you. Who do you intend to be?*

Edward: I have a stronger aura around me. I attract people to come to me. They are curious about me, and I respond to them.

Therapist: *That sounds very positive! Tell me your feeling now.*

Edward: Great. I feel strong and attractive. I’m a pretty nice guy. I’m reliable and friendly, and people can trust me.

Therapist: *Tell me about your goals in the area of your relation with self.*

Edward: I will be nicer to myself, all the time. (Giggles) I will exercise daily to keep myself fit and attractive and will build muscles to look more dominant.

Therapist: *Great goals. Exercising and fitness goals are definitely more measurable, since you will know how many hours per day and how many days per week you plan to be at the gym. How do you measure yourself being nicer?*

Edward: Hmmmm. I can write a note on my phone every time I am nasty in my head, keep count of it, and be conscious to lessen it every day. Oh, I am going to talk to girls—like random girls every day.

Therapist: *That is great news! Good for you! About meeting and talking to girls.*

Edward: Yep. I am getting less scared and more excited. What is the worst-case scenario? They won't answer me? I am sure someone will.

Therapist: *Has there been any difference with meeting new girls?*

Edward: It's becoming a little easier for me to talk to and approach them. I haven't really approached a girl directly yet, but I feel like it's coming and that I'm becoming more comfortable with the idea of it. I'm sort of building up to it, and I'm nearly there.

Therapist: *If you imagine seeing yourself beside a girl, what do you think about yourself now?*

Edward: I am calmer, more comfortable with myself, more easygoing, and I just go with the flow.

Therapist: *It also sounds like somehow the quietness, where at one point it appeared to be a bad thing to you, may now appear to be a good thing, an okay thing.*

Edward: Yeah.

Therapist: *You're not hiding behind it; it's more natural for you.*

Edward: Exactly. I'll never be a gregarious circus clown kind of guy. And that is okay. People like me for who I am.

Therapist: *And if you put yourself in nature completely, no human beings at all, just you and nature, who are you now and what do you think about yourself?*

Edward: I'm more confident, more comfortable, the gap has gotten less, you know? Like I'm getting much closer to liking the person who is me. I'm nearly all the way there.

Therapist: *So, if it's you in nature, there's this connection with you that is just you, and within that, it sounds like you feel complete. But when it comes to human beings, something shifts.*

Edward: Yeah, I think it's just that I need more experience in socializing with other people, especially women of my own age. With nature, I have total confidence that I could take care of myself. Build a fire, all that stuff. I got that! But people are harder to deal with.

Therapist: *I agree. Can you put socializing with other people and women in your goals and action plans?*

Edward: Yes.

Therapist: *Please make it tangible and put it in your calendar. Now could you make some positive statements about who you intend to be?*

Edward: Do you mean like smarter, or better-looking, or something else?

Therapist: *It's a little different from that. It's more like if you could feel and be the person you truly wish to be, how would you feel?*

Edward: I would feel happy. Very happy.

Therapist: *So, you want to think of yourself as a happy person?*

Edward: Yes. And stop putting myself down when I make mistakes.

Therapist: *So perhaps you wish to be more self-accepting, while at the same time, making changes that you wish to make? As well as happier?*

Edward: Yes. In fact, I think if I was more self-accepting, then I would be happier! But I do want to make some changes, too!

Therapist: *OK, so: "I am self-accepting and happy" works for you?*

Edward: Yes.

Nora in Phase Five

Nora, age 32, is a depressed person who wants to have more social relationships. She would also like to be successful in love, which she has not been to date. The therapist took Nora through the first four phases of Awareness Integration Therapy. Her negative core beliefs have been cleared out, and now she is going through Phase Five.

Note: Nora tends to give one-word answers, and consequently, she must be gently probed to elicit more information in order to help her fully take advantage of the model and help herself self-actualize. To do this, the therapist offers brief statements and then says nothing, giving the client an opportunity to speak.

Therapist: *Let's build your individualized mission statement. Who do you intend to be?*

Nora: I am a light being that flows in life and gives and receives love.

Therapist: *Tell me about the thoughts and beliefs that you intend to follow.*

Nora: Human beings are ultimately good, I need to take care of myself and stick to what I do best.

Therapist: *Tell me about the emotions and feelings you intend to promote.*

Nora: Being joyful, happy, light, in peace. Love.

Therapist: *Tell me what behaviors you are committed to.*

Nora: To share who I am and my love with others.

Therapist: *Values?*

Nora: Being loving, kind, and openness.

Therapist: *All right. So, as you are coming back in the universe.*

Nora: Okay.

Therapist: *Who do you intend to be?*

Nora: I'm a being.

Therapist: *How do you behave?*

Nora: Nicely.

Therapist: *How do you feel?*

Nora: Good.

Therapist: *Define “good.”*

Nora: I feel pleasant and light. I don’t have anything attached to me or holding on to me. **Therapist:** *What is the intensity of this feeling, from zero to ten?*

Nora: Ten.

Therapist: *And as you come from the universe and down to the Earth and to nature, who do you intend to be?*

Nora: I’m part of a being.

Therapist: *And how do you behave?*

Nora: Graceful.

Therapist: *How do you feel?*

Nora: Pleased.

Therapist: *Pleased in what way?*

Nora: I feel happy and confident.

Therapist: *Zero to ten?*

Nora: Ten.

Therapist: *In relation to yourself, who do you intend to be?*

Nora: I’m a walking being, but it’s also like I’m flying or floating now.

Therapist: *You feel like you are flying or floating. What’s that experience like?*

Nora: It feels exciting and wonderful!

Therapist: *How do you behave?*

Nora: I go with the flow.

Therapist: *And how do you feel as you're looking at yourself in the mirror?*

Nora: I am light, and I feel cleansed.

Therapist: *Light and cleansed in what way? Like a weight lifted off you? Like you just bathed?*

Nora: I feel like before I weighed about a thousand pounds and now I weigh maybe five pounds. All that burden is gone from me. I feel clean because that burden is gone, and I am free.

Therapist: *What is the intensity of the light and the freedom from your heavy burden, from zero to ten.*

Nora: It's a ten.

Therapist: *That is wonderful! You have made such great progress! What are your goals in relation to yourself?*

Nora: Remain this light. I love this feeling. I have been depressed most of my life. The feelings I have had these past couple of weeks are so refreshing. I want to keep this feeling and recreate it over and over. I want to be true to myself and respect myself.

Therapist: *What structures can you set daily or weekly so that you can recreate this feeling for yourself?*

Nora: I promise to meditate 10-20 minutes every morning. I can write to myself, too.

Therapist: *And as you come on to the path again, your parents are there. As you look at them looking back at you, who are you with them?*

Nora: I am joyful.

Therapist: *How do you behave toward them?*

Nora: With love. I have no expectations.

Therapist: *How do you feel?*

Nora: Joyful.

Therapist: *What does joyful mean to you?*

Nora: It means freedom and liberation and acceptance—and lack of worry.

Therapist: *What number is the intensity, from zero to ten?*

Nora: Ten.

Therapist: *And as you are moving along, you see your mate. Who are you?*

Nora: I am a loving being.

Therapist: *How do you behave now?*

Nora: I behave like a more giving person.

Therapist: *How do you feel?*

Nora: I feel like I am fully present. I no longer feel like I'm walking around in a waking dream most of the time. I'm here and I know it.

Alfred in Phase Five

Alfred initially sought therapy because he was unhappy in his relationship with family members, particularly his daughter. He had also expressed frequently feeling very “less-than” as a person.

Therapist: *I want you to close your eyes, and as you go into the hallway, suddenly the mirrors vanish, and you are in an amazing, beautiful, nature area. Just you and nature. What do you think about yourself?*

Alfred: I am a part of nature.

Therapist: *So, you are good enough here, as you are?*

Alfred: Yes. I belong in nature. Nature accepts me as I am. Whatever I am, I am OK.

Therapist: *And who are you?*

Alfred: With no people around, I have no roles to fulfill. I am a free person. There is nothing and nobody for me to take care of. I am free from grief, and I am also free from pain.

Therapist: *When you say that you are good enough now, what are the emotions that come up in your mind?*

Alfred: I feel calm and complete. I am a whole person now. I didn't feel like a complete and whole person before. But I do feel that way now.

Therapist: *Anything else? Who are you?*

Alfred: I am a miracle. And I am calm.

Therapist: *You are calm, and you are a miracle.*

Alfred: Yes!

Therapist: *Tell me more about who you are.*

Alfred: I'm a man who has felt lots of grief in his life for too many years, and it doesn't bother me now.

Therapist: *And what are your strengths?*

Alfred: I am strong, and I am handsome. For many years, I stopped practicing love. I just gave up on love. That doesn't have to be the case; it won't always be the way it is now! I feel like now I can start again.

Therapist: *You are handsome, you are a miracle, and you can love again.*

Alfred: Yes.

Now the therapist moves ahead to the topic of Alfred's adult daughter, with whom he has had a very strained relationship for many years, despite his strong goal to change this relationship to a more positive one.

Therapist: *As you come along the hallway, you look over and see your daughter, who is standing there. What do you think about yourself now?*

Alfred: I think that I really am good enough for my daughter now. I am a hard worker and a good man. I have hope in my heart now. I am an open-minded father who supports my daughter.

Therapist: *What are the values and thoughts that you have to commit to when it comes to your relationship with your daughter?*

Alfred: I am a loving and open. My daughter is a unique person, who I respect and adore.

Therapist: *What emotions do you promote?*

Alfred: Love and acceptance.

Therapist: What actions are you committed to?

Alfred: Spending time with her every day, listening when she talks, allowing her to finish her sentences, being interested in her logic, telling her if I don't like something, but not dismissing what she says.

Therapist: *Wonderful. How do you structure it so that you can maintain this?*

Alfred: I can set our dinner time for a truly heart-to-heart quality time.

Therapist: *And as you come along and see other people that you know—clients, colleagues, friends—what do you think about yourself?*

Alfred: I'm good and I am very helpful to them. I want to stop separating myself from them. I want to be much more emotionally involved with others, more like I was when I was 12 years old, or 14. I want—and I intend—to enjoy life more and to feel good about myself. I've been beating myself up for too long! It's over now!

Therapist: *As you make what I call the Return Journey through the different areas of life, think about how you want to think, feel, and behave toward others in each area. For example, how do you wish to be with your clients, colleagues, and friends? What would be the prevailing emotion that would describe how you want to be with them?*

Alfred: (After a pause.) I want them to see me as a good and honest person.

Therapist: *How do you have to act so that they will see you as good and honest?*

Alfred: I will act kindly and respectfully to them, hoping that I will connect and that they will reciprocate.

Therapist: Imagining that type of relationship with people around you, what feelings do you feel?

Alfred: Happy, joyous, excited, elated, warm.

Therapist: *And what is the intensity of that feeling you are having right now?*

Alfred: It's a ten! Definitely a ten!

Potential Problems

As positive and productive as Phase Five of the Awareness Integration Therapy is, there are several potential problems that can occur in this phase. For example, sometimes clients are resistant to going through all the life areas just to respond to the same questions (on the universe, the self, coworkers, and so forth) again. They may also be reluctant to decide or unsure of how they want to feel and think and which values they wish to adopt. They may think it is too cumbersome and wearying now and may try to convince the therapist to skip all or most of the areas. Do not make this mistake! With some few exceptions, the return journey needs to encompass all the key areas of life that were covered before.

Another issue that you may encounter sometimes on the Return Journey is that there are still some negative core beliefs that the client has not cleared out yet. This is really not a problem; it is an opportunity to discover any underlying issues that still need to be resolved. Help the client to learn the skills to clear himself when a life event triggers him. This is how the client becomes accountable to their inner process and has the independence and initiative to shift the process toward creating an intentional, workable life.

CHAPTER NINE

PHASE SIX: SUSTAINING A FULFILLED LIFE

In Phase Six, the therapist works with the client to create a feedback structure. Now that the client has created their mission, goals and action plans in different areas of their life, it is important to create an external feedback structure to remind her/him on a daily basis for maintaining intentional ways of being, thinking, feeling, behaving, and creating. Human beings are habit producing and habit living creatures. Since clients have been in the habit of living unconscious lives, I assume that they will revert back very quickly to old daily habits if appropriate structures are not set to promote new habits. Although since they cleared their path, they will not go back to the negative core beliefs that were holding them back, however, the new acquired skills need to be reminded and practiced before they become the natural default mechanisms. Beside creating a structure that the client can live in so that the new ways of behaving will become a daily practice, creating an external feedback structures are necessary to keep the momentum going.

Multiple Methods of Feedback Structures

For many clients, especially those who are visual individuals, I recommend making a collage of personal photo, pictures that are cut out from magazines and newspapers, images from the internet, words that they can relate to and represents who they intend to be, their mission, goals and action plans.

I have worked with clients whom have created one large collage with every area of life in it and have worked with others which they made an individual collage for each area of their lives and then put them together on their wall. Some put it on their bedroom wall so that they can wake up to and go to bed seeing it. Some have put it on the bathroom sink mirror, so that they can see the collage while they see their own eyes in the mirror. Some have created the collage with internet images and with software that create collages and have made it a wallpaper on their computer screen.

The full effect of the visual collage is captured when images and words are set up to inspire the values and the mission of the person. In addition, images that foster the vision of the intended result as it becomes manifested is important. For example, if the client is intending to get admitted to a particular school, then the logo of that school should be in the collage. If the client is intending to have a loving relationship with their mate, then they can either put their own picture of when last they felt so close and intimate, or they can get an image of a couple which portrays the type of relationship that she is aspiring. If the client wants a particular amount of salary or wealth, then there should be an image of the dollar amount in the collage.

This is where each of the short-term and long-term goal can become a visual image and be added to the collage. This type of visual feedback supports the client to keep their goal and intention in the forefront of their daily life.

For people who are not visually inspired, they can find their best way of creating the feedback structure. One client chose to record himself on his phone, his values, goals, and action plans in the area of work and listened to it every morning in the car as he drove to his work. He had created a separate recording for his relationship and family and listened to it every afternoon when he drove home. This worked for him since he was more auditory driven. Another client used symbols that meant something to her. She used a statue of a tiger and put it on her desk and every time she saw it, she felt powerful, beautiful and graceful. She had a statue of a white swan at home to represent her elegance, beauty, and a “forever mate” in her intimate relationship, while she used a Buddha statue in her bedroom to represent serenity and inner peace.

As a therapist or a coach, it is important to brainstorm and guide the client to find the best feedback structure that works for them. Teaching clients to utilize their calendars efficiently so that every action plan is already scheduled and put on automated repeat or notifications. You will be surprised how little people actually use their calendar to schedule all of their life events, and interestingly enough what is not scheduled has a higher probability to drop off from our day. Another great structure is daily journaling specially at the end of an active day. Journaling can be used to destress, express and release emotions, reflect honestly in what was accomplished, to praise the self for the accomplishments, to observe the obstacle for not accomplishing what was intended, and find solutions for observed problems. Journaling can be used as a measurement tool for the client to be transparent with the self to guide the self toward efficiency of creation and growth.

Some clients who need to work with other people to get motivated and would procrastinate if it was a self-disciplinary structure, I have suggested for the client to have people in each area partner with them to hold them accountable. One client partnered with a friend to hold each other accountable every week over lunch. He also created accountability partners in every area of his life. A physical trainer for his body and health, his wife in regard to the quality of their relationship and home finances, his partner at work about all facets of his business, and so forth.

Review the structure with your client to make sure that the structure that they have chosen is working for them, if not, then entice your client to utilize different or modify, add a new structure to the one they chose.

Maintaining the Awareness Integration Therapy Skills

At this stage, some clients may feel comfortable to complete their therapeutic relationships since they may have become confident and positive about their capabilities and have a structure at hand to move them ahead. Some clients prefer to continue and make sure that they have a coach that they can practice with as they are utilizing these skills in different areas of their life.

If the client chooses to continue their therapeutic relationship, then what gets discussed takes a new turn. The therapist becomes the checkpoint and the accountability person for the different areas of their life and support the client to uphold their vision, mission, and goals.

For many client's new ways of relating to themselves, their partner, their parents and their children are so new, that they get uneasy with the shift that is happening. At times, the client is very clear and is doing exactly what he intended, however, people in his life are not ready for the change that is getting created in their lives without their consent. Therefore, new conflicts arise that need to be dealt with. It is at times easier to revert back to old habits when someone that you are relating to insists to keep the status quo in that relationship. However, your client did not do all of this work to become conscious in their life to revert back to the quality of the relationships that they were trying to run away from. Your role as the therapist is to guide the client to live their value, mission, and goal while they negotiate new ways of being and acting in the relationship that respect the other persons ways as well and co-create a new relationship.

At times a client's desire to change their path in the relationship does not work for others, therefore the client might have to choose another goal when

she is faced with this new reality which is different than the original intended goal. This is a conscious and dynamic way of co-creating life as it shows up without making the self or others wrong. The awareness, sense of responsibility and accountability toward one's own thought, feeling, action and therefore the impact and the result allows the client to be empowered to deal with the reality as it reveals itself and have the skills to deal with it in the best of her capacity toward creating a preferred result.

CHAPTER TEN

GOING BEYOND THE BOUNDARIES: RESEARCH, POSSIBILITIES, AND LIMITATIONS

Therapists seek to assist their clients in gaining new and helpful insights that will make it possible for the clients to improve their lives significantly, although therapists use many different methods and models, and often a combination of models, to achieve this goal. Some therapists concentrate on seeking to change the client's brain activity using such therapies as neurofeedback, eye movement desensitization and reprocessing (EMDR), or with the use of hypnotherapy. Other therapists concentrate on aiding the client to obtain new self-knowledge and self-awareness through learning the practice of identifying and analyzing their own self-talk and actively challenging the negative words and phrases that they frequently state in their own minds to themselves, including such very common and self-demeaning phrases as, "I can never do anything right," "I am not good enough", "Nobody likes me," and so forth. There are also models that concentrate on attachment and early life experiences and their impact on the individual, and there are many other models with different approaches. Yet the underlying common denominator of virtually all therapeutic models is to guide the client toward obtaining needed insights that will then allow for as well as facilitate important and more positive changes in the client's behavior.

But there are no other therapeutic models that work to zero in on the multiple key life relationships that every client experiences and concentrates on discovering how the client thinks, feels, and behaves in these relationships, as Awareness Integration Therapy does, and I believe that this unique aspect is the major strength of the model. A crucial further inherent strength is that this model acknowledges that individuals are co-creators of their own reality, and that this adopted (albeit, often unknowingly) vision of the individual reality they perceive to live within can work to severely limit their life choices and generate much unhappiness. Conversely, with newly acquired insight, self-awareness can lead to a more positive and realistic reality and to a happiness and a personal level of success that the client often has never previously dreamt of attaining in the past.

I know that the Awareness Integration Therapy works very effectively with clients, not only because I personally have seen its effectiveness in therapy with so many of my own clients, I also have trained many professionals and have their testimonies of how it has worked with their clients, and because several of research studies conducted on this model have validated its effectiveness both quantitatively and qualitatively. This chapter provides information about the research findings of three studies, and suggestions for future research studies with clients who are engaged in or affected by a multiple array of life-changing situations.

Published Studies on Awareness Integration Therapy (AIT)

First Study

“Awareness Integration: A New Therapeutic Model” written by Dr. Foojan Zeine, published in 2014 in the *International Journal of Emergency Mental Health and Human Resilience*, Vol. 16, No. 60-65 pp. ISSN1522-482.

The abstract reads: Awareness Integration (AIT) is a new model in the field of psychotherapy which synthesizes numerous concepts from cognitive, behavioral, emotional, and body-mind theories. AIT aims to enhance self-awareness, increase self-esteem, release past traumas and psychological blocks, reduce symptoms of anxiety and depression, and promote a clear, realistic, and positive attitude in order to learn and implement new skills for an effective, productive, and functional life. This model allows for release and then integration through flexibly structured questions and expansive interventions that connect core beliefs, emotions, locations in the body where emotions are stored and relevant/original memories. A pilot study indicated a 76% decrease in depression, a 60% decrease in anxiety, a 43% increase in self-esteem, and a 20% increase in self-efficacy after taking part in AI therapy.

Participants were selected from the clients who attended Personal Growth Institute, a non-profit organization that offers psychotherapy and counseling to a multicultural community. The model was offered randomly to clients who then decided whether to participate in the study.

Each participant completed an initial intake form. The first session was conducted to determine the presenting problem, gather history of the participant, conduct an assessment and formulate a diagnosis and treatment plan. During the second session, participants completed pre-testing and

were explained how the model would be implemented in therapy. In consecutive sessions, participants completed all 6 phases of the model with all the areas of life relevant to their life. Depending on the participant's previous therapy experience and childhood trauma experience, this phase took between from 3 sessions for a person with extensive previous therapy, to 32 sessions for a participant with severe childhood physical abuse. Following completion of AI therapy, post-testing was conducted.

Rosenberg self-esteem scale (RSES; Rosenberg, 1965; Blascovich & Tomaka, 1993), Beck Depression Inventory BDI-II (Beck, Ward, Mendelson, Mock & Erbaugh, 1961), General Self-Efficacy Scale (GSES; Schwarzer & Jerusalem, 1995), and The Beck Anxiety Inventory (Beck, 1988; Beck & Steer, 1993), were used as the measurement tools.

BDI-II scores lowered 15.3 points, which was a 76% percent decrease in self-reported depression. BAI scores decreased 9.5 points, which was a 60% decreased in self-reported anxiety. Self-reported self-esteem scores increased 7.9 points which corresponds with a 43% increase in self-esteem. Self-efficacy scores increased 5.9 points, indication a 20% increase in self-reported self-efficacy.

Discussion: The advantage of Awareness Integration Therapy (AIT) over other psychotherapeutic models rests on the fact that it is a comprehensive model encompassing the cognitive, emotional, physical, and behavioral component while supporting the client in dealing with the past, present and the future toward the creation of one's fulfillment in life. The majority of existing therapeutic models only incorporate one or two of the above components. Until now, the theories and interventions that have worked with negative core beliefs have, at best, been able to challenge the beliefs and refocus on healthier coping mechanisms. The AIT seeks to dismantle the negative core beliefs so that they do not become a source of sub-conscious sabotage, nor remain as a burden of daily automatic thoughts that ignites intense displaced emotions. Awareness Integration Therapy (AIT) seeks to bring depth into a brief and time efficient psychotherapeutic model. This model utilizes many interventions from evidence-based theories in an open structured procedure that allows a novice therapist to follow a direct and clear guideline toward a great therapeutic result, while also allowing a seasoned therapist to add their own unique style and orientation to the model.

It is hypothesized that the significant decrease in depression found is due to the challenging of negative core beliefs at the onset of creation in the past

by taking what is excessively emotionally charged thought, form and behavior in the present, linking it to the emotion and the felt sensation, and gearing toward locating the original memory of the event that formed the negative core belief. This process allows for the clearing, healing and dismantling of the negative core belief, thus lessening depressive emotions. When this process is done in every area of life, the accessibility to all negative core beliefs and dissociated emotionally charged pockets becomes easier. This process integrates the past with the present moment, and therefore the view of self, others and life in general becomes more realistic, objective, and holistic. The awareness toward the responsibility, ownership and accountability toward one's own thought, emotion, behavior and the impact of that experience on formulation of the negative core belief, irrational belief, and negative emotions creates clarity and empowerment. Therefore, feeling of powerlessness and victimization that is a base emotion of depressive state dissipates. The goal setting toward a future with chosen values creates a proactive sense of self that is called toward a fulfilling actualized future.

The significant decrease in rate of anxiety is hypothesized to be due to the integration of the past with the present and visioning the future in a realistic and tangible way with an action plan that can be followed and measured. Skills are learned toward the implementation and sustainment of the future goals. So, rather than projections of a negative future from the negative experiences of the past, which produces anxiety, the AIT projects an intended positive and realistic future to move toward.

The changes found in self-esteem are believed to be due to the examination of identity that is acquired and lived upon in each area and phase of life. As the identity's belief systems, thoughts, emotions and behaviors toward the self are explored, the originating sources of these belief systems can be observed, challenged, and healed. This process allows a more nurturing and compassionate relation with self and assigning value to areas of strength while being caring toward the vulnerable parts of self.

In terms of the pattern of self-efficacy improvement, when using the AIT, self-efficacy is actualized due to learning and implementing sustainable skills that create and maintain results in all areas of life. Thus, self-efficacy at the completion of the therapy will rise as life skills are practiced daily and create long lasting results.

The ability to be aware of self is a unique ability to humans. Awareness is the first step toward distinction and creation of choice. Most therapeutic

interventions do not teach the client the mechanism of awareness, the distinctions between thought, emotion, behavior and the impact that these create in our life. The concept of being responsible and accountable for inner thoughts and emotions, externally oriented behavior allows for a powerful and pro-active stance toward co-creation of life with all that happens in life externally. The integration, clearing, healing, bringing forth the learning of the past to the present moment provides more accessibility for one's awareness. The ability to access all parts of self freely allows for more clarity in choosing more productive goals, actualizing and therefore being fulfilled with life.

Second Study

“Awareness Integration: An Alternative Therapeutic Methodology to Reducing Depression, Anxiety, While Improving Low Self-Esteem and Self-Efficacy in Separated or Divorced Individuals” published 2017 in *Mental Health in Family Medicine Journal* (2017) 13:451-458 – authored by: Foojan Zeine, Psy.D., Nicole Jafari, Ed.D., Fatemeh Haghighatjoo, Ph.D.

Abstract states: A new method in psychotherapy, Awareness Integration (AIT) Model, has been shown to be instrumental in delivering a successful and expedited path to recovery in a variety of psychological and emotional problems. The purpose of this study is to show that Awareness Integration Therapy (AIT) positively impacts the negative characteristics of divorce such as depression and anxiety, while restoring self-esteem and self-efficacy. Participants, age 25 to 64 years old, were randomly selected from a sample population. Volunteer participants of 3 males and 7 females, consented to participate in a 3-hour workshop for the purpose of testing the AIT as well as completing both the pre and the post tests. Conducting such a pilot study to test the flexibility of AIT on divorced or separated individuals suffering from depression, anxiety, low self-esteem, and self-efficacy, yielded positive outcomes. Applying AIT to volunteer participants showed 27.5% improvement in depressive moods, 37% less feeling of anxiousness and having anxiety, 15% increased self-esteem, and 13% boost in self-efficacy.

Participants attended a 6-hour workshop Titled “The NEW YOU is calling YOU! Freedom from the past and a design for the future” on a voluntary basis. The workshop was held on May 31, 2015, conducted by Dr. Foojan Zeine, psychotherapist and the originator of the AIT and facilitated by Dr.

Fatemeh Haghigatjoo from the Nonviolent Initiative for Democracy organization.

The 6-hours workshop consisted of:

1. A 1/2 hour lecture about the multiple phases of the divorce process
 - Statistics
 - Shake up in Marriage
 - Pre-Divorce Process
 - Separation
 - Legal Divorce Process
 - Post-Divorce Process
 - Completion with the Marriage
2. A 1/2 hour lecture about the AIT 6 phases.
3. Completing Phase 1, 2, 3, & 4 of the AIT in the domain of Social Community.
4. Sharing with another participant about their experience and their findings.
5. Competing Phase 1, 2, 3 & 4 of the AIT in the domain of Ex-Spouse.
6. Sharing with another participant about their experience and their findings.
7. Competing Phase 1, 2, 3 & 4 of the AIT in the domain of Father.
8. Sharing with another participant about their experience and their findings.
9. Competing Phase 1, 2, 3 & 4 of the AIT in the domain of Mother.
10. Sharing with another participant about their experience and their findings.
11. Competing Phase 1, 2, 3 & 4 of the AIT in the domain of Parent's Relationship.
12. Sharing with another participant about their experience and their findings.
13. Competing Phase 1, 2, 3 & 4 of the AIT in the domain of Self.
14. Sharing with another participant about their experience and their findings.
15. Completing Phase Five in the domains of ex-spouse, Intimate relationship, Children & Social Community.
16. Sharing with another participant about their experience and their findings.
17. Completing Phase Six regarding the creation of a chosen Self-Identity.

The 4 dependent variables were measured by 4 standard tests Beck Depression Inventory BDI-II (Beck, et al., 1961), Beck Anxiety Inventory (Beck, 1988; Beck and Steer, 1993), Rosenberg self-esteem scale (RSES) (Rosenberg, 1965; Blascovich & Tomaka, 1993, and General Self- Efficacy Scale (GSES) (Schwarzer & Jerusalem, 1995) as pre and post tests.

Discussion - Regardless of being amicable or not, divorce leaves the individual with devastating feelings of loss, depression, and anxiety. As reported in 1981 by Peck and Manocherian (as cited by Bogolub, 1991), going through divorce brings about a great deal of change particularly in middle age women, who have to let go of an accustomed life, social status, and financial comfort. Consequently, the feeling of abandonment, mourning, loss of dreams, and failure in marriage may lead to depression. Although, these negative feelings are not solely as a result of being a middle age divorced female, but also can be seen in younger females, who experience divorce. Divorce leads to depressive moods and thoughts.

Bowen's (1913–1990) Family System Theory, was developed as a result of psychologists gaining an interest in family structure post World War II, where there was an interest in studying family dynamics from a different point of view. In this theory, Bowen suggests that family comprises of different systems requiring each entity to operate in harmony and equilibrium to gain maximum efficiency as a whole emotional unit. However, adversary factors interfering with the system's overall operation, such as financial struggles, death, psychological deviance, divorce, and other negative events may shift the unit off its balance and thus free falling it into disequilibrium. Divorce as a negative factor has a correlational impact to the system's operation, thus shifting the relationship between members into a negative spiral. This negativity could bring about anxiety, depression, misconduct, and other behavioral misconduct requiring the system to receive support in order to regain the equilibrium (Kerr, 2000).

The Family Systems Theory confirms the fact that divorces is a contributing factor in creating disequilibrium in individual's emotional well being; however, Bowen believes that individuals need to find a way to avoid fault-finding and continue to mature through the process (Brown, 2012). The findings showed that of those, who participated in the AI study, 36% fewer individuals blamed or criticized themselves, which confirms the applicability and efficiency of AIT on creating and improved emotional balance.

Traditionally, theorists have focused on two stages of divorce: 1) Emotional or affective stage, and 2) Recovery in terms of divorced individuals'

behavior in maintaining balance and control. Therefore, in both stages, when grief strikes, it would be in response to different losses, with each stage may contain a different intensity (Hagemeyer, 1986). Research has also shown a correlation between marital status and mental disorder. Divorced individuals develop a hypersensitivity at the time of separation and divorce; therefore, they may face six times higher chance of needing medical attention than those of married couples (Bloom et al., 1978; Briscoe et al., 1973, as cited by Peck & Manocherian, 1988). The AI study addresses these emotional stages and the negative reaction to each milestone by focusing on different emotional period, such as depression, anxiety, low self-esteem, and negative self-efficacy. The result of the study of divorced participants, who took part in AIT training showed 27.5% significant improvement in depressive moods, while a 37% revealed to be less anxious or having anxiety. As shown through AIT, participants were able to show tremendous improvement in each emotional category of depression and anxiety, thus making the transition from emotional stage to recovery platform. Furthermore, as a result of participants responding to questions 8 thru 10 yielded 15% improvement in measuring posttest self-esteem of participants. The total impact of AIT on participants suffering from low self-efficacy was 13% increase in feeling more resourceful and confident.

Golan (1981), stated that during divorce a person may experience psychological distortion, thus leading o pathological problem. These problems may present themselves at different time with different intensity. In order to better understand when the transitional state has been reached by the divorcee, scientists need to be able to estimate the time this transition has been reached, and whether the person is working though problems. This understanding was as a result of combining the psychosocial and crisis theory that has led the scientists to an understanding of what a normal transition may entail. These transitional stages represent a terminated life, while spearheading to a new one. AIT is structured in a modular format and phase base, which enables the therapist to address each stage of mental distortion individually and on differentiated periodicals. This type of structure would be beneficial to the participants in addressing problems while seeking an optimal solution (Zeine, 2014). There is a presence of crisis in the divorce process, which adversely impacts the mental balance of the individual. Wiseman (1975) refers to the importance of regaining individual's equilibrium. However, the researcher believes if the problem-solving mechanism is not yielding a favorable result and the divorced individual is having difficulty reaching balance, then the situation would result in crisis. In doing so, through the course of divorce, a person will consciously reexamine their basic belief system, identities, and relationships

(Wiseman, 1975), making further growth possible. The inter mechanism of AI specifically addresses this type of crisis by offering six phases of in-depth soul searching. The participant in AIT learns to recognize and identify all the unconstructive and scattered thoughts and destructive mental strategies. Through working on these negative and critical cognitive processes, the individual learns new strategies to eventually integrate positive thoughts and constructive mental capacities. Consequently, the mental crisis is averted, and equilibrium is achieved (Zeine, 2014).

Siegel (1991) refers to the neurobiology role of interpersonal experiences, and its connection to the efficiency of the brain functioning. The author emphasizes that the left and right hemisphere work in an integrated fashion meaning the right brain works analogically and the left brain is externally motivated. Depending on the individual's life experience, the interworking mechanism of the brain and its dependence on external events for neuro feedback leads to either efficiency in self-regulation or disruption in emotional development. Individuals, who have experienced divorce or separation suffer from emotional distress; therefore, may be subject to this malfunctioning or disequilibrium of the left and right hemisphere. In accordance to Siegel's findings, the AIT aims to coordinate the internal thought processes with external events in an attempt to harmonize and integrate disruptive thoughts, while replacing them with healthy and efficient cognitive processes (Zeine, 2014). According to Brown (1985), therapy may be instrumental in restoring family system's structure and promoting a swifter equilibrium to be brought back to the unit. In addition, to assist with the transition from the accustomed life into a changed and new existence, therapists can be influential in helping the individual's transition. Brown's suggestions coincide with the functionality of AIT offering self-guided structured therapy, while the individual performs the therapeutic exercises, all the while overcoming depression and anxiety. Brown's (1985) strong position on the benefits of psychological intervention in helping divorced or separated individuals regain a sense of self and their eventual transition to a new life, reaffirms the positive results AIT offers in this study. In conclusion, the AIT is instrumental in reducing the negative characteristics of divorce such as depression and anxiety, at the same time, allowing the individuals to regain an increased level of self-esteem and self-efficacy. It is noteworthy to mention that such successful conclusion should encourage the researcher to conduct additional pilot studies to investigate the broader application of AIT on other psychological and emotional challenges that individuals may experience in a variety of situations. Further studies would definitely be beneficial to both scientific field and individuals, who are in need of practical and expedited methods of therapeutic techniques.

Third Study

“Awareness Integration: A Non-Invasive Recovery Methodology in Reducing College Students’ Anxiety, Depression, and Stress” – published in TOJET:– November 2017, Special Issue for IETC 2017 www.tojet.net/special/2017_11_1.pdf (Pg. 105-114) – authored by: Foojan Zeine, Psy.D., MFT, Nicole Jafari, Ed.D, Mohammad Forouzesh, Ed.D. Presented at the conference held in Harvard University.

Abstract: The purpose of this study is to further understand and mitigate stress and anxiety among college students in addition to finding new evidence-based approach to address the source of these stressors. College students, predominantly freshmen are subject to stress and stressors (D’Zurilla & Sheedy, 1991), which is due to the transitional college life (Towbes & Cohen, 1996). Students feel the pressure of acquiring a job, establishing a career, and finding a potential life partner. The interaction between all these stressors results in anxiety and tension (Romano, 1992). Awareness Integration (AIT) Model (Zeine, 2014) is an effective psychological methodology that utilizes non-invasive and effective techniques to help individuals suffering from multiple stressors overcome anxiety and depression. To test the AIT, a study was set up at California State University using convenient sampling of subjects recruited on a voluntary basis to participate over the course of 16 weeks during 2015 Fall Semester. A majority of those involved were working on their undergraduate degree and the rest were in a graduate program. More than half of the participants were females between the age ranges of 18 – 24 living on the west coast. Lastly, ethnicity had a strong turnout amongst Caucasian (n =25), Hispanic (n = 51), and Asians (n = 22); nearly half of the subjects appeared to live below the poverty line making less than \$25,000 annually. The researchers’ hypothesis is that students’ mindfulness of sources of stress, and utilization of emotional releasing techniques will reduce anxiety and depression, increase their coping mechanism, improve their academic performance, and the quality of their relationships both in and the outside of the campus life. The final results showed significant reduction in the areas of anxiety, depression, and stress among the participants, who completed the modules within the period of the semester.

This is a descriptive study and the subjects were recruited from the Health Science and the Human Development Departments. As planned, participants were asked to volunteer and sign a consent form if participating. The study also involved recruitment, two hours of training, personal online support, a pretest and posttest survey. Recruitment was the first phase of

this project including collection of consent forms. Prior to the study, the university IRB application was submitted for approval. A training session was given, where students were asked to complete a set of psychometric standardized questionnaire on anxiety, stress, and self-efficacy.

Data Analysis: The pretest and posttest were based on The Rosenberg self-esteem scale (RSES; Rosenberg, 1965; Blascovich & Tomaka, 1993), The Beck Depression Inventory BDI-II (Beck, Ward, Mendelson, Mock & Erbaugh, 1961) and The Beck Anxiety Inventory (Beck, 1988; Beck & Steer, 1993) assessing specific and measurable criteria in the following categories:

- * Questions 1-4 to measure Depression
- * Questions 5-7 to measure Anxiety
- * Questions 8-10 to measure Self-esteem

Once the data were collected, using SPSS software, the research assistants computed the overall results based on participants' response given to each of the fifteen AI Modules selected for this study. The outcome of SPSS analysis yielded in both empirical and descriptive results, which were used in further analysis. Using an excel worksheet, the empirical data was then used to compute the decrease in depression and anxiety. Using the statistical standard mean formula; $(X_1 + X_2 + X_3 + \dots + X_n) / n \times 100$ to reflect overall percentages. Accordingly, the standard deviation for each question in each category was calculated to show proof of concept and to ensure a strong confidence level. Based on these calculations, the results showed that there was 68% Overall decrease in Depression and 21.72% Overall decrease in Anxiety as a result of AI psychological model.

The AI experimentation teaches self-analysis techniques and self-help method for an individual to realize, recognize, address, and take on stressors in life. It also teaches participants how to develop emotional and cognitive mindfulness to better help label and combat such stressors. The overall results in this study show that students develop mindfulness of sources of stress and learn utilization of emotional releasing techniques to reduce anxiety and depression. The AI treatment also increased their coping mechanism, improved their academic performance, and the quality of their relationships both in and the outside of the campus life. The final results showed significant reduction in the areas of anxiety, depression, and stress among the participants, who completed the modules within the period of the semester. As discussed, studies predominately show the correlation between positive attitude, effective strategies, and problem solving. An overall

feeling of well-being is instrumental in strategizing a problem-solving technique that in achieving healthy psychological state in all dimensions.

Awareness Integration Education

Awareness Integration Education is being utilized by Eileen Manoukian at Gem Educare daycare/preschool for the last four years on children between the ages of three-month-old and six years old. The results are especially evident on children's emotional regulation, behavior control, self-esteem, compassion towards peers, compassion towards self, and several other areas of development. Teachers use a very unique language with children. Teachers talk to children in a descriptive way and ensure that they can distinguish between thoughts and use the correct names of feelings and emotions and incorporate them in the descriptive language. When talking to an infant the teachers name the emotions every time, they see an expression of an emotion on the babies face or body language. For example, "I can see that this toy brings joy to you, and you are smiling a big, happy smile." Usage of descriptive language helps young children learn about their thoughts, the correct name of each emotion, and the action that they are doing. It also helps them learn that each emotion has an appropriate expression (e.g. happiness or joy, smile or laughter; sadness, cry). At the verbal stage children are ready to express their emotions and name them correctly. Children are also guided to recognize how they act while experiencing an emotion. Teachers help children discover what they were feeling, what were they thinking, and how they reacted experiencing those thoughts and feelings. Teachers use every opportunity to teach children how their actions impact themselves and others around them. They use storytelling, puppet shows and children's interactions with each other. Children are encouraged and praised for being caring, compassionate and understanding of others' needs. They are thought to be compassionate towards animals, plants and even insects. Children are guided to be aware of their emotional need and act appropriately toward gaining what they want.

Young children do not possess the skills of regulating their emotions. Awareness Integration Therapy has been very successful in helping toddlers regulate their emotions. Terrible twos almost never happen at Gem Educare. Children know they are in a safe environment where they can express their feelings and be guided to view things differently and alter the behavior and achieve the desired outcome. The key to success is to use the appropriate language at all times and remind children constantly of the thoughts,

emotions and feelings, behavior, and the impact of the behavior. Children choose compassion and caring when they see their teachers' compassion and care towards them and others.

Findings based on comparison to the same age milestone are:

- Emotional regulation improves 85% within two weeks even in children with ADD and autism. As a result of awareness of the emotions and the ability to make a distinction between the emotions and thoughts and knowing that they have a choice on how to behave, children show immediate improvement in emotional regulations. Children with ADD and autism have shown great improvement in this area. As an example, a two and a half years old child who was discharged from another daycare because of his uncontrollable behavior (hitting, throwing toys around, screaming, and disrupting) was not only participating in every activity with full focus, he was calm, could articulate his needs and was compassionate towards his peers after only two weeks of joining Gem Educare.
- The focus is 75% higher compared to their developmental stage. Children's focus improves drastically. Their attention is on the task at hand for a much longer time than expected for their age group. They also comprehend and retain more information than their age group. For example, a three-year-old child is able to focus and participate in an activity for over 45 minutes at a time.
- Self-esteem is 80% higher compared to their developmental stage. The awareness of the feelings, thoughts, behavior and the impact of the behavior gives children a sense of self confidence and self-esteem. Children are eager to do everything themselves instead of waiting for the teacher to help them. Even a one-and-a-half-year-old is capable of putting his shoes on or attempts to dress himself.
- Intentionality improves 90% compared to developmental stage. Children's intentionality improves greatly. Having the option to choose the desired behavior which results in having an appropriate impact causes the intentionality to improve in children.
- Compassion and caring improves 85% compared to developmental stage. Children learn to be caring and compassionate towards themselves, their peers and even insects. A four- year-old, finds a caterpillar on the floor, struggling to get to the plant, asks his peers to help him pick the caterpillar up with a stick, and they help each other to put the caterpillar on a leaf so he can eat and survive.

- Love of learning improves 75% as a result of emotional regulation. Because children are not engaged in emotional turmoil their minds are open to learn more. A two and a half years old child is able to count to 20, recognizes all the numbers, knows the alphabet, the shapes, the colors, and recognizes 60% of the letters.
- Self-confidence improves 90%. Children become so confident in their own abilities and thought process that sometimes even their parents and teachers wonder if these kids are really toddlers. They express their ideas and thoughts in a very organized manner. They come up with new creations and act on them. They become very independent. A 14-month-old baby is able to feed himself with a spoon and fork, calm himself down when feeling upset and even help younger kids with bottle feeding and entertaining.
- Problem solving improves 75%. Children learn to solve any problem that arises for them. An 18-month-old is able to think and try different toys and instruments until he figures out which one can help him get his ball out, that rolled under the sofa and stopped exactly in the middle of it. He is able to strategize, think and rethink, look and measure and try different instruments until he comes up with the right solution. A four-year-old child comes up with the solution of how to inflate the inflatable pool without the blowing device. He suggests using a leaf blower and it actually works.

Role of Teacher

In Awareness Integration Education, a teacher has an interactive role. The teachers participate in children's play and play along with their creativity and imagination. They carefully choose questions to ask during pretend play to enhance student's imagination, creativity, and social emotional development. Teachers teach by involving children into the teaching subject, using hands on learning activities. For example, if the subject is geography and the teacher is teaching about a country, she uses a 3D puzzle, blocks, or a craft for the children to build a symbol of that country. Then the student's experience at least one type of food from that country. Using the new technology, the teacher can show a very short video about that country and teach simple words, such as hello and goodbye in the language spoken in the subject country. This interactive teaching method helps students experience the culture of the country and be part of creating a symbol of the country. Hands on learning helps children learn and retain the information better.

In this method the teacher gives the students the opportunity to choose. Students are involved in decision making. They are given the opportunity to create guidelines for their classroom, choosing the policies and the consequences. Depending on the age of the students, the teacher guides and helps them to come up with appropriate policies and consequences by explaining and asking appropriate questions in order for the students to figure out whether a specific rule or consequence is appropriate and practical.

Teachers are guiding, supervising, and interacting with students. Students are challenged by their teacher all the time. Teachers use every opportunity to ignite the interest and love of learning in children. They use real life objects to teach. Teachers explain, question, and involve students in discussions. They use opportunities such as playing, eating and reading to empower children to think more, feel more, and solve their own problems. Teachers use techniques such as meditation, guided meditation, and mindfulness. Students are encouraged to be present and describe every activity. For example, when they are having a snack or a meal, the teacher uses the opportunity to help children learn by discovery and mindfulness. The teacher may ask how the food tastes, what is its texture, what is its temperature, how was it made, how does the student feel when eating it, etc.

Teachers try to act in ways that are worthy of imitation and are instructive. Children learn most by imitation. “The reason that children are able to learn so readily by imitation is because they experience the world with complete openness and without any reservation”⁹⁹ Children’s assumption is that the world is good, so they imitate everything they see and experience. Teachers are their role models. Usage of the appropriate language is a must. The language teachers use is not only free of discriminating words and foul language, but it is empowering and encouraging. For examples, sentences such as “don’t run, you are going to fall” are replaced by more empowering ones such as “when running please be careful.”

Rudolf Steiner states: “Two magic words – imitation and example – indicate how children enter into a relationship with their environment. The Greek philosopher Aristotle called human beings the most imitative of creatures. For no age in life is this truer than for the first stage of childhood. It includes not just what happens around children in the material sense, but everything that can be perceived by their senses, that can work on the inner powers of children from the surrounding physical space. It includes all moral and immoral actions, all wise or foolish actions that children see”¹⁰⁰

Teachers intentionally complete most of their work in children's presence. They try to involve children in the work they do. Cleaning, helping to take the plates to the table, washing the backyard, watering the plants, preparing material for the craft, etc. Working alongside their teachers and peers teaches children valuable life lessons. They learn responsibility, helping others, and doing their fair share, and being an active member of the community.

The teachers' role is to empower children, encourage them, create love of learning, ignite an interest in knowing how and why, finding out children's talents and strengths, help them learn problem solving, and being an instructive role model.

Set Up and Atmosphere of the Classroom

The indoor area is designed in a way that children can access all the toys, play objects, and books. The indoor area is bright and colorful. It is clean and safe. Children are involved in categorizing the toys and play objects and deciding where they want to store them. The atmosphere is inviting, fun and lively. All the toys, books, games, and play objects are chosen based on children's age. They are age appropriate, experimental, offer ample opportunities for role play and pretend play. Play object should be chosen in the way that serves multiple purposes and not just one purpose. There is very limited number of high-tech toys or equipment for young children, because their brain is still developing, and they need more time experimenting and playing than spending in front of a screen. Toys are specifically chosen to teach through play, promote diversity, and inclusiveness.

The outdoor area is designed to create curiosity and provide a safe and natural space for children to explore and develop physically. The outdoor area has natural feel to it. A small growing garden provides a good opportunity for children to learn about vegetation, grow some fruits and vegetables and enjoy learning by observation and care. There is an area for children to climb safely and develop their sense of curiosity. An area for riding bikes, learning how to balance and develop gross motor skills is also available to children. A section of the outdoor area can be used for pretend play and also for outdoor eating and crafts activities. Outdoor play objects are accessible to children at their own height.

Play

Play is the most natural way of learning for everyone, especially young children. In this method play is how children learn about themselves, the world around them, and others. Children are given the freedom to explore and discover through play. They learn shapes, numbers, letters, colors, the history, geography, physics, chemistry, and all other subjects by hands on play and observation. Teachers with the help of students in a playful way teach them about all subjects. For example, students learn about vegetation by planting a seed in a transparent bag, observing and watering it for a few days, then transferring the seed into the soil and attending to the plant's needs.

Play provides a three-dimensional development, engaging children emotionally, mentally, and physically. It helps develop social interactions. Children learn to interact, negotiate, cooperate, resolve conflicts, take turns, share, and participate in a group. It is through play that "children move beyond their own egocentricity and expand their knowledge of the social world."¹⁰¹ Play also helps improve children's attention span and imagination. Children tend to immerse in play completely. Children are provided with different objects such as empty bottles, sand, rocks, water, rice, etc. to use their own imagination and play with the objects. One might build a bridge out of the material, while another one might create a pretend ice cream stand, etc. They learn divergent thinking, focusing and imagining through playing. Divergent thinking is an essential capacity for problem solving. Children tend to play with the same play object in several ways. They might use the same object as a stick, a block, a horn, a chimney, and so forth, expanding their imagination.

Indoor and Outdoor Play

One of the fundamentals of play is physical development or activity. Young children learn about the world around them by interacting with it. When children are playing outdoors, they use the nature as provider of their play objects. Children are encouraged to touch, play, experiment with the nature. Trees, bushes, leaves, sand, rocks, and so forth can be great play objects for young children. Teachers use every opportunity to teach and explain about the nature in a playful way. For example, they use the natural object to teach counting by creating a game out of it. A teacher might ask the young students to collect five rocks, three leaves, and two flowers and teach them about addition, subtraction, or simple counting. Children can create a crown, a bird's nest, a bed, or a blanket out of leaves and some sticks.

Regular outdoor play is a crucial part of this method. Children need time on a daily basis to get connected to the nature and be physically active. Children are encouraged to attend to all living creatures including, insects, plants, birds and animals. Kindness and coemption is the building stone of this method.

Discovery

One of the best ways of learning and retaining information is by discovery. Discovery is a part of Awareness Integration Education. Students are provided with opportunities to observe, interact, and discover. For example, the teacher brings in a few caterpillars for the children to observe and take care of for a few weeks until they turn into butterflies. Children learn about the circle of life by actually observing it, touching and being a part of it by attending to the caterpillars and later the butterflies. And after a few days they are involved in letting the butterflies fly to their natural habitat. Such exercises not only teaches them about circle of life, biology, and the insects, it also helps them learn about responsibility, practice their observation skills, caring, compassion, and the fact that sometimes we have to let go of somethings we like to give them a better opportunity.

Teachers encourage their students to discover everything themselves. They teach their students problem solving skills by encouraging them to look at any situation from several different angles. Discovering how would something or some action be possible if it is looked at from different points of view. Teachers ask questions or offer a different thought based on the child's age.

Experiment

Children are encouraged to experiment with the objects they have at their disposal or with the nature. Having children's safety in mind, the teachers encourage the children to experiment and figure out the results themselves. One of the great experimental practices is to give the students non-toxic colors and let them experiment by mixing the colors with each other and getting different results. Teachers always use this type of opportunities to teach other important life skills. Teacher might teach children how they can get to a brand-new result by mixing two known colors. How a person can create or discover new products by mixing or matching some other products. If the teacher is teaching about geography, then the best way of learning for children is by experimenting the culture of the country. They can be

provided with a food from that country or be thought a dance or music from that country.

Joe's Case – Three Years old

Joe threw a toy when he felt upset because his friend did not want to play with him. The teacher took Joe to a quiet area and asked him what happened? (Phase 1 – Thought)

Joe: My friend did not want to play with me. (Phase Two – Projection)

Teacher: Did you ask if he wanted to play with you? (Phase Two – Checking on projection)

Joe: No.

Teacher: What happened that you think he does not want to play with you? (Phase Two – Checking on projection)

Joe: He is not playing with me.

Teacher: What feeling did it bring up for you? Did that make you feel sad or upset?

Joe: It made me upset. (Phase One – Feelings)

Teacher: Please close your eyes, take a slow deep breath, and show me where the feeling of upset is in your body? (Phase Four – Releasing)

Teacher: (The teacher helped Joe pinpoint the area by giving him options.) "Is it in your head? In your chest? In your arm? In your leg?"

Joe: It's in my arm.

(Then the teacher asked Joe to go where the emotion is and release the emotion by shaking the arm or taking slow deep breaths or touching the arm gently.)

Joe: I feel better.

Teacher: Do you think it is appropriate to throw a toy when your upset? (Phase One – Thought)

Joe: No.

Teacher: When you threw the toy at your friend, what happened? (Phase One - Impact)

Joe: He got scared.

Teacher: "Did you want him to feel scared?"

Joe nodded no.

Teacher: What do you think you can do next time you feel upset? (Phase Five – Future Intentionality with Chosen Value System)

Joe appeared to be thinking, the teacher gave him options:

Teacher: Maybe you can ask me, and we can go to the backyard for a walk or a run, or maybe you can sit down and take a few deep breaths, or maybe you can punch the beanbags, or maybe you can just ask your friend nicely to play with you a little later. What do you think? (Phase Five – Skill Building)

Joe: I think I will ask you to let me go and run outside.

Teacher: So, what do you think you can do next time, to make him feel comfortable and want to play with you? (Phase Five – Intention Setting and Skill Building)

Joe: I'll ask nicely, and I will give them a nice toy and maybe a hug.

Teacher: (Hugging Joe) I love you. You are a very good boy. It is always OK to feel upset or angry or sad, with that we can always find a nice way to express our feelings. Hurting others with our words or actions is not a good behavior. How to you feel now?"

Joe: Better.

Teacher: How do you think you can help your friend feel better now? (Phase Five – Co-creating an Intentional Impact)

Joe: I can give him a hug, and say I am sorry.

Teacher let him go apologize to his friend and continue playing with him. After that day Joe never threw a toy when he got upset. He would ask his teacher to let him go run around the backyard.

Future possibilities

At this time there are many pilot studies and research being provided to see the effect of the Awareness Integration Therapy (AIT) on variety of population.

We are in the process of creating a pilot study for the university students to have a course within their freshman year of college that allows them to learn and utilize the awareness skills as an educational course. Since the rate of depression with a high rate of suicidal attempts and anxiety are extremely high among college students, and the third study showed significant reduction in those symptomologies, we are eager to bring the skills given by the Awareness Integration Therapy techniques to young adults to promote their self-esteem and resiliency to create a productive and successful life.

This model is also being utilized in the field of Chemical Dependency recovery as a base model of therapy and counseling with a tremendous result. People suffering from addiction in any format have gone through either a trauma or painful experiences. When recovering from the addictive substance or behavior, they have high chance of suffering from depression and anxiety. The AIT can support minimize their symptoms and heal the primary causes of their suffering which has led to their depression. This process creates a high sustenance of recovery and minimizes relapse.

Due to the distinctions that create clarity of thought, intention, emotional regulation, goal setting and action plans, the AIT is utilized often in the business world as a support for higher productivity model for employees and frontline people who deal with public.

Further, the model will be taught as a therapeutic model to psychotherapists, professional counselors, life coaches and chemical dependency counselors via professional seminars and hopefully soon in graduate schools.

There is ample number of possibilities to create research working with the AIT model with different population in different fields and different conditions. If you have interest in conducting a study with a particular population or have opportunities to teach or utilize the model, don't hesitate to contact me. I am forever grateful and will support you in all the ways possible to share this model with as many people in the world as possible.

CHAPTER ELEVEN

CONSCIOUS FULFILLMENT

The journey of this book is completing, yet the journey of consciously creating fulfillment in our own life and the life of our clients is beginning and continuing. Because I was raised in an environment where the adults were not responsible or accountable for their impact on the people in their surroundings, it installed a passion in me to create a model which people could use to become responsible and accountable for how they lived their life and affected other human beings, all beings on earth, and their environment, including the planet earth. Although it appears at times that we live in an era when our leaders, whether politicians or business owners, don't take full responsibility for the betterment of human beings around the world. Every day there are people who one-on-one or by collaborating and forming organizations care for each other, their neighbors, their countrymen, and people from other countries.

So, I often wondered what it takes to be a loving, compassionate, strong, responsible, and accountable human being. The answer that comes to mind repeatedly is by being conscious of who we are and how we impact others. When I have interviewed people with long and happy marriages, veterans who have been in battles and are living great lives among society, leaders who have endured tough childhoods and raised themselves to success, or anyone who has gone through hardships and became an outstanding citizen of the world, they told me a version of this statement: *"I had to come clean with myself and know that I mattered, and every word and action or inaction created an impact on others, so I chose who to be, what to do intentionally, and what I would be accountable for."*

What type of training, upbringing, or education do we need to be a responsible and an accountable person? Well, first it takes consciousness of our own world and how we constantly create the reality of our own world and project it to the people and world outside of ourselves. When we become responsible for our own perception, meanings we create, thoughts, formulas, emotions, feelings, behavior, and overall attitude, we have the power to be a co-creator with life as it presents itself to us.

We also need to learn ways to experience, feel, contain, regulate, release, and express our emotions fully and effectively, especially after experiencing a traumatic experience, so that we can be fully present in our everyday life and experience life fully as it occurs. Living with unhealed trauma activates a survival-based attitude and is, many times, the cause of multigenerational abuse, destructive acts, and hardships. We are responsible for healing ourselves and bringing empowerment to the once-powerless part of our self. Living in a fragmented self creates chaos and destruction, and it should be our mission to be a whole person at all times by healing and then inviting all the fragmented parts into oneness.

Becoming aware of our dualities and committing to bringing all parts and ideas into alignment with chosen values will create clarity and congruence of our thoughts, feelings, words, and action—and therefore our impact. Being intentional with our attitude and behaviors toward a vision that is aligned with our values allows us to act in accordance with who we say we are.

These types of alignment, transparency, and congruence brings about lightness, a sense of clarity, and fulfillment daily and in life. I believe that going through the journey of the Awareness Integration model will give each person the tools to create a fulfilling life.

My wish is for every human being on this beautiful earth to have access to this tool, to co-create life in every moment consciously and intentionally, and to feel blessed.

With love,
Foojan Zeine

APPENDIX

Here is a step-by-step guide to the Awareness Integration Therapy questions, which can be utilized when exploring every area of life. Address each of these questions for each area of life in the Awareness Integration journey:

- What do you think of _____ (person/people in the area or the category, i.e., money, career, etc.)? Share both positive and negative thoughts.
- How do you feel about _____ (person/people in the area or the category, i.e., money, career, etc.)? share both positive/pleasurable and negative/uncomfortable emotions.
- How do you behave toward _____ (person/people in the area or the category, i.e., money, career, etc.)? Share both actions/behaviors that create favorable results and the ones that have created unfavorable results.
- How does the way you think, feel, and behave toward _____ (person/people in the area or the category, i.e., money, career, etc.) impact your life and others' lives? Share the positive and negative impacts.
- When _____ (person/people in the area) are around you, what do you assume they think about you? When others are around you in the area of _____ (category: i.e., money, sex, etc.) what do you assume they think about you? Share your positive and negative assumptions.
- When _____ (person/people in the area) are around you, how do you assume they feel about you? When others are around you in the area of _____ (category: i.e., money, sex, etc.) what do you assume they feel about you? Share your positive and negative assumptions.
- When _____ (person/people in the area) are around you, how do you experience or assume his/her/their behavior toward you? Share your positive and negative observation and/or assumptions.
- How has the way that you assume _____ (person/people in the area) think, feel, and behave toward you when they are around you impacted your life and others' lives? Share positive and negative impact.

- When you are present with _____ (person/people in the area/category), what do you think about yourself? Share positive and negative thoughts.
- When you are present with _____ (person/people in the area/category), how do you feel about yourself? Share positive and negative emotions.
- When you are present with _____ (person/people in the area/category), how do you behave toward yourself? Share positive and negative behaviors.
- How does the way that you think, feel, and behave toward yourself around (person/people in the area/category) impact your life and others' lives? Share the positive and negative impact.

Tracking and Releasing Emotions from the Past

- When you say that I am ____ (fill in a negative belief that the client reported from Phase Three), one or more feelings arise. Tell me about the feeling that you are experiencing.
- Tell me the location of the feeling (state the feeling) being felt in your body.
- On a scale of zero to ten, with zero meaning no feeling and ten meaning the most extreme amount of feeling, tell me the intensity of the feeling (name the feeling) in your body (name the location of the body).
- Now close your eyes. Focus on the area of your body where you experience that feeling of ____ (name the feeling). Let yourself fully experience the emotion and allow it to take you with the muscles of your body, with every cell of your body, back to the very first time you ever experienced this feeling and told yourself _____ (fill in the phrase with the negative belief about the client).
- Share with me when the earliest memory appears.
- As you see the younger you in the memory, tell me about the thought that he/she has about what is happening to him/herself.
- As you are looking at the child, tell me the age the child or how old you are.
- Tell me about how the child is (or you are) thinking about the event, about people in the event, feels about the event and the people.
- Tell me about how the child is (or you are) thinking about himself/herself and how he feels about himself/herself.

- Tell me what the child (the client) needs at the time of the event that she/he was not getting.
- Tell me your thoughts about the child in the memory today, as you are today.
- Tell me your feelings about the child in the memory, as you are today.
- Tell me your feeling as you say, “I am _____” (say the self-core belief that was just stated).
- Tell me the location of the body where you feel this _____ feeling (state the feeling).
- Tell me the intensity of the feeling of _____ (state the feeling) felt in your _____ part of the body (state the location of the body) from zero to ten.
- Allow this feeling of _____ (state the feeling) with the muscles of your body (state the location) and every cell to take you back to the first time you felt this kind of feeling and you told yourself, “I am _____.” (State the new negative self-belief.)
- Share with me what you see and experience within the memory.
- As you are looking at the child, tell me the age the child is. (If the client _____ has _____ regressed _____ to the age, then address the child directly with a tone and words appropriate to that age.)
- Tell me about how the child is thinking about the event and people in the event; tell me how the child feels about the event and the people there.
- Tell me about how the child is thinking about himself/herself; feels about himself/herself.
- Tell me what the child needs at the time of the event that she/he was not getting.
- Tell me your thoughts about the child in the memory, as who you are today.
- Tell me your feelings about the child in the memory, as who you are today.
- Offer empathy and understanding related to that need. Validate that the child you were back then did not receive what was needed at that time. Remind the child that, as the future person of that child, you have traveled in the memory time machine to tell him/her that you know you have survived the ordeal and you are now ready to take care of the child’s emotional need. Let him/her know that you are assessing, as a grown-up, how to fulfill that need now and promise

that you will be there to take care of all needs that are possible, realistically.

- Now you, as the adult who is here, looking at the memory, tell me what you see the event as.
- Scan your body for emotions or tensions.
- Breathe deeply. After a few moments, focus on that emotion and say to yourself, “Release.” Try to bring the intensity of the emotion and tension as low as possible.
- Ask yourself, “As I look at myself with (person/people in the category itself, i.e., money, career, etc.), what do I think and feel about myself?” Notice if a different negative core belief comes up. (If it does, then go through the process again.) If neutral and/or positive beliefs surface, relax your breath and take a moment to simply rest. Then open your eyes.

Now in this area of life

- Who do you want/intend to be?
- How do you want to think, feel, and act?
- What specific goals will be helpful in actualizing your intentions?
- What is the concrete action plan that will set you on the right course and keep you on it? Write a timely, tangible, achievable, concrete goal in this area.
- Write specific and timed action plan for each stage of the goal.
- Write your chosen self-identity:
- Values:
- Emotion:
- Behaviors:
- Create a collage based on your chosen values and goals in this area and put it in a visible location.
- Live your chosen self.