Breaking the Cycle of Unconscious Child Rearing
Through Improving Parental Self-Talk: Moving from Fear to Love

A Research Paper

Presented to

The Faculty at the Adler Graduate School

In Partial Fulfillment of the Requirements for

The Degree of Masters of Arts in
Adlerian Counseling and Psychotherapy

By:

Katharine Laurine Misik

June, 2012
Abstract

Unconscious beliefs that were developed in childhood and are identified by the use of negative self-talk are the primary obstacles to mental health improvement for adults. The cycle of learning illustrates that children learn, in part, how to perceive themselves and their world through the messages they receive from adults. When adults use negative, unconscious, fear-based self-talk or when they use positive, conscious, love-based messages, they teach children to do the same. The result can be either mental health or mental dysfunction. This paper reviews the literature on parental self-talk as it influences child development and positive parenting. Transformational techniques of meditation along with Alfred Adler’s theories of social interest, private logic, mistaken beliefs, early recollection and encouragement are explored. The goal of this paper is to explore these theories toward the development and application of a spirituality course for parents, which teaches mindful self-talk.
Breaking the Cycle of Unconscious Child Rearing

Through Improving Parental Self-Talk: Moving from Fear to Love

Table of Contents

Abstract ......................................................................................................................... 2
Table of Contents ........................................................................................................ 3
Introduction .................................................................................................................. 5
Self-Talk ....................................................................................................................... 8
  Definition and Function ......................................................................................... 8
  Role in Mental Health .......................................................................................... 9
  Role in Change Process ....................................................................................... 12
Children’s Mental Health ....................................................................................... 13
  Development .......................................................................................................... 13
  Impact of Stress and Violence ............................................................................. 14
  Influence of Parenting ......................................................................................... 15
Transforming Mistaken Beliefs .................................................................................. 16
  Encouragement ..................................................................................................... 16
  Early Recollections ............................................................................................... 16
  Mindfulness Meditation ....................................................................................... 17
  Heart Meditation ................................................................................................... 19
Experiential Project .................................................................................................... 20
  Purpose .................................................................................................................. 20
  Method ................................................................................................................... 20
  Population .............................................................................................................. 21
Course Development.................................................................21
  Session 1..............................................................................21
  Session 2..............................................................................22
  Session 3..............................................................................23
  Session 4..............................................................................24
Outcomes/ Learning.............................................................25
Conclusion..............................................................................26
Appendices ...........................................................................28
References..............................................................................42
Breaking the Cycle of Unconscious Child Rearing

Through Improving Parental Self-Talk: Moving from Fear to Love

The primary purpose of this project is to develop a practical program for therapists to use with clients who are parents of young children, in order to teach them positive self-talk so that they may in turn teach their children to speak to themselves in a positive way. It was important to understand the need for and benefits of positive self-talk. Why is this important? How does it help people to achieve mental health? Why does it work? What is the ultimate goal for the human race?

Understanding the nature of consciousness was of primary importance in defining unconscious behavior related to child rearing. William James wrote about the evolution of animals, citing their Darwinian need to change and adapt in response to their environment. As evidenced by the continued existence of the human species, the physical features and material activities of humans have changed over time. James elaborated on Darwin’s theory by proposing that the consciousness of humans is also evolving, and a changing environment continues to produce a need for adaptation through conscious evolution (Neilsen, 1999). In his book *Exo-Psychology* (Leary, 1977) psychologist Timothy Leary proposed a 24-stage process of neurological evolution, or conscious evolution. The stages begin with what he referred to as the larval state of a new-born child’s consciousness and end with neuro-atomic fusion, where a state of unified consciousness with all other consciousnesses is achieved. Leary’s theory suggests that the evolution of consciousness can be achieved within one lifetime, as opposed to James’s theory that conscious evolution develops slowly over many lifetimes.
What is consciousness? Scientists, religionists and philosophers have been attempting to describe or define the nature of consciousness for centuries. As the definitions have themselves evolved, no conclusive and generally accepted definition has emerged. For the purpose of this paper, consciousness is defined simply as “awareness,” with unconsciousness, in turn, being defined as “lack of awareness.” Simply, an increase in consciousness results in greater awareness. In this paper the terms “consciousness” and “awareness” will be used interchangeably, as will “unconsciousness” and “lesser awareness.”

Alfred Adler’s theory of social interest proposed that the greater one’s interest in others, the greater one’s mental health (Carlson, Watts, & Maniacci, 2006). Interest in increasing one’s conscious connection to all others constitutes social interest and therefore increases mental health. People must first learn greater awareness of themselves to increase their awareness of others. Thus, the need for therapeutic intervention to improve parental self-talk and increase awareness is established. Parents are most influential to children because they are their first teachers. Awareness is defined by Raffone, Tagini and Srinivasan (2010) as “…openness to whatever ‘comes to mind in the moment,’ which has been shown to create a state of flexibility in self-regulation enabling an individual to profoundly shift out of habitual ways of adapting and reacting” (p. 628). Increased awareness is the essential element of personal change and transformation: the path to greater mental health. Psychologist Carl Jung described consciousness itself as being “frail, menaced by specific dangers, and easily injured” (Jung, 1964, p. 6). What Jung may have meant is that people are susceptible to distractions and maladaptive learning, and the result is fragile mental health. Individuals may have their attention
diverted from full awareness as they learn habitual ways of thinking, feeling and reacting to life. The most potent threat to human awareness is the force of the unconscious, the part of the mind where habits reside with motivations unseen.

Children develop a sense of meaning about themselves and life as a result of interaction with their environment (Powers & Griffith, 1987). When children have been taught limited awareness due to the influence of their environment, they develop unconscious limiting beliefs about themselves, the world, and their personal power to change. These beliefs manifest themselves through habitual behavior. They may then become mentally unhealthy, as they create a limited focus of attention. Children often do not perceive a need for change, and due to their lack of experience, they may not feel that change is possible. People’s unconscious beliefs are illustrated in the way they talk to themselves. Negative self-talk becomes the obstacle to greater mental health. Unless there is intervention to create transformation of negative self-talk into positive self-talk, individuals will repeat this cycle by teaching their children the limited awareness. With intervention, the cycle of unconscious child rearing ends, and evolution of consciousness begins.

As the human race has evolved, the ultimate goal of our species is no longer just survival, but thriving with greater mental health and contentment. Imagine humans evolving to a state of existence where each consciousness is unified with all others and with a “higher” consciousness. People would be internally inspired and regulated by an intrinsic heart connection to a Loving presence. People would not be regulated by external learning, environment, and fear. In this state, there would be no need for psychotherapeutic interventions. Humans would use their heart connection for direction
and understanding, from a trusted, Loving source. Humans would be healed and whole. The intention of this project is to propose one method of therapeutic intervention for helping clients to achieve greater mental health as a starting point in reaching this ultimate goal for humanity. Positive parental self-talk can aid adults in teaching their children to connect with the presence of Love and to create a new cycle of consciousness.

**Self-Talk**

**Definition and Function**

Self-talk is the internal language that one uses to assess and direct one’s reality. Patrick Jemmer (2009) writes that self-talk is the “continuous, real-time ‘internal dialogue,’ (responsible for) monitoring, maintaining, evaluating, commenting on, and adjusting, all of our experience. Given these roles in ‘self-reality creation,’ it is characterized as being monopolistic in that it drowns out the conscious processing of data from any other source” (p. 52). Self-talk is an important component of the human experience and of the development of the psyche. “Part of the filtering process which takes place in the transfer of information from the external world to the internal or psychic world via the sensory channels, renders the information in the form of language, and this leads to the establishing of a self-talk” (Jemmer, 2009, p. 52). Using self-talk, the individual is the sender, transmitter and receiver of all information, establishing the intrapersonal relationship. Intrapersonal communication is used for problem solving, planning, resolving internal conflict, evaluating self and others and emotional processing (Jemmer, 2009).
Role in Mental Health

The nature of one’s self-talk has a strong impact on one’s mental health. “Self-talk both reflects and creates our emotional states so that when the self-talk is negative we become more stressed, less confident, and more concerned with what other people think…we tend to believe our self-talk is real and objective and are not always aware that it comes from a feeling or belief we have” (Jemmer, 2009, p. 52). According to Adlerian Lifestyle theory, individuals develop their own beliefs about themselves and the world by creating private logic. “Private logic is composed of ideas conceived in childhood…as we develop we establish ideas about what is right and wrong on the basis of our subjective personal experience. If …a person’s early life experiences were painful, then he or she is likely to develop mistaken ideas or faulty logic” (Carlson et al. 2006, p. 12).

As illustrated in Maslow’s Hierarchy of Needs, all humans have need for safety, love, belonging, worth, and usefulness (Berl, Williamson, & Powell, 1984). As children are attempting to have these needs met, they form beliefs about the ways in which they get the needs met, or about why they are not met. For example, if a child receives a disproportional amount of attention when she demonstrates academic achievement, she may form the mistaken belief that she only has worth when she achieves. The child is unaware of this belief and develops into her adult-self while operating under this presumption. She may continuously try to achieve academically, going to great lengths to prove her worth, and thus neglect the fulfillment of her other needs and life tasks. She will not be able to achieve great mental health when her core belief about her worth as a human is false. Adlerian theory holds that people who are experiencing negative mental and emotional symptoms are discouraged (Adler, 1956). Private logic greatly impacts the
type of self-talk that people use. Their self-talk will support their limiting belief, thus
discouraging them and limiting their ability to achieve greater mental health.

Jemmer (2009) describes five tendencies of negative self-talk and common
language used for each: (1) When persons are “awfulising,” they turn minor annoyances
into major irritations. They may use words such as “awful,” “terrible” or “horrible.” (2)
When they are “catastrophising,” they are anticipating the worst possible outcome from a
situation. Their self-talk will reflect their expectation of this outcome. (3) When
“overgeneralising,” persons take their previous experience from a situation and
generalize it to all similar situations. They may say things like, “It always happens like
that to me,” and “I can’t catch a break.” (4) When people demonstrate “polarized
thinking,” they are thinking in extremes. They may say words like, “all” or “nothing,”
“good” or “bad,” “right” or “wrong.” (5) When persons are “shoulding,” they are
operating from a place of judgment of themselves and others based on their own personal
beliefs (p. 54).

Jemmer (2009) also writes, “If you are constantly sending yourself false negative
messages about yourself, then you will continue to perpetuate a negative outlook on
reality while believing your own erroneous thoughts” (54). This is the conscious self-
referral system, meaning that “the system is its own reference…the laws which the
organism follows are produced by the organism itself; the system follows its own rules
(Schwarz, 2004, p. 432).

Self-talk not only reflects one’s emotional state, but creates it. When people
believe their own negative thoughts, they may become unhappy, anxious or depressed,
because they do not see that there is another way of perceiving reality that will feel and
work better for them. In this state their awareness is narrowly focused on themselves, their feelings and their limited consciousness, and their mental health suffers as a result. A study conducted by Stood and Philip (2007) finds that children with generalized anxiety disorder and social phobia are significantly more likely to identify with negative self-statements (self-talk statements) as part of their internal dialogue than are non-anxiety disordered children. The assessment instrument used was the Negative Affectivity Self-Statement Questionnaire-Anxiety Scale (NASSQ-A) for youth. Examples of the negative self-statements are; “I feel shy all the time,” and “Just my luck, it went wrong,” i.e., overgeneralising; and “I thought my world was coming to an end” i.e., catastrophising (p. 611). Adler writes (Ansbacher & Ansbacher, 1956) “There are as many meanings given to life as there are human beings, and perhaps each meaning involves more or less of an error….Very great are the consequences of our real beliefs. Big errors can produce neuroses but little errors, a nearly normal person” (p. 83-84). Adler’s statement supports the idea that one’s beliefs are directly related to one’s mental health. People develop mood disorders such as anxiety and depression as a result of their beliefs. The disorders are maintained and progress based on the self-talk used to support the belief. A range of mental health problems has been identified based on the degree to which one’s mistaken beliefs prevent one from achieving contentment with life. More severe mistaken beliefs produce symptoms such as anxiety and depression, while the less severe produce symptoms such as general self-esteem issues and ineffective communication patterns. What about the lesser, smaller, errors of the “nearly normal” person that Adler referred to? That person’s errors may result in a life of subtle limitation
and prevent him from raising his consciousness. When awareness is low and narrowly focused, change remains elusive and difficult.

**Role in Change Process**

Dr. Christiane Northrup writes, “Consciousness creates the body. Our bodies are made up of dynamic energy systems that are affected by our diets, relationships, heredity, and culture and the interplay of all these factors and activities…it has become clear to me that healing cannot occur…until we have critically examined and changed some of the beliefs and assumptions that we all unconsciously inherit and internalize from our culture” (Northrup, 1998, p. 3). The method by which people can effectively discover their beliefs is through examination of their self-talk. When they examine their self-talk messages, they realize the mistaken beliefs behind them. With increased awareness, people are able to create new beliefs, followed by new self-talk which in turn supports new beliefs. “The impact of self-talk is such that if it occurs at pivotal moments it can be life changing” (Jemmer, 2009, p. 51). The result of having beliefs that are free from error is greater mental health. When individuals are in this state of consciousness they may work on the fulfillment of their need for self-actualization, i.e., the highest need on Maslow’s Hierarchy of Needs. Self-actualization is the need for fulfillment of oneself by maximizing the use of one’s skills and abilities (Berl et al., 1984). The authors of “Changing for Good: A Revolutionary Six-Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward” (Prochaska, Norcross, & Diclemente, 1994), write that “Consciousness-raising, was first described by Sigmund Freud, who said that the basic objective of psychoanalysis was ‘to make the unconscious conscious.’” Today almost all major therapies begin by trying to raise your level of awareness, increasing the
amount of information available to you, and thus improving the likelihood of your making intelligent decisions concerning your problem” (p. 27).

Beliefs may also be transformed by changing self-talk first, rather than expecting it to change after beliefs have changed. A study conducted by Theodorakis, Hatzigeorgiadis and Chroni (2008), found that the use of positive self-talk enhances attention, confidence, cognitive and emotional control, helps one regulate effort and triggers automatic execution of desired behaviors. As further illustration of the great impact that self-talk has on mental health, the authors discuss the model of self-regulation, stating that “confident individuals may invest more resources to attain their goals because they believe they can attain their goals, and reversely investing greater effort may increase individuals’ confidence that their goals can be attained” (p. 26). For example, when a person is “awfulising,” using words like “awful,” terrible” or “horrible,” she can instead use positive self-talk words like “difficult,” “a hassle” or “inconvenient” (Jemmer, 2009, p. 53). The more positive words are truer and have the effect of being less permanently planted in the neural pathways. The use of the positive words assists in creating a belief that a situation may be undesirable, but is manageable. The individual feels more cognitively and emotionally balanced and confident, and her awareness can broaden because she is not as acutely focused on the undesirable situation.

**Children’s Mental Health**

**Development**

Adlerian theory concerning development holds that children develop their lifestyle through the experiences they have from birth to age five (Ansbacher, & Ansbacher, 1964). Recent research on the structural brain development of children has
found evidence that supports Adler’s theory. A special issue by the National Scientific Council on the Developing Child at Harvard University (Bales, Heckman, McEwen, & Rolnick, 2007) illustrated that “the basic architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood…the development of increasingly complex skills and their underlying circuits builds on the circuits and skills that were formed earlier. Through this process, early experiences create a foundation for lifelong learning, behavior, and both physical and mental health. A strong foundation in the early years increases the probability of positive outcomes and a weak foundation increases the odds of later difficulties” (p. 5). The nature of children’s early experiences literally shapes their brain structure. If their experiences are negative or lack effective coping skills training, the children will build upon this learning as the foundation for all of their future development.

**Impact of Stress and Violence**

Toxic stress in children occurs when they are exposed to stressful situations repeatedly or for prolonged periods of time. When children do not have supportive relationships with parents or caregivers, that help them cope with their stressors, toxic stress causes damage to the brain and nervous system, creating life-long problems in learning, behavior, and physical and mental health (Bales et al., 2007).

In children, exposure to prolonged stressors, domestic violence, bullying, victimization or physical maltreatment by an adult (Shalev et al., 2012) has an aging effect of 7-10 years accelerated deterioration over a child who is not exposed (“Violence ‘ages’ children’s DNA,” 2012). The aging effect occurs as the result of damage to the DNA structure, causing telomere erosion (Shalev et al., 2012). The role of telomeres is to
protect the ends of DNA strands from fraying and splitting. Telomere erosion is responsible not only for physical aging, but for many diseases, including cancer (Stewart, Chaiken, Wang, & Price, 2012). In order for children to have functioning neurological systems, capable of developing and changing to appropriately meet their life needs as adults, they must have an early childhood atmosphere of love and support.

If exposure to extreme physical and psychological violence causes irreparable damage to the developing child, what might prolonged, life-long exposure to a more subtle form of violence do the developing brain and psyche? Marshall Rosenberg, the author of “Nonviolent Communication: A Language of Life,” (Rosenberg, 2003) describes violent communication as “life-alienating,” and as blocking compassion. He describes the true nature of humans as compassionate. Violent communication is defined as the use of moralistic judgments, labels, blame, criticism, making comparisons, denial of responsibility by not taking ownership for choices and communicating desires as demands. Rosenberg writes (Rosenberg, 2003), “Most of us grew up speaking a language that encourages us to label, compare, demand, and pronounce judgments rather than to be aware…we learn early to cut ourselves off from what’s going on within ourselves” (p.23). This type of violent communication, rarely identified as a problem, is common and acceptable in most parenting styles today and it extends to teachers and leaders, as well. The damaging impact on children’s psyches caused by violent language manifests itself in children’s self- and world- concepts, and becomes the language of their self-talk.

**Influence of Parenting**

Early childhood experience has a profound impact on the development of children. Parents or primary caregivers of young children have the greatest influence on
how their child develops, and thus their mental and physical health as adults. Plasticity, or the capacity of the brain to change, naturally decreases with age. As children get older it becomes more difficult to change their beliefs and behaviors, so it is crucial that parents do all that they can to provide nurturing and protective relationships (Bales et al., 2007).

**Transforming Mistaken Beliefs**

**Encouragement**

Encouragement is the foundation of Adlerian therapeutic change theory. Adlerians believe that discouragement is the chief factor in one’s failure to function. “Therapeutic change refers to the mechanisms of change that underlie the psychotherapeutic process” (Dinkmeyer & Sperry, 2000, p. 21). Therapeutic change happens only when encouragement creates the necessary movement within clients to stimulate their abandonment of safeguarding in order to begin transforming their mistaken beliefs. Encouragement stimulates self-confidence and raises self-esteem, which allows individuals to work toward bettering their mental health (Dinkmeyer & Sperry, 2000).

**Early Recollections**

Early recollections can be used to effectively identify mistaken beliefs that were formed when an individual was a child. An early recollection is “a complete story with beginning, middle, and end, or it may be an account of a single moment; it may describe activity, or it may be limited to the memory of a sensory perception” (Powers & Griffith, p. 87). Early recollections show the errors in thinking that individuals made as children which resulted in their mistaken conclusions about themselves, the world and others.
Mindfulness Meditation

The research and theory discussed thus far has explained mistaken beliefs, their development, and their impact on self-talk, and the effective method of increasing awareness as a means to transform the beliefs in order to increase mental health. The use of limiting, violent, discouraging self-talk causes people to feel stress and initiates the physiological stress response. Mindfulness is an effective tool for increasing awareness and “can be contrasted with states of mind in which attention is focused elsewhere, including fantasy, planning, reliving memories, and behaving automatically without awareness of one’s actions” (Raffone et al., 2010, p. 628). “Mindfulness can be understood as the mental ability to focus on the direct and immediate perception or monitoring of the present moment with a state of open and nonjudgmental awareness…mindfulness can be developed through meditation practice to increase positive qualities such as awareness, insight, wisdom, and compassion” (Raffone, Tagini, & Srinivasan, 2010, p. 627). Habitual behavior, including emotional response, is unconscious and dictates automatic responses that may be contributing to decreased mental health.

Raffone et al. (2010), discuss the nature of “distributed” and “focused” attentions. Focused attention provides a lesser awareness, is responsible for detailed analysis of specific features of an object, is associated with the processing of negative emotions and negative stimuli and is linked with avoidance behavior. Distributed attention provides greater awareness, is responsible for linking the global properties of an object, is associated with the processing of positive emotions and positive stimuli and is linked with approach behavior. Bernard Baars’s global-workspace theory (Raffone et al., 2010)
breaks the cycle holds that “conscious perception enables access to widespread brain sources…whereas unconscious processing involves brain areas processing information in a substantially segregated or modular fashion…. Consciousness…provides a gateway to extensive unconscious knowledge sources in the brain, thus creating the conditions for global access in cerebral information processing” (p. 630-631).

Stress-related mental health disorders are associated with initiation of the autonomic nervous system response. This “fear” response produced by the nervous system is known as the “fight or flight” function of the human survival instinct (Reiss, 2011). When people are experiencing a continuous state of stress, they are reacting from a state of fear and are unable to respond from a place of conscious choice. Biofeedback is a mind-body technique in which individuals become aware of their autonomic nervous system responses and use their mental intention to lower the fear response (Frank, Khorshid, Kiffer, Moravec, & McKee, 2010). Research has shown that subjects with anxiety and depression symptoms reported feeling relaxed and comfortable immediately following biofeedback therapy sessions (McKinney, Gatchel, Brantley, & Harrington, 1980). Mindfulness meditation is characterized by observing the mind and body intentionally to become aware of thoughts and feelings (Venable, 1997), and is a form of biofeedback. Mindful awareness begins with focusing on and regulating breathing, which slows the autonomic response. Individuals in mindful states are then operating from a place of conscious, non-habitual, non-fear-based response; they are operating from a place of love.
Heart Meditation

Heart meditation is a practice of connecting to a Loving presence from which one can receive internal inspiration, reassurance and guidance. It is written in the article “The Creative Imagination of the Sufi Mystic, Ibn ‘Arabi” by Fredrica Halligan (2001) that “in Sufism in general, the heart is the organ which produces through knowledge, comprehensive intuition, the gnosis of God and the divine mysteries … (the heart has) to do with a ‘subtle physiology’ elaborated on the basis of ascetic, ecstatic and contemplative experience” (p. 276). It is by the connection to the heart that individuals may become free from external maladaptive learning and may continue their conscious evolution.

Heart-focused meditation increases feelings of compassion for oneself and others. The Dalai Lama (Lama, 2001), writes, “in Buddhism compassion is defined as the wish that all beings be free of their suffering” (p. IX). By increasing compassion, individuals increase their capacity for forgiveness of themselves and of others, as guilt, resentment, blame, and shame are all forms of suffering for the giver and the receiver of these emotions. Individuals are then in a state where they are not holding mistaken beliefs that perpetuate their mental health issues, but rather are in a state where their mental health is inspired by love and compassion. When one connects through the heart to the spirit of Love the body is also affected.

Having a connection to a loving, compassionate intention can cause the body, mind and spirit to form itself in the shapes and images of love, facilitating a holistic healing. Research has shown that the power of intention has the ability to affect the aesthetic quality of water when it forms as ice crystals. A study conducted by Radin,
Lund, Emoto and Kizu (2008) found that water that had been sent intentional attention, when frozen, created significantly more aesthetically pleasing formation patterns than that of the control water. The intention to the experimental water was sent from Germany to California, where the water was locked in an electromagnetically shielded room. The percentage of water that makes up the human body ranges from 50-70 percent (Brent, 2008). If water can be influenced by intention from afar, it can certainly influence the water in one’s own body by one’s own intention. This research suggests that “a person can influence himself/herself to health. This is one of the principals of positive attitudes, positive affirmations, and health mantras and in biofeedback” (Brent, 2008, p. 1).

Experiential Project

Purpose

The purpose of the course was to assist the participants in transforming unconscious child rearing methods in order to promote greater mental health of the participants and, in turn, of their children, through transforming the messages parents give their children. The process of transforming child rearing consisted of four steps. Step one: identify mistaken beliefs and limiting self-talk. Step two: transform self-talk to be more positive. Step three: examine unconscious messages used with children. Step four: transform parenting style to be more loving, conscious and encouraging.

Method

A “spirituality” course was created to fit the needs of the participants by modifying concepts and worksheets found in Lisa Venable’s workbook “Messages from Love: A Course in Spiritual Self-Talk” (2009), and Venable’s workbook “Messages with Love: A Simple Guide to Help Children Thrive” (2010). The primary need of the
participants considered was that they were parents potentially engaged in unconscious child rearing. The course covered the span of four weeks, with each session lasting one hour and forty-five minutes. Participants were given informed consent concerning the nature of their involvement in this project and each agreed to complete a survey assessing the efficacy of the course. The surveys were taken at the beginning and the end of the four weeks. Each session was prepared, designed and presented by myself and Lisa Venable.

**Population**

The participants were 8-13 adult women at any given session, living at a residential drug and alcohol treatment center, whose children reside at the facility with them or who were pregnant while at the center.

**Course Development**

**Session 1**

Session one began with facilitator and group introductions, and group agreements (see Appendix A). The participants were given verbal informed consent concerning their participation in the group as it related to this project. Participants completed the “before” survey (see Appendix B). A presentation was made on the functions of the ego/fear and spirit/love parts of the self as methods of identifying limiting self-talk, and an accompanying worksheet titled “The Qualities of Fear and Love” (see Appendix C) was handed out. A group exercise that involved reading sample fear and love messages was completed to increase awareness of the feelings produced by each type of message. A presentation on the nature of mindfulness was given in which the judge and observer were explained in order to help them increase awareness of self-talk. Meditative
breathing was demonstrated as it is a basic element of the practice. Participants were guided through a Mindfulness meditation, followed by a check-in to discuss the meditation process. Participants were then guided through a heart meditation to increase compassion and connection to the spirit of Love. The homework given was a worksheet titled “Loving your fear voice,” (see Appendix D) which guided participants through a process of identifying their current life challenges, identifying discouraging self-talk that surrounded the challenge, discovering what they wanted to change about the challenge and identifying encouraging self-talk that would help them to make their desired change. An accompanying meditation was given to aid in discovery of encouraging self-talk (see Appendix E).

**Session 2**

Session two began with a review of the ego/fear and spirit/love presentation from session one. Again, participants were guided through a Mindfulness meditation. The homework assignment from session one was reviewed (see Appendix D) and participants were guided through the accompanying meditation (see Appendix E). The worksheet titled “Healing Your Past, Creating Your Future” (see Appendix F) was individually completed by participants. The worksheet guided participants in identifying their negative self-talk and their feelings associated with the self-talk, to recall an early recollection associated with the negative feeling, to identify mistaken beliefs created from the early recollection and to identify a new belief that would be more true and in engaging positive self-talk that could reinforce the new belief. An accompanying worksheet titled “Love and Fear Messages,” (see Appendix G) which gave examples of negative and positive self-talk, was given to participants to aid in the identification of
their self-talk. Participants then completed the “Letter to Self” (see Appendix H) assignment in which they wrote letters to themselves as children and told themselves what they would rather have heard or experienced than the negative messages or experiences. This exercise was intended to promote self-healing and the creation of new beliefs.

Session 3

Session three began with a discussion concerning mothering behavior to promote compassionate understanding of guilt that the participants may have been feeling due to drug and alcohol usage during pregnancy or around their children. An image of guilt, from “The Enlightenment Pack” (Spezzano, 1997) was shown, which depicted a person carrying a heavy box on their back up a hill. An image of freedom (Spezzano, 1997) was shown, which depicted a person being unlocked from the bondage of chains. Participants were asked to discuss their interpretation of the images and associated feelings from each image as a tool to promote increased awareness. A presentation on the effects of guilt and freedom was given in which limitation as a hindrance to change and possibility as a means to change were explained. Two worksheets were completed by participants titled “I Should Have” (see Appendix I) and “I am…” (see Appendix J), which aided participants in identifying their negative self-talk surrounding guilt and to create new beliefs that support positive change. A group discussion of the assignment was facilitated.

Strengthening participants’ concept and connection to a spirit of motherly Love was then used as a tool to aid in healing guilt, strengthening their connection to the heart, and empowering them as mothers to parent with love. Images of “Motherly Love,” displayed on cards and sheets of paper, were shown. Participants were encouraged to
choose one image with which they most identified. The worksheet titled “Messages with Motherly Love” (See Appendix K), which listed examples of encouraging, loving, comforting words, and contained a meditation for connecting to motherly Love, was handed out and discussed. Participants then used their chosen image of motherly Love and the comforting words that they identified to create a connection to their own spirit of motherly love during a guided meditation. A homework assignment was given to have participants ask their children what they need from them as parents in order to promote loving communication and improve the parent-child relationship.

**Session 4**

Session four began with a discussion of the homework assignment from session three. A handout titled “Children Learn What they Live” (Nolte, 1975) was given to participants and read aloud by the group. This handout aided in increasing awareness of the cycle of learning in which children learn from what they see and experience from their parents or caregivers, and as adults pass on the same learning to their children. The handout from session one titled “The Qualities of Fear and Love” (see Appendix C) was reviewed as an accompaniment to the worksheet titled “Sample Fear and Love Responses” (see Appendix L), which was discussed and read aloud by the participants. The “Sample Fear and Love Responses” worksheet gave examples of children’s behavior and corresponding parental love and fear-based responses to the behavior. The worksheet titled “What Would Fear/Love Say?” (see Appendix M) provided participants the opportunity to identify behavior that they have experienced with children in their lives and examples of actual or sample fear and love responses that they have had or could have to the behavior. Participants completed the “after” survey (see Appendix N). The
session ended with guided meditation where participants connected to their image of themselves as providers of motherly love to their children, to create encouragement for conscious child rearing.

**Outcomes/ Learning**

Twelve “before” (see Appendix B) surveys and seven “after” (see Appendix N) surveys were taken. Due to other obligations, some participants were not able to be at all sessions. Question one of each survey asks “how confident do you feel in your ability as a parent to raise your child to feel positive self-esteem?” Of the seven matching “before” and “after” surveys, three participants reported an increase in their feeling of confidence. The remaining four participants reported feeling the same amount of confidence before and after taking the course. Question two of each survey asks “How do you talk to yourself? What kinds of messages do you give yourself about you?” Three participants reported an increase of one point, and four participants reported an increase of two points, indicating that they all use more positive self-talk than they did before the course. It can be concluded that the course was effective in helping participants to improve self-talk. Of the participants whose response stayed the same before and after the course for question one, their responses were already the highest possible rating. The ratings do not indicate whether or not their confidence as parents increased as a result of the course, since there was no rating available above their initial rating score. A suggestion for further research is to rewrite the survey questions to more specifically include rating responses to what and how much was learned from the course.

The participants in this project had several factors that served as potential hindrances to their engagement and learning during this course. They were in the early
stages of alcohol and drug recovery, which can cause attention loss as the brain and body are detoxifying. This was observed in their inability to meditate for prolonged periods of time. Meditations were initially planned to be 20 minutes and were modified to 5-10 minute intervals to compensate for this hindrance. A suggestion for future groups is to have one-hour sessions to compensate for the use of shorter meditations. Several of the participants were not able to be at all sessions. Some participants entered or left the group after session one due to treatment facility intake and discharge. Some participants missed all or part of one or more sessions due to outside appointments. Each of the weekly courses built upon the previous week’s learning and experience to create the transformation necessary to break the cycle of unconscious child rearing. Participants who did not attend all four courses would not have received all of the intended steps to provide this transformation.

Participants were engaged in group discussion and seemed to be comfortable sharing and participating within the group. Participants appeared to be motivated to complete assignments given in the course and were eager to give examples from their own lives related to the topics presented. Several participants remarked that they “learned a lot” and would like the course to be taught again at their facility.

Conclusion

This paper defined the cycle of unconscious child rearing and the nature of conscious awareness as the means to break this cycle. Some of the contributing factors to unconscious child rearing were presented, along with ways to break the cycle and eventually prevent it. Some effective methods of intervention used to increase awareness were presented, along with relevant theory that supports the methods. Many methods to
increase consciousness are available and some successful ones have been discussed.

Continuous consciousness can be achieved, and the need for mental health services can be reduced and possibly even eliminated by this achievement.

Throughout this paper, within the sections on self-talk, children’s mental health, transforming mistaken beliefs, and the experiential project, Adlerian concepts have been discussed with an emphasis on encouragement, mistaken beliefs and early recollections. The experiential project that was created as a method to transform parental self-talk in order to change unconscious child rearing was presented. In summary, if humans continue to evolve consciously, they will reach a state of continuous internal inspiration and become a more mentally healthy species.
Appendix A

Agreements for Group Discussion/ Process

1. Confidentiality: Everything that is said here, stays here.

2. No one is “right or wrong” – we seek to understand another’s viewpoint rather than judge (we are willing to catch ourselves, do our best).

3. We agree to be brief in our comments, allowing equal time for all to speak.

4. We seek to listen as much as we speak.

5. We make no assumptions and ask questions to clarify another’s truth.

6. We have the right to “pass” if a question feels uncomfortable.

7. We are willing to share our personal or cultural needs with the each other if we feel like we’re not being heard or feel very uncomfortable.
Appendix B

Messages from Love - Survey

BEFORE

First and Last Initial: _________________ Date: __________

Directions: Please circle the number that most fits for you right now.

<table>
<thead>
<tr>
<th>How confident do you feel in your ability as a parent to raise your child to feel positive self-esteem?</th>
</tr>
</thead>
<tbody>
<tr>
<td>+2 Very Confident!</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How do you talk to yourself? What kinds of messages do you give yourself about you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>+2 I am very positive and encouraging to myself</td>
</tr>
</tbody>
</table>
Appendix C

The Qualities of Fear and Love

<table>
<thead>
<tr>
<th><strong>Ego/ Fear:</strong></th>
<th><strong>Spirit/ Love:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Judges</td>
<td>Observes or Acknowledges</td>
</tr>
<tr>
<td>Doubts</td>
<td>Trusts</td>
</tr>
<tr>
<td>Shames</td>
<td>Shows Compassion</td>
</tr>
<tr>
<td>Controls</td>
<td>Goes with the flow</td>
</tr>
<tr>
<td>Looks for impossibilities</td>
<td>Sees what is Possible</td>
</tr>
<tr>
<td>Sees what is lacking</td>
<td>Sees what is there</td>
</tr>
<tr>
<td>Ungrateful</td>
<td>Grateful</td>
</tr>
<tr>
<td>Feels bad</td>
<td>Feels good</td>
</tr>
<tr>
<td>Focus on what you don’t want</td>
<td>Focus on what you want</td>
</tr>
<tr>
<td>Demands/ Shoulds</td>
<td>Gives Choices</td>
</tr>
</tbody>
</table>

Messages with fear hurt us.
Messages with Love help us.

Messages with Fear make us feel bad.
Messages with Love make us feel good.

Messages with Fear focus on what you don’t want.
Messages with Love focus on what you do want.

© Lisa Venable, “Messages from Love”
Appendix D

Loving your Fear Voice
© Lisa Venable, “Messages from Love”

Find a quiet moment and ask yourself the questions below.

♥ What is going on in your life that most frustrates or worries you? Or a challenge that you face?

♥ What does the judging, critical or fearful voice in your head say about it?
(For example: “I am a failure,” “I am not good enough,” “I can’t _____”, “I should be _____” “This is so awful, terrible, etc.”)

♥ What do you want different? What is your goal?

What feeling does it create?

♥ Imagine a loving voice, the voice that comes from your heart, speaking to that voice of fear and judgment. Tell yourself these words as you simply hold the fear feeling and voice in your heart.

I hear you.
I understand you feel this way.
I know it’s _____ (sad, hard, etc.)
It’s okay.

♥ Now, ask, “What would Love Say?” instead of that judging, critical voice? What thought would make you feel good?
Appendix E

Meditation:  *Loving your Fear Voice*

1. Quiet yourself by placing your hand on your heart. Breathe into your heart.

2. Ask the spirit of Love to come into your heart and help you heal. Repeat the word “Love” several times as a mantra, connecting to the presence of real Love. Feel your heart open like a beautiful flower.

3. Place the negative Fear voice into your heart. Feel the feeling it creates.

4. Comfort this voice and feeling by saying: “It’s okay. I hear you. I understand.”

5. Let Love hold the feeling and voice just as they are.

6. After you feel more at peace (love creates peace), let the voice/feeling go.

7. Then, ask, *What would LOVE say instead?* What would help me feel good?
   - Notice the feeling that Love creates
   - Breathe into that feeling; let it grow inside you; be willing to feel good
   - Let “feeling good” penetrate into your whole being
     (you can grow new feelings with your breath)

8. Set an intention to choose to listen to Love more often.

© Lisa Venable, “Messages from Love”
Appendix F

Healing Your Past, Creating Your Future
© Lisa Venable, “Messages from Love”

1. What kind of message(s) did you get from your parents/caregivers about who you are?
   (Ex: My mother criticizes me. I feel inadequate)

   - How does this message(s) feel?

   - Place your hand on the location of the feeling in your body

2. Can you recall when you first felt this way in your childhood? Describe what happened:
   (Ex: I would do something one way and she didn’t like it – I didn’t do it the “right way”)

3. What fear or limiting beliefs might you be carrying from this experience?
   (refer to the Love and Fear Messages worksheet if needed)
   1.
   2.
   3.

4. How does this affect your life and mothering?

5. What is another possibility? What would the “observer” say is the truth? What would Love say? What
   would you like to have been told instead?

   Love or Truth Statement #1

   Love or Truth statement #2

   Love or Truth statement #3

   - How do these messages feel?

Fill out this statement:
I, __________, now commit to loving myself by__________________________________________.
Appendix G

*Love and Fear Messages*  
© Lisa Venable, “Messages from Love”

<table>
<thead>
<tr>
<th>Fear/ Ego Says:</th>
<th>Love/ Spirit Says:</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is something wrong with me</td>
<td>I am still good enough no matter what I do</td>
</tr>
<tr>
<td>There is only one right way</td>
<td>There are many ways</td>
</tr>
<tr>
<td>I should be ashamed of myself</td>
<td>I feel compassionate for myself and others</td>
</tr>
<tr>
<td>I deserve to be punished</td>
<td>I deserve love</td>
</tr>
<tr>
<td>If I shame myself, I might change</td>
<td>When I show love, everybody heals</td>
</tr>
<tr>
<td>I don’t deserve to be happy</td>
<td>I deserve happiness</td>
</tr>
<tr>
<td>If I do what others want, I will be liked</td>
<td>When I am true to myself, I am true to others</td>
</tr>
<tr>
<td>I am not worthy</td>
<td>I am worthy because I exist</td>
</tr>
<tr>
<td>If I do the right thing I will be ok</td>
<td>It’s not what I do; it’s who I am</td>
</tr>
<tr>
<td>It’s not ok to give to myself</td>
<td>I allow myself to receive</td>
</tr>
<tr>
<td>My needs and desires don’t matter</td>
<td>My needs and desires matter</td>
</tr>
<tr>
<td>I should be perfect</td>
<td>I am ok the way I am</td>
</tr>
<tr>
<td>I am helpless</td>
<td>I am powerful</td>
</tr>
<tr>
<td>I am not responsible</td>
<td>My response is my choice</td>
</tr>
<tr>
<td>It’s not possible</td>
<td>Anything is possible</td>
</tr>
<tr>
<td>I get what I get in life</td>
<td>I create what I choose to see in life</td>
</tr>
<tr>
<td>Pain and suffering is bad</td>
<td>Within pain there is joy coming</td>
</tr>
<tr>
<td>There is never enough</td>
<td>There is plenty</td>
</tr>
<tr>
<td>I’ll be happy if I have more_____</td>
<td>I have everything I need</td>
</tr>
<tr>
<td>I won’t get what I want</td>
<td>I will receive in perfect timing</td>
</tr>
</tbody>
</table>
Appendix H

Letter to Self:

What do you wish you had been told as a child?
What messages would you rather have heard?
What’s the truth about who you are?

Write a letter to yourself as a child; tell her what she needed to hear to feel whole.
Appendix I

I Should Have…

What are you holding in your boxes?
What are you feeling most guilty about from your past concerning yourself, children, or other relationships?

Example: I should…have been a sober parent

I should have….________________________________________________

I should have….________________________________________________

I should have….________________________________________________

I should have….______________________________________________

I should have….________________________________________________

Shoulds are the voice of our ego and of fear.
How do these shoulds make you feel? Frustrated, Inadequate, Overwhelmed, Powerless, Guilty, Afraid?

Write your feeling next to each should.

Guilt causes fear to take over. It creates limitation and lowers our self-esteem.
Appendix J

*I Am........*

What keys do you hold to unlock your Freedom?
What actions are you taking now to heal your guilty feelings?
What are you doing that feels good concerning yourself, your children, and other relationships?

Example: *I should...have been a sober parent – I am..... in treatment and working on my sobriety*

I am.....________________________________________________________________________________

I am.....________________________________________________________________________________

I am.....________________________________________________________________________________

I am.....________________________________________________________________________________

I am.....________________________________________________________________________________

Actions of self-care carry messages of Love to our spirit.
How do you feel when you see what you *are* doing to create a more free life? Hopeful, peaceful, excited, free, relieved, encouraged, connected to others or to Spirit?

Write your feeling next to each I am action.

Action is a key to freedom. Freedom creates possibility and gives us more options to create the lives we want.
When we act with self-love, we feel good about ourselves!
Appendix K

*Messages with Motherly Love*

How might the Spirit of Motherly Love feel to you? We can create a connection with a spirit that feels good to us!

<table>
<thead>
<tr>
<th>Nurturing</th>
<th>Wisdom</th>
<th>Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole</td>
<td>Comforting</td>
<td>Generous</td>
</tr>
<tr>
<td>Grace</td>
<td>Understanding</td>
<td>Patient</td>
</tr>
<tr>
<td>Holding</td>
<td>Special</td>
<td>Unconditional</td>
</tr>
<tr>
<td>Gentleness</td>
<td>Loving</td>
<td>Calm</td>
</tr>
<tr>
<td>Safe</td>
<td>Joyful</td>
<td>Encouraging</td>
</tr>
<tr>
<td>Affectionate</td>
<td>Accepting</td>
<td>Present</td>
</tr>
</tbody>
</table>

*A meditation/prayer to connect to Motherly Love.*

Place your hand gently on your heart.

Begin to breathe in to your heart; imagine filling it with a pink light of Love.

**Gently say to yourself:**

I call upon the Spirit of Motherly Love to fill my heart and comfort me Please help me heal my guilt & shame. Help me to know my goodness and call upon my inner spirit so I can be loving to my children and myself.

I am open to receiving ________, ________, ________.

I am my Loving Spirit.

I am complete, perfect, and whole.
Appendix L

Sample Fear and Love Responses

*Messages with Love* can help you reframe situations by looking for possibilities instead of the usual story of “what’s wrong.”

Below are examples of common experiences with young children and the choices you have for responding:

**Child spills the milk**
- Fear says: “You are so careless?”
- Love says: “Whoops. Accidents happen. Let me show you another way to carry that glass.”

**Child grabs for your favorite coffee table item**
- Fear says: “Don’t touch that?”
- Love says: “Thank you for being careful with that.”

**Child wets their pants**
- Fear says: “Shame on you.”
- Love says: “It’s ok. You tried your best to get to the bathroom, didn’t you? You will make it next time!”

**Child attempts to read a word and mispronounces it**
- Fear says: “That’s wrong.”
- Love says: “Nice try. The word sounds like ______.”

**Child does something well**
- Fear says: Nothing. (don’t want my kid to become too proud)
- Love says: “Wonderful. How does that feel? Feels good, doesn’t it? I appreciate that you did that.”

**Child doesn’t come when called**
- Fear says: “Bad girl! You come when I call you.”
- Love says: “What are you up to? I see that you are busy, but would you come to the dinner table now?”

**Child does not get their way and throws a tantrum**
- Fear says: “Stop it! We are doing it this way!”
- Love says: “You are upset, aren’t you? I understand. What is it that you need?” (If it doesn’t match your need, use cooperative language so that both of your needs get met. The child’s needs are just as important as your own.)

© Lisa Venable, “Messages with Love: A simple guide to help children thrive.”
Appendix M

*Exercise:
Write down some of the reoccurring events that happen with your children, and examine what fear voices you might be responding with. If your children are too young to have examples with them, recall what may have happened with you as a child, or things that you have seen with other children. Then, practice listening to Love.

Event:

Fear would say: Love would say:

Event:

Fear would say: Love would say:

Event:

Fear would say: Love would say:

Event:

Fear would say: Love would say:

Event:

Fear would say: Love would say:
**Appendix N**

**Messages from Love - Survey**

**AFTER**

First and Last Initial: __________________ Date: _________  

**Directions:** Please circle the number that most fits for you right now.

<table>
<thead>
<tr>
<th>+2</th>
<th>Yes, very much!</th>
</tr>
</thead>
<tbody>
<tr>
<td>+1</td>
<td>Yes, somewhat.</td>
</tr>
<tr>
<td>0</td>
<td>I feel the same.</td>
</tr>
<tr>
<td>-1</td>
<td>I am still not confident.</td>
</tr>
<tr>
<td>-2</td>
<td>I feel less confident.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>+2</th>
<th>Yes, I talk much more positively to myself.</th>
</tr>
</thead>
<tbody>
<tr>
<td>+1</td>
<td>Yes, I talk somewhat more positively to myself.</td>
</tr>
<tr>
<td>0</td>
<td>It helped a little bit.</td>
</tr>
<tr>
<td>-1</td>
<td>I did not learn anything new about how to talk to myself more positively.</td>
</tr>
<tr>
<td>-2</td>
<td>I am still very negative and discouraging with myself</td>
</tr>
</tbody>
</table>

Feedback is welcome:
References


Development and preliminary validation of the Functions of Self-Talk

Questionnaire. *Measurements in Physical Education & Exercise Science, 12*(1), 10-30. doi: 10.1080/10913670701715158


