

“Paper-to-Spirit” Tool

by Kristin Rose, PhD

1. For each category in the left-hand column, ask yourself what characteristics you are the most attached to – the ones that you identify with the most. If you think of more than 3, just list the top 3. If you don’t identify with any characteristics for a given category, leave it blank.

2. When you’ve gone through all the categories, revisit each characteristic that you’ve written down. Ask yourself if it makes you feel better about yourself, worse about yourself, or neither/neutral. Check the appropriate box in the right-hand column to reflect your initial gut reaction.

CATEGORIES	Characteristics that I identify with the most	This characteristic makes me feel...		
		WORSE	NEUTRAL	BETTER
Demographics <i>(e.g., age, gender, country of origin, religion/spirituality, race/ethnicity, romantic orientation)</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family, Friendship, Romantic Relationship <i>(e.g., parent, daughter, son, sibling, friend, partner, spouse, single, dating, divorced, separated, recent break-up)</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job, Economic Status <i>(e.g., employment status, job title, income, net worth, provider or receiver of financial support)</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education, Experience <i>(e.g., degrees, training, past jobs, life experience)</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Appearance, Health, Fitness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality Traits, Habits		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strengths, Skills, Talents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weaknesses, Vulnerabilities, Insecurities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. On the previous page, circle up to 3 characteristics that make you feel the BEST about yourself in comparison to other people, and up to 3 characteristics that make you feel the WORST about yourself in comparison to other people.

4. Transfer the characteristics you circled that make you feel the BEST into the first column below. Then list reasons why they make you feel this way (e.g., reactions, thoughts, and judgments about yourself or others).

False Identities that make me feel the BEST about myself	REASONS e.g., Reactions, Thoughts, Judgments

5. Transfer the characteristics you circled that make you feel the WORST into the first column below. Then list reasons why they make you feel this way (e.g., reactions, thoughts, and judgments about yourself or others).

False Identities that make me feel the WORST about myself	REASONS e.g., Reactions, Thoughts, Judgments

6. Read (silently or aloud): *“I hereby give my full permission for help in releasing any attachments I have to false identities. I fully commit to becoming more aware of related triggers in day-to-day situations. As soon as I become aware of a trigger, I commit to neutralizing it as soon as possible, so that its effects on my thoughts, emotions, and behaviors are minimized or eliminated. I also agree to be forgiving of myself and others as I work towards realizing my true identity as reflection of Consciousness.”*

Sign your name to demonstrate your commitment:

Signature: _____

Date: _____

7. Now take 3 deep breaths to accept any needed healing and clearing energy through your connection to Consciousness. Allow yourself to feel gratitude for the emerging realization of your true identity as reflection of Consciousness. It is done.