JOURNAL FOR THE STUDY OF SPIRITUALITY
https://doi.org/10.1080/20440243.2024.2392095

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A psychospiritual understanding of childhood perfectionism

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ABSTRACT

Several gaps in clarity in the childhood perfectionism (or CP)[1] literature prevent a more precise understanding of CP and its precipitants, motivators, and maintaining factors and compromise the efficacy of its prevention and treatment. The author posits that these gaps can be filled via a sufficient level of two psychospiritual understandings: the Principle[2] or power of Thought[3] and innate mental health. First, several gaps in clarity in the CP literature are identified. Then, the Principle of Thought and innate mental health are explained. Next, these psychospiritual understandings are used to clarify these gaps. Finally, the intervention grounded in these understandings is briefly described and preliminary evidence is presented in support of its efficacy.

KEYWORDS

Childhood perfectionism; innate mental health; Principle of Thought; chronic stress; psychopathology; maladaptive repetitive thought

Perfectionism is on the rise, particularly among children and adolescents (for a review see Curran and Hill 2022). Childhood perfectionism (or CP) is widespread and severe. For example, Stornæs and associates (2019) studied 832 adolescents and found that 36% had high levels of perfectionism. Melero and associates (2020) studied 319 children and found that 27.6% had high perfectionism. Törnblom, Werbart, and Rydelius (2013) found that 68.1% of parents of adolescent boys who died by suicide, believed that perfectionism was a contributing factor. Furthermore, CP is associated with several symptoms of childhood ill-health such as depression (e.g. Flett and Hewitt 2002), peer group problems (Melero et al. 2020), anxiety (Mitchell et al. 2013), and self-harm (O'Connor, O'Connor, and Marshall 2007).

The high prevalence of childhood perfectionism and its maladaptive outcomes underscore the need for effective prevention and treatment. However, several gaps in clarity in the CP literature prevent a more precise understanding of CP and its precipitants, motivators, and maintaining factors and compromise the efficacy of its prevention and treatment. The author posits that these gaps can be filled via a sufficient level of two psychospiritual understandings – *the Principle or power of Thought, and innate mental health.* First, several gaps in clarity in the CP literature are identified. Then the Principle

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[1]In this paper, the term 'childhood perfectionism' refers to both children and adolescents.

[2]I use the word, 'Principle,' with a capital P, to distinguish it from the more common usage of the term, 'principle' as a rule of conduct, such as 'principles of effective programs.' By Principle, I mean a fundamental psychospiritual law or truth that lies behind the operation of any system. Also, I use 'Thought' with a capital T to refer to the power that people use to create thoughts rather than the content or products of people's thoughts.

[3]See endnote 2.

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of Thought and innate mental health are explained. Next, the logic of these psychospiritual understandings are used to clarify these gaps. Finally, the intervention grounded in these understandings is briefly described and preliminary evidence is presented in support of its efficacy.

CP research gaps in clarity

What is CP?

There are several different views of CP in the literature. CP is generally viewed as a personality trait characterized by persistent striving for perfection, excessively high-performance, and overly harsh self-criticism (e.g. Curran and Hill 2022; Stairs et al. 2012). Also, there is a growing consensus that several personality traits may contribute to CP (e.g. Stairs et al. 2012). Some researchers, however, posit that CP is a disposition or behavioral tendency that arises only under certain conditions (e.g. Stoeber and Janssen 2011). Other researchers view CP as an avoidance mechanism or a way of coping with unhealthy emotions (e.g. Lafferty and Lafferty 1997). Still others view CP as a habit of maladaptive thinking that relates to a low level of understanding of the way the power of Thought operates within the human psychospiritual system (e.g. Kelley et al. 2021b). Furthermore, Hewitt and Flett (1991) proposed three types of CP: self-oriented perfectionism or striving for excellence and a high standard of performance; other-oriented perfectionism or setting excessive standards for others; and socially prescribed perfectionism or social pressure to be perfect and satisfy the expectations of others.

Is CP unhealthy, healthy, or both?

CP is linked to a litany of maladaptive outcomes including depression, anxiety, self-harm, social anxiety, agoraphobia, obsessive-compulsive disorder, bi-polar disorder, post-traumatic stress disorder, hoarding, and suicide (Curran and Hill 2018; Harari et al. 2018). However, some researchers posit that CP can have a healthy influence on children such as the ability to recognize limitations, adopt appropriate coping strategies, and experience strong feelings of pride and less shame and guilt (e.g. Rice et al. 2015; Stoeber and Janssen 2011). However, other researchers posit that CP can never be healthy (e.g. Macedo, Marques, and Thelma-Pireira 2014; Rnic et al. 2021). Still others posit that whether CP is healthy or unhealthy depends on the health of the thoughts and feelings that motivate and reinforce a child's pursuit of perfection (e.g. Kelley, Wheeldon-Reece, and Lambert 2021d).

Is CP a transdiagnostic process?

Because CP is associated with many childhood psychopathologies, several researchers posit that CP is a transdiagnostic process (e.g. Egan, Wade, and Shafran 2003). For example, Macedo, Marques, and Thelma-Pireira (2014) stated:

> … we think that this transdiagnostic approach provides a heuristic new avenue for investigating the underlying mechanisms responsible for the common negative consequences that perfectionism has on so many disorders. (3)

However, other researchers (e.g. Kelley et al. 2021c) posit that CP is not a transdiagnostic process; but rather one of many negative outcomes of a transdiagnostic impairment that impacts children's overall mental health, the impairment being an insufficient understanding of the way the human psychospiritual system works.

How does cognition relate with CP?

Several cognitive characteristics are associated with CP including overly harsh self-criticism, intolerance of poor performance, fear of rejection, self-doubt about one's ability, and excessive worry, rumination, and over-analysis (e.g. O'Connor, O'Connor, and Marshall 2007; Shafran, Cooper, and Fairburn 2003). Occasionally, every child experiences these discomforting cognitions. However, what distinguishes CP is their persistence, excessiveness and apparent uncontrollability. In this regard, the primary focus of CP research and therapy is on these maladaptive cognitions and outcomes after they are created. However, other researchers (e.g. Kelley et al. 2021b; Teasdale et al. 2001) posit that CP researchers and therapists should consider shifting their focus away from these maladaptive cognitions and outcomes to the way they are created in the first place and why, despite the negative outcomes, these children continue to believe and feel that they must act on these thoughts. In this regard, Macedo, Marques, and Thelma-Pireira (2014) stated '… many gaps remain, in terms of knowing the full extent of the cognitive characteristics and processes involved in perfectionism and their relationship with psychological distress' (3).

How does CP develop?

The prevailing view is that CP is rooted in child development and that caregivers play a major role by modeling perfectionism (e.g. Chang 2000), expecting and pressuring their children to be perfect (e.g. Flett et al. 2002) and providing an authoritarian, harsh and controlling caregiving style (e.g. Curran and Hill 2022; Stoeber and Otto 2006). However, Stober and Childs (2011) stated:

> … it is still unknown how environmental and social factors other than parents—for example, siblings, peers, teachers, and the school environment—influence the development of perfectionism in children and adolescents. (6)

Also, it remains unclear in the literature why many children exposed to perfectionistic caregivers, unrealistic expectations, and harsh caregiving environments manage to avoid CP.

The author posits that these gaps in clarity in the CP literature can be filled via a sufficient level of two psychospiritual understandings: the Principle or power of Thought and innate mental health. The Principle of Thought and innate mental health have been described in detail elsewhere (for a review, see Kelley, Pransky, and Lambert 2015; Pransky and Kelley 2014a; Kelley et al. 2021b). A brief review follows.

The Principle or power of Thought

The understanding of Thought as a Principle or power that people use to create their psychological experience is not new. For example, Wilson (1998) posited that what

people call 'reality' can be answered only by probing the physical basis of the thought process; that thought makes something happen and is part of some process that results in physical form. Bohm (1994) posited that thought does not tell people that it is participating in and altering the very way things are. Jeans (in Hunt 1996) posited that the world is more like a thought system than material reality; that people can perceive only illusions of the real world. However, the understanding that follows that explains the way people's use of the power of Thought creates their psychological experience and determines their level of mental health in the moment is new; a product of the insights and work of Sydney Banks (1998, 2001, 2005).

Banks (1998) posited that every system (e.g. gravitational, ecological, psychospiritual) is powered by an intelligent formless energy which he referred to as Universal Mind. Bank used 'Principle of Thought' as a metaphor to point to this energy that children (and everyone else) use to create their thoughts and enliven their senses which make those thoughts 'look, appear, and feel real.' Banks emphasized that the Principle of Thought does not refer to children's already created thoughts and thought products (e.g. beliefs, perceptions, states of mind, symptoms); but rather to children's use of the Principle of Thought to create their thoughts and have a sensory experience of those thoughts.

To clarify further, when Banks posits that children 'use' the power of Thought, he is not suggesting that they must do something; that techniques, strategies or new beliefs are necessary for children to experience healthier or more adaptive thoughts. Rather, Banks means that children use the power of Thought to create and enliven their thoughts in the same way that children use the power of gravity to stay anchored to Earth. In this regard, it is of no consequence to gravity if a young child does not understand the way it works and falls out of an open window. The same applies to a child's use of the power of Thought. It is of no consequence to this power if a child does not understand it and innocently uses it in an unhealthy way that creates chronic mental stress and eventually psychopathology. On the other hand, when children have a high level of understanding of the power of Thought, they can use it in their best interest and avoid chronic stress and psychopathology and generally experience a high level of mental health. In this regard, Banks (1998) stated:

> Thought is the creative agent we use to direct us through life. People can use the Principle of Thought in infinite ways; to create happiness or sadness, forgiveness or anger, exhilaration or depression, and everything in between … Thought is the master key that opens the world of reality to all living creatures … Thought is not reality, but it is through thought that our realities are created. (49)

Two uses of the power of Thought

Banks (1998) distinguished two uses of the power of Thought. Virtually every person begins life thinking in a natural, effortless way and generally experiencing a high level of mental health (Kelley et al. 2015). Banks (1989) referred to this use of the power of Thought as *original or primary thought* because this thinking is unconditioned and essential for mental health (Kelley et al. 2021c). The second use of the power of Thought is learned and is typically referred to in the literature as repetitive thought (or RT) because this thinking involves holding thoughts in mind and re-thinking or analyzing

those thoughts repeatedly (Watkins 2008). Repetitive thought is essential for learning cultural norms, mastering skills and subjects, and solving known problems with known solutions. However, unlike original thought, which is always healthy because any unhealthy thoughts pass through the mind uneventfully, personal thought is subject to maladaptive uses such as worrying, ruminating, over-analyzing and chronically re-thinking depressive, insecure, angry, self-conscious, and *perfectionistic* thoughts (Kelley et al. 2019). People begin learning to use RT in maladaptive ways during childhood because many caregivers and other influencers (e.g. peers, educators, the media) have an insufficient understanding of the way the power of Thought works and *innocently* model and reinforce maladaptive uses of this power (Chang, Watkins, and Hudson 2004; Frost, Lahart, and Rosenblate 1991). For example, Flood (in Kelley 2022) describes how he learned to worry from his mother:

> My mother is the quintessential worrier. When I told her yesterday, I was finding time to study for an exam while I was walking the dog, her immediate response was to warn me to be careful and not trip and hurt myself. So, when growing up, I learned the tendency to "squeeze" thoughts of potential danger by worrying about them - holding them in my mind longer than necessary. Understanding the Principle of Thought gives me the perspective to disrespect these thoughts and not squeeze them as hard—to have faith in my natural thinking [innate health] to look for the potholes. (63)

Innate mental health

Banks (1998) posited further that mental health lies within the consciousness of every child, '… but it is shrouded and held prisoner by our own erroneous thoughts' (41). In other words, Banks saw mental health as 'an innate gift' that manifests naturally whenever a child's mind clears of the biproducts of unhealthy use of the power of Thought. In other words, children are either operating from innate mental health or they are innocently obscuring this health to varying degrees by using the power of Thought in an unhealthy way (Kelley et al. 2021b). In this regard, Banks (2001) posited that children have an internal barometer that signals the quality or health of their thoughts in the moment – *their feelings.* In other words, like physical pain or discomfort is an internal signal of a potential physical health issue, psychological pain or discomfort is an internal signal unhealthy thinking and a potential mental health issue. Therefore, via using the signal of a discomforting feeling to recognize that they are using the power of Thought in an unhealthy way, children can avoid that thinking or at least not believe and feel that they must act on the maladaptive thoughts it creates.

Levels of understanding

In summary, Banks posited that children's psychological experience is created by their use of the power of Thought, that mental health is innate and 'kicks-in' spontaneously whenever children's minds clear of the biproducts of unhealthy use of the power of Thought, and that children's feelings serve as a barometer of the health of their thoughts in the moment. Banks used the term 'levels of understanding' not to judge children, but rather to point to the fact that children can have varying levels of understanding. Children who live at a low level of understanding will often be caught up in the biproducts

of their thoughts with little understanding that their experience is the result of their own use of the power of Thought. Also, they will generally be prone to believe that their experience is created via external events (past, future, and present) and how other people treat them, and they will often take their maladaptive (e.g. perfectionistic) thoughts to heart and be prone to act on whatever 'reality' those thoughts create (Kelley et al. 2019; Kelley et al. 2015).

On the other hand, children with a high level of understanding will most often have a feeling of well-being with clear thinking, and good perspective. They will typically respond to life in creative, productive and successful ways. If in a negative or insecure state of mind, they will typically recognize it as maladaptive thoughts and sustain well-being. They will generally see their experience as the result of their own thoughts and will realize they have a choice in the way they respond to those thoughts.[4] In this regard, Banks (1998) stated:

> Mental health lies within the consciousness of all human beings, but it is shrouded and held prisoner by our own erroneous thoughts … This is why we must look past our contaminated thoughts to find the purity and wisdom that lies inside our own consciousness … All humans have the ability to synchronize their personal mind with Universal Mind to bring harmony into their lives . . . (40–41)

In summary, the author posits that children experiencing CP have a low level of understanding of the Principle of Thought and innate mental health. In turn, these children are prone to use the power of Thought in an unhealthy way and to relate to their maladaptive perfectionistic thoughts and schemas as 'the truth' and chronically rethink those thoughts *to cope* because this is the best way they know to strive for perfection, avoid failure, and maintain their fragile self-esteem. In other words, these children continue to engage in maladaptive perfectionistic thinking to cope because they have a low level of understanding of the Principle of Thought and innate mental health and therefore, they don't know any better.

CP and psychopathology

Kent and Rosanoff (2007) stated 'No sharp distinction can be drawn between mental health and mental disease; a large collection of material shows a gradual … transition from the normal state to pathological states' (317). In this regard, Caspi and associates (2020) followed 1037 participants from age 3 to age 45 and reported that by age 19, 56% of the cohort had been diagnosed with at least one mental disorder. Regarding CP, the author posits that the primary reason for the gradual decline in the mental health of these children is their low level of understanding of the Principle of Thought and innate mental health. In turn, their chronic perfectionistic thoughts create chronic mental stress which is associated in the literature with the initiation and perpetuation of multiple psychopathologies (Kahn and Khan 2017; Ottaviani et al. 2016; Papadopoulos and Cleare 2012). Over time, this chronic stress negatively impacts these children psychologically, physiologically, and spiritually (Dinan and Cryan 2012; Kahn and Khan 2017).

[4]Many children without exposure to Banks's understanding of the Principle of Thought and innate mental health can realize, via their own innate wisdom, that psychological experience is created from the 'inside-out' via people's thoughts and that mental health improves whenever people's minds clear of unhealthy thoughts.

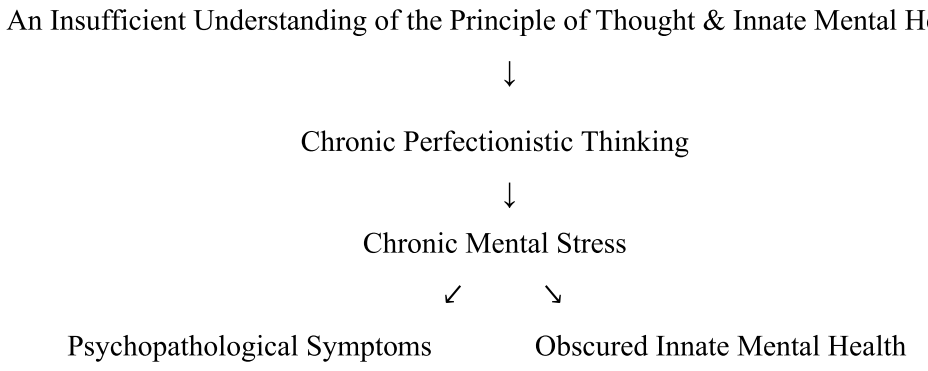

Figure 1. A process from an insufficient understanding of the Principle of Thought and innate mental health to psychopathology, and obscured mental health.

All of this is innocent; these children do not mean to do this to themselves. However, it is the innocent misuse of a tremendous power – *the power of Thought* – and the innocent obscurement of a tremendous resource – *innate mental health*. The process that the author posits occurs for children with CP from an insufficient understanding of the Principle of Thought and innate mental health to psychopathology, and obscured mental health is illustrated in Figure 1.

Filling the CP gaps in clarity

The author posits that viewed through the lens of a sufficient understanding of the Principle of Thought and innate mental health, the gaps in clarity in the CP literature cited earlier are filled. First, what is CP? The author posits that CP is not a personality trait, an avoidance mechanism, a disposition, or a neurotic style. Rather, CP is merely one of an array of childhood psychopathologies that develop over time via chronic unhealthy use of the power of Thought spawned by a low level of understanding of the Principle of Thought and innate mental health.

Second, is CP unhealthy, healthy, or both? Whether striving for excellence is healthy or unhealthy depends on the health of the thoughts and feelings that motivate and reinforce a child's pursuit of perfection (e.g. Andrews, Burns, and Deuling 2014). For example, if a child is motivated by positive feelings like curiosity and inspiration, and reinforced by feelings of joyfulness and fulfillment, then striving for excellence is healthy. These children generally do their best and achieve at high levels when it is wise for them to do so. On the other hand, if a child is motivated by negative feelings such as arrogance, guilt, and fear of failure, and reinforced by avoiding shame and failure, then striving for excellence is unhealthy. These children generally think that they must always do their best and perform at high levels because maladaptive perfectionistic thoughts are living them.

Furthermore, studies that report that CP can be healthy for children (e.g. Afshar et al. 2011; Flett et al. 2002; Ganske et al. 2015) are typically grounded in correlations between CP and 'positive' outcomes such as adopting appropriate coping strategies, and experiencing more pride and less shame and guilt. Viewed through the lens of the Principle

of Thought and innate mental health, these outcomes do not reflect healthy or adaptive functioning. If CP was healthy for these children, why would they need coping strategies? Why would pride, a product of egotistical thinking be healthy? Why would they continue to experience any shame and guilt?

Third, is CP a transdiagnostic process? Although CP is associated with many childhood psychopathologies, CP is not a transdiagnostic process. Rather, CP is merely one of many unhealthy outcomes of a transdiagnostic impairment that negatively impacts children's overall mental health – the impairment being a low level of understanding of the Principle of Thought and innate mental health. Another way of seeing this is that children with CP come into the world in a state of pure consciousness/original thought and generally experiencing a high level of mental health. However, absent a sufficient understanding of the Principle of Thought and innate mental health these children are prone to engage in maladaptive perfectionistic thinking which creates chronic mental stress and eventually psychopathology.

Fourth, how does cognition relate with CP? Several maladaptive cognitive characteristics relate with CP and the primary focus of CP research and therapy is on these maladaptive cognitive characteristics *after they are created*. However, focusing on these maladaptive cognitions makes them appear real and powerful, and suggests that children with CP must fight or resist these cognitions throughout life. The author posits that it would be wise for CP researchers and therapists to consider shifting their primary focus away from these unhealthy cognitive characteristics to the way they are created in the first place via unhealthy use of the power of Thought (Kelley et al. 2019, 2021b; Teasdale et al. 2001). Once children with CP grasp a high level of this understanding, they can still have these cognitions, but if they do not believe or trust them, they can do them no psychological harm.

Fifth, how does CP develop? Children begin learning to use the power of Thought in unhealthy ways by modeling their caregivers and being reinforced by them for meeting their lofty expectations.[5] Subsequently, these maladaptive thoughts and schemas are often modeled and reinforced by their siblings, peers, educators, and relatives and are often self-reinforced via avoidance of failure and the experience of pride and less shame and guilt. Another source of this harmful conditioning is social media. For example, Instagram, TikTok and Snapchat are a pervasive part of many children's lives and are constantly feeding these children images of unattainable lives, bodies, and ideals. These images can be addictive for many children and often trigger insecure thoughts and reckless attempts to emulate what is seen.

However, the author posits that what precipitates and keeps these children the innocent prisoners of perfectionistic thinking is a low level of understanding of the 'inside-out' creation of psychological experience via the use of the Principle of Thought and that mental health is accessed whenever people's minds clear of the biproducts of unhealthy use of this creative power. In this regard, the author posits that mainstream psychology also plays a role in perpetuating CP via promoting the view that psychological

[5]CP is described here within the context of Western/Eurocentric notions of childhood development and parenting. Therefore, the conditioning of perfectionistic schemas by parents/caregivers and other entities that is common in these cultures may be uncommon or non-existent in other cultures. However, the author posits that any culture with a low level of understanding of the Principle of Thought and innate mental health is prone to innocently teach children unhealthy uses of the Principle of Thought that can compromise their mental health.

experience is created from the 'outside-in' – via external events and circumstances and the actions of others rather than the meaning that people make of these circumstances. Mainstream psychology is also prone to view mental health through this 'outside-in' lens often suggesting that to access and maintain good mental health requires the use of an array of techniques, coping strategies, and new beliefs and behaviors.

The intervention grounded in the Principle of Thought and innate mental health

The preconditions and objectives of the intervention for children with CP and other childhood disorders have been described in detail elsewhere (for a review, please see Pransky and Kelley 2014). What follows is a brief review of this intervention and preliminary evidence in support of its efficacy. At present, cognitive behavior therapy (CBT) and mindfulness-based interventions are the gold standard approaches for the treatment and prevention of CP. CBT focuses primarily on teaching these children techniques and new beliefs and behaviors that can assist them to recognize, recondition, and avoid acting on their perfectionistic thoughts and schemas (e.g. Kelley et al. 2021c). On the other hand, the intervention grounded in the Principle of Thought and innate mental health does not assist these children to change or recondition their perfectionistic cognitions. Nor does it teach them strategies to cope with guilt, shame, anxiety, or procrastination. In contrast, this intervention assists these children to grasp a high level of understanding of the Principle of Thought and innate mental health; to understand the way that everyone's psychological experience is created from the 'inside-out' via their use of the power of Thought, that people have all the mental health they need already inside them and that this health can only be obscured by unhealthy use of the power of Thought, and that discomforting feelings are their 'friend' so to speak, alerting them that they are using the power of Thought in an unhealthy way.

Furthermore, unlike mindfulness-based interventions, this education does not teach these children techniques to quiet the mind (e.g. meditation). Rather, it assists them to realize that when their minds clear of maladaptive thoughts, a more mindful state naturally manifests and that the only thing that can obscure this healthy state is unhealthy use of the power of Thought. The author posits that as their level of understanding deepens these children begin to realize that beneath their perfectionistic thoughts, they are perfectly healthy, whole and complete. In this regard, Bettinger and Swerdloff (2016) stated:

> … When you wake up to the fact of Thought, you stop being influenced by your personal thinking and you rest in the now … the meditative state is your natural state. It is always there but is covered over by your involvement in personal thinking. Meditation is not something you arrive at because of doing something. It is the essence of who you are. (65)

When this intervention is successful, the level of understanding of these children rises. They begin using the signal of a discomforting feeling to discern that their thoughts are unhealthy. They begin to recognize and look away from their maladaptive perfectionistic thoughts and allow their minds to quiet down and healthier thoughts/feelings to come through. They begin to trust their innate mental health/wisdom to nudge them with an intelligent thought to use repetitive thought when this thinking is responsive in the moment. Over time, their typical use of the power of Thought

involves a more balanced movement, back and forth, between a spontaneous reliance on their innate mental health/original thought and the use of repetitive thought when this health/wisdom signals to them that repetitive thought is adaptive in the moment (Kelley et al. 2021b).

Preliminary research exists in support of the efficacy of this intervention for preventing and treating CP and other forms of child and adolescent psychological ill-health (e.g. Green et al. 2021, 2022; Kelley et al. 2021a; Kelley, Alexander, and Pransky 2017; Kelley, Wheeldon-Reece, and Lambert 2021d; Reece-Evens and Pelavin 2017). For example, the SPARK Initiative in Tampa, Florida teaches this understanding to children and adolescents in schools, juvenile detention centers, and drug rehabilitation centers. Also, the iHEART Principles Program in London, U.K., teaches this understanding to children and educators in hundreds of schools in several countries. Also, several books exist that can assist children to grasp these understandings such as 'Inside Out Izzy,' 'What is a Thought? (A thought is a lot),' and 'What is Wisdom (and where do I find it)?,' and 'My Guide Inside' a curriculum series.

Conclusion

Several gaps in clarity in the childhood perfectionism literature prevent a more precise understanding of CP and its precipitants, motivators, and maintaining factors and compromise the efficacy of its prevention and treatment. The author has attempted to fill these gaps using the logic of two psychospiritual understandings – the Principle of Thought and innate mental health. The author has attempted to show that via grasping a high level of these psychospiritual understandings, children with CP can realize how to use the Principle of Thought in their best interest and allow innate mental health/wisdom rather than conditioned perfectionistic thoughts to guide their psychological lives. Another way of seeing this is that every child with CP comes into the world in a state of pure consciousness and generally experiencing a high level of mental health. However, absent a high level of understanding of the Principle of Thought and innate mental health, these children are prone to take on perfectionistic thoughts and schemas, and, over time, *innocently* transition from a healthy state to a pathological state. In sum, Banks (1998) stated:

> [Every child] is subject to what I would call psychological viruses … such as jealousy, pride, and envy just to name a few … such viruses are as natural as breathing, and nobody journeys through this life completely immune from them. When you are suffering from such a virus, you are not sick per se … you are temporarily and innocently not thinking straight. (87–88)

Disclosure statement

No potential conflict of interest was reported by the author(s).

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