

# Thought recognition and psychological well-being: An empirical test of principle based correctional counselling

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## Abstract

*Aims:* To determine the relationship between thought recognition, a major construct of principle-based correctional counselling, and psychological wellbeing. *Method:* Following several weekly group sessions of Principle-Based Correctional Counselling, 54 adult prisoners on probation completed two measures of thought recognition and the Well-Being Inventory. In a follow-up study, 30 participants completed the Mindful Attention Awareness Scale. *Results:* Significant positive relationships were found between both measures of thought recognition and psychological wellbeing and, in the follow-up study, both measures of thought recognition and mindfulness. *Discussion:* Possible explanations for the relationship between thought recognition and psychological wellbeing, and thought recognition and mindfulness are discussed. *Implications for practice:* Teaching correctional clients the principles behind generic human psychological functioning, and the innate design behind human thinking, appears to improve their thinking and draw out their innate healthy functioning.

**Keywords:** correctional counselling; health realisation; Mind, thought; consciousness/innate health; mindfulness; positive psychology

## Introduction

The initial research on the basics behind principle-based correctional counselling (PBCC) was carried out at the Universities of Oregon and Michigan by psychologists Roger Mills (1995) and George Pransky (1997), during a five-year NIMH-sponsored grant (1974–1979). This research, inspired by the philosophy of Sydney Banks (1998, 2001, 2005, 2006), led to a unique principle-based model of prevention based on the assumptions that: (1) all people have within them an innate well-spring of mental health from which to draw which contains a set of inter-related attributes including peace of mind, wellbeing, self-esteem, self-motivation, self-efficacy, wisdom, and common sense; and (2) all people can realise, activate, and live from this healthy, wise, balanced state of mind regardless of past circumstances, present stressors, and external events encountered over time. This model, commonly known as Health Realization (HR) or Mind, Thought, Consciousness/Innate Health (MTC/IH), has been applied to delinquency and youth violence

(Kelley, 1993, 1996, 2003a), positive youth development (Kelley, 2003b, 2004), community empowerment (Mills & Spittle, 2002; Pransky, 1998), school violence (Kelley, Mills, & Shuford, 2005), and correctional counselling (Kelley, 2008).

### *The basics behind PBCC*

Principle-based correctional counselling is based on the premise that all behaviour (functional to dysfunctional), as well as all behaviour change, can be explained by the interplay of the universal principles of mind, thought and consciousness. PBCC proposes that these three principles work together to create the mental-emotional life experience of every offender.

### *The principle of mind*

Mind refers to the formless, universal energy that animates all life; the intelligent life energy that powers up human mental functioning. Mind represents the formless energy that constantly flows through all human beings, energy of which we are

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all a part and utilise continually. Most mainstream physicists agree that a formless energy field exists throughout the universe (e.g. Miller & Thorenson, 2003; Taubes, 1999). This energy powers the human faculties of thought and consciousness to produce each individual's personal reality or unique life experience.

#### *The principle of thought*

Thought describes the human capacity to use the formless energy of mind to create an infinitely variable personal reality to express unique life. Put another way, thought is the individual human power or ability to create one's experienced reality. It describes the mental imaging ability of human beings; the on-going creation of all experience via mental activity. The principle of thought does not refer to what people think, thought content, or the products of thinking (e.g. beliefs, feelings, etc.). A psychological principle cannot exist at the level of thought content because no two people have the exact same thoughts. Rather, it is *the ability or capacity to think* that does not vary from person to person. Thus, the ability or agency of thought is the common denominator that allows people to produce an infinite variety of thought content.

#### *The principle of consciousness*

Consciousness refers to the energy of mind that transforms thought or mental activity into subjective experience through the five physical senses. Put another way, as people use thought to create mental images, these representations appear real to them as they merge with the faculty of consciousness and register as sensory experience. Consciousness allows the recognition of form; form being the expression of thought. Consciousness uses thought to inform the senses, resulting in each individual's on-going experienced reality. This view of the relationship between thought and consciousness differs markedly from the prevailing view that sensory data comes directly from external stimuli and is, at most, processed by thought (e.g. cognitive schemas).

Consciousness also allows people to recognise the fact that they are creating their ongoing personal reality from the *inside-out* through thought and their senses. Furthermore, according to PBCC, there are infinite levels of human consciousness. In its highest levels or purest states, consciousness contains innate health, wisdom, or an intelligent, responsive thought

process. The innate health that automatically surfaces in higher levels of consciousness includes wellbeing, self-esteem, humility, compassion, peace of mind, common sense, as well as deep human feelings such as gratitude, exhilaration, and compassion. According to PBCC, people can only lose touch with their innate healthy functioning by thinking themselves away from it. Yet, this health is always available to people and can be drawn out or re-kindled in anyone. Thus, consciousness is capable of experiencing pure innate health, pain and misery, as well as infinite levels in between. The particular level of consciousness that people experience at any given moment depends on the quality of their thinking that consciousness neutrally takes in and enlivens. Thus, consciousness allows people to: (1) experience whatever they are thinking as their personal reality; and (2) to view their psychological functioning from an impersonal or objective stance.

In sum, the logic of these three principles proposes that every person's on-going experienced reality is produced by the mind-powered union of thought and consciousness and is the only means by which human beings are capable of having life experience. Following this logic, all human behaviour unfolds synchronously with the continually changing personal realities produced by these principles.

#### *An innate design behind thought*

The principles of mind and consciousness are constant and neutral. Mind continually powers thought and consciousness to create each person's subjective experience from the *inside-out*. Consciousness continually converts whatever thinking it encounters into personal experience. Thus, according to PBCC, the only variable in the equation of generic human psychological functioning is thought. *That people think* is not a variable because all human beings think continually. However, *what people think about and how they use their thinking agency* are variables ultimately under their control. PBCC proposes an innate, optimal design behind human thinking. When people use their ability to think in sync with this design they automatically access higher levels of consciousness and psychological health. When people abuse thought, however, they experience lower levels of consciousness and psychological dysfunction. To understand the innate design behind human thinking, one must first recognise the two distinct ways that people can think; *natural thinking* and *personal thinking*.

*Natural thinking*

According to MTC/IH, there is a natural or generic mode of human thinking, an innate, intelligent thought process, observable from birth and as effortless and automatic as breathing. Natural thinking requires no conscious effort and has no stress factor. Enlivened by consciousness, natural thought produces all of the positive psychological experiences associated with mental health. With its ability to access both individual memory as well as fresh, insightful thoughts, natural thinking is unfailingly responsive to the moment, providing people with sensory data appropriate to their immediate needs and goals. Natural thinking is the human default system, surfacing automatically when peoples' minds quiet or clear, *when they stop trying to think*.

*Personal thinking*

While natural thinking is wise, responsive and effortless, people must learn, early on, to think in a second way that requires deliberate effort. This conditioned thought process requires active concentration to hold certain thoughts in place in order to learn and perform skills and solve problems. While personal thinking is indispensable for navigating one's culture, it is *totally restricted to memory and always and only useful for applying known variables to known formulae*.

As it takes effort, personal thinking always has a stress factor even when used appropriately. When abused, personal thinking can result in considerable psychological dysfunction; personal thinking can be abused by either over-using or misusing it. Even when used appropriately, the overuse of personal thinking (because it takes effort) results in fatigue and eventually in symptoms of burnout. All misuses of personal thought are learned, varied and over time become habitual. The distress caused by misusing personal thinking is related to the painful nature of the thoughts or memories that people choose to dwell on or re-think. Common misuses include worrying, thinking ambivalently, perfectionist thinking, thinking judgmentally, obsessive thinking, angry thinking, and egoic thinking or using personal thought to create the illusion that self-esteem has to be earned. According to PBCC, *the overuse and misuse of personal thinking is the source of all human stress and distress*.

PBCC proposes the following innate design behind human thinking; *the responsive use of natural and*

*personal thinking mediated by natural thought*. Optimal human thinking takes on a balanced movement back and forth between a spontaneous reliance on natural thinking and the implementation of personal thinking when appropriate. Optimal thinking calls for natural thought to direct or guide people through life. When people trust natural thought to guide them, they automatically receive prompts (i.e. responsive thoughts) to move in and out of personal thinking when necessary, without getting stuck in the personal mode. According to PBCC, the capacity or potential to think in this optimal way is available to all people, an inborn intrinsic quality of humanity, invulnerable to external influences, current circumstances, mental status or prior socialisation.

*Human feelings as directional guides*

Finally, PBCC proposes that all human beings have a built-in self-monitoring system, a reliable way of knowing whether they are using their thinking in their best interest or against themselves. According to PBCC, *human feelings act as a perfect barometer of the quality of peoples' thinking in each moment*. In the same way that physical pain signals a physical malfunction of some kind, painful feelings signal some abuse of thought. The greater the psychological pain, the further people have moved away from their innate health, wisdom, pure consciousness and optimal thinking.

*Thought recognition*

PBCC proposes that the innate design of every offender is to live in the experience of psychological health produced by the optimal use of thought. Most offenders, however, not only under-utilise the generic thought process – most don't even realise that it exists. What most offenders view as the prominent, if not exclusive, thought process is personal thinking which most have learned to habitually abuse. PBCC views criminality and other dysfunctional behaviour as ways in which offenders react to or attempt to cope with the distorted perceptions and insecure feelings they experience when they: (1) abuse personal thinking and obscure their innate responsive thought process; and (2) don't recognise that the abuse of thought is the source of their unsettling experience. According to PBCC, the frequency and severity of deviant/dysfunctional behaviour is determined by: (1) how far and how often an offender moves away from his or her innate, healthy thought

process; and (2) an offender's level of understanding how thought works to create his or her experienced reality from the inside-out.

According to PBCC, the only leveraged entry point into improving offenders' psychological functioning and reducing their deviant behaviour is to facilitate a shift in the way offenders *relate to and use their ability to think*. Thus, principle-based correctional counsellors attempt to teach offenders to look *before* thought content to the manner in which they create and then experience the products of their thinking. They strive to produce lasting change by teaching offenders how to better use and relate to their thinking ability. PBCC refers to these realisations as *thought recognition*, which it views as the key to unleashing offenders' natural potential for psychological wellbeing.

#### *An empirical test of PBCC*

While the success of PBCC-based prevention programmes has been striking (see Mills & Spittle, 2002), the author could find only one empirical study in the literature which attempts to test its assumptions (Kelley & Stack, 2000). The present study helps fill this research gap by testing the PBCC proposition that increasing offenders' thought recognition will result in improved thinking, increased psychological wellbeing and more functional behaviour.

## **Method**

### *Participants*

The participants were 54 adult prisoners on probation from several district courts in a large midwestern state of the USA. Participants ranged in age from 19–58 years, with a mean age of 28 years. Approximately 73% were male ( $n = 39$ ) and 27% were female ( $n = 15$ ). About 82% ( $n = 45$ ) were Caucasian, 5% African-American ( $n = 2$ ), 6% Hispanic ( $n = 3$ ), and 8% Asian-American ( $n = 4$ ). Approximately 54% were on probation for driving under the influence and other illegal substance-related offenses ( $n = 29$ ), 23% for retail fraud ( $n = 12$ ), 11% for domestic violence ( $n = 6$ ), and 12% for aggravated assault ( $n = 7$ ).

### *Counselling sessions*

A licensed clinical psychologist with over 2000 hours of experience teaching the MTC/IH model facilitated all PBCC sessions. Sessions were held on a

weekly basis, each lasting approximately two hours. The number of sessions completed by each participant ranged from eight to 20, with a mean of 12.5 sessions. All study instruments were administered and scored by the same licensed psychologist who led the counselling sessions.

### *Measures*

Thought recognition was measured in two ways. First, probationers rated their level of understanding how the principles of Mind, Thought, and Consciousness work together to create their experience from the inside-out. Ratings were done on a four-point Likert scale ranging from *none* to *high*. Second, probationers responded to the following three items based on PBCC's definition of thought recognition: (1) My experience of life is produced from the inside-out by my thinking; (2) I can access a healthy thought process that will automatically provide me with responsive, intelligent thoughts and satisfying feelings; and (3) I can use my feelings like a compass to tell me the moment-to-moment quality of my thinking. Responses were recorded on an eight-point Likert scale, ranging from (1) *agree absolutely* to (8) *disagree absolutely*.

Wellbeing was measured using the Well-Being Inventory (WBI) validated at the West Virginia University Medical School (see Kelley, 2004). The WBI contains 44 items measuring three dimensions of psychological wellbeing and two dimensions reflecting the absence of wellbeing. The three WBI wellbeing dimensions are: (1) Positive Emotions (time spent experiencing: contentment; peace of mind; light-heartedness; gratefulness; spontaneity; exhilaration; compassion; and curiosity); (2) Functional Behaviour (ability to: accept oneself and others; enjoy pro-social activities; forgive oneself and others; easily change one's mind; be optimistic; trust one's intuition; be patient; be content doing nothing; be compassionate; and be creative); and (3) Resilience (ability to: get over anger; get past boredom; forgive foolish behaviour; avoid acting-out when stressed; not allow jealousy to lower self-esteem; not worry that something will happen to ruin good feelings; and allow bad moods to pass without acting out. The two WBI absence of wellbeing dimensions are: (1) Negative Emotions (time spent experiencing: stress; anger; anxiety; depression; boredom; frustration; jealousy; insecurity); and (2) Dysfunctional Behaviour (time spent: arguing or in conflict; bragging; being judgmental; gossiping;

dwelling on the past; worrying; complaining; procrastinating; being defensive; and having a busy mind). Items were scored on a six-point Likert scale ranging from (1) *almost always* to (6) *almost never*. Items were summed for each dimension with higher totals indicating higher wellbeing. Scores on all five dimensions were summed for a total wellbeing score.

#### *Ethical considerations*

Each probationer in this study agreed to participate in PBCC as part of his or her probation conditions. All participants were informed both verbally and in writing that their responses on all study instruments would be anonymous, contain no identifying information, and have no bearing on the length or conditions of their probation. Each participant signed a consent form confirming their understanding of these provisions and acknowledging their awareness that their responses would be analysed by researchers. Supervising probation officers and district court administrators approved the study and agreed that all data would be anonymous and viewed only by the treatment psychologist and the author.

## Results

#### *Three-principle understanding level*

Table I presents participants' self-reported level of understanding the interplay of the principles of mind, thought, and consciousness in creating their experienced reality. Eighty-seven percent reported either moderate (40%) or high (47%) levels of understanding, and 13% reported either none (4%) or low (9%) levels of understanding.

#### *Thought recognition and wellbeing*

Table II presents correlations (Spearman's rho) between participants' self-reported levels of thought recognition (three-principle understanding level) and WBI scores. Significant positive correlations were found between this measure of thought recog-

Table I. Three-principle understanding level.

PBCC understanding level	% (n)
None	4 (2)
Low	9 (5)
Moderate	40 (22)
High	47 (25)

Table II. Thought recognition (principle understanding level) and psychological wellbeing.

WBI dimensions	Thought recognition
Wellbeing dimensions	
(1) Positive emotions	.43*
(2) Functional behavior	.57*
(3) Resilience	.63*
Absence of wellbeing	
(1) Negative emotions	.56*
(2) Dysfunctional behavior	.33*
WBI-total score	.51*

\* $p < .01$

nition and psychological wellbeing for all five WBI dimensions and for the total WBI score.

Table III presents correlations (Pearson's  $r$ ) between participants' self-reported levels of thought recognition (3 TR items) and WBI scores. Again, significant positive correlations were found between this measure of thought recognition for all five WBI dimensions and the total WBI score.

## Discussion

These findings support the prediction of PBCC that as participants' level of thought recognition increased, their thinking would improve resulting in higher psychological wellbeing and more functional behaviour. Pransky (1997) offers three possible explanations for these findings, namely that greater thought recognition may lead to: (1) a heightened sense of control, as people have more control over their thinking than over their external environment; (2) a heightened level of understanding life experiences that previously may have been confusing or frightening; and (3) an increased capacity to view things in a balanced fashion, leading to a more philosophical outlook on life.

Table III. Thought recognition (three questions) and psychological wellbeing.

WBI dimensions	Thought recognition
Wellbeing dimensions	
(1) Positive emotions	.48*
(2) Functional behavior	.38*
(3) Resilience	.61*
Absence of wellbeing	
(1) Negative emotions	.45*
(2) Dysfunctional behavior	.37*
WBI-total score	.52*

\* $p < .01$

The author, while reflecting on these data, realised another possible explanation. This explanation relates to research on mindfulness, or enhanced attention or awareness in the present moment (e.g. Brown & Ryan, 2003). This research has found mindfulness to be related to numerous indicators of psychological health including higher self-esteem, vitality, and self-expression (Brown & Ryan, 2003), higher dispositional authenticity (Kernis & Goldman, 2006), higher autonomy and wellbeing (Carlson & Brown, 2005), lower levels of conflict and higher relationship accommodation (Brown et al., 2007), lower levels of depression, anxiety, and neuroticism (Brown & Ryan, 2003), and lower levels of aggression and hostile attribution bias (Heppner et al., 2008). The consensus of this research is that more mindful individuals experience their lives in a less judgmental and defensive manner, typically allowing their thoughts (positive or negative) to flow through their mind without taking them personally or attaching them to the self (Heppner et al., 2008). Thoughts of rejection, insult, loss, and trauma appear to pass through the minds of such individuals without initiating symptoms of acute stress, threats to self-esteem, or triggering defensive outbursts (Hodgins & Knee, 2003). More mindful individuals seem to view their wellbeing and self-worth as less connected to external events and outcomes, whether positive or negative.

#### *Follow-up study*

Thought recognition and mindfulness may be related. Perhaps as participants' level of thought recognition increased they became more mindful. To test this possibility the treatment psychologist re-contacted 40 study participants of which 30 (56% of the initial sample) completed the Mindful Attention Awareness Scale (MAAS). The MAAS (Brown & Ryan, 2003) is a 15-item dispositional measure of mindfulness that primarily assesses the extent to which a person is on 'automatic pilot' in his/her daily life. Sample items include: 'I find it difficult to stay focused on what's happening in the present', and 'I find myself preoccupied with the future or the past.' Participants responded to each item on a 1 (almost always) to 6 (almost never) Likert-scale. Items were summed such that higher totals indicated higher mindfulness. This data was collected between four and eight weeks following the completion of PBCC by these participants.

Table IV presents correlations (Pearson's  $r$ ) between participants' level of thought recognition (both measures) and mindfulness. Significant positive correlations were found between both measures of thought recognition and mindfulness. These findings suggest that thought recognition and mindfulness are related. Both are strongly associated with numerous healthy psychological and behavioural effects. According to the logic behind PBCC, however, the source of these salutary effects is neither thought recognition, nor mindfulness.

Rather, their source is the innate responsive thought processes that emanates from a free and clear mind. Consider the words of Mustakova-Possardt (2002):

Mental health is the innate capacity of every person to return into alignment with Mind from a clear mind, and manifest fresh understanding and creative responsiveness in the moment. Principle-based correctional counseling proposes that mental health is an innate, intrinsic, natural state of well-being or wisdom arising from pure consciousness and accessed via a clear mind ... In every moment, when individual mind is spontaneously or intentionally aligned with Mind, and focused away from its intensely personal memory-based world, innate mental health bubbles up ... (p. 11)

#### *Implications for practice*

These findings suggest that correctional counsellors (and other therapists) might increase their leverage and effectiveness by helping their clients realise the three principles behind generic psychological functioning and the innate design behind human thinking. Whether clients realise it or not, all of their behaviour, as well as their potential for behavioural change, stem from their moment-to-moment use of the power of thought. A major implication of this fact for correctional counselling (and psychotherapy in general) is that all clients continually behave in ways that make sense to them, based on how their thinking makes life appear to them in each moment.

Table IV. Thought recognition and mindfulness.

Thought recognition measure	MAAS
Principle understanding level	.62*
Three thought recognition questions	.54*

\* $p < .01$

Most clients have limited thought recognition or realisation of the fact that their every experience is coming directly from them and that they continually behave based on how they see themselves and their lives generated by the myriad of thoughts they've accumulated about themselves, other people, life circumstances and situations. Although born with the capacity to experience innate health as a way of life, most clients typically contaminate the source of this health by innocently misunderstanding and misusing their ability to think. These results suggest that when clients realise how the principles of mind, thought, and consciousness work to create their experience from the inside-out they regain their capacity to see beyond their conditioned habits of dysfunctional thinking and begin using thought in their best interest. Although clients can never erase their insecure thoughts or painful memories entirely, most can recognise them for what they are, let them go, and begin trusting their innate wisdom to guide them.

These findings also suggest that the leverage of correctional counselling methods that focus predominantly on thought content (e.g. cognitive therapy) might be enhanced by emphasising thought as an ability with an innate design, rather than thought reconditioning or cognitive restructuring. Furthermore, while perhaps deterring recidivism to some degree, correctional counselling methods that emphasise external (outside-in) causes of either dysfunction (e.g. behavioural) or wellbeing (e.g. positive psychology) are less likely to help offenders gain true free will by realising their responsibility for creating their every experience and for using thought in their best interest. Of course, further research to support these assertions is essential.

#### *Study limitations*

A clear limitation of this study was its lack of a true experimental design. Another possible limitation was not using the number of counselling sessions completed by participants as a variable for analysis. Given the lack of a true experimental design, perhaps relating the number of sessions completed to thought recognition and wellbeing might have strengthened the study's conclusions. This was not viewed as a significant limitation, however, since thought recognition involves the insightful, rather than intellectual understanding of the relationship between thought and experience. Since insights appear to be facilitated more by particular therapy

conditions (e.g. high mood, wellbeing, unconditional positive regard) than therapy duration, this analysis was not considered essential.

Also, the measures of thought recognition used in this study were more a test of participants' knowledge of the MTC/IH model, than a test of their *in vivo* use of the model. Again, this was not viewed as a significant limitation, since an *insightful* understanding of the model was viewed as the key to thought recognition and drawing out participants' innate healthy functioning. In this regard, it was emphasised to all participants that the MTC/IH model was not intended to be used as a tool, technique, coping strategy or belief system.

Finally, because the MAAS was administered to participants several weeks following their completion of PBCC, and was completed by only about half of the initial sample, the author was not comfortable analysing the comparative relationship of thought recognition and mindfulness with psychological wellbeing. This may be fruitful to do in future research, however, in order to determine whether mindfulness and thought recognition are two separate processes and, if so, which may be more important for facilitating wellbeing in correctional environments.

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