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Health Realization: A Principle-Based Psychology of Positive Youth Development

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ABSTRACT: While we have numerous research-based programs for youth aimed at curbing drug use, violence, suicide, teen pregnancy, and delinquency, we lack a rigorous principle-based psychology of positive youth development. Instead of focusing on fixing what is assumed to be missing or broken in at-risk youth, we need a psychology grounded in fundamental causal principles that reveal clearly how such children and adolescents can become self-motivated, socially competent, compassionate, and psychologically vigorous adults. While the emerging field of positive psychology has attempted to shift the field's emphasis from understanding and treating youthful dysfunction to facilitating well-being and resiliency in young people, it lacks a principle-based foundation and continues to mistakenly endorse external causes of positive affect and prosocial behavior. This paper offers a unique, principle-based psychology of positive youth development commonly known as health realization (HR). The underlying principles of HR are delineated, contemporary research that supports its major assumptions cited, and the results of applied HR research with at-risk youth in clinical, educational, and community empowerment settings described.

KEY WORDS: health realization; positive youth development; positive psychology; psychology of mind.

This paper proposes that adolescent boredom, frustration and alienation are not typically signs of psychopathology, but rather, indicators of the absence of well-being, self-esteem, and other qualities of positive youth development. The same is assumed to be true for youthful problem behaviors, such as drug use, teen pregnancy, and delinquency—that they too are more parsimoniously described not as responses to emotional disturbance, but rather to the absence of contentment, common sense, and other positive qualities of healthy child development. It is asserted, therefore, that the optimal way to prevent all forms of youthful dysfunction is to teach young people to understand and maximize the experience of healthy mental functioning that is their

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birthright. Put another way, just as understanding and maintaining physical health is the best defense against disease, recognizing and experiencing psychological well-being is the best insulator against insecurity and the myriad of youthful health-damaging behavior it spawns.

Over a century ago, William James, a principal founder of psychology, predicted the discovery of fundamental causal principles that would explain all human behavior and lead to higher levels of well-being for everyone. Prior to World War II, psychology appeared to be heading in the direction envisioned by James—the bulk of its research focused on discovering ways to make the lives of all people more fulfilling. This goal was exemplified by Terman's (1939) studies on giftedness, Jung's (1933) work on the meaning of life, and Watson's (1928) writings on effective parenting. After the war, however, two significant events dramatically sidetracked psychology from this positive mission. First, in 1946, the Veterans Administration came into being, providing vast levels of funding to diagnose and treat mental illness. Then, in 1947, the National Institute of Mental Health was established, offering lucrative grants to psychologists to conduct research on mental dysfunction. As a result, psychology's focus shifted from understanding and facilitating mental health, to explaining and treating mental dysfunction. In the words of Martin Seligman (1998b):

We became a victimology. Human beings were seen as passive foci; stimuli came on and elicited 'responses,' or external 'reinforcements' weakened or strengthened 'responses,' or conflicts from childhood pushed the human being around. Viewing the human being as essentially passive, psychologists treated mental illness within a theoretical framework of repairing damaged habits, damaged drives, damaged childhoods, damaged brains. (p. 7)

Although more than a half-century has passed since these events transpired, the predominant focus of psychology continues to be dysfunction, weakness, and damage. Psychological treatment continues to focus almost exclusively on symptoms—concentrating on repairing damage within a disease model of human functioning.

Nowhere is psychology's emphasis on pathology more evident than in its approaches to treating young people at risk for delinquency, drug use, teen pregnancy, and other health-damaging behavior. Virtually all contemporary psychological models of delinquency prevention and control are based on the assumption that juvenile offenders are in some way damaged or defective. Focusing predominantly on symptoms, the interventions derived from these models attempt to fix what is assumed to be broken, defective, or deficient in such youth. Put another way, these approaches typically assume that at-risk youth are *missing* some essential factor (e.g., social skills, assertiveness, functional cognitions, self-esteem, impulse control), which, if supplied from the *outside-in*, would prevent or control their dysfunctional tendencies.

Traditional learning theory, for example (Bandura, 1969; Klein, 1977; Patterson et al., 1982; Phillips, 1968; Rutherford, 1975; Skinner, 1971) assumes that external reinforcement is missing from such youth, which can be remedied through behavior modification strategies such as token economies, behavior contracting, boot camps, and “scared straight” programs. Social learning theories (Agnew, 1985; Hirschi, 1969; Reckless, 1967; Sutherland, 1939; Sykes & Matza, 1957) assume that at-risk youth are missing strong social bonds, external constraints, pro-social relationships, and the like, and attempt to supply them. With cognitive interventions (Burns, 1980; Ellis, 1962; Samenow, 1984; Walters & White, 1989) it is thought that youth lack a rational belief system, and a variety of rituals and dialogue techniques are used to challenge, dispute, condemn, and ultimately replace dysfunctional beliefs with more rational ones.

Recently, several prominent psychologists (Csikszentmihalyi, 1990, 1999; Goleman, 1992; Myers, 1992, 2000; Seligman, 1991, 1998a) have called for psychology to reduce its emphasis on dysfunction, and rekindle its neglected missions of making normal people stronger and more productive, and making high human potential actual. In response to this call, the field of *positive psychology* has emerged—its proposed mission . . . the scientific study of human strength, resilience, and optimal human functioning. The glaring absence of a psychology of positive youth development was underscored by Larson (2000):

We have a burgeoning field of developmental psychopathology, but have a more diffuse body of research on the pathways whereby children and adolescents become motivated, directed, socially competent, compassionate, and psychologically vigorous adults. Corresponding to that, we have numerous research-based programs for youth aimed at curbing drug use, violence, suicide, teen pregnancy, and other problem behaviors, but lack a rigorous applied psychology of how to promote positive youth development. (p. 170)

Already, positive psychology has developed scores of models in its attempt to understand human happiness and well-being. Unfortunately, these positive approaches have emerged from the same “something-is-missing/outside-in” paradigm as those of “negative psychology.” In other words, the new positive models assume that psychological well-being is a function of a myriad of *external* missing factors. For example, David Myers (2000) and numerous others (e.g., Csikszentmihalyi, 1999; Deiner, 2000) suggested that happiness is tied to outside forces such as the quality of one’s work and leisure experiences, a supportive network of close relationships, religious faith, intimate marriages and realistic goals. Larson (2000) argued that youthful initiative, and other positive attributes from altruism to identity, is connected to certain carefully organized and structured youth activities and organi-

zations. George Valliant (2000), in discussing the relationship of adaptive mature defenses (i.e., altruism, sublimation, humor, etc.) to optimal human functioning, proposed that increased social supports, interpersonal safety, rest, nutrition and sobriety were needed to transmute less adaptive defenses into more adaptive ones. David Buss (2000), in his evolutionary perspective, stated that well-being might be enhanced by increasing the closeness of extended kin, developing deep friendships, selecting a mate with similar values, and managing competitive mechanisms. Salovey, Rothman, Detweiler, and Steward (2000), in discussing the literature on the relationship between emotional states and physical health, postulated that physical health could be improved by increasing desirable life events, avoiding the suppression of positive and negative feelings, working through and managing negative emotions, and changing and correcting one's environment.

Even the work of the pioneering role models of contemporary positive psychology is entrenched in this outside-in, something-is-missing perspective. For example, Maslow's *self-actualization* (1971); Block and Block's *ego-resiliency* (1980); Deiner's *positive emotionality* (1984); Antonovsky's *salutogenic approach* (1979); Seeman's *personality integration* (1989); Deci and Ryan's *autonomy* (1985); Scheier and Carver's *dispositional optimism* (1987); Csikszentmihalyi's *flow* (1990); and Seligman's *learned optimism* (1991, 1998b), all propose that external inputs like teaching cognitive techniques, altering negative attributions, engaging in meaningful activities, satisfying lower need states, or changing attitudes and perceptual styles can restructure peoples' goals, and subsequently improve the quality of their personal experience.

While shifting psychology's emphasis back to understanding and facilitating health and resiliency is long overdue, positive psychology appears to have adopted the same misguided paradigm as the dysfunction-focused psychology it is trying to transcend. If this pitfall isn't recognized and corrected, positive psychology will perpetually confront huge knowledge gaps, and repeatedly fail to accurately answer essential questions about human functioning such as those posed by Seligman and Csikszentmihalyi (2000):

The issues raised . . . point to huge gaps in knowledge that may be the challenges at the forefront of positive psychology . . . for the next decade or two . . . What, exactly, is the mechanism that governs the rewarding quality of stimuli? Is it necessary to be resilient, to overcome hardship and suffering to experience positive emotion and to develop positive traits? By what mechanisms does too much positive experience create a fragile and brittle personality? By what mechanisms does courage or interpersonal skills or hope or future mindedness buffer against depression or schizophrenia or substance abuse? Is the world simply too full of tragedy to allow a wise person to be happy? (pp. 11–12)

The author asserts that such questions will be answered and knowledge gaps bridged only when positive psychology recognizes and becomes grounded in the fundamental causal principles of human experience envisioned by James over a century ago (Kelley, 2001). Without a principle-based foundation, positive psychology (like negative psychology) will inevitably splinter into ever-increasing numbers of separate, often conflicting theories, models, and areas of specialization, each with its own research agenda based on its own particular set of variables. Thus, positive psychology's efforts to learn and evolve will be done separately and simultaneously, rather than systematically and in concert.

Without principles that accurately account for all human behavior, any explanation of well-being and the "good life" is as possible and feasible as any other. Only principles can bring true discipline to positive psychology and provide a consistent standard upon which to judge the truth and integrity of its findings and propositions. Only a principle-based psychology of positive youth development will lead to a transformation in the mental health of this country's youth, followed by profound reductions in juvenile crime and all other forms of youthful dysfunction. It is further asserted that viewing human experience through a "something-is-missing/outside-in" perspective has prevented psychology (both positive and negative) from recognizing such principles.

The purpose of this paper is to offer, for the field's consideration, a principle-based psychology of positive youth development. This unique psychological paradigm has been previously known in the literature as psychology of mind (POM), and neo-cognitive psychology (NCP). Presently, it is commonly referred to as health realization (HR). The pioneering work on the health realization model was done by psychologists, Roger Mills (1988, 1989, 1990a, 1990b, 1995, 1997, 2000, 2001, Mills and Pransky [1993]) and George Pransky (1997). The HR perspective has been applied to the areas of at-risk youth, delinquency, and criminality by Thomas Kelley (1990, 1993a, 1993b, 1993c, 1996, 1997, 2000).

Research leading to the development of the principles behind health realization began as part of a NIMH demonstration grant on primary prevention at the University of Oregon. During the course of this grant (1974–1979), these principles were literally "discovered" by principal investigator, Mills, and co-researcher, Pransky. This discovery was greatly facilitated by the deep personal experience of these principles by theosopher, Sidney Banks (1983, 1989, 1998, 2001). Roger Mills summarized the early events following the discovery of the principles (2000):

The first several years following this discovery were spent purely on deepening our appreciation for the implications of the research and development of this understanding. The operational principles and the under-

lying logic revealed by these discoveries were so unique, they stood out as distinctly different from previous assumptions and theories underlying the majority of treatment programs, of mental health interventions, and of educational, leadership, motivational and social change programs. These findings shifted our view of human nature and our most basic psychic functioning to an extent that a new framework for understanding the source of mental health and a new intervention methodology had to be developed from scratch. The basic premises, ideas, and active ingredients introduced by these discoveries simply did not exist in the previous literature. Thus, the practice of both therapy and prevention based on these discoveries required completely new ways of listening, conducting intake and assessment, and teaching or interviewing. As a result, clinical follow-up and other outcome studies did not begin until as late as 1984. (p. 2)

The Principles Behind Health Realization

Health realization proposes that all human behavior can be explained by understanding the inter-relationship of three fundamental principles; *mind*, *thought*, and *consciousness*. HR offers simple definitions of its principles. It defines the principle of thought in the broadest possible manner—the mental imaging ability of human beings, or all mental activity. Thought, in this model, is viewed as a generic, continuous mental process, as essential to psychological functioning as a beating heart is to physical functioning. Put another way, HR views thought as the continuous creation of life via mental activity.

Thought is brought to life, or given the appearance of reality, by a second generic, ongoing mental process, consciousness. According to HR, consciousness transforms thought, or mental activity, into subjective experience through the physical senses. As peoples' thinking agency generates mental images, these images appear real to them as they merge with the faculty of consciousness and register as sensory experience. HR proposes that consciousness is the ongoing sensory experience of thought as reality. The faculty of consciousness also allows people to recognize the fact that they are continually creating their moment to moment reality from the inside-out.

HR defines the principle of mind as the life force, or energy of life, that empowers the agencies of thought and consciousness to continually merge and create experience. Mind can only be defined by inference because the ability to think is a part of the creative process that HR calls mind. In this model, mind is viewed as a spiritual truth or principle that grounds the observable. The principles of thought and consciousness are the human psychological functions set in motion by mind, and thus are evidence of mind in action.

In sum, according to health realization, *all* subjective human experience is produced by mind-powered union of thought and consciousness,

and is the *only* experience that human beings are capable of having. Thus, each person's mental life is a moment-to-moment product of their own thinking transformed into apparent reality by their consciousness. Furthermore, according to HR, all human behavior unfolds in perfect harmony with the moment-to-moment thought plus consciousness reality that occurs for each individual.

Some physical analogies are helpful in clarifying the three principles. For example, physiologists tell us that our organs are powered by a force beyond themselves; a life force which science has yet to identify. They assert that a brain by itself does not function, a heart does not beat, and a nerve does not fire. Our organs make use of this life force, and in so doing, our body accesses a profound natural intelligence not yet fully grasped by science. In a similar fashion, mechanical equipment (e.g., an electrical cord and outlet) receives and conducts the power of electricity, which is also generated by a heretofore unexplained, intelligent source. According to health realization, thought powers the brain in a parallel way. The source of thought, which HR calls mind, is not located in the brain and is equally as mysterious, and profoundly intelligent as the source of physical life and electrical energy. Thus, health realization views thought as a function originating beyond one's individual psychological personage, just as the life force originates beyond one's individual physical personage. Health realization asserts that people experience their thinking through their senses, just as they experience the life force through the operation of their organs.

An Innate Source of Psychological Well-Being

According to health realization, the agency of consciousness is neutral in that consciousness will convert whatever thinking it encounters into experience. In other words, consciousness makes no distinction regarding the quality of thought that it brings to life. Consciousness will transform dysfunctional thinking into dysfunctional experience (e.g., painful feelings and distorted perceptions). Likewise, consciousness will convert healthy thinking into healthy experience (i.e., satisfying feelings and clear perceptions). A major assumption of health realization is that every human being is born with a natural, healthy thought process that, when engaged, is automatically converted by consciousness into the experience of psychological well-being. According to HR, this generic thought process, observable from birth, is as effortless and automatic as breathing. When this innate thinking mode is engaged, people instantly experience a cadre of positive mental attributes which include common sense or good judgment, self-esteem, contentment, compassion, lightheartedness, creativity, spontaneity, and

the capacity for more optimal performance. According to HR, this natural thought process automatically produces a stream of free-flowing, intelligent thought that is unfailingly responsive to the moment. Furthermore, this thinking mode, like every other natural process, requires no conscious effort—it has absolutely no stress factor.

Free-flowing thinking appears to be the default setting for human beings, as it is how young children typically think, and how all people think when they're not trying to think and allow their minds to clear. HR asserts that this natural thinking process is the sole source of genuine psychological well-being, as well as every other quality of healthy mental functioning. Regardless of current mental status or prior socialization, HR proposes that all people have the same built-in source of mental well-being, and will exhibit its attributes to the degree that they allow this natural thinking process to operate.

While free-flowing thinking has total access to memory, it also provides people with fresh, creative, insightful thoughts that transcend memory. A deep level of this thinking is what athletes experience when they're "in the zone," and that all people experience when they completely "lose themselves" in some activity. At any level, free-flowing thought is always responsive to the moment—effortlessly providing people with sensory data appropriate to their immediate needs.

Furthermore, free-flowing thinking produces a set of innately satisfying human feelings. These natural feelings include contentment, inspiration, compassion, exhilaration, gratitude, and joyfulness. These feelings are intrinsic . . . they cannot be taught or learned. They are never stressful, always gentle, relaxing, and satisfying. They are non-contingent; totally independent of external circumstances and events. They are self-perpetuating—giving people a view of life that preserves their appropriateness. Also, these deeper human feelings are contagious, having a calming effect in the presence of others.

Finally, according to HR, people can experience infinite depths of free-flowing thought, depending on their level of mental quietude. At one level, people may have a flood of good ideas about life; at deeper levels people may have profound insights about the nature of life itself.

Health realization asserts that the natural human design is to live life predominantly in the experience of psychological well-being produced by free-flowing thought. For most people, however, this is not the case. According to HR, most people in this culture not only underutilize their generic thinking process—most don't even recognize its existence. What most people view as the predominant, if not the only, thinking process, is analytical, intellectual, or processing thinking. Unlike free-flowing thought, which is innate and effortless, processing thinking is learned and requires deliberate effort. Thus, processing thinking is always noticeable, and always contains a stress factor.

Unlike free-flowing thought, processing thinking is restricted to memory, and is always, *and only*, useful when used to apply known variables to a known formula (e.g., completing a tax return). Being memory bound, however, processing thinking limits people to what they already know and gives them no opportunity for original thoughts, or fresh perspectives on existing knowledge.

Just as processing thinking is learned and memory bound, the emotions it generates are also learned and stored in memory. Such emotions become conditioned in the family of origin in the context of culture, and are always superficial, fleeting, condition contingent, unsatisfying, and often painful. In contrast, the natural emotions produced by free-flowing thought are inherently satisfying, unconditional, shared by humanity, and span age, gender and culture. According to Pransky (1997):

Although some (learned) emotions, such as excitement, might appear to be positive, no emotions are as desirable and pleasurable as natural human feelings. The emotion of excitement as a “positive” experience in comparison with other learned emotions pales in comparison to the natural feeling of exhilaration, for example. Excitement has a component of frenetic energy that needs to be maintained, exhilaration points to the inspiration of contentment and actually has a calming effect in the moment. (p. 74)

Processing thinking, when used appropriately, is absolutely essential for successful cultural adaptation. Unfortunately, early on, most people innocently learn habits of abusing processing thinking either by overusing it, or using it inappropriately. Because it always takes effort, chronic processing, even used for worthwhile tasks, can result in symptoms of fatigue, even exaggerated mood swings and excessive emotionality (e.g., college students cramming for exams). Common habits of misusing processing thinking include worrying, thinking self-consciously, perfectionistic thinking, judging and fault-finding, obsessive thinking, cynical thinking, angry thinking, etc. Processing thinking is also misused to create a self image or ego whereby one’s worth becomes tied to external conditions, possessions, etc. Since the particular thoughts processed determine peoples’ feelings, habitually processing painful or insecure thoughts or memories results in prolonged psychological pain. The more painful the thoughts processed, the more painful the experience. Thus, according to HR, the habitual abuse of processing thinking not only produces chronic stress and distress, it obstructs free-flowing thought, the natural source of mental well-being.

According to health realization, the prime characteristic of people who typically display healthy psychological functioning is *their ability to allow for a responsive balance of free-flowing thinking and processing thinking* in their everyday lives. Just as there is a natural way for

people to breathe and digest food, there is an optimal way for the agency of thinking to operate; *in sync with the principle of thought*. According to health realization, people are designed to live predominantly in free-flowing thought, supplemented by processing thinking when appropriate. When people trust free-flowing thinking to guide them, they automatically receive prompts (i.e., intelligent thoughts) to move in and out of processing thinking as needed. Thus, HR defines psychological health as *the ongoing responsive use of both thinking modes, mediated by free-flowing thought*.

Health realization further asserts that the capacity or potential to meet this standard of health is innate in people; an inborn, intrinsic quality of humanity, invulnerable to external influences and always available. Of course, people can innocently learn to override the source of their innate health by overusing or misusing analytical thinking. In fact, health realization views all human stress and distress as products of moving away from the generic thinking process. In the words of Pransky (1997):

In the HR model, the overuse or misuse of processing thinking is seen as the sole cause of all mental dysfunction. Mental illness is defined in this model as losing one's psychological bearings by drifting away from one's innate free-flowing thinking process. Mental health is seen as returning to free-flowing thinking and regaining one's emotional bearing. The degree of mental dysfunction is seen as how far a person has moved away from their innate healthy thought process. (p. 407)

Thus, the health realization model proposes that the key to preventing delinquency, and all other youthful health-damaging behavior, is to teach young people how to access and experience their natural mental health—to rekindle what is already within and draw out the inherent well-being available to all youth in each and every moment. In a nutshell, HR proposes that this can be accomplished by pointing youth toward the personal recognition of the *inside-out* creation of experience through the insightful understanding of the principles of mind, thought, and consciousness. Roger Mills (1997) summarized two elements of this understanding that significantly help even seriously at-risk adolescents psychologically take charge of their world:

The first is knowing how their reality is determined in the moment. When adolescents understand how their view of life, their perceptions, are a product of an ongoing continuous thought process, they gradually and gracefully move into the driver's seat of their thinking. As a result, they start to experience more self-efficacy, along with the ability to better manage their moods and behavior. The second is knowing that a responsive, functional mode of thought, what we have called the free-flowing mode, is always available. Both recognizing its existence and seeing that the mind is always trying to elicit and utilize this more common sense

mode, helps adolescents relax and feel less of a need to rely on their learned, memory-based processing mode thinking habits to project artificial images and to look for answers. (p. 206)

As youth recognize the inside-out nature of experience, they become less likely to lose their bearings during insecure moods. Health realization asserts that similar to periodic fluctuations in physical well-being, people also experience unintentional fluctuations in the quality of their thinking—or changes in mood. The realization by youth that moods are simply reflections of the temporary, ever-fluctuating quality of their own thinking, provides them with stability and reassurance because it reveals to them that every “reality” is a fleeting product of their own minds at work.

Furthermore, understanding the three principles, and their ramifications, points youth to the realization that their feelings serve as a reliable, moment-to-moment indicator of the quality of their thinking. Unpleasant emotions always signal dysfunctional thinking. Even fear and anger that might arise in response to a real and present danger signal distorted thinking, which, if entertained, will result in less functional, perhaps catastrophic, responses to such events. This is why pilots, police, and military personnel are trained to ignore the thoughts of these emotions, stay in the moment, and allow their natural healthy thinking to guide their actions. Feelings of well-being, on the other hand, inform youth that their thinking is working for them, that the light is green, and they’re heading in the right direction. Rather than being viewed as entities with which to contend, work through, or act on, youth come to see their feelings as reliable guideposts to the momentary quality of their own thinking. According to Sedgeman (1997):

When young people realize the one-to-one connection between thought and experience, they gain perspective on life. Changes in their experience of reality no longer look as though they were randomly caused by outside events or forces. Fear, hopelessness, and alienation begin looking like thought-events, rather than horrible life circumstances. Seeing the emergence of experience from the process of thinking appears to bring young people peace of mind, no matter what they are thinking. Understanding principles gives the power of experience to the youth, not to life events.

According to HR, as youths’ level of understanding principles deepens, the more closely they approach the standard of mental health proposed by this model: a set of deeper, innately satisfying feelings; a naturally responsive thought process; and the ability to distinguish and remain graceful and resilient during insecure moods and difficult circumstances. Also, as youths’ level of understanding deepens, they will naturally exhibit more responsive behavior and act in more virtuous ways, regardless of current circumstances or past history. Health

realization proposes that the realization of the three principles is all that our youth need—that their natural inclination to live happy, productive, non-deviant lives can be re-kindled and drawn out through insight alone.

While there is no standard HR training method (i.e., HR trainers trust their wisdom to guide them is discerning the best way to teach HR principles in each setting), several HR practitioners have expressed different teaching approaches in practical self-help manuscripts (e.g., Bailey, 1990; Carlson & Bailey, 1999; Kelley, 1997; Mills, 1995, 2001; Pransky, 1990). Recently, Pransky and Carpenos (2000) developed an HR based middle school curriculum and guide for the prevention of violence, abuse and other school related problem behaviors. This curriculum specifies in very practical terms one approach for teaching young people HR principles and the inside-out construction of reality. According to the authors:

The intent of the curriculum is to draw forth the opposite of insecurity—that is, security which is only possible with secure, “healthy” thinking. When young people come to understand, recognize, and experience the difference between their healthy thinking and their insecure thinking, and allow the infinite possibilities of healthy thinking to flow freely within them, they will be far less likely to follow their insecure thinking down problem paths into violence and other behavior problems. (p. 5)

Research that Supports the Health Realization Perspective

There is considerable evidence from contemporary developmental research that supports the HR assumption that children are born with a natural capacity for healthy psychological functioning. Wilson and Herrnstein (1985: 222), for example, concluded that, “the infant cries to signal distress/hunger, not, so far as we know, to control the behavior of others (and) devoted attention to the infant’s needs at this stage does not produce a spoiled child.” Thousands of naturalistic observations of infants and toddlers raised in nurturing settings have revealed unequivocally that such youngsters possess a natural curiosity to explore and learn as much as possible about their surroundings. The vast body of developmental research has revealed conclusively that at birth, children do not have mind-sets that predispose them toward delinquency, drug use, or any other form of deviant behavior. To the contrary, these studies have pointed almost unanimously to an inborn state of healthy mental functioning in children, which includes a natural interest to learn, an intrinsic ability to act in mature, common sense, non-deviant ways, and a natural desire to use and expand their abilities in legitimate and pro-social directions (Ainsworth, 1982; Arendt et al.,

1979; Dodge & Frame, 1982; Mills et al., 1988; Patterson et al., 1982; Stewart, 1985; Sroufe, 1979; Sroufe et al., 1983; Suarez et al., 1987; Wilson & Herrnstein, 1985).

Mills (1988, 2000) described several studies on motivation stemming from research demonstration grants on primary prevention at the University of Oregon in the late 1970s, followed by similar programs at a variety of sites in the 80s and 90s. According to Mills, this research produced a new look at what has been called the “higher self” or “true self,” as a basically healthy, already actualized self as a source of intrinsic motivation. Mills highlighted the work of several well-known researchers in the field of motivation who recognized this deeper or truer “meta-cognitive” self as an agent in producing and sustaining intrinsic motivation, and in mediating external reinforcers (Bandura, 1989, 1991; Carver & Scheier, 1990; Deci & Ryan, 1985; Harter, 1988, 1990; Iran-Nejad, 1990; McCombs, 1991; McCombs & Marzano, 1990; Weiner, 1991). While scholars such as Maslow (1971) recognized the existence of this natural agency, they felt that one had to first go through and satisfy lower need states to attain this actualized experience. Contemporary research on motivation, however, appears to support the conclusion that youth start out in life in this actualized state and then learn to function in lower “need” states (i.e., unrecognized abuses of processing thinking).

Furthermore, there is considerable evidence in the literature which supports the HR assumption that the natural mental health of youth can be re-kindled and drawn out—that even high-risk youth can access a natural ability to behave in more mature, common sense, non-criminal ways (Stewart, 1985; Dodge & Frame, 1982; Mills, 1988; Patterson et al., 1982; Suarez et al., 1987). Many researchers have concluded that even severely insecure children are not, most of the time, in frames of mind that may lead to deviant behavior. Patterson et al. (1982), for example, documented, by home observations, an average of only 3.1 (acting-out) behaviors a day in the more disturbed children he studied. Werner (1989) concluded from his longitudinal studies that except for perhaps the most persistent circumstances, at-risk children evidenced healthy self-righting resources that moved the vast majority toward normal adult development. Outcome studies of several national prevention programs focusing on substance abusers, dropouts, and delinquents, who became involved in positive relationships with adults, teachers, and peers, began to display healthier psychological functioning, as predicted by HR (Foley & Warren, 1985; Gadwa & Griggs, 1985; Heath, 1999; Larson, 2000; O’Connor, 1985; Peck et al., 1987; Shure & Spivack, 1982; Stern et al., 1985). Youth involved in such relationships showed significant improvement in positive attitudes, rational problem-solving ability, pro-social behavior, and motivation to attain educational

goals and non-deviant lifestyles. In these programs, the consistent predictor of program success was the caring, supportive, non-judgmental, non-punitive qualities of the relationship between at-risk youth and program staff.

Research on a national level has identified the qualities of teachers who were capable of influencing potential dropouts to stay in school. Such teachers were found to be consistently positive and empathetic, and demonstrated respect and concern for their students. Also, they were optimistic about their students' ability to learn, and allowed them to structure their own learning. In so doing, they were creative and flexible in adapting their teaching methods to the needs, interests, and performance level of each student. In this type of educational climate, even high-risk youth were able to see the distortions that emerged from their dysfunctional thinking habits, and they began to experience more mature and objective frames of mind (Coombs & Cooley, 1986; Ekstron et al., 1986; Peck et al., 1987).

Recent research by Heath (1991, 1994, 1999) is supportive of these findings. Heath studied youth participating in organizations that, (1) youth themselves identified as being attractive and effective, (2) trusted youth to determine the direction and goals of the group's activities, (3) trusted the intrinsic, motivational capability of youth and, (4) provided structure and rules in a non-punitive atmosphere. Heath characterized the outcome as an apparent paradigm shift in the thinking of youthful participants—skills for implementing plans, and directing and regulating their own activities emerged *spontaneously* over time. Along with it, youth reported experiencing more self-efficacy, more confidence in their ability to affect the world. Larson (2000) suggested that similar paradigm shifts might account for the fact that numerous at-risk youth in similarly structured adventure programs (e.g., Outward Bound) showed powerful positive changes with sustained and increased effects long after the programs ended.

Finally, Smith and Small (1990) found favorable psychological outcomes to be greater for boys in Little League baseball whose coaches engaged in higher levels of positive reinforcement for desirable performance and effort, who responded to mistakes with encouragement, and who emphasized the importance of fun and personal improvement over winning (Curtis et al., 1979; Smith & Small, 1990). Future athletes who played for coaches trained to display these qualities, compared to control group participants, showed significantly more enjoyment, increases in self-esteem, and decreases in performance anxiety—the biggest effects being for athletes low in self-esteem (Smith & Small, 1997; Small et al., 1993).

In sum, there is voluminous evidence in the literature which supports the HR assumptions that children are born with the innate potential

for psychological health, and that even high-risk children will gravitate toward this innate healthy functioning when conditions exist that allow it to surface.

Applied Health Realization Research

Research is growing in direct support of the simple logic of the principles behind the health realization model. This research has been conducted predominantly in three applied areas; clinical settings, community empowerment projects, and educational programs. At present, there have been several post-hoc, pre- and post, and controlled clinical studies demonstrating the effectiveness of HR based psychotherapy for adult clients displaying a wide range of DSM-IV clinical diagnoses (i.e., depression to schizophrenia) in both inpatient and outpatient settings (Bailey, 1989; Bailey et al., 1988; Blevens et al., 1992; Pransky, 1999; Shuford, 1986; Shuford & Crystal, 1988; Stewart, 1987). Since the focus of this paper is on positive youth development, however, the outcomes of HR youth-focused community empowerment projects and educational programs will be emphasized.

Community Empowerment Projects

Presently, health realization based community empowerment programs have been initiated in some of the most crime-ridden housing projects in Florida, California, Minnesota, Hawaii, and New York. In each of these projects, community residents and social service agency staff were trained in leadership and change strategies following logically from the HR paradigm (Mills & Spittle, 1998). After training, residents identified their most pressing needs and priorities for community revitalization. They then worked collaboratively with agency professionals to develop community action plans and implementation strategies. Longitudinal follow-up studies were carried out to evaluate the effectiveness of these projects.

Modello and Homestead Gardens, two Miami public housing communities with the highest violent crime rates in Dade County, began their HR revitalization project in 1987. Initially the highest priority for residents was the high rate of youth truancy and school failure. Following health realization training, residents organized their own PTA groups and began meeting with the area school superintendent and school administrators. Subsequently, they obtained funding from the school district for HR based teacher training and school climate

change programs. They also wrote grants and received support for after-school recreation and youth tutoring programs.

As the project moved into its second year, residents reorganized a moribund tenant council and began working with the police department on community policing initiatives and crime watch programs. Also, they met with the Private Industry Council and Chamber of Commerce in South Dade County to explore job training and placement projects. They then wrote a grant to build a new community center to house a daycare program, and pursued GED and other educational programs. After three years, the program served 142 families and over 600 youth. Mills (1990) cited the following results relating to community youth:

- 1) Eighty-seven percent of parents reported that their children were more cooperative, and that they were significantly less frustrated with and hostile toward their children.
- 2) Over 60% of households became employed, from a baseline of 85% on public assistance.
- 3) School discipline referrals and suspensions decreased 75%.
- 4) School truancy rates dropped 80%.
- 5) Parent involvement in the schools increased 500%.
- 6) Only one student from the two communities was failing at the middle school level—from a baseline of a 64% failure rate.
- 7) Police serving these communities reported no calls for drug trafficking or criminal activities such as stolen cars or burglaries for almost a year.

Robert Thomas, then senior advisor to Dade County United Way, was asked by Janet Reno, then Florida attorney general, to organize a task force of agency heads to work closely with the Modello-Homestead Gardens programs. In his final report to Attorney General Janet Reno and the United Way, Thomas (1993) concluded:

Change became apparent after the initial ten-week leadership training program . . . by the third year, residents had organized their own agenda for improving their community and preparing themselves to leave it for the outside world. They were collaborating to write their own grants and initiating their own contracts with government officials and service providers. They had no further need for the coalition of providers and officials I had organized to bring change from the outside. Change had followed the drawing out of the innate competence of individual residents and they were working as an inspired community to change the quality of their own lives. (p. 7)

In 1990 and 1991, the Comprehensive Community Revitalization Project, a five-million dollar HR based program funded by a coalition of foundations in the South Bronx, and the East Bay Recovery Project

in Oakland, California, carried out extensive site visits to the Modello-Homestead Gardens project and subsequently requested similar programs. In Oakland, the program was carried out in Coliseum Gardens, a 200-unit housing development with the highest homicide and drug-related arrest rates in the city. At the end of the second project year, homicides had dropped by 100% (none reported in year two). In fact, the homicide rate in this community remained at zero for six consecutive years (1991–1996)! Also, violent crime rates dropped 45%, drug possession sales were down 16%, and assaults with firearms decreased 38%. Furthermore, youth involvement in boys and girls clubs increased 110%, gang warfare and ethnic clashes between Cambodian and African-American youth ceased, 80% of residents participated in regular meetings with housing management and community police, and 62 families went off welfare (Roe & Bowser, 1993).

The South Bronx Comprehensive Community Revitalization Project spanned a year and a half, with 70 professional staff, community residents, and resident leaders of six large community development corporations participating. Subsequently, HR training was expanded to all social service departments, Head Start, and HIPPIY parent programs, numerous employment and youth serving agencies, and several law enforcement and school personnel. Beginning in 1994, a youth-school ombudsman program was funded by the state of New York to bring the HR understanding into community schools. O.M.G., Inc. (1994), an independent evaluation agency contracted to evaluate the South Bronx project concluded that, “the HR group planning sessions and programs designed to enhance self-esteem and confidence had enabled community residents to become a significant part of community change, to become involved in shaping their own future and that of their communities in a meaningful way, and also helped community service personnel to extend their roles beyond that of ‘landlord’ to have more positive relations with community residents” (p. 13).

Beginning in 1993, the Glenwood/Lyndale Community Center, located between two of the most crime-ridden public housing projects in Minneapolis, implemented a variety of programs based on health realization within all of its community youth service programs. Prior to implementation, social service and police reports of violence involving families, gangs, and other community residents were virtually constant. By 2000, reports of fighting or conflict among families, gangs, and residents were rare. Also, citizens began assisting police with information to aid in solving crimes, something unheard of in 1993. According to Mills (2000), the former atmosphere of fear in these communities was replaced by trusting community relationships. From observing the outcomes of these HR-based programs, the Minneapolis Department of Public Safety reported that “crime within schools has dropped to

next to nothing from the prior high rate more typical of public housing communities around the city. The dot map displaying the incidents and residence of juveniles committing crimes looks white compared to the concentration of black dots in neighboring areas.”

Finally, Mills and Spittle (2000) report an evaluation of the impact of HR-based training on 50 Fresno, California City employees who worked with resident leadership in five of the most violent neighborhoods in the city. Significant improvements were found for staff in understanding their own moods, not taking things as personally (e.g., residents’ or others’ initial negativity), maintaining positive motivation and sense of direction, understanding how to facilitate residents solving their own problems, and working collaboratively with resident leaders.

Applications in Schools

Stewart (1985) utilized health realization in her work with remedial reading students in Miami. Twenty students randomly selected for control and experimental groups were a mean of two years behind their grade level in reading. The intervention consisted of thirty 40-minute classroom sessions over a six-week period. The experimental group instructor was trained in HR principles and spent much less time on actual instruction and traditional reading exercises than control group teachers. Instead, her emphasis was on building rapport, raising the mood level of students by telling stories, jokes, or playing games, and finding “teachable moments,” in which she would instruct until students became bored or distracted. The experimental group gained fourteen months in reading level, significantly higher than the mean gain of seven months for the control group as measured by the Gates-MacGinitie Reading Achievement Test. The mean gain for vocabulary was 1.6 years for the experimental group, versus .45 for the control group ($p \leq .01$). Stewart concluded that effective states of mental health and well-being significantly impact learning and that learning is accelerated when both teachers and students are in a positive, stress-free state of mind.

School data was also collected from the Dade County, Florida, and Oakland, California, empowerment projects cited earlier, where specific HR programs targeted youth fitting each school district’s profile for youth at risk for dropping out. These projects were funded through federal drug-free school grants to work with at-risk youth, teachers, school counselors, youth agencies, and parent groups in all twelve high school feeder patterns. Over the three-year pilot program, 375 students in grades 7–12 were served directly, while 36 teachers, 5 guidance counselors, and 40 parents received training in HR principles. Pre- and

post-grade point averages were compared and found to have increased significantly in all three years of the project. The mean increase was 64% for year one, 56% for year two, and 57% for year three. Interestingly, students ending HR instruction after year one continued to show additional GPA improvements of 24% during both the second and third project years.

Furthermore, absenteeism and discipline referrals decreased significantly in each year of the project. By the end of the program, participants' rates of absenteeism and discipline referrals were significantly below county school norms. By the third project year, participants displayed an overall 58% decrease in absenteeism, and an 81% decrease in discipline referrals. Finally, significant pre-post test differences on the Pier-Harris Self-Esteem Scale were found for youth on both the positive cognition and self-worth sub-scales (Cherry, 1992).

In May of 1990, the Mid-Continent Regional Educational Laboratory initiated a health realization youth and community empowerment project in Aurora, Colorado, defining their target community as the catchment area for West Middle School, which served a large population of low-income minority students. This program was funded by a grant through the United States Department of Education, Office of Educational Research and Improvement. Evaluation data showed student suspension rates declined in both the 1990–91 school year, and again in the 1992–93 school year. The 30 students participating in the health realization after-school program (compared to non-participating students) showed significant grade improvement, decreased absences, and fewer discipline referrals (Mills, 2000).

Aurora teachers participating in the HR training reported that they were able to change their perceptions of high-risk students, to see them in less judgmental ways, and to establish more positive relationships which resulted in students taking more interest in school and achieving higher grades. All parents participating in the HR empowerment training sessions reported a positive impact on their relationships with their children (Mills, 2000).

Between 1989 and 1996, two nationally prominent prevention researchers, Jack Pransky and Bonnie Bernard, conducted extensive site visits and analyses of the community empowerment and school-based applications of the HR paradigm. In a review article, Bernard (1996: 8) concluded, "The health realization approach is the most powerful prevention model I've witnessed . . . the capacity for mental health, resilience, wisdom, intelligence, common sense, and positive motivation—no matter what language one chooses to use—is in everyone, despite their risk factors. (It) is potentially available at all times, and can be realized without working through the past and without direct teaching of life skills." Pransky (1998:7), in his book, "Modello: A Story

of Hope for the Inner City and Beyond,” asserted, “This ‘new’ approach . . . will move the field of prevention to a higher plane of efficacy. It is an approach that gets at the very heart of ‘internal resilience.’ It provides prevention’s missing link; an understanding of how the human mind works to change feelings and behavior.”

Toward a Science of Positive Youth Development

It would appear that the principles behind health realization have the power to transform psychology’s inquiry into optimal human functioning and positive youth development. These principles suggest that it is no longer plausible to look at multiple outside forces to either explain youthful dysfunction or to improve the mental health of our children. The bulk of well-being research chronicled by Myers (1992, 2000), for example, appears to have pointed psychology in the wrong direction. The principles of health realization turn cause and effect inside-out. The causes of well-being and optimal human functioning reported by Myers and countless others—supportive friendships, challenging work, religious faith, intimate marriages, realistic goals, etc.—turn out to be effects, not causes. The principles of mind, thought, and consciousness reveal that there is only one source of human experience (optimal to dysfunctional); the use of the ability to think brought to life by the ability to have sensory experience of thought. Thus, it would appear that these fundamental causal principles can move psychology to a deeper, more precise understanding of all human functioning, turning attention away from the illusion of external causes and the products of thought, and focusing instead on the process of creating thought and experience from the inside-out.

This paper has cited extensive contemporary research which supports the existence of innate mental health in children and documents the fact that this health can be drawn out of even the most severely at-risk youth. Furthermore, numerous studies were also described which support the effectiveness of HR-based interventions in applied clinical, educational, and community revitalization settings. Clearly, additional research is needed and some is presently underway. For instance, West Virginia University, through its Department of Community Medicine, has initiated a nationwide study of the impact of these principles on stress levels, mental health, peace of mind, and creativity in a large national sample of participants of principle-based courses. In 2000, the University, inspired by changes already observed in its own faculty and students exposed to this understanding, established the Sydney A. Banks Institute for Innate Health within its Robert C. Byrd Health Sciences Center. The Institute is a multidisciplinary center for the

study, practice, research and development of the understanding of the principles of mind, thought and consciousness, both as a philosophical/theoretical model and as a foundation for numerous applications.

At the present time, it is apparent that the health realization model can be used successfully to draw out the natural, healthy psychological functioning of which even severely at-risk youth are capable. When children and adolescents are exposed to these principles in ways that relate to their own experiences, and responded to in ways that engage their healthier states of mind, and these interactions occur within the context of secure, supportive settings, the results appear to have a cumulative reciprocal effect that can reverse the process leading to alienation, delinquency, drug use, and other youthful health-damaging behaviors.

Hopefully, all social scientists will take time to reflect on the principles of mind, thought, and consciousness and come to realize, for themselves, the possibility that these simple understandings can provide a unifying foundation for a long overdue science of optimal mental health and positive youth development.

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