BILL PETTIT'S WEBSITE
Never Broken: Nothing Lacking. One Cause: One Cure
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YOUTUBE VIDEOS WITH BILL PETTIT
THE MISSING LINK FOR VETERANS
https://www.youtube.com/@themissinglinkforveterans3094

BOOKS written by Sydney Banks (search Amazon or Thriftbooks)
-The Missing Link: Reflections on Philosophy and Spirit
-Second Chance by Sydney Banks
-In quest of the Pearl
-Dear Liza
-The Enlightened Gardner
-The Enlightened Gardner Revisited

JOURNAL ARTICLES (ON LANDING PAGE)

Three Principles for Realizing Mental Health: A New Psychospiritual View. Jack Pransky and Thomas Kelley. Journal of Creativity in Mental Health, 9:53–68, 2014

Thought recognition and psychological well-being: An empirical test of principle based correctional counselling. Thomas Kelley. Counselling and Psychotherapy Research, June 2011; 11(2): 140-147

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Three Principles for Realizing Mental Health: A New Psychospiritual View

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We offer a new psychospiritual understanding of mental health grounded in the three principles of Universal Mind, Consciousness, and Thought. This understanding proposes that all people have innate mental health they can access and sustain regardless of past or present circumstances. We first describe the three principles, explain how they appear to work within people to create their psychological lives, and present evidence in support of their spiritual basis. We then distinguish the intervention based on these principles from cognitive and other psychotherapies and describe several guideposts followed by practitioners grounded in this understanding. Finally, we offer empirical evidence of the effectiveness of the three-principles intervention.

KEYWORDS the three principles, Mind, Consciousness, Thought, innate mental health, spirituality, health realization, creativity in counseling

In 1890, the founder of American psychology, William James, expressed the need for undergirding principles for psychology that represented true human nature (James, 1981). Despite James' pleas to the field, psychology has not yet discovered, recognized, and approved such principles. Yet, what if such principles really exist that explain the true nature of all human experience? Moreover, what if those principles also provide the heretofore-elusive link between psychology and spirituality? The purpose of this article is to examine these questions and posit an answer.

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The direction William James suggested for this then-emerging field offered clues to where possible principles might be found. James (1981) stated, "The only thing which psychology has a right to postulate at the outset is the fact of thinking itself" (p. 219). James also linked thought inseparably to consciousness and postulated, among other things, that:

- "Every thought tends to be part of a personal consciousness;
- Within each personal consciousness, thought is always changing;
- Within each personal consciousness, thought is sensibly continuous" (p. 20).

According to James, "The consciousness of Self involves a changeable stream of thought . . . although [that], at each moment, [is] different from that of the last moment . . ." (p. 386), and he proposed that the primary direction for psychology was to better understand this process. James also considered the "spiritual self" and saw its link to thought:

> Our considering the spiritual self at all is a reflective process, is a result of our abandoning the outward-looking point of view, and of our having become able to think . . . of ourselves as thinkers . . . We can feel, alongside of the thing known, the thought of it going on as an altogether separate act and operation in the mind. (p. 299)

Further, James saw this "spiritual self" connected to what he called, "Absolute mind . . . the essence of which we know nothing" (p. 329).

With such statements, James (1981), perhaps unbeknownst to himself, pointed in the direction of a trinity of principles behind the psychospiritual nature of life: *Thought, Consciousness, and Absolute Mind*. Yet, for whatever reasons, what became mainstream psychology did not appear to notice or embrace these principles or their interrelationships, or their relationship to human behavior. Then, in the early to mid-1970s, a man from outside the field, Sydney Banks, whom community psychologist and preventive mental health pioneer, Klein (1983, 1988), referred to as a sage blessed with spontaneous spiritual enlightenment, "saw" these principles and how they worked together to create all human experience. Within a few years, Banks came to the attention of psychologists George Pransky and Roger Mills, who, while conducting an international search for promising mental health practices, visited with Banks in Salt Spring Island, British Columbia, Canada, and were exposed to his spiritual teachings (Golan & Eisdorfer, 1972; Mills, 1977).

Banks (1998, 2001, 2005) asserted that all psychological experience is constructed by the use of three principles: *Universal Mind, Consciousness, and Thought*. He referred to these as principles because he viewed them as

fundamental truths existing in the psychological domain, much the same as gravity is a truth that exists in the physical domain. In other words, just as gravity acts upon all people whether they realize it or not, these principles operate in everyone, at every moment, and affect all behavior (J. Pransky & McMillen, 2012). For an in-depth understanding of the three principles, readers can review Banks' work (1998, 2001, 2005), and for its application to psychology and mental health, readers can review some of the early writings of its cofounders (Mills, 1995; G. Pransky, 1998) or more recent writings of Halcon, Robertson, Monsen, and Claypatch (2007), Halcon, Robertson, and Monsen (2010), Kelley (2003a, 2003b, 2009), Kelley and Lambert (2012), Kelley and Pransky (2013), J. Pransky (2003, 2011a), and J. Pransky and McMillen (2012). The description of these principles that follows is based on the views of these educators, researchers, and practitioners, and it directly addresses the principles that William James implored the field of psychology to discover and adopt.

THE THREE PRINCIPLES

The Principle of Universal Mind

Banks (1998) referred to the principle of Universal Mind (hereafter called "Mind") as the formless energy that animates all of life—the intelligent life energy behind human psychological functioning. Mind represents the energy that powers thought and consciousness and people's use of them. Furthermore, Banks viewed Mind as the source of inner mental health and wisdom available to everyone via a quiet, clear mind.

The Principle of Consciousness

According to Banks (1998), consciousness is the gift that allows people to see creation, "the gift of awareness" that ". . . allows for the recognition of form, form being the expression of Thought" (p. 39). Consciousness is the ability to experience life. Banks (1998) writes:

> Somewhere in the innermost recesses of our consciousness lies the answer to the questions all mankind seeks. As our consciousness descends, we lose our feelings of love and understanding, and experience a world of emptiness and despair. As our consciousness ascends, we regain purity of Thought and, in turn; regain our feelings of love and understanding. (p. 40)

Spiritual teacher Goddard (2005) stated, "Man moves in a world that is nothing more or less than his consciousness objectified" (p. 4).

The Principle of Thought

Banks (1998) defined the principle of Thought as "A divine gift . . . the creative agent we use to direct us through life" (p. 47), the *ability to think,* and thereby to create psychological experience from within. Banks (1998) emphasized that thought does not refer to what people think or to the content or products of their thinking (e.g., perceptions, feelings). A psychological principle cannot exist at the level of thought content because no two people think the exact same thoughts. Rather, it is the fact *that people think* that is constant from person to person. Banks (1998) viewed the ability or agency of thought as a psychological common denominator used by all people to create various thought content. Braden (2012), a pioneer in bridging science and spirituality stated,

> In the instant of our first breath, we are infused with the single greatest force in the universe—the power (of thought) to translate the possibilities of our minds into the reality of our world . . . an awesome power and our knowing that we are never more than a thought away from our greatest love, deepest healing, and most profound miracles. (p. 17)

THREE-PRINCIPLES UNDERSTANDING

The importance of these three principles for the field of psychology lies in how they work together to give all people their unique experience of life, out of which they think, feel, and act. A simple yet deep explanation of the three-principles understanding, as well as how these spiritual principles appear to work within everyone to create people's psychological lives, follows.

There exists within, throughout, and behind all things, including human beings, a formless life force, spiritual energy, and intelligence referred to in this understanding as "Mind." If it is possible for the essence of this pure energy to be directly and "purely" experienced within human consciousness, it would be experienced as a state of pure peace, pure love, and the source of pure wisdom that appears to come to people as insights from beyond what they already know. This state is always present in people whether they know it or not and can never leave them, for it is the essence of who they are.

The only way this inner health or "pure consciousness" can appear to not exist, or not be directly experienced by human beings in every moment, is because people inadvertently use their Divine gift of the power of thought to contaminate it with thoughts, to obscure it, to keep it hidden from view. People use the power of thought to construct mental images. As these images merge with the faculty of consciousness, they immediately register as sensory experience through the physical senses, thus appearing and feeling real to people; in other words, people have an experience in the form of a feeling,

a perception, and what they would call "reality." Thus, consciousness uses thought to produce people's moment-to-moment psychological experience from the "inside-out."

Levels of Consciousness

A thought appears within people's consciousness somewhere on a continuum of different levels ranging from pure peace and love to suicidal and murderous, with a wide range of levels in between. In other words, people often use their power of thought against themselves to create for themselves an experience at a lower level of consciousness than the peace, love, and wisdom that always exist deep within them as their innate spiritual essence. Yet, when the mind clears or quiets down from this unhealthy or unconstructive thinking, their innate health/essence automatically appears, along with feelings such as peace, love, oneness with the moment, gratitude, joyfulness, compassion, and wisdom because that health/essence never went anywhere in the first place.

Whatever people think becomes the experience they get within their consciousness. This means it is never the outside world—no situation, no circumstance, no person—that can cause people to feel or act a certain way; it is always people's own creative interpretation and the meaning they make from the use of the power of thought entering consciousness, all powered up by the energy of "Mind." The problems for which people seek psychotherapy appear to all be the result of people feeling or acting out of the "reality" they see at low levels of consciousness. Each level looks and feels very real at the time, but it is only "real" at that level of consciousness, and the particular level through which one sees the world can change at any moment with the next thought. The system is inexorable; there are no exceptions. The only experience human beings can ever have is their own thinking coming into their consciousness at that level and being experienced as "reality." Yet consciousness also allows people to recognize they are using the creative power of thought to construct their psychological lives from within and to view this process from an impersonal or objective stance.

Using Thought Effectively

Mind, consciousness, and the power to create thought are all constant and neutral forces. *The only variable in this equation of generic human psychological functioning is how people use the principle of Thought to create varying thought content and how they relate to the thought content they have created.* Like all human abilities, the better people understand thought and how to use it in their best interest, the better it will serve them. The understanding of these principles helps people realize how their creative power of thought can

be used in either a healthy, responsive, constructive way or an unhealthy, unresponsive, destructive way.

Simply put, only two ways of being are possible for all people at any given time. Either they are operating from wisdom, peace of mind, well-being, and love, which naturally "appear" whenever their minds are quiet or clear, or their inner health is being overridden by thinking that is not serving them well, *and they believe the content of that thinking as real or "the truth."* The three principles demonstrate how every person can access and operate from health and Divine wisdom *throughout their lives,* not only when praying or meditating, because this is their natural state, a state that comes from "Mind" through pure consciousness uncontaminated by personal thought. Although the products of misusing thought (e.g., distorted perceptions, painful feelings) can fuel unhealthy coping behavior, this thinking is problematic for people only when they "buy into" the thought content it produces and believe it is right or "the truth." However, when people understand how thought works and are able to distinguish healthy thinking from unhealthy thinking, their unhealthy thinking episodes lose their power.

Feelings: A Thought Quality Barometer

This understanding proposes that people have a built-in self-monitoring system—a reliable way of knowing whether they are using the ability of thought in their best interest or against themselves. Accordingly, people's feelings serve as a reliable indicator of the quality of their thinking. In the same way that physical pain signals a physical malfunction, painful feelings signal unhealthy or low-quality thinking and the potential for psychological dysfunction. The greater people's emotional pain, the further they have drifted away from a quiet mind and responsive thought process. This means that, when properly using the signal of an unhealthy feeling to realize their thoughts are not serving them well in that moment, people can get back on track, so to speak, and access their natural state of health whenever their minds clear and their personal thinking calms down. Our attempt to depict how the principles of Mind, Consciousness, and Thought work together to create psychological experience is presented in Figure 1.

EVIDENCE IN SUPPORT OF A SPIRITUAL BASIS OF THE THREE PRINCIPLES

Banks (1998) contended that if any spiritual philosophy or spiritual intervention were deeply explored, at its essence would be Mind, Consciousness, and Thought. Some may contain only parts of this trinity; others may be more inclusive. J. Pransky (2003) examined how some spiritual teachings,

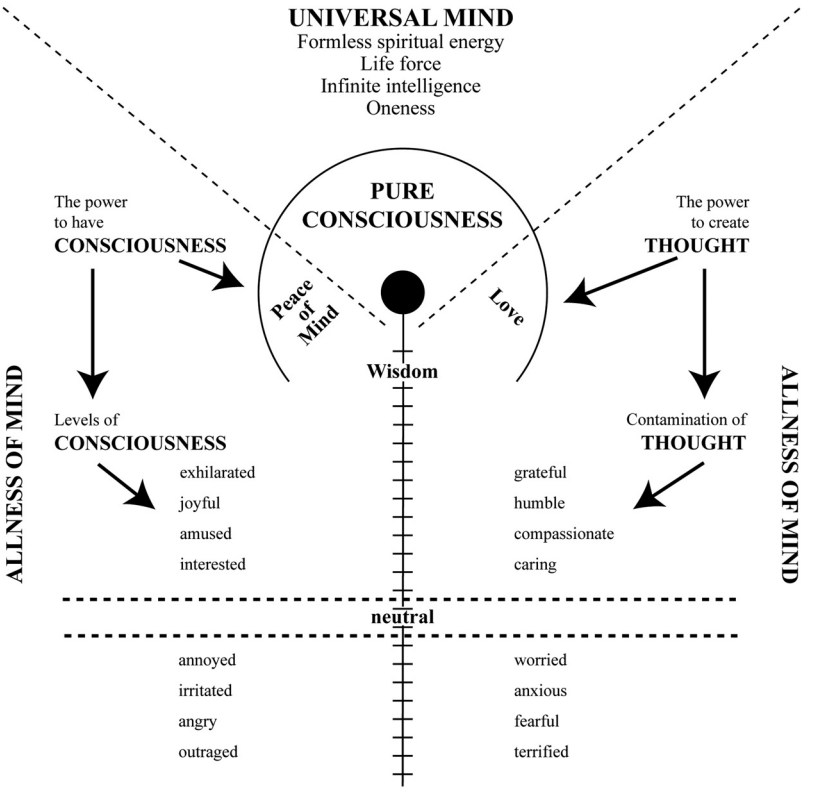

FIGURE 1 Universal Mind, the formless, spiritual energy behind all life, the Infinite Intelligence, pure Oneness funnels into our being as pure consciousness (our soul, our spiritual essence). This pure consciousness has the qualities of peace, love, and wisdom. In this pure state, we have natural mindfulness and are completely one with the moment.Universal Mind gives us the power to have Consciousness and the power to create Thought. The thoughts we create with that power enter into our consciousness and, depending on the quality of that thinking, contaminate it to varying degrees, giving us an infinite variety of levels of consciousness that gradually descend from as close to pure consciousness as we can get in human form to the dregs of range, terror, depression, and hate created by us, from our own ability to think up a personal reality. All levels are also part of the Allness of Mind, because Mind is behind and IS All things. Thus, Mind is All things, and therefore it must also be One, and as One, it is the purest part of itself.

from the ancient to modern, reflect Banks's (1998) contention. Buddhism, for example, speaks of Master Mind. Vipassana meditation says that the mind is everywhere, in every atom. Hart (1987) stated, "The whole body contains the mind" (p. 29). In his book, *Conversations With God,* Walsch (1995) allegedly wrote from the voice of God, stating:

> All of life is a vibration. That which you call life . . . is pure energy. That energy is vibrating constantly, always. It is moving in waves. The

> waves vibrate at different speeds, producing different degrees of density, or light. This in turn produces what you'd call different 'effects' in the physical world—actually, different physical objects. Yet, while the objects are different and discrete, the energy, which produces them, is exactly the same. (p.178)

Siddha Yoga teaches that life is spirit. The Upanishads tell us that mind is united with the vital force, from the inner Consciousness originates *prana*, and with the help of the mind it moves in the body and carries out its functions, as stated in the *Pratyabhijnahrdayam*:

> When universal Consciousness . . . descends from its lofty status as pure Consciousness and assumes the form of different objects it becomes . . . individual consciousness, or mind, contracting itself in accordance with the objects perceived. So, the mind is nothing but Consciousness in a contracted form. That Consciousness is one with the Self, so the mind is simply that aspect of the Self, which has taken the form of outer objects. (Muktananda, 1992, p.27)

"Vipassana" means "insight" in the ancient Pali language of India and is the essence of the teachings of Buddha and the source of experience of the truths of which he spoke (Hart, 1987). Vipassana describes insight as "a sudden intuition" or knowing of truth and says that real wisdom brings about a change in one's life by changing the very nature of the mind. Vipassana meditation asserts that every thought, every emotion, every mental action is accompanied by a corresponding sensation within the body. Hart (1987) stated:

> Emotion is energy in motion. When you move energy, you create effect. If you move enough energy, you create matter . . . It is the secret of all life. Thought is pure energy. Every thought you have, have ever had, and ever will have is creative. (p. 91)

A Course in Miracles asserts, "Out of the Oneness of God comes a split of itself, or at least the illusion of a split, which is an individual Soul, within which is the purest of Consciousness" (Wapnick & Wapnick, 1995, p. 17). It further asserts, when we lose sight of our Divine Consciousness, we enter an ego state where the perceiver and perceived "seem to exist as separate 'realities'" (p. 17). Our consciousness then descends to having a concept of "a limited false self that is separate and uncertain, seeming to experience an opposite to the true 'Self' as God created it" (p. 17). A Course in Miracles teaches, "This new mode of being asks us to become aware of the thoughts of our wrong minds, and to ask for help in switching to a correction that already exists in our right minds. In order to accomplish this, we must get

our ego selves out of the way and let go . . .” (p. 17). It further proposes that people have a choice in thinking themselves separate and special or in thinking that they are directly connected to and are a part of God, and that this choice rests within their minds.

The spiritual understanding of Unity explains that people create their life experience using thought; people have health and divinity within them; and people can access this inner health through prayer and meditation (Vahle, 2002). Filmore (2010), cofounder of Unity stated, “Science tells us there is a universal life that animates and sustains all forms and shapes of the universe . . . but science has not yet comprehended the dynamic directive power of man’s thought” (pp. 9–10). Filmore continued, “As the animating life of all things God is a unit, but as the mind that drives this life He is diverse. Every man is king of his own mental domain, and his subjects are his thoughts” (p. 19).

What Sydney Banks uncovered and contributed was how these spiritual facts of Mind, Consciousness, and Thought work together to create everyone’s personal experience. Perhaps some would dispute Banks’s notion of how these principles work together as theory, except that they would have to be using these very principles to dispute it. J. Pransky (2003) concluded, “The point is that no matter what the spiritual teaching . . . it always seems to boil down to Mind, Consciousness and Thought. The trick lies in seeing how they all work together, which is how they can be of most use to us” (pp. 280–281).

THE THREE-PRINCIPLES INTERVENTION VERSUS COGNITIVE AND OTHER INTERVENTIONS

The primary difference between traditional forms of psychotherapy and three-principles psychotherapy is that with traditional therapies, the feelings and problems people experience are considered real things that one can be helped to deal with constructively in many varying ways, depending on the therapy. In three-principles therapy, the feelings and problems are considered to be essentially illusions or mirages created by one’s power of Thought and are made to appear and feel “real” by the power of Consciousness. The solution is to see these feelings and problems for the self-creations they truly are via new insight arising from wisdom, thereby raising their level of consciousness.

A helpful way to illustrate the nature and uniqueness of the three-principles intervention is to contrast the approach of a principles-based practitioner with that of a cognitive therapist in treating a client with an acute anxiety or depressive disorder related to a difficult life event. Generally speaking, a cognitive or rational-emotive therapist would view a painful event, as well as the client’s symptoms, as facts about which the client must

learn to think differently, more rationally or more positively. She would view the event as the appropriate focus of treatment, and the client's fearful or depressive reaction to the event as a signal of proper therapeutic direction. She would then focus on the content of the client's thinking about the event. Then she would attempt to recondition the content of the client's thinking, without considering the subtle variations in her client's thinking that arise from an ever-changing state of mind or feeling state.

A principles-based practitioner would view the event in and of itself as having no special importance to the therapy process. Uncomfortable emotional reactions to the event would be seen not as a statement about the importance of the event, but rather a statement about the client's present level of understanding of the role of thought in creating this experience. The two main issues for a principles-based therapist are to help the client have insights regarding (a) thought recognition, meaning helping clients have personal insights where they truly see thought as the *only* "reality" they and others can ever know, the *only* experience they and others can ever have, either seeing this in the moment or recognizing it after the fact as a self-corrective function; and (b) innate health via a clear mind, meaning where clients realize at a deep level that people have all the mental health, self-esteem, peace of mind, joy, and wisdom they seek or need already within them, and they directly access this health whenever their minds clear, calm, or quiet down from personal, habitual, or low-mood thinking (Kelley, Pransky, & Lambert, 2013a). Such insights are more likely to occur when a client feels at ease, and his or her mind relaxes, calms down, or clears. The discussion moves in the direction of the *ability of thought* as a creative power and the idea that transcending any event is built into a quiet mind, a responsive thought process, and the innate health/resilience it unleashes.

As a client's level of understanding deepens, he or she will begin to see the problem for what it really is: *often nothing more than painful memories from the past being carried through time via thought and given meaning by the client now*. With this shift in understanding, the client will realize that painful thoughts and memories flow uneventfully through his or her mind when in a state of mental health, and this is always possible. The client is helped to realize that symptoms are actually his/her own distressing, frightening thoughts manifesting in the form of distressing, frightening experiences and that those thoughts have no life of their own beyond the moment they are created in his/her own mind. Although these thoughts may create temporary discomfort, clients who gain thought recognition come to understand and trust that *a natural psychological healing process is in operation* and that this process is a normal, nonthreatening part of healthy psychological functioning (Sedgeman, 2005).

Thus, the principles-based intervention does not focus on the recall of a client's memories or feelings. Nor does it attempt to recondition a client's dysfunctional schemas or to help clients reframe or change their thinking.

Three-principles practitioners believe once thoughts have been thought, it is already too late or too difficult to change them because thoughts, once thought, have already entered the world of form. Rather, this intervention attempts to help clients (a) realize how the "reality" they see in any situation is only what they are inadvertently making up with their own power of thought, which they do not often realize; (b) transform their relationship with their thinking by helping them see that their thoughts—and therefore what they are experiencing as "real" in the moment—are a temporary illusion that will eventually change, so there is no need to take it so seriously; (c) see how well-being and common sense naturally appear and are always available to them whenever their minds clear or their personal thinking quiets down; and (d) realize there is no event, no matter how horrid, that cannot be overcome once they are aligned with their inner health/resilience or when their thinking shifts to a higher level of consciousness. These new ways of thinking can only be realized through new insight (as opposed to cognitive restructuring), and new insight most often occurs when the mind clears.

TEACHING THREE-PRINCIPLES UNDERSTANDING

Although there are no fixed methods or techniques for teaching these principles, we offer several guideposts followed by successful three-principles practitioners: (a) being the model of the mental health one is attempting to help the client realize, (b) creating a climate for insightful learning, (c) listening deeply, and (d) drawing out three-principles understanding. The intent of this process is to help spawn new insight about one's psychological experience.

Modeling Mental Health

Three-principles practitioners have gained this understanding themselves, have applied it to their own lives with improved results, live their own lives from this perspective, and emanate mental health.

Creating a Climate for Insightful Learning

Essentially, effective three-principles teachers help their clients' minds relax because from a relaxed mind, people are more likely to have new insights. This begins with how they see their clients, which the clients feel in return. These practitioners realize even their most disturbed clients can access inner mental/spiritual health that always resides within them. They see this health within all their potential learners, as opposed to seeing or focusing on the external, problematic behavior. They do not view even the most troubling

or troubled people as damaged and in need of fixing with the right beliefs, skills, or techniques. Instead, they relate to them as their spiritual essence, whole and complete. They see the innocence in their learner's behavior, no matter how disturbed, because they realize their misguided behavior is aligned with how their unhealthy thinking makes their lives appear to them. They go out of their way to build rapport. All this helps relax learners' minds.

Deep Listening

Three-principles practitioners trust the health and wisdom of a quiet, clear, empty mind through which to listen. These teachers listen via something akin to intuition, which allows them to pick up and realize how their clients create their realities, how their worlds look to them, how their views may be obscuring their health, and what they may need to realize about the inside-out nature of their psychological lives. It is listening more to what the client is not saying than to the words they are using. As such, it is the opposite of "active listening" where an effort is made to pay close attention to what the client is saying. By listening with clear, quiet minds in a seemingly effortless way, these teachers are able to see more clearly how their learner's inner health has been obscured by their unhealthy thinking and what they need to realize to let go of this thinking and allow this health to surface. Essentially, they listen deeply to the spiritual energy that exists between and throughout the space between the client and practitioner, which contains all wisdom and the answers.

Drawing Out Three-Principles Understanding

Once students' minds are relaxed and teachers are listening deeply, the conditions are in place to help students realize the health within them and how they have innocently obscured it by misusing the ability of thought. Basically, this involves conveying or "unveiling" what people really already know deep within their spiritual essence. When clients grasp these understandings, they begin to see the truth about their circumstances—something of which their own minds create meaning and carry through time. When learners realize emotional disturbance is a state of mind rather than a fixed personality trait, the grip of their negative, self-defeating thinking loosens, and they are able to rebound to healthier states of mind more readily.

Several excellent teachers have described their experience of teaching these principles (e.g., Carlson & Bailey, 1999; Kelley, 2004; Mills, 1995; Mills & Shuford, 2001; Neill, 2013; G. Pransky, 1990, 1998; J. Pransky, 2011a, 2011b; Spittle, 2005). J. Pransky (2003) offered a manual describing these principles and their application for the field of prevention. J. Pransky and Carpenos (2000) offered a structured principles-based middle school curriculum for preventing youth violence, abuse, and bullying.

For the earliest prevention levels, J. Pransky and Kahofer (2012) created a picture book to aid adults in helping very young children understand the creative power of thought. In addition, several Internet resources exist to assist mental health professionals in learning and teaching these principles (e.g., Three-Principles Global Community; Three-Principles Movies; Center for Sustainable Change; Center for Inside-Out Understanding).

EMPIRICAL EVIDENCE IN SUPPORT OF THE THREE-PRINCIPLES INTERVENTION

Voluminous anecdotal and considerable empirical evidence exists that appears to support the effectiveness of the three-principles intervention, previously referred to in the literature as health realization. For example, during the past three decades, these principles have been taught to thousands of residents in impoverished, often crime-ridden communities such as in South Central Los Angeles, Oakland, San Francisco, the South Bronx, Miami, Tampa, Oahu, Minneapolis, Des Moines, Charlotte, and the Mississippi Delta region. Independent evaluations of each of these interventions reported striking reductions in residents' depression, anxiety, criminality, delinquency, drug use, child abuse, domestic violence, and unemployment rates (Kelley, 2003b; Kelley, Mills, & Shuford, 2005; Mills, 2005; Mills & Spittle, 2002; J. Pransky, 2011a).

Furthermore, several clinicians have reported positive results using the three-principles intervention in mental health settings. For example, Kelley and associates (2005) concluded that a three-principles intervention with 64 youth (ages 9 to 18 years old) diagnosed with various psychiatric disorders led to reductions in anxiety, depression, thought disorders, somatic complaints, attention problems, and delinquent behavior. Marshall's (2005) efforts to teach these principles to teachers and administrators in Menomonee, WI, and St. Cloud, MN, schools resulted in reduced incidents of suspensions by 70%, reduced incidents of fights by 63%, and reduced incidents of violence by 65%. McMahan and Fidler (2003) reported that teaching these principles to mentally ill clients increased their self-esteem and reduced their psychological distress. Sedgeman and Sarwari (2006) reported positive reductions in stress and anxiety for HIV-positive patients following a three-principles intervention at the West Virginia University School of Medicine. Banerjee, Howard, Mansheim, and Beattie (2007) reported that female clients in residential principles-based substance abuse treatment showed reductions in substance abuse, anxiety, and depression, and increases in positive affect comparable to results achieved in a 12-step program. Halcon et al. (2010) reported promising results in a community-delivered three-principles intervention to reduce stress and improve coping of East African refugee women from Somalia and Ethiopia. Kelley (2011) reported that as three-principles understanding increased for 54 prisoners on probation, their stress levels

decreased and their well-being and dispositional mindfulness increased. Finally, Kelley, Pransky, and Lambert (2013a, 2013b) delineated and tested the path from three-principles exposure to improved mental health for 196 people. The multivariate analysis supported each component of this path and showed that insights regarding thought recognition and/or inner mental health via a quiet mind achieved through three-principles understanding related positively with improved emotional regulation, decreased rumination, increased nonattachment, increased flow experience, increased mindfulness, decreased psychological dysfunction, and increased flourishing mental health.

CONCLUSION

The understanding grounded in the principles of Universal Mind, Consciousness, and Thought, principles alluded to by William James, explains that mental health is innate and effortless and is produced by a natural, God-given thought process inherent in higher levels of consciousness accessed via a free and clear mind. The logic of these three spiritual principles proposes that with a shift in consciousness to higher levels via new insight, people can realize their inner mental health, recognize how to access it so it becomes a lifestyle, and see how to prevent their unhealthy thinking from infecting the present. This understanding suggests that psychological dysfunction can be avoided by people regardless of their circumstances through understanding, realizing, and recognizing in the moment how they are using the power of thought. Although more rigorous, controlled research is needed to test the logic of this understanding and the effectiveness of the intervention grounded in these principles, existing supportive evidence is compelling and appears to warrant the attention of mental health professionals.

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

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*

*$p = <.01$

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 though 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 finding 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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Biography

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Research Article

The Efficacy of Health Realization/Innate Health Psycho-education For Individuals With Eating Disorders: Pilot Study*

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Abstract

Eating disorders are associated with high rates of mortality, disability, and poor motivation for change. Psychological therapies are the first line treatment, yet outcomes are poor, and drop-out rates high. Health Realization/Innate Health (HR/IH) psycho-education offers an alternative intervention which can be delivered in groups engaging participants' innate capacity for well-being and resilience. Eight female participants with anorexia nervosa (mean age 27.75, SD 14.34) from the CONNECT Eating Disorders Service, United Kingdom attended and completed a 15 session HR/IH psycho-educational group facilitated by two HR/IH trained therapists in this pre-experimental, multiple single-case design pilot study. Standard general psychiatric and eating disorders clinical outcome measures were administered immediately before and after the group, and the quantitative data compared using SPSS. Qualitative feedback was gathered using a feedback questionnaire immediately after the group. Comparison of quantitative data indicated statistically significant improvement in participants' weight ($p=0.04$), body mass index (BMI; $p=0.04$), and Eating Disorder Examination Questionnaire (EDEQ) global mean score ($p=0.04$). Clinically significant positive changes were also noted for Rosenberg's Self-Esteem Scale (pre-mean=8.8; post-mean=11.9), Clinical Outcomes in Routine Evaluation (CORE; pre-mean=1.6; post-mean=1.4), and Eating Disorders Quality of Life Scale (EDQLS; pre-mean=2.0; post-mean=1.4). High levels of participant and carer satisfaction and acceptability were also demonstrated. The HR/IH psycho-educational approach warrants further study as a brief intervention for adults with eating disorders.

Keywords:
Innate Health • Three Principles • Health Realization • Eating Disorders • Anorexia Nervosa

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Eating disorders are biologically based, serious mental illnesses which individuals typically acquire in mid-adolescence at a developmentally sensitive time (Klump, Bulik, Kaye, Treasure, & Tyson, 2009). About 90% of those affected are female. Lifetime prevalence for DSM-5 anorexia nervosa is estimated at 1.42% for adult females while DSM-5 bulimia nervosa is estimated at 0.46% (Udo & Grilo, 2018). The overall incidence and prevalence of anorexia nervosa and bulimia nervosa is stabilising in Western countries (Currin, Schmidt, Treasure, & Hershel, 2005; van Son, van Hoeken, Bartelds, van Furth, & Hoek, 2006) but increasingly younger people are affected.

Eating disorders have major psychological, physical and social sequelae (Hjern, Lindberg, & Lindblad, 2006) with poor quality of life (De La Rie, Noordenbos, Donker, & van Furth, 2007; Pohjolainen et al., 2009) and high health burden (Mond, Hay, Rodgers, & Owen, 2009). The adverse physical consequences of dieting, weight loss and purging behaviours can sometimes prove fatal and anorexia nervosa has one of the highest mortality rates of any psychiatric disorder (Arcelus, Mitchell, Wales, & Nielsen, 2011; Button, Chadalavada, & Palmer, 2010; Jones, Morgan, & Arcelus, 2013; Papadopoulos, Ekbom, Brandt, & Ekselius, 2009), although the introduction of specialist eating disorders services appears to have improved survival rates (Lindblad, Lindberg, & Hjern, 2006). Despite favourable outcomes in recent years, one in five adolescent onset illness go on to develop chronic eating disorders (Dobrescu et al., 2020). Less is known about the mortality rates of bulimia nervosa and 'other specified feeding and eating disorders' (OSFED), although evidence suggests that rates may be as high as that of anorexia nervosa (Crow et al., 2009). Eating disorders also exert a high burden on families and other carers (Haigh & Treasure, 2003; Winn et al., 2007).

Psychological therapies, including Cognitive Behavioural Therapy (CBT) and the 'Maudsley Model of Anorexia Treatment in Adults' (MANTRA), are the first line treatment for eating disorders; however, eating disorders remain some of the most difficult psychiatric disorders to treat (Fairburn et al., 2013; Halmi et al., 2005) and are associated with poor motivation for change (Arcelus et al., 2011; Treasure, Duarte, & Schmidt, 2020). Furthermore, clinical outcomes are modest at best, drop-out rates are high, and the evidence base regarding treatment remains limited (Solmi et al., 2021) emphasizing the need for new interventions to be developed.

Health Realization/Innate Health and The Three Principles

Health Realization/Innate Health (HR/IH) is a simple and accessible psycho-educational intervention which can be delivered on an individual or group basis that helps individuals better understand the principle of thought and how it affects one's experience of the world. The HR/IH model teaches individuals that they can change how they react to their circumstances by becoming aware that they themselves are

creating their own experience as they respond to their thoughts and by connecting to their "innate health" and "inner wisdom". HR/IH is grounded in the insights and writings of Banks (1998, 2001, 2005) and a psycho-educational approach derived from Banks's work by Mills (1995) and Pransky (1998) which posits that people's psychological life experiences (e.g., feelings, perceptions, moods, and symptoms) are created by three fundamental, universal principles known as "The Three Principles". The Three Principles are described in detail elsewhere (Banks, 1998, 2001, 2005; Kelley, Hollows, & Savard, 2019; Kelley, Pransky, & Lambert, 2015; Pransky & Kelley, 2014) Here is a summary of them:

i. Mind: the formless energy or intelligent life force that powers people's psychological functioning.

ii. Consciousness: the ability to be conscious and the agency that enlivens people's thoughts through their senses giving them the appearance of reality.

iii. Thought: the power to form the thoughts that enter people's consciousness and become their psychological experiences.

In summary, Banks (1998, 2001, 2005) posited that people's use of Thought and Consciousness gives them the only experience they can have. In turn, people's behavior occurs in exact alignment with their continually evolving personal realities created from the "inside-out" via their use of the Three Principles. Banks (1998) stated:

> There is nothing in the world that can come to pass without Thought and Consciousness… there would be no reality without Consciousness and Thought…Consciousness gives our five senses the ability to react to life: our seeing, our smelling, our touching…This is what brings it (all) to life. But it (reality) can't come in by itself. It has to have a thought…Our thoughts in turn create our character, our behavior, and the behavior of all humanity. (p. 43)

HR/IH does not fall within the typical continuum of psychological treatment or therapy approaches. HR/IH does not target people's cognitions, affect, or behavior. Nor does it attempt to teach people various skills or techniques. Rather, HR/IH attempts to educate people about the generic nature of human psychological functioning. The efficacy of the HR/IH intervention is realized when people, as a result of awareness and sufficient understanding of the Three Principles, experience new insights regarding the following realms to which the Three Principles point simultaneously: thought recognition (TR) and innate health via a clear mind (IH/CM).

Thought Recognition

Thought recognition (TR) refers to the realization that thought is the only "reality" people can ever know and that people have the ability to see this and be conscious of it in the moment. For example, it is common for people to think that their stress

comes from external circumstances and how they are treated by others. In the HR/IH intervention, learners are assisted to understand how they can only feel stress if they are thinking thoughts that cause stress, no matter what the external situation. Instead of giving up their power to the outside world, learners realize they have autonomy over their own mental health via their understanding and use of the power of Thought. It is also common for people to learn and identify with cognitive schemas of self, others, and the environment that can obscure their innate health, generate chronic mental stress, and spawn and sustain dysfunctional coping strategies. HR/IH recognizes the innocence of people's adherence to these schemata and that everyone is doing the best they can in the moment based on how their thinking makes their lives appear to them. HR/IH intervention assists people to grasp that these "internal working models" are simply stories, abstractions, or mental structures they don't have to believe and act on.

In contrast to traditional cognitive and narrative therapies which tend to focus on an individuals' dysfunctional thinking, HR/IH focuses on "innate health" and the role of "mind, thought and consciousness" in creating an individual's experience of life (Mills, 1995; Pransky, 2003). HR/IH does not set out to change an individual's thoughts by encouraging "positive thinking" or "reframing" negative thoughts into positive ones. In contrast HR/IH recognises that one's ability to control one's thoughts is limited and the effort to do so can itself be a source of stress. Instead, individuals are encouraged to consider that their "minds are using thought to continuously determine personal reality at each moment" (Mills, 1995; Pransky, 2003). Furthermore, HR/IH holds that the therapeutic "working through" of personal issues from the past to achieve wholeness is unnecessary as people are already "whole and healthy" (Mills, 1995). According to HR/IH, one's "issues" and memories are just thoughts and an individual can react to them or not (Pransky, 2011). Therefore HR/IH addresses personal insecurities and dysfunctional patterns "en masse", aiming for an understanding of the "key role of thought", an understanding that ideally allows the individual to step free at once from a large number of different patterns all connected by insecure thinking (Mills, 1995). With this approach, it is rare for the HR/IH practitioner to delve into the specific content of thought beyond the identification of limiting thoughts and when such thoughts are considered to be limiting or based on insecurity, the counsellor simply encourages the individual to disengage from them (Pransky, 2003).

Innate Health via a Clear Mind

Innate health via a clear mind (IH/CM) captures the realization that people have all the mental well-being, common sense and resilience they need already inside them and that this health surfaces whenever the personal mind quietens. In other words, when the personal mind quietens, the default setting of innate health engages.

Furthermore, HR/IH psycho-education assists people to realize they have a built-in self-monitoring system; a reliable way of knowing whether they are using the power of Thought in their best interest or against themselves; their feelings. Using the signal of a discomforting feeling to see that their thoughts are not serving them well in that moment, people can get back on track, so to speak, and rekindle their innate health as the personal mind quietens.

HR/IH and eating disorders

As eating disorders are characterized by persistent and pervasive content-focused thinking patterns (i.e., misuses of the power of Thought), HR/IH psycho-education offers an alternative approach to traditional therapies and provides hope particularly where standard first line interventions may have been unsuccessful in promoting recovery or where there is limited motivation for change. In addressing eating disorders, HR/IH does not attempt to access health and recovery through traditional behavioral methods, coping strategies, or by changing or controlling people's thinking. HR/IH focuses instead on assisting people with eating disorders to grasp an insight-based understanding of the "inside-out" creation of psychological experiences and the nature of healthy psychological functioning. The goal of HR/IH is to help people realize how their unawareness or limited understanding of the Three Principles, TR, and IH/CM makes them prone to misusing the power of Thought which can generate chronic mental stress, obscure their innate health, and maintain eating disorder symptoms and behaviors. With sufficient understanding of the Three Principles, TR, and IH/CM people are empowered to use the Three Principles in their best interest and, in turn, free up their own inner well-being, resilience and their body's innate intelligence to return them to health.

HR/IH in other cohorts

The benefits of HR/IH have been described in a number of other at risk cohorts including at risk youths (Green, Ferrante, Boaz, Kutash, & Wheeldon-Reece, 2021; Kelley, 2003a; Kelley, 2003b; Kelley, Alexander, & Pransky, 2017; Kelley, Pransky, & Sedgeman, 2014; Kelley, Wheeldon-Reece, & Lambert, 2021), prisoners and offenders (Kelley & Lambert, 2012; Kelley et al., 2017; Kelley, Hollows, Lambert, Savard, & Pransky, 2018; Kelley et al., 2019) and refugees (Halcon, Robertson, & Monsen, 2010; Halcón, Robertson, Monsen, & Claypatch, 2007). HR/IH also appears beneficial in maximising effectiveness in schools, business and prospective criminal justice professionals (Kelley et al., 2015; Polsfuss & Ardichvili, 2008; Rees-Evans & Pevalin, 2017).

The evidence bases regarding the use of HR/IH in individuals from healthcare settings, however, remains limited. Banerjee, Howard, Manheim, and Beattie (2007)

evaluated the use of HR/IH as a therapeutic option for substance misuse treatment for adult women in a residential treatment setting comparing it to a standard 12-step treatment program. In this relatively large study sample (n=333) participants who were allocated to the HR/IH program showed significant improvements in substance abuse, general positive affect, anxiety and depression equivalent to clients who received standard 12-step substance misuse treatment although these findings could possibly have been explained by cross-contamination between the two therapeutic approaches. Sedgeman and Sarwari (2006) examined the effect of an HR/IH psycho-educational seminar on stress and anxiety in HIV-positive patients which showed improvements in stress and anxiety levels which were maintained at 1-month follow-up. El-Mokadem, DiMarco, Kelley, and Duffield (2020) examined the efficacy of HR/IH mental health education for improving the mental and physical health for people diagnosed with chronic fatigue syndrome. Compared with a waiting list control group, participants exposed to HR/IH showed a significant increase in mental and physical wellbeing and a significant decrease in fatigue, depression, anxiety and pain interference. Following their exposure to HR/IH, control participants showed a significant increase in well-being and a significant decrease in fatigue, anxiety and pain interference. Post-intervention improvements for participants in both groups were maintained at six month follow-up.

The study that follows is the first to test the efficacy of HR/IH for improving the mental and physical health of people diagnosed with eating disorders. The aim of this study was to evaluate the efficacy and acceptability of the use of a HR/IH psycho-educational intervention in a group setting in individuals with eating disorders.

Materials and Methods

The study was conducted at the CONNECT eating disorders service in the United Kingdom which offers specialist treatment to adults with eating disorders across the West Yorkshire and Harrogate region covering a population of 2.6 million people. The study was approved by the Leeds and York Partnership NHS Foundation Trust Clinical Effectiveness Team.

Participants

This was a pre-experimental, multiple single-case design pilot study (Vlaeyen, Onghena, Vannest, & Kratochwill, 2021) utilising purposive sampling due to limited resources (Palinkas et al., 2015), for which all service users accessing the CONNECT community service during the recruitment period (June-August 2018) were eligible to participate. Inclusion criteria for the study were that the participants had a diagnosis of an eating disorder, were currently engaged in community treatment with the CONNECT service, were willing to attend all the group sessions and complete pre-

and post-group outcome measures. A study information sheet containing information about the study was sent to all service users accessing community treatment during the recruitment period and those who expressed an interest in joining the group were contacted by the group facilitators to arrange a telephone or face-to-face contact to provide further information on the group, answer any questions and seek consent.

In total, 8 female patients took part in the intervention and all eight completed all 15 sessions. All participants described themselves as "White British" and their mean age was 27.75 years (SD 14.43). Duration of illness ranged from 1 to 40 years with a mean illness duration of 8.5 years (SD 11.96).

Materials

Participants who agreed to take part in the study were provided with an information pack developed by the research team. This pack included a summary of the principles underpinning HR/IH and two HR/IH related books (Johnson, 2016; Neil, 2013) which they were encouraged to read prior to the commencement of the group. The group was delivered in parallel to the service user's standard treatment pathway with the CONNECT service.

The group was facilitated by two members of the CONNECT service, one a drama therapist and the other a psychological therapist, both of whom were certified HR/IH practitioners and together had over 10 years of experience in the HR/IH approach. The group programme consisted of 15 sessions delivered on a 1-2 weekly basis

Table 1.
HR/IH Group Programme

Session Number	Session Content
1	Introduction – What is Innate Health? In what ways is this similar/different to what you already know? Why will it be useful?
2	What are the Three principles? Inside out vs outside in. How is this understanding relevant to me and my eating disorder?
3	Story of recovery from anorexia nervosa (expert patient) and how this understanding has changed their life – group discussion.
4	Where our experience of life is coming from, including our experience of our eating disorder.
5	Understanding the true source of all overwhelm/stress.
6	Feelings and our psychological Immune system.
7	Innate Resilience and how to access it
8	Carer's session: Recovered anorexia nervosa patient and her mother: Group discussion.
9	Human beings not human doings.
10	Guest speaker: Group discussion.
11	Trusting the guide inside.
12	Understanding the Eating disorder as a habitual coping strategy.
13	Relapse and what that really means.
14	Relationships with our selves and others.
15	Check in and refresher session.

over the course of three months between September and December 2018. Sessions were interactive in nature each lasting 2 ½ hours and covered a wide range of HR/IH related topics including an overview of HR/IH, the Three Principles, an HR/IH model of stress, resilience, feelings and the psychological immune system and an HR/IH model of understanding eating disorders, relationships, relapse and family and carers. Detailed content of each session is available in Table 1. Participants were also asked to read and watch specific resources from the HR/IH online portal at www.realchange.info in-between sessions.

Measures

The following clinical outcome measures were administered immediately before the first group session and immediately after the final group session:

Weight and body mass index (BMI). Weight (kg) and height (m) were measured by the group facilitators which were used to calculate the participants body mass index (BMI) (weight/height^2).

Eating Disorders Examination Questionnaire (EDEQ). The Eating Disorder Examination Questionnaire (EDEQ) (Fairburn & Beglin, 1994) is a brief and widely-used, self-report measure of eating disorder psychopathology (Mond, Hay, Rodgers, & Owen, 2007; Mond, Hay, Rodgers, Owen, & Beumont, 2004a; Mond, Hay, Rodgers, Owen, & Beumont, 2004b). Derived from the Eating Disorder Examination (EDE) interview (Fairburn & Cooper, 1993), which is well-recognised as the gold-standard assessment tool for eating disorders, it has four subscales (dietary restraint, eating concerns, shape concerns and weight concerns), which measure the frequency of eating disorder behaviours and attitudes and reflects the severity of the psychopathology of the eating disorder, and a global score which is an overall measure of eating disorder psychopathology. The EDEQ assesses both severity and diagnostic items over the previous 28 days and has been shown to perform well in its ability to detect cases and exclude non-cases of the more commonly occurring eating disorders in a community setting (Mond et al., 2008). The psychometric properties of the EDEQ have been extensively investigated in various study populations, including individuals with eating disorders receiving specialist treatment, and the measure has been found to have strong psychometric properties, including total internal consistency of 0.9 and test-retest reliability ranging from 0.81-0.94 across four domains of eating disorder psychopathology (concerns about dietary restraint; concerns about eating; concerns about weight; concerns about shape) (Gideon et al., 2018; Luce & Crowther, 1999; Mond et al., 2004a; Mond et al., 2004b; Peterson et al., 2007). Strong convergent validity between the EDEQ and EDE has also been demonstrated in both clinical and general population samples (Berg, Peterson, Frazier, & Crow, 2012; Fairburn & Beglin, 1994; Mond et al., 2004a; Mond et al., 2004b).

Clinical Outcomes in Routine Evaluation (CORE). The Clinical Outcomes in Routine Evaluation (CORE) (Evans et al., 2002) is a 34 item scale self-report questionnaire designed to measure change in the mental health of adults in the context of psychotherapy service delivery and assesses a number of domains including client well-being, problems and symptoms, functioning and risk. Psychometric validation studies have reported good reliability ratings, with internal consistency for the subscales ranging from 0.75-0.94 (Barkham, Gilbert, Connell, Marshall, & Twigg, 2005; Evans et al., 2002; Jenkins & Turner, 2014).

Rosenberg's Self–Esteem Scale. The Rosenberg self-esteem scale (Rosenberg, 1965) is used to assess global self-esteem and is one of the most widely used self-esteem tests among psychologists and sociologists. The scale is a 10 item Likert scale with items answered on a four point scale and has presented with high ratings in reliability areas; internal consistency 0.77, minimum coefficient of reproducibility >0.90, test-retest reliability 0.85 (Rosenberg, 1965; Silber & Tippett, 1965).

Eating Disorders Quality of Life Scale (EDQOL). The Eating Disorders Quality of Life Scale (EDQOL) (Engel et al., 2006) is a 25 item Likert scale self-report questionnaire designed to measure health related quality of life (HRQoL) in individuals with eating disorders which contributes to four subscales (psychological, physical/cognitive, work/school, and financial) which combine to produce an overall quality of life score. Higher scores indicate lower eating disorders related HRQoL and measures of both reliability (internal consistency 0.94; test re-test reliability 0.93) and validity appear to be in the range of adequate to very good (Engel et al., 2006).

Qualitative feedback questionnaire. At the end of the group, participants were invited to complete a feedback questionnaire, designed by the authors and completed with the group facilitators, to gather qualitative data relating to the effectiveness and acceptability of the intervention. Items included in the qualitative feedback questionnaire is detailed below:

i. What did you think about the structure and delivery of the HR/IH group?

ii. What could have been better/different regarding the structure and delivery of the group?

iii. Did you find learning about HR/IH interesting?

iv. In your own words what do you believe is the main message that the HR/IH group tried to communicate to you?

v. Has learning about HR/IH helped you see anything fresh/new about your eating disorder? If so, in what ways?

vi. What do you think was the most helpful thing that you have learned?

vii. Has learning about HR/IH impacted your sense of hope for recovery? Increased / decreased/stayed the same

viii. Have you found anything unhelpful in learning about HR/IH?

ix. If you had a friend who was suffering with an eating disorder would you recommend the HR/IH group to them?

x. Has this intervention changed/impacted your feelings about opting into formal treatment with CONNECT? If so, in what ways?

xi. Has the HR/IH group changed/impacted your sense of identity? If so, in what ways?

xii. Is there anything else you would like to say about the HR/IH group?

Findings

Table 2:
Descriptive statistics for the participants

Test Statistics

		Age	Pre-Weight (kg)	Post-Weight (kg)	Pre-BMI	Post-BMI	Pre-EDEQ Score	Post-EDEQ Score	Pre-CORE Score	Post-CORE Score	Pre-Rosenberg Score	Post-Rosenberg Score	Pre-Quality of Life Score	Post-Quality of Life Score
N	Valid	8	8	8	8	8	7	6	7	6	6	7	5	6
	Missing	0	0	0	0	0	1	2	1	2	2	1	3	2
Mean		27.7500	46.4250	48.2500	17.5125	17.9888	3.1000	2.2833	1.6014	1.3467	8.8333	11.8571	2.0320	1.3900
Median		22.0000	48.4000	50.4000	17.5500	18.3000	3.3000	2.1000	1.6800	1.4400	9.5000	12.0000	1.6000	1.3800
Mode		20.00	39.50	40.20[a]	17.10	18.40	1.10[a]	1.20[a]	.80[a]	.41[a]	1.00[a]	1.00[a]	1.44[a]	.32[a]
Std. Deviation		14.34025	4.60458	4.66935	.48237	.88794	1.33417	.94110	.62208	.62513	5.38207	7.19788	.71744	.78707
Range		42.00	12.10	12.80	1.30	2.79	3.70	2.40	1.79	1.68	14.00	21.00	1.56	2.38

a. Multiple modes exist. The smallest value is shown

Table 3*:*
Results of the Wilcoxon Signed Rank t-test

Test Statistics[a]

	Post-Weight (kg) - Pre-Weight (kg)	Post-BMI - Pre-BMI	Post-EDEQ Score - Pre-EDEQ Score	Post-CORE Score - Pre-CORE Score	Post-Rosenberg Score - Pre-Rosenberg Score	Post-Quality of Life Score - Pre-Quality of Life Score
Z	-2.100[b]	-2.100[b]	-2.023[c]	-1.483[c]	-1.604[b]	-1.604[c]
Asymp. Sig. (2-tailed)	.036	.036	.043	.138	.109	.109

a. Wilcoxon Signed Ranks Test
b. Based on negative ranks.
c. Based on positive ranks.

Eight females diagnosed with anorexia nervosa participated in this intervention and completed all 15 sessions. A summary of their pre- and post-intervention data can be found in Table 2. The results show that, on average, participants' weight increased by 2.2kg over the course of the intervention, which had a positive impact on their BMI. For two of the eight participants, BMI increased from below 18.5 to above 18.5, and one participant's BMI increased to 19.3. Furthermore, positive changes were observed in the EDEQ global mean score, the CORE, the EDQOL and the Rosenberg Self-Esteem Scale.

Given the small number of participants, non-parametric t-tests (Wilcoxon Rank) were conducted. The results indicated a statistically significant difference in the participants' weight, BMI and EDEQ global mean score. However, the results for the CORE, Rosenberg Self-Esteem Scale and EDQOL were not statistically significant (Table 3). Further review of the data indicated that for the pre-intervention EDEQ global mean score, two participants had a score within the clinical range (≥4). The post-intervention score was missing for one of these participants and the other participant's score dropped to within the normal range (3.1). For the pre-intervention Rosenberg Self-Esteem Scale, five participants scored below the clinical cut-off (<15) whilst post-intervention three participants were within the normal range and two showed no change.

Post-intervention participant feedback revealed that all eight participants felt that the duration and frequency of the HR/IH sessions were appropriate. Only one participant did not feel that their aims of the HR/IH group had been met whilst six reported that HR/IH gave them a new perspective of their eating disorder. Six participants reported an increased feeling of hope with regards to their eating disorder following the group. All 8 participants and 6 family members who attended the family and carers HR/IH session reported that this specific aspect of the intervention had been helpful. Suggestions for areas of improvement included the use of more "real life case scenarios" during the HR/IH sessions and for facilitators to allow more time for group discussions.

Discussion

This preliminary study is the first to examine the use of HR/IH for individuals diagnosed with eating disorders. The results of this study suggest that the HR/IH group intervention should be further studied as a potential intervention for eating disorders. Our results show an overall improvement in specific eating disorder and general psychiatric pathology measures in a relatively brief time period (three months) compared to other standard eating disorder interventions and appeared to be acceptable and beneficial to patients as well as family and carers. HR/IH is therefore an especially significant option at this time, where no clear superior or inferior psychological treatments exist in the race to treat people with eating disorders (Solmi et al., 2021).

HR/IH attempts to point people with eating disorders to new insights regarding the Three Principles, TR, and IH/CM. HR/IH posits that once these insights are grasped, people can begin to use the power of Thought in their best interest, their innate health, resilience and healing processes will be released (Kelley, Pettit, Pransky, & Sedgeman, 2019; Sedgeman, 2005). Our findings suggest that HR/IH may offer an alternative framework to understanding and challenging the typical core eating disorder psychopathology and thinking patterns that underlie conditions such as anorexia nervosa and bulimia nervosa. Shifting the therapeutic focus towards understanding the "nature" of Thought and its unrecognized misuse as a root cause of disordered eating and distress as opposed to a more traditional thought "content" centered approach, as adopted by standard first line interventions such as CBT and MANTRA, offers a new paradigm in addressing the often chronic ruminative thinking styles of people with eating disorders.

Clinicians have agreed that sustaining hope for recovery is an important aspect of treatment (Webb et al., 2022). Most participants in this study described increased feelings of hope following the group which appears to be an important prognostic factor in the outcome of eating disorders with hopelessness hampering both motivations to change and engagement with treatment (Siegfried & Bartlett, 2015). HR/IH elicits hope via the recognition that each person has within themselves the capacity to regain a healthy psychological perspective. With hope, comes specific and achievable goals, and this in turn opens the road to recovery (Hannon, Eunson, & Munro, 2017). If hope can be transmitted as seen in this relatively brief psycho-educational group intervention, then it offers promise as a cost-effective treatment for a large number of patients that might otherwise not be reached by traditional therapeutic models.

Despite the positives, our findings should be considered in the context of some important limitations. Firstly, as this was a pre-experimental, multi single-case design pilot study and all participants were receiving standard eating disorder treatment

alongside the HR/IH intervention, the validity of our findings remains unclear. Secondly, the small sample size and single-centre study design increases the risk of type II error and the generalizability of our findings (Faber & Fonseca, 2014).

The authors however posit that a well-designed small research studies can be a valuable contribution to the literature; as long they are carefully interpreted. There are many fields where small studies with sample size n<10 is commonplace, and the benefits include ethical and resource considerations, where new interventions are tested (Morgan, 2017). The aim of this study was to evaluate the efficacy and acceptability of the use of a HR/IH psycho-educational intervention in a group setting, and this would include the consideration of ethical risk. Small samples are often necessary when the hypotheses and/or interventions being investigated relate to chronic illnesses in vulnerable populations. Furthermore, The current state of statistical analysis is highly dependent on large samples, which can greatly inhibit research regarding new interventions for people with chronic illnesses such as anorexia nervosa. Compared to the general population, the number of people with anorexia nervosa is relatively small and therefore it is difficult to recruit large numbers of individuals willing to participate in a new, non-medical, intervention. As we have now considered the efficacy and acceptability of this new intervention, the limitations of this study could now be addressed in future studies by including a larger sample size and a matched control group to allow for between-group and within-group comparisons.

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Declaration of Interest Statement

The authors declare that they have no known competing interests or personal relationships that could have appeared to influence the work reported in this paper.

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

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

Thomas M. Kelley
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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 Pronsky [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 dystress 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 the 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 HIPPY 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 Stated 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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Research Article

The Efficacy of Psycho-Spiritual Mental Health Education for Improving the Well-Being and Perceptions of School Climate for Students At-Risk for School Failure

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Abstract
This preliminary study investigates the efficacy of the SPARK Mentoring Program, a mental health education intervention grounded the psycho-spiritual Principles of Universal Mind, Consciousness, and Thought for improving the well-being and perceptions for school climate of students at-risk for school failure. Students at-risk for academic failure were assigned to a treatment group (n= 75), and a waitlist comparison group (n= 34). Pre-and post-intervention, participants in both groups completed the Warwick-Edinburgh Mental Well-Being Scale, the Acceptance component of the Difficulties in Emotional Regulation Scale, and the Social and Emotional Learning, High Expectations, Caring Adults, and Peer Climate components of the Alaska School Climate and Connectedness Survey. Compared to the control group, students receiving this intervention (thirteen 45–60-minute sessions during regular school hours) reported improved mental health evidenced by a significant increase in mental well-being, state of mind, and hope for the future, and improved perceptions of school climate evidenced by a significant increase in conflict resolution, valuing academic success, and relational trust with teachers, peers, and school community.

Keywords:
Mental health • School climate • Three Principles/Innate Health • Relational trust • Academic failure

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The Efficacy of Psycho-Spiritual Mental Health Education for Improving the Well-Being and Perceptions of School Climate for Students At-Risk for School Failure

Mental health and positive perceptions of school climate (or SC) are particularly important for students at-risk for school failure (Cohen, McCabe, Michelli, & Pickeral, 2009). Regarding SC, considerable research (e.g., Berkowitz, Astor, Moore, & Benbenishty, 2016) shows that students at risk for school failure (hereafter students-at-risk) who report positive perceptions of their SC are less likely to be overcome by negative influences and risk factors that can impede academic success and promote drop-out and other problem behaviors. Several independent reviews of SC research (e.g., Clifford, Menon, Cohen & Hornung, 2012; Haggerty, Elgin & Woodley, 2011; Thapa, Cohen, Guffey & D'Alessandro, 2013) conclude that positive perceptions of SC by students at-risk are associated with several beneficial outcomes including improved academic achievement and graduation rates, and decreased delinquency, drug use, truancy, and drop-out. Furthermore, students-at-risk who report positive perceptions of their SC have fewer discipline referrals (Luiselli, Putnam, Handler, & Feinberg, 2005), fewer harassment events and bullying incidents (Attar-Schwartz, 2009), fewer suspensions and expulsions (Lee, Gregory, Cornell, & Fan, 2011), less fighting and antisocial behavior (Eliot, Cornell, Gregory, & Fan, 2011), higher attendance and graduation rates (Allensworth & Easton, 2007), and heightened relational trust with school peers, school staff, and the school community (Adelmen & Taylor, 2010). Berkowitz, Astor, Moore, and Benbenishty (2016) concluded that positive perceptions of SC by students at risk can reduce achievement gaps among students of different socioeconomic backgrounds and between students with stronger and weaker academic abilities.

Considerable research shows that perceptions of SC for students at-risk are tightly intertwined with their mental well-being (Maras, Weston, Blacksmith & Brophy, 2015; Way, Reddy & Rhodes, 2007). The consensus of this research is that students who report positive perceptions of their SC also report higher levels of mental well-being, self-efficacy, resilience, creativity, satisfaction, and hope for the future (Kasen, Cohen, Chen, Johnson & Crawford, 2009; Liu, 2012; Lucarelli et. al., 2014; Walters, Cross, & Shaw, 2010; Wang, Selman, Dishion, & Stormshak, 2010; White, La Salle, Ashby & Meyers, 2014). Furthermore, positive views of SC by students-at-risk are consistently associated with lower levels of mental stress, depression, and anxiety (White, La Salle, Ashby & Meyers, 2014).

The robust positive relationship between SC perceptions and mental health for students at-risk is well-documented. However, the direction of this relationship remains unclear. The prevailing view appears to be that the mental health of students at-risk is affected by the climate at their schools. This view has spawned a plethora of packages, programs, therapies, and techniques designed to "build" or construct more

positive SC's from the "outside-in" (Kelley, Alexander, & Pransky, 2017a; Marshall, 2005). On the other hand, Kohoulet, Dehghani, and Kohoulet (2015) stated, "… instead of students' mental health being affected by school climate, the situation may be reversed, such that students with poor mental health are more likely to have negative perceptions of their school climate" (p. 3). Put another way, students with good mental health may be more likely to have positive perceptions of their SC. This "inside-out" view suggests that if the mental health of students at-risk improves their perceptions of SC will become more positive. In the preliminary study that follows, we test this speculation by exposing students at-risk to mental health education grounded in the psycho-spiritual principles of Universal Mind, Consciousness, and Thought or The Three Principles/Innate Health (Kelley, 2008, 2011; Pransky & Kelley, 2014; Kelley, Pettit, Pransky, & Sedgeman, 2019).

The Three Principles/Innate Health

The Three Principles/Innate Health (or 3P/IH) is grounded in the work and insights of theosopher, Sydney Banks (1998, 2001, 2005) who primary prevention pioneer, Donald Klein (1988), described as follows: "... this man, without any attempt on his part to do so, had suddenly entered into a vastly different level of awareness, a form of spontaneous spiritual transformation about which William James had written in the early 1900s..." (pp. 311-312). Banks asserted that a deeper understanding of people's psychological lives can be achieved by looking beyond the realm of form in which the social sciences generally restrict their scope of inquiry. Banks asserted there are spiritual Principles that create form and he used *Universal Mind, Consciousness, and Thought* as metaphors to represent these Principles. Banks posited that these three Principles are at the source of people's psychological life experiences. Banks asserted that these Principles are fundamental truths always present and operating in the psychological realm, much as gravity exists as a principle of the physical world and is always present. The Principles Universal Mind, Consciousness, and Thought have been described in depth elsewhere (for a review see Kelley, Pransky, & Lambert, 2015; Pransky & Kelley, 2014). A brief review follows.

The Principle of Universal Mind

Banks referred to Universal Mind as "… the intelligence of all things whether in form or formless… [and asserted that] Universal Mind holds the secret to all psychological functioning" (p. 59). Banks (1998) stated:

> The Universal Mind, or the impersonal mind, is constant and unchangeable… The personal mind is in a perpetual state of change… Universal Mind and personal mind are not two minds thinking differently, but two ways of using the same mind… All humans have the ability to synchronize their personal mind with their impersonal mind to bring harmony into their lives. (p. 32)

In sum, Banks viewed Universal Mind as formless energy that powers all life; an energy of which we are all a part; an intelligent life energy that powers the other two principles—Consciousness and Thought—which all people "use" to create their psychological lives. When we say "use" these three Principles, we are not mean that people must "do something"—that tools, techniques or new beliefs are necessary. Rather, we mean that everyone continually uses these Principles to create their psychological experiences in the same way everyone uses gravity to stay anchored to Earth.

The Principle of Consciousness

Banks saw Consciousness as the ability to be conscious, to take in life, to have experience, and to be aware of that experience. Banks (1998) referred to Consciousness as "the gift of awareness" (p. 39) … [that] "… allows us to see creation*"* (p 47); "… that enables us to observe and experience the existence and the workings of the world we live in" (p.97). Banks (1998) stated, "Consciousness… allows for the recognition of form, form being the expression of Thought" (p. 39). In other words, Consciousness animates people's thinking via their physical senses forming their moment-to-moment psychological experiences.

Banks (1998) asserted further that "The gift of Consciousness combined with Mind and Thought allows us to experience life at an infinite number of levels of understanding" (p.75). Each level looks and feels very real at the time, but it is only "real" at that level of consciousness, and the level through which one sees the world can change at any moment with their next thought. The only experience people can have is their own thinking coming into their consciousness at that level and being experienced as "reality." Consciousness allows people to recognize that it is their use of the power of Thought, enlivened by the power of Consciousness, that creates their psychological lives and to view this process from a more impersonal or objective stance.

The Principle of Thought

Banks (1998) referred to Thought as "... the creative agent we use to direct us through life" (p.54) and he asserted that every person is born using the power of Thought to guide them through life. Thought stands between what happens out in the world and one's personal experience of what happens. Banks (2001) asserted, "Thought is not reality, but it is through thought that our realities are created" (ML, p. 49). Banks (1998) explained further, "Your thoughts are like an artist's brush. They create a personal picture of the reality you live in. It is we human beings that use Thought to produce such things as our feelings, moods and our overall perceptions of life" (p. 56).

Thus, Thought, as a Principle, refers to the fact that people have a power that allows them to create thoughts and to make meaning for themselves of their thoughts

(i.e., people decide the importance of their thoughts via additional thoughts). Banks (1998) emphasized that Thought does not refer to what people think (i.e., thought content) or to the products of their thoughts (e.g., beliefs, perceptions, feelings, states of mind). Rather, is it "the fact that people think" that is a human common denominator. People's thoughts, enlivened by their consciousness, become their psychological experiences. People's behavior then unfolds in exact alignment with how the Principles of Universal Mind, Consciousness, and Thought make their lives appear to them (Kelley, Pettit, Pransky, & Sedgeman, 2019; Kelley, Pransky, & Lambert, 2015a). Banks (1998) stated:

> There is nothing in the world that can come to pass without Thought and Consciousness… there would be no reality without Consciousness and Thought… Consciousness gives our five senses the ability to react to life: our seeing, our smelling, our touching…This is what brings it all] to life. But it can't come in by itself. It has to have a thought… Our thoughts in turn create our character, our behavior, and the behavior of all humanity. (p. 43)

Innate Mental Health

Banks (1998) further asserted that mental health is people's most natural state and is readily available to anyone whenever the personal mind quiets. In other words, when the personal mind quiets, the default setting of mental health engages. This mental health includes a non-self-conscious state of mind, unconditional feelings of self-esteem, an absence of insecurity, a capacity for insight and creativity, an unforced enjoyment of learning and natural curiosity (i.e., learning without "thinking about" learning), and an interest in others and in exploration of the world (Mills-Naim & Mills, 2014). According to Banks, regardless of their current circumstances, mental status, and prior socialization, everyone has the same built-in predisposition for mental health and will exhibit this health whenever the personal mind quiets from maladaptive personal thought (e.g., worry, rumination, over-analyzing). Finally, Banks asserted that people's feelings are a barometer of the quality of their thinking, and mental well-being in the moment; reliably informing them whether they are operating from their innate health or overriding it with their own disordered personal thinking.

Mental Health Education

Banks asserted that when people have sufficient insight regarding the way the Principles of Universal Mind, Consciousness and Thought manifest within everyone to create their psychological lives, their mental health will improve. According to Banks, sufficient insight regarding the nature of these Principles is the only intervention necessary—no skills, no techniques, no new beliefs—only sufficient insight regarding the operation of these Principles, particularly the Principle of Thought. Even when techniques (e.g., meditation) are used, the change always comes from within via a quiet mind and healthy feelings such as well-being, gratitude, and

hope that naturally unfold. As such, 3P/IH mental health education is not about helping people change their thoughts; it is about helping people realize that when their thoughts change, their feelings, perceptions, and state of mind also change. Nor is this education meant to help people find techniques or strategies to quiet the mind; it is about helping people realize that when the personal mind quiets, mental well-being and more positive perceptions of their existing circumstances surface.

The authors have observed that students at-risk do not often realize the distinction between what is happening in the outside world and their personal experience of it, or the meaning they make of it via their own personal thinking. These students do not typically recognize that their own thinking is the source of their psychological experiences. Rather, these students often confuse the source of their psychological experiences with what is happening "out there"—within outside reality. A student's anger is coming from a fellow student, a teacher, a parent. The very next day, however, the same student might respond differently to the very same people, because his/her thoughts have changed (Mills-Naim & Mills, 2014).

We posit that students at risk can be assisted to recognize, in the moment, that what they experience is their own thinking made to appear real via their consciousness. If these students do not realize this fact, they will typically take their unhealthy personal thoughts to heart and often act on whatever "reality" these thoughts manifest. On the other hand, if these students realize what they are doing, they will be less likely to view the effects of these thoughts as "the truth" or the way things really are.

We have also observed that students at-risk do not often realize the resource of innate mental health available to them via a quiet mind. Thus, these students tend to chronically obscure this health via innocently misusing of the power of Thought (Kelley, Pettit, Pransky, & Sedgeman, 2019; Kelley, Pettit, Sedgeman, & Pransky, 2020). However, these students can be assisted to notice what they experience when their personal minds quiet down. They can be assisted to recognize that mental well-being and common sense are always available to them and that only their disordered personal thoughts—taken to heart—can obscure this innate health. Finally, students at-risk do not often realize they have an internal gauge that will reliably inform them when their personal thinking is disordered—*their feelings* (Kelley, Pransky, & Lambert, 2016a). This means that using the signal of a negative or discomforting feeling these students can allow their personal minds to quiet and their innate well-being and common sense to surface.

Supportive Research

Considerable preliminary research exists in support the efficacy of 3P/IH mental health education for improving the mental health and behavior of a variety of

client types. For example, Kelley, Mills, and Shuford (2005) reported that learning challenged students receiving 3P/IH showed a significant improvement in reading level, self-esteem, and grade point average. Sedgeman and Sarwari (2006) reported that HIV-positive patients receiving 3P/IH showed a significant reduction in stress and anxiety which was sustained at follow-up. Bannergee, Howard, and Mansheim (2010) reported that women in residential substance abuse treatment receiving 3P/IH showed significant positive outcomes regarding substance use, criminal justice involvement, employment, housing, adverse effects of substance use, and psychological wellbeing. Halcón, Robertson, and Monsen (2010) reported that Somali and Ethiopian women refugees receiving 3P/IH showed a significant decrease in posttraumatic stress symptoms. Kelley (2011) reported that adult prisoners on probation receiving 3P/IH showed a significant improvement in mental well-being and mindfulness. Kelley, Pransky, and Lambert (2015a) reported that adults exposed to 3P/IH showed a significant improvement in nonattachment and regulating negative emotions, and a significant reduction in rumination, depression, and anxiety. Kelley, Pransky, and Lambert (2015b) reported that as adult's understanding of 3P/IH increased, their dependence on techniques (e.g., meditation) to experience mindfulness decreased, and their ability to maintain well-being during negative states of mind increased. Kelley, Pransky, and Lambert (2016a) reported that adults receiving 3P/IH showed a significant improvement in hedonic well-being, eudiamonic well-being, social well-being, and overall mental health. Kelley, Pransky, and Lambert (2016b) reported that adults exposed to 3P/IH showed a significant improvement in mindful attention, mindful acceptance, flow, and flourishing mental health. Reece-Evans and Pevalin (2017) reported a significant increase in mental well-being for students and staff in a U.K. school receiving 3P/IH that was maintained at follow-up. Kelley, Alexander, and Pransky (2017a) reported that compared with a waitlist control group, children and adolescents receiving 3P/IH showed a significant improvement in resilience, and participants at highest risk showed a significant decrease in risky behavior. Kelley, Hollows, Savard, and Pransky (2017) reported that compared with a control group, male residents in an English prison receiving 3P/IH showed a significant improvement in well-being, purpose in life, and prison behavior, and a significant decrease in anxiety and anger. Robertson, Halcon, and Hoffman (2018) examined the effects of culturally adapted 3P/IH on coping and mental health outcomes for Somali refugee women post-resettlement and reported a significant decrease in depression as well as a significant improvement in several dimensions of coping. Kelley, Hollows, and Savard (2019) reported that compared to a control group, male prison residents receiving intensive 3P/IH reported a significant increase in mental well-being and purpose in life, and a significant decrease in depression, anxiety, and anger which were either maintained or significantly improved at follow-up. El-Mokadem, DiMarko, Kelley and Duffield (2020) reported that compared with a waitlist control

group, participants diagnosed with chronic fatigue syndrome receiving 3P/IH education reported a significant increase in psychological and physical well-being and a significant decrease in depression, anxiety, fatigue, and pain interference. The study that follows is the first to test the efficacy of SPARK 3P/IH-based mental health education for improving the mental health and perceptions of SC for students at-risk for school failure.

The Present Study

Hypotheses

Following exposure to SPARK mental health education, the authors predict that participants will report improved mental health. We used the following hypotheses to test this prediction:

Hypothesis 1: Compared with the control group, students receiving SPARK will show a significant increase in mental wellbeing.

Hypothesis 2: Compared with the control group, students receiving SPARK will show a significant improvement in state of mind.

Hypothesis 3: Compared with the control group, students receiving SPARK will show a significant increase in hope for the future.

We also predict that following exposure to SPARK, participants will report improved perceptions of SC. The Centers for Disease Control and Prevention (2009) and several prominent school climate researchers (e.g., Shetgiri et al., 2015) report that students' perceptions of school climate routinely show a positive relationship with "resolution of interpersonal conflict" and "value placed on academic success." Thus, we used the following hypotheses to test this prediction:

Hypothesis 4: Compared with the control group, students receiving SPARK will show a significant improvement in conflict resolution.

Hypothesis 5: Compared with the control group, students receiving SPARK will show a significant increase in valuing academic success.

Another consensus of school climate research is that students' perceptions of school climate consistently show a robust positive association with relational trust. (e.g., Dewit, Karioja, & Shain, 2011; Krane, Karlson, Ness, & Kim, 2016; McLaughlin & Clark, 2010; Thapa, Cohen, Guffy, & D'Alessandro 2013). In other words, on average, students with positive perceptions of school climate also report more warm, respectful, supportive connections with members of the school community (e.g., peers, teachers, parents). Thus, we used the following hypotheses

to test this prediction:

Hypothesis 6: Compared with the control group, students receiving SPARK will show a significant increase in relational trust with teachers.

Hypothesis 7: Compared with the control group, students receiving SPARK will show a significant increase in relational trust with school peers.

Hypothesis 8: Compared with the control group, students receiving SPARK will show a significant increase in relational trust with the school community.

Method

Participants

This study was approved by an internal review board and informed consent to participate was obtained from all study participants and their caregivers. Five schools in lower income urban neighborhoods in Hillsborough County, Florida agreed to participate in the study. Administrators at each school informed their students and students' caregivers of the availability of the SPARK program and emphasized that participation was voluntary. 109 students agreed to participate. All participants were identified by their schools as at-risk for academic failure based on poor grades, overdue or incomplete homework assignments, truancy, and disruptive classroom behaviors (e.g., profanity, fighting). Participants' grade levels ranged from 8 through 12. Participants' ages ranged from 12 to 19 years. The mean age of the participants was 14.81, with a standard deviation of 1.34. Sixty-eight percent reported as female and 32% as male. Approximately 86% reported as Black or Latinx, and 14% as White.

Research Groups

A treatment group was formed containing 75 students from three of the five participating schools. A waitlist control group was formed containing 34 students from the other two schools. For the treatment group, 64% reported as female and 36% as male. For the control group, 79% reported as female and 21% as male. There was no significant difference between the groups on gender ($\chi^2 = 2.35$, degrees of freedom, 2, $p = .31$). For the treatment group, the age range was 12-19 years, and the mean age was 14.67, with a standard deviation of 1.35. For the comparison group the age range was 13-18 years and the mean age was 15.25, with a standard deviation of 1.26. Based on an independent t-test, there was no significant difference in age between the two groups. For the treatment group, 84% reported as Black or Latinx, and 16% reported as White. For the control group, 92% reported as Black and Latinx, and 8% reported as White. There was no significant difference between the groups on race or ethnicity ($\chi^2 = 0.88$, degrees of freedom, 2, $p = .35$).

Intervention

The three Principles-based mental health education intervention is called SPARK—an acronym for "Speak to the Potential, Ability, and Resilience inside every Kid." SPARK was facilitated by two instructors each with several years of experience teaching this understanding to middle school and high school students. SPARK classes met weekly for 45-60 minutes during regular school hours for 13 consecutive weeks. Classes were held in regular classrooms at participating schools during regular school hours. Each SPARK class contained between 7 and 17 students. The average attendance of participants was 87%, or approximately 11.5 of the 13 sessions. All 75 treatment participants completed a minimum of 7 SPARK classes.

The SPARK curriculum is comprised of the following core lessons: overview and introduction; principles behind your life and finding your SPARK; the power of Thought; your personal guide to decision making; community engagement; how state of mind influences judgment and reasoning; surviving mood swings; finding success in the midst of stress, feeling fear and insecurity without fear and insecurity; the inside-out nature of self-esteem; separate realities; cultivating meaningful relationships; dating and healthy relationships; mentoring and leading from the inside-out; bully prevention from the inside-out; academic success; college and career readiness; financial stability; parenting from the inside-out; creating the life designed for you; and graduation.

In the SPARK classes, stories, metaphors, symbols, videos, group activities, discussions, and games are used to introduce participants to the Principles of Universal Mind, Consciousness, and Thought and to help them grasp the way these Principles manifest within everyone. For example, the metaphor of the sun and clouds is used to represent how a student's innate mental health (i.e., the sun) can become obscured by her/his disordered personal thoughts (i.e., the clouds) and, like the sun, this health is always available whenever the personal mind quiets. Also, the metaphor of a tea bag being converted into tea by hot water is used to illustrate how thought is made to appear real via consciousness. SPARK instructors also assist students to recognize that mental health does not mean people feel good all the time; that people's feelings, perceptions, and states of mind change as their thinking changes. Students are further assisted to realize that the sensory manifestations of their thinking cannot damage or hurt them no matter how extreme, painful or insecure they feel, and that their innate well-being and common sense will resurface whenever the personal mind quiets.

Measures

Warwick-Edinburgh Mental Well-Being Scale-Short Form (WEMWBS-SF; Tennant et. al., 2007). The WEMWBS-SF comprises 7 items measuring mental well-being. The WEMWBS has good psychometric properties (Stewart-Brown et. al., 2009). Tennant and associates (2007) examined the relationship between the WEMWBS

and other measures of mental well-being and mental ill-health and reported relatively high correlations with the other wellbeing measures (correlations ≥ 0.7), and moderate negative correlations with the measures of mental ill-health. Responses are made on a 5-point Likert scale ranging from 1 (none of the time) to 5 (all the time). A sample item is, "I have been feeling useful". Item responses are summed for a total WEMWBS-SF score.

Difficulties in Emotional Regulation Scale (DERS; Gratz & Roemer, 2004). The DERS has 36-items that assess six components of emotional regulation. DERS subscale scores have been found to have high internal consistency within both clinical (e.g., Gratz et al., 2008), and non-clinical populations (Gratz & Roemer, 2004). To measure "state of mind" we used the DERS-Non-Acceptance of Emotional Responses Scale which contains six items that measure people's ability to maintain well-being during unpleasant states of mind. A sample item is, "When I'm upset, I feel guilty for feeling that way." Items are measured on a 5-point Likert scale (1 = almost never; to 5 = almost always). Item responses are summed to obtain a total DERS-Acceptance score.

Alaska School Climate and Connectedness Survey (ASCCS; American Institutes for Research & Association of Alaska School Boards, 2006). The ASCCS measures eight areas shown to have a strong relationship with SC. To measure "hope for the future" we used six items from the ASCCS Social and Emotional Learning component. A sample item is, "Setting goals for myself." To measure "conflict resolution" we used six additional items from the ASCCS Social and Emotional Learning component. A sample item is, "Respecting a classmate's opinions during a disagreement". To measure "valuing academic success" we used six items from the ASCCS High Expectations component. A sample item is, "I try hard to do well in school." To measure "relational trust with teachers" we used five items from the ASCCS Caring Adults component. A sample item is "My teachers treat me with respect." To measure **"**relational trust with peers" we used five items from the ASCCS Peer Climate component. A sample item is, "Students in this school help each other, even if they are not friends." To measure "relational trust with the school community" we used five items from the ASCCS Parent and Community Involvement component. A sample item is, "This school is a welcoming place for families like mine". Item responses are summed to obtain a total score for each ASCCS component.

Treatment participants completed the study's measures at pretest at the start of their first SPARK session and at posttest at the end of their final SPARK session. During comparable time periods, control participants completed the study's measures pre and post. During the duration of the study, all participants continued to participate in regular school classes and activities.

Results

The descriptive statistics for the pre-test and post-test outcome measures of state of mind, mental wellbeing, hope for the future, conflict resolution, valuing academic success, and relational trust with teachers, peers, and school community are presented in Table 1. The distribution of the variables was checked, and statistical tests were conducted that showed that the variables had a normal distribution. In addition, the Cronbach's alpha values, a measure of internal reliability for the index outcome variables, were higher than .70.

In Table 1, the mean and standard deviations for the outcome variables are presented for the entire group, the treatment group, and the control/comparison group. In addition, t-test values, using the independent t-test, are presented for the outcome variables to determine if there was a difference between the two groups on the pre-test and post-test for the outcome areas. Except for three outcome measures, there was no statistically significant difference ($p \leq .05$) between the treatment group and the control/comparison group on the pre-test results. However, for valuing academic success, connection with teachers, and connection with the school community, the treatment group was higher on the pre-test as compared with the control group. Regarding the post tests, for mental well-being, hope for the future,

Table 1.
Descriptive Statistics for Pre-Test and Post-Test Outcome Measures and Independent T-Test Results

Outcome	All Participants		Treatment Group		Control/ Comparison Group		
	Mean	SDev	Mean	SDev	Mean	Sdev	T-Test Value
Value Academic Success pre-test	27.19	3.61	27.60	3.50	25.92	3.73	2.02*
Value Academic Success post-test	27.10	3.45	27.89	2.55	24.62	4.61	3.31**
Hope for the Future pre-test	26.09	3.81	26.32	3.69	25.37	4.17	1.06
Hope for the Future post-test	26.53	3.55	27.29	3.11	24.12	3.80	4.11**
State of Mind pre-test	17.11	3.33	17.21	3.65	16.79	2.13	0.70
State of Mind post-test	17.57	3.47	17.89	3.57	16.54	2.99	1.68
Mental Wellbeing pre-test	22.64	3.70	22.84	3.63	22.04	3.93	0.92
Mental Wellbeing post-test	24.11	3.55	24.92	2.87	21.58	4.30	3.55**
Conflict Resolution pre-test	24.05	3.82	24.17	3.87	23.67	3.69	0.57
Conflict Resolution post-test	24.67	3.61	25.55	2.89	21.92	4.26	3.90**
Connect with Teachers pre-test	19.72	3.24	20.23	3.23	18.12	2.75	2.87**
Connect with Teachers post-test	20.07	3.41	20.75	3.04	17.95	3.69	3.70**
Connect with Community pre-test	19.29	3.44	19.52	3.47	18.58	3.30	1.16
Connect with Community post-test	19.64	3.28	20.20	3.08	17.92	3.33	3.09**
Connect with Peers pre-test	20.06	3.28	20.19	3.33	19.67	3.13	0.67
Connect with Peers post-test	21.05	2.92	21.55	2.42	19.50	3.78	2.50**

Note. Sdev stands for standard deviation. The total number of the participants was 109, with 75 in the treatment group and 34 in the control/comparison group. The Independent T-Test values are for the differences between the treatment group and the control comparison group. The Levene's Test of Equality of Variances was used and if statistically significant at $p \leq .05$, the t value reported is the one for equal variances are not assumed.
* $p \leq .05$ ** $p \leq .01$

valuing academic success, conflict resolution, and connection with peers, there were statistically significant differences between the two groups. Based on the t-tests, those in the treatment group scored statistically higher than those in the comparison group

Table 2.
Analysis of Covariance (ANCOVA) for the Outcome Variables Controlling for Pre-Test Scores, Gender, Age, and Race

Outcome	Variables	Mean Square	F Value	Partial Eta-Squared
Value Academic Success	Gender	32.62	3.94*	.04
	Age	0.38	0.05	.00
	Race	7.81	0.94	.01
	Pre-Test	127.55	15.41**	.14
	Group	124.90	15.08**	.14
Hope for the Future	Gender	9.06	0.93	.01
	Age	5.77	0.59	.01
	Race	4.43	0.46	.01
	Pre-Test	117.00	12.04**	.12
	Group	124.96	12.86**	.12
State of Mind	Gender	0.51	0.05	.00
	Age	33.44	3.32	.04
	Race	9.18	0.91	.01
	Pre-Test	193.44	19.20**	.17
	Group	47.35	4.70*	.05
Mental Wellbeing	Gender	16.87	1.69	.02
	Age	34.64	3.47	.04
	Race	2.16	0.22	.00
	Pre-Test	76.52	7.66**	.08
	Group	127.15	12.74**	.12
	Gender	2.25	0.24	.00
Conflict Resolution	Age	28.69	3.08	.03
	Race	3.12	0.34	.00
	Pre-Test	151.55	16.28**	.15
	Group	144.10	15.47**	.14
Connect with Teachers	Gender	5.94	0.64	.01
	Age	0.39	0.04	.00
	Race	18.24	1.98	.02
	Pre-Test	122.45	13.29**	.12
	Group	47.94	5.20*	.05
Connect with Community	Gender	0.03	0.00	.00
	Age	5.73	0.65	.01
	Race	7.69	0.88	.001
	Pre-Test	131.10	14.94**	.14
	Group	69.71	7.95**	.08
Connect with Peers	Gender	10.99	1.51	.02
	Age	33.35	4.60**	.05
	Race	0.32	0.04	.00
	Pre-Test	57.48	7.92**	.08
	Group	42.28	5.83**	.06

Note. The number of participants in the waitlist control group was 34, and the number of participants in the experimental group was 75. * $p \leq .05$ ** $p \leq .01$

on the post-test for each of these the outcome areas. While treatment participants scored higher than comparison group on the post-test for state of mind, the difference between the two groups was not statistically significant at $p \leq .05$.

Analysis of covariance (ANCOVA) was used to determine if there were significant differences between the comparison group and treatment group on the eight post-test outcome measures while controlling for gender, age, race, and pre-test scores. These results are presented in Table 2. There were significant differences between the treatment group and comparison group on all eight post-test outcome measures even when controlling for gender, age, race, and pre-test scores. The treatment group was significantly higher on each post-test outcome measure as compared to the control group. Thus, it is concluded that each of the study's hypotheses is supported.

Discussion

The prevailing view of school climate researchers is that the mental health of students at-risk is substantially affected by the climate at their schools. The authors speculated that the situation may be the reverse—that, on average, if the mental well-being of these students improves their perceptions of their SC will also improve. This study tested this speculation by assessing the efficacy of SPARK 3P/IH-based mental health education for improving the mental well-being and perceptions of school climate for students at-risk for school failure. The results appear to support each of our hypotheses as follows:

Mental Health

Hypotheses 1, 2, and 3 were supported. Compared with the waitlist comparison group, students receiving SPARK reported improved mental health evidenced by a significant increase in mental wellbeing, state of mind, and hope for the future. These results were expected because, on average, when students realize the inextricable connection between their thinking and their experience, the way they relate to their maladaptive personal thinking and its discomforting effects begins to shift. They become less likely to believe and identify with the content or negative effects of this thinking (e.g., insecure feelings, distorted perceptions, low moods), and less inclined to view their unhealthy personal thoughts as "the truth," and to act on them. They begin to realize that these maladaptive personal thoughts have no power over them unless they think they do. They also realize they have "free will" to choose what thoughts to honor, entertain, and act on, and what thoughts to "take with a grain of salt" and allow to pass through.

Heightened hope for the future reported by these students is particularly noteworthy as considerable research shows a robust association between low hope for the future

and school failure, addiction problems, and deviant behavior, and between high hope for the future and faith, love, health, and happiness, and less depression, anxiety, drug/alcohol use, boredom proneness, and fighting (Martin, McKinnen, Johnson, & Rohsenow, 2011; Melton & Schulenberg, 2007; Schulenberg, Hutzell, Nassif, & Rogina, 2008; Shetgiri et al., 2015).

Perceptions of School Climate

Hypotheses 4 and 5 were also supported. Compared with the control group, students receiving SPARK showed improved perceptions of their school climate reflected by a significant increase in valuing academic success, and conflict resolution. These findings were expected because when students grasp sufficient understanding of how the power of Thought creates their (and everyone else's) psychological experiences from the "inside-out," the grip of their disordered personal thoughts begins to loosen and, in turn, they start to experience hope for the future and value in succeeding academically that were previously obscured by their conditioned personal thoughts. When students realize the connection between their thinking and their psychological experiences, they are less likely to relate to their thoughts, feelings, and perceptions as "the reality" or "the truth." Rather, they are more likely to "see" these experiences as "separate personal realities" created by their own thinking and made to appear real, in the moment, by their own consciousness. Thus, they are less likely to become gripped by these discomforting experiences, and to act on them. Also, they begin to take the biased judgments and negative behaviors of others less personally and see more sensible ways to avoid and resolve interpersonal conflicts (Shetgiri et al., 2015).

Hypotheses 6, 7 and 8 were also supported. Compared with the control group, students receiving SPARK showed improved perceptions of their SC evidenced by a significant increase in connection with teachers, peers, and the school community. These findings were expected because when students have sufficient understanding of how their psychological experiences are created, they realize that their (and everyone else's) feelings, perceptions, and states of mind are products of their own thoughts; not products of external circumstances, adverse life events, or how others treat them. In turn, their inclination to blame other people and external conditions for their psychological experiences lessens, and their ability to trust and form stronger affective bonds with others in the school community increases. These findings are noteworthy because considerable research (e.g., Byrk, Sebring, Allensworth, Luppescu, & Easton, 2010; Comer, Haynes, Joyner, & Ben-Avie, 1996; Malloy, 1998; Meier; 1995; Thapa, Cohen, & D'Alessandro, 2013) shows that relational trust is routinely associated with positive perceptions of school climate. Sedgeman (2005) stated:

> When 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… Seeing the emergence of experience from thought appears to bring people peace of mind, no matter what they are thinking. Understanding Principles gives the power of experience to the person, not to life events. (p. 3)

Implications for the School Community

There is substantial evidence from several decades of research that mental well-being and positive perceptions of school climate are routinely associated with improved academic achievement and heightened social and emotional development of students, particularly students at-risk for school failure and other health damaging behaviors (e.g., drug use, delinquency). The authors posit, however, that absent sufficient recognition that thought is the formulator of people's every psychological experience, schools will continue to focus mainly on external strategies to improve their students' well-being and school climate perceptions. This "outside-in" approach may help quiet the minds of many students and temporarily release their innate well-being. In our view, however, "renting" improved well-being pales in comparison to "owning" this health via realizing how to allow the Principle of Thought to operate in one's own best interest (Kelley, Pransky & Lambert, 2015b).

We have observed that when students (and other school community members) are exposed to mental health education grounded in the Principles of Mind, Consciousness, and Thought and, in turn, grasp sufficient understanding of the thought-experience connection, and the availability of innate well-being via a quiet mind, their mental well-being and school climate perceptions naturally improve. Students begin learning with more spontaneity and creativity via an enhanced capacity for insight. Students and teachers become more receptive to change and feel less compelled to defend their ingrained beliefs. Teachers take the unhealthy states of mind of their students less personally. Students' minds begin to relax, and the grip of their typical or habitual thinking begins to loosen so they are more open to new perspectives. Sedgeman (2005) stated, "Once people understand the thought-experience connection and realize how to re-access a healthy state of mind, they can sustain day-to-day peace of mind, wisdom, and well-being regardless of circumstances" (p. 47).

Limitations

This is a single exploratory study and additional research is needed to see if the findings can be replicated. Research among different students at-risk for school failure and at different schools in a wide array of regions should be undertaken to see if the results are consistent across different settings or are contextual and situational. Also, the number of participants studied could be larger, particularly for the comparison group. Furthermore, participants were not randomly assigned to experimental groups, and future studies should do so. Another limitation is that we did not conduct analyses to account for the nesting

of participants within schools, and while participants' schools did not report any efforts to improve their school climate during the duration of the study, it is difficult to know if changes impacting school climate were made during that time. For example, teachers may have implemented additional reward systems or merely increased their implementation of existing strategies. Also, there may have been other school related events like school dances, parties, or perhaps negative events. Further research is also needed to determine the duration of the effects of SPARK. Many interventions have impressive short-term results, but null or inconsequential long-term results. It could be that follow-up education is needed to ensure that the self-reported positive changes are sustained. Finally, future studies should include other outcome factors, such as grades, drop-out rates, school rule violations, and other mental health measures (e.g., self-control).

Conclusion

This study evaluated the efficacy of SPARK 3P/IH-based mental health education for improving the mental health and the perceptions of school climate for students at-risk for school failure. The findings appear to support each of our hypotheses. Compared with the waitlist comparison group, students at-risk receiving SPARK reported improved mental health evidenced by a significant increase in mental well-being, state of mind, and hope for the future. Furthermore, compared with the control group, students at-risk receiving SPARK showed improved perceptions of SC evidenced by significant improvements in conflict resolution, valuing academic success, and relational trust with teachers, peers, and the school community. While more research is needed to test the efficacy of SPARK for improving the mental health and perceptions of SC for students at-risk for academic failure, these preliminary findings appear to warrant attention from education and mental health researchers and practitioners.

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HEALTH PSYCHOLOGY | NEW PERSPECTIVE

How the formless comes into form: A process by which Universal Mind powers consciousness and thought to create people's psychological lives

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Abstract: In a moment of spiritual enlightenment, Sydney Banks claimed to "see" how three psycho-spiritual principles—Universal Mind, Consciousness and Thought—coalesce to create all psychological experience. While considerable literature exists that describes these principles, their spiritual basis, and the intervention grounded in them, little scientific evidence has been offered that might corroborate what Banks professed to understand through his realization. To help fill this gap, the authors propose a process by which formless energy comes into physical form within human beings via Universal Mind powering Consciousness and Thought to create people's psychological lives. Further, the authors offer a scientific basis for what appear to be the steps or phases in this process. This view distinguishes three levels of thought and posits that thought at each of these levels precedes people's every psychological experience—their sensations, perceptions, emotions—and their behavior. Ways that people can intervene in or affect this process in their best interests are proposed.

ABOUT THE AUTHORS

Jack Pransky is the director of the Center for Inside-Out Understanding in Boca Raton, Florida. Pransky is internationally recognized for his excellence as a Three Principles trainer and practitioner. He has written several Three Principles books including *Prevention from the Inside-Out, Somebody Should Have Told Us*, *Modello*, *Parenting from the Heart, and Seduced by Consciousness* (in press). Also he has authored several Three Principles papers published in respected academic journals such as *Spirituality in Clinical Practice* and *Journal of Creativity in Mental Health*.

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PUBLIC INTEREST STATEMENT

Well over a century ago, William James, a principal founder of psychology, predicted that psychology would eventually discover unifying causal principles—fundamental truths—that explain people's psychological lives and illuminate a path to improved well-being for everyone. The authors propose that in 1973 the principles envisioned by James were finally uncovered by Sydney Banks, a common laborer and theosopher living in British Columbia, Canada. In this paper, the authors describe these principles—Universal Mind, Consciousness and Thought—and propose a process by which formless energy appears to come into physical form within human beings via Universal Mind powering Consciousness and Thought to create people's psychological lives. Further, the authors offer a scientific basis for what appear to be the steps or phases in this process. The authors conclude that realizing how these Three Principles interact from the "inside-out" to create everyone's psychological life naturally promotes well-being. Ways that people can intervene in or affect this process in their best interests are proposed.

Subjects: Social Sciences; Behavioral Sciences; Education

Keywords: the Three Principles; Universal Mind; consciousness and thought; innate mental health; spirituality; quantum field

1. Introduction

For over two decades the authors have posited that three psycho-spiritual principles—*Universal Mind, Consciousness and Thought*—represent the fundamental causal principles of human psychological experience that James (1981) envisioned for psychology well over a century ago. We have described these principles and explained how they appear to coalesce to create everyone's psychological experience (Kelley, Pransky, & Lambert, 2015b; Kelley, Pransky, & Sedgeman, 2014; Mustakova-Possardt, 2002); offered evidence for a spiritual basis of these principles and how they relate to prevailing psychological, spiritual and psycho-spiritual teachings (Pransky & Kelley, 2014); delineated a process from exposure to these principles to improved mental health and offered preliminary evidence in support of this process (Kelley, Pransky, & Lambert, 2015c, 2016); described the intervention grounded in these principles (Kelley, 2003; Pransky, 1998; Pransky & Kelley, 2014) and offered empirical evidence in support of its efficacy (Kelley, 2011; Kelley et al., 2015b, 2015c); and described a strategy based on these principles for crime and delinquency prevention (Kelley, 2003, 2008), correctional counseling (Kelley, 2008, 2011), substance abuse treatment (Banerjee, Howard, Mansheim, & Beattie, 2007; Kelley, 2003), school violence prevention (Kelley, Mills, & Shuford, 2005), anger management (Kelley & Lambert, 2012), trauma treatment (Halcón, Robertson, & Monsen, 2010; Kelley & Pransky, 2013; Kelley et al., 2014), reducing chronic stress (Halcón, Robertson, Monsen, & Claypatch, 2007; Sedgeman, 2005; Sedgeman & Sarwari, 2006), facilitating optimal mental health (Kelley, Pransky, & Lambert, 2015a; Kelley et al., 2016), preventing intimate partner violence (Kelley & Pransky, in press), and revitalizing impoverished communities (Kelley, 2003; Mills, 1995).

At present, however, little scientific evidence has been offered regarding a possible process by which Universal Mind powers Consciousness and Thought to create what people see as "reality," and how this system converts what appears to begin with formless energy into physical form. To help fill this void the authors reviewed numerous works from particle physics (e.g. Close, 2004; Perkins, 1999), quantum physics (e.g. Omnes, 1999; Rovelli, 2016), neuroscience (e.g. Fox & Raichle, 2007; Pinker, 1999), brain research (e.g. Thompson, 2000), cellular and molecular biology (e.g. Liu, Yuanyuan, & Tollefsbol, 2008; Roberts et al., 2002), psychoneuroimmunology (e.g. Kiecolt-Glaser, McGuire, Robles, & Glaser, 2002), epigenetics (e.g. Fuchs & Flugge, 2014), energy science (e.g. Andrews & Jelly, 2007; Brennan, 1987), transpersonal psychology (e.g. Davis, 2003; Wilber, 1997), and the study of consciousness (e.g. Dennette, 1991; Hunt, 1996; Torey, 2009). After reflecting on these writings, the first author experienced what he described as "a flash of inspiration" during which he claimed to "see" how all the pieces from these different sources fit together to create what people see as "reality" and how this system appears to convert formless energy into physical form. After pondering his explanation, the second author became intrigued by its plausibility and convinced his colleague to collaborate to refine his "vision" and offer it to the spiritual and psychological communities for consideration. What follows is our attempt to propose a scientific basis for how the formless comes into form and expose some evidence for a scientific justification of the principles of Universal Mind, Consciousness and Thought.[1]

2. The Three Principles

In 1973, Sydney Banks, a common laborer in British Columbia, claimed that in a moment of spiritual enlightenment he realized how three psycho-spiritual principles—*Universal Mind, Consciousness and Thought*—interact to create all psychological experience. Banks referred to Universal Mind (or Mind) as the formless energy—and intelligence behind All life, the life force that is the source of All things; to Consciousness as the gift of awareness that allows for the recognition of form; and to Thought as the ability to create form from that formless energy. Banks realized how Mind, Consciousness and Thought were forces in the universe acting upon all people; underlying and forming the basis of anything that people can create and experience.[2] Banks (1998) stated:

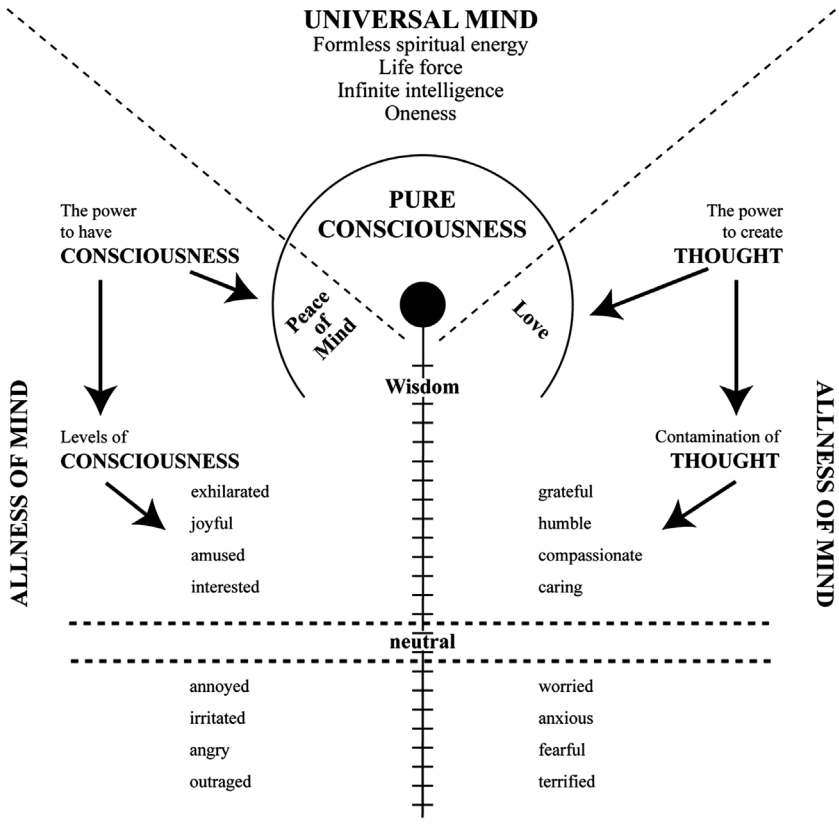

Figure 1. Universal Mind, the formless, spiritual energy behind all life, the Infinite Intelligence, pure Oneness funnels into our being as pure consciousness (our soul, our spiritual essence). This pure consciousness has the qualities of peace, love, and wisdom. In this pure state, we have natural mindfulness and are completely one with the moment. Universal Mind gives us the power to have Consciousness and the power to create Thought. The thoughts we create with that power enter into our consciousness and, depending on the quality of that thinking, contaminate it to varying degrees, giving us an infinite variety of levels of consciousness that gradually descend from as close to pure consciousness as we can get in human form to the dregs of range, terror, depression, and hate created by us, from our own ability to think up a personal reality. All levels are also part of the Allness of Mind, because Mind is behind and IS All things. Thus, Mind is All things, and therefore it must also be One, and as One, it is the purest part of itself.

Source: This figure was originally published in the *Journal of Creativity in Mental Health* (Pransky & Kelley, 2014).

> Mind, Consciousness, and Thought are the Three Principles that enable us to acknowledge, and respond to existence. They are the basic building blocks … spiritual gifts that enable us to see creation and guide us through life. All three are universal constants that can never change, and never be separated … All psychological functions are born from these Three Principles. (pp. 21–22)

An attempt by Pransky and Kelley (2014) to illustrate how the principles of Universal Mind, Consciousness and Thought interact to create people's psychological experience is presented in Figure 1.

The question we raise here is, "Is there evidence from modern science to support Banks's claim that these underlying principles work together to create people's psychological lives, and, if so, how might it all work?" While science has peered outward into the farthest reaches of the cosmos and attempted to reduce matter to its smallest possible particles, science has seldom looked within to the formless, seemingly intangible and seemingly immeasurable inner world (Wilson, 1998). Without scientific "proof" mainstream science typically scoffs at the notion of a formless inner world. However, as Pert (1997) cautioned, "… absence of proof is not proof of absence … whenever something doesn't fit the reigning paradigm, the initial response of the mainstream is to deny the facts" (p. 162). Hunt (1996) stated, "Classical concepts of reality have focused on secondary manifestations—the unfolded aspect of things—not their source" (p. 51). Sedgeman (1998) stated:

> … to grasp the difference between seeing principles and learning theoretical knowledge … requires science to examine something "new" in the context of insight and discovery-based learning … reflection as opposed to analysis … The study of the Three Principles … is about what happens before there is any content—that is, before the formation of thought. It opens the door to the spiritual—that is, to knowing in faith that one can see beyond one's knowledge. (pp. 1–2)

3. Thought: the fundamental property of human experience

Wilson (1998) emphasized that what humans call "reality" is an empirical question that can be answered only by probing the physical basis of the thought process. Wilson proposed that thought makes something happen; that thought is part of some process that results in physical form. Bohm (1994), a student of Einstein, emphasized that thought does not tell people it is participating in and altering the very way things are. According to Bohm (1994), "Thought produces something and says, 'I didn't produce it. It's really there"' (p. 25). Jeans (in Hunt, 1993) posited that the world is more like a thought system than material reality; that people can perceive only illusions of the real world. Bohm saw the universe as a unified network of events and relationships in which the mind and human soul are integral parts of existence, rather than merely products of nature. He emphasized that many physicists believe this is a fundamental event beyond physics, an act of consciousness and thought.

Einstein proved that matter is another form of energy. At the quantum level, however, there appears to be no real separation between matter and energy. Chopra (1990), stated, "... if you zero in on ... bits of sub-atomic matter, they are not material at all but rather mere vibrations of energy that have taken on the appearance of solidity ... (p. 132). Electrons under the same condition act like particles and then at other times act like waves depending on what the observer expects will happen (Radin, Michel, Johnston, & Delorme, 2013). At the quantum level, the role of the observer is prominent in determining the nature of reality (Davies & Gribbin, 2007; Radin et al., 2012). What the observer thinks will occur is what the quantum field does (Henry, 2005; Wilson, 1998). A key principle of quantum physics is "thought determines reality" (Davies, 2010; Omnes, 1999).

Zukov (1989) asserted that at each moment people are informing the energy that flows through them with each thought, and since no form exists without consciousness; there is only energy which is shaped by consciousness. Thought and consciousness appear to be inexorably intertwined. Without consciousness people would have no experience of their thinking. Eccles (in Pratt, 1995) posited that while evolution can account for the brain, only something transcendent (i.e. Universal Mind) can explain consciousness and thought.

Banks (1998) asserted that Universal Mind, Consciousness and Thought are the elements through which people create and have experience and that absent any one of the three, people would have no experience; that all psychological experience is propelled by its most fundamental property—Thought—inextricably linked to and brought to life by Consciousness and powered up by Universal Mind; that "reality" is not what is seems, precisely because thought enters perception and alters whatever people perceive; and that consciousness would forever remain a mystery were it not for its connection to thought.

4. How formless thought comes into form

What follows is a process that we propose captures generally how "formless thought comes into form" within human beings. This model distinguishes three levels of thought and attempts to explain how thought at each of these levels precedes people's every psychological experience—their sensations, perceptions, emotions—and their behavior. Furthermore, in this process thought refers to all mental activity, as well as all spiritual activity "taken in" by human beings (and all living creatures). We believe this proposed system plausibly demonstrates how Universal Mind, Consciousness and Thought work together to convert what appears to begin as formless energy into physical form. We do not mean to suggest that the following components represent this process in entirety, nor that these components work in so precise and orderly a fashion. However, we posit that this process suggests how its components generally work to create what people experience as "reality" and then how people react or respond to the "reality" they create.

5. Level I thought: protothought

5.1. People make contact with the outside world

To begin this process, people must somehow make contact with or interact with the outside world. The vehicle through which this appears to occur is through people's five—some would say six—senses.[3]

5.2. Formless thought intercedes in such a way that people can never know outside reality

The prevailing view is that people's attention and awareness are engaged when an external stimulus is of sufficient strength to enter their consciousness (Brown, Ryan, & Creswell, 2007). This perspective emphasizes the impact of external sensory data on the nervous system (e.g. sound proceeds from an outside source, enters the ears, and is perceived). The authors posit that this picture is incorrect. In contrast we propose that sensory input is inseparately linked with thought; that thought informs people's senses; that people's attention and awareness (or the lack thereof) are the registration within consciousness of thought through people's senses (Kelley et al., 2016). For an external stimulus to even register on the senses people must first, most often unknowingly, have a thought regarding the external stimulus. For example, if a clock is ticking in a room but someone does not hear "the tick" it would not register in this person's consciousness via the sense of hearing.

Several researchers have speculated how this might happen. For example, Glasser and Powers (1981) posited that people's only contact with the external world is through a primary level of perception, which they called "intensity." Some intensity of light, sound, touch, etc., makes contact with people's sense organs and is all people can ever know of the real world because, from this point on, interpretation takes over. In other words, by the time this intensity reaches the brain it has already been altered into what Glasser and Powers called "sensation." Because sensation is already altered by interpretation (i.e. thought), people really know nothing of the real world—only a thought-created apparition of it.

Pert (1997) stated, "There is a plethora of elegant neurophysiological data suggesting that the nervous system scans the outer world for material that it is prepared to find by virtue of its wiring hookups, its own internal patterns, and its past experience" (p. 147). Taking this a major step further, Hunt (1996) measured energy fields around the human body and posited that some form of thought comes into play within these fields *before it even reaches the senses*. Hunt (1996) stated, "There is no physical universe without our thoughts about it" (p. 44).

Thus, the authors posit that what people perceive does not come to them directly through their senses. Rather, it comes to them through thought, which at an extraordinarily deep level appears to alter *anything and everything* people can pick up from the external world *before they experience it*. This level of thought occurs at such depth and subtlety it is virtually imperceptible, yet it appears to alter everything people can possibly experience through their consciousness by what people initially experience through any of their senses. The authors refer to this as *Level I thought or protothought* (i.e. thought in process of becoming).[4]

5.3. Contact occurs through the interaction between energy fields

Hunt (1996) cited both Einstein's Unified Field Theory that, "… all matter is organized energy," and that … "the only reality is energy organized into fields;" and Lewin that, "… all things are composed of vibrations organized into fields that permeate the entire structure." As a result, Hunt concluded that people live in a sea of force fields all being absorbed and altered by the mind or thought, and therefore one must understand human beings at the level of field transactions, which are primary to people's existence.

Quantum field theory tells us that throughout all of space are numerous fields that exist everywhere (Lincoln, 2009). All particles (e.g. electrons, photons, quarks, and/or gluons) are actually

localized vibrations of their associated fields. The Higgs boson is actually a Higgs field which interacts with other fields and gives mass to the particles associated with each field. Quantum theory appears to be telling us that these fundamental particles have no inherent existence but rather exist in an undefined state of potentialities (i.e. formlessness) until a mind (i.e. thought) interacts with them and gives them meaning (i.e. form) (Rosenblum & Kuttner, 2006). According to Chopra (1990):

> ... [all objects we see around us are connected by] ... infinite, eternal, unbounded quantum fields, a kind of invisible quilt that has all of creation stitched into it ... The hard edges of any object, such as a table or chair, are illusions forced upon us by the limits of our sight. If we had eyes tuned to the quantum world, we would see these edges blur and finally melt, giving way to unlimited quantum fields. (p. 131)

Brennan (1987) claimed to "see" the layers of the human energy field and asserted that thought exists within one of these layers. Therefore, when the human energy field surrounding the body comes into contact with other energy fields, energy contact takes place prior to sensory contact. It appears that some deep level of thought within the energy fields surrounding human beings sends signals that act as intermediary between the outside world and people's senses. Thus, the long held view that light proceeds from an external source, enters the eye, and is perceived appears to be incorrect (Henry, 2005). Whatever people see, hear, smell, touch or taste appears to be what thought brings them from an already interpreted outside world. Bohm (1994) stated, "People's senses pick up a representation painted by their thoughts in the same way an artist paints a picture that represents somebody but isn't that somebody" (p. 72). According to Henry (2005), people hoping to find out *what things are,* who have learned to accept that nothing exists but observations [i.e. thought], are far ahead of their peers.

5.4. Which then moves the molecules in people's sensory organs

Level I prototought appears to move some crucial molecules, first in people's sensory organs. Bohm (1994) stressed the importance of seeing thought as movement; part of a material process going on in the brain, the nervous system and the whole body. According to Bohm (1994), thought may move the body or the chemistry or simply the image of something else, all as one system, and it is everything.

Pert (1997) posited that a signal does not have to reach the brain for Mind to intercede because Mind exists throughout the body. She discovered that when people's senses are aroused, the molecules within them, typically referred to as neurotransmitters, begin to vibrate and communicate with neutransmitters in other parts of the body before any signal makes contact with the brain. Thus, something may strike people's senses, but by the time it leaves their sense organs so the brain would be aware of it, Mind or thought has already altered the picture. Pert (1997) referred to this as Mind at work—communication independent of the brain.

Pert's view appears to be supported by considerable research. For example, research in neurocardiology (e.g. Thayer & Lane, 2009) shows that the heart is a sensory organ and a sophisticated center for receiving and processing information. Furthermore, the nervous system within the heart (i.e. "heart brain") enables it to learn, remember, and make functional decisions independent of the brain's cerebral cortex. Moreover, these researchers conclude that numerous experiments demonstrate that signals the heart continually sends to the brain influence the function of higher brain centers involved in perception, cognition, and emotion processing. Also, several researchers (e.g. (Sonnenburg & Sonnenburg 2015) refer to the gastrointestinal system as the "second brain" because the enteric nervous system is so extensive it can operate as an independent entity without input from the brain. Furthermore, researchers, (e.g. Ramanathan & Broach, 2007) have discovered a level of memory and information processing in single cells that has not been normally associated with single cells, suggesting that individual cells have the capacity to think.

Thus, formless thought via vibration, appears to be transformed into material substances in the body. Suggesting how this might happen, Chopra (1990) stated:

> Physics informs us that the basic fabric of nature lies at the quantum level, far beyond atoms and molecules … At this level, matter and energy become inter-changeable. All quanta are made up of invisible vibrations—ghosts of energy—waiting to take physical form. (p. 7)

Hunt (1996) proposed that vibrational interaction between energy fields is what makes the molecules in people's senses begin to vibrate.

5.5. Which communicate with other molecules via mind

It appears that these vibrating neurotransmitters distribute information to other neurotransmitters (i.e. receptors) that exist throughout the body. According to Pert (1997):

> Neurotransmitters travel throughout the body every time people have a thought … and these signals bypass the brain in a direct, two-way information exchange … some kind of coded language via mind-body network … Mind at work in every cell of the body … the body's innate intelligence … (p. 185)

Hunt (1996) proposed that because this communication happens too quickly to work through chemical or neural signal transmission, it likely happens directly through the body's energy field at some quantum level. Hunt's view appears to be supported by Bohm's work in quantum physics which suggests that at the sub-atomic level all points in space are essentially the same and therefore, nothing is actually separate from anything else. This property called "quantum entanglement" or "non-locality" (Bell, 1966) posits that one particle of an entangled pair "knows" what measurement has been performed on the other even though the two particles may be separated by large distances (Nadeau & Kafatos, 1999). This may explain how communication between different cells in the body can happen instantaneously. If two neurotransmitters are non-locally connected, communication between them is instantaneous because they are not truly separate.

5.6. Which stimulates cellular changes within the body

Thus, the human body appears to have a mind—or intelligence—of its own independent of the brain where cells appear to be in constant communication with other cells through the release of neurotransmitters that communicate with other neurotransmitters. Pert (1997) stated:

> … it is like two voices—ligand and receptor—striking the same note, producing a vibration, which rings the doorbell, which leads to opening the doorway to the cell. The receptor, having received a message, transmits it from the surface of the cell deeper into the cell interior where the message can change the state of the cell dramatically. This leads to a chain reaction of biochemical events which can manufacture new proteins, cause cell divisions, open or close channels, etc. (p. 124)

At the same time, a parallel process appears to occur; a simultaneous signal from the sense organs is sent to the brain through the firing of synapses along the neural network.

6. Level II thought: interpretative thought

Pert (1997) posited that the brain must have a means of filtering the deluge of sensory information it is constantly receiving in order to attend to what the "bodymind" deems most important. It appears that only a tiny fraction of the massive external stimuli available to people ever reaches the brain's processing centers. According to Zhang and Raichle (2010), this thin stream of data probably could not produce a perception if that were all the brain took into account; the intrinsic activity must play a role. In this regard Bohm (1999) stated:

> The flux of awareness is not precisely definable, and yet it is evident prior to the definable forms of thoughts and ideas which can be seen to form and dissolve in the flux, like ripples, waves and vortices in a flowing stream. As happens with such patterns of movement in a stream, some thoughts recur and persist in a more or less stable way, while others are evanescent. (p. 11)

Thus, another level of thought appears to intercede which the authors refer to as *Level II thought or interpretative thought*. Using *Level II thought*, people interpret what has been picked up by their senses, which has already been altered by *Level I protothought*. It appears most Level II thoughts get stored in the brain's memory centers, with some interpreted as having more importance to individuals than others. This system of Level II thought appears to work by what is referred to as "reflexes" (e.g. Clark & Beck, 2010) which, if repeated again and again, become conditioned.[5]

6.1. Which stimulates other chemical changes in the brain and body

Chemical changes in the body also appear to be triggered by *Level II thought*. Bohm (1999) asserted that something happens in the chemistry—in the physics—in the neuro-physiological process. For example, a reflex may connect to endorphins and produce an impulse to hold the whole pattern further. Level II thought appears also to move the neurotransmitters. According to Pert (1997), thought is stored in the mind and is instantaneously transformed into physical reality:

> When a receptor is flooded with a ligand, it changes the cell membrane in such a way that the probability of an electrical impulse traveling across the membrane where the receptor resides is facilitated or inhibited, there-after affecting the choice of neuronal circuitry that will be used ... The decisions about what becomes a thought rising to consciousness and what remains an undigestive thought pattern buried at deeper levels in the body is mediated by the receptors. I'd say that the fact that memory is encoded or stored at the receptor level means that memory and processes are emotion–driven and unconscious but, like other receptor-mediated processes, can sometimes be made conscious. (p. 143)

In turn, this appears to stimulate more molecular movement and additional chemical changes.

6.2. Which are experienced as emotions, moods or other feelings

The movement of these molecules triggered by thought—first at Level I and then at Level II—appears to be the source of people's emotions, other feelings and moods. Before people perceive anything, Level I protothought alters people's perceptions in the first place. Then, at Level II, another thought or set of thoughts interprets or decides the relative importance of what people perceive. Typically, people's thoughts pass through so rapidly they are only aware of the emotions they spawn.[6] According to Hamilton (2010), emotions can no longer be thought to have less validity than physical, material substances but instead must be seen as cellular signals which are involved in the process of translating information into physical reality; that emotions are at the nexus between matter and the mind, bouncing back and forth between the two and influencing both. Pert (1997) claims this process literally transforms mind into matter.

Thus, thought appears to activate the physiological response and create emotions and moods which constantly regulate what people experience as "reality." People's thoughts, which are somehow screened or impacted by other thoughts, are what appear to set the emotional system in motion. According to Pert (1997), each of thousands of receptors on each cell in the body is specific to one neurotransmitter. When people have thoughts of anger, sadness, guilt, excitement, nervousness, etc., each resulting emotion releases its own flurry of neurotransmitters which surge through the body and connect with other neurotransmitters which change the structure of the cell as a whole. Then, when the cells divide, the new cell produced through its division will have more of the receptor that matches that specific neurotransmitter. Rodrigues, LeDoux, and Sapolsky (2009) stated, "... our bodies and our minds really are not separate, but instead mutually inform each other on how to process the emotional events of our lives (p. 23)." This, we believe is what Sydney Banks meant when he said that consciousness is what makes people's own thinking look and feel "real" to them. People who seem to be reacting or responding to stimuli in the outside world are really

experiencing their own thinking manifesting into a thought-form, which sets the vibration in motion, which turns it into an actual feeling or emotion. People often insist that what they are feeling is real because they truly are feeling the vibration of it, without realizing it is their own interpretation via thought that in the first place set the vibration in motion.

7. Level III thought: intentional thought

These emotions, moods and states of mind, in turn, appear to affect a third level of thought that then creates a response, which often follows an intention people do not typically realize they are setting. When Capra (1997) posited that perceptions and thoughts are colored by emotions, he appeared to be referring to what the authors refer to as *Level III thought or intentional thought.* Level II interpretative thought (and likely Level I protothought) create emotions and moods which, in turn, affect people's intentions. An intention, here, refers to thoughts regarding what people will do as a result of the emotions, moods and other feelings they experience. Intentional thought, within people's consciousness, makes them want to act—or not, which is an action in itself.

7.1. Which leads to behavior

Every behavior appears to begin with intentional thought. Though people may not be aware of the specific thought, both their being and their body have consciousness of it. Intentional thought is what makes a leg move—to walk, run or kick into action. Intentional thought is what causes a fist to clench, an arm to swing, lips to kiss—every possible response and action. Yet, people typically do not see this hidden, intentional thought any more readily than they see Level I protothought, and Level II interpretative thought.

7.2. Which may affect something out in the world and the entire system begins again

People's behavior—always perfectly aligned with intentional thought—in turn, may elicit some action or reaction "out there." Something or someone in the external world may respond or react to or act upon another person's behavior, but only via this entire system above being set into action within them. In other words, people on the receiving end go through the exact same process—from protothought to a thought into feeling into action—as did the initial person. No one ever gets a direct experience of what happens "out there." Thought, at all its different levels, at every step of the way, has its fingers on the trigger, so to speak. It appears nothing that people do or experience can ever be without thought. Any time people act or react or respond to anything, they do so through their own creative power of thought.

Thus, the authors conclude that *Thought* appears to precede all levels of the entire process. *Level I protothought* precedes perceptions. *Level II interpretative thought* precedes emotions. *Level III intentional thought* precedes actions. The steps in our proposed process of thought into form within human beings are summarized in Figure 2.

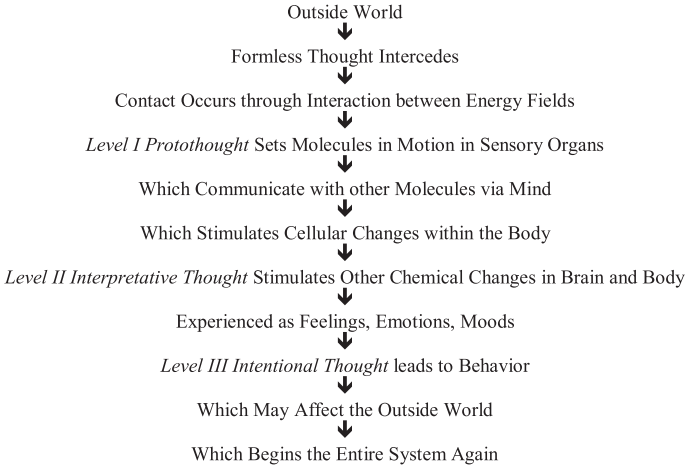

Figure 2. The steps in our proposed process of thought into form within human beings.

8. Implications for improved mental health

If the process we have proposed captures generally how "thought into form" works within and around people's beings and bodies, the question then becomes, "Can people somehow intervene in or affect this process in ways that are in their best interests?" The authors propose that when people realize the general workings of this system, this realization in itself raises one's level of consciousness, thereby promoting health—that realizing the critical role thought plays in the creation of what people call "reality" in and of itself promotes well-being. When people "see"—at a deep level—the "inside-out" nature of everyone's psychological experience—they begin using the power of thought more in their best interest rather than inadvertently against themselves. It appears that simply understanding how all psychological experience is coming from people's own thinking—not from "out there"—and because thinking changes people are never stuck where they are, is enough to help people not take their thinking and its creations so seriously or personally and allow their thoughts to flow more freely through their minds. Conversely, if people do not realize how thought works, they tend to be confused, "tricked" or seduced by its animation via consciousness and innocently obscure the mental and perhaps even the physical health they are meant to experience as a lifestyle. Thought-into-form is always seeking coherence and when the system experiences incoherence it seeks to right itself—on its own—unless people innocently impede this natural process with their own personal thinking.

8.1. Thought beyond the personal mind from higher consciousness

Banks (1998) pointed people to a realm beyond the personal mind, from which insights, intuition, wisdom, realizations and revelations spring. While these are also within the domain of thought, they appear to be from a different realm and appear when the mind quiets or clears. Bohm (1999) corroborated this when asserting insight or intelligence exists beyond people's conditioned thought patterns. As Chopra (1990) stated:

> [Beyond the constant activity of the mind] ... lies a silent region that appears as empty as the quantum field between the stars. Yet, like the quantum field, our inner silence holds rich promise. The silence inside us is the key to the quantum mechanical body. It is not chaotic but an organized silence. It has shape and design, purpose and processes, just like the physical body ... (p. 10)

In this regard, brain imaging research has spawned the discovery of the brain's "default mode network" (DMN); specific areas of the brain that activate and communicate whenever people's minds quiet or clear (Buckner, Andrews-Hanna, & Schacter, 2008; Fox & Raichle, 2007). The DMN appears to be critical for providing context for what people experience in their small window of consciousness. It appears that the role of the DMN is to synchronize communication in all parts of the brain and the body so that people are optimally responsive to whatever life calls for in the moment. Raichle (2010) likened the brain metaphorically to a symphony orchestra, a federation of interdependent components, where, at the top of the hierarchy resides the DMN which acts as conductor with the need to balance planned responses with the immediate needs of the moment.

Also, several researchers (e.g. Smallwood & Schooler, 2006) have posited that creativity is associated with spontaneous cognitions that appear to arise from DMN activity. Furthermore, mindfulness-based techniques (e.g. meditation) appear to stimulate activity in the DMN which may help explain why these techniques have been associated with improved well-being (Brewer et al., 2011). Interestingly, several severe mental disorders (e.g. autism, schizophrenia, Alzheimer's disease, post-traumatic stress disorder, and/or attention deficit/hyperactivity disorder) have been associated with dysfunction in the DMN (Buckner et al., 2008). Thus, it appears that when people's minds quiet or clear, the brain spontaneously uses the energy of Universal Mind in people's best interests.

The authors posit that when people grasp the innate design behind the power of thought; realize its innate intelligence; see past their conditioned habits of thinking; realize they are the thinkers of

the thoughts that create their psychological experience; see the futility of trying to forcefully think their way through life and allow the mind to clear, they experience higher levels of consciousness where new insights are available that can move the entire process to a healthier place. Banks (1998) stated:

> As our consciousness ascends we regain purity of *Thought*, and regain our feelings of love and understanding. Mental health lies within the consciousness of all human beings. This is why we must look past our contaminated thoughts to find the purity and wisdom that lies inside our own consciousness. (pp. 40–41)

Myss (1996) asserted that because Divine energy is inherent in our biological system, every thought entering our mind, every belief nurtured, every memory hung onto translates into a positive or negative command to our bodies and spirits. Thus, it appears that people may be creating their own health via their understanding and use of the creative power of thought. For example, if people have a negative attitude, they may be bombarding their cells with those specific neurotransmitters which, in turn, may be programing their cells to receive more of those neurotransmitters in the future. Worse, those people may be reducing the number of receptors of positive-attitude neurotransmitters, making themselves inclined toward negativity.

Simultaneously, people may inadvertently be creating neural pathways in their brains which more easily allow negative thoughts to travel these pathways like wheels in a rut. Research on neuroplasty (e.g. Fuchs & Flugge, 2014) appears to support this view. It seems that what people attend to—consciously or unconsciously—results in neurons firing together and wiring together. For example, Stefano, Cadet, Fimiani, and Magazine (2001) observed almost immediate changes in nitric oxide (NO), a critical component of the immune system, in response to increasing and decreasing stressful cognitions. The changes in NO were so rapid the researchers speculated they, "… may really represent the manifestation of a proactive mind-body link that evokes an innate protective response" (p. 2). Kiecolt-Glaser et al. (2002) concluded that negative affect, a characteristic of much of the psychopathology spectrum, is a key pathway for other psychological modifiers of immune function. Conversely, McCraty and Tomasino (2006) stated that through fostering positive emotions and psychophysiological coherence, people can replace habitual emotional patterns underlying stress with new, healthier patterns that foster increased emotional stability, mental acuity, and physiological efficiency as a new norm. Banks (1998) and Kelley et al. (2016) assert it is not necessary to go out of one's way to reframe one's thinking or to think more positively because when one ceases to think in a negative manner, healthy thinking naturally surfaces.

The science of epigenetics (e.g. Liu et al., 2008) posits that thought influences the expression of genes. According to Lipton (2005), genes do not make decisions about being turned on and off. Rather, genes can be considered blueprints that provide potentials, and the human body is structured to develop and regenerate itself from gene blueprints. Thought can be viewed as the building contractor that adjusts DNA blueprints. Thus, people may be creating their own biology with their thinking.

Prigogine (in Capra, 1997) asserted that a closed system will decay and deteriorate. According to Myss (1996), transmitting energy to the past by dwelling on painful memories draws power from people's bodies and can lead to illness. Thompson, Mehlsen, and Hokland (2004) demonstrated that re-thinking painful memories is associated with various types of physical pain and immune system dysfunction. However, if energy is introduced into the system, the disintegration process is altered and matter takes on a higher organization. The authors posit that new energy surfaces spontaneously when people realize the "inside-out" nature of people's psychological experience. When people "see" how Universal Mind, Thought and Consciousness work from the "inside-out" to create people's psychological lives, the system gets rejuvenated.

9. Conclusion

The authors conclude that science appears to corroborate much of what Banks (1998) came to realize through his enlightenment experience. Modern science's view of the cosmos appears to eliminate all distinctions between matter, energy and space, encompassing them into a single reality; a web of energy connecting all things called the quantum field. Everything appears to be part of the quantum field which continually oscillates between two states—"matter" (i.e. form) and "force" (i.e. formless energy). Form appears to be a local concentration of the quantum field,—a temporary clustering of energy that begins to vibrate at a certain frequency that appears solid to people's senses. Everything, including people's thoughts, appears to be a transient particle manifestation of the quantum field.

The quantum field appears to contain an infinite number of every type of particle in potential form waiting for thought to tell it how to behave. According to the new science, thought determines what manifests out of the field of all possibility and into form. It appears that every time people's reality oscillates between form and the pure energy state of the field, their awareness informs the field "what to reappear as" when it transitions back to form at the quantum level. Thus, it seems that people's understanding and use of the power of thought determines whether or not what manifests from the quantum field is in their best interest. It appears that when people trust thought to operate in a natural free-flowing way, their psyche aligns with its healthy energetic blueprint and the atoms and molecules in their body align optimally because they are aligning with Universal Principles and matching their energy with the energy coming directly from the field of all possibilities (i.e. Universal Mind)—higher frequencies of health, inspiration, joy, wisdom, and love.

The new science appears to offer support for our proposition that thought at the three levels we have posited gets directed toward either health or dysfunction. As people's understanding and use of this creative power improves, the health of the human system improves.[7] People's energy field is natural, luminous, vibrant, intelligent, and naturally designed to flow unhindered as a powerful stream of consciousness. However, when people do not realize the "inside-out" nature of everyone's psychological experience, they tend to innocently impede the natural flow of their Divine gift of the power of thought. West (2014) stated:

> If you could discover that you are pure consciousness … an infinite creative aware-ness that is manifesting reality and co-creating reality with other aspects of yourself (because every being is an expression of the infinite universal consciousness) then you can start to take complete control over your body, your health and your life. (p. 14)

Banks (1998) called it "formlessness before the formation of time, space, and matter" (p. 26). Now research from the new science appears to be pointing us in the same direction.

What is unique about Banks's discovery is that the principles of Universal Mind, Consciousness and Thought appear to offer a coherent explanation of people's psychological lives at a time when psychology is still searching for unifying principles. Of course, this is not meant to be the definitive word on this subject. We have likely only scratched the surface. Hopefully, what we have offered suggests a direction for further inquiry. Schmidt (in Dorfman, 2015) stated:

> Bridges must be re-built between science and spirit, or the inner and outer, to show that these worlds are connected, flowing from one to the other … or science will wander aimlessly and will not understand how to benefit humanity until we know and understand how we create suffering on this planet and until the outer world is informed by the intelligence of the inner world. (p. 152)

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Notes

1. The second author is indebted to the first for allowing him to assist in expanding and bringing his plausbile vision to a larger audience.
2. For an in-depth description of the principles of Universal Mind, Consciousness and Thought and how they appear to interact to create people's psychological lives we encourage readers to review the original works of Sydney Banks (1998, 2001, 2005) and/or recent works of the Pransky and Kelley (2014) and Kelley et al. (2016).
3. The sixth sense has been defined as "a power or perception seemingly independent of the five senses; intuition" (American Heritage Dictionary).
4. While people are typically not conscious of this level of thought, the authors assert that it is helpful for people to realize that Level I prototought is continually operating within them and affecting how their lives appear to them.
5. Most people don't realize that every emotion is after the fact of thought. Bohm (1994) stated, "... you don't realize that what you are feeling in the body has been stimulated by your thought, so you may say, 'I feel fear in the pit of my stomach ...'" (p. 40).
6. This, we believe, is what Banks meant when he said that consciousness is what makes people's own thinking look and feel "real" to them. People are experiencing their own thinking manifesting into a thought-form, which sets the vibration in motion, which turns it into an actual feeling or emotion. People often insist that what they are feeling is real because they truly are feeling the vibration of it, without realizing it was their own interpretation via thought that in the first place set the vibration in motion.
7. When we say that people "use" these principles we don't mean to suggest that people do something. People naturally use the Three Principles to have psychological experience in the same way they use gravity to stay anchored to the Earth.

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PRINCIPLE-BASED CORRECTIONAL COUNSELING: TEACHING HEALTH VERSUS TREATING ILLNESS

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PRINCIPLE-BASED CORRECTIONAL COUNSELING: TEACHING HEALTH VERSUS TREATING ILLNESS

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Wayne State University

Principle-based correctional counseling (PBCC) is based on the assumption that all offenders have innate mental health. Thus, the primary goal of PBCC is to teach offenders how to rekindle and experience their natural capacity for psychological well-being. PBCC accomplishes this by teaching offenders: (a) how the principles of Mind, Thought, and Consciousness create their experience from the inside-out, and (b) how to use their thinking agency in accord with its natural design. According to PBCC, as offenders understand these principles and realize how to use thought in their best interest, their overall psychological functioning improves. This paper describes the principles and assumptions behind PBCC and compares this paradigm to other contemporary correctional counseling models on several key dimensions. Finally, it summarizes research findings supporting the effectiveness of PBCC-based interventions with adolescent and adult offenders.

Since the late 1970s, a completely different paradigm for understanding and addressing delinquency and criminality has been quietly spreading through the helping professions. Commonly known as Mind, Thought, Consciousness/Innate Health, this model emerged from the insights of Sidney Banks (1983; 1989; 1998; 2001), who realized that a deeper understanding of deviant behavior could be achieved by looking beyond the realm of form in which psychology had typically restricted its domain of inquiry. Banks asserted that there were principles operating to create form, and offered the time-honored concepts of Mind, Thought, and Consciousness to describe these processes. The initial research on these principles was carried out at the University of Oregon by psychologists, Roger Mills and George Pransky, through a five-year (1974-1979) NIMH-sponsored

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grant. This research ultimately led to a unique psycho-educational approach to prevention and treatment based on the assumptions that: (a) offenders 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, well-being, self-motivation, self-efficacy, wisdom, and common sense; and (b) offenders can realize, activate, and live from this healthy, wise, balanced state of mind regardless of past circumstances, present stressors, and external events encountered over time. Subsequently, these principles have been applied to criminological theory (Kelley, 1990, 1993a, 1993b, 1996), crime and delinquency prevention (Kelley, 2003a, 2003b; Kelley, Mills, & Shuford, 2005; Kelley & Stack, 2000; Mills, Dunham, & Alpert, 1988), and community revitalization (Mills, 1992; Mills & Spittle, 1998; J. Pransky, 1998).

This paper is the first to use these principles to formulate a unique approach to offender rehabilitation called principle-based correctional counseling (PBCC). It first describes the principles and major assumptions behind PBCC. It then compares PBCC to other contemporary correctional counseling models on several key dimensions. Finally, it summarizes the results of several applied research studies which support PBCC's major assumptions and the effectiveness of PBCC-based interventions in a variety of community-based settings.

THE PRINCIPLES AND ASSUMPTIONS BEHIND PBCC

PBCC assumes that all forms of deviant behavior, as well as all behavior change, can be explained by the interplay of three principles. These principles, or fundamental truths, are Mind, Thought, and Consciousness. PBCC asserts that these principles are continually working together to create the mental-emotional life experience of all offenders.

PBCC defines the principle of Universal Mind as the formless, infinite energy of all things. Mind is the intelligent force that powers up human mental functioning. Mind refers to the formless energy that constantly flows through all human beings, a field of

energy of which we are all a part and utilize continually. Every culture and religion has a name for this universal intelligence such as Divine Ground, Mastermind, Source, Great Spirit, Creator, Absolute, and God. Today, most physicists agree that a field of formless energy exists throughout the universe (e.g., Taubes, 1999; Miller and Thorenson, 2003). Banks (2001) described the principle of Mind as follows:

> The Universal Mind, or the impersonal mind, is constant and unchangeable. The personal mind is in a perpetual state of change. All humans have the inner ability to synchronize their personal mind with impersonal mind to bring harmony into their lives…Universal Mind and personal mind are not two minds thinking differently, but two ways of using the same Mind. (pp. 31-34)

The principle of Thought describes the capacity of the personal mind to use the energy of Universal Mind to form an infinitely variable personal reality to express unique life. Put another way, the principle of Thought is the human power or ability to create; the mental imaging ability of human beings; the on-going creation of all experience via mental activity. The principle of Consciousness describes the human capacity to be aware of the reality being created by thought. It is the neutral energy of Mind that allows people to be aware, to be cognizant of the moment in a sensate and knowing way. Put another way, Consciousness transforms Thought, or mental activity, into subjective experience through the physical senses. Thus, as an offender's thinking agency generates mental images, these images appear real to him or her as they merge with the faculty of Consciousness and register as sensory experience. Thus, Consciousness is the on-going sensory experience of Thought as an offender's personal reality.

The logic of the three principles behind PBCC suggests that every offender's experience is produced by the continuous Mind-powered combustion of Thought and Consciousness, and is the only experience of which offenders are capable. Thus, the mental life of every offender is the moment-to-moment product of their thinking transformed into their experience by their faculty of consciousness.

Finally, the behavior of every offender (deviant to conforming) unfolds in precise synchronization with their continually changing personal reality produced by the three principles. According to Sedgeman (2005):

> These three principles combined refer to a universal dynamic of creation that is constant. Each offender's moment-to-moment thinking is variable, representing the boundless array of potential forms energy can take. The essential meaning of the principles is that thoughts are no different from any other "forms" of life, always in motion, ever-changing through an infinitude of possibilities, originating from the one formless, energy source. (p. 49)

INNATE MENTAL HEALTH

PBCC further assumes that all offenders possess the innate capacity for psychological well-being, which occurs when their personal mind is aligned with Mind. Put another way, PBCC asserts that at birth, an offender's personal mind is typically aligned with Mind and automatically receives a natural flow of intelligent, responsive thought. Subsequently, whenever an offender's personal mind quiets or clears, it automatically realigns with Mind and accesses this same effortless, intelligent thought process. PBCC proposes that this generic, responsive free-flowing thought process is the source of the experience of psychological well-being.

According to PBCC, regardless of their current circumstances, mental status or prior socialization, all offenders have the same built-in predisposition for psychological well-being and will exhibit its attributes to the degree that their minds are quiet or clear, which allows the generic, free-flowing thought process to surface. In the words of Mustakova-Possardt (2002):

> Mental health is the innate capacity of every offender 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 conscious-

> ness and accessed via a clear mind, or from realizing the infinite capacity for formless creation of new experience via thought" (J. Pransky, 2000). 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, and is characterized by a natural and effortless flow of thought…as the experience of peace, contentment, larger perspective on immediate reality, detachment and a general generous, loving, and deeply moral view of life. (p. 11)

PBCC proposes that the innate design for every offender is to live typically in the experience of psychological health produced by natural thinking. Most offenders, however, not only under-utilize the generic thinking process—most don't realize that it exists. What most offenders view as the prominent, if not exclusive thought process, is learned, deliberate, personal thinking (e.g., analyzing, processing, theorizing). According to PBCC, all deviant behavior stems from offenders' ignorance of how their thinking agency was designed to be used. Criminality of all types is viewed by PBCC as one way that offenders cope with the distorted perceptions and insecure feelings they experience when: (a) they drift away from the innate, healthy thought process, and (b) don't recognize that the misuse of thought is creating this unsettling experience. Mental health is seen as returning to natural thinking and regaining their emotional bearing. The severity and frequency of mental dysfunction and subsequent criminality is determined by: (a) how far and how often an offender moves away from his or her innate, healthy thought process, and (b) an offender's level of understanding how thought works to create his or her reality. According to Sedgeman (2005):

> Much correctional counseling focuses on the specific content of an offender's thinking as though it were absolute, with no acknowledgement of the subtle variations in thinking that arise from an ever-changing state of mind or feeling state. Once the process of thinking is realized, once offenders understand how their thinking works to create reality and how powerful the transitory and illusory images of thinking appear to be, they are set free from living at the mercy of the thoughts they

> think. They can see that the experience of stress and distress is merely their own thought-consciousness manifesting negative, worrisome, distressing experience, and that those thoughts have no life beyond the moment they are created and used in their minds. They see the illusory, kaleidoscopic nature of all formed thoughts. (p. 49)

In sum, according to the three principles behind PBCC, every offender's experience is created by thought enlivened by consciousness. Consciousness is a constant, bringing to life every thought that enters a offender's mind. Thus, the only variable in this paradigm is thought. *That* offenders think is not a variable because all human beings think continually. *What* offenders think, however, and *how they use their thinking agency* **are** variables ultimately under their control. Therefore, according to PBCC, the only leveraged entry point into improving offenders' psychological functioning and ultimately reducing recidivism, is to facilitate a shift in the way they relate to and use their ability to think.

Thus, principle-based correctional counselors attempt to teach offenders to look **before** thought content to the manner in which they create and then experience the products of their thinking (e.g., moods, feelings, perceptions, etc.) from the inside-out. They strive to produce lasting change by teaching offenders how to better use and relate to their thinking ability by helping them realize its natural design.

It should be emphasized that principle-based correctional counselors do not try to talk clients out of negative thoughts, ask them to replace them with more positive or rational thoughts, or emphasize thought stopping, mindfulness, or meditative techniques. Principle-based correctional counselors help offenders realize the fundamental and powerful principles that are continually at work creating their experience from the inside-out. Rather than substituting functional for dysfunctional self-cognition, in this inside-out paradigm, *the fact of Thought* is explored as a deeper independent variable. PBCC asserts that once the innate design behind human thinking is grasped by offenders, the quality of their thinking will automatically improve. As this understanding deepens, offenders

will be empowered to avoid deviant reactions to difficult circumstances, low moods, and painful feelings; to demonstrate resiliency during difficult times; and to expand the time they spend experiencing mental well-being.

PBCC VERSUS OTHER CORRECTIONAL COUNSELING METHODS

PBCC can be distinguished from other contemporary correctional therapies (e.g., humanistic, cognitive-behavioral, social-learning) in the following key areas: understanding versus awareness; memory recognition versus memory work; understanding emotions versus dealing with them; permanent change versus temporary relief; and teaching health versus treating illness. In each area, the primary difference has to do with the focus of counseling. PBCC focuses on helping offenders understand how the principles of Mind, Consciousness, and Thought combine to create their experience from the inside-out. Other contemporary correctional therapies typically address the experience itself (e.g., criminogenic needs, painful emotions, dysfunctional thought content); the after-the-fact products of the three principles in action.

Understanding versus Awareness

Principle-based correctional counselors help offenders understand that they are continually using their ability to think to create their personal experience from the inside-out. They strive to deepen offenders' understanding that thinking is an ability or agency that they use to produce thoughts, which in turn are made to look real by their faculty of consciousness. The use of the term *understanding* here is not about thought content, but rather about the ability to gain perspective on the products of thought, the fact of thought formation, or the use of thinking to produce thought.

In contrast, other contemporary correctional therapies strive to increase offenders' awareness of the products of thought (e.g., criminogenic beliefs, insecure feelings, distorted perceptions). Typically, these therapies use the term *awareness* to refer to the recognition and often the subsequent analysis or refutation of these

thought products, including how they developed historically. These approaches assume that such awareness is intrinsically therapeutic. For example, if an offender becomes aware that he reacts to his wife in the same manner that he did his mother, or that at times his thoughts about his wife are irrational, he is better off than if he were unaware of these facts. Another goal of such therapies is to help offenders explain these patterns through assumed causal factors such as deviant conditioning, learned criminogenic beliefs, and traumatic past events (e.g., child abuse).

In contrast, principle-based correctional counselors attempt to deepen offenders' understanding that their moods, beliefs, perceptions, feelings, and behavior are all created by them, from within. Their primary goal is to help offenders see their specific personal life experience within the context of generic human psychological functioning. The above offender, for example, would learn that the way he sees his wife is solely a product of his thinking, not the effect of his wife, his mother, or any other woman. Also, he would be helped to understand the temporary and illusory nature of this thinking, and how, if he stops viewing this temporary reality as "the truth," it will naturally self-correct without a need to actively work at changing it.

PBCC further proposes that increasing offenders' awareness, absenting understanding the three principles, often results in unintended negative consequences. For example, it runs the risk of discouraging offenders by making external factors, internal dynamics, and irrational thoughts appear to have more "reality" and importance than they previously perceived. Thus, instead of freeing offenders from painful feelings, distorted perceptions, and dysfunctional beliefs, it gives credibility to these experiences and can increase an offender's self-consciousness. On the other hand, when offenders understand that unpleasant or fearful "reality" is internally generated by the link between their memory and their senses, they gain adaptive distancing from these painful experiences. Put another way, offenders are considerably less disturbed by painful thoughts they perceive as coming from their own minds, than emotional pain that appears to be influenced or inflicted by conditions over which

they have limited or no control. Mills, Pransky, and Klein (2005) provide a poignant example:

> A husband thinks his wife is too selfish and needs to be put in her place. He believes that this reality is a valid reason to perpetrate domestic violence. In prevention from the inside-out, the husband would be helped to call into question the "reality" he is experiencing; that the way he is seeing his wife is one of many possibilities along a vertical continuum. Seen from a higher perspective, the power would be taken out of his compelling feeling; he would no longer feel compelled to follow the "reality" that led him to violence, because he is able to see that his own thinking brought him there. No matter what outside-in intervention is attempted, if the husband's understanding of Thought does not change, he will continue to become trapped by his conditioned view of his wife and be compelled to act on it, or have to continually fight against his compelling feelings. (p. 31)

Mills et al. (2005) goes on to emphasize that the same is true of any problem behavior: a youth growing up in a violent neighborhood who *thinks* he will be safer if he joins a gang; a sexual predator who *thinks* he must have the object of his desires and can't live calmly again until he does; a teenage girl who feels lonely and worthless and *thinks* if she had a baby to take care of, her life would be worthwhile; a pre-teen who *thinks* the way to be cool and accepted is to drink and smoke pot with all the other cool kids; an alcoholic or heroin addict who *thinks* he can't live without drinking or getting the next hit. Mills emphasizes that all these people *think* they are seeing true "reality," but it is really their own thinking masquerading as reality out of which they feel compelled to act. Without realizing that other levels of consciousness exist, all are stuck acting out the "reality" they see. PBCC helps such people call into question these "realities" by helping them understand how the principles of Mind, Thought and Consciousness work within them. When offenders are helped to understand that their experience is created from within, a separation is created between their conditioned habits of personal thinking and the resulting behavior. Into this gap flows wisdom, causing habitual thoughts, emotions, and behavior to take

on less importance in their lives. Offenders are helped to understand that when their minds are clear or calm their compelling feelings weaken and they access the wisdom not to follow them. When offenders are aligned with wisdom, they are less likely to waste energy on blaming themselves, others, or the circumstances in which they find themselves. They are less likely to engage in self-defeating behavior or stay immersed in psychological distress. They are more likely to stop blaming themselves or others because it doesn't make sense in the state of clarity or common sense. As offenders' understanding deepens of how this entire process works, their lives continue to improve.

Memory Recognition versus Memory Work

PBCC views memory as stored thought that can be brought to life via an offender's thinking. Thus, rather than teaching offenders how to cope with, refute, or cleanse painful memories, principle-based counselors help offenders: (a) recognize memory as thought brought forward from the past, and (b) understand their capacity to allow these thoughts to pass through their minds in a neutral, non-reactive way which allows them to be healed naturally with minimal interference with their lives.

On the other hand, other contemporary correctional therapies typically assume that memory drives psychological dysfunction. Thus, these therapies consider memory work or memory renovation a necessity. For example, psycho-analytically-based correctional approaches attempt to work through unresolved memories. Humanistic therapies attempt, through catharsis, to clear up unexpressed feelings stored as memories. Behavioral approaches attempt to extinguish deviant responses, or reinforce pro-social response patterns to evoke painful memories. At the heart of cognitive and rational-emotive approaches is the notion that memory is linked to emotion and behavior. Thus, these approaches emphasize changing dysfunctional thought patterns and characterize many relapse prevention programs for sexual offenders and substance abusers. In contrast, PBCC emphasizes a deeper dimension of thought and wisdom as the point of intervention *without focusing on thought content* or trying to reformulate or reframe negative or distorted thoughts.

PBCC questions the effectiveness of memory renovation as a therapeutic modality. First, memory renovation seems impractical, given the myriad of painful and dysfunctional memories held by a typical offender, as well as the stubborn nature of many such memories. More importantly, however, the problem most offenders have with memory is not the particular thoughts that come to mind, but whether or not they understand what memory is, and how to relate to it in a functional manner. Offenders who relate to memory with understanding find that it causes them little or no distress. If, on the other hand, they innocently mistake and react to memory "as reality," they will experience ongoing distress. Offenders who relate to memory with little understanding will have as many psychological problems from future painful or dysfunctional thoughts as they do from present ones. Thus, attempting to help offenders by renovating memory data is akin to placing a bucket under a leaky roof. Teaching offenders about innate health and how the three principles work to create their experience fixes the roof and empowers them to maintain their composure whenever and whatever unsettling memories happen to surface.

Understanding Emotions versus Dealing with Emotions

Many contemporary correctional therapies focus directly on offenders' painful feelings (e.g., anxiety, depression, anger), and teach them to cope with these feelings with strategies like ventilation, systematic desensitization, and challenging their irrational beliefs. On the other hand, PBCC asserts that when offenders understand the true nature and purpose of emotions, they have no need to deal with them as if they had a life and influence of their own. Principle-based counselors help offenders understand that painful emotions are products of their own thinking, which they can readily dismiss like any unwanted memory or daydream. According to PBCC, the reason that negative emotions have a significant presence in most offenders' lives is that: (a) they appear to them to be real rather than simply dismissible thoughts, and (b) even if they could be dismissed, negative emotions have a mystique in our culture of being important and demanding attention.

Principle-based correctional therapists view sustained negative emotions as products of learned, dysfunctional habits of thinking. The only "existence" such emotions have is in the minds of the offenders who learned them at the moment they bring them to mind. Once offenders begin to see painful emotions as insecure thoughts brought to life and sustained by their thinking, they find it increasing easy to dismiss them.

In addition, there is a distinct set of emotions emphasized by PBCC, which is typically ignored by most correctional therapies. These are the natural or innate emotions experienced by all offenders when their minds are at peace (e.g., contentment, compassion, humor, gratitude, exhilaration). Principle-based counselors teach offenders how to access these generic human feelings by quieting their minds and allowing natural, free-flowing thinking to produce them. Interestingly, while the recent wave of correctional therapies spawned by positive psychology do focus on "positive" emotions, they view them as products of *external* factors such as engaging activities, supportive relationships, and religious faith (e.g., Czikszentmihalyi, 1999; Deiner, 1984).

Finally, principle-based counselors help offenders understand an important utility of emotions; to serve as a reliable barometer of the quality of their thinking in each moment. According to PBCC, painful emotions signal offenders that their thinking is dysfunctional and clouding their innate wisdom. The more painful the emotion, the more dysfunctional an offender's thinking. On the other hand, natural feelings like well-being and contentment tell offenders that their thinking has perspective and common sense. Thus, rather than an entity with which to cope, contend, or control, emotions are seen by PBCC as reliable guideposts to the moment-to-moment quality of an offenders' thinking. Sedgeman (2005) puts it this way:

> Offenders realize they can navigate life using their feeling state as a reliable guide to the moment-to-moment quality of their thinking, knowing that the thinking process naturally self-corrects. Unattended thoughts pass, the mind clears, consciousness lifts, and from a quiet mind and positive feeling state, offenders increasingly

> get functional ideas. The natural tendency of the human mind at peace is toward wisdom and insight, which might be called psychological homeostasis. (p. 52)

Permanent Change versus Temporary Relief

PBCC views temporary symptom relief, although intrinsically valuable, as only a step toward more permanent change, which emerges from understanding the three principles and how to use thought in sync with its natural design. Anything short of this is viewed by PBCC as incomplete treatment. While this goal is not achieved with every client, it is a principle-based counselor's definition of correctional counseling success. Temporary relief is illustrated by: (a) a violent offender managing his anger without understanding how anger is caused by the misuse of thought, and how to live life in a more healthy state of mind by correcting for troublesome thinking, or (b) an alcoholic offender who stops drinking and stays dry for several months without learning that her desire to drink originates in thought, and that she has the capability to better use her thinking agency. While these results would be preferable to no positive improvement, they would be seen by principle-based correctional therapists as temporary, although welcome for two reasons: (a) they give temporary relief, but more importantly, (b) they improve the offender's learning curve so that understanding the three principles becomes more leveraged.

Although "successful" PBCC offenders will continue to experience ups and downs in life regardless of their level of understanding the three principles, they will be buffered from dysfunctional thought processes and remain more resilient due to their increased realization of how to use thought to their advantage. This result occurs as offenders realize that thought is at the root of all their problems and that they can transcend that thinking on an ongoing basis. In sum, successful PBCC offenders come to realize they can have the satisfying feelings they desire and resolve their own life problems by accessing the wisdom in a natural, healthy thought process. Thus, PBCC would consider both the violent and alcoholic offenders cured when they were functioning at a level of understanding that allowed them to use thought in a way that would

eliminate or minimize the significance of the painful feelings that make intoxication and violence appear desirable.

Teaching Health versus Treating Illness

The prevailing correctional therapies typically strive to treat DSM-IVR-diagnosed offender illnesses. They assume that offenders are restored to their "normal" level of health (i.e., highest previous GAF) when their presenting symptoms and problems are relieved or resolved. In contrast, the primary goal of PBCC is to facilitate permanent, positive change in offenders' overall psychological health. This improved psychological functioning is evidenced by a higher quality use of thought which naturally evolves through a deeper understanding of the three principles. PBCC views an offender's presenting symptoms and problems as products or evidence of their innocent misuse of thought. These symptoms and problems are irrelevant to the cure, however, for principle-based correctional therapists assume that as offenders grasp the three principles and begin to use thought in an increasingly healthy way, their symptoms and problems will naturally resolve across the board.

Principle-based correctional counselors view offenders as naturally healthy thinkers who have innocently learned unhealthy uses of thought. They operate from faith in offenders' capacity for innate health and their ability to access more wisdom as their level of understanding the three principles deepens. Put another way, mental illness in this paradigm is seen as evidence of an offender's psychological immune system being compromised by learned misuses of thought. Therefore, principle-based counselors teach offenders how to use their thinking agency in the natural way that draws out their innate wisdom, relieves their symptoms, resolves their problems, and prevents relapse. Thus, PBCC is essentially a teaching modality rather than a treatment modality. Principle-based correctional counselors teach health rather than treat illness. J. Pransky (2003) concisely summarizes the major components of PBCC:

> The components of principle-based correctional counseling are: first, the counselor has a deep understanding of the three principles—Mind, Consciousness and Thought, lives generally in well-being and remains in a

> state of well-being throughout the session. Second, the counselor builds rapport and creates a good feeling, and nothing else happens unless rapport exists and is maintained; if rapport drops, all therapy stops until it is regained. Third, the counselor enters into a state of deep listening. Finally, when insights occur to the counselor about what the offender is not seeing, the counselor helps the offender see how the three principles work together to create his or her experience, with the intent that insights will occur that will unveil the offender's innate health. The principle-based correctional counselor does not take offenders back into the past, nor deeply into their feelings or problems, nor into the content of their thinking. The idea is for offenders to see the three principles operating in their lives as the creator of their experience. (p. 243)

EVIDENCE SUPPORTING THE ASSUMPTIONS AND EFFECTIVENESS OF PBCC

There is voluminous evidence in the child development literature which supports the major assumption of PBCC that offenders are born with innate mental health. Thousands of naturalistic observations of infants and toddlers raised in nurturing settings reveal unequivocally that such youngsters possess a natural curiosity to explore and to learn. The vast body of developmental research appears to conclude that, at birth, children do not have mind-sets that predispose them toward mental dysfunction and criminality. Instead, these studies point 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 these abilities in pro-social directions (e.g., Ainsworth, 1982; Arendt, Cone, & Sroufe, 1979; Carver & Scheier, 1990; McCombs, 1991; Mills, et al., 1988; Mills & Spittle, 2000; Sroufe, 1979; Stewart, 1985; Suarez, Mills, & Stewart, 1987; Weiner, 1990; Wilson & Hernstein, 1985).

Furthermore, there is considerable research evidence, which supports the second assumption of PBCC that this innate health

is readily available to offenders and can be re-kindled—that even high-risk offenders can access a natural capacity to think and behave in more mature, common-sense, functional ways (e.g., Dodge & Frame, 1982; Mills et al., 1988; Stewart, 1985; Suarez et al., 1987). For example, several longitudinal research studies (e.g., Benson, 1995; Bernard, 1996; Garmezy, 1974; Henderson & Milstein, 1997; O'Connell-Higgins, 1994; Rutter, 1984, 1987; Seligman, Steen, Park, & Peterson, 2005; Weiner, 1990; Werner & Smith, 1989; Wolin & Wolin, 1993) document the resiliency of individuals (including many offenders) who grew up in highly dysfunctional families and/or communities, who overcame or transcended these conditions to lead healthy, productive lives. These studies, many following large cohorts for up to 40 years, offer empirical support for the natural capacity of offenders to regain their innate mental health. Interestingly, subjects in most of the samples studied experienced no outside intervention or psychotherapy.

Also, there is considerable evidence from over two decades of applied research that the principles behind PBCC can be taught to adult offenders and at-risk youth from diverse cultural backgrounds and intellectual levels, leading to significant improvement in their psychological functioning. The principle-based psychology behind PBCC has achieved significant results in numerous clinical settings for both adolescent and adult clients displaying a wide range of DSM-IV clinical diagnoses (e.g., Bailey, 1989; Bailey, Blevens, & Heath, 1988; Blevens, Bailey, Olson, & Mills, 1992; Borg, 1997; Mills & Spittle, 2000; J. Pransky, 1999; Ringold, 1992; Shuford, 1986; Shuford & Crystal, 1988; Stewart, 1987). Furthermore, several longitudinal studies have documented the effectiveness of principle-based community empowerment projects in several of the most criminogenic urban housing projects in Florida, New York, Hawaii, Minnesota, and California (e.g., Mills & Spittle, 2002; J. Pransky, 1998). Each of these studies reported significant reductions in crime and delinquency, drug use, child abuse and neglect, and unemployment. For example, 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 PBCC 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 and Spittle (2002), the former atmosphere of fear in these communities was replaced by trusting community relationships. From observing the outcomes of these 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 world" (Mills & Spittle, 2002).

In 1990 and 1991, the Comprehensive Community Revitalization Project, a $5 million-dollar, principle-based program, was funded by a coalition of foundations in the South Bronx, and the East Bay Recovery Project in Oakland, California. 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, the homicide rate 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, principle-based training was expanded to all social service departments, Head Start, and HIPPY 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 this principle-based understanding into community schools. O.M.G., Inc. (1994), an independent evaluation agency contracted to evaluate the South Bronx project, concluded:

> the principle-based group planning sessions and programs designed to enhance self-esteem and confidence 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. (O.M.G., 1994, p. 13)

Finally, educational programs with at-risk youth based on the principles behind PBCC have resulted in significantly higher reading levels (Stewart, 1985), self-esteem (Cherry, 1992), and GPA (Mills & Spittle, 2002), as well as significant reductions in school discipline referrals, truancy, suspensions, and drop-out rates. For example, community empowerment projects in Dade County, Florida, and Oakland, California, targeted youth fitting each school district's profile of youth at risk for dropping out. These projects were funded through federal drug-free school zone 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, 275 students in grades 7-12 were served directly, while 36 teachers, 5 guidance counselors, and 40 parents received training in the principles behind PBCC. 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 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 subscales (Cherry, 1992).

IMPLICATIONS FOR OFFENDER REHABILITATION

The inside-out paradigm behind PBCC proposes that the principles of Mind, Consciousness, and Thought comprise the root cause of all deviant behavior. Thus, whether or not offenders realize it, all their behavior, as well as their potential for behavioral change, stems from their moment-to-moment use of these principles. A major implication of this fact for offender rehabilitation is all offenders continually behave in ways that make sense to them based on how their thinking makes life appear to them at each moment. Most offenders don't realize that their every experience (e.g., feelings, perceptions, moods) is coming directly from them, 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, their life circumstances, and situations. Although born with the capacity to experience natural happiness and common sense, most offenders typically contaminate this experience by innocently misusing their ability of thought. Only when offenders realize how the principles work to create their experience from the inside-out can they regain the capacity to see beyond their conditioned habits of thinking. Although they can never erase their thoughts entirely, most offenders can see them for what they are (merely habits of thought) and, in so doing, access their inner wisdom. Mills et al. (2005) put it this way:

> When offenders realize they are inadvertently creating their experience internally at each moment, they find hope through knowing the experience of life they are having and thus their future can change, simply because their thinking can change. With such realization, offenders no longer tend to expend energy wastefully on recriminations, anger, or thoughts of revenge. Increased energy is now available to them as they consider their options, make decisions, and act on behalf of themselves and others from wisdom. When they don't realize the nature of

> the principles behind this process, offenders are at the mercy of their own thinking, which often leaves them feeling disempowered and unable to cope effectively. (p. 29)

It is apparent that the three principles behind PBCC can be used successfully to draw out the natural, healthy psychological functioning of which even the most chronic offenders are capable. When offenders are exposed to these principles in ways that relate to their own experiences, and responded in ways that engage their healthier states of mind, the results appear to have a cumulative reciprocal effect that can reverse the process leading to alienation, violence, drug use, and other deviant behavior. Hopefully, the field of correctional counseling will take time to reflect on the principles behind PBCC and consider the possibility that this unique counseling paradigm can contribute to its noble mission of offender rehabilitation.

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