



# Mental health and prospective police professionals

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## Abstract

**Purpose** – To assess the mental health of members of the police force and expose any gaps existing at what should be its ideal level, with reference to aspiring policemen of the future. Aims to explain the health realization model and give a definition of optimal mental health with specific reference to the police force.

**Design/methodology/approach** – Employs the well-being inventory, a survey instrument designed specifically to measure five dimensions of optimal mental health, to assess the mental condition of 179 prospective police professionals.

**Findings** – The results of the survey appear to suggest that future job satisfaction for many prospective police professionals in the study could be less than optimal, with the implication that high notes of mental dysfunction in its various forms could be experienced.

**Practical implications** – It is imperative that sound mental health instruction be incorporated into all future police training programs. However, further research needs to be done in order to advance a process which is at present only experimental.

**Originality/value** – Emphasizes the value of teaching future police officers the nature and source of optimal psychological functioning.

**Keywords** Police, Psychological tests, Mental development, Surveys

**Paper type** Research paper

Police personnel face some of society's most serious problems, often work in dangerous settings, are typically expected to react quickly, and at the same time correctly. They must adapt to an occupation in which one moment may bring the threat of death, while other extended periods bring routine and boredom. They are expected to maintain control in chaotic situations and to resolve serious conflicts among people with lifestyles substantially different than their own. Often they become deeply immersed in situations involving injustice, public apathy, conflicting roles, injuries, and fatalities. Yet they are expected by both the public and their peers to approach these situations in an objective and professional manner, to be effective decision makers and independent problem solvers while working in a system that encourages dependency by its quasi-military structure.

As early as 1974, a classic study by Kroes *et al.* (1974) found policing to be the second most stressful occupation in the US (air-traffic controllers were first). Since then, numerous studies of health and safety among occupational groups have identified the police professions as having an extremely high incidence of stress (e.g. Crank and Caldero, 1991; Kroes, 1985; Sewell, 1983).

Clearly, the nature of work in police professions requires optimal mental health. When their mental functioning is compromised, police professionals can lose touch with the common sense and resilience they need to minimize stress, enjoy their work,



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and operate at peak performance. Over time, poor mental health can dramatically increase their proneness to physical illness (e.g. Hill and Clawson, 1988; Violanti *et al.*, 1986) emotional disorders (e.g. Gaines and Koppeler, 2003; Roberg *et al.*, 2000), accidents (e.g. Miller, 1981), marital and family problems (e.g. Alexander and Walker, 1996), excessive drinking and drug use (e.g. Brown and Campbell, 1994; Reviere and Young, 1994), suicide (e.g. Violanti *et al.*, 1996; Stack and Kelley, 2000), and litigation ranging from excessive force and false arrest, to failure to provide appropriate protection and services (e.g. Stafford, 1986).

Since optimal psychological functioning is essential for those pursuing police careers, it would seem logical that criminal justice educators and police administrators would emphasize it in their instruction, and teach each prospective police professional how to access and experience optimal mental health as a way of life. Yet, this is clearly not the case. Except for the occasional criminal justice academic department or police agency that offers classes in stress management, human relations skills or conflict resolution, there is scant attention paid to this important topic.

There are several likely reasons for this glaring gap in police instruction. First, most criminal justice educators take the mental health of their students for granted, as something achieved independently through genetics, socialization and personal experience, not as a subject to be taught at the university or academy. This view is likely reinforced by the fact that most criminal justice educators are grounded in sociology, political science and law, disciplines which focus predominantly on collective rather than individual dynamics.

Furthermore, criminal justice administrators and academicians are typically more concerned with deviance and dysfunction than with health and resilience. Their instruction overwhelmingly emphasizes the defects and deficiencies in people, groups, and institutions, highlighting the products of poor mental health and the theories that attempt to explain them. Myers (2000), for example, cites an electronic search of psychological abstracts since 1987 which turned up 8,072 articles on anger, 57,800 on anxiety, and 70,856 on depression, while only 851 abstracts mentioned joy, 2,958 happiness, and 5,701 life satisfaction. Rarely does criminal justice instruction focus on healthy mental functioning and attempt to account for the scores of happy, creative, law-abiding people who are impacted by many at-risk factors typically associated with dysfunction and deviance.

Also, many have come to see stress and burnout in police occupations as the inevitable outcome of dealing with the myriad of stressors inherent in the profession. Stress is typically viewed as part of the fabric of policing, burnout as an unfortunate, yet common phenomenon, and as rare the experiences of joy, contentment, and exhilaration.

Finally, and perhaps the most important reason for the paucity of mental health instruction in police education is ignorance. There is still tremendous disagreement among social scientists about the nature of optimal mental health, its source or sources, and how to experience it as a way of life. The psychodynamic model, for example, tends to view mental health as the successful resolution of psychosocial and psychosexual issues through the balancing of personality components. Humanistic psychology typically defines mental health as the natural human drive toward personal fulfillment, self-actualization, and "being" in the here and now. Gestalt psychology generally views healthy functioning as the ability to be in the immediate

presence of thoughts, feelings, and sensations and to accept responsibility for one's behavior. The behaviorist perspective sees health as learning adaptive behaviors and functional problem-solving through appropriate reinforcement schedules. The cognitive model defines health as the ability to distinguish and challenge irrational beliefs and schemas leading to more rational thinking and decision-making. Transpersonal psychology typically views health as the psycho-spiritual integration of personality (Craighead and Nemeroff, 2001; Mustakova-Possardt, 2002). The emerging field of positive psychology (Seligman and Csikszentmihalyi, 2000) has developed diverse models to explain optimal mental health, linking it to evolutionary influences (e.g. Buss, 2000), mature adaptive defenses such as altruism and humor (e.g. Vaillant, 2000), and positive life events and intimate social contacts (e.g. Salovey *et al.*, 2000; Myers, 1992, 2000). While each of these perspectives may point to essential pieces of the mental health puzzle, none appears to offer an explanation of psychological health fundamental enough to embrace all of its dimensions.

Recently, however, a unique principle-based psychology commonly referred to as health realization (HR) has offered an explanation of optimal mental health that appears to surpass all others in logic, simplicity, and clarity. The goals of this paper are to describe the principles behind the health realization model and offer a definition of optimal mental health that emerges from the logic of these principles, to present the well-being inventory, a survey instrument designed specifically to measure five dimensions of optimal mental health derived from this principle-based paradigm, to describe the typical mental health of 179 prospective police professionals who completed the well-being inventory (WBI), and to emphasize the value of teaching future police officers the nature and source of optimal psychological functioning.

### **The principles behind the health realization model**

Research leading to the principles behind the health realization model began as part of a NIMH demonstration grant on primary prevention at the University of Oregon (1974-1979). The pioneering work on this paradigm was done by psychologists, Roger Mills (1990, 1992, 1995, 1997) and George Pransky (1990, 1997a). This research was greatly facilitated by the personal realization of these principles by philosopher, Sydney Banks (1983, 1989, 1998, 2001).

In the early 1970s, Banks suggested that a deeper understanding of human experience 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 spiritual processes that operated to create form and offered the time-honored principles of mind, consciousness and thought to represent these processes. Banks viewed these principles as an inseparable and inter-related trinity that provided a connection between the formless life force and the world of form. Interestingly, such a view of the life experience as a dynamic, continuous merging of the formless life force and form is consistent with current perspectives in both quantum physics and neurophysiology (e.g. Mustakova-Possardt, 2002; Talbot, 1991). For example, string theory in physics links general relativity theory and field quantum theory and has 11 dimensions, none of which have yet been observed (Taubes, 1999).

While reflecting on the principles behind HR, it would be helpful for readers to step back from the logical positivist perspective which may have them view these principles as metaphysical and beyond proof, and consider instead the value of these ideas in

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terms of a possible deeper convergent explanatory power. Today, many social scientists (e.g. Fox and Prillettensky, 1997; Miller and Thoresen, 2003) are questioning the validity and consequences of insisting on objective methods, and dismissing the approaches of philosophy and religion as too subjective. More and more scholars are suggesting that the insistence on conventional research methods which objectify behavior prevent us from pursuing issues of profound human importance such as those associated with religion, spirituality, and human meaning (e.g. Maslow, 1971; Sorokin, 1959). Mustakova-Possardt puts it this way (Mustakova-Possardt, 2002, p. 4):

... it may be possible by redefining and realigning these concepts, to frame a conceptual model that could enable psychology to illuminate new relationships across mind, consciousness, and thought while simultaneously exploring important aspects of human experience and well-being that have been ignored because of their complexity and nature. This, of course, has been the continual argument of many of psychology's most important historical figures in psychodynamic (e.g. Carl Jung), humanistic (e.g. Rollo May), and transpersonal (e.g. Abraham Maslow) psychology. And, in addition, it has been the argument of major thinkers in theology (e.g. Paul Tillich), psychics (e.g. Fritjof Capra), and philosophy (e.g. Soren Kierkegaard). While none have offered a model that integrates these concepts, all have recognized their importance for human behavior, and especially for understanding the more complex concerns of existence, meaning, and purpose.

#### *The principle of mind*

At the formless level, HR defines the principle of mind as the purest life force; the source or energy of life itself; the universal, creative intelligence within and behind life, humans, and the natural world. Historically, mind has been referred to by many different names, including divine ground, spirit, absolute, universal intelligence, and God. On the level of form, this life force is continually manifested in, and flows through, "personal mind," the individual mind of living things. Banks (1998, pp. 31-34) described these ideas 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.

#### *The principle of consciousness*

At the formless level, consciousness provides the spiritual connection with mind. 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. At the realm of form, consciousness transforms thought, or mental activity, into subjective experience through the physical senses. As people's thinking agency generates mental images, these images appear real to them as they merge with the faculty of consciousness and register as sensory experience. Put another way, HR proposes that consciousness is the ongoing sensory experience of thought as reality. Also, the faculty of consciousness allows people to recognize the fact that they are continually using their thinking agency to create their moment-to-moment experience from the inside-out. Finally, consciousness embodies the human ability to survey life from a compassionate, impersonal or objective stance; a perspective that HR calls wisdom.

*The principle of thought*

At the formless level, thought is the creative agent; the capacity to give form to formless life energy; the link between the source and the form one's experience is taking in the moment. On the level of form, HR defines thought as the mental imaging ability of human beings; continuous moment-to-moment thinking; the continuous creation of life experience via mental activity. Thus, HR views thought and consciousness as two sides of the same process of experiencing life; consciousness allowing the recognition of form, form being the product of thought.

In sum, according to health realization, all human experience is produced by the mind-powered combustion of thought and consciousness, and is the only experience of which human beings are capable. Thus, each person's mental life is the moment-to-moment product of their thinking transformed into experience by their consciousness. Furthermore, according to HR, all human behavior unfolds in perfect synchronization with the moment-to-moment thought plus consciousness reality that occurs for each individual.

*Innate mental health*

Health realization proposes that human beings are born with an innate capacity for optimal mental health; the natural inborn synchronization or alignment of personal mind with mind. Health realization asserts that at birth, personal mind is uncontaminated by personal thinking and naturally aligned with mind. According to HR, following birth, whenever personal mind becomes quiet or clear, it automatically realigns with mind and instantly receives a natural, intelligent thought process that is unflinchingly responsive to the moment. Health realization views this generic, natural thought process as the primary source of psychological health, effortlessly producing the non-contingent experiences of well-being, contentment, compassion, self-esteem, exhilaration, and common sense.

Regardless of their current mental status or prior socialization, HR asserts that all people have the same built-in source of psychological health, and will exhibit its attributes to the degree that personal mind is in sync with mind, allowing this natural thinking process to emerge. In the words of Mustakova-Possardt (2002, p. 11):

Mental health is the innate capacity of every human being to return into alignment with mind from a clear mind, and manifest fresh understanding and creative responsiveness in the moment. Health realization 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, or from realizing the infinite capacity for formless creation of new experience via thought" (Pransky and Carpenos, 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 ...

Health realization proposes that the natural design for human beings is to live predominantly in the experience of psychological health produced by natural thinking. For most, however, this does not occur because most people not only underutilize this generic thinking process – most do not know it exists. What most people view as the preeminent, if not exclusive, thinking process, is personal thinking (e.g. analysis or processing). In the HR model, the overuse or misuse of personal thinking is seen as the

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primary source of mental dysfunction, or losing one's psychological bearings by drifting away from their innate, natural thinking process. Mental health is seen as returning to natural thinking and regaining one's emotional bearing. The degree of mental dysfunction is gauged by how far a person has moved away from his or her natural thought process.

According to health realization, in moments of mental health a person's thinking takes on a balanced movement back and forth between a spontaneous reliance on the wisdom inherent in natural thinking, and the occasional implementation of personal thought when appropriate, without getting stuck in the personal mode. Pransky summarizes the experience of people who typically think in this natural, health-producing way (Pransky, 1997b, p. 99):

Such people live in soft, deep, desirable feelings. Their pasts are healed naturally by the trauma resolution mechanisms built into healthy psychological functioning. Their present and future is supported by built-in problem solving mechanisms, a conscience that protects them from their own devices, and the wisdom, common sense and intelligence provided naturally in this generic thinking. All of these assets are supported by the practicality and benefits of personal thinking, with the wisdom of natural, free-flowing thought protecting against personal thinking mode abuse. In a state of healthy psychological functioning, people receive all this guidance and benefit with absolutely no effort, because this mental health is natural.

### **Applied HR-based programs**

There is considerable evidence from over two decades of research that the principles behind health realization can be taught to people from various circumstances and settings, leading to significant improvement in their psychological functioning. For example, health realization has been applied in several clinical settings demonstrating its effectiveness for clients displaying a wide range of DSM-IV diagnoses (i.e. depression to schizophrenia) in both inpatient and outpatient settings (e.g. Bailey, 1989, 1990; Bailey *et al.*, 1988; Blevens *et al.*, 1992; Carlson and Bailey, 1999; Fidler and McMahan, 2001; Pransky, 1999; Ringold, 1992; Shuford, 1986; Shuford and Crystal, 1988; Stewart, 1987). It has also been used in numerous urban public education settings resulting in marked decreases in truancy, dropout rates, suspensions, and school violence as well as significant increases in academic performance among severely at-risk students (e.g. Mills and Spittle, 2002). Furthermore, it has provided a new framework to explain criminality, delinquency, and positive youth development (e.g. Kelly, 1990, 1993a, 1993b, 1996, 2003a; Mills *et al.*, 1998).

Since this paper focuses on the utility of health realization for police mental health and job performance, the outcomes of several health realization-based community empowerment projects are described. These programs have been initiated in some of the most severely crime-ridden housing projects in Florida, California, Minnesota, Hawaii, Colorado, and New York. In each of these programs, numerous law enforcement personnel received education in the principles behind health realization.

For example, Modello and Homestead Gardens – two Miami public housing communities with the highest violent crime rates in Dade County – began their HR revitalization projects in 1987 (Pransky, 1998). After three years, the programs served 142 families, more than 600 youths, and achieved the following results (Mills, 1990):

- a total of 87 percent of parents reported that their children were more cooperative;
- and that they were significantly less frustrated with and hostile toward their children;
- more than 60 percent of households became employed from a baseline of 85 percent on public assistance;
- school discipline referrals and suspensions decreased by 75 percent;
- school truancy rates dropped by 80 percent;
- parent involvement in the schools increased by 500 percent;
- only one student from the two communities failed at the middle school level from a baseline of a 64 percent failure rate; and
- police serving these communities reported no calls for drug trafficking or criminal activities such as stolen cars or burglaries for almost a year.

Also, beginning in 1990 in Oakland, California, an HR-based program was instituted in Coliseum Gardens – a 200-unit housing development with the highest homicide and drug-related arrest rates in the city. By the end of the second project year, homicides dropped by 100 percent (none reported in the second year). In fact, the homicide rate in Coliseum Gardens remained at zero for six consecutive years (1996-1996)! Also, violent crime rates dropped by 45 percent, drug possession sales went down by 16 percent, and assaults with firearms decreased by 38 percent. Furthermore, youth involvement in boys and girls clubs increased by 110 percent, gang warfare and ethnic clashes between Cambodian and African-American youth virtually ended, 80 percent of residents participated in regular meetings with housing management and community police, and 62 families went off welfare (Roe and Bowser, 1993).

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 HR within all of its community youth service programs. Prior to implementation, police and social services 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. Furthermore, the Minneapolis Department of Public Safety reported that crime within schools dropped to next to nothing from the prior high rate more typical of public housing communities around Minneapolis.

In 2000, the Health Realization Institute (Mills and Spittle, 2002) initiated a five-year, multimillion-dollar community revitalization project in San Francisco. The Vistalio Valley Community Resiliency Project involved teaching HR understandings to community residents, public school students and teachers, an array of community agencies, police personnel, and city mental health and public health departments. External evaluators conducted surveys that showed that 85 to 90 percent of residents who participated in the project were more involved in their community, less depressed and anxious, more in control of their emotions and behavior, had higher self-esteem, and more positive attitudes. Furthermore, resident-led action planning retreats resulted

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in additional HR programs that substantially improved school climate and student attitudes, and reduced suspensions. HR training programs were also developed for police officers, drug addicts, and medium-security jail inmates. Surveys administered in the jail and work furlough HR classes revealed significant pre-post training decreases in inmate anger, anxiety, and impulsivity. Also found were significant increases in inmate feelings of contentment, thankfulness, hopefulness, and relaxation.

## Methodology

### *The well-being inventory*

In 1999 and 2000, several researchers (including the author) extensively grounded in the principles behind health realization, came together to design and validate psychological instruments to measure various constructs emanating from the logic of this paradigm. This group was sponsored by the Sydney A. Banks Institute for Innate Health at West Virginia University. The institute, founded in 2000, is a multi-disciplinary center for the study, practice, research and development of the understanding of the principles of mind, consciousness, and thought, both as a philosophical-theoretical model, and as a foundation for numerous applications. This research group met approximately twice monthly for almost two years. The WBI was developed by the author and validated by this research group.

The WBI contains 44 items each rated on a six-point Likert scale ranging from “almost always” to “almost never.” These items measure three dimensions of psychological well-being and two dimensions of psychological dysfunction that emerge from the logic of the principles behind health realization. These dimensions are described below.

### *WBI well-being dimensions*

- *Time spent experiencing inmate natural feelings*: contentment; peace of mind; light-heartedness; gratefulness; spontaneity; exhilaration; and curiosity (eight items).
- *Time spent behaving in functional, common sense ways*: accepting oneself and others; enjoying activities; forgiving oneself and others; changing one’s mind easily; being optimistic; trusting one’s intuition; being patient; being content doing nothing; acting compassionately; and being creative (ten items).
- *Resilience – maintaining well-being during insecure moods and difficult circumstances*: getting over anger easily; not taking insecure moods seriously; not having to change one’s circumstances when bored; ease of forgiving foolish behavior; not acting-out when stressed; being jealous not lowering one’s self-esteem; not worrying that something will spoil good feelings; and allowing bad moods to pass without reacting (eight items).

### *WBI dysfunctional dimensions*

- *Time spent experiencing personal, insecure feelings*: stress; anger; anxiety; depression; boredom; frustration; jealousy; and insecurity (ten items).
- *Time spent behaving in dysfunctional, insecure ways*: arguing/conflict; bragging; being judgmental; gossiping; dwelling on the past; worrying; complaining; procrastinating; being defensive; and having a busy mind (ten items).



According to HR, as people realize the inside-out creation of experience through the principles of mind, thought, and consciousness, they begin to think more often in the natural way the human mind was designed to think and thus, begin spending more time experiencing the WBI well-being dimensions and less time experiencing the WBI dysfunctional dimensions described above.

*Validation of the well-being inventory*

The final WBI items were selected from a pool of over 300 potential items developed by the Sydney Banks research group. Each of these items was rated by all members of the research group on the degree to which it reflected one of the well-being or dysfunction dimensions described above. Ratings were done on a five-point Likert scale ranging from “very high” to “very low.” Every item selected for inclusion in the WBI was rated “very high” by all raters ( $n=8$ ).

During 2002 and 2003, the WBI was administered to 243 subjects with varying levels of exposure to the principles behind the health realization paradigm. This group ranged in age from 18 to 59 with a mean age of 36 years. A total of 34 percent were male ( $n = 82$ ) and 66 percent were female ( $n = 161$ ). About 62 percent were Caucasian ( $n = 148$ ); 28 percent African-American ( $n = 13$ ); 5 percent Latin-American; 3 percent Asian-American ( $n = 10$ ); and 2 percent Arab-American ( $n = 5$ ). Subjects were exposed to the principles behind HR either in criminal justice courses at Wayne State University ( $n = 167$ ), or in HR training courses in the US, Canada, and Australia ( $n = 62$ ).

Self-reported HR exposure levels for this WBI validation sample were “none” (6 percent;  $n = 15$ ), “low” (29 percent;  $n = 70$ ), “moderate” (40 percent;  $n = 98$ ), and “high” (25 percent;  $n = 60$ ). Pearson correlations were computed for the relationship between HR exposure level and level of well-being as measured by the WBI. Results revealed a significant positive relationship between HR exposure level and self-reported well-being on all five dimensions of the WBI ( $p = < 0.01$ ). The correlation between HR exposure level and total WBI score for this sample was 0.47 ( $p = < 0.01$ ).

Furthermore, each subject in the WBI validation sample ( $n = 243$ ) was also asked to self-report their level of thought recognition; their realization of the inside-out creation of personal experience through thought. To measure thought recognition, subjects were asked to rate each of the following items on an eight-point Likert scale ranging from “agree absolutely” to “disagree absolutely:”

- The quality of my personal experience is created from the inside-out by the quality of my thinking.
- The quality of my personal experience is created from the outside-in by the quality of my circumstances.

All members of the Sydney Banks research group responded “agree absolutely” to item one, and “disagree absolutely” to item two. It was hypothesized that as subject’s level of thought recognition increased so too would their level of psychological well-being as measured by the WBI. Results revealed a significant positive correlation between thought recognition and well-being on all five WBI dimensions ( $p = < 0.01$ ). The correlation between thought recognition and total WBI score was 0.50 ( $p = < 0.01$ ).

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*WBI scoring rationale*

The conversion of WBI rating categories to mental health levels was based on the definition of optimal mental health derived from the logic of the principles behind health realization. Some physical health analogies help to illustrate this rationale. Health realization proposes that human beings are born with innate physical health and innate mental health. If a person's physical health is excellent or good, he or she will experience its products (e.g. vitality, 98.6 degree body temperature, 120/80 blood pressure) "almost always" or "most of the time." If a person experiences these physical health markers "often," his or her physical health would likely be somewhat less than optimal, perhaps moderate or average. If a person displays these physical health indices "sometimes," "seldom," or "almost never," his or her physical health would likely be below average, poor, or very poor.

Health realization proposes that the same logic should apply when gauging the level of people's mental health. According to HR, when people use their thinking agency in the natural way it was designed to be used, they will experience the products of mental health (i.e. innate, natural feelings; functional, common sense behavior; and resilience) "most of the time" or "almost always."

Furthermore, when people's physical health is compromised they experience physical symptoms (i.e. fever, pain). Likewise, according to HR, when people misuse their thinking agency, they experience psychological symptoms (i.e. insecure feelings; distorted perceptions; dysfunctional behavior). According to HR, the frequency, intensity, and longevity of these symptoms depend on the degree to which a person has moved away from his or her innate, natural thought process. When people realize the inside-out creation of experience and allow their thinking to operate in sync with its natural design, they will experience symptoms of psychological dysfunction "seldom" or "almost never." Based on this rationale, the mental health levels corresponding to each of the six WBI rating categories are presented in Tables I-V.

*Sample*

The well-being inventory was completed by 179 criminal justice (CJ) majors at a large mid-western Carnegie I urban research university. The majority of these majors (84 percent) indicated that their first career choice was policing. While the remaining 16 percent viewed corrections or law as their primary career goal, most of these students (90 percent) selected policing as either their second or third occupational choice. Each administration was done by the author who visited every CJ class offered during the Fall Semester, 2002. Completion of the WBI was voluntary, and approximately 85 percent of the students in these classes completed the inventory.

This sample represented approximately half of the active CJ majors in this department. These students ranged in age from 18 to 59 years, with a mean age of 23.9 years. A total of 36 percent were male ( $n = 65$ ), and 64 percent were female ( $n = 114$ ). Approximately 51 percent were Caucasian ( $n = 92$ ); 35 percent African-American ( $n = 62$ ); 3 percent Asian-American ( $n = 5$ ); 5 percent Latino-American ( $n = 9$ ); and 3 percent Arab-American ( $n = 5$ ).

**Table I.**  
WBI-well-being  
dimension no. 1-time  
spent experiencing  
natural, healthy feelings

| Feeling                    | Almost<br>always<br>(excellent) |    | Most of the<br>time (good) |    | Often<br>(moderate) |    | Sometimes<br>(below<br>average) |    | Seldom<br>(poor) |    | Almost<br>never<br>(very poor) |   | Mean  | SD   |
|----------------------------|---------------------------------|----|----------------------------|----|---------------------|----|---------------------------------|----|------------------|----|--------------------------------|---|-------|------|
|                            | %                               | n  | %                          | n  | %                   | n  | %                               | n  | %                | n  | %                              | n |       |      |
| Peaceful                   | 4.5                             | 8  | 21.8                       | 39 | 29.6                | 53 | 34.1                            | 61 | 8.9              | 11 | 1.1 (2)                        | 2 | 3.75  | 1.07 |
| Light-hearted              | 5.6                             | 10 | 32.4                       | 58 | 30.2                | 54 | 30.2                            | 54 | 1.7              | 3  | 0.0                            | 0 | 4.10  | 0.95 |
| Grateful                   | 14.5                            | 26 | 29.6                       | 53 | 38.0                | 63 | 15.6                            | 23 | 1.7              | 3  | 0.2                            | 1 | 4.38  | 1.01 |
| Spontaneous                | 7.8                             | 14 | 25.1                       | 45 | 30.2                | 54 | 23.5                            | 51 | 6.7              | 12 | 1.7                            | 3 | 3.94  | 1.13 |
| Exhilarated                | 6.7                             | 12 | 26.3                       | 47 | 23.5                | 51 | 30.2                            | 54 | 7.3              | 13 | 1.1                            | 2 | 3.92  | 1.11 |
| Compassionate              | 20.7                            | 37 | 34.6                       | 62 | 26.3                | 47 | 16.8                            | 30 | 0.6              | 1  | 1.1                            | 2 | 4.55  | 1.08 |
| Curious                    | 16.2                            | 29 | 26.3                       | 47 | 33.5                | 60 | 21.8                            | 39 | 2.2              | 4  | 0.0                            | 0 | 4.32  | 1.06 |
| Contentment                | 5.0                             | 9  | 24.0                       | 43 | 29.6                | 53 | 27.4                            | 49 | 11.7             | 21 | 2.2                            | 4 | 3.76  | 1.16 |
| Total score (low moderate) |                                 |    |                            |    |                     |    |                                 |    |                  |    |                                |   | 32.60 | 6.06 |

| Behavior                     | Almost always (excellent) |    | Most of the time (good) |    | Often (moderate) |    | Sometimes (below average) |    | Seldom (poor) |    | Almost never (very poor) |    | Mean  | SD   |
|------------------------------|---------------------------|----|-------------------------|----|------------------|----|---------------------------|----|---------------|----|--------------------------|----|-------|------|
|                              | %                         | n  | %                       | n  | %                | n  | %                         | n  | %             | n  | %                        | n  |       |      |
| Change mind easily           | 2.8                       | 5  | 16.2                    | 29 | 20.7             | 37 | 38.5                      | 69 | 21.2          | 33 | 0.6                      | 1  | 3.39  | 1.09 |
| Accept self and others       | 12.8                      | 23 | 32.4                    | 58 | 23.5             | 51 | 21.2                      | 38 | 3.4           | 6  | 1.7                      | 3  | 4.25  | 1.13 |
| Enjoy any activity           | 10.6                      | 19 | 31.8                    | 57 | 25.7             | 46 | 30.2                      | 54 | 1.7           | 3  | 0.0                      | 0  | 4.20  | 1.04 |
| Forgive self and others      | 19.7                      | 19 | 25.3                    | 49 | 21.9             | 39 | 27.5                      | 49 | 12.9          | 23 | 1.7                      | 3  | 3.88  | 1.27 |
| Optimistic during bad times  | 8.4                       | 15 | 28.3                    | 49 | 24.6             | 44 | 31.8                      | 57 | 7.3           | 13 | 0.6                      | 1  | 3.96  | 1.13 |
| Trust intuition in bad times | 13.4                      | 33 | 32.4                    | 53 | 26.3             | 47 | 18.4                      | 33 | 3.9           | 2  | 0.6                      | 1  | 4.41  | 1.14 |
| Patient and flexible         | 6.1                       | 11 | 26.3                    | 47 | 24.0             | 43 | 35.2                      | 63 | 7.3           | 13 | 1.1                      | 2  | 3.85  | 1.11 |
| Content doing nothing        | 5.6                       | 10 | 24.0                    | 32 | 15.6             | 23 | 24.6                      | 44 | 26.8          | 43 | 9.5                      | 17 | 3.22  | 1.41 |
| Natural to be compassionate  | 30.2                      | 54 | 15.6                    | 60 | 22.9             | 41 | 10.6                      | 19 | 2.2           | 4  | 0.6                      | 1  | 4.77  | 1.10 |
| Creative thoughts            | 12.8                      | 23 | 29.1                    | 52 | 33.5             | 60 | 20.1                      | 36 | 3.9           | 7  | 0.6                      | 1  | 4.25  | 1.07 |
| Total score (low moderate)   |                           |    |                         |    |                  |    |                           |    |               |    |                          |    | 40.19 | 6.56 |

**Table II.**  
WBI-well-being dimension no. 2-time spent in functional, common-sense behavior

**Table III.**  
WBI-well-being  
dimension no. 3-resilience  
during low moods and  
difficult times

| Behavior                                      | Almost<br>always<br>(excellent) |    | Most of the<br>time (good) |    | Often<br>(moderate) |    | Sometimes<br>(below<br>average) |    | Seldom<br>(poor) |    | Almost<br>never<br>(very poor) |    | Mean  | SD   |
|---|---------------------------------|----|----------------------------|----|---------------------|----|---------------------------------|----|------------------|----|--------------------------------|----|-------|------|
|   | %                               | n  | %                          | n  | %                   | n  | %                               | n  | %                | n  | %                              | n  |       |      |
| Get over anger<br>easily                      | 10.6                            | 19 | 22.9                       | 41 | 22.3                | 40 | 25.2                            | 63 | 6.1              | 5  | 2.8                            | 5  | 3.88  | 1.22 |
| Do not take<br>depressed mood<br>seriously    | 5.0                             | 9  | 16.8                       | 30 | 16.2                | 29 | 36.3                            | 65 | 17.9             | 32 | 7.8                            | 14 | 3.31  | 1.30 |
| Change circumstances<br>when bored            | 9.5                             | 17 | 16.8                       | 30 | 33.5                | 60 | 33.5                            | 60 | 3.4              | 6  | 3.4                            | 6  | 3.15  | 1.14 |
| Easy to forgive<br>foolish behavior           | 7.8                             | 14 | 19.0                       | 34 | 25.1                | 45 | 31.3                            | 57 | 11.7             | 21 | 4.5                            | 8  | 3.66  | 1.26 |
| When stressed,<br>relax before acting         | 7.8                             | 7  | 24.0                       | 43 | 23.5                | 42 | 33.0                            | 59 | 10.1             | 13 | 1.7                            | 3  | 3.22  | 1.19 |
| Feeling jealous lowers<br>self-esteem         | 2.2                             | 4  | 5.6                        | 10 | 11.7                | 21 | 21.2                            | 38 | 33.0             | 59 | 26.3                           | 47 | 4.56  | 1.27 |
| Feeling good-worry<br>something will spoil it | 3.4                             | 6  | 8.4                        | 15 | 10.1                | 10 | 17.9                            | 32 | 30.7             | 55 | 29.6                           | 53 | 4.53  | 1.40 |
| When in bad mood-relax,<br>let it pass        | 5.6                             | 10 | 16.2                       | 29 | 20.1                | 36 | 33.0                            | 59 | 16.8             | 30 | 8.4                            | 15 | 3.36  | 1.32 |
| Total score (high-below average)              |                                 |    |                            |    |                     |    |                                 |    |                  |    |                                |    | 30.26 | 4.54 |

| Feeling                    | Almost always (excellent) |    | Most of the time (good) |    | Often (moderate) |    | Sometimes (below average) |    | Seldom (poor) |    | Almost never (very poor) |    | Mean | SD   |
|----------------------------|---------------------------|----|-------------------------|----|------------------|----|---------------------------|----|---------------|----|--------------------------|----|------|------|
|                            | %                         | n  | %                       | n  | %                | n  | %                         | n  | %             | n  | %                        | n  |      |      |
| Stress                     | 3.4                       | 6  | 8.4                     | 15 | 26.8             | 43 | 44.7                      | 80 | 14.0          | 25 | 2.8                      | 5  | 3.66 | 1.02 |
| Anger                      | 1.7                       | 3  | 3.4                     | 6  | 14.0             | 25 | 43.0                      | 77 | 31.8          | 57 | 6.1                      | 11 | 4.18 | 0.98 |
| Anxiety                    | 5.6                       | 10 | 6.7                     | 32 | 20.1             | 36 | 37.4                      | 67 | 22.9          | 41 | 7.3                      | 13 | 3.87 | 1.22 |
| Depression                 | 0.2                       | 1  | 4.5                     | 8  | 11.7             | 21 | 31.8                      | 57 | 35.2          | 63 | 16.2                     | 29 | 4.45 | 1.07 |
| Boredom                    | 2.2                       | 4  | 8.9                     | 16 | 20.1             | 36 | 29.1                      | 52 | 32.4          | 53 | 7.3                      | 13 | 4.02 | 1.18 |
| Frustration                | 3.4                       | 6  | 3.9                     | 7  | 14.0             | 25 | 40.8                      | 73 | 26.3          | 47 | 11.7                     | 21 | 4.18 | 1.14 |
| Jealousy                   | 1.1                       | 2  | 1.1                     | 2  | 5.6              | 10 | 21.8                      | 39 | 36.9          | 66 | 33.5                     | 60 | 4.93 | 1.03 |
| Insecurity                 | 2.2                       | 4  | 5.0                     | 9  | 29.1             | 12 | 29.1                      | 52 | 29.6          | 53 | 24.6                     | 44 | 4.53 | 1.23 |
| Total score (low moderate) |                           |    |                         |    |                  |    |                           |    |               |    |                          |    | 3.74 | 6.52 |

**Table IV.**  
WBI-dysfunction dimension no. 1-time spent experiencing personal, insecure feelings

**Table V.**  
WBI-dysfunction  
dimension no. 2-time  
spent in dysfunctional,  
insecure behavior

| Behavior                   | Almost<br>always<br>(excellent) |          | Most of the<br>time (good) |          | Often<br>(moderate) |          | Sometimes<br>(below<br>average) |          | Seldom<br>(poor) |          | Almost<br>never<br>(very poor) |          | Mean  | SD   |
|----------------------------|---------------------------------|----------|----------------------------|----------|---------------------|----------|---------------------------------|----------|------------------|----------|--------------------------------|----------|-------|------|
|                            | %                               | <i>n</i> | %                          | <i>n</i> | %                   | <i>n</i> | %                               | <i>n</i> | %                | <i>n</i> | %                              | <i>n</i> |       |      |
| Arguing-conflict           | 1.1                             | 2        | 4.5                        | 8        | 8.4                 | 15       | 27.9                            | 50       | 39.1             | 70       | 19.0                           | 34       | 4.56  | 1.10 |
| Bragging-arrogant          | 0.6                             | 1        | 2.2                        | 4        | 2.8                 | 5        | 12.8                            | 23       | 40.2             | 72       | 41.3                           | 74       | 5.14  | 0.96 |
| Critical-judgmental        | 5.0                             | 9        | 5.0                        | 9        | 18.4                | 33       | 36.3                            | 65       | 25.7             | 46       | 8.9                            | 16       | 3.93  | 1.25 |
| Gossip                     | 1.1                             | 2        | 0.6                        | 1        | 3.9                 | 7        | 25.1                            | 45       | 34.6             | 62       | 34.6                           | 62       | 4.96  | 0.99 |
| Dwell on past              | 3.9                             | 7        | 5.6                        | 10       | 14.5                | 26       | 36.3                            | 65       | 26.3             | 47       | 13.4                           | 24       | 4.16  | 1.23 |
| Worry                      | 2.3                             | 13       | 7.8                        | 14       | 13.4                | 24       | 37.5                            | 60       | 25.1             | 25       | 12.8                           | 23       | 4.00  | 1.37 |
| Complain                   | 3.4                             | 6        | 2.2                        | 4        | 10.6                | 19       | 30.2                            | 54       | 30.2             | 54       | 23.5                           | 42       | 4.52  | 1.21 |
| Procrastinate              | 5.0                             | 9        | 15.6                       | 23       | 17.9                | 32       | 34.1                            | 61       | 17.3             | 31       | 17.3                           | 18       | 3.73  | 1.33 |
| Defensive-righteous        | 3.4                             | 6        | 8.4                        | 15       | 18.4                | 33       | 33.0                            | 59       | 26.3             | 47       | 10.6                           | 19       | 4.02  | 1.23 |
| Busy mind                  | 10.6                            | 19       | 19.0                       | 34       | 23.5                | 42       | 31.3                            | 56       | 11.7             | 21       | 3.9                            | 7        | 3.26  | 1.30 |
| Total score (low moderate) |                                 |          |                            |          |                     |          |                                 |          |                  |          |                                |          | 42.39 | 7.28 |

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## Results and discussion

### *WBI well-being dimension no. 1: time spent experiencing innate, natural feelings*

Results for WBI well-being dimension no. 1 are presented in Table I. Percentages of student responses reflecting excellent (“almost always”) or good (“most of the time”) mental health ranged from 26 percent for peace of mind, 29 percent for contentment, 33 percent for both spontaneity and vitality, 42 percent for curiosity, 44 percent for gratefulness, and 55 percent for compassion. Overall, slightly over a third of student responses (36 percent) fell into the “excellent” or “good” mental health categories on this dimension.

Student responses in the below average (“sometimes”), poor (“seldom”), and very poor (“almost never”) mental health categories ranged from 44 percent for peace of mind, 41 percent for contentment, 39 percent for exhilaration, 37 percent for spontaneity, 32 percent for light-heartedness, 24 percent for curiosity, 19 percent for compassion, and 18 percent for gratefulness. Overall, almost a third of student responses (32 percent) fell into the “below average,” “poor,” and “very poor” mental health categories on this dimension. The remaining responses (32 percent) were in the moderate (“often”) mental health category.

Thus, on WBI well-being dimension no. 1, the typical mental health of most of the prospective police professionals was less than optimal. The overall mean student rating on time spent experiencing innate, natural feelings was 32.6, slightly above 32, the low end of the moderate mental health range. Slightly over a third of responses fell in the “good” or “excellent” categories, while 64 percent of responses were in the “moderate,” “below average,” “poor,” or “very poor” mental health categories.

Reviewing individual item responses illuminates this finding. For example, 44 percent of students said they felt peaceful, serene, or tranquil only “sometimes” (34.1 percent), “seldom,” (8.9 percent), or “almost never” (1.1 percent). A total of 41 percent felt content, satisfied or fulfilled only “sometimes” (27.4 percent), “seldom” (11.7 percent), or “almost never” (2.6 percent). A total of 37 percent felt spontaneous, natural, or present just “sometimes” (28.5 percent), “seldom” (6.7 percent), or “almost never” (1.7 percent). A total of 39 percent felt exhilarated, vital, or alive “sometimes” (30.2 percent), “seldom” (7.3 percent) or “almost never” (1.1 percent). Finally, 32 percent of majors felt light-hearted, cheerful or easygoing only “sometimes” (30.2 percent), or “seldom” (1.7 percent).

Health realization proposes that job satisfaction (i.e. feeling peaceful, content, satisfied, spontaneous, exhilarated and light-hearted while working) is an inside-out, healthy thinking created experience. These results appear to suggest that the future job satisfaction for many of the prospective police professionals in this study will be less than optimal.

### *WBI well-being dimension no. 2: time engaged in functional, common sense behavior*

Results for WBI well-being dimension no. 2 are presented in Table II. Student responses reflecting good (“most of the time”) or excellent (“almost always”) mental health ranged from 63 percent for natural compassion, 45 percent each for self-acceptance, forgiveness, and trusting their intuition, 42 percent for both unconditional enjoyment and creativity, 36 percent for optimism, 32 percent for patience, 23 percent for unconditional contentment, and 19 percent for ease of changing



their mind. Overall, about 39 percent of student responses fell in either the “good” or “excellent” mental health categories on this dimension.

Below average (“sometimes”), poor (“seldom”), or very poor (“almost never”) mental health responses ranged from 61 percent for unconditional contentment, 60 percent for ease of changing mind, 44 percent for patience, 42 percent for forgiveness, 40 percent for optimism, 32 percent for unconditional enjoyment, 26 percent for self-acceptance, 25 percent for creativity, and 23 percent for trusting intuition. Overall, about 37 percent of student responses fell in the “below average,” “poor,” or “very poor” mental health categories on this dimension. The remaining 24 percent of student responses were in the moderate (“often”) mental health category.

Again, on this important dimension, the mental health of most prospective police officers was less than optimal. The overall mean student rating on time engaged in functional, common sense behavior was 40.2, again slightly over 40, the low end of the moderate mental health range. Over 61 percent of student responses fell into either the “moderate,” “below average,” “poor,” or “very poor” mental health categories.

Again, reviewing individual item responses is revealing. For example, about 61 percent of students said that they were “sometimes” (24.6 percent), “seldom” (26.8 percent), or “almost never” (9.5 percent) as content doing nothing as they were doing something productive. This finding may forecast stress and boredom for many of these future officers, especially during the frequent routine and down times inherent in most policing occupations. Also, over 60 percent of students indicated that changing their mind was easy for them “sometimes” (38.5 percent), “seldom” (21.2 percent), or “almost never” (0.6 percent). Since good decision making in policing occupations often requires humility, flexibility, and open-mindedness, this finding appears significant, especially in light of the result that over 43 percent of students rated themselves as patient and flexible “sometimes” (35.2 percent), “seldom” (7.3 percent), or “almost never” (1.1 percent).

Furthermore, almost 40 percent of students stated that when things go bad, they remained optimistic and hopeful “sometimes” (31.8 percent), “seldom” (7.3 percent), or “almost never” (0.6 percent). Since events frequently go sour in police work, this result would appear to question the future job satisfaction of many students. Finally, over 42 percent of students stated that forgiving themselves and others for making mistakes was easy only “sometimes” (37.5 percent), “seldom” (12.9 percent), or “almost never” (1.7 percent). Since making mistakes is not uncommon for police professionals, and dealing with people who have erred is routine, this result appears to be significant. In sum, on this important mental health dimension, the mean student mental health level was again low moderate.

#### *WBI well-being dimension no. 3: resilience*

Results for WBI well-being dimension no. 3 are presented in Table III. Responses reflecting good or excellent mental health (“almost always” and “most of the time” for items 1, 2, 4, 5, and 8, and “seldom” or “almost never” for items 3, 6, and 7) ranged from 60 percent for worrying that something will happen to spoil good feelings, 59 percent for allowing jealousy to lower self-esteem, 33 percent for ease of getting over anger, 32 percent for letting stress pass before acting, 27 percent for forgiving self and others for acting foolishly, 22 percent for not taking depressed moods seriously, 22 percent for relaxing and waiting out bad moods, and 7 percent for having to change circumstances

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when bored. Overall, about 26 percent of student responses fell into either the “good” or “excellent” mental health categories on this dimension.

Below average, poor, and very poor mental health ratings (“sometimes,” “seldom,” and “almost never” on items 1, 2, 4, 5, and 8; and “often,” “most of the time,” and “almost always” on items 3, 6, and 7) ranged from 63 percent for taking depressed moods seriously, 59 percent for having to change circumstances when bored, 48 percent for forgiving self and others for acting foolishly, 58 percent for relaxing and waiting out bad moods, 45 percent for letting stress pass before acting, 44 percent for ease of getting over anger, 22 percent for worrying something will happen to spoil good feelings, and 19 percent for allowing jealousy to lower self-esteem. Overall, about 35 percent of student responses fell into the “below average,” “poor,” or “very poor” mental health categories on resilience. The remaining 39 percent of student responses fell in the moderate mental health category (“often” on items 1, 2, 4, 5, and 8, and “sometimes” on items 3, 6, and 7).

This WBI well-being dimension is perhaps the most important. Prospective police professionals who display resilience are typically able to maintain their well-being following traumatic events, difficult encounters, and interpersonal losses. They generally demonstrate restraint and common sense during conflict. They are likely to avoid or defuse confrontations with administrators, peers, the public and their families. During low moods they are more philosophical and are less apt to do something foolish to cope (e.g. drink, have extramarital affairs).

Interestingly, the future police officers in this study fared the worst on this essential mental health dimension. The overall mean student rating on resilience was 30.3, somewhat below 32, the high end of the below average mental health range. Almost three-quarters of student responses (74 percent) fell into either the “moderate,” “below average,” “poor,” or “very poor” resilience categories.

Several individual item responses illustrate the potential significance of this finding. For example, about 62 percent of students stated that they typically took their depressed moods seriously. Over 59 percent typically had to change their circumstances when they felt bored. Over 58 percent typically found it difficult to relax and allow their bad moods to pass before acting. Some 48 percent of students usually had difficulty forgiving themselves and others for acting foolishly. About 45 percent of students stated that during stressful times they typically found it difficult to relax and regain their bearings before acting. Over a third of students (34 percent) regularly found it hard to get over anger and move on. The potentially deleterious implications of these findings for the job performance and satisfaction of these students is obvious.

*WBI dysfunction dimension no. 1: time spent experiencing personal, insecure feelings*  
Results for WBI dysfunction dimension no. 1 are presented in Table IV. Student responses in the good (“seldom”) or excellent (“almost never”) mental health categories ranged from 17 percent for stress, 30 percent for anxiety, 38 percent for both frustration and anger, 39 percent for boredom, 51 percent for depression, 55 percent for insecurity, and 70 percent for jealousy. Overall, about 42 percent of student responses fell in either the “good” or “excellent” mental health categories on this dimension.

Below average (“often”), poor (“most of the time”) or very poor (“almost always”) mental health frequencies ranged from 39 percent for stress, 32 percent for anxiety,

31 percent for boredom, 21 percent for frustration, 19 percent for anger, 17 percent for both depression and insecurity, and 8 percent for jealousy. Overall, about 23 percent of student responses fell into the “below average,” “poor,” or “very poor” mental health categories on this dimension. The remaining 35 percent of student responses fell into the moderate (“sometimes”) mental health category on dysfunction dimension no. 1. Again, on this dimension, the typical mental health of most criminal justice majors was less than optimal. The overall mean student rating on time spent experiencing insecure feelings was 33.7, again only slightly above 32, the low end of the moderate mental health category. The majority of student responses for time feeling insecure (58 percent) were in the “moderate,” “below average,” “poor,” or “very poor” mental health categories.

Again, individual item responses are illuminating. For example, 39 percent of students said they felt stressed, tense, uptight or agitated “often” (26.8 percent), “most of the time” (8.4 percent), or “almost always” (3.4 percent). A total of 32 percent said they were anxious, apprehensive, or worried “often” (20.1 percent), “most of the time” (6.7 percent), or “almost always” (5.6 percent). A total of 31 percent said they experienced boredom, restlessness, or felt fidgety “often” (20.1 percent), “most of the time” (8.9 percent), or “almost always” (2.2 percent), and 19 percent said they felt angry, annoyed, or resentful “often” (14 percent), “most of the time” (3.4 percent), or “almost always” (1.7 percent).

These results may be predictive of less than optimal job performance for many students. Insecure feelings like anxiety, depression, and anger can compromise officers’ ability to form productive relationships with peers, administrators, and spouses, and to deal effectively with the public. Feelings of boredom, resentment, and stress can lead to poor judgment and impulsive decisions. Also, the more time police professionals spend feeling insecure, the more likely it becomes that they will engage in dysfunctional coping behavior (i.e. drinking, gambling).

*WBI dysfunction dimension no. 2: time engaged in dysfunctional, insecure behavior*

Results for WBI dysfunction dimension no. 2 are presented in Table V. Student responses reflecting good (“seldom”) or excellent (“almost never”) mental health ranged from 82 percent for bragging, 69 percent for gossiping, 58 percent for conflict, 54 percent for complaining, 40 percent for dwelling on the past, 38 percent for worrying, 37 percent for defensiveness, 35 percent for both judgmentalness and procrastination, and 15 percent for busy mind. Overall, about 46 percent of student responses fell in either the “good” or “excellent” mental health categories on this dimension.

Below average (“often”), poor (“most of the time”), and very poor (“almost always”) mental health ratings ranged from 53 percent for busy mind, 34 percent for procrastination, 30 percent for defensiveness, 28 percent for both judgmentalness and worrying, 24 percent for past-dwelling, 16 percent for complaining, and 6 percent each for bragging and gossiping. Overall, about 25 percent of student responses fell in the “below average,” “poor,” or “very poor” mental health categories on dysfunction dimension no. 2. The remaining responses, (29 percent), were in the moderate (“sometimes”) mental health category.

The amount of time spent thinking and behaving in dysfunctional, insecure ways is a particularly poignant mental health dimension for prospective police professionals. According to HR, dysfunctional thinking habits like worrying, over-analyzing,

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dwelling on the past, and thinking judgmentally not only create painful feelings, but can block out officers' common sense and perspective as well as compromise their ability to respond and perform optimally. Dysfunctional behavior like righteousness, defensiveness and judgmentalness can lead to senseless conflict and occasionally the use of excessive force.

Again, on this dysfunction dimension most prospective police professionals (54 percent) scored far below the optimal level. The overall mean student rating on time spent in insecure, dysfunctional behavior was 42.4, again slightly above 40, the low end of the moderate mental health range. Individual item responses suggest possible areas of concern. For example, 53 percent of students said that their minds were overactive or busy "often" (23.5 percent), "most of the time" (19 percent), or "almost always" (10.6 percent); 38 percent said that they were self-critical or judgmental of others "often" (18.4 percent), "most of the time" (5 percent), or "almost always" (5 percent); 29 percent indicated that they worried or obsessed "often" (13.4 percent), "most of the time" (7.8 percent), or "almost always" (7.8 percent); almost 39 percent of students said they procrastinated or were indecisive "often" (17.9 percent), "most of the time" (15.6 percent), or "almost always" (5 percent), and over 30 percent of students indicated that they were defensive or righteous "often" (18.4 percent), "most of the time" (8.4 percent), or "almost always" (3.4 percent). Again, on this important mental health dimension, the mean student response fell in the low moderate mental health range.

### Conclusions

These results suggest that the typical mental health of the majority of prospective police professionals in this study is less than optimal. In fact, the total WBI mean score for this sample of future police officers was at the low end of the average range. Furthermore, many of the future officers in this study who responded in the "good" or "excellent" mental-health categories on all five WBI dimensions had particular issues (e.g. getting over anger, difficulty handling boredom) on which they rated themselves "below average" or "poor." Thus, even many of the "healthiest" students in this study, during particular circumstances or states of mind, may become gripped by insecure feelings and display less functional behavior. Add to this finding the fact that respondents tend to put their best foot forward, or "fake good," on self-report inventories like the WBI, and these results appear even more disconcerting.

To the extent that these findings reflect the typical psychological functioning of prospective police officers in this country, they may help to explain why these individuals appear destined to experience some of the highest occupational rates of stress, burn-out, physical illness, alcoholism, domestic violence, divorce, shortened longevity, and even suicide. These findings would seem to suggest that it is imperative for criminal justice academicians and police administrators to begin emphasizing the nature and importance of optimal mental health to their students and recruits by incorporating sound mental health instruction into their academic curricula and academy training programs.

The results of this study should be interpreted with some caution, however. First, only a few studies have been done to date to either validate the WBI or to empirically test the principles and assumptions behind the health realization paradigm. Furthermore, this is perhaps the first study in which an optimal mental health focused instrument was used to measure the psychological functioning of prospective

police officers. Rather than simply continuing to chronicle police dysfunction (e.g. stress, cynicism, authoritarianism), more research needs to be done which focuses on promoting and measuring optimal psychological health for police personnel. The recent emergence of the field of positive psychology (e.g. Seligman and Csikszentmihalyi, 2000) focuses on optimal human functioning and promises to provide the understandings necessary to significantly improve the mental health of police officers through more precise education and training. Perhaps the principle-based psychology behind health realization can provide positive psychology with a solid foundation for building a science of optimal human functioning which will lead to healthier police personnel and more wise and compassionate policing (e.g. Kelley, 2001, 2004).

### References

- Alexander, D.A. and Walker, L.G. (1996), "The perceived impact of police work on police officers' spouses and families", *Stress Medicine*, Vol. 12, pp. 239-46.
- Bailey, J. (1989), "New hope for depression: a study in neo-cognitive therapy", paper presented at the 8th Annual Psychology of Mind Conference, St. Petersburg, Florida.
- Bailey, J. (1990), *The Serenity Principle*, Harper & Row, San Francisco, CA.
- Bailey, J., Blevens, J.K. and Heath, C. (1988), "Early results: a six-year *post-hoc* follow-up study of the long-term effectiveness of neo-cognitive psychotherapy", paper presented at the 7th Annual Psychology of Mind Conference, Coral Gables, FL.
- Banks, S. (1983), *Second Chance*, Duval Bibb Publishing Co., Tampa, FL.
- Banks, S. (1989), *In Quest of the Pearl*, Duval Bibb Publishing Co., Tampa, FL.
- Banks, S. (1998), *The Missing Link*, Lone Pine Publishing, Vancouver.
- Banks, S. (2001), *The Enlightened Gardener*, Lone Pine Publishing, Vancouver.
- Blevens, J., Bailey, J., Olson, P. and Mills, R.C. (1992), "Treatment effects of neo-cognitive therapy: a formative evaluation", paper prepared for the Foundation for the Advancement of Mental Health, Minneapolis, MN.
- Brown, J. and Campbell, E.A. (1994), *Stress and Policing*, Wiley & Sons, New York, NY.
- Buss, D.M. (2000), "The evolution of happiness", *American Psychologist*, Vol. 55, pp. 15-23.
- Carlson, R. and Bailey, J. (1999), *Slowing Down to the Speed of Life*, Harper & Row, San Francisco, CA.
- Craighead, W. and Nemeroff, C. (2001), *The Corsini Encyclopedia of Psychology and Behavioral Science*, John Wiley & Sons, New York, NY.
- Crank, J. and Caldero, M. (1991), "The production of occupation stress among police officers: A survey of eight municipal police organizations in Illinois", *Policing and Society*, Vol. 6, pp. 213-29.
- Fidler, P. and McMahan, C. (2001), *The Impact of Health Realization Training on Feelings of Self-Esteem and Psychological Distress in Mentally Ill Clients*, Alliance for Community Care, Santa Clara County, Department of Alcohol and Drug Services, Santa Clara, CA.
- Fox, D. and Prilleltensky, I. (1997), *Critical Psychology: An Introduction*, Sage Publications, London.
- Gaines, L.K. and Koppeler, V.E. (2003), *Policing in America*, Anderson Publishing Co., Cincinnati, OH.

- 
- Hill, K.Q. and Clawson, M. (1988), "The health hazards of 'street level' bureaucracy: mortality among police", *Journal of Police Science and Administration*, Vol. 16 No. 4, pp. 243-8.
- Kelley, T.M. (1990), "A neo-cognitive model of crime", *Journal of Offender Rehabilitation*, Vol. 16, pp. 1-26.
- Kelley, T.M. (1993a), "Neo-cognitive learning theory: implications for prevention and early intervention strategies with at-risk youth", *Adolescence*, Vol. 23, pp. 439-60.
- Kelley, T.M. (1993b), "An advanced criminology based on psychology of mind", *Journal of Offender Rehabilitation*, Vol. 15, pp. 173-90.
- Kelley, T.M. (1996), "A critique of social bonding and control theory of delinquency using the principles of psychology of mind", *Adolescence*, Vol. 31 No. 122, pp. 321-37.
- Kelley, T.M. (2001), "The need for a principle-based positive psychology", *American Psychologist*, Vol. 56 No. 1, pp. 36-7.
- Kelley, T.M. (2003a), "Health realization: a principle-based psychology of positive youth development", *Child and Youth Care Forum*, Vol. 32 No. 2, pp. 47-72.
- Kelley, T.M. (2004), "Positive psychology and adolescent mental health: false promise or true breakthrough", *Adolescence*, Vol. 39 No. 154, pp. 257-78.
- Kroes, W.H. (1985), *Society's Victim – The Police, An Analysis of Job Stress in Policing*, Charles C. Thomas, Springfield, IL.
- Kroes, W., Margolis, B. and Hurrell, J. (1974), "Job stress in policemen", *Journal of Police Science and Administration*, Vol. 2 No. 2, pp. 145-55.
- Maslow, A. (1971), *The Further Reaches of Human Nature*, Penguin, New York, NY.
- Miller, M. (1995), *Police Patrol Operations*, Copperhouse Publishing Co., Placerville, CA.
- Miller, W.R. and Thoresen, C.E. (2003), "Spirituality, religion, and health: an emerging research field", *American Psychologist*, Vol. 58 No. 1, pp. 24-35.
- Mills, R.C. (1990), "Substance abuse, dropout, and delinquency prevention: the Modello/Homestead gardens public housing project", paper presented at the 9th Annual Conference on Psychology of Mind, St. Petersburg, FL.
- Mills, R.C. (1992), "The psychology of mind applied to substance abuse, dropout, and delinquency prevention: the Modello/Homestead gardens intervention project", paper presented at the 10th Annual Conference on Psychology of Mind, St. Petersburg, FL.
- Mills, R.C. (1995), *Realizing Mental Health*, Sulzburger and Graham, New York, NY.
- Mills, R.C. (1997), "Psychology of mind in prevention: health realization", in Pransky, G. (Ed.), *The Renaissance of Psychology*, Sulzburger and Graham Publishing, New York, NY, pp. 205-29.
- Mills, R.C. and Spittle, E. (1998), *The Health Realization Community Empowerment Primer*, Health Realization Institute, Long Beach, CA.
- Mills, R.C. and Spittle, E. (2002), *The Understanding Behind Health Realization: A Principle-Based Psychology: Summary of Clinical, Prevention and Community Empowerment Applications – Documented Outcomes*, Health Realization Institute, Long Beach, CA.
- Mustakova-Possardt, E. (2002), "Three basic principles of psychological functioning: exploring the possibilities of mind, consciousness and thought ecology", unpublished monograph.
- Myers, D.G. (1992), *The Pursuit of Happiness: Discovering the Pathway to Fulfillment, Well-being, and Enduring Personal Joy*, Avon Books, New York, NY.
- Myers, D.G. (2000), "The funds, friends, and faith of happy people", *American Psychologist*, Vol. 55, pp. 56-7.

- 
- Pransky, G. (1990), *The Relationship Handbook*, TPB Books, Blue Ridge Summit, PA.
- Pransky, G. (1997a), *The Renaissance of Psychology*, Sulzburger & Graham Publishing, New York, NY.
- Pransky, J. (1997b), *Parenting from the Heart*, NEHRI Publications, Cabot, VT.
- Pransky, J. (1998), *Modello: An Inside-Out Model of Prevention and Resiliency in Action Through Health Realization*, NEHRI Publications, Cabot, VT.
- Pransky, J. (1999), "The experience of participants after health realization training: a one-year follow-up phenomenological study", unpublished doctoral dissertation, The Union Institute, NEHRI Publications, Cabot, VT.
- Pransky, J. and Carpenos, L. (2000), *Healthy Thinking/Feeling/Doing From the Inside Out*, Safer Society Press, Brandon, VT.
- Reviere, R. and Young, V. (1994), "Mortality of police officers: comparison by length of time on the force", *American Journal of Police*, Vol. 13 No. 1, pp. 51-64.
- Ringold, C. (1992), "Changing hearts, changing minds: the usefulness of psychology of mind in the treatment of paranoid schizophrenia - two case studies", unpublished doctoral dissertation, Minnesota School of Professional Psychology, Minneapolis, MN.
- Roberg, R., Crank, J. and Kuykendall, J. (2000), *Police and Society*, Roxbury, Los Angeles, CA.
- Roe, K. and Bowser, B. (1993), "Health realization/community empowerment project-evaluation of first year activities", submitted to East Bay Community Recovery Project.
- Salovey, P., Rothman, A.J., Detweiler, J.B. and Steward, W.T. (2000), "Emotional states and physical health", *American Psychologist*, Vol. 55, pp. 110-21.
- Seligman, M. and Csikszentmihalyi, M. (2000), "Positive psychology: an introduction", *American Psychologist*, Vol. 55, pp. 5-14.
- Sewell, J.D. (1983), "The development of a critical life events scale for law enforcement", *Journal of Police Science and Administration*, Vol. 11 No. 1, pp. 117-6.
- Shuford, R.J. (1986), "An exploratory study to determine the effectiveness of a neo-cognitive treatment approach when utilized in a clinical setting", unpublished doctoral dissertation, University of Oregon, Eugene, OR.
- Shuford, R. and Crystal, A. (1988), "The efficacy of a neo-cognitive approach to psychotherapy", paper presented at the 7th Annual Conference on Psychology of Mind, Coral Gables, FL.
- Sorokin, R.C. (1959), "The powers of creative unselfish love", in Maslow, A. (Ed.), *New Knowledge in Human Values*, Harper & Brothers, New York, NY.
- Stack, S.A. and Kelley, T.M. (2000), "Police suicide: an analysis", *American Journal of Police*, Vol. 13 No. 4, pp. 73-90.
- Stafford, D.R. (1986), "Lawsuits against the police: reasons for the proliferation of litigation in the past decade", *Journal of Police and Criminal Psychology*, Vol. 2 No. 1, pp. 30-5.
- Stewart, C. (1987), "The efficacy of a neo-cognitive psychology with DUI clients", paper presented at the Annual Conference of the Florida Alcohol & Drug Abuse Association, Miami, FL.
- Taubes, G. (1999), "String theories find a Rosetta stone", *Science*, Vol. 285, pp. 512-7.
- Violanti, J.M., Vena, J.E. and Marshall, J.R. (1986), "Stress, coping, and alcohol use: the police connection", *Journal of Police Science and Administration*, Vol. 14 No. 1, pp. 17-23.
- Violanti, J.M., Vena, J.E., Marshall, J.R. and Petralia, S. (1996), "A comparative evaluation of police suicide rate validity", *Suicide and Life Threatening Behavior*, Vol. 26 No. 11, pp. 79-85.

---

Vaillant, G.E. (2000), "Adoptive mental mechanisms: their role in a positive psychology", *American Psychologist*, Vol. 55, pp. 89-98.

**Further reading**

Kelley, T.M. (1997), *Falling in Love with Life: A Guide to Effortless Happiness and Inner Peace*, Breakthrough Press, Rochester, MI.

Kelley, T.M. (2003b), "The prevention of youth violence through health realization", *Youth Violence and Juvenile Justice*, Vol. 1 No. 4, pp. 369-87.

Kelley, T.M. and Stack, S. (2000), "Thought recognition, locus of control, and adolescent happiness", *Adolescence*, Vol. 35, pp. 531-50.

Mills, R.C., Dunham, R.G. and Alpert, G. (1988), "Working with high-risk youth in prevention and early intervention programs: toward a comprehensive wellness model", *Adolescence*, Vol. 23, pp. 643-60.

Mills, R.C. and Spittle, E. (2001), *The Wisdom Within*, Lone Pine Publishers, Renton, WA.

Stewart, D. (1985), "Affective states as the key variable in determining student mastery of basic reading skills", paper presented at the Fourth Annual Conference on Psychology of Mind, Kahuku, HI.