

Realizing Improved Mental Health Through Understanding Three Spiritual Principles

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A new psychospiritual understanding commonly known as the Three Principles proposes that people can realize and sustain improved mental health via insights gained through understanding the spiritual principles of Universal Mind, Consciousness, and Thought. We test this proposition for people exposed to the Three Principles as an intervention. The results appear to support our prediction that insights regarding “thought recognition” and/or “innate mental health via a clear mind,” gained through Three Principles understanding, will show a significant positive relationship with nonattachment, regulating negative emotions, and less rumination, and a significant inverse relationship with depression and anxiety.

Keywords: improved mental health, the three principles, innate mental health, health realization

In 1973, Sydney Banks, an ordinary laborer in British Columbia, experienced a “spontaneous spiritual transformation” (Klein, 1988, p. 311) in which he ultimately realized that three spiritual principles—Universal Mind, Consciousness, and Thought—account for people’s entire psychological experience. Banks (1998, 2001, 2005) asserted that these principles are fundamental truths that are always operating in the psychological realm, much as gravity exists as a principle of the physical world and is always present, whether people know of it or not. Banks posited that these principles represent the unifying, under-

girding principles for psychology, which William James (1981) originally envisioned for the then-emerging field but never realized.¹

After learning of Banks’s insights, Mills (1995) and G. S. Pransky (1998) collaborated with him to turn his spiritual realization into a new psychospiritual paradigm (Mills, Blevens, & Pransky, 1998), which is typically referred to in the literature as the Three Prin-

¹ Prevention pioneer Donald Klein (1988) described Banks’s transformation as follows:

Several years ago, the director of a community mental health center in Oregon . . . suggested that I look into the positive effects on people’s physical and emotional well-being being achieved by a spiritually enlightened man in British Columbia. A few years before, this man . . . 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 1900’s. . . . It was obvious that this man had achieved a state of understanding and grace, based on no particular religious philosophy or practice . . . his discoveries . . . were obviously worth exploring from the standpoint of preventive mental health . . . something very important was taking place . . . our most basic assumptions about human behavior were being challenged. (pp. 311–312)

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ciples (3P). The Three Principles understanding (3PU) and how it relates to other spiritual, psychospiritual, and psychological teachings has been described in detail elsewhere (for a review, see Kelley, Lambert, & Pransky, 2015; J. Pransky & Kelley, 2014).² Here, we briefly describe the 3P and explain how they appear to interact to construct people's psychological experience. Then we propose a process from 3P exposure to improved mental health, and present a study that tests this process.³

The 3P

The Principle of Universal Mind

Banks (1998) referred to Universal Mind or Mind as formless energy that animates all of life—the intelligent life energy or force that powers human psychological functioning.⁴ Mind is the source of the other two principles, Consciousness and Thought, which Banks posited are used by all people to construct their psychological lives from the “inside-out.”⁵

The Principle of Consciousness

Banks (1998) referred to Consciousness as the Mind-powered agency or ability to be conscious, to take in life, to have experience. Consciousness allows people to be aware of the experience they create via Thought. Consciousness enlivens people's thinking through their physical senses and produces their moment-to-moment psychological experience.⁶

The Principle of Thought

Banks (1998) referred to Thought as the Mind-powered agency or ability that all people use to create psychological experience from within. Thought does not refer to thought content or what people think, but rather to the power that allows people to create thought content in the first place. This includes thoughts that people are completely unaware they are having but that are still affecting them. Banks viewed the power to create thought as a constant or common denominator used by all people to

² The authors recognize that the 3P will be seen by many as a psychospiritual theory, philosophy, or model grounded in or derived from other psychological, spiritual, or psychospiritual perspectives (e.g., Buddhist, biopsychosocial, cognitive, emotional, interpersonal neurobiology). We realize that it is both common and expected that new theories and approaches draw from, ground themselves in, and build upon previously existing theories and philosophies. However, the 3P are not meant to be viewed as a theory or philosophy, nor is this understanding (or its intervention) meant to be seen as derived from other theories or philosophies. Rather, these Principles are meant to represent spiritual facts—the essence or core of everything, including all theories, philosophies, and interventions.

³ According to Banks (1998), these Principles are formless and any attempt to describe them therefore must be limiting. Therefore, it would be best to see our description of the Principles as pointing in a direction of their vast meaning.

⁴ When the terms *Mind*, *Consciousness*, and *Thought* are capitalized, they are meant to depict formless, universal powers, abilities, or faculties. When these terms are not capitalized, they are meant to refer to personal mind, personal consciousness, and personal thought or thoughts.

⁵ Universal Mind or similar constructs are evident in virtually all spiritual teachings. For example, Sri Aurobindo (1990) saw Mind as the power behind Thought and Consciousness, and stated, “Our physical organism no more causes or explains thought and consciousness than the construction of an engine explains the motive-power of steam or electricity. The force is anterior, not the physical instrument” (p. 234). Nisargadatta Maharaj asserted that everything is One. Buddhism teaches Master Mind. Vipassana meditation teaches that Mind is everywhere. Hart (1987) stated, “The whole body contains the mind” (p. 29). Walsch (1995) pointed to Mind, stating, “That which you call life . . . is pure energy . . . vibrating constantly, always . . . while objects are different and discrete, the energy, which produces them, is exactly the same” (p. 178). William James (1981) referred to the “spiritual self” as “Absolute Mind.”

⁶ Consciousness is also a major component of virtually all spiritual teachings. For example, Sri Aurobindo (1990) stated, “It is consciousness that . . . determines the form or the evolution of form” (pp. 236–237). Siddha Yoga teaches that life is spirit. The Upanishads propose that prana springs from inner Consciousness and moves through the body enlivening its functions. According to the *Pratyabhijnahridayam* (Muktananda, 1992), “Consciousness is one with the self, so the mind is simply that aspect of the Self which has taken the form of outer objects” (p. 27). A. H. Almaas (2014) stated, “The spiritual and the psychological . . . are two dimensions of the same human consciousness” (p. 1). Neville Goddard (2005) asserted, “Man moves in a world that is nothing more or less than his consciousness objectified” (p. 4). A *Course in Miracles* (Wapnick & Wapnick, 1995) asserted that within each individual soul “is the purest of Consciousness” (p. 16). William James (1981) related consciousness to thought stating, “The consciousness of Self involves a changeable stream of thought . . . a thought that at each moment, is different from that of the last moment” (p. 386).

construct their psychological experience from within.⁷

The “Inside-Out” Creation of Psychological Experience

The 3P appear to work together in the following way: Something happens in the outside world; for instance, people find themselves in various circumstances and situations and are subjected to what other people do to them. Drawing upon all possibilities inherent in Mind, people use their creative power of Thought to generate some thought about what happened, which is instantaneously picked up by Consciousness and impinges upon the senses to produce a perception and/or feeling. This understanding explains that Thought is always what makes people see the world the way they do, and Consciousness always makes that way of seeing it look like “reality” to them. People often do not realize this; nor do they often realize that as the “reality” they see (through Thought) shifts, their thinking, feelings, and actions change accordingly; nor do they typically see that when the mind clears from personal or typical thinking they automatically experience improved mental health. According to this understanding, the system is inexorable; the only experience people can have is their own thinking coming into their consciousness and being experienced as “real” at various levels.

Innate Mental Health

The 3P understanding further proposes that, at their core or essence, people have innate mental health/well-being they can realize and sustain throughout life because this is their natural state. This understanding describes this health as follows: At the essence of people’s consciousness, uncontaminated by any thought, is the pure energy of Universal Mind, manifesting within each and every human being as a natural state of mental health/well-being. This state of clear mind/natural thought is what this understanding refers to as *innate health*. This state can only be contaminated to varying degrees by people’s use of the power of Thought. When people have thoughts that arise from this natural clear mind state, they experience feelings of well-being. This state of mental quietude is also the incubator, so to speak, for new insights of

wisdom to rise from out of the blue. According to this understanding, people can experience only two ways of being: Either they are operating from innate health, which surfaces spontaneously whenever their mind clears, or this health is being obscured by their own thinking. Finally, people’s feelings serve as a reliable gauge to inform them which of these two states they are experiencing at a given moment. G. S. Pransky (1998) stated,

The Three Principles suggest that innate health/natural thought is available to all people, always, as a way of life. Natural thought is a birthright. This thinking provides the feelings that people want for themselves. It provides a transcendent intelligence for problem-solving. It provides an uncontaminated view of life to enjoy the moment. It even provides people with prompts about when to use analytical thought. Natural thought is free from chronic stress and distress. It enables people’s humanity to come through in their personal relationships. Natural thought is the most undiscovered and unappreciated resource in human existence. (p. 236)

The 3P Intervention

The 3P intervention has been described in detail elsewhere (Kelley & Pransky, 2013; J. Pransky & Kelley, 2014; Kelley, Pransky, & Sedgeman, 2014; J. Pransky & McMillen, 2012), and has been implemented in areas such as prevention (e.g., Halcón, Robertson, & Monsen, 2010), substance abuse treatment (e.g., Banerjee, Howard, Mansheim, & Beattie, 2007), community revitalization (e.g., Pransky, 2011), mental health (Kelley et al., 2015), correctional counseling (e.g., Kelley, 2011), and education (e.g., Kelley, Mills, & Shuford, 2005).

⁷ Thought is also a prominent teaching in many spiritual traditions. For example, Vipassana meditation posits that all mental events correspond with sensations in the body. Hart (1987) stated, “Thought is pure energy” (p. 91). *A Course in Miracles* (Wapnick & Wapnick, 1995) proposes that people have a choice to think they are either separate or special or connected to God. Unity (Vahle, 2002) teaches that people create their psychological lives from within using the power of Thought. Filmore (2010) stated, “Every man is king of his own mental domain, and his subjects are his thoughts” (p. 19). Gregg Braden (2012) described thought as “the power to translate the possibilities of our minds into the reality of our world” (p. 17). James (1981) connected the “spiritual self” to Thought, stating, “Our considering the spiritual self at all is a reflective process. . . . 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).

Banks (1998) asserted that when people realize the 3P at a deep enough level, they experience improved mental health, and that gaining a deep enough understanding of these Principles and how they work is all that is needed to help people live in well-being. This means no skills nor any techniques are needed—only a deep understanding of the 3P, which can only come via new insight.⁸ As such, the 3P intervention is not a conveying of information so much as a drawing out of an understanding, which people already really know deep within them but are blind to, of the way these Principles interact from within to create everyone’s psychological lives.

The guideposts of this intervention that best allow people to grasp these insights are as follows (G. S. Pransky, 2003): (a) 3P practitioners typically live and model what they are attempting to teach because they understand the 3P at a deep level; (b) Helping learners’ minds relax so their typical or habitual thinking clears and, therefore, they are most open to experiencing new insights; (c) Deep, intuitive listening through a clear mind to sense what learners do not realize about how their psychological experience is created from the “inside-out”; and (d) Conveying or drawing out 3PU in the way a learner can best hear it, as derived from deep listening.

A Proposed Process From the 3P Intervention to Improved Mental Health

The authors posit that people will experience improved mental health through the 3P intervention via the following process or path.

3P Exposure

Without exposure to this understanding, people would likely be in the same position in life as they are, because most people appear to believe that their experience of life comes to them from the “outside-in.” With exposure to the 3P, people have the opportunity to see that life really operates from the “inside-out,” from their own thinking no matter what happens to them “out there.” Before exposure, people know nothing or extremely little about the existence of these 3P, even though they already exist within them.

3P Understanding

Because people are exposed to the 3P does not mean they gain the understanding. By *understanding*, we mean the knowledge of how these Principles actually work in every human being psychologically to create their own experience of life, not on an intellectual level but actually seeing them in operation in their own and others’ lives. In other words, someone could be exposed to the Principles but not grasp how life works from the “inside-out.” Without the understanding, mere exposure would be meaningless in terms of affecting their mental health.

An understanding can occur at many levels, from cursory to a deep grasp through insight that affects entire lives. It is posited that only when people who have gained an understanding of these Principles have powerful insights that give them a deep grasp of the following two simultaneous realms to which 3PU points will it lead to improved mental health.

Thought Recognition

Thought recognition (TR), here, does not mean what most people think it means—recognizing one’s thoughts as they occur. Instead, it means the recognition that thought, in its interaction with consciousness, is the only reality people can ever experience, and the cause of perceptions and feelings. People who grasp TR know that what looks real is only one’s own, usually inadvertent, creation—an illusion of thought that appears real brought to life by consciousness. Furthermore, people can recognize such thinking occurring in the moment, creating a changed “reality” with each new thought and yielding resultant feelings. In other words, insights within this realm are about seeing that thought is the only “reality” people

⁸ We are in no way saying that techniques such as meditation and/or activities such as those that induce flow are a bad idea or should not be practiced. We are simply offering an alternative view of what is behind what makes techniques, interventions, and activities work for some, which might lead to a deeper understanding. The 3P simply posits that a more leveraged way for people to realize improved mental health during their day-to-day waking moments may be through understanding how their psychological lives are created by their use of the spiritual principles of Universal Mind, Consciousness, and Thought.

can ever know, and people have the ability to see this and be conscious of it in the moment.

Innate Mental Health/Wisdom as a Result of a Clear Mind

The other major realm of insight is about realizing that people already are everything they are looking for in life (e.g., peace of mind, love, innate mental health, and the clear incubator from which all wisdom springs), and the only thing that can create the illusion that people are not this is their own thinking. Another part of this is that people have direct access to this health and wisdom whenever the mind clears, calms, or quiets down from personal or habitual thinking. In other words, insights within this realm are about realizing that mental health already exists within as a natural state.

Some client examples illustrate the kind of change that can take place in people's emotional and spiritual well-being when, through gaining a deep understanding of the 3P, they grasp TR and innate mental health via a clear mind (IH/CM).⁹ A woman subjected to domestic violence carried the hidden thought that she was worthless so she must deserve to be treated this way. After gaining 3PU, she had a realization, something like,

Wait a minute! It's only my own thinking making me believe I deserve this. That's just something I picked up from my parents, but that's them, not me. It's really not true; it's an illusion that I made up about myself that has been driving me all these years. Not only that, I'm not worthless at all! My innate health, my spiritual essence, shows me I am completely worthwhile at my core. I do not have to put up with this abuse any more. My wisdom from a clear mind will guide me in how I can protect myself and how to take steps to release myself from this.

This huge insight propelled this woman to a higher level of consciousness. She will never be able to see herself in the same way again, and her thinking, feelings, and actions follow accordingly.

The perpetrator of domestic violence truly believes that he must act this way in life. He does not know any other way to be. He cannot see any other way. He is stuck at that low level of consciousness. It looks and feels and tastes like reality to him. No one can talk him out of it. Whenever he "loses it," he will go there. He has no controls. If he can see that this way of seeing the world and his woman is not reality, but is

really only an illusion created from his own thinking, this insight shocks him out of everything he thought was reality. He may still get those thoughts, but he knows he does not have to act on them because they are just habits of thinking that do not mean anything. They loosen their grip on him. What he is left with is more of a feeling of peace and love, and he acts with more wisdom.

For insights in both of these realms to make a difference for improved mental health, they need to be seen in action in one's own life and generalized to all other lives. It would appear possible for people to have only one of these sets of insights and still have improved mental health, but either of these insights can occur at different levels, and the deeper the level, the greater the change expected in one's mental health.¹⁰

Improved Mental Health

The authors posit that when people gain 3PU, if they have personal insights regarding TR and/or IH/CM, they will experience improved mental health. Although many varying definitions of "mental health" exist, a common denominator appears to be a state of well-being

⁹ We submit that mental well-being and spiritual well-being go hand in hand or are one and the same. When one suddenly falls into a feeling of more peace of mind, more love, more natural mindfulness, and more wisdom, that feeling is spiritual. People feel more connected to something greater than themselves, because once the illusion of separateness is revealed for what it is, what is left is a more spiritual feeling.

¹⁰ The 3P intervention differs from cognitive, rational-emotive, neurolinguistic programming, and other interventions that focus on the content of people's thinking or "what people think." This intervention focuses on the "fact of thought" or "that people think" as well as people's use of the power of thought to create psychological experience. Nor, like cognitively oriented and emotionally oriented interventions, does it attempt to supply people with tools, techniques, and strategies (e.g., meditation, prayer, self-schema, spiritual family genograms) to help them recondition dysfunctional beliefs, reframe traumatic events, and cope with painful feelings. Nor, like spiritually integrated interventions (e.g., Christian cognitive therapy), does it incorporate spiritual/religious concerns into a conventional psychotherapy approach. Finally, this intervention does not suggest that people create their life circumstances, nor that there is a fixed reality externally about which people should attempt to think differently; rather, it suggests that like people use gravity to stay firmly planted on the ground, people use the 3P to create their *own reality*.

(American Heritage Dictionary, 2009; World Health Organization, 2004). The 3PU views mental health as (a) the positive psychological experiences that surface spontaneously when the mind clears, and (b) the ability to maintain well-being during stressful/painful states of mind—to get back on track, so to speak, by allowing one’s mind to clear and innate mental health to resurface.

The Present Study

Hypotheses

The hypotheses for this study are as follows:

Hypothesis 1: 3PU will show a significant positive relationship with TR.

Hypothesis 2: 3PU will show a significant positive relationship with IH/CM.

Hypothesis 3: TR and/or IH/CM will show a significant positive relationship with nonattachment.

Hypothesis 4: TR and/or IH/CM will show a significant positive relationship with regulating negative emotions.

Hypothesis 5: TR and/or IH/CM will show a significant positive relationship with less rumination.

Hypothesis 6: TR and/or IH/CM will show a significant inverse relationship with depression.

Hypothesis 7: TR and/or IH/CM will show a significant inverse relationship with anxiety.

Hypothesis 8: TR and/or IH/CM will show a significant inverse relationship with hostility.

Method

Participants

Human subjects’ approval was secured from an institutional review board. Participants were obtained with assistance from organizations that teach the 3P.¹¹ These organizations sent electronic requests to their graduates directing them to the survey site. A total of 196 people completed the survey.

Variables

Gender, race, age, and education. Gender and race were measured using a dichotomous variable for female (coded 0) and male (coded 1), and for non-White (coded 0) and White (coded 1). Age was measured in continuous years. Education was measured using a dichotomous variable for a graduate or professional degree (coded 1) and for less education (coded 0).

3P exposure (years since first 3P exposure). The variable of 3P exposure was measured as the number of years since a participant was first exposed to the 3P.

Measures

3P Inventory (3PI; Kelley, 2011). The 3PI contains 26 items that measure 3PU, TR, and IH/CM. 3PU is measured using 11 3PI items scored on a 6-point Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). A sample item is, “When people have feelings such as well-being, gratitude and love they can trust their thinking.” Item responses were summed to obtain a total 3PU score. The internal consistency reliability coefficient (i.e., Cronbach’s alpha) is .70.

TR is measured using eight 3PI items scored on a 6-point Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). A sample item is, “My entire experience of life (my feelings, perceptions) is created by my thinking.” Item responses are summed to obtain a total TR score. The internal consistency reliability coefficient (i.e., Cronbach’s alpha) is .87.

IH/CM is measured using seven 3PI items answered using a 6-point Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). A sample item is, “I am unlikely to experience wisdom unless my mind clears or quiets down.” Item responses are summed to obtain a total IH/CM score. The internal consistency reliability coefficient is .74.

Nonattachment Scale (NAS; Sahdra, Shaver, & Brown, 2010). The NAS is a 30-item index that measures the degree to which people avoid connecting their self-worth/well-

¹¹ Participants were obtained with assistance from Center for Sustainable Change in Charlotte, North Carolina; 3P Movies in Essex, England; Santa Clara County, California; and Won Institute in Glenside, Pennsylvania.

being to events, circumstances, and other people. We used six NAS items measured on a 6-point Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). A sample item is, "I have a hard time appreciating others' successes when they outperform me" (reverse coded). Item responses were summed to obtain a total NAS score. The internal consistency reliability coefficient is .78.

Rumination Reflection Questionnaire (RRQ; Trapnell & Campbell, 1999). The RRQ measures the tendency of people to dwell on, rehash, or reevaluate past events and experiences. We used six items from the RRQ-rumination component. Items were scored on a 6-point Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). A sample item is, "I always seem to be rehashing in my mind recent things I've said or done" (reverse coded). Item responses were summed to obtain a total RRQ-rumination score. The internal consistency reliability coefficient is .93.

Difficulties in Emotional Regulation Scale (DERS; Gratz & Roemer, 2004). The DERS is a 36-item self-report questionnaire that assesses six components of emotional regulation. We used five items from the DERS-acceptance component, which measures regulation of negative emotions. Items were measured on a 5-point Likert scale ranging from 1 (*almost never/0–10%*) to 5 (*almost always/91–100%*). A sample item is, "When I'm upset, I become angry with myself for feeling that way (reverse coded)." Item responses were summed to obtain a total DERS-acceptance score. The internal consistency reliability coefficient is .83.

Brief Symptom Inventory (BSI; Derogatis & Melisaratos, 1983). The BSI contains 53 items that measure the extent to which people are bothered by negative emotions. We used 16 items from the BSI components of depression, anxiety, and hostility. Sample items are "feeling fearful" (anxiety; six items), "feelings worthless" (depression; five items), and "feeling irritated" (hostility; five items). Items are measured on a 5-point Likert scale ranging from 5 (*not at all*) to 1 (*extremely*). Item responses are summed to obtain total BSI-Depression, BSI-Anxiety, and BSI-Hostility scores. The internal consistency reliability coefficients are .76 for BSI-Depression, .82 for BSI-Anxiety, and .82 for BSI-Hostility.

Results

The typical respondent was a woman (63%) and was White (86%). Participants ranged in age from 23 to 82, with a mean of 50 years. Forty-six percent of the participants reported having a graduate or professional degree. The typical participant indicated that he or she had been exposed to the 3P almost 10 years before completing the survey. The descriptive statistics of the variables used in this study are presented in Table 1. There was sufficient variation in all the variables (i.e., none were constants). All the index variables had an internal consistency reliability coefficient of .70 or higher. An exploratory principal axis factor analysis was conducted for each of the index variables, and all loaded on the predicted factor.

The correlation matrix for the variables is presented in Table 2. As hypothesized, 3PU had a positive statistically significant correlation with TR and IH/CM. Also, as postulated, both TR and IH/CM showed a statistically significant positive correlation with nonattachment regulating negative emotions and less rumination, and a significant inverse correlation with depression and anxiety. Hostility, although in the expected direction, did not reach statistical significance with either TR or IH/CM.

Multivariate analyses using ordinary least squares (OLS) regression were completed. For all regression equations, there was no problem with multicollinearity. The issues of outliers, influential cases, normality, linearity and homoscedasticity of residuals, and independence of errors in the regression analysis were tested (Berry, 1993; Tabachnick & Fidell, 1996).

The first OLS regression equation was with TR as the dependent variable, and gender, race, age, education, years since first 3P exposure, and 3PU as predictor variables. The variable of interest is 3PU. The results are presented in Table 3. The predictor variables explained approximately 58% of the observed TR variable. The only variable to have a significant relationship with TR was 3PU, and it was a positive relationship.

The second OLS regression equation was with IH/CM as the dependent variable, and gender, race, age, educational level, years since first 3P exposure, and 3PU as predictor variables. The variable of interest is IH/CM (see Table 3).

Table 1
Descriptive Statistics for Study Variables

Variable	Coding	Mean	SD	Mdn	Mn	Mx
Gender	63% female (coded 0) 37% male (coded 1)	.37	.48	—	—	—
Race	14% Non-White (coded 0) 86% White (coded 1)	.86	.35	—	—	—
Age	Measured in continuous years	50.98	12.43	50.00	23	82
Education	54% bachelor's degree or lower (coded 0); 46% graduate degree or higher (coded 1)	.46	.50	.50	0	1
SR-3P Understanding-Experience	Self-rated level of understanding the three principles compared with others who have been exposed to the 3P: coded as 1 = very low/poor; 2 = below average; 3 = average; 4 = high; 5 = very high.	3.78	.82	4.00	1	5
SR-3P Understanding-No Experience	Self-rated level of understanding on the 3P compared to others who have not been exposed to the 3P: coded as 1 = very low/poor; 2 = below average; 3 = average; 4 = high; 5 = very high.	4.52	.68	5.00	1	5
Years since first 3P exposure	The number of years since first exposed to the 3P (measured in continuous years).	9.75	10.42	6.00	0	40
3PU	11-item additive index, $\alpha = .70$	53.32	7.61	56.00	30	61
TR	8-item additive index, $\alpha = .87$	39.93	5.94	42.00	14	45
IH/CM	7-item additive index, $\alpha = .74$	34.28	4.53	35.00	19	40
NAS	6-item additive index, $\alpha = .78$	30.98	4.75	32.00	14	36
DERS	5-item additive index, $\alpha = .83$	22.93	2.70	24.00	10	25
RRQ	5-item additive index, $\alpha = .93$	24.56	6.11	26.00	5	30
BSI-Depression	5-item additive index, $\alpha = .76$	7.10	2.63	6.00	5	19
BSI-Anxiety	6-item additive index, $\alpha = .82$	9.24	2.95	9.00	6	24
BSI-Hostility	6-item additive index, $\alpha = .82$	7.04	2.55	6.00	5	24

Note. The number of participants who completed the survey was 196. *SD* = standard deviation; *Mdn* = median value; *Mn* = minimum value; *Mx* = maximum value; *SR* = self-rated; *3P* = Three Principles; *3PU* = Three Principles understanding; *TR* = thought recognition; *IH/CM* = innate mental health via a clear mind; *NAS* = Nonattachment Scale; *DERS* = Difficulties in Emotional Regulation Scale; *RRQ* = Rumination Reflection Questionnaire; *BSI-Depression* = Brief Symptom Inventory-Depression; *BSI-Anxiety* = Brief Symptom Inventory-Anxiety; *BSI-Hostility* = Brief Symptom Inventory-Hostility; α = Cronbach's alpha.

The predictor variables accounted for approximately 47% of the variance in the *IH/CM* variable. The only variable to reach significance was *3PU*, which had a positive association with *IH/CM*.

A series of OLS regression equations were estimated, with *NAS*, *RRQ*, *DERS*, *BSI-Depression*, *BSI-Anxiety*, and *BSI-Hostility* as the dependent variables. The predictor variables were gender, race, age, education, *TR*, and *IH/CM*. The results are presented in Table 4. For *NAS* (nonattachment), about 50% of the variance was accounted for in the regression analysis. The only variable to have a significant relationship with *NAS* was *IH/CM*, and it was a

positive relationship. Although *TR* had a positive association with *NAS*, it did not reach statistical significance.

For *DERS* (regulating negative emotions), approximately 38% of the observed variance was accounted for in the multivariate analysis. *TR*, *IH/CM*, and education had significant positive relationships. Based on the standardized regression coefficients (β s), *IH/CM* had the largest effect, at least triple of that of *TR* and education.

For *RRQ* (rumination), about 43% of the variance was explained, and only *IH/CM* had a statistically significant positive relationship with less rumination. Although *TR* had a posi-

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Table 2
Correlation Matrix for Study Variables

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Gender	1.00														
2. Race	.03	1.00													
3. Age	.05	.20**	1.00												
4. Education	-.04	-.10	.14	1.00											
5. 3PU-Exp.	-.07	-.06	.15	.11	1.00										
6. 3PU-NExp.	.02	-.02	.04	.18*	.46**	1.00									
7. 1st 3PE	-.02	-.14	.38**	.19**	.42**	.22**	1.00								
8. 3PU	.01	.31**	.16	-.02	.09	.36**	-.04	1.00							
9. TR	-.02	.25**	.10	-.07	.19*	.37**	-.01	.78**	1.00						
10. IH/CM	-.06	.12	.11	.10	.13	.28**	.01	.69**	.72**	1.00					
11. NAS	-.06	.06	.10	.06	.11	.18*	.27**	.42**	.51**	.71**	1.00				
12. DERS	.02	.02	.04	.18*	.21**	.27**	.07	.41**	.47**	.58**	.53**	1.00			
13. RRQ	-.08	.19*	.07	.11	.24**	.33**	-.08	.48**	.52**	.63**	.53**	.61**	1.00		
14. BSI-DEP	.19*	.01	-.23**	-.16*	-.20*	-.32**	-.11	-.44**	-.48**	-.56**	-.51**	-.56**	.46**	1.00	
15. BSI-ANX	.10	.00	-.22**	-.11	-.22**	-.22**	-.10	-.35**	-.44**	-.49**	-.47**	-.49**	.44**	.70**	1.00
16. BSI-HOS	.15	.00	-.18*	-.07	-.27**	-.16	-.10	-.26**	-.31**	-.33**	-.26**	-.37**	.34**	.60**	.72**

Note. Table 1 provides information concerning how the variables were measured and the descriptive statistics for each variable. Education = education level; 3P = Three Principles; 3PU-Exp. = self-reported level of Three Principles understanding compared with others with 3P exposure; 3PU-NExp. = self-reported level of Three Principles understanding compared with others with no 3P exposure; 1st 3PE = the number of years since first exposure to the Three Principles; 3PU = Three Principles understanding; TR = thought recognition; IH/CM = innate mental health via a clear mind; NAS = Nonattachment Scale; DERS = Difficulties in Emotional Regulation Scale; RRQ = Rumination Reflection Questionnaire; BSI-DEP = Brief Symptom Inventory-Depression; BSI-ANX = Brief Symptom Inventory-Anxiety; BSI-HOS = Brief Symptom Inventory-Hostility. * $p \leq .05$. ** $p \leq .01$.

Table 3
Regression Results for Dependent Variables of Thought Recognition and Innate Mental Health via a Clear Mind

Predictor variables	Thought recognition		Innate mental health/ clear mind	
	<i>B</i>	β	<i>B</i>	β
Gender	-.32	-.03	-.64	-.07
Race	.18	.01	-1.33	-.11
Age	.01	.01	.00	.00
Educational level	-.92	-.09	.82	.09
SR-3P Understanding-Exp	.65	.10	.41	.07
SR-3P Understanding-No Exp	.82	.10	-.01	.01
Years since first 3P exposure	.01	.01	.01	.01
Three Principles understanding	.50	.69**	.43	.68**
<i>F</i> value (degrees of freedom)	23.39 (8,134)**		14.42 (8,132)**	
<i>R</i> ² /Adjusted <i>R</i> ²	.58/.56		.47/.43	

Note. Three Principles understanding, thought recognition, and innate mental health via a clear mind were measured using the Three Principles Inventory. *B* represents the unstandardized regression coefficient, and β represents the standardized regression coefficient. Table 1 provides the descriptive statistics for the variables. 3P = Three Principles; SR = self-rated; Exp = exposure.
** $p \leq .01$.

tive relationship with rumination, it failed to reach statistical significance.

For BSI-Depression, approximately 42% of the variance was explained in the multivariate equation. Gender, race, age, TR and IH/CM had significant relationships with depression. Males, on average, self-reported higher levels of depression compared with females. White partic-

ipants, in general, reported higher levels of depression than non-White respondents. Age, IH/CM, and TR showed significant inverse relationships with depression. Older respondents, on average, reported lower levels of depression than their younger counterparts. Both TR and IH/CM showed a significant inverse relationship with depression. Overall, IH/CM had the

Table 4
Regression Results for the Improved Mental Health Dependent Variables

Predictors	NAS		DERS		RRQ		BSI-DEP		BSI-ANX		BSI-HOS	
	<i>B</i>	β										
Gender	-.21	-.02	.43	.08	-.57	-.05	.94	.17**	.52	.09	.64	.12
Race	-.65	-.05	-.35	-.04	1.34	.08	1.22	.16*	1.14	.14	.86	.12
Age	.00	-.01	-.01	-.05	-.02	-.05	-.04	-.18*	-.04	-.16*	-.03	-.14
Education	-.20	-.02	.77	.14*	.77	.06	-.40	-.08	-.20	-.03	-.16	-.03
TR	.03	.04	.08	.16*	.07	.07	-.09	-.21*	-.12	-.26**	-.08	-.18
IH/CM	.73	.70**	.30	.48**	.76	.58**	.23	-.40**	-.19	-.30**	-.11	-.19
<i>F</i> value	25.75**		14.45**		18.04**		17.29**		10.65**		4.70**	
<i>df</i>	6,144		6,143		6,132		6,143		6,142		6,142	
<i>R</i> ²	.52		.38		.43		.42		.31		.16	
Adjusted <i>R</i> ²	.50		.35		.41		.40		.28		.13	

Note. *B* represents the unstandardized regression coefficient, and β represents the standardized regression coefficient. Table 1 provides the descriptive statistics for the variables. Predictors = predictor variables; NAS = Nonattachment Scale; DERS = Difficulties in Emotional Regulation Scale; RRQ = Rumination Reflection Questionnaire; BSI-DEP = Brief Symptom Inventory-Depression; BSI-ANX = Brief Symptom Inventory-Anxiety; BSI-HOS = Brief Symptom Inventory-Hostility; Education = educational level; TR = thought recognition; IH/CM = innate mental health via a clear mind; *df* = degrees of freedom.
* $p \leq .05$. ** $p \leq .01$.

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largest effect on depression, almost twice that of the other significant variables.

For BSI-Anxiety, approximately 31% of the variance was explained in the OLS regression equation. Age, TR, and IH/CM had significant associations with anxiety. Increases in age were associated with less anxiety. Likewise, increases in both TR and IH/CM related to lower levels of anxiety. Again, IH/CM had the largest effect on anxiety, followed closely by TR. Age had the smallest effect.

For BSI-Hostility, none of the predictor variables had a statistically significant effect. Although both TR and IH/CM had positive associations with hostility, neither reached statistical significance at a probability level of 0.05 or less. IH/CM did have a significant negative association with hostility at the probably level of 0.10 or less.

Discussion

The results appear to support seven of our eight predictions. First, 3PU showed a significant positive relationship with both TR and IH/CM, and was the only independent variable to do so. On average, participants reporting higher levels of 3PU also reported higher levels of TR and IH/CM supporting Hypotheses 1 and 2.

Nonattachment

Hypothesis 3 was also supported—IH/CM showed a significant positive relationship with nonattachment. In general, participants reporting higher IH/CM also reported higher nonattachment. This finding was expected because when people realize that they have all the mental health they need already inside of them, they “see” that self-esteem is not attached to external factors, and does not have to be earned, maintained, or strengthened. They also realize that ego or self-image is ostensibly a thought-created illusion.

Rumination

Hypothesis 4 was also supported—IH/CM showed a significant inverse relationship with rumination. On average, participants reporting higher IH/CM also reported less rumination. This finding was predicted because when peo-

ple realize that innate mental health is realized via a clear mind, they “see” that rethinking stressful thoughts is senseless because it sustains their psychological pain and obscures their innate health/well-being.

Regulating Negative Emotions

Both TR and IH/CM showed a significant positive relationship with regulating negative emotions, supporting Hypothesis 5. In general, participants reporting higher TR or IH/CM also reported better regulation of negative emotions. This result was expected because as people’s TR and/or IH/CM increase, they realize that negative feelings signal less healthy thinking, and avoid taking these feelings and the thoughts that spawn them to heart. Education also showed a significant positive relationship with regulating negative emotions. On average, participants with more education reported better regulation of negative emotions than participants with less education. Although this result was unexpected, a possible explanation is that, on average, participants reporting more education also reported more time since their first exposure to the 3P, and a better understanding the Principles, than participants with less education. It is also possible that participants with more education have learned more effective ways to regulate negative emotions than their less educated counterparts. Overall, IH/CM had the largest effect, more than triple that of TR and education.

Depression

The regression results also supported Hypotheses 6—both TR and IH/CM showed a significant inverse relationship with depression. In general, participants reporting higher TR and IH/CM also reported less depression. This result was expected because as people’s TR and/or IH/CM increase, they “see” that depressive feelings signal less healthy thoughts, which, if taken to heart and entertained, will sustain these painful emotions and obscure their innate health.

Gender and race were also significantly related to depression. On average, White participants reported higher depression than non-White participants. Although this finding was unexpected, some studies have reported that White individuals have a higher rate of depression than non-Whites, or at least are more will-

ing to report depressive symptoms and seek assistance (e.g., Akincigil et al., 2012; Riolo, Nguyen, Greden, & King, 2005). It is possible that White participants, compared with non-White participants, were more willing to self-report symptoms associated with depression. The finding that male participants, on average, reported higher depression than females was also unexpected. Generally, women are more likely than men to report suffering from depression. This interesting finding could be because of random error and/or selection bias. This study used a nonrandom design with individuals who had participated in a 3P intervention. Compared with the general population, these participants may be better able to recognize depressive symptoms and more willing to report them in a survey. In addition, the depression measure used in this study may play a role in this finding. Finally, older participants, on average, reported higher depression than younger participants. Overall, IH/CM had the strongest relationship with depression, followed by TR.

Anxiety

The regression results also supported Hypotheses 7. Both TR and IH/CM showed a significant inverse relationship with anxiety. In general, participants who reported higher TR or IH/CM also reported less anxiety. Again, this result was expected because as people's TR and/or IH/CM increase, they realize that anxious feelings, like depressive feelings, signal less healthy thinking, and that these feelings will pass through if the thoughts that form them are not taken seriously and entertained. Older participants, on average, reported less anxiety than younger participants. Overall, IH/CM had the largest effect, followed closely by TR. Age had the smallest effect.

Hostility

The findings did not support Hypothesis 8, that TR and/or IH/CM would show a significant inverse relationship with hostility. Although both TR and IH/CM displayed inverse correlations with hostility, neither reached statistical significance at a probability level of 0.05 or less. IH/CM, however, did reach a significant inverse association with hostility at the probability level of 0.10 or less.

Overall, IH/CM appears to have a stronger association with the mental health variables used in this study than TR. This finding may indicate that IH/CM represents a deeper level of understanding of the 3P than that realized from a comparable level of TR. This speculation, however, needs further study.

We would be remiss not to offer possible alternative explanations for our findings. For example, 50% of the participants reported earning a graduate or professional degree. Higher education level is often linked to higher socioeconomic status. Those with higher education levels and higher socioeconomic status tend to have greater resources to overcome negative challenges and obstacles they encounter; therefore, this may account for improved mental health. Furthermore, less than half of the variance for rumination, regulating negative emotions, depression, and anxiety was accounted for in the current multivariate analysis. This means that factors other than insights regarding TR and IH/CM gained through 3PU account for the remaining variance in these outcome measures. These variables may include other types of positive psychological training and interventions to which participants may have been exposed prior to and following their exposure to the 3P. It is also possible that participants who were less anxious or depressed prior to 3P exposure may have experienced a deeper level of understanding of TR and/or IH/CM, rather than 3P exposure producing less depression and anxiety. Finally, several studies and meta-analyses of psychotherapy outcomes (e.g., Lambert, 1992; Lambert & Barley, 2001; Sperry, 2010, 2012) have concluded that factors other than the specific intervention appear to explain substantially more variance in therapeutic outcome. For example, factors related to the therapeutic relationship (e.g., therapeutic bond between client and therapist), "client elements" (e.g., motivation, readiness for change), and various therapist factors (e.g., genuineness, acceptance) may have contributed to the outcomes in this study.

Study Limitations

To date, scientific research evidence on 3P efficacy has lagged behind promising anecdotal evidence. To this end, this study represents another empirical research step to test whether the 3PU uncovered by Banks (1998) and commu-

nicated to others affects mental health outcomes. However, because this is a single exploratory study based on a convenience sample of people exposed to the 3P, additional studies are needed to determine whether the results can be replicated.

The current study utilized a nonrandom experimental design, which means that other variables may account for the associations observed. In addition, there may be the issue of response bias. Study participants were recruited with the assistance of four organizations that teach the 3P. Not all of those contacted completed the survey, and as such, it is unknown whether those who responded were different from those who did not respond to a degree sufficient enough to influence the results. In addition, the current design does not allow the issue of demand characteristics to be ruled out; participants may have formed an interpretation of the purpose of the study and then subconsciously altered their responses to conform to what they thought was expected. Previous exposure to the 3P, likely involving a considerable time and monetary investment, may have influenced participants to report a positive mental health impact that possibly could have exaggerated its accuracy. Future studies may wish to use a double-blind method to attempt to control for this and other similar issues.

Moreover, future studies should examine the relationships between the variables using a random experimental design. Using an experimental design would address the issues of confounding factors and influences. Shared method variance (i.e., variance may be because of the method of measurement rather than the underlying construct) may have also been a problem that needs to be addressed in future research. Future research should explore the validity and reliability of different measures for the constructs used in the current study. With additional studies, a clearer and more conclusive picture of the associations of the 3P with various mental health outcomes will be possible. Furthermore, longitudinal studies are needed to determine causality and show how the effects of exposure to the 3P occur across time. In addition, future research regarding this intervention should include qualitative items to help illuminate the process or experience of people's intuitive grasping of the 3P. Finally, five BSI items were used to measure depression, and six BSI

items were used to measure anxiety and hostility. This was done to shorten the overall length of the survey. In future studies, scales like the Beck Depression Inventory and the Burns Anxiety Inventory may be better measures of these variables.

Conclusion

This study provides a test of the author's proposed process from 3P exposure to improved mental health. We predicted that understanding the 3P via 3P exposure would relate positively and significantly with insights regarding TR and/or IH/CM. In turn, we predicted that insight regarding TR and/or IH/CM would show a significant positive relationship with nonattachment, regulating negative emotions and less rumination, and a significant inverse relationship with depression, anxiety and hostility. The findings appear to support seven of our eight hypotheses.

What appears evident from this study is that 3PU gained through exposure to the 3P may be a significant approach to improving people's mental health, particularly their ability to realize that when the mind clears, a feeling of mental health appears naturally, and to distinguish how less healthy thinking obscures this health. Although further research is needed to confirm our findings, these results appear to warrant consideration of the 3P as a possible component of mental health promotion and the prevention of problem behaviors.

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