

**Teaching Health vs. Treating Illness: The Efficacy of Three Principles
Correctional Counseling with Inmates in an English Prison**

**Teaching Health vs. Treating Illness: The Efficacy of Three Principles
Correctional Counseling with Inmates in an English Prison**

ABSTRACT

Three Principles correctional counseling (3PCC) posits that criminal offenders have all the mental health they need already inside them and can realize and sustain this health via insights regarding “thought recognition” and “innate health via a clear mind” gained through understanding how three psycho-spiritual principles—Universal Mind, Consciousness and Thought—interact from the “inside-out” to create people’s psychological experience. We review the three principles and the components of our proposed process from exposure to the principles to improved mental health and improved behavior. Then we describe 3PCC and explain how it differs from prevailing correctional counseling methods. Finally, we present a controlled study that examines the efficacy of 3PCC with inmates in an English prison. Our findings show that compared to the control group, inmates exposed to 3PCC showed a significant improvement in mental wellbeing, a significant reduction in depression, anxiety and anger, and improved behavior in the prison community.

Keywords: Correctional counseling; The three principles; Universal Mind, consciousness, thought; Innate mental health; Thought recognition

Teaching Health vs. Treating Illness: The Efficacy of Three Principles

Correctional Counseling with Inmates in an English Prison

Three principles correctional counseling (3PCC) (Author, 2008; 2011) is grounded in the insights of Banks (1998, 2001), and an intervention derived from Banks's realizations by Mills (1995) and Pransky (1998). 3PCC is rooted in the following propositions: a) the psychological experience (e.g., perceptions, feelings, states of mind), behavior (from deviant to conforming) and behavior change of all criminal offenders can be explained by three psycho-spiritual principles—Universal Mind, consciousness and thought; b) criminal offenders have all the mental health/wellbeing they need already inside them; and c) criminal offenders can realize and sustain mental health/wellbeing regardless of past traumas, present circumstances, and without techniques via insights gained through understanding how the three principles coalesce from the “inside-out” to form people's psychological experience.

The authors have described the three principles elsewhere (for a review see Authors, 2014, 2015, 2016a; 2016b). Here we briefly review the three principles and the components of our proposed process from exposure to the principles to improved mental health and improved behavior. Then we describe 3PCC and distinguish it from prevailing correctional counseling and educational methods. Finally, we present a controlled study that tests the efficacy of 3PCC for improving the mental health and behavior of inmates in an English prison.

The Three Principles

In 1973, Sydney Banks intuited that three psycho-spiritual principles which he referred to as Universal Mind, consciousness and thought interact to create people's psychological experience. Banks referred to Universal Mind (or Mind) as the formless energy or intelligence behind life—the life force that is the source of All things; to consciousness as the gift of

awareness that allows for the recognition of form and the force that brings thought to life; and to thought as the ability to create forms or ideas from that energy. Banks realized that Mind, consciousness and thought are natural forces in the universe acting upon everyone; underlying and forming the basis of anything that people can create and experience. Banks (1998) stated:

Mind, consciousness, and thought are the three principles that enable us to acknowledge, and respond to existence. They are the basic building blocks... spiritual gifts that enable us to see creation and guide us through life. All three are universal constants that can never change, and never be separated...All psychological functions are born from these three principles. (pp. 21-22).

Viewed through the logic of the three principles, every criminal offender's psychological life is created from the "inside-out" via thought enlivened by consciousness and powered up by Mind. Furthermore, the behavior of every offender is perfectly aligned with how their "use" of these principles makes their lives appear to them.¹ In other words, the moment to moment behavior of every offender—deviant to conforming—unfolds in perfect synchronization with their continually changing personal realities constructed from the "inside-out" via the three principles.

A Process from Three Principles Exposure to Improved Mental Health/Improved Behavior

The authors (2015, 2016a, 2016b) proposed and offered preliminary empirical evidence in support of a process from exposure to the three principles to improved mental health and improved behavior. 3PCC is grounded in the components of this process as follows:

Three Principles Exposure

Without exposure to the three principles, most criminal offenders would likely remain where they are in life because most offenders tend to view psychological experience as caused from the “outside-in” by external events, other people and circumstances. Furthermore, most offenders typically believe that their personal reality is “the truth” and that they must act on the reality they see. With exposure to the three principles, offenders have an opportunity to realize that their experience actually comes to them from within via their own thinking enlivened by consciousness no matter what occurs “out there,” and while their personal realities always appear to be real they are, in fact, momentary illusions created via the power of thought and consciousness.

Three Principles Understanding

Because offenders are exposed to the three principles does not insure they will understand how the principles work within everyone. Absent a deep understanding of how everyone’s psychological life is constructed from the “inside-out” via these principles, it is unlikely that offenders would gain an understanding of how their experience of life is created moment to moment via their thinking in combination with consciousness, and therefore that their mental health and behavior would be affected on its own. Furthermore, while understanding the three principles is essential, it is not sufficient for offenders to realize and sustain improved mental health and improved behavior; offenders must also experience new insights within at least one of the following realms to which three principles understanding points—*thought recognition and innate health via a clear mind*.

Thought Recognition

Thought recognition (TR) refers to the realization that thought in interaction with consciousness is the only reality people can ever experience and the source of people’s

perceptions, feelings and states of mind. Offenders who grasp thought recognition “see” that what looks real is only one’s own usually inadvertent creation—simply a momentary illusion brought to life by consciousness. Offenders who gain thought recognition are able to recognize such thinking occurring in the moment, creating a changed “reality” with each new thought and yielding resultant feelings, perceptions and states of mind, or they recognize it after the fact as a self-correcting function.

Innate Health via a Clear Mind (IH/CM)

The other major realm of understanding is about realizing that everyone has all the mental health they need already inside them; that the only thing that can obscure this health is one’s own personal thinking; and that everyone has direct access to this health whenever the mind clears, calms or quiets down from personal or habitual thinking. In other words, understanding within this realm is about realizing that mental health/wellbeing exists within every person as a natural state realized when the mind clears of its personal, illusory thinking.

Improved Behavior

The consensus of voluminous studies is that improved mental health relates positively with more responsive/less problematic behavior (e.g., Keyes; 2003, 2007). This research and common sense suggest that improved mental health is typically accompanied by more civil, pro-social behavior.

Three Principles Correctional Counseling

The intervention grounded in the three principles has been used in several areas including prevention (e.g., Author, 2003; Author, 2009), community revitalization (e.g., Author, 2011), trauma treatment (e.g., Authors, 2014; Halcon, Robertson & Monsen, 2010), school violence prevention (e.g., Authors, 2005), substance abuse treatment (e.g., Banerjee, Howard, Mansheim,

& Beattie, 2007), anger management (e.g., Author, 2012), mental health counseling (e.g., Authors, 2015a; Authors, 2015b; Authors, 2016; Sedgeman & Sarwari, 2006), and intimate partner violence prevention (Authors, In Press). Author (2008, 2011) highlighted several distinctions that follow between 3PCC and prevailing correctional counseling methods.

Awareness vs. Understanding

Most prevailing correctional counseling methods (e.g., cognitive-behavioral) attempt to increase an offender's awareness of the content or products of her/his thinking (e.g., "criminogenic" beliefs, painful feelings, insecure moods). For these methods, *awareness* refers to an offender's recognition of particular (e.g., dysfunctional) thoughts and beliefs, perhaps how they developed historically, and various techniques used to challenge, refute, reframe or distract oneself from these thoughts and schemas.

3PCC practitioners, on the other hand, attempt to help offenders understand that everyone continually uses the power of thought to create psychological experience (i.e., feelings, perceptions, states of mind). They strive to deepen an offender's understanding of thought as an ability that everyone uses to generate thoughts that consciousness enlivens and makes appear real. Thus, *understanding* in 3PCC is not about thought content or "what an offender thinks." Rather, understanding refers to thought recognition or gaining perspective on how thought works from the "inside-out" to create everyone's psychological life, and how what people call "reality" or "the way it is" is really only a self-generated creation of thought. Thus, it is not about helping offenders to change their thinking; it is more a recognition that when offenders' thinking changes, which it does on its own, their experience of life changes with it. For example, an offender who believes, "I don't like to work, I have to live, therefore I have to rob," will only rob or steal from others so long as that thinking is present. 3PCC counseling would attempt to help

that offender call into question the “reality” of that statement, which he has felt compelled to believe and follow.

Memory Work vs. Memory Recognition

Most prevailing correctional counseling methods posit that memory drives psychological dysfunction. Consider, for example, an inmate suffering from posttraumatic stress disorder. A correctional counselor grounded in the cognitive-behavioral perspective would attempt to help this offender address the traumatic event. The counselor would view the traumatic event as a major focus of treatment, the offender’s fearful reaction to the event as a signal of proper therapeutic direction, and the offender’s posttraumatic symptoms as facts about which the offender must learn to think more rationally. The counselor would then focus on the content of the offender’s thinking regarding the traumatic event, approaching the offender’s thoughts as if they had power independent of the offender thinking they do. The counselor would then attempt to recondition the offender’s thinking as though it were a fixed experience, with little or no acknowledgment of the subtle variations in the offender’s thinking that coincide with an ever-changing state of mind.

A 3PCC practitioner, on the other hand, would view memory as merely stored thought regarding the past brought to life by consciousness and made to look real in the present, and the traumatic event in and of itself as having no special importance to the therapy process. Rather than focusing on the offender’s painful memories and teaching the offender techniques to cope with, refute, analyze or cleanse these memories, the counselor would teach thought recognition to help the offender recognize memory as simply thought brought forward from the past with present thinking and understand his/her capacity to recognize these unproductive thoughts, allow them to pass through. Also, the counselor would help the offender realize that he/she has innate

mental health that cannot be damaged; merely obscured by her/his personal thinking, but which appears automatically when the mind clears or calms down. As the offender's understanding of TR and IH/CM deepens, she/he will begin to see the trauma for what it really is—nothing more than painful memories from the past being carried through time via thought into the present and, while these memories may create temporary discomfort, a natural trauma resolution process is taking place.

Coping with Painful Feelings vs. Understanding Painful Feelings

Most prevailing correctional counseling methods (e.g., social learning) focus directly on an offender's painful, insecure feelings as if these feelings had a life and influence of their own. Then they attempt to teach the offender how to better cope with these feelings via techniques and skills such as conflict resolution, problem solving, and anger management.² In contrast, 3PCC practitioners recognize that if offenders engage in techniques to overcome negative feelings, these feelings are still acting on them because they still appear to be real and to demand attention rather than merely dismissible thoughts. Thus, 3PCC practitioners attempt to help offenders understand that painful feelings are produced by their own thinking, merely thoughts they can relate to as they would an unwanted memory, nightmare or daydream, and have no power over them unless they think they do. Furthermore, they strive to help offenders see they access natural (i.e., unconditioned) feelings such as well-being, contentment, compassion, gratitude and love that well up spontaneously whenever the mind quiets or clears. Finally, they help offenders realize that their feelings serve as a reliable “built-in” gauge of the quality of their moment-to-moment thinking.

Change via Techniques vs. Change via Insight

Most prevailing correctional counseling methods (e.g., mindfulness-based) attempt to teach offenders techniques (e.g., meditation) to help them cope with their dysfunctional thoughts and painful feelings, and to avoid criminal behavior. In contrast, 3PCC strives for more natural and sustained change which it posits will emerge from a deep understanding of TR and IH/CM gained via three principles understanding. For example, a violent offender who meditates to better manage his/her anger would be seen by a 3PCC practitioner as preferable to no positive improvement; however, this practitioner would view this result as temporary and treatment as incomplete until this offender realizes how anger is caused by using the power of thought in a less responsive way; minimizes the significance of angry thoughts that make violence appear desirable; and lives life in a more healthy state of mind. In sum, a 3PCC practitioner would consider the violent offender able to function in society in a healthy way when he/she has grasped TR and IH/CM at a level that minimizes the significance of angry thought-feelings that previously spawned violent behavior.

Treating Illness vs. Teaching Health

Most prevailing correctional counseling methods strive to treat DSM-V-diagnosed offender illnesses. They assume that offenders are restored to their “normal” level of health or highest previous global level of functioning (i.e., GAF) when their presenting symptoms and problems appear to be relieved or resolved. In contrast, the primary goal of 3PCC is to facilitate permanent, positive change in an offender’s overall mental health. 3PCC views an offender’s presenting symptoms and problems as evidence of his/her innocent misunderstanding and misuse of the power of thought. These symptoms and problems are seen as irrelevant to the cure because as offenders realize how to allow their thinking to operate in an increasingly healthy way, their symptoms and problems naturally resolve across the board. Furthermore, when offenders come

to realize that underneath their habitual thinking they are perfectly whole and healthy and have no need to commit violent or illegal acts, they free themselves of the need to believe, trust and follow destructive thoughts that happen to mind.

In sum, 3PCC posits that when offenders grasp how thought works; “see” its innate intelligence; realize they are the thinkers of the thoughts that create their experience; see past their conditioned habits of thinking; realize they have innate mental health; stop trying to forcefully think their way through life; allow their mind to clear naturally—they experience higher levels of consciousness where new insights are available that can move them to a healthier place. Banks (1998) stated:

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

The Present Study

Location

The location of the present study is HM Prison Onley located in Willoughby, Warwickshire, United Kingdom and operated by Her Majesty’s Prison Service. The prison houses up to 750 adult males in mostly single cells. Prison treatment services are provided exclusively by an external provider, Phoenix Futures (PF). Upon reception at the prison, PF devises a treatment plan for each inmate which includes several mandatory classes grounded in the cognitive-behavioral perspective (CBT). Also, PF offers inmates several voluntary substance

misuse services grounded in CBT for those who desire to desist from drug or alcohol dependencies.

In early 2015, Beyond Recovery (BC), a Community of Interest Company located in Birmingham, United Kingdom asked PF to consider offering 3PCC to their inmates. PF agreed to allow BC to provide 12 of their staff a 3-day intensive training to raise their awareness of 3PCC and how this intervention differs from CBT-based interventions. Following this training, PF agreed to allow BR to offer 3PCC to inmates as a voluntary 3-hour weekly class spanning 10 consecutive weeks and informed the inmates of the availability of 3PCC as an elective course option.³

Experimental Groups

Fliers announcing the availability of 3PCC were sent to all prison inmates except those who had refused treatment of any kind and those who had previously behaved violently toward prison staff. Between June, 2015 and May, 2016, BC conducted six 10-week 3PCC classes.³ Each 3PCC class began with between 10 and 12 inmates referred either by PF staff or self-referred. Some inmates failed to complete their class for the following reasons: a) they failed to show up; b) they were transferred to another prison; c) they were released from prison; and d) they displayed inappropriate behavior on their prison unit. Of approximately 70 inmates initially enrolled in these six classes, 53 inmates completed the 10-week intervention and formed the study's treatment group. Inmates in the treatment group completed the pre-test measures at the beginning of their first 3PCC session and the post-test measures at their final session at week ten.

Control participants were inmates eligible to participate in the 3PCC classes offered by BC. However, due to space limitations in these classes and/or scheduling conflicts regarding inmates' job duties and required classes, 39 inmates were assigned to a 3PCC waitlist and

formed the study's control group. Each control participant was visited by a BC staff member either at their work place or cell to assist them to complete the pre-test measures. Ten weeks later, these inmates were again visited by BC staff to assist them to complete the post-test measures.⁴ While the 3PCC classes were being conducted, participants in both experimental groups continued to participate in their required and/or voluntary CBT-based classes.

Hypotheses

The hypotheses for this study are as follows:

Hypothesis 1: Compared to the control group, inmates exposed to 3PCC will show a significant increase in understanding thought recognition and/or innate health via a clear mind.

Hypothesis 2: Compared to the control group, inmates exposed to 3PCC will show a significant increase in in mental wellbeing.

Hypothesis 3: Compared to the control group, inmates exposed to 3PCC will show a significant increase in purpose in life.

Hypothesis 4: Compared to the control group, inmates exposed to 3PCC will show a significant decrease in depression.

Hypothesis 5: Compared to the control group, inmates exposed to 3PCC will show a significant decrease in anxiety.

Hypothesis 6: Compared to the control group, inmates exposed to 3PCC will show a significant decrease in anger.

Hypothesis 7: Compared to the control group, inmates exposed to 3PCC will show a greater improvement in behavior in the prison community.

Method

Participants

Ninety-two inmates participated in the study. All participants were male. In terms of age, 34% of the participants were between the ages of 18 and 29 years; 64% were between 20 and 49 years; and 1% was 50 years or older. Regarding ethnicity, 38% were White, 10% Asian, 9% Black, 1% Hispanic, and 42% selected “other” ethnicity.⁴ All but one participant indicated their residence was the United Kingdom. Regarding education level, 32% of participants reported some senior school, 20% reported completing senior school, 44% reported some college with no degree, 1% reported an associate’s degree, and 2.5% reported a bachelor’s degree. Finally, regarding marital status, 59% of the participants indicated they were single.

The offenses committed by participants included drug dealing, burglary, robbery, assault, receiving stolen property, fraud, and vehicular homicide. Many participants sentenced for drug dealing and robbery, were also guilty of possessing a weapon such as firearm or knife. Several of those sentenced for burglary had committed multiple burglaries. Several sentences also included driving offences (i.e., death by dangerous driving, drunk driving, dangerous driving, and vehicle theft). Finally, over half of the participants were abusers of Class A drugs (e.g., heroin, methamphetamine, cocaine) and/or alcohol. Length of sentence ranged from one year to life with most participants serving sentences between two and ten years.

Measures

Three Principles Inventory (3PI) (Author, 2011). The 3PI contains 15 items which measure people’s understanding of thought recognition (TR), and innate health via a clear mind (IH/CM) gained through understanding the three principles. Items measuring TR include, “The only feelings I can have are created by my thinking.” Items measuring IH/CM include, “No matter what my circumstances, wisdom is always available to me.” Each item is scored on a six-

point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). Item responses are summed to obtain a total 3PI score. The internal consistency reliability coefficient was .74 for the pre-test total 3PI index and .74 for the post-test total 3PI index.

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) (Tennant et. al., 2007).

The WEMWBS was developed at the Universities of Warwick and Edinburgh and comprises 14 items that relate to an individual's state of mental well-being (thoughts and feelings) in the previous two weeks. Each item is worded positively and together they cover most, but not all, attributes of mental well-being including both hedonic and eudemonic perspectives. We used the 7-item WEMWBS short form and changed the instruction to "Please check the box that best describes your *general or typical* experience of each statement."⁵ Responses are made on a 5-point Likert scale ranging from 1 (none of the time) to 6 (all of the time). Item responses are summed to obtain a total WEMWBS score. The internal consistency reliability coefficient was .83 for the pre-test and .83 for the post-test WEMWBS index.

Purpose in Life Test (PILT) (Crumbaugh & Maholick, 1964). The PILT is a 20-item self-report attitude scale which measures the extent to which people perceive their lives to be purposeful and meaningful. Considerable research supports an association between poor purpose and meaning in life and addiction problems and deviant behavior (e.g., Martin, McKinnen, Johnson, & Rohsenow, 2011). The scale has been widely used and has shown good reliability, with the authors of the scale reporting split-half reliability coefficients of .90 (Crumbaugh & Maholik, 1964). Each item is rated on a 7-point Likert scale ranging from 1 (low purpose) to 7 (high purpose). Items are summed to obtain a total PILT score which can range from 20 (low purpose) to 140 (high purpose). Item scores are summed to obtain a total PILT score. The

internal consistency reliability coefficient was .81 for the pre-test PILT index and .90 for the post-test PILT index.

PROMIS Depression Short Form (PR-Dep) (PROMIS Health Organization). The PR-Dep contains 8-items which measure depression (e.g., “I felt worthless”) based on DSM-V symptomology. Respondents report the degree to which they have been bothered by each symptom during the past 7 days. We used 5 PR-Dep items each scored using a 5-point Likert scale ranging from 1 (never) to 5 (always). Item responses are summed to obtain a total score. The instructions were changed to “How often are you *generally or typically* bothered by each symptom.”⁴ The internal consistency reliability coefficient was .83 for the pre-test PR-Dep index and .82 for the post-test PR-Dep index.

PROMIS Anxiety Short Form (PR-Anx) (PROMIS Health Organization). The PR-Anx contains 7-items which measure anxiety (e.g., “I felt fearful”) based on DSM-V symptomology. Respondents report the degree to which they have been bothered by each symptom during the past 7 days. We used 6 PR-Anx items each scored using a five point Likert scale ranging from 1 (never) to 5 (always). Raw scores for each item are summed to obtain a total score. The instructions were changed to “How often are you *generally or typically* bothered by each symptom.”⁵ The internal consistency reliability coefficient was .77 for the pre-test PR-Anx index and was .86 post-test PR-Anx index.

PROMIS Anger Short Form (PR-Ang) (PROMIS Health Organization). The PR-Ang contains 5-items which measure anger (e.g., “I felt angry”) based on DSM-V symptomology. Respondents report the degree to which they have been bothered by each symptom during the past 7 days. Each item is scored using a five point Likert scale ranging from 1 (never) to 5 (always). Raw scores for each item are summed to obtain a total score. The

instructions were changes to “How often are you *generally or typically* bothered by each symptom.”⁵ The internal consistency reliability coefficient for the pre-test PR-Ang index was .88 and for the post-test PR-Ang was .88.

Results

This research was approved by the following internal review boards; the Northamptonshire County Council, Public Health and Wellbeing Committee, the HM Prison Onley Drug Strategy Committee, and Phoenix Futures Substance Misuse Services Board. Among the 92 participants, 53 composed the experimental group and 39 were in the control group. Based on the Chi-Square tests, there were no statistically significant differences between the control and experimental groups on the demographic variables of age ($\chi^2 = 1.64$, $p = .44$), race ($\chi^2 = 4.92$, $p = .30$), residence ($\chi^2 = 0.71$, $p = .40$), educational level ($\chi^2 = 2.11$, $p = .72$), or marital status ($\chi^2 = 5.08$, $p = .28$). Also, there were no differences of note between the treatment and control participants on offense type, sentence length and the number and nature of other classes taken during the duration of this study.

The descriptive statistics for the outcome measures of 3PI, WEMWBS, PILT, PR-Dep, PR-Anx, and PR-Ang are presented in Table 1 (pre-test measures) and Table 2 (post-test measures). There was significant variation in the six outcome measures (i.e., none were constants). In addition, the Cronbach alpha value, a measure of internal reliability for the index outcome variables, were higher than .70, which is viewed as good.

***** Insert Table 1 about here *****

***** Insert Table 2 about here *****

Independent t-tests were computed between the control and experimental groups on the six pre-test outcome variables and the six post-test outcome variables. The results are presented in Table 3. There was no statistically significant between group difference on the pre-test

measures of 3PI, WEMWBS, PR-Dep, PR-Anx, and the PR-Ang. There was a significant pre-test difference ($p \leq .05$) between the two groups on the PILT index; the control group was higher on this measure than the experimental group.⁶ For the post-tests, there was a significant difference between the two groups on the 3PI, WEMWBS, PR-Anx, and PR-Ang variables. For the 3PI and WEMWBS measures, the experimental group was higher than the control group. Conversely, for the PR-Anx and PR-Ang measures, the control group was higher than the experimental group. There was no significant difference between the two groups on the post-test measures of PILT and PR-Dep.

***** Insert Table 3 about here *****

Next, paired t-test were used to determine if each group showed a significant change on any of the six outcome variable from the pre-test to the post-test, where only the experimental group was exposed to 3PCC. The results are presented in Table 4. For the control group there was no significant change from pre-test to post-test for the variables of 3PI, WEMWBS, PR-Dep, PR-Anx, and PR-Ang. There was a significant increase for the control group from the pre-test to the post-test on the PILT variable. For the experimental group, there was a significant change from the pre-test measurement to the post-test measurement on all 6 outcome variables. Specifically, after their exposure to 3PCC, these participants showed a significant increase in 3PI, WEMWBS, and PILT. Conversely, after their exposure to 3PCC these participants showed a significant decrease in PR-Dep, PR-Anx, and PR-Ang. Overall, the results indicate that the treatment stimulus of 3PCC was associated with significant increases for participants' on 3PI, and WEMWBS, and a significant decrease in PR-Dep, PR-Anx, and PR-Ang. For both experimental groups, there was a significant increase on PILT from pre-test to post-test which suggests that either other forces or random chance may have played a role in influencing this

outcome. Nevertheless, it is important to note that the increase on PILT from pre-test to post-test was larger for the experimental group than the control group, suggesting that exposure to 3PCC may have also played a role in influencing this outcome.

***** Insert Table 4 about here *****

In sum, the independent t-test results supported hypotheses 1, 2, 5, and 6. The paired t-test results supported hypotheses 1, 2, 3, 4, 5, and 6. For both the control and experimental group, PILT showed a significant increase from pre-test to the post-test, and the between group difference on the post-test for this mental health variable was not large enough to rule out random error. As such, the results do not appear to support hypothesis 3. Only the experimental group showed a significant decrease on PR-Dep from pre-test to post-test. However, while not statistically significant, the control group scored slightly lower than the treatment group on the pre-test measure of PR-Dep supporting hypothesis 4.

Hypothesis 7 was also supported. Following exposure to 3PCC, the status of 13 inmates was elevated by prison administrators based on their improved behavior in the prison community. Status elevations provide inmates with fewer restrictions and increased privileges. Also, prison administrators transferred 3 treatment group inmates to the Prison's L-wing which provides additional privileges and increased freedom of movement. For the control group, however, only 2 inmates received status elevations during the duration of this study and none were transferred to the Prison's L wing.

Discussion

The results appear to support six of the study's seven hypotheses. Hypothesis 1 was supported. Following exposure to 3PCC, participants showed a significant increase in their understanding of thought recognition; that they (and everyone else) are the sole creators of their

own psychological experience through their use of thought and that thought is a continual dynamic process always bringing people new realities. Also, following exposure to 3PCC, participants showed a significant increase in their understanding of innate health via a clear mind; that they (and everyone else) have innate mental health that is realized through a clear mind.

Mental Wellbeing

Hypothesis 2 was also supported. Compared to the control group, participants exposed to 3PCC showed a significant increase in mental wellbeing. This result was expected because when people grasp TR and/or IH/CM through understanding the three principles, the way they relate to their thinking shifts. They become less likely to identify with their thoughts, to view their thoughts as real or “the truth” and to become gripped by their thoughts. They gain adaptive distancing; becoming the observer rather than the prisoner of their thoughts. They realize that their thoughts have no power over them unless they think they do. Also, they understand that their feelings serve as a reliable barometer of the quality of their thinking in the moment.

Sedgeman (2005) stated:

When people realize they can navigate life using their feeling state as reliable guide to the moment-to-moment quality of their thinking, knowing that people’s thinking naturally self-corrects, unattended thoughts pass, the mind clears, consciousness lifts, and from a quiet mind and positive feeling state, people increasingly get functional ideas (p.52).

With these new insights, people begin spending more time in mental quietude experiencing mental wellbeing, and become less likely to act on less healthy thoughts that happen to mind and the painful feelings they spawn.

Purpose in Life

Hypothesis 3 was not supported. Both experimental groups showed a significant increase in purpose in life from pre-test to post-test and the difference between these groups at post-test while was not large enough to rule out random error. It is noteworthy, however, that for treatment participants the mean score on the purpose in life measure from pre-test to post-test increased nearly 15 points (i.e., from 71.06 to 85.87). For the control group, however, the mean score increase on this measure from pre-test to post-test was about 4.5 points (i.e., from 77.03 to 81.55). This finding suggests that exposure to 3PCC may have also played a role in influencing this outcome.⁶

Depression

Hypothesis 4 was supported. Compared to the control group, inmates exposed to 3PCC showed a significant decrease in depression. This finding was expected because when people grasp TR and/or IH/CM at a deep level, they realize that depressive feelings are sustained via their own thinking, not by external events or circumstances. Thus, they “see” that by taking depressive thoughts to heart they are only hurting themselves; that by deliberately re-thinking these thoughts they are sustaining the painful feelings they spawn and blocking their “psychological immune system” from moving them to healthier thinking and a higher level of consciousness.

Anxiety

Hypothesis 5 was also supported. Compared to the control group, participants exposed to 3PCC showed a significant decrease in anxiety. This finding was expected because when people gain a deep understanding of TR and/or IH/CM, they realize that anxious feelings (like depressive feelings) are internal signals informing them that their thinking is not in their best

interest. When people realize that their feelings serve as a reliable barometer of the quality of their thinking, the way they relate to anxious feelings shifts (i.e., they take them less seriously) which allows the thoughts that sustain these feelings to pass through and fresh more responsive thoughts to surface.

Anger

Hypothesis 6 was also supported. Compared to the control group, inmates exposed to 3PCC showed a significant decrease in anger. This finding was expected because when people grasp TR and/or IH/CM, they realize that angry feelings signal that their thinking is not in their best interest and that their inner wisdom is temporarily obscured. When people grasp these new insights, they are less likely to take angry thoughts so personally and less likely to act on these thoughts. This finding has particular significance for criminal offenders, many of whom are incarcerated for acts of violence. Unless these offenders are helped to call into question what they would swear is a “reality” they must act on, they will have no choice but to follow their thinking, or be forced to continually fight against it. Authors (In Press) stated:

The perpetrators of violence truly believe they must act this way in life, even if they regret their actions afterwards...They can't see any other way. They are stuck at that low level of consciousness...Whenever they “lose it,” their tendency will be to go there...However, if they can see that this way of seeing the world... is not reality, but is really only an illusion created from their own thinking, this new insight shocks them out of everything they thought was reality. They may still get those thoughts, but they know they don't have to act on them...What remains is more of a feeling of well-being, and they act with more wisdom and common sense.

Behavior

Evidence also exists that appears to support hypothesis 7. Compared to the control group, inmates exposed to 3PCC demonstrated greater improvement in behavior in the prison community. At HR Prison Onley there are three regimes or classification levels for inmates (i.e., basic, standard, and enhanced). All inmates begin serving their sentence at the basic regime. Then, based on the quality of their behavior in the prison community inmates can enhance their status to the standard regime and ultimately to the enhanced regime. Each upward move offers fewer restrictions and more privileges. Following exposure to 3PCC, 13 inmates moved either from basic to standard status or from standard to regime status, Furthermore, 3 inmates were transferred to the Prison's L wing, which provides more comfortable living quarters and additional privileges. Finally, following exposure to 3PCC, 10 inmates volunteered and were accepted as BR peer mentors, and 5 inmates were accepted into joined the BR apprentice program. For the control group, however, only 2 inmates received status elevations during the duration of the study and none were transferred to the Prison's L wing. This finding was expected because the consensus to voluminous research is that improved mental health/wellbeing is typically accompanied by more civil, pro-social behavior.

Limitations

Like most studies this study has limitations. Our findings may be considered preliminary, as the sample size was small. A larger number of participants would have increased the power of analysis, allowing for smaller effects to be demonstrated. In addition, because of the sample size, it was not possible to explore if the effects of the intervention differed by different subgroups, such as younger and older inmates, White and Nonwhite inmates, or married and unmarried inmates. A larger sample size would allow for more detailed analyses. In addition, inmates at

other prisons, including those in other nations, need to be studied. It could be that the effects of the intervention are situational and contextual. Furthermore, research is needed to determine the efficacy of this intervention with criminal offenders on community supervision (e.g., probation or parole). It could be that the unique nature of the prison environment aided (e.g., less distractions or temptations than found in the community) or detracted (e.g., fear of victimization while in prison or negative pressure from fellow inmates not in the treatment program) from the effects of 3PCC. In addition, future studies should examine how long the effects of exposure to 3PCC last on inmates. It could be that aftercare interventions to reinforce the positive effects of 3PCC are needed for offenders. It is also possible that treatment studies with prison inmates need to include outcome measures that evaluate other dimensions of functioning, such as self-control. Furthermore, as yet there has been no follow-up for these participants which would have enabled a better test of treatment efficacy.⁷ Another limitation of this study was that only self-report outcome measures were used (i.e., absence of posttreatment diagnostic interviews). Finally, future studies are needed to see if 3PCC has other positive effects on offenders, such as reducing future criminal recidivism. It is clear that more research is needed in this area.

Conclusion

The findings of this study appear to show that when offenders exposed to 3PCC grasp a deep understanding of thought recognition and innate health via a clear mind through understanding the principles of Universal Mind, consciousness, and thought—their mental health and behavior improves. Compared to the control group, inmates exposed to 3PCC showed a significant increase in understanding thought recognition and innate health via a clear mind; a significant increase in mental wellbeing; a significant decrease in depression, anxiety, and anger; and a greater improvement in behavior in the prison community.

The authors posit that when people break the law, are violent, abuse their partners or children, abuse drugs, and resist treatment, it is only because their thinking is “off” and they are not aware of it. Thus, they have no choice other than to act on what their thinking tells them, because it looks so real to them. They don’t know that their thinking is off-kilter, skewed. They are only following what they see. In this sense they are innocent; they can’t see anything else. When these people act destructively, they are simply unable to see beyond their own creations that to them appear “real.” Banks (1998) stated, “. . . a lost thinker experiences isolation, fear, and confusion. . . The misled thoughts of humanity, alienated from their inner wisdom, cause all violence, cruelty, and savagery in the world” (p. 83).

Most prevailing correctional counseling methods operate from an “outside-in” paradigm positing that mental health must be “put into” offenders. Thus, developments in correctional counseling over the past several decades have mainly been improvements in techniques based on the prevailing assumption that an offender’s deviant thoughts and schemas must be “dealt with” and that offenders must learn various techniques and coping strategies to sidestep mental distress and improve their behavior. Offenders then are reinforced to continue to do so by existing therapies that assume the content of people’s thinking is significant. 3PCC is grounded in a different paradigm; *that all criminal offenders have inner mental health and only innocently think themselves away from this health*. When the focus becomes the fact of creation of experience via thought rather than the content and products of people’s thinking (e.g., feelings, perceptions, moods), it eliminates the notion that people’s negative thinking must be “dealt with” or “addressed.” Negative thinking, when understood as *merely thoughts brought to mind that have no power over offenders unless they think they do*, simply passes on its own without the need for techniques or psychotherapies. When offenders recognize how to move through life

allowing their minds to *quiet naturally* so new, fresh thoughts come to mind in a better feeling state, they lead a mentally healthier life and become less likely to respond to their less healthy thoughts and feelings with criminal and other health damaging behavior.

Endnotes

1. When we posit that everyone “uses” the three principles we do not mean to suggest that people have to “do something”—that tools, techniques, beliefs or actions are necessary to use the principles. Everyone uses these principles to have psychological experience in the same way that everyone uses the principle of gravity to stay anchored to the Earth. However, it appears that the deeper people understand how these principles interact to create everyone’s psychological life, the better they use the principles to realize and sustain mental health/wellbeing.
2. While correctional counseling methods grounded in positive psychology (Csikszentmihalyi, 2014) and positive criminology (Ronel & Elisha, 2011) focus on positive feelings (e.g., well-being, gratitude, compassion), these interventions posit that these feelings come from the “outside-in” via various techniques, skills, activities and relationships. These interventions also focus on positive virtues and character strengths. Based on positive correlations between these virtues/character strengths (e.g., wisdom, humanity, forgiveness) and improved mental health, these positive interventions propose that people fail to realize and sustain improved mental health because they are missing certain of these virtues/strengths or that these virtues/strengths have eroded over time. Thus, positive psychology’s correctional counseling interventions attempt to put these virtues/strengths into offenders from the “outside-in” via teaching them various techniques (e.g., meditation), beliefs (e.g., higher purpose of the universe), and activities (e.g., sending a letter of gratitude) (Seligman, Steen, Park, & Peterson, 2005).
3. 3PCC classes included the following modules: Building rapport; Exploration of “reality;” Separate realities; Exploration of thought and insight; Consciousness; where does it come from?; Exploring feelings/moods/behaviour; Exploring innate health/natural intelligence; What is Mind?; Exploring infinite potential; Exploring mental clarity vs. a busy mind; Stepping into the

unknown; Implications of the principles for life in prison; and Living outside of prison. The program format, however, is not rigid and allows flexibility for the facilitator to allow his/her own wisdom to guide each session. Each session is designed to be conversational, exploratory, and reflective rather than traditional lecturing/teaching. Conversations are often based on what participants bring in to the room and facilitators continually look for opportunities to highlight the innate health and wisdom of each participant.

4. In general, British people do not like to divulge their ethnicity. This preference tends to be amplified in prisons. Many of the inmates in this study did not prefer to reveal their ethnicity and several complained about being asked to do so. However, most of the participants that selected “other” for ethnicity are likely Jamaican, West Indian, African, Somalian, and a few Ghanaian.

5. The instructions were changed for WEMWBS PR-Dep, PR-Anx, and PR-Ang because the goal of 3PCC is to facilitate a permanent change in people’s mental health/wellbeing.

6. BR staff reported that control participants appeared to be more apprehensive than treatment participants regarding responding candidly to certain items on the Purpose in Life Test (e.g., items regarding death and suicide). These staff sensed that these inmates tended to “fake good” on these items out of fear that answering them candidly could result in increased vigilance by prison staff and and/or loss of freedom and privileges.

7. The authors expect to conduct a follow-up study to examine the duration of the positive effects of exposure to 3PCC for study participants.

References

- Author (2003).
- Author (2005)
- Author (2008).
- Author (2011).
- Authors (2014).
- Authors (2015).
- Authors (2015).
- Authors (2015a).
- Authors (2015b).
- Authors (2016a).
- Authors (2016b).
- Authors (In Press)
- Banerjee, K., Howard, M., Mansheim, K., & Beattie, M. (2007). Comparison of health realization and 12-step treatment in women's residential substance abuse treatment programs. *American Journal of Drug & Alcohol Abuse*, 33, 207-215.
- Banks, S. (1998). *The missing link*. Vancouver, BC: Lone Pine.
- Banks, S. (2001). *The enlightened gardener*. Vancouver, BC: Lone Pine.
- Crumbaugh, J., & Maholick, L. (1964). An experimental study of existentialism: The psychometric approach to Frankl's concept of noogenic neurosis. *Journal of Clinical Psychology*, 20, 200-207.
- Csikszentmihalyi, M. (2014). *Flow and the foundations of positive psychology: The collected works of Mihaly Csikszentmihalyi*. New York: Springer.

- Halcon, L. L., Robertson, C. L., & Monsen, K. A. (2010). Evaluating health realization for coping among refugee women. *Journal of Loss and Trauma, 15*, 408-425.
- Keyes, C. L. M. (2003). Complete mental health: An agenda for the 21st century. In C. L. M. Keyes & J. Haidt (Eds.) *Flourishing: Positive psychology and the life well-lived* (pp. 293-312). Washington, DC: American Psychological Association.
- Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist, 62*(2), 95-108.
- Martin R. A., McKinnen, Johnson, J., & Rohsenow, D. J. (2011) Purpose in life predicts treatment outcome among adult cocaine abusers in treatment. *Journal of Substance Abuse Treatment, 40*(2), 183-188.
- PROMIS Health Organization (2013). *LEVEL 2—Depression/Anxiety/Anger—Adult (PROMIS Emotional Distress—Depression—Short Form)*. Washinton, DC: American Psychological Association.
- Sedgeman, J.A. (2005). Health realization/innate health: Can a quiet mind and positive feeling state be accessible over the lifespan without stress relief techniques? *Medical Science Monitor, 11*, 47-52.
- Sedgeman, J. A., & Sarwari, A. (2006). The effect of a health realization/innate health psycho-educational seminar on stress and anxiety in HIV-positive patients. *Medical Science Monitor, 12*(10), 397–399.
- Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist, 60*, 410–421.

- Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J., & Stewart-Brown, S. (2007). The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS): Development and UK validation. *Health and Quality of Life Outcomes*, 5(1), 63.
- Yalom I. D. (1980). *Existential psychotherapy*. New York: Basic Books.

Table 1

Pre-Test Descriptive Statistics for Outcome Measures

Variable	Description	Mn	SD	Med	Min	Max
3PI	Three Principles Inventory, 15 item additive index, $\alpha = .74$	50.35	6.80	51	30	82
WEMWBS	Warwick-Edinburgh Mental Well-Being Scale, 7 item additive index, $\alpha = .83$	23.77	5.19	24	10	35
PILT	Purpose in Life Test, 20 item additive index, $\alpha = .81$	73.92	13.03	75	37	105
PR-Dep	PROMIS Depression Short Form, 8 item additive index, $\alpha = .83$	10.32	4.48	9.5	8	25
PR-Anx	PROMIS Anxiety Short Form, 7 item additive index, $\alpha = .77$	11.88	4.82	11	7	27
PR-Ang	PROMIS Anger Short Form, 5 item additive index, $\alpha = .88$	10.52	4.99	10	5	25

Note. Mn represents the arithmetic mean, SD the standard deviation, Med the median, Min the minimum value, Max the maximum value, and α Cronbach's alpha, a measure for internal reliability.

Table 2

Post-Test Descriptive Statistics for Outcome Measures

Variable	Description	Mn	SD	Med	Min	Max
3PI	Three Principles Inventory, 15 item additive index, $\alpha = .74$	55.70	10.22	55	22	82
WEMWBS	Warwick-Edinburgh Mental Well-Being Scale, 7 item additive index, $\alpha = .83$	27.38	4.53	28	11	35
PILT	Purpose in Life Test, 20 item additive index, $\alpha = .90$	84.06	12.02	85	49	105
PR-Dep	PROMIS Depression Short Form, 8 item additive index, $\alpha = .82$	8.59	3.88	7	8	25
PR-Anx	PROMIS Anxiety Short Form, 7 item additive index, $\alpha = .86$	10.10	4.55	9	7	26
PR-Ang	PROMIS Anger Short Form, 5 item additive index, $\alpha = .88$	8.53	4.25	7	5	23

Note. Mn represents the arithmetic mean, SD the standard deviation, Med the median, Min the minimum value, Max the maximum value, and α Cronbach's alpha, a measure for internal reliability.

Table 3

Independent T-Test Results for Pre-Test and Post-Test Outcome Measures

Variable	Control Group		Experimental Group		T-Value
	Mean	SD	Mean	SD	
Pre-Test					
3PI	50.64	5.69	50.13	7.58	-0.35
WEMWBS	24.85	4.42	22.98	5.60	-1.72
PILT	77.03	11.85	71.56	13.50	-1.98*
PR-Dep	9.97	4.54	10.57	4.46	0.62
PR-Anx	11.63	4.99	12.06	4.72	0.41
PR-Ang	10.72	5.55	10.36	4.57	-0.33
Post-Test					
3PI	50.23	8.39	59.81	9.58	4.98**
WEMWBS	25.71	4.67	28.58	4.06	3.13**
PILT	81.55	11.13	85.87	12.42	1.71
PR-Dep	9.74	4.67	7.74	2.94	-0.89
PR-Anx	10.59	5.17	9.74	4.03	-2.48*
PR-Ang	9.77	5.19	7.60	3.11	-2.53**

Note. SD stands for standard deviation. See Table 1 and 2 for the descriptive statistics and descriptions of the outcome variables. The number of participants in the control group was 39 and the number of participants in the experimental group was 53.

* $p \leq .05$

** $p \leq .01$

Table 4

Paired T-Test Results for the Control and Experimental Groups on the Outcome Variables

Variable	Control Group				T-Value
	Mean	SD	Mean	SD	
3PI	50.64	5.69	50.23	8.39	0.36
WEMWBS	24.68	4.35	25.71	4.67	-1.19
PILT	77.03	11.85	81.55	11.13	2.32*
PR-Dep	9.97	4.54	9.74	4.67	0.34
PR-Anx	11.63	4.99	10.66	5.23	1.41
PR-Ang	10.72	5.55	9.77	5.19	1.79
	Experimental Group				
	Mean	SD	Mean	SD	T-Value
3PI	50.14	7.66	59.72	9.65	-5.57**
WEMWBS	22.98	5.60	28.58	4.06	-7.82**
PILT	71.56	13.50	85.78	12.75	-8.12**
PR-Dep	10.57	4.46	7.74	2.94	4.30**
PR-Anx	12.06	4.72	9.74	4.03	3.70**
PR-Ang	10.24	4.51	7.47	3.01	5.30**

Note. SD stands for standard deviation. See Table 1 and 2 for the descriptive statistics and descriptions of the outcome variables. A negative t-value means that there was an increase from the pre-test to the post-test, and a positive t-value means that there was a decrease from the pre-test to the post-test. The number of participants in the control group was 39 and the number of participants in the experimental group was 53.

* $p \leq .05$

** $p \leq .01$