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Understanding Spiritual Principles or Depending on Techniques To Realize and Sustain Optimal Mental Health

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ABSTRACT
The primary goal of positive psychology is understanding and facilitating optimal mental health. However, absent fundamental causal principles that explain human psychological experience, positive psychology is unlikely to achieve this goal. We posit that fundamental causal principles may already have been uncovered, and we offer a study that tests the process from exposure to these principles to improved mental health. The results appear to support our prediction that insights regarding “thought recognition” and/or “innate mental health via a clear mind” gained through understanding these principles will show a significant positive relationship with hedonic well-being, eudaimonic well-being, social well-being, and optimal mental health. Of participants exposed to the understanding grounded in these spiritual principles, 88% were diagnosed as “flourishing.”

KEYWORDS
Consciousness and thought; mind; optimal mental health; positive psychology; psycho-spiritual; the three principles

A quarter century has passed since the first seeds of positive psychology were sewn by Csikszentmihalyi’s (1990, 1999) research on creativity and “flow,” Seligman’s (1991) work on learned optimism, Goleman’s (1992) writings on emotional intelligence, Deiner, Suh, Lucas, and Smith’s (1999) work on subjective well-being, and Myers’s (1992) research on happiness. Since its christening (Seligman & Csikszentmahalyi, 2000), positive psychology has burgeoned. Contributors have constructed new theoretical models in an attempt to better understand human strength and virtue; determine the well-springs, processes, and mechanisms that lead to desirable consequences; and uncover the conditions and processes that contribute to optimal mental health (Linley, Joseph, Harrington, & Wood, 2006). Well over 1,000 articles have been published in peer-reviewed journals on topics such as happiness, well-being, resilience, mindfulness, and flow and the relationship of such attributes to both mental and physical health (Azar, 2011). Jarden (2012) stated, “Psychology departments are increasingly looking to teach courses and offer qualifications that focus specifically on positive psychology” (p. 70).

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How much progress has positive psychology made toward meeting its primary goal of understanding and facilitating optimal mental health? One estimate can be gleaned from the research of Corey Keyes (2002, 2003, 2005a, 2005b, 2007, 2009), a prominent contributor to positive psychology. Keyes has written extensively about optimal mental health, which he refers to as “complete” or “flourishing.” Keyes conceptualization of flourishing is grounded in the definition of mental health offered by the World Health Organization in its 2004 report promoting mental health. In this historic report, the World Health Organization defined mental health as not simply the absence of mental illness but the presence of, “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community” (p. 12). This definition challenged the prevailing view that mental health and mental illness are opposite ends of a single measurement continuum. While acknowledging that the latent factors of mental health and mental illness relate positively, Keyes (2007) argued that the connection is modest and these constructs are better represented on two separate continua stating, “Mental health is not the absence of mental illness and the absence of mental illness is not the presence of mental health” (p. 95).

Keyes (2007) operationalized mental health as “a syndrome of symptoms of positive feelings and positive functioning in life” (p. 604), which includes clusters of “symptoms” in three areas: hedonic or emotional well-being (e.g., positive affect, life satisfaction); eudaimonic or psychological well-being (e.g., autonomy, self-acceptance); and social well-being (e.g., social interaction, social actualization). According to Keyes (2007), people who experience well-being in each of these areas are flourishing and “anything less than flourishing is associated with increased impairment, disability and burden to self and society” (p. 95). Keyes concluded, however, that only a small portion of adults (free of a common mental disorder) have complete mental health; that the prevalence of flourishing is less than 18% of the adult population. While around 50% of adults have moderate mental health, Keyes (2007) asserted that flourishing people function markedly better than all others:

Flourishing—reported . . . the healthiest psychosocial functioning (i.e., low helplessness, clear goals in life, high resilience, and high intimacy), the lowest risk of cardiovascular disease, the lowest number of chronic physical diseases, the fewest health limitations of activities of daily living, and lower health care utilization. However, the prevalence of flourishing is barely 20% of the adult population. . . . If “almost there” is good enough, the current approach . . . is succeeding, because approximately one half of the adult population is moderately mentally healthy. However, because genuine mental health should be the goal, the current approach to national mental health is a failure, because only 17% of adults are completely mentally healthy. (pp. 95, 103)
Keyes (2007) emphasized two factors that have prevented positive psychology from achieving its primary mission of understanding and facilitating optimal mental health. First, he faulted national funding agencies such as the National Institute of Mental Health and the Substance Abuse and Mental Health Services Administration for focusing mainly on remedial psychotherapy research and services. Second, he criticized the reactive orientation of the field and called for a more proactive approach to mental health care to determine, “the earliest deviations from health . . . so as to intervene at the earliest stage and restore health rather than wait to manage chronic illness” (p. 107).

The need for fundamental causal principles

We agree with Keyes that understanding and facilitating optimal mental health should be the primary goal of positive psychology. We also agree that positive psychology is far from achieving this goal. However, while increased national funding for mental health research and a more proactive approach to mental health care is warranted, we posit that something more essential is necessary for positive psychology to understand optimal mental health and best promote it: fundamental causal principles.

Well over a century ago William James (1981) predicted that psychology would eventually discover principles that would explain all psychological experience and illuminate a path to improved mental health for all people. Interestingly, in their lead article in the inaugural issue of The Journal of Positive Psychology, Linley et al. (2006) expressed the same aspiration for “positive” psychology that James expressed for psychology:

Looking into the future, our aspiration would be that positive psychologists may even be able to discover principles that unite different conceptions of the positive and good, thus allowing movement toward a taxonomic understanding of positive psychological phenomena that would provide a meta-theoretical foundation for optimal human existence. (p. 14)

Five years earlier, however, commenting on articles in the historic 2000 issue of American Psychologist dedicated to positive psychology, Kelley (2001) asserted that fundamental causal principles may already have been uncovered and were available for positive psychology’s perusal:

I am concerned by the absence of principles to guide the emerging field of positive psychology. . . . Only principles will bring discipline to positive psychology and provide a consistent standard by which to judge the truth and integrity of its findings and propositions. Without fundamental causal principles, positive psychology (like “negative” psychology) will inevitably splinter into an ever-increasing number of separate and often competing theories, practices, and areas of specialization each with its own research agenda based on its own set of variables. A set of fundamental causal principles underlying people’s moment-to-moment psychological functioning are presently available for positive psychologists to consider. (p. 88)
Since then, these principles have been described in detail (e.g., Kelley & Pransky, 2013; Kelley, Pransky, & Lambert, 2015; Kelley, Pransky, & Sedgeman, 2014; J. Pransky, 2003; J. Pransky & Kelley, 2014; J. Pransky & McMillen, 2012), evidence in support of a spiritual basis of these Principles has been provided (e.g., Pransky & Kelley, 2014) and some empirical evidence for the efficacy of the intervention grounded in these principles has been offered (e.g., Banerjee, Howard, Mansheim, & Beattie, 2007; Halcon, Robertson, Monsen, & Claypatch, 2007; Halcon, Robertson, & Monsen, 2010; Kelley, 2005, 2011; Kelley, Mills, & Shuford, 2005; Kelley, Pransky, & Lambert, 2015; Sedgeman & Sewari, 2006). Here we offer a brief description of these spiritual principles, and explain how they appear to interact to create people’s psychological lives. Then we compare the different ways in which the link between the psychological and the spiritual is viewed by the three principles and by positive psychology. Finally, we describe the intervention grounded in these principles and present a study that examines the process from understanding these spiritual principles to improved mental health.

The three principles

In 1973, a common laborer named Sydney Banks (1998, 2001, 2005) experienced what noted community psychologist and mental health pioneer, Donald Klein (1988), described as a “spontaneous spiritual transformation” (p. 311) in which he realized that three spiritual principles—Universal Mind, consciousness, and thought—work together to create each person’s unique psychological life. Banks asserted that universal mind, consciousness, and thought are fundamental truths that account for people’s entire psychological experience and that these principles operate in the psychological realm much as gravity exists as a principle of the physical world. Banks (1998) posited that universal mind, consciousness, and thought represent the unifying, undergirding principles for psychology, which William James originally envisioned for the then emerging field but never realized.

Universal Mind

Banks referred to Universal Mind or Mind as the formless energy behind all life, the life force that animates life, the intelligent life energy that powers human psychological functioning. Universal Mind energy flows through and around and within all things. Universal Mind is spirit itself. Many have referred to it by many different names, such as chi, prana, master mind, the great spirit, God, and many more. It is oneness itself, and no words can actually describe it. Mind is the source of the other two principles, consciousness and thought, which are used by all people to construct their psychological lives from within.
Consciousness

Banks referred to Consciousness as the Mind-powered agency or ability to be conscious, to take in life, to have experience and to be aware of that experience. Without Consciousness no one could have any experience of life. Universal Mind bestows the gift of consciousness within all living creatures. Thus, Consciousness comes into human beings in a pure state and is sometimes referred to as the pure spirit within or the soul or people’s highest Self. It is the spiritual essence or core of all human beings. Only one thing can keep people from realizing this pure state within, the third principle: thought. Consciousness enlivens the products of people’s thinking through their senses and produces their moment-to-moment psychological experience from the “inside out.”

Thought

Banks viewed Thought as the Mind-powered agency or ability that creates psychological experience from within. The principle of Thought does not refer to thought content or what people think, but rather refers to the power that allows people to create thought content in the first place. The power to create thought is a constant or common denominator used by everyone to create their moment-to-moment psychological experience from within. It is people’s “use” of the power of thought that creates Thought content that drops their personal consciousness to lower levels and does not allow them to experience the pure consciousness they already are within.

It is how the three principles work together that gives people their personal experience of life. It appears they work together in the following way: Something happens in the outside world; for instance, people live in various circumstances, find themselves in situations and are subjected to what other people do to them. Drawing upon all possibilities inherent in Mind, people use the creative power of thought to generate some Thought about what happened. This thought is instantaneously picked up by consciousness and impinges upon the senses to produce a perception and/or feeling. Thought is always what makes people see the world in the specific way they do at any given time, and Consciousness always makes that way of seeing it look “real” to them, and what people see is what makes them feel the way they do. People often do not realize this, nor do they realize this includes unconscious or subconscious thoughts, even though they are not aware they are thinking such thoughts. People also often do not realize that when the “reality” they see (using thought) shifts, their subsequent thinking, feelings and actions change accordingly. For example, to some, seeing a drug will create a feeling of craving, to others it will be neutral, and others will have a negative reaction—all because of different thoughts about the same drug, and
each will feel real. Furthermore, people also often do not realize that when their minds clear or quiet from their typical thinking they automatically experience something akin to peace of mind or well-being or new, wise insights bubbling up seemingly from out of nowhere.\(^6\)

**The link between the spiritual and the psychological**

It is important to compare the different ways in which the link between the psychological and the spiritual is viewed by the three principles and by positive psychology.

**Positive psychology’s view\(^7\)**

Virtues and character strengths, which have been hitherto largely the subject matter of theology, philosophy, and spirituality, are now a central framework for positive psychology. For example, wisdom, transcendence, kindness, love, forgiveness, purpose, and meaning-making—core subject matter for most religious and spiritual perspectives—have become a major focus of positive psychology. In 2004, for example, Peterson and Seligman completed what Seligman, Steen, Park, and Peterson (2005) referred to as, “the most ambitious project self-consciously undertaken from the perspective of positive psychology” (p. 411). These researchers examined the philosophical, religious, and spiritual traditions of China (Confucianism and Taoism), South Asia (Buddhism and Hinduism), and the West and Ancient Near East (Ancient Greek philosophy, Judaism, Christianity, and Islam) looking for insights regarding common virtues and character strengths related to a pleasant, virtuous, and engaged life. Subsequently, Peterson and Seligman (2004) used the insights gained from this search to develop positive psychology’s counterpart to the DSM-V: *Character Strengths and Virtues: A Handbook and Classification* (CSV). The CSV describes and classifies six virtues (wisdom, courage, humanity, justice, temperance, and transcendence) as well as character strengths that relate to each virtue, which are endorsed by virtually every culture to enable human thriving (Seligman et al., 2005). Based on correlations between these virtues/character strengths and improved mental health, positive psychology concluded that people apparently do not realize and sustain optimal mental health because they are missing certain virtues/strengths or they have eroded over time. Thus, the objective of positive psychology’s “psycho-spiritual interventions” is to essentially put these virtues/strengths into people from the “outside-in” via encouraging various techniques (e.g., meditation), beliefs (e.g., the higher purpose and meaning of the universe), and activities (e.g., sending a letter of gratitude to someone). The focus is on “interventions that build happiness … the deliberate cultivation of character strengths” (Seligman, Steen, Park, & Peterson, 2005, p. 414).
The three principles view

Banks viewed Universal Mind, Consciousness, and Thought as spiritual principles, an inseparable, interrelated trinity that provides a connection between the formless life force and the world of form (Banks, 1998). Psychologically, people make use of these spiritual principles to create their personal psychological lives. As previously stated, people use their spiritual power of thought to create Thought content, drawing from all possibilities inherent within Mind. From the spiritual power to have Consciousness, these thoughts enter people’s consciousness and create their personal reality and produce feelings based upon the self-created reality they see. Further, because the spiritual energy behind all life is also oneness itself and this pure state manifests in every human being as pure consciousness, which essentially is a state of pure peace, pure love and pure wisdom, only thought entering consciousness can create the illusion of separation from this pure state of mental and spiritual health.

The spiritual power of Thought creates thought forms. Consciousness brings these thoughts alive, so to speak, then allows people also to be aware of the forms it creates. People can either be “caught” in their thought forms, or they can be the observer of them, or they can see them for what they are: only thought-created illusions. Each will give people a different experience. People make use of these three principles or spiritual facts to create their lives whether they know they are doing this or not. Banks saw mental health as the innate capacity of all people to align their personal mind with Universal Mind—an innate, intrinsic, natural state arising from pure consciousness and accessed via a clear mind—or the capacity of people to realize the infinite capacity for formless creation of new experience from within via thought. Mustakova-Possardt (2002) stated:

The understanding of the Principle of Thought provides the missing link which bridges the gap between psychology and spirituality. If Thought is a spiritual potentiality, a creative power which we only gradually learn to use and manifest in its full range of expressions … then both individual development and the collective history of human civilization can be viewed as a slow and painstaking discovery of a balanced, aligned way to use the power of Thought. … [T]hese capabilities, insights, intuition, wisdom … are central to many of life’s ill-defined problems … an increase of the prevalence of qualities of the heart leads naturally into the development of a wider range of qualities of the mind. (pp. 14–15)

The three principles proposes that people have all the mental health, virtues, and character strengths they need already inside them. Its intervention attempts to rekindle or draw out this health from the inside out. Mills (1995) stated:

When people recognize how the three principles work, they gain tremendous freedom and clarity… the ability to live life at it highest potential. As people begin to see how reality is created, moment-by-moment, through the interweaving of these principles,
they realize their innate creative power and resilience, their own wisdom and beauty, and their genuine potential for a gratifying life. (pp. 21–22)

The three principles intervention

Banks (1998) asserted that when people realize the three principles at a deep enough level they experience improved mental health, and that gaining a deep enough understanding of the principles and how they work is the only intervention needed to help people live in optimal mental health—no skills, no techniques, nothing but a deep understanding of these principles that can only come through new insight. As such, the intervention grounded in these principles is designed to help spawn insights about the way these principles interact from within to create their own and everyone’s psychological lives.

A logic-based intervention to best allow this to occur has been described in detail (Pransky, 2003; Kelley & Pransky, 2013). Briefly stated, its components are as follows: (a) having gained three principles understanding (3PU) themselves, practitioners generally live in a state of mental health, become the model of what they are trying to teach, and bring their mental well-being into the session; (b) helping learners’ minds to relax and loosen their grip of their typical or habitual thinking and what they know, so they are most open to take in the new; (c) deep listening through a clear mind to pick up via intuition how clients see their “separate realities” and what they do not understand about the inside-out nature of human psychological experience; and (d) conveying or drawing out 3PU in the way a client can best hear it, as derived from deep listening. The intention of this process is to yield new insights within two general areas to which understanding the three principles points simultaneously: thought recognition (TR) and innate mental health via a clear mind (IH/CM).

TR is defined as the realization that thought is the only reality people can ever know, and that people have the ability to see this and be conscious of it in the moment. When people grasp TR they realize that what appears real is actually one’s own creation. People with TR can recognize such thinking occurring in the moment; they can see their reality changing with each new thought and yielding resultant feelings. IH/CM is defined as the realization that everyone has all the mental health they need already inside them and that when people’s minds clear from less responsive or unconstructive thinking, this mental health is naturally unveiled. In other words, insights within this realm are about realizing that mental health already exists within as a natural state. (For an in depth description of TR and IH/CM see Kelley et al., 2015).

We posit that when people understand the three principles, if they grasp TR and/or IH/CM, they will experience improved mental health. The hope is that when people gain 3PU they will also have insights within these two realms.
The present study

Based on the logic of the 3PU, the hypotheses for the present study are as follows:

H1: 3PU will have a significant positive relationship with TR.

H2: 3PU will have a significant positive relationship with IH/CM.

H3: TR and/or IH/CM will have a significant positive relationship with hedonic or emotional well-being (HWB).

H4: TR and/or IH/CM will have a significant positive relationship with eudaimonic or psychological well-being (EWB).

H5: TR and/or IH/CM will have a significant positive relationship with social well-being (SWB).

H6: TR and/or IH/CM will have a significant positive relationship with optimal mental health.

Method

Participants

Human subjects’ approval was secured from an Institutional Review Board. Participants were obtained with assistance from the following organizations that teach the 3PU: Center for Sustainable Change in Charlotte, North Carolina; Three Principles Movies in Essex, England; Santa Clara County in California; and Won Institute in Glenside, Pennsylvania. These organizations sent electronic requests to current and former students directing them to the survey site. A total of 196 people completed the survey.

Variables

Gender, race, age, and education level

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

Three principles exposure

A variable measuring the number of years since a participant was first exposed to the three principles (Years since first 3P exposure).
Self-rated level of 3PU compared to others exposed to the three principles
Participants self-rated their understanding of the three principles as compared to others also exposed to the principles (SR-3P understanding: Exposure)

This variable was measured using five-item scale of very low/poor (coded 1), below average (coded 2), average (coded 3), high (coded 4), and very high (coded 5).

Self-rated level of 3PU compared to others not exposed to the three principles
Participants self-rated their level of understanding of the three principles as compared to others with little or no exposure to the principles (SR-3P understanding: No exposure)

This variable was measured using a five-item scale of very low/poor (coded 1), below average (coded 2), average (coded 3), high (coded 4), and very high (coded 5).

Three Principles Inventory (Kelley, 2011). The Three Principles Inventory contains 26 items that measure 3PU, TR, and IH/CM. 3PU is measured using 11 items scored on a 6-point Likert scale (1 = strongly disagree to 6 = strongly agree). A sample item is, “When people experience 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 items scored on a 6-point Likert scale (1 = strongly disagree to 6 = strongly agree). A sample item is, “My 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 items answered using a 6-point Likert scale (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 IMH/CM score. The internal consistency reliability coefficient is .74.

Mental Health Continuum-Short Form (MHC-SF) (Keyes, 2009). The MHC-SF measures people’s mental health based on the mental health continuum proposed by Keyes (2002). The MHC-SF contains 14 items measuring three components of mental health: HWB, EWB, and SWB. All items are answered following the prefacing statement, “During the past month, how often did you feel the following ways:” and are scored on a 6-point Likert scale (1 = never to 6 = every day). We used 12 MHC-SF items: three items measuring HWB (e.g., “happy”); six items measuring EWB (e.g., “good at managing the responsibilities of your daily life”); and three items measuring SWB (e.g., “feel you have something important to contribute to society?”). We also expanded the prefacing statement to read, “How often do you typically feel the following ways.” Responses to the HWB, EWB, and SWB items are
summed to form subindexes. The internal consistency reliability coefficient for the HWB subindex is .87; the EWB subindex is .74; and the SWB subindex is .71. A complete or flourishing mental health score was created by summing the HMB, EWB, and SWB subindex scores and has an internal consistency reliability coefficient of .90.

Results

The descriptive statistics are presented in Table 1. Of the 196 participants, approximately 63% were female and 86% were White. The median age was 50, and ranged from 23 to 82. The mean age was 50.98, with standard deviation of 12.43. A total of 54% of the participants had a bachelor’s degree or less education. The typical participant indicated they were first exposed to the three principles 9.75 years before completing the survey. Most participants reported an average to high level of understanding of the principles compared to others who had been exposed to the principles. Additionally, the typical participant indicated a high to very high understanding of the principles compared to others with little or no exposure to the principles. 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 also conducted for each of the index variables. The index items loaded on the predicted factor.

The correlation matrix is presented in Table 2. 3PU had a significant positive correlation with both TR and IH/CM. TR had significant positive correlations with HWB, EWB, SWB, and flourishing mental health scores. Likewise, IH/CM had significant positive correlations with each of these variables.

Multivariate analyses using ordinary least squares (OLS) regression were completed. For all the regression equations, there appeared to be no problem with multicollinearity based on the variance inflation factor (VIF) scores and the tolerance values. In addition, 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, SR-3P understanding: exposure, SR-3P understanding: no exposure, years since first 3P exposure, and 3PU as the independent variables. The results are presented in Table 3. The independent variables accounted for approximately 58% of the observed variance in TR. The only variable having a significant relationship with TR was 3PU. Increases in 3PU were associated with increases in TR.
Table 1. Descriptive statistics.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description/coding</th>
<th>M</th>
<th>SD</th>
<th>Md</th>
<th>Min.</th>
<th>Max.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>63% female (coded 0) 37% male (coded 1)</td>
<td>0.37</td>
<td>0.48</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Race</td>
<td>14% non-White (coded 0) 86% White (coded 1)</td>
<td>0.86</td>
<td>0.35</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Age</td>
<td>Measured in continuous years</td>
<td>50.98</td>
<td>12.43</td>
<td>50</td>
<td>23</td>
<td>82</td>
</tr>
<tr>
<td>Educational level</td>
<td>54% bachelor’s degree or lower (coded 0) 46% graduate degree or higher (coded 1)</td>
<td>0.46</td>
<td>0.50</td>
<td>0.50</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Years since first 3P</td>
<td>The number of years since first exposed to the three principles</td>
<td>9.75</td>
<td>10.42</td>
<td>6.0</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>SR-3P understanding: Exposure</td>
<td>Self-rated level of understanding on the three principles compared to others who were exposed to the principles (coded as 1 = very low/poor; 2 = below average; 3 = average; 4 = high; 5 = very high).</td>
<td>3.78</td>
<td>0.82</td>
<td>4.0</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>SR-3P understanding: No exposure</td>
<td>Self-rated level of understanding on the three principles compared to others who were not exposed to the principles (coded as 1 = very low/poor; 2 = below average; 3 = average; 4 = high; 5 = very high).</td>
<td>4.52</td>
<td>0.68</td>
<td>5</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>3PU</td>
<td>11-item additive index, $\alpha = .70$</td>
<td>53.32</td>
<td>7.61</td>
<td>56</td>
<td>30</td>
<td>61</td>
</tr>
<tr>
<td>TR</td>
<td>8-item additive index, $\alpha = .87$</td>
<td>39.93</td>
<td>5.94</td>
<td>42</td>
<td>14</td>
<td>45</td>
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<tr>
<td>IH/CM</td>
<td>7-item additive index, $\alpha = .74$</td>
<td>34.28</td>
<td>4.53</td>
<td>35</td>
<td>19</td>
<td>40</td>
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<tr>
<td>HWB</td>
<td>3-item additive index, $\alpha = .87$</td>
<td>16.13</td>
<td>1.99</td>
<td>16</td>
<td>8</td>
<td>18</td>
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<tr>
<td>SWB</td>
<td>3-item additive index, $\alpha = .71$</td>
<td>15.30</td>
<td>2.73</td>
<td>16</td>
<td>6</td>
<td>18</td>
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<tr>
<td>EWB</td>
<td>6-item additive index, $\alpha = .74$</td>
<td>31.54</td>
<td>3.92</td>
<td>32</td>
<td>18</td>
<td>36</td>
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<tr>
<td>FMH</td>
<td>12-item additive index, $\alpha = .90$</td>
<td>63.01</td>
<td>7.86</td>
<td>64</td>
<td>32</td>
<td>72</td>
</tr>
</tbody>
</table>

Note. SR = self-rated; 3P = the three principles; 3PU = three principles understanding; TR = thought recognition; IH/CM = Innate Mental Health/Clear Mind Questionnaire; HWB = hedonic well-being; SWB = social well-being; EWB = eudaimonic well-being; FMH = flourishing mental health.
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<tr>
<td>2. Race</td>
<td>.03 1.00</td>
<td></td>
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<tr>
<td>3. Age</td>
<td>.05 .20**</td>
<td>.10 1.00</td>
<td></td>
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<tr>
<td>4. Education</td>
<td>−.04 −.10 .14 1.00</td>
<td></td>
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<tr>
<td>5. Years 3P</td>
<td>−.02 −.14 .38** .19**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>6. 3PU-ME</td>
<td>−.05 −.05 .09 .12 .30**</td>
<td>1.00</td>
<td></td>
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<td></td>
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<tr>
<td>7. 3PU-NE</td>
<td>−.01 .02 .02 .14*</td>
<td>.13 .70**</td>
<td>1.00</td>
<td></td>
<td></td>
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<tr>
<td>8. 3PU</td>
<td>.01 .31**</td>
<td>.16 −.02 −.04</td>
<td>.21** .36**</td>
<td>1.00</td>
<td></td>
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<tr>
<td>9. TR</td>
<td>−.02 .25**</td>
<td>.10 −.07 −.01</td>
<td>.29** .44**</td>
<td>.78** 1.00</td>
<td></td>
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<tr>
<td>10. IH/CM</td>
<td>−.06 .12 .11 .10 .01 .12 .24**</td>
<td>.69** .72**</td>
<td>1.00</td>
<td></td>
<td></td>
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<tr>
<td>11. HWB</td>
<td>−.13 .07 .21**</td>
<td>.11 .11 .15 .16*</td>
<td>.36**</td>
<td>.42** 1.00</td>
<td></td>
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<tr>
<td>12. SWB</td>
<td>−.18* .06 .17*</td>
<td>.07 .06 .20*</td>
<td>.25** .40**</td>
<td>.45** .68**</td>
<td>1.00</td>
<td></td>
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<tr>
<td>13. EWB</td>
<td>−.16* .04 .16 .11 .13 .20*</td>
<td>.21**</td>
<td>.40**</td>
<td>.46** .52**</td>
<td>.77** .72**</td>
<td>1.00</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>14. FMH</td>
<td>−.17* .06 .19*</td>
<td>.10 .10 .20*</td>
<td>.24**</td>
<td>.43** .49**</td>
<td>.52** .88**</td>
<td>.88**</td>
<td>.94**</td>
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</tbody>
</table>

Note. Education = educational level; Years 3P = number of years first exposed to the three principles; 3PU-ME = self-reported level of 3P understanding compared to others with much 3P exposure; 3PU-NE = self-reported level of three principles understanding compared to others with little/no 3P exposure; 3PU = three principles understanding; TR = thought recognition; IH/CM = innate health/clear mind; HWB = hedonic well-being; SWB = social well-being; EWB = eudainomic well-being; FMH = flourishing mental health. *p ≤ .05. **p ≤ .01.
Table 3. Regression results for the dependent variables of thought recognition and innate mental health via a clear mind.

<table>
<thead>
<tr>
<th>Predictor variables</th>
<th>B (Unstandardized)</th>
<th>β (Standardized)</th>
<th>B (Unstandardized)</th>
<th>β (Standardized)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>-0.32 (-0.03)</td>
<td>-0.64 (-0.11)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>0.18 (0.01)</td>
<td>-1.33 (-0.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>0.01 (0.01)</td>
<td>0.00 (0.00)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational level</td>
<td>-0.92 (-0.09)</td>
<td>0.82 (0.09)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SR-3P understanding: Exposure</td>
<td>0.65 (0.10)</td>
<td>0.41 (0.07)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SR-3P understanding: No exposure</td>
<td>0.82 (0.10)</td>
<td>-0.01 (0.01)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years since first 3P exposure</td>
<td>0.01 (0.01)</td>
<td>0.01 (0.01)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three principles understanding</td>
<td>0.50 (.69**)</td>
<td>0.43 (0.68**)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. SR = self-rated; 3P = the three principles. 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 the standardized regression coefficient.

For the second OLS regression equation, the dependent variable was IH/CM and the independent variables were gender, race, age, education, SR-3 understanding: exposure, SR-3P understanding: no exposure, years since first 3P exposure, and 3PU. These results are also presented in Table 3. The independent variables explained approximately 47% of the variance in IH/CM. The only independent variable to reach significance was 3PU, which had a positive relationship with IH/CM. 10

A series of OLS regression equations were estimated with HWB, EWB, SWB, and flourishing mental health scores as the dependent variables, and gender, race, age, education, TR, and IH/CM as the independent variables. These results are presented in Table 4. In the regression equation for HWB, about 24% of the variance was accounted for with TR, IH/CM and age having significant relationships. Increases in TR, IH/CM and age were associated with increases in HWB. IH/CM had the largest sized effect, followed very closely by TR. Age had the smallest sized effect.

For EWB, the independent variables explained about 33% of the observed variance. The only variables to have a significant positive association were TR and IH/CM. IH/CM had a larger sized effect on EWB than TR.

Approximately 28% of the variance in the SWB index was explained by the independent variables. Only TR, IH/CM, and gender had significant relationships with SWB. The effects of TR and IH/CM were both in the positive direction; an increase in either was associated with a rise in SWB. Women reported higher levels of SWB than men. TR had a larger sized effect on SWB than did IH/CM and gender had the smallest effect.

Finally, 34% of the variance of flourishing mental health was accounted for in the regression equation. Both TR and IH/CM had significant positive relationships with flourishing mental health. IH/CM had a slightly larger magnitude of effect on flourishing mental health than TR.
Finally, the percentage responses for the 12 MHC-SF items and the percentages of participants diagnosed as languishing, moderate, and flourishing mental health are presented in Table 5. According to Keyes (2009), a diagnosis of flourishing is made if a participant reports experiencing one of the three HMB items “every day” or “almost every day” and any 6 of the 11 positive functioning EWB and SWB items “every day” or “almost every day” in the past month. Languishing is the diagnosis when a participant experiences one of the HWB items “never” or “once or twice” and experiences any 6 of the 11 EWB items and SWB items “never” or “once or twice” in the past month. Participants who are neither languishing nor flourishing are categorized as moderate. Results showed that 3% of participants were diagnosed as languishing, 9% as moderate mental health, and 88% as flourishing. Of participants, 90% diagnosed as flourishing reported experiencing all MHC-SF items either “almost every day” or “every day.”

**Discussion**

The results appear to support each of our predictions. H1, that 3PU will have a significant positive relationship with TR, and H2, that 3PU will have a significant positive relationship with IH/CM, were supported. 3PU was the only independent variable that had a significant positive relationship with TR and IH/CM. 10

The results also supported H3, that TR and/or IH/CM will display a significant positive relationship with HWB. Both TR and IH/CM showed a significant positive relationship with HWB. This finding was expected because as people’s understanding of TR and/or IH/CM improves, so too
does the quality of their feelings. Furthermore, they realize that painful feelings signal less healthy thinking and are less likely to take these feelings to heart and become gripped by them. Realizing that people’s feelings serve as a gauge of the quality of their thinking, they are better able to maintain well-being during painful moods and unpleasant states of mind. Thus, their HWB (e.g., positive emotions, life satisfaction) improves.

Unexpectedly, older participants generally reported higher HWB than younger participants. This may be partially explained by the finding that the time between first exposure to the principles and completing the survey was greater for older participants than for younger participants. Overall, IH/CM and TR had the largest sized effects on HWB, followed by age.

H4, that TR and/or IH/CM will have a significant positive relationship with EWB, was also supported. TR and IH/CM were the only independent variables that showed a significant positive relationship with EWB. This finding was expected because as people’s TR and/or IH/CM increases they are better able to distinguish self-esteem from ego or self-concept. They “see” that self-esteem is innate, does not have to be earned or maintained, and is realized via a clear mind. They are also better able to distinguish feelings spawned by egotistical thinking (e.g., arrogance, insecurity) and to avoid being gripped by them. Thus, their EWB (e.g., autonomy, self-acceptance) improves. Overall, IH/CM had a larger sized effect on EWB than TR.

Results also supported H5, that TR and/or IH/CM will have a significant positive relationship with SWB. Both TR and IH/CM showed a significant positive relationship with SWB. This finding was predicted because as people’s

Table 5. Response percentages on the mental health continuum-short form items and mental health diagnosis.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Never</th>
<th>1–2 times a month</th>
<th>About once a week</th>
<th>2–3 times a week</th>
<th>Almost every day</th>
<th>Every day</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>7</td>
<td>42</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>Interested in life</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>6</td>
<td>26</td>
<td>68</td>
<td></td>
</tr>
<tr>
<td>Satisfied with life</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>13</td>
<td>44</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>Something to contribute</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>13</td>
<td>44</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>Society is a better place</td>
<td>5</td>
<td>7</td>
<td>7</td>
<td>15</td>
<td>36</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>People are basically good</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>24</td>
<td>66</td>
<td></td>
</tr>
<tr>
<td>You liked yourself</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>9</td>
<td>36</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Good at managing responsibilities of your daily life</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>13</td>
<td>39</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Warm, trusting relationships with others</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>8</td>
<td>28</td>
<td>59</td>
<td></td>
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<tr>
<td>Challenged to be a better person</td>
<td>0</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>32</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Confident to express your own ideas</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>10</td>
<td>31</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>Life has a sense of direction and meaning</td>
<td>0</td>
<td>4</td>
<td>6</td>
<td>7</td>
<td>24</td>
<td>59</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental health level</th>
<th>Languishing 3</th>
<th>Moderate 9</th>
<th>Flourishing 88</th>
</tr>
</thead>
</table>

Note. The prefacing statement is “How often do you typically feel the following ways.”
understanding of TR and/or IH/CM increases they realize that everyone’s psychological experience is created from the inside out by their use of the principles of mind, consciousness, and thought. They also realize that every person lives in a separate thought-created reality that is continually changing. Finally, they understand that every person is doing the best they can in the moment based on how their thinking makes their lives appear to them. Thus, their SWB (social interaction, social actualization) improves. TR displayed a slightly larger effect on SWB than IH/CM. While having the smallest sized effect, gender also showed a significant positive relationship with SWB—women reported higher levels of SWB than men. A possible explanation may relate to research on gender differences (e.g., Lee, 2006) that typically finds females more likely than males to engage in intimate, supportive social relationships.

The multivariate analysis also supported H6, that TR and/or IH/CM will have a significant positive relationship with flourishing mental health. Both TR and IH/CM showed a significant positive relationship with flourishing mental health. IH/CM had a slightly larger effect on flourishing mental health than TR. This finding was predicted because when people’s understanding of TR and/or IH/CM improves they realize that everyone has all the mental health they need already inside them, and that they can realize this health at any time via natural, responsive, insight-based thought realized via a clear mind. They also realize the only time people stop experiencing this health is when they obscure it with their own personal or extraneous thinking. Furthermore, they are better able to maintain well-being during unpleasant states of mind because they realize that it is foolish to believe and entertain the thoughts that spawn them.

Perhaps our two most noteworthy and compelling findings are: (a) that gaining an understanding of these three principles and having insights within the realms of TR and IH/CM appear to be enough to improve all these measures of well-being and flourishing mental health; and (b) that 88% of participants exposed to the 3PU were diagnosed as flourishing, and 90% of flourishing participants responded either “almost every day” or “every day” to each MHC-SF item.

**Study limitations**

Like most, this study has shortcomings. First, as a single exploratory study with a convenience sample of people exposed to the three principles, more studies are needed to determine if the results can be replicated. Since participants for this study were recruited by organizations that teach and promote the three principles, the results may not apply to the general population. Thus, future studies using these variables are needed to compare the mental health of people exposed to the three principles with people with no three principles exposure.
Furthermore, less than half of the variance for EMB, PWB, SWB, and CMH was accounted for in the current multivariate. This may be partially explained by the fact that the instrument constructed by Kelley (2011) to measure 3PU, TR and IH/CM was the first to attempt to do so. It is possible that more sensitive measures of 3PU, TR, and IH/CM can be constructed and will account for more of the variance for these variables. Future research needs to explore this possibility. Finally, this study was cross-sectional which means causality cannot be empirically demonstrated. Longitudinal studies are required to show the effects of understanding the three principles across time.

Conclusion

The three principles propose that mental health is innate, a natural state that surfaces spontaneously whenever people’s minds clear of the only thing keeping this health obscured in the first place: their own personal thinking. It posits that the improved mental health associated with mindfulness, flow, and myriad techniques and/or interventions (e.g., hypnosis, progressive relaxation, guided imagery, meditation) is the product of natural, free-flowing, insight-based thought realized via a clear mind. This understanding posits that everyone begins life experiencing optimal mental health. Early on, however, people begin to obscure this health by learning to use the power of thought against themselves and believing the less healthy realities they misguided create.

What appears evident from this study is that understanding the three principles can assist positive psychology in achieving its primary goal of better understanding optimal mental health and illuminating a path to optimal mental health for people—without techniques.11 We propose that the spiritual principles of universal mind, consciousness, and thought appear to synthesize the positive and the negative, unite different conceptions of the positive and the good, and help people to realize and sustain optimal mental health. While further research is needed to confirm the findings of this study, they appear to warrant the attention of psychology—positive and otherwise.

Notes

1. The three principles are not meant to be viewed as a theory or philosophy, nor is this understanding meant to be seen as derived from other theories or philosophies. Rather, these principles are meant to represent psycho-spiritual facts—the essence or core of everything, including all theories and philosophies. (For a detailed explanation of how the three principles relate to other spiritual theories and philosophies, see Pransky & Kelley, 2014).

2. Donald Klein (1988), described Sydney 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).

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. White people are consciously aware of a number of the thoughts they generate; the vast majority of these thoughts, however, are hidden from them. Some schools of psychology call this the subconscious or the unconscious. No matter what they are called they remain unseen or unobserved, yet they still register in people’s consciousness and therefore become people’s psychological experience. For example, some people who grow up in an abusive family may end up with a series of abusive partners or spouses. They may not be aware that their thinking, working in the inner recesses of their minds, has led them to feel a certain amount of comfort in those situations, and they may not trust a partner who displays healthy behavior. They are not aware that this hidden, habitual thinking drives their attractions and behavior. Once they are helped to see the three principles at work in this situation and have an insight that brings the hidden, habitual thinking into the light, they see it for what it is—only thinking they picked up from childhood but now is not serving them well—and, once revealed, this brings them to a higher level of consciousness. They may still get the same thoughts but now they know they do not have to believe these thoughts, trust them or follow them. This relaxes the mind and they have more of a tendency to have insights from wisdom into what type of relationship would serve them well. This entire process derives from people’s inadvertent use of these three spiritual principles.

6. The world of physics acknowledges that there is formless energy behind all life. This is what Sydney Banks refers to as Universal Mind. They are two different terms for describing the same thing. Many religions speak of pure spirit or the great spirit. Banks is equating the two. Every human being makes use of this pure spiritual energy and in fact would not be alive without it. Some part of this spiritual energy is used by humans—probably by all animals—to create thoughts. When thoughts are thought they come into form. Einstein said all matter is nothing but energy in another form. Banks said consciousness is what makes these forms appear real through the senses. It brings these thoughts alive, so to speak, and then it allows people also to be aware of the forms it creates. People can either be “caught” in their thought forms, or they can observe them, or they can see them for what they are. Each will give people a different experience. The three principles of Mind, consciousness, and Thought are all spiritual powers of which people make use to create their lives, whether they know it or not. The pure energy of Universal Mind comes into each human being’s soul or pure consciousness, and because it contains pure peace and pure love, this is what human beings truly are at their spiritual essence, and because Universal Mind is also the intelligence of life our spiritual essence also contains pure wisdom, for which people only need to listen deeply and will hear when their minds clear.
7. For an in depth comparison of the assumptions and interventions of positive psychology with those of the three principles, see (Kelley, 2004).

8. The three principles intervention is not about changing people’s thinking; it is about helping people realize that when their thinking changes, their experience and their feelings will change along with it. Nor is this intervention meant to help people find techniques to clear the mind; it is about helping people realize that when the mind clears, mental health automatically appears. Nor does this intervention 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 people use the three principles to create their own reality.

9. While the Three Principles Inventory was originally constructed by Kelley (2011), the Three Principles Inventory items used in this study were selected and categorized with the invaluable assistance of Jack Pransky.

10. H1 and H2 were supported in a forthcoming article in Spirituality in Clinical Practice. However, we deem it essential to repeat these findings here because they represent a major component of our proposed process from 3PU to improved mental health as measured by the variables tested in this study.

11. We do not mean to imply that techniques such as meditation and/or activities such as those that induce flow shouldn’t be practiced. We are positing an alternative view of what makes techniques, interventions, and activities work for some, which might lead to a deeper understanding.

References


