Developing Emotional Resiliency:
The Effect of the 21-day Q Process™ Intervention on Levels of
Self-Compassion and Anxiety in Adults

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The work reported in this thesis is original and carried out by me solely, except for the acknowledged direction and assistance gratefully received from colleagues and mentors.

_____________________________________________
Rima Bonario
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“I must learn to love the fool in me—the one who talks too much, loves and hates, hurts and gets hurt, promises and breaks promises, laughs and cries. It alone protects me against that utterly self-controlled masterful tyrant whom I also harbor and who would rob me of my human aliveness, humility and dignity, but for my fool.”

~Theodore Isaac Rubin

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ABSTRACT

Developing Emotional Resiliency: The Effect of the 21-day Q Process™ Intervention on Levels of Self-Compassion and Anxiety in Adults

By Rima Bonario

Modern life places adults under high levels of daily stress, often triggering sub-optimal conditioned responses (habits and patterns of thoughts and behaviors). In addition, high levels of stress have been shown to impair the higher-thinking capacity of the neo-cortex, making well-considered, mindful decisions difficult. Consequently, the ability to cultivate self-compassion and reduced levels of anxiety while examining and transforming the conditioned-self is paramount. This study examined and compared the effects of the 21-day Q Process™ intervention on levels of self-compassion and anxiety during a period of focused self-examination. The 21-day intervention had three components: 1) a 6-hour introductory workshop, 2) a self-guided 21-day practice of completing one work-sheet exercise per day, and 3) three group coaching sessions – held on days 5, 12 and 17. The intervention was intended to facilitate greater resilience as demonstrated by increased self-compassion before, during, and after emotionally triggering moments, as well as a reduction in overall anxiety. A randomized experimental design was utilized with a co-gender group of volunteers: male (n = 22), female (n = 76) between the ages of 21 and 70, randomly assigned to an intervention group (n = 44) and a control group (n = 54). The study design included controlling for the variable of years of spiritual study so that both groups had balanced levels of experience from 0 – 30 years. All participants were given a pre and post-test on two measures: The State-Trait Anxiety Inventory (STAI) and the Self-Compassion Scale (SCS) two days prior to and two days after the intervention. There was a statistically significant (p< .001) decrease in both the state and trait anxiety and an increase of self-compassion of the intervention group as compared to the control group, with a CI of 100%. The results justify larger studies. Suggestions for future studies are included.

Keywords: Self-compassion, self-awareness, mindfulness practices, anxiety, resilience, self-regulation, State Trait Anxiety Inventory, STAI, Self-Compassion Scale, SCS.
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CHAPTER 1:  
INTRODUCTION

Background of Problem

“Watch your thoughts; they become words. Watch your words; they become actions. Watch your actions; they become habit. Watch your habits; they become character. Watch your character; it becomes your destiny.”  
~ Laozi

“The unexamined life is not worth living.”  
~ Socrates

How do we grow into the people we become? Is it a unique combination of qualities and characteristics that make up who we are? If so, where do we come by these qualities and characteristics that “define” us to ourselves and others? Are we born with them (nature) or do they come to us over time as we experience life (nurture)? When recent advances in brain research are considered alongside research in the psychotherapeutic domains, it seems that the nature versus nurture argument can be easily settled by noting that nature and nurture work in tandem, like two sides of the same coin, to shape us into who we become over time. But what happens if we decide at some point we don’t like some aspect of who we have become and want to change it? What tools are available to support the conscious examining of who we have become and then the systematic challenging of what we find so that we may alter it?

The Q Process™ is a tool (intervention) designed to support adults in the self-examination process and in the undertaking of changes to the habituated or conditioned-self toward the end of developing greater emotional resiliency. The purpose of this research project is to determine whether this tool effectively supports this aim.
**Understanding Who We Are**

Each of us is born with a unique set of physical traits that form a clear base from which our development will necessarily unfold. Yet that unfolding does not happen in a void. Rather, that base set of traits is molded and shaped by our interaction with our environment, the sum of which becomes the lens through which we perceive and respond to life. Increasingly, research is showing that even the earliest interactions infants have with their world, and especially with their caregivers (primary attachment figures), significantly influence the development of the child, physically, emotional, and intellectually, on every level.¹

Fundamentally, the body-mind is hardwired to identify and cope with threats to its existence.² Survival is the goal; therefore the environment must be assessed to determine how hospitable the world we have been born into will be. Our earliest relationships teach us about this world, and our place in it. If we are met with a consistently safe and loving environment, we are thought to create healthy bonds or attachments with our caregivers and confidence in our sense of safety and connection.³ Enough food, warmth, touch, sleep, etc., further reassures our sensory systems that all is well. All throughout childhood, moments when our needs aren’t met serve as tests for us to discover how the world will respond to our cries for help, attention, or affection. The success of our attachments, our interpretation of the world’s response to our needs, and our nervous system’s assessment of the potential threats to survival all weave together patterns of sensation that are stored in the body during the pre-verbal stage augmented by patterns of thought and meaning-making once language is active.⁴ The undifferentiated child perceives itself embedded in the world around it; consequently, the pleasant or unpleasant response it receives from the world is intermingled directly with how it views itself.⁵,⁶ To
the child, if the world seems good and safe, then the child is good and safe; if the world seems bad and unsafe, then the child is bad and unsafe.

These experiences/memories are where we draw our interpretations, assumptions, and conclusions about ourselves and the world. With each new interaction we add a layer of information and we adjust our ideas of who we are, whether we are safe, and what we can expect from the world and from relationships. This feedback loop and the adjustments we make to our sense of self and our environment strengthen certain neural connections and allow other connections to wither and die. In this way, the brain becomes wired according to the specific feedback we receive. The feedback creates the default settings for our emerging “alarm system” and sets up the neural firing patterns in our neural net profile.

Over time this forms a complex neuropsychology and self-view often referred to as the “persona” or the “conditioned-self.” Carl Jung used the terms “social mask” to describe the habits we form and “shadow” to describe the disowned positive and negative traits we hide in order to get us the love and safety we desire. As we age, we experience feedback from the people and world around us as the behaviors and responses of the conditioned-self are expressed. That feedback either confirms the current sense of self, making it more robust, or disconfirms the sense of self, offering an opportunity for adjustment.

Because the brain is wired to more easily assimilate information that fits with its current understanding, the conditioned-self, typically increases in strength and rigidity until it becomes the primary self-identification. Since all perception is filtered through and interpreted by the conditioned-self/consciousness, this puts us at risk for potential distortions in our assessment of the world around us and our place in it. This can have
tragic consequences when the conditioned-self has endured and (mal)adapted to experiences of emotional, physical, mental, or spiritual abuse/trauma/neglect, or to the inconsistent/unreliable experience of safety and connection. This distorted view can set up the body-mind for a life of living with elevated levels of anxiety and hyper-vigilance, or plunge the body into numbness and depression as a way of defending against overwhelm.\textsuperscript{17} Couple this with the modern dilemma of a fast-paced, high stress living, and it becomes easy to see why we have become, “the most in-debt, obese, addicted and medicated adult cohort in U.S. history.”\textsuperscript{18}

**Choosing to Make a Change**

For many, just trying to get by in life is no longer satisfying; and, out of crisis or courage, a decision is made to find a better way to live. A common crisis that can launch such an inquiry is the experience of loss – a loved one, a job, a relationship, or even health – as many seek internal resilience in the face of challenge. Alternately, responding to the slow drip of a dissatisfying life, the sense that there is more to become, like a “divine discontent,” may push one to find the courage to examine what aspects of life are no longer working. Sometimes the inquiry begins as a crossroads moment in mid-life, a natural time of questioning of whether we have lived authentically or lived unconsciously, as we face the fact there is more life behind us then ahead. For these and many other reasons, adults may begin searching for a way to understand the dynamics at work within them.

**Statement of the Problem**

\textit{“Could the young but realize how soon they will become mere walking bundles of habits, they would give more heed to their conduct while in the plastic state.”}

\textit{~William James}
“It seems, in fact, as though the second half of a man's life is made up of nothing but the habits he has accumulated during the first half.”
~Fyodor Dostoevsky

“Nothing so needs reforming as other people's habits.”
~Mark Twain

As adults, we have the opportunity to cultivate the capacity to separate “who we are” from what we think and how we feel. Doing so affords us the necessary room to consciously examine our conditioning, notice our habits, and reclaim our lost aspects. Taking up this task can prove daunting as we risk losing whatever stability we have crafted for ourselves based on our conditioning. Yet, it is this conditioning which stands between us and a consciously integrated and resilient self, capable of healing from past hurts and responding to life in more flexible and creative ways. There is no lack of advice for those seeking to help themselves as evidenced by the million-dollar self-help industry, most of which has no scientific research supporting its claims. There is a need for researched approaches that offer effective methods to support individuals in their efforts to be free from their conditioning.

**Purpose of the Study**

The purpose of this study was to evaluate The Q Process™ intervention as a possible resource for adults seeking to identify and make visible the sub-optimal patterns of thought, feeling, and behavior of the conditioned-self and practice replacing them with new, more mindful, and considered choices. At its heart, The Q Process seeks to support the reimagining of life as a less threatening experience by cultivating the capacity to more effectively self-regulate in times of perceived threat. Two key outcomes were used to assess the potential of this tool for establishing a new, more integrated, and resilient sense of self: increased self-compassion and decreased anxiety.
Research Questions

What earlier research supports the structure and aims of the Q Process protocol as a tool for transforming the conditioned-self?

What research suggests that increased self-compassion and reduced anxiety support the exposure, examination, and re-patterning of the conditioned-self?

Will participants who receive the intervention show any changes in the level of their self-reported anxiety (state and trait) and in the level of their self-reported self-compassion?

If there is a change, what type of change will it be? Will self-reported levels of anxiety decrease? Will self-reported levels of self-compassion increase?

Hypotheses

1. Research results will show that participants who undergo The Q Process intervention will experience statistically significant decreases in self-reported levels of both state and trait anxiety.

2. Research results will show that participants who undergo The Q Process intervention will experience statistically significant increases in self-reported levels of self-compassion.

Null Hypotheses

1. Research results will not show that participants who undergo The Q Process intervention experience statistically significant decreases in self-reported levels of anxiety.
2. Research results will not show that participants who undergo The Q Process intervention experience statistically significant increases in self-reported levels of self-compassion.

**Importance of the Study**

The primary importance of this study is to provide individuals looking for self-guided or self-help type support for managing life’s stresses and challenges with a statistically validated option. Recent statistics on consumer spending seem to indicate a growing demand for support in the area of mental health and wellness. According to Forbes Online Magazine, Americans spent $11.7 billion in 2012 on self-improvement books, CDs, seminars, coaching and stress-management programs, up more than 13% from 2005. In addition, the American Psychological Association notes that, “the use of psychotropic drugs by adult Americans increased 22 percent from 2001 to 2010, with one in five adults now taking at least one psychotropic medication, according to industry data.” Furthermore, the demand for professional mental health support is projected to increase dramatically in the coming years. According to the Bureau of Labor Statistics, “the profession of mental health counselors is expected to grow by 36 percent from 2010 to 2020, much faster than the average for all occupations.” Employment for marriage and family therapists is set to grow at an even faster rate of 41 percent for the same period. Evidence increasingly suggests that people are searching for help to cope with the complications of modern American life.

This study aims to document results that will offer those who choose to address their concerns using The Q Process intervention a degree of confidence that it has
successfully completed rigorous statistical testing and has preliminary research data indicating it may have the potential to provide the results they seek.

**Scope of the Study**

The study covered a three week time-frame during which the participants experienced the intervention. Levels of anxiety and self-compassion were assessed one to two days prior to the beginning the intervention and again one to two days after completing the intervention.

**Definition of Terms**

**Anxiety – State and Trait**

Sigmund Freud’s work first introduced anxiety as an important factor in the development of the personality and possible psychoneurotic and/or psychosomatic disorders, describing anxiety as “fundamental phenomenon and the central problem of neurosis,” that could be experience or “felt.” Researcher have continued defining anxiety as a “specific unpleasant emotional state or condition of the human organism that include[s] experiential, physiological, and behavioral components,” specifically noting the dual components of state and trait anxiety. Trait anxiety refers to a person’s tendency toward anxiety, while state anxiety is a measure of the anxiety level a person is experiencing in any given moment. More specifically, “anxiety states [S-Anxiety] are characterized by subjective feelings of tension, apprehension, nervousness, and worry, and by activation or arousal of the autonomic nervous system…trait anxiety (T-Anxiety) refers to relatively stable individual differences in anxiety-proneness, that is, to differences between people in the tendency to perceive a stressful situation as dangerous or threatening and to respond to such situations with elevations in the intensity of their
state anxiety (S-Anxiety) reactions." Thus, significant changes in trait anxiety may be indicative of the potential for the long-term effects of an intervention.

**Anxiety – Traumatic and Signal**

Anxiety can be further understood to occur in two distinct ways: 1) as a traumatic moment; and 2) as a memory of a traumatic moment that may be repeated in present day (unconscious anticipation of a repeat event). The anxiety produced from an original traumatic moment is called traumatic anxiety, while a trauma memory leading to unconscious anticipation of danger is called signal anxiety. Freud succinctly describes traumatic anxiety as the “fear of being overwhelmed or annihilated” by either external or internal dangers. Signal anxiety is described a subset of unconscious mental processes whereby an individual experiences trauma from anticipated danger which may or may not (neuroses) be real.

**Attachment Theory**

Attachment theory proposes that how children attach to primary caregivers creates the foundation for how they experience and respond to life. Early attachment and its impact have been widely researched showing that these early experiences are “encoded into internal mental representations that continue to inform future relational behaviors and influence coping strategies during stressful events.” Successful early attachments build trust and give children the sense of safety and freedom to explore their environment. Anxious attachments reduce the capacity of a child to explore and understand their world, particularly understanding and assessing the emotional responses of others. In addition to the individual relationship between caregiver and child, the quality of the relationship between parents will also influence the security of the attachment. The quality of attachment an infant receives has been shown to be highly
predictive of later psychological health. Fortunately, unsuccessful (insecure) attachments can be resolved later in life through the experience of developing a secure attachment with another such as a spouse, therapist, friend, or even experiencing the family as a secure base. Several studies cite that securely attached adults are more flexible and curious than their anxiously attached counterparts, and are better able to self-regulate.

**Authentic Action / Ritual**

Authentic Action describes the final step in The Q Process intervention. The participant is asked to relax and settle the body (perhaps achieving heart coherence) and ask of their inner wisdom what action they could take which would: 1) give them a “felt sense” of the new quality they are intending to inhabit, and 2) allow them to meet the previously active unmet need (as uncovered earlier in the process). The action chosen must be something visible and concrete. For example, doing some sort of act that demonstrates love, compassion, forgiveness (for self or another), rather than simply saying or thinking, “I love and forgive myself (or another).” This can be a ritual or symbolic act that is infused with the intention of demonstrating the desired effect. Perhaps one might be guided to bungee jump or ride a roller coaster as a way of integrating and healing old fear or anxiety, another might feel called to enter into a time of silence, prayer, or chanting. Religions have long used symbolic and ritual acts as a way of focusing intention and achieving a state of openness to Spirit. Recent research with actors indicates that through symbolically inhabiting another’s story actors may be able to integrate their own histories and stories into a more “coherent self-narrative.”

**Balanced /Settled Nervous System**
Participants in this study are directed to use a variety of approaches to balance or settle the nervous system at key times in the protocol bringing the sympathetic and parasympathetic nervous systems into balance and the heart and brain into a state of coherence. Stress and Trauma Specialist Dr. Peter Levine notes that when our nervous system is balanced and our activation is low, an individual is likely to feel open and curious, embodied and present, available for connection, competent and masterful, fluid and resilient, relaxed yet alert, emotionally stable, appropriately reactive, and relatively healthy with a minimum of physical pain or illness.41 It is not essential that this state be achieved with any great degree of mastery, only that one is mindful and intentional about moving toward this state as often as possible while doing the work.

**Conditioned-self**

The conditioned-self is the ego state at which we arrive after living in an imperfect care-giving environment. It is the self, only mitigated by our impression of and the actual the quality of: 1) our caregiver attachments, 2) our efforts to give and receive love, 3) our experience of safety and protection, and 4) our natural propensity for interpreting our life experience. Jung’s false self or social mask is another way to conceive of the conditioned-self. It is the “I” our world and ourselves have trained us to be. The conditioned-self can be said to be an unconscious distortion of our true nature which we have adopted so that we may successful navigate the perceived and real threats and challenges we encountered during our formative years and beyond.42

**The Brain’s Alarm System**

“The human brain is hard-wired to respond to perceived threats.”43 This capacity to respond to threat is like a built-in alarm system. The alarm system in our brain, primarily located in the limbic system and the amygdala specifically, has been the one of
humanity’s most important assets in its struggle to survive and thrive.\textsuperscript{44} As useful as it has been, research shows that this alarm system has a tendency to over-generalize in its assessment of perceived danger,\textsuperscript{45} setting off a rush of chemicals that readies us for fight or flight, and sometimes freeze.\textsuperscript{46} It has often been characterized as “sloppy” as it performs its “quick and dirty” analysis of the potential risk.\textsuperscript{47} When the system is making its analysis, it compares the perceived signals of the present day with past experience. If the present day experience can be associated with a past hurtful or fearful experience, even loosely, it can set off the brain’s alarm system.\textsuperscript{48} Because of this, it could be said that part of the human condition is living with a bio-physical make up that often sends out false alarms.

\textbf{Emotional Resilience}

Exposure to stress and trauma of any kind has been shown to have a clear link to increased risk of mental health concerns in future years.\textsuperscript{49} Emotional resilience is the ability to bounce back from stress by demonstrating positive emotion shortly after experiencing a challenging or stressful moment.\textsuperscript{50} Further, resiliency in the face of adversity includes the capacity to maintain “healthy and stable levels of psychological functioning.”\textsuperscript{51}

\textbf{Heart Coherence / Cardiac Coherence}

Physiological coherence is defined as, “…a state in which two or more of the body’s oscillatory systems, such as respiration and heart rhythm patterns, become synchronous and operate at the same frequency.”\textsuperscript{52} Rollin McCraty, Mike Atkinson, and Ray Bradley define physiologic correlates of coherence as, “increased synchronization between the two branches of the autonomic nervous system, a shift in autonomic balance toward increased parasympathetic activity, increased heart-brain synchronization,
increased vascular resonance, and entrainment between diverse physiologic oscillatory systems." 53 The benefits of coherence in the body include a system-wide energy increase, which appears to promote greater self-regulation along with improved cognitive, mental, and emotional ability.54, 55 Furthermore, emerging research indicates that learning to influence or control heart-rate variability (HRV) through heart-rate variability biofeedback (HRVB) programs can support post-traumatic stress sufferers in lowering false alarms, increasing cognition, and lowering anxiety.56,57 The one physical aspect of The Q Process is working with heart-based or cardiac coherence through the use of the Freeze-Frame® and Heart Lock-In® techniques developed by the Institute for HeartMath.58 Participants are encouraged to use these tools to practice achieving coherence which emerges from the harmonious effects of sustained positive emotions generated by the heart.59

**The Higher/Noble Self**

Abraham Maslow, Roberto Assagioli, Carl Jung and others have identified an aspect of the self that is the most noble version of who we are. It has been called the essential self,60 the self-actualized human,61 the unified self,62 and the Spiritual/Higher Self.63 Essentially it is what we might imagine ourselves to be in our most mature, least conditioned, form. As part of The Q Process protocol, participants are asked to identify up to seven characteristics that they believe are indicative of how they “are” or “behave” when they are being their most noble or highest self. This construct allows them to have an image of who they are at their best toward which they can strive when working to shift out of a conditioned response to life’s stressors.

**The Mind**
One recent definition of the term “mind” comes from the work of Dr. Daniel Siegel in establishing the field of interpersonal neurobiology. Siegel uses a triangle to graphically illustrate the connections between relationships, the brain, and the mind (see figure 1). The intersection of feedback from our relationships and the emerging physical architecture of the brain and its firing patterns leads to the development of the mind, which he defines as “the intangible processes that regulate the flow of information and energy.” For this study we will use this understanding of the development of the mind as it integrates both advances in neurobiology and respected developmental psychological research.

Meaning

While there is not full consensus on what constitutes meaning in the literature for this study the definition proposed by Roy Baumeister is useful. He defines meaning as a “mental representation of possible relationships among things, events, and relationships. Thus meaning connects things.” This connection is a critical component of how we confront intense or stressful life experiences.

Meaning-making

Meaning-making theories attempt to get at both conscious and unconscious processes. A variety of theories have been put forth. In a comprehensive review of meaning-making studies, researcher Crystal Park pulled from eight studies conducted by the leading theorists in the field to define a “set of essential tenants for which there is a surprising high degree of consensus.” For this study, the most relevant aspects are
related to how people create meaning in times of stress and challenge. S. Joseph and P.A. Linley note that meaning-making must be understood as flowing from a set of global beliefs.\textsuperscript{70} When these global beliefs do not match up well with the way we are interpreting a life experience (appraised meaning in any given moment), we use our meaning-making faculty to “reduce this discrepancy.”\textsuperscript{71}

**Mindfulness**

Mindfulness, as described in the literature, is said to be an “equilibrated mental perspective” that leads to nonjudgmental awareness, a receptive state of mind that allows for present moment observation of one’s thoughts, feelings, body, and the environment.\textsuperscript{72} Being mindful is also characterized by a level of acceptance that allows for thoughts, feelings, and other input to be observed without “trying to change them or push them away, but without running away with them either.”\textsuperscript{73}

For this study we will look to the operational definition of mindfulness provided by Terry Fralich of The Mindfulness Center in Southern Maine. This definition identifies five core skills of mindfulness as: 1) Clarifying, setting and reaffirming intention: What am I practicing? 2) Cultivating a witnessing awareness: developing meta-cognition, state awareness, and practicing outer non-reactivity while witness the inner landscape; 3) Stabilizing Attention: staying focused, placing attention on your intention; 4) Strengthening Self-Regulation: settling negative energy intentionally, bringing the whole brain back on line; and 5) Practicing Loving Kindness: calming the inner critic and self-judgment, practicing non-judgmental awareness and kindness and compassion for yourself and others.\textsuperscript{74}

**Mindfulness-Behavioral Cognitive Therapy (MBCT)**
Mindfulness-Behavioral Cognitive Therapy, or MBCT/MBT, is an 8-week class that seeks to support individuals with depression or anxiety to avoid relapsing into a major depressive episode. It incorporates elements of cognitive behavior therapy with mindfulness training in an attempt change cognitive patterns that shift attention to the present with a sense of openness and curiosity and avoid rumination on the past or worry about the future. In addition, the teaching supports a more reflective and less reactive response to the present and attempts to circumvent avoidance strategies. The final component includes deep, slow breathing, meditation, yoga, body scans, or other tools that can settle the nervous system by balancing the sympathetic and parasympathetic nervous system.

Perception

A static definition of “perception” is challenging because increasing brain research studies with advances in technology are constantly adding to the literature. Basic tenants would include: reception of external stimuli received through the senses, reception of stimuli coming from proprioception (internal senses which are tuned into changes in our body, such as its positions and its movements), and cognition or interpretation of the incoming stimuli. The mechanism of perception is limited in that it only processes a tiny amount of the available information it receives. There is some agreement that culture and experience influence our interpretation of stimuli and therefore perception. Evidence suggests that our physical, mental, and emotional state also influence our perception. When our process of perception functions unconsciously and without examination we are unaware of our assumptions and biases that effect our perception of reality.

Self-Compassion
For this study, Kristin Neff’s definition of self-compassion is used. She defines self-compassion as consisting of “three basic components: 1) extending kindness and understanding to oneself rather than harsh self-criticism and judgment; 2) seeing one’s experiences as part of the larger human experience rather than as separating and isolating; and 3) holding one’s painful thoughts and feelings in balanced awareness rather than over-identifying with them.”

**Shadow (psychological)**

In 1912, Carl Jung used the term “shadow side of the psyche” to describe the hidden side of the human psyche—energy patterns or sub-personalities that emerged as a consequence of fragmented, incomplete, or arrested development in critical and pivotal stages of early childhood and adolescence, including “not recognized desires” as well as “repressed portions of the personality.” The shadow is an unconscious aspect of the self that develops alongside the conditioned-self which cannot be perceived directly (as it is hidden), but can be made conscious through the practice of noticing the people and experiences that disturb us. Research into this dynamic has produced evidence that people “feel threatened by undesirable features of others that they fear in themselves.”

**Self-Regulation**

Self-regulation is the capacity to consciously choose one’s mood/affect and behavior in times of stress; this includes the ability to interrupt undesirable thoughts, emotions, and impulses, as well as identify and settle certain physiological reactions associated with the perception of threat, such as increased heart rate, shallow/rapid breathing, constriction in the throat, chest, shoulders, gut, and a sense of mind-fog or freeze. Self-regulation, like muscle strength, has an upper limit, which when passed leads to self-regulatory failure. Also like muscles, self-regulation can be strengthened
and its upper limit increased; but unlike muscles or physical fatigue, the cues which indicate that regulatory exhaustion is coming on are not obvious.\textsuperscript{91,92} The latest theories on self-regulation see it as a highly energy-depleting task, and there is increasing evidence of a connection between the amount of glucose (a key energy source) present in the brain and successful self-regulation.\textsuperscript{93,94} Additional evidence for the energy model comes from studies that demonstrate the effectiveness of helping the body conserve energy through the practice of cardiac coherence and the conscious control of heart rate variability in the effort to strengthen the capacity for self-regulation.\textsuperscript{95,96}

\textbf{Shadow Work}

Shadow work as defined in this protocol has as its aim to help people become aware of the unconscious needs and desires that drive them as well as make strides toward resolving these unmet needs. Rather than ignoring the dark and hidden places of the mind, shadow work contends that real happiness or contentment cannot be achieved as long as there is either no relationship between the conscious self and its unconscious undesirable traits, or an antagonistic relationship between the conscious self and its conscious/unconscious traits. Shadow work encourages confronting unwanted patterns of behavior by searching the darkness/shadow with the curiosity of a scientist and the detached interest of an anthropologist looking for clues to their origin and purpose.\textsuperscript{97} In traditional practices, confronting the shadow is usually undertaken under the guidance of a therapist and can take many sessions for results to be seen in behavioral choices, especially during times of heightened emotional charge. However, experiential shadow work seems to have more immediate impact as one enters the space of the shadow and welcomes what is found there.\textsuperscript{98}

\textbf{Trauma}
Trauma can be described as a set of physiological, cognitive, emotional, behavioral, spiritual, and relational symptoms that result from life events that can overwhelm the nervous system. Add to this, Neurologist Robert Scaer definition of trauma as “a continuum of variably negative life events occurring over a life span.” Scaer’s work with trauma and his resulting definition are meaningful in the context of this study because they propose that trauma is not confined to the “horrific extremes of human experience,” but includes events that are endorsed by cultural norms—for example using shame and blame as a parenting technique or for classroom management. Scaer’s work dovetails with research on meaning-making noting that it is the meaning that victims attribute to their experience which defines whether it is traumatic, not whether others would classify it as traumatic. Furthermore, according to Donald Winnicott, trauma is not always the result of a singular threatening circumstance, but can be the result of a cumulative strain on the child from subtle but frequent moments during which the child feels unsafe around caregivers. In addition to real (singular or subtly repeated) trauma, it is important to acknowledged the existence of and effect of perceived trauma that are constructs of fantasy, “products of projections…rather than the parents’ real character.”

**Trauma – Generational**

Continued research into failed attachments and the resulting psychological disorganization children present shows that these patterns may appear not only through the experience of extreme singular or repeated subtle exposure to threat, but also in children of parents who were “chronically grieving” or living with unresolved feelings about past losses. There seems to be emerging evidence that the “psychic reality” of
the parent directly effects the “behavior and internal world of the child” thereby extending the trauma into the next generation.106

**Trauma - Recovery**

Recovery from a singular threat or trauma in most mammals is a simple and instinctual process of releasing the energy/hormones/chemicals associated with the flight/flight process107 through movement such as “shaking, trembling, and deep spontaneous breaths.”108 Humans fail to complete these actions after trauma most likely due to interference from the neo-cortex in the form of “rationalizations, judgments, shame, enculturation, and fear of our bodily sensations.”109 This can lead to long-term problems due to unresolved psychological stress, including, physical, emotional, cognitive and behavioral problems.110

**Delimitations and Limitations**

While the study’s sample size was adequate for a study of this type, the sample itself was not specifically recruited to account for the level of ethnic diversity present in the broader population. The lack of diversity in the study reflects the demographics of the city in which the study was conducted. Furthermore, the sample was disproportionately female when compared with the broader population. Consequently, the results may not be as easily generalized to non-white, non-female populations. Additionally, the study does not extend out over time to determine whether the hypothesized changes would last for any length of time post-intervention.
CHAPTER 2: REVIEW OF LITERATURE

“Research is to see what everybody else has seen, and to think what nobody else has thought.”
~Albert Szent-Gyorgyi

Introduction

“You’re on Earth. There’s no cure for that.”
~Samuel Beckett

M. Scott Peck’s seminal book *The Road Less Travelled* opens with a statement of profound truth: “Life is difficult.”111 Later in *Further Down the Road Less Travelled*, he added, “Life is complex.”112 The inherent difficulties and complexities faced in navigating human life cannot be avoided. Accepting this is the first step on the journey to emotional resilience, self-regulation, and non-anxious living. No one is immune to the possibility of experiencing single event trauma in life, nor is there immunity against the effect of accumulated stress/psychological strain as a result of subtle but repeated exposure to stress throughout life. Therefore cultivating the capacity for resilience in the face of adversity is a key factor in crafting what might be described as a healthy and rewarding life experience.

As a minister who specialized in conflict resolution, Dr. Gary Simmons’ three decades of work in and with churches during times of crisis birthed an insight or awareness that the level of resistance we have to life’s difficulties and complexities often increases our discomfort. Over the years he developed a philosophy that sought to shift *people’s attitudes toward and perceptions of* the adversities of life by helping them see
that life’s discomforts could be used for one’s benefit. In his book *The I of the Storm*, he dubbed this shift “living with nothing and no one against you.”

Yet cultivating an attitude of acceptance is often not enough to shift behavior. This is the same limitation that talk therapy faces: it may help one understand the origin of some of one’s issues, and even help one gain a level of resignation or acceptance, but it may not always produce behavior changes. Rumination or “referring to repeated thoughts and images in attempting to reach a blocked goal,” (such as a behavior or attitude change) can actually increase distress.

Ultimately, it appears that that discomfort is mitigated and behavior best modified through action (repeated practice with new responses to adversity) that reduce the gap between our internally held beliefs about the world (global meaning) and our experience of the adversity in the moment (an event’s appraised meaning). Consequently, having a structured process such as The Q Process intervention may prove a useful tool in the effort to overcome past conditioning and improve emotional and psychological resilience leading to more positive life choices. This literature review will focus on synthesizing a body of research which sheds light on this potentially healing dynamic, in theory and in practice, beginning with new research exploring the act of perception itself.

**The Power of Perceived Threat**

> “If the doors of perception were cleansed everything would appear to man as it is, infinite”.
> ~William Blake

Emerging studies in the faculty of perception show that our ability to perceive the physical world accurately is largely mitigated by our personal circumstances.
University of Virginia Psychologist Dennis R. Proffitt and his graduate students have conducted a wide variety of studies which demonstrate this phenomenon. In one study, subjects were asked to assess how challenging a task might be and how likely they were to accomplish it. Their answers were significantly influenced by their wellness; specifically, distances were consistently assessed to be farther away by those who suffered from chronic pain while walking than by those who were not in pain. In another study, fear was shown to obscure the clarity of perception. Subjects were positioned at the top of a hill, some on a skateboard and some on a secure platform, and from those positions they were asked to estimate the slope of the hill. Those who were on the stable platform consistently estimated the hill’s slope more accurately, while those on the skateboard consistently estimated the hill to be significantly steeper than it was – likely because they filtered their estimate through the fearsome possibility of actually going down the hill on that skateboard. Mood was also shown to impact participants’ assessment of the hill’s slant with those feeling sad seeing the hill as steeper than those feeling happy.

Professor of Cognitive and Behavioral Biology at the California Institute of Technology Christopher Koch succinctly states this phenomenon:

“Our conscious perception of the world, though relatively stable, is not static. We are incapable of being fully objective, even in our most mundane observations and impressions. Our awareness of the objects around us is informed and fine-tuned by any number of transient factors—our strength and energy levels, our sense of confidence, our fears and desires. Being human means seeing the world through your own, constantly shifting, lens.”
The relationship between threat perception and anxiety is well established in the literature.\textsuperscript{123} For example, anxious children and adults have been shown to have greater threat-based biases in how they direct their attention (away from the pleasant and toward the threatening) as well as in how quickly and how often they interpret stimuli as dangerous, scary, or threatening.\textsuperscript{124} In addition, those who tended to perceive greater threat did so even in non-threatening situations, which is linked not only to increased instances of anxiety, but also depression.\textsuperscript{125} In effect, the more anxious we are (the more fragile our lens), the more threat we see; conversely, the more threat we see, the more anxious, and even depressed, we may become. With this in mind, it seems that a critical step in developing resilience and reducing threat perception and anxiety would include exploring the make-up of the lens through which the world is observed, referred to from this point on as the “Life-Lens,” a term developed by the Primary Investigator during this research project.

The remaining portion of this chapter identifies three possible components that contribute to the Life-Lens (or holistic framework) through which we observe our world to assess threat/stress levels, and from which we respond to what we see: 1) our faculty of meaning-making, 2) our physiological make up, and 3) our ego development and shadow (dis)integration. Further, this chapter discusses several studies which explore the impact of a variety of interventions designed to positively influence self-regulation in times of threat/stress, followed by a short discussion on the concept of becoming a non-anxious presence. Finally, a summary is presented.
Meaning-making & Adult Development

*We are all in the gutter, but some of us are looking at the stars.”*
~Oscar Wilde

To get at the Life-Lens through which perception occurs, it is necessary to examine how humans determine “knowing” or make meaning. Of particular interest to this study is how people make meaning in times of stress or trauma. Reasonable consensus exists in the literature for six “essential tenets” of the process of meaning-making in times of challenge: 1) all meaning-making is a function of experiences as interpreted through a cognitive framework known as “global meaning;” 2) any experience that conflicts with one’s existing global meaning is appraised and a meaning is assigned; 3) the more distance between the appraised meaning and the global meaning the greater the discomfort associated with the experience; 4) meaning-making is prompted by the discomfort; 5) the meaning-making effort aims to reestablish a sense of confidence in the world and in the worthwhile nature of one’s life by reducing the gap between the global and appraised meaning; and, 6) successfully accomplishing this “leads to better adjustment to the stressful event.”

Global meaning as an orienting system is believed to be made up of belief systems, subjective feelings, and personal or life goals (desired outcomes or events). Common arenas for global life goals are education, work, relationships, religion, and personal success. Much of meaning-making happens automatically; however, deliberate meaning-making is also possible and it is this more deliberate approach The Q Process uses for processing stressful situations. Effortful processing and the ability to change one’s “personal biographical narrative” in the wake of a challenge foster the
resolution of meaning discrepancies, averting the potential for getting stuck in destructive ruminative responses.130

As part of The Q Process intervention, participants are introduced to the concept that humans are constantly engaged in meaning-making, and that each person has their own global meaning or “way of knowing,” much of which is thought to be constructed in our formative years.131 Equally important, they are asked to differentiate or begin to differentiate who they are from their global meaning and from their meaning-making process so that these aspects can be examined and understood. They are also taught that they can evolve their global meaning structure and that cultivating differentiation allows them to enter into conscious meaning-making. Through conscious meaning-making, it is possible to adjust their global meaning default to include the premise that conflict and challenge offer a portal into greater self-awareness and healing. By making these adjustments, participants directly address the impact of their meaning-making as it relates to their perception of past and possible future traumatic or signal anxiety.132

Robert Kegan’s self-development path, which maps the underlying structures of knowing as we grow, would describe this as a third to fourth order shift in our “way of knowing.”133 Kegan describes the importance of this transition eloquently saying, “To be uncritically, unawarely identified with these external sources [of self-identity] is to be unable to question or weigh the validity of these ideas.”134 No longer unaware and identified with our meaning-making, it is as though one has stepped out of the pages of a book and recognized that rather than being a character in the book, one is the book’s author; consequently s/he is no longer subject, but becomes object, and therefore can be intentionally changed and the story re-written.
Having the capacity to step back from the global meaning we have inherited or chosen (for work, religion, relationships, etc.) and differentiate who we are from the meaning structures we possess is an essential step in moving through the initial moments of threat we may feel when our global meaning is challenged. Making this transition is a fundamental aim of The Q Process, and the worksheets are designed to support individuals in practicing this shift on a daily basis by slowing down and making visible the meaning-making process, choosing to deliberately direct it in a more positive way, and then acting in accordance with the new, deliberately chosen meaning. New research shows that past meaning-making can also be shifted as memories can be reactivated and “returned to a labile state which allows them to be changed.”\textsuperscript{135} Working with memories is the focus and intention of the third week of The Q Process.

Why is one person more likely to look down at the gutter while another gazes at the stars? Personality type may be a contributing factor. There are many different typologies that have usefulness in understanding how one type or another may view and respond to varying life circumstances. Typology proposes that much of our experience of life depends on what we bring to it (ie: the specific preferences of our type).\textsuperscript{136} This useful concept helps us see that we participate in the creation of our experience of reality, a concept called constructionism.\textsuperscript{137} Typologies such as the Enneagram and Myers-Briggs also make visible a consistent set of differing interpretations among types, as well as differing preferences through which aspects of one’s being may mature skillfully. But typologies themselves are subject to meaning-making and once latched onto can lead to a feeling of being stuck or a resignation to a particular way of being based on the way we have been typed by any given system.
Ken Wilber’s seminal work known as Integral Theory notes that typology is only one of several components that make up a holistic map of how organisms, people, and life itself are organized, providing a viable theory for past, present, and future developments. His work includes typology in an integrated system that also accounts for lines of development, stages of development, states of consciousness, as well as quadrants (environmental contexts). While type may account for personal preferences within levels of development and explain some of the reasons why certain interpretations are favored, all types are seen to follow the same developmental patterns.

Kegan contends that our level of psychological development is likely to have a greater influence on the quality or tone of our Life-Lens than our type preferences, especially when one acknowledges the level of development that birthed the typology systems. Kegan contends that subject-object theory combines the highly influential theory of constructivism (that people participate in constructing reality—as with type) with developmentalism (that organic systems change and become increasing complex over time in reliable ways). When we understand how we construct reality and how our constructions change over time, we become capable of seeing that we are the ones making the “sense” we perceive in the world and thereby take responsibility for our meaning-making. As Kegan points out, “We cannot be responsible for, in control of, or reflect upon that which is subject.” Once that differentiation is achieved (a subject-object transition to fourth order consciousness) we are able to intervene, to reflect, to choose a new behavior, and to practice developing new habits of response to our experience of life—as well as make conscious adjustments to our Life-Lens.

Yet our meaning-making processes and our level of psychological development are not the only components of the lens through which we look. Our physical state and
the propensity of our physiology to respond with openness or fear to stimuli is also an important factor.

The Role of the Body (Brain & Nervous System)

“As is the human body, so is the cosmic body. As is the human mind, so is the cosmic mind. As is the atom, so is the universe.”
~The Upanishads

A second important facet of the Life-Lens through which reality is observed and interpreted is our body–specifically the brain’s neural firing patterns and the nervous system. Clinical Psychotherapist and Clinical Professor of Psychiatry at UCLA, Dr. Daniel J. Siegel has focused his recent research on integrating advances in brain science with the latest understandings of how children and adults develop. It is now widely understood that physical sustenance (food, water, sleep) is not enough for infants to survive; they need touch, emotional bonding, and connection to others. Due to their helplessness, infants are hard-wired to reach out for support, and how their caregivers or “attachment figures” respond is of crucial importance.

Because humans are also hard-wired to look for threat, the brain is on alert for any disconnection experienced from our caregivers. During the first few years of life the right hemisphere of the brain is dominant, so non-verbal cues are the primary way we feel connected: facial expressions, eye contact, tone of voice, touch, emotional expression are all taken in and reviewed as either life affirming/connected or life threatening or disconnected. This information is then stored in the brain in pre-verbal or “implicit” memories. These experiences/memories become the base components of our global
meaning structures from which we draw our interpretations, assumptions, and conclusions about ourselves and the world.\textsuperscript{150}

In addition to the brain’s firing patterns and the memories they access, a complete assessment of the role of the body must include examining how the nervous system is effected by and responds to times of stress. Because humans are vulnerable to threat, particularly so in our earliest years, and are exposed to potential threat (internal or external, physical or psychological, real or an echo of the past) throughout our lives, it is paramount to recognize the long-term implications of the body’s response in times of threat. Like animals, all humans have a biological response to threat:

\textit{“The activation of the SNS is automatic and virtually uncontrollable. It is a reflex triggered by the perception of a threat. Once initiated, the SNS will dominate all voluntary and involuntary systems until the perceived threat has been eliminated or escaped, performance deteriorates, or the parasympathetic nervous system activates to reestablish homeostasis.”} \textsuperscript{151}

This response is not discriminating. It occurs for both traumatic moments and during moments of signal anxiety, where the memory of a past threat is present and the fear of that trauma being repeated causes a full-blown threat response in the body.\textsuperscript{152} Signal anxiety is quite a common experience as the brain’s threat detection system has a tendency to over-generalize in its assessment of perceived danger\textsuperscript{153} setting off the hormones and other chemicals we will need to fight or flee.\textsuperscript{154} When the system is making its analysis, it compares the perceived signals of the present day with past experience and even loose associations with past hurtful or fearful experiences become cause for alarm (signal anxiety).\textsuperscript{155} Leading trauma expert Bessel van der Kolk says that the body keeps score when it comes to traumatic experiences so these alarm bells may
turn into “chronic alterations in the stress response,” specifically “physiological hyper-arousal and altered stress hormone secretion.” His work measures the conditioned reactions people experience when exposed to “stimuli reminiscent of the original trauma” by looking at their heart-rate and blood-pressure, as well as results from an electromyogram which records the electrical output from the body’s muscles.157

Fortunately, the central and peripheral nervous systems have built-in defense strategies designed to carry out the fight or flight (and sometimes forced freeze) responses. When the defense strategies are allowed to execute properly there is a net positive effect—when real or perceived danger is averted through effective application of defensive actions, there is an intense sense of relief, victory, and mastery.158 If trauma is not properly dispelled, long term effects may ensue. For example, when the immobilizing response is activated and proper recuperation and integration do not follow, a person may get stuck in submissive, passive-action tendencies as they mimic the shutdown which helped them survive the trauma.159 These adaptive behaviors can continue to create challenges for adults in their present-day experiences because the past trauma remains unresolved.160

The acknowledgment and understanding of the connection between the body’s stored trauma responses during times of threat and the mind’s view of the world is an emerging field of study, one championed by trauma recovery specialists Dr. Peter A. Levine and neurologist Robert Scaer. As mentioned, Scaer defines trauma as “a continuum of variably negative life events occurring over a life span.”161 This assertion is based on his 30 years of work with people confronting trauma resulting from the relatively “normal” life events, such as car accidents, as opposed to those traumatized by war or childhood abuse. His work indicates there is a need to take a deeper look at
smaller traumas and their effects on the nervous system. This may be particularly
important for traumatizing experiences that are culturally acceptable. As the definition of
abuse expands from simply physical into emotional and psychological, we see how
harmful efforts to bend or mold a child to an adult’s desires through shame can be,
whether at home or in classrooms. Parenting styles that make use of physical
reinforcement such as hitting, slapping, spanking, etc., or use blaming and/or shaming,
intentional withdrawal of affection/basic needs, and/or full out neglect, risk traumatizing
a child. Both Scaer and Levine’s work indicate that there may be an under-reporting of
the number of adults with unresolved trauma, especially in cases of human-initiated
trauma, particularly by those in the circle of caring.

Less well understood is the body’s natural use of movement to work off stress.
Toe-tappers, finger drummers, and wigglers are balancing the body’s stress level by
discharging energy from the nervous system. Consequently, cultural and societal
norms related to the socialization of children in classroom settings may be unwittingly
exposing children to trauma, if only through the unnatural demands placed on young
children to sit still in small desks and not talk to others for extended periods of time.
Furthermore, in both family and school settings, defense responses are actively curtailed
as children are often punished for using the body’s natural threat response to fight or to
flee. This creates a form of conditioning in which suppression of the body’s natural fight-
flight instinct through truncated defense responses can cause nervous system damage as
the body gets stuck on high alert. “Close-range, interpersonal, aggressive
confrontation” from parents, siblings, school-yard bullies, and other, seems to have the
worst effect.
When the threat detection system in the brain has been triggered, the body has a consistent unconscious response: breathing rate, blood pressure, heart rate, sweating all increase; the pupils dilate and stress hormones are released; and digestion and saliva production slow. All non-critical energy is leveraged to prepare the body for fight or flight. When the alarm system has found a match with a previous moment of danger, implicit flooding takes place and we no longer have access to the higher thinking of the neo-cortex. The resulting interactions with others and self will be influenced by: 1) The **intensity** of the alarm itself; 2) the **sensitivity** to the stimulus (how much or little is needed to be triggered; 3) the **specificity** (the range of experiences that set off the alarm); 4) the **window of tolerance** (as affected by one’s current state, social context, and physiology); 5) the **refractory period** (how long one is stuck in lower brain functions); and 6) **access to consciousness** (how much self-awareness and meta-cognition exists).

Having a robust understanding of our body’s response to signal or traumatic anxiety ultimately allows us to actively intervene and manage our responses to real and perceived threat so that we can keep the neo-cortex online and more quickly access our most creative capacities.

**Ego Development, Attachment Theory, & The Shadow**

“Even a happy life cannot be without a measure of darkness, and the word happy would lose its meaning if it were not balanced by sadness. It is far better take things as they come along with patience and equanimity.”  
~Carl Jung

Another aspect of the Life-Lens which must be examined is the development of the Ego and the Shadow. Ego development, or the development of a sense of “I,” is a widely accepted theory of human maturation. Ego Development Theory (EDT)
“describes a sequence of how mental models themselves evolve over time” and are expressed in three arenas: 1) the operative component related to life purpose, action, and goal attainment, 2) affective component related to emotional experience, and 3) cognitive component related to how one sees the world and her/himself. Ego development does not occur in isolation; rather, it is understood to be influenced by our particular family environment. Family Systems Theory (Murray Bowen) and Attachment Theory (Mary Ainsworth and John Bowlby) both make clear that it is impossible to fully understand the emerging or fully grown individual without understanding the context in which they grew up—to understand the individual, you must look into the inner workings of the family.

As has already been discussed, how caregivers relate to infants and children, have wide-ranging implications. Emerging neuroscience is confirming that the brain has specific functions within the neocortex designed to support our health connections (attachments) with others. This part of the brain is not fully developed in young children, so the child’s brain develops in part by tuning into the brain of its caregiver where “the adult provides much of the modulation of infant states, especially after a state disruption or transition between states.” In effect, “a child uses the state of mind of the parent to help organize her own mental processes.” Adults who are able to self-regulate are better able to support their infants and children in developing their own self-regulating mechanisms.

Detailed studies have demonstrated that babies with parents able to connect well non-verbally develop positive ideas about themselves and the world, they are securely attached, and they enjoy “enhanced emotional flexibility, social functioning, and cognitive abilities.” The strength (or weakness) of the adults ability to provide a secure
attachment through the “essential regulatory pattern of ‘rupture and repair’” will either support or negate the child’s understanding and experience that one can tolerate temporary unpleasantness and negative affect (mood). This feeds into the emerging sense of safety and wellbeing of the “core-self,” which is constantly receiving and interpreting its experiences and integrating those interpretations into the ego.

Individuals go through their own unique process of ego development as they age, but key aspects of ego development occur in the first half of life within the “psychological atmosphere created by parents, siblings, caretakers, and other important sources of love and approval.” This developmental process allows our growing consciousness to develop by embracing what is rewarded as positive behavior and whittling out what is judged to be negative behavior, thereby reducing the experience of anxiety and earning positive regard. As a growing plant will bend itself toward sunshine, we bend our growing ego (and sense of self) toward that which brings nourishment (secure attachment) from our caregivers/institutions and away from that which disappoints, unconsciously forming a conditioned-self. Youthful dreams and pursuits of passion may be abandoned rather than risk parental disappointment, ridicule, or rejection. Further, children may unconsciously take on the dreams and desires of caregivers as those caregivers try to recapture their own lost dreams by living vicariously through their children. As Jung says so succinctly, “Nothing has a stronger influence psychologically on their environment and especially on their children than the unlived life of the parent.”

This process of identifying who we allow, imagine, or want ourselves to be (athletic, sweet, sexually expressive, smart, creative, rebellious, shy, angry, etc.) creates an opposite quality which we exclude from who we think we are. With good reason,
parents and society encourages us to identify with positive traits such as honesty, kindness, respect. However, if this is done without regard for the natural impulses to hide the truth, to be unkind, to judge others, those darker aspects can get split off from our sense of self. Rather than owning our darker impulses and consciously choosing a healthier behavior in spite of them, these impulses get repressed and form the basis of the psychological shadow. When our darker aspects recede into shadow and are no longer accessible or visible to the conscious personality, they become alien and threatening when observed in others. When we see in others what we have disowned in ourselves, we are ripe for all manner of undesirable outcomes such as fear, judgment, blame, anger or jealousy.

The path to full integration includes understanding how the dynamics of shadow make it impossible to see it directly. This dynamic forms the basis of the challenge to actively and intentionally look for and resolve shadow material. William A. Miller describes “five pathways for travelling inward to gain insight into the composition of the shadow: 1) Soliciting feedback from others as to how they perceive us, 2) Uncovering the content of our projections, 3) Examining our ‘slips’ of tongue and behavior, and investigating what is really occurring when we are perceived other than we intended to be perceived, 4) Considering our humor and our identifications, and 5) Studying our dreams, daydreams and fantasies.” The Q Process is largely focused on understanding what our projections, words, behaviors, and misperceptions show us about our shadow (numbers 2 and 3 from the list above) so that we may consciously engage to resolve old wounding and integrate disowned aspects. To do so we must have the insight and awareness to see that our judgments and criticisms of others tell us more about ourselves than those at whom they are aimed.
It is important to note that the shadow often contains brilliant aspects which may have been equally discouraged by our environment. Specifically, it includes “our infantile parts, emotional attachments, neurotic symptoms, as well as our undeveloped talents and gifts,” (emphasis added). Abraham Maslow noted that, “No psychological health is possible unless this essential core of the person is fundamentally accepted, loved, and respected by others and by himself.” It seems we are not only capable of projecting our darkness onto others, but our brilliance as well. Knowledge of the self, including all that we have excluded, seems to be a pre-requisite for healthy integration. Yet it is the ability grasp this pattern, to reflect on one’s ego and shadow, itself a hallmark of higher level ego development, which makes space for reflection on how one makes meaning, how one experiences the world emotionally, and how one chooses to act.

The Q Process intervention proposes that this kind of awareness can be sparked through the combination of studying key concepts (looking at the map of ego development) and the practice of applying what was learned by slowing down the dynamics of stimulus-(ego)response enough that intentionality is possible. This is akin to being out in the territory and referring back and forth between the map and the territory in a feedback loop. The workshop plus the 21-day practice offers a self-directed, cognitive approach to reviewing a given situation which reveals the biases, judgments, old hurts, and expectations that color our view of said situation. By becoming aware of our Life-Lens, acknowledging how it colors what we see, and practicing how to de-clutter the lens—removing past hurts, echoes of old threats, and shadow material—we see more of what is really there, make better choices, and create better outcomes. If we are to thrive in life, be of service to others, and express our full potential (self-actualize), we must possess a
kind of deep self-knowledge (knowing our lens) and self-acceptance (accepting the existence of the lens) so that we may alter the self (lens) as desired.

The work of integrating the shadow includes a conscious embracing of the shadow dynamic, in other words, the ability to see it as a gift. When one arrives at the point where there is no longer a desire to be rid of the shadow a new level of integration has occurred. As Carl Jung stated eloquently,

"We cannot change anything unless we accept it. Condemnation does not liberate; it oppresses. I am the oppressor of the person I condemn, not his friend and fellow sufferer. I do not mean in the least to say that we must never pass judgment when we desire to help and improve. But if the doctor wishes to help a human being, he must be able to accept him as he is. And he can do this in reality only when he has already seen and accepted himself as he is."

For those who were not raised with viable models of self-acceptance by self-loving and self-accepting care-givers, the work of embracing and integrating the shadow aspects of the self may be quite painful or difficult, even bringing on temporary depression—as John A. Sanford says, “When one first sees the shadow clearly, one is more or less aghast.” As the awareness dawns that we have seen the enemy and the enemy is us, we add a new layer of threat that must be managed—the inner critic. The introduction of self-compassion as a strategy for reducing this threat is a key element in the Q Process. It helps to have a healthy dose compassion for ourselves as we come to terms with the inaccuracy of our powers of perception, the limitations of our meaning-making systems, our often over-generalizing alarm system, and our unresolved trauma and shadow material from childhood.
The Power of Self-Compassion

“You can search throughout the entire universe for someone who is more deserving of your love and affection than you are yourself, and that person is not to be found anywhere. You yourself, as much as anybody in the entire universe deserve your love and affection.”

~Buddha

For many people the greatest threat they face is not the outer world, but their inner world where their most caustic critic lives. As judgment and blame are seen for what they are: attempts to externalize inner wounding through the dynamic of projection, a new form of shame can take over. Whether one internalized a critical voice from early life, or developed it on later, shame can be a debilitating block to healing and evolving. This is the precise time when self-compassion is needed in order to step forward into the greatest potential for healing.

The Q Process workshop leads participants on a journey of understanding which traces how brain structures and processes associated with the evolutionary imperative of surviving, our experience of being securely connected with caregivers, and the development of our conditioned-self all work together to create the default settings for our global meaning, influencing our tendency to feel safe or to perceive threat throughout life. As the awareness of the “set up” we have been born into dawns, many participants express a sense of relief, particularly if they have been mired in shame. They recognize that they are not a problem to be fixed (or that refuses to be fixed); rather, it is combination of complex factors that underlie their relationship to life (their Life-Lens) that needs to be addressed. And because they are experiencing The Q Process intervention as part of a group, they can see that this dynamic is not unique to them but part of the common human experience. This new awareness disarms the inner critic and opens the door for self-compassion.
Kristen Neff’s important work on defining, measuring, and studying self-compassion offers an explanation for how self-compassion figures into the healing process. She identified three key pairs of experience that make up a compassionate or non-compassionate response to the self: common humanity/isolation, self-kindness/self-judgment, and mindfulness/over-identification.\textsuperscript{199}

Common Humanity/Isolation

Neff’s work in this domain was influenced by her studies of youth engaged in self-esteem enhancing programs, some of whom she found were experiencing the unintended consequence of disconnection and isolation.\textsuperscript{200} Her work exposed the unintended message found in school-based self-esteem programs: that strong, good, healthy people are happy and esteemed (thinking well of themselves and are well-thought of by others) all the time, even if they have not earned this esteem.\textsuperscript{201} This has been shown to produce the distortion of over-estimation of self with the majority of young people seeing themselves as above average.\textsuperscript{202} This need to feel superior can lead young people to bullying behavior in an effort just to feel okay in their own skin.\textsuperscript{203} According to Neff, this socially comparative dynamic forces a wedge between people (and groups of people) and interrupts the ability to see one’s success or struggles as an interconnected dynamic that is part of a common humanity.\textsuperscript{204} In suffering silently, feelings of isolation increase often leading to feelings of self-pity or self-loathing and unworthiness. Ultimately, it is possible to lose our ability to be compassionate, literally meaning to “suffer with,” as somehow our suffering seems out of place or unusual (terminally unique) in a world where everyone is just supposed to feel good.\textsuperscript{205}

One of the main aims of the Q Process intervention is to emphasize on the notion that “nothing and no one is against us,” not even suffering. It reframes suffering as a
normal part of life and challenging circumstances as opportunities for healing, learning, and demonstrating mastery. Consequently it makes it “safe” to “not feel good” because not feeling good is not against us. Participants practice leaning into the challenge rather than shying away from it. Healing occurs not in the effort to stop the suffering, but as a natural result from no longer resisting the suffering and choosing instead to welcome its message. Neff herself embodies this approach with her self-compassion mantra: “This is a moment of suffering, Suffering is part of life, May I be kind to myself in this moment, May I give myself the compassion I need.” This in turn reduces the frequency and intensity of the perception of threat to the self from the external circumstance and from the internal voice of the inner critic.

Self-Kindness/Judgment

Neff describes self-kindness as the ability to offer ourselves love and understanding in times of suffering; to know what we need to comfort ourselves in a given circumstance, and to be willing to provide that. People in pain have been known to seek comfort in the praise and approval of others or in the escape of work, TV/video games, drugs, or alcohol. While this may numb one’s feelings temporarily, it does not create healing. Pausing to take time to acknowledge that we are in a moment of suffering, to name our feelings, and to acknowledge the hurt of the inner wounded child is a powerful first step in practicing self-compassion. The Q Process intervention not only emphasizes this in each worksheet, it also devotes an entire week to specifically noticing the inner critic and how much inner threat is present.

Changing critical self-talk is an important aspect of becoming more self-compassionate. When we discover what is behind the suffering a more compassionate response is possible. Understanding the origin of unmet needs and past wounding also
helps to illustrate that the critical voice we hear may have been inherited from an unkind caregiver/sibling/teacher, which we have since internalized and often made stronger.\textsuperscript{211} For children raised in abusive, neglectful, or highly critical homes, feelings of love and warmth get co-mingled with pain, fear, or intimidation and attempting self-compassion can be confused with allowing oneself to become weak.\textsuperscript{212} The Q Process intervention encourages the embrace of that fear and the calling forward of Higher Self qualities using active imagination and visualization processes to get a felt sense of what was needed in childhood (positive/loving environment) but not experienced.

Using the image of one’s childhood self, it appears much easier for self-kindness and self-compassion to come forward. It is easier to see a child as blameless or innocent and simply in need. The group coaching component of the intervention allows for a first-hand experience of compassion with and from others as an individual works through the process. As the individuals in the group become aware of the hurting children hidden within all the adults present in the room, the social aspect of the brain is triggered. As brains become synchronized\textsuperscript{213} and hearts become coherent,\textsuperscript{214} a heightened state of compassion is accessed and deep shifts are possible as a group gestalt.\textsuperscript{215}

\textit{Mindfulness/Over-Identification}

Neff’s definition of mindfulness as a part of self-compassion encompasses the capacity to have a clear or mindful view of the issue at hand, seeing \textit{what is} with non-judgmental acceptance.\textsuperscript{216} This requires that we look beyond any initial threat detection to freshly assess the moment at hand after navigating the now familiar patterns of the conditioned-self and habits of meaning-making. While it may be effortful at first, the work to be mindful of the confluence of factors going on behind the scenes allows for a more a compassionate and effective response.\textsuperscript{217} Neff’s research shows that the ability to
notice when we are triggered is a key competency for responding with compassion (toward ourselves and others): “not only am I suffering, but I am aware that I am suffering.” Without this mindful self-awareness that an internal or external trigger has been touched one is likely to continue responding in habitual patterns based on old coping strategies—and risk activating the inner critic afterward creating a secondary threat to navigate.

Being resilient in times of challenge means having the wherewithal to self-regulate—to calm the nervous system, reduce threat perception, and navigate shadow beliefs. Mounting evidence indicates interventions do exist which can positively influence one’s ability to self-regulate in times of stress.

**Self-Regulation: Body, Mind, & Heart**

“The most intense conflicts, if overcome, leave behind a sense of security and calm that is not easily disturbed. It is just these intense conflicts and their conflagration which are needed to produce valuable and lasting results.”
~Carl Jung

“He who is of calm and happy nature will hardly feel the pressure of age, but to him who is of an opposite disposition youth and age are equally a burden.”
~Plato

As we have seen, the make-up of our Life-Lens is complex and involves the convergence of factors such as meaning-making, unresolved childhood wounds, unintegrated shadow material, type tendencies/preferences, current developmental level, and physiological response patterns resulting from anxiety and trauma. When our Life-lens perceives a threat we shift into a state of high arousal, focusing on primitive survival strategies (fight or flee) to the detriment of more flexible and creative problem solving.
found in the neo-cortex. The ability to regulate affect (mood and emotions), especially in times of perceived threat/stress is at the core of a conscious life where one isn’t ruled by the body-minds’ unconscious threat detection system and associated responses. Yet, because this unconscious process is so speedy, finding a way to interrupt the stimulus-response cycle is challenging.

Research is underway to study the efficacy of protocols that support individuals in developing increased capacity for self-regulation through heart rate variability (HRV) control, primarily in populations dealing with depression and other forms of affect disorders with mixed results. By learning to control HRV, individuals learn to consciously invite the parasympathetic nervous system to calm and cohere with the sympathetic nervous system. Links have been established between depression and decreased parasympathetic activity and an increased sympathetic activity. A growing body of evidence suggests that mastering conscious control of HRV allows the heart and other oscillating systems in the body to get into coherence. When the two branches are synchronized along with heart-brain synchronization, vascular resonance, and “entrainment between diverse physiologic oscillatory systems” we can experience a feeling of “amplified peace.”

Besides populations suffering from depression, high stress professions such as first responders and law enforcement officers have been shown to benefit from body-based techniques which support individuals in reducing stress and increasing resilience. One study looked at the efficacy of HRV Biofeedback in a self-contained, mobile, and comprehensive Stress Resilience Training Program (SRTP) provided as an iPad app for military personnel and civilians. The study found that using biofeedback games to train users to control their HRV had overwhelmingly positive results, including: improved
emotional vitality by 25% (P=.05), improved rates of physical stress by 24% (P=.01); the study’s most important measure of overall stress showed approximately 40% improvement (P=.06). Participants reported job and home-life improvements as a result of learning to create coherence using the biofeedback games, as well as the ability “to actually apply the technique in real-life situations.”

A another successful approach to developing and strengthening self-regulation was developed by Jon Kabat-Zinn who pioneered techniques that introduce meditation practices, yoga, and body awareness to participants. Under the names Mindfulness Based Cognitive Therapy (MBCT) and Mindfulness-Based Stress Reduction (MBSR), Kabat-Zinn and others have developed a large body of field research. A comprehensive review of MBCT/MBSR randomized trials offers evidence showing participants in MBSR programs experience increases in the mental health and wellbeing, while MBCT techniques appear to reduce the incidence of depressive relapse. These techniques have also been shown to have a positive impact on generalized anxiety disorder and participants in the 8-week MBCT course have been consistently shown to experienced significant decreases in anxiety.

The Q Process incorporates an introduction to body-based awareness, encouraging the use of the grounding techniques from Trauma First Aide™ Associates and the Heart Lock-In® technique from the HeartMath Institute as needed during the three week program. More cognitive in its approach, the process teaches mindfulness not through meditation like MBCT and MBSR but through worksheets that offer repeated examination of responses to daily stresses. Ideally, the outcome for participants is a greater understanding how and why they perceive threat, how their body responds to perceived threat, how they construct meaning in times of threat, how to use intentionality
to direct meaning-making, and how to embrace conflict as a non-threatening opportunity for healing and integration of old wounds/shadow material. All of these skills and practices are aimed at supporting individuals in developing the capacity to be a non-anxious presence for themselves and others.

**Becoming a Non-Anxious Presence**

“*It isn't enough to talk about peace. One must believe in it. And it isn't enough to believe in it. One must work at it.*”

~Eleanor Roosevelt

Becoming a non-anxious presence through skilled self-regulation is arguably one of the most important of human development goals of our time and a sign of greater maturation.²³¹ Murray Bowen developed family systems therapy and his protégé Edwin Friedman coined the term non-anxious presence when discussing the role of the therapist, particularly in the context of waiting out a patient’s resistance to help.²³² He also built on this by discussing how the family and organization can be benefitted by those in it, particularly those in leadership roles, who cultivate a non-anxious presence.²³³ Even the fields of business leadership development and business change management have identified as a key aspect for success the capacity to be a non-anxious presence in the midst of times of change and/or adversity.²³⁴

**Summary**

“*The greatest and most important problems of life are all fundamentally insoluble. They can never be solved but only outgrown.*”

~Carl Jung

In summary, the research indicates that the practice of being (and becoming) a non-anxious presence includes the use of purposeful meaning-making, self-regulation
techniques, and self-compassion to intervene when the body-mind’s arousal system, influenced by the conditioned-self’s shadow material, perceives a real or imagined threat. The Q Process attempts to offer participants a structured way to consciously and purposefully evolve and direct their meaning-making so that moments of conflict (perceived threat) become opportunities to practice self-regulation and anxiety reduction through the use of compassion, intention, and authentic action. The supposition is that by changing the very meaning of conflict (choosing to see it as a boon for healing, and then through the process repeatedly experiencing it that way) one can not only benefit from the conscious opportunities for healing, but even begin to eliminate or reduce the anxiety/threat perception/anxiety loop by no longer associating conflict with threat.
CHAPTER 3:
RESEARCH METHODS

“It is common sense to take a method and try it.
If it fails, admit it frankly and try another. But above all, try something.”
~Franklin D. Roosevelt

This chapter discusses the methodology used in this research study. It includes the study design, intervention protocol, participant recruiting and orientation procedures, inclusion, exclusion, and discontinuation criteria, attrition, methods of data collection and analysis, and ethical considerations.

Study Design

The study used a Pretest-Posttest Control Group Design to provide the most effective yet simple means for measuring possible changes in self-reported levels of anxiety and self-compassion in study participants after completing The Q Process intervention. The design is diagramed as follows, where R = randomized; O = Observation; X = intervention:

\[
R \quad O_1 \quad X \quad O_2 \\
R \quad O_3 \quad O_4
\]

Two measures were used at each testing: The State-Trait Anxiety Inventory (STAI) and the Self-Compassion Scale (SCS) – both measures are found in Appendix A. The measures were presented in a single online survey tool developed by Mind Garden Inc. (www.mindgarden.com), an independent publisher of psychological assessments and instruments and the testing company which holds the license for the STAI instrument.

Inquiry Method/Measurements #1: The State-Trait Anxiety Inventory – The State-Trait Anxiety Inventory (STAI) was used to measure the state and trait anxiety of
the study’s participants before and after the study to determine whether the intervention produces statistically significant reductions in adult anxiety. The STAI is commonly used to measure trait and state anxiety as separate from depressive syndromes, and the study used Form Y, which has 20 items for assessing trait anxiety and 20 for state anxiety. Internal consistency coefficients for the scale have ranged from .86 to .95; test-retest reliability coefficients have ranged from .65 to .75 over a 2-month interval. Test-retest coefficients for this measure in the present study ranged from .69 to .89. Considerable evidence attests to the construct and concurrent validity of the scale.

**Inquiry Method/Measurements #2: The Self Compassion Scale (SCS)** - The study used the Self-Compassion Scale (SCS) to determine whether the intervention produces statistically significant increases in participants’ level of self-compassion. The scale consists of 26 questions divided into six sub-scales: Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, and Over-identification. Each item is rated on a scale of 1-5 (Almost Never, Occasionally, About Half of the Time, Fairly Often, and Almost Always). Self-Judgment, Isolation, and Over-identification are reverse scored as they are measures of behaviors in which a decrease is desired. As with other self-assessments, SCS creator and self-compassion researcher Kristen Neff notes that the ability to accurately assess self-compassion requires a certain level of self-awareness, saying “a self-report scale will necessarily be limited in its ability to accurately assess individual levels of self-compassion. This is because many people may not be aware enough of their own emotional experiences to realize the extent to which they lack self-compassion.” Conversely, there was concern that participants’ scores might reflect a temporary decrease in self-compassion as a result of becoming more aware of their
unconscious belief patterns through the Q Process intervention. The intervention attempted to address these concerns in the workshop content.

Recently the SCS and its subscales were compared to the well-established Beck Depression Inventory II (BDI-II). The study examined results from both the SCS and the BDI-II on 142 college age participants. Because the BDI-II is designed to measure feelings and qualities associated with depression, the hypothesis presumed there would be a statistically significant negative correlation for the positive sub-scales of the SCS (self-kindness, common humanity, mindfulness) and a positive correlation with the negative sub-scales (self-judgment, isolation, over-identification). “Statistically significant negative correlations were found between BDI-II total scores and the Self-Kindness (r = -.35), Common Humanity (r = -.37), and Mindfulness (r = -.35) subscales of the SCS. Statistically significant positive correlations were found with BDI-II total scores and the Self-Judgment (r = .49), Isolation (r = .59) and Over-identification (r = .43) subscales of the SCS.”

Overall correlation between total SCS and BDI-II scores was negative and was also statistically significant (r = -.57).

The SCS has also been used to study Mindfulness-Based Stress Reduction techniques. Scores on the SCS were shown to be a better predictor of symptom severity and quality of life for those with anxiety and depression than scores on the Mindful Attention Awareness Scale (MAAS). In addition, the SCS has been used to study how self-compassion predicts responses to unpleasant “self-relevant” events. The research notes the variance in how self-esteem and self-compassion mitigate people’s reactions to “negative life events.” Another study found that participants with anxiety and depression deemed self-compassion to be “a useful construct,” and that, on a pragmatic level, participants were willing to engage in the techniques without knowledge of the
specifics believing it would be beneficial. This body of research suggests that this scale is an effective for measuring the hypothesized outcome of The Q Process intervention as designed in this study.

**Intervention Protocol**

The intervention asks participants to fulfill three components: 1) attend a six-hour workshop, 2) complete one worksheet a day for 21 days, and 3) attend three 90-minute phone coaching sessions. Samples of the workshop handouts and worksheets may be found in Appendix B. It is generally recommended that the practice of completing the daily worksheet be done at night before retiring. It can also be done as part of a morning practice. The 21 days consists of three phases lasting seven days. Each phase has seven copies of the same worksheet (one for each day) designed with that phase’s specific focus in mind. The Phase One worksheets focus on trigger moments that happen within the previous 24 hours and any critical thoughts or discordant behaviors that may have been directed outwardly. The Phase Two worksheets focus on any critical thoughts the participant has directed inwardly (self-criticism, self-judgment) which trigger shame, anxiety, and other challenging emotional states. Participants may select thoughts from any time period in life to work with not just the previous 24 hours. The Phase Three worksheets track both internal and external triggers (recent or old) to the participant’s past to find an explicit memory or an implicit “felt sense” associated with the emotional or thought pattern. When memories are accessed with vividness, they become available for transformation. Consequently, Phase Three also includes a meditative visualization in which the participant actively works with the identified memory in such a way as to loosen its emotional associations.

The worksheets for the first two phases are designed to help participants:
• become aware of their feelings about the triggering incident
• notice how these feelings point to a shadow quality or belief
• practice feeling compassion for oneself by recognizing that this fear or untrue belief was likely acquired in childhood
• set the intention of releasing the fear or belief
• shift from any thoughts/emotions such as blame, anger, sadness, aimed at the triggering moment into gratitude for the opportunity to release the belief
• discover the unmet need that was under their initial response
• refocus their attention on their intention for being (who they have come here to be)
• reframe the triggering incident from that perspective
• imagine how the interaction or thoughts would have gone if they had been present to their intention for being when triggered
• take an authentic action which creates an opportunity to practice being who they have come here to be in some related way in order to have an actual experience and “felt sense” of this new way of being, to place into the feedback loop and/or meeting the unmet need for themselves.

The Phase Three worksheets add these key components to the list above:
• identify an explicit memory or implicit “felt sense” from childhood that is tied to the pattern
• re-image and re-experience those moments with a different outcome and a new more useful belief that successfully meets the unmet need of the child-self
• use a meditative state or active imagining to re-imagine how one’s life experience from that point forward to the present day would have been different with the new belief

Partway through each phase (days 5, 12 and 19) the treatment group met by phone with the Primary Investigator and participated in a group coaching session. The purpose of the three coaching sessions was to make sure the participants were completing their worksheets effectively. During the calls, the Primary Investigator invited two to three participants to volunteer to be coached through a worksheet. The volunteers then selected worksheets to work with and, following a well-documented protocol, the Primary Investigator walked each volunteer through the responses on their sheet to make sure each section was completed successfully. The Coaching Protocol is found in Appendix C. The coaching provided was not content specific, but rather consisted of addressing places where the process was not adequately followed and providing corrective support. Those not being coached were instructed to listen carefully and apply any corrective strategies to their own work. Using the proper protocols, the Primary Investigator provided feedback where needed to increase the effectiveness of the worksheets. Participants were asked to apply any new insights or understandings to all future worksheets. Volunteering and non-volunteering participants reported that having these models provided important guidance for future worksheets.

Participants were also encouraged to notice when they resonated with and shared shadow messages with those being coached for the purpose of leveraging their own healing journey. Researchers Bonnie Badenoch and Paul Cox found that healing opportunities emerge from group settings because there is a high likelihood that one person’s trigger will mirror implicit triggers for others in the group, and the group can
become “an empathy-rich environment for holding the pain and fear that emerges.” The application of understanding and compassion creates an attunement which “helps to repair the circuits of regulation” for care-giver, subject, and witnesses. The group as a whole also plays a role when implicit neural networks are activated in the group. Setting up a group experience that has as its intention to allow triggers to be made conscious, activates the group’s combined compassionate energy. According to Badenoch and Cox, “one way implicit memories can be changed is through emotional contact with the encoded experience coupled with a disconfirming experience.” The coach provides compassionate feedback as the participant explores disconfirming data captured on the worksheet, while the larger group witnesses and provides a “compassionate space.” This combination allows for potential healing and repatterning for all present.

In addition to the experience of participating in the coaching models, during the calls all participants were also invited to ask the Primary Investigator specific questions they may have had come up while completing the worksheets for the phase.

**Participant Recruiting**

Male and female adult participants aged 18 through 75 were recruited from a variety of communities including local spiritual/faith communities, churches and spiritual centers, seminaries, as well as through self-help groups such as The Heartland ManKind Project and a local Shamanic Breathwork Community. Invitations to participate in this study were made in person by the Principle Investigator and by two colleagues: Jane Simmons, Th.D. (protocol co-creator) and Kelly Isola, M.Div. (certified Q Coach). Invitations were also sent by email and electronic newsletters (including to the Holos University and ISSSEEM email list). A Facebook event was created by the Primary Investigator and individuals in her social network were invited to participate. In addition
Facebook ads were placed using the key word “spiritual” for adults living within 50 miles of the research location. One-hundred printed flyers were distributed at local yoga studios and 600 printed inserts were placed in Sunday service bulletins at two area churches.

All invitations included the schedule for the study and focused on drawing potential participants to one of two public information meeting (either in person or by telephone) to get an overview of the research project. Samples of the invitation materials are available in Appendix D.

Due to poor weather conditions, the in-person orientation meeting was held by phone. In addition, some individual phone orientations were offered to those who were not available at the times when the large group meetings were scheduled.

During the orientation meetings, potential participants received details about the research project protocol and its implementation. The meetings included a question and answer period allowing potential participants to ask for any additional information they might require before deciding whether to participate. The inclusion/exclusion criteria, detailed below, were clearly stated during the session along with other key points noted on the consent form.

To participate in the study, each participant was informed s/he must meet the inclusion criteria and then agree to the informed consent form online presented at the start of the pre-test. Each participant was sent an electronic copy of the consent form to review as well as an in-depth explanation of what would be experienced by and expected of them during the intervention. In addition, the orientation sessions covered the intervention schedule for two distinct groups – the orange group and the blue group. The subjects were not aware of which group would serve as the control or which group would be the treatment group since both groups were scheduled to experience the intervention in
succession. Once the participants were aware of the time commitment required by the study, as well as details of the intervention, they were asked to announce their intention to participate by sending an email to the Primary Investigator.

The pool of qualified participants was then compiled and they were assigned to the treatment group (orange) or the control group (blue). Group assignment was either random (if they were available for either schedule) or determined by their availability. To increase group equivalence between the groups, experience with spiritual study and self-help tools or practices was determined by asking how many years the participant had been involved in spiritual or self-help study: 0-10, 10-20, 20-30 or more than 30 years. Participants were then grouped according to their answer and randomly assigned to either the treatment or control group taking care to balance the number of participants within each experience level as closely as possible. Not more than a two-person variance between groups was present after the orientation sessions when controlling for self-help experience/spiritual study.

Table 1: Participant Distribution at the Start of the Study

<table>
<thead>
<tr>
<th>Years of Study</th>
<th>Group Assignment</th>
<th>Number of Participants</th>
<th>Males by Group</th>
<th>Number of Males</th>
<th>Females by Group</th>
<th>Number of Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 10</td>
<td>Treatment</td>
<td>19</td>
<td>Orange Male</td>
<td>6</td>
<td>Orange Female</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>21</td>
<td>Blue Male</td>
<td>7</td>
<td>Blue Female</td>
<td>14</td>
</tr>
<tr>
<td>10 - 20</td>
<td>Treatment</td>
<td>21</td>
<td>Orange Male</td>
<td>8</td>
<td>Orange Female</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>22</td>
<td>Blue Male</td>
<td>4</td>
<td>Blue Female</td>
<td>18</td>
</tr>
<tr>
<td>20 - 30</td>
<td>Treatment</td>
<td>19</td>
<td>Orange Male</td>
<td>3</td>
<td>Orange Female</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>18</td>
<td>Blue Male</td>
<td>3</td>
<td>Blue Female</td>
<td>15</td>
</tr>
<tr>
<td>30+</td>
<td>Treatment</td>
<td>13</td>
<td>Orange Male</td>
<td>3</td>
<td>Orange Female</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>15</td>
<td>Blue Male</td>
<td>3</td>
<td>Blue Female</td>
<td>12</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td><strong>148</strong></td>
<td></td>
<td><strong>37</strong></td>
<td></td>
<td><strong>111</strong></td>
</tr>
</tbody>
</table>
Inclusion / Exclusion Criteria

The following exclusion criteria were used in the study:

• Minors below the age of 18 years.
• Insufficient comprehension of the English language – both reading and writing.
• Active addiction or hostility, or unsafe living conditions.
• Recent history of psychological instability or suicidal tendencies.

The following inclusion criteria were used in the study:

• Adult population aged 18-75 years of age.
• Participants show willingness to participate by signing a voluntary informed consent form.
• Participants are able and willing to complete two pre- and post-intervention questionnaires.
• Participants are able and willing to attend an 6-hour workshop
• Participants are able and willing to complete the intervention worksheets in accordance with the intervention guidelines.
• Participants are able and willing to attend three telephone coaching sessions or listen to a recording of the calls.
• Participants are sober, stable, and able to complete the worksheets and participate in the workshop and coaching sessions.

Discontinuation Criteria for Subjects

• A participant may withdraw from the study at any time upon request.
• Non-participation in the workshop.
• Unwilling to complete testing questionnaires / incomplete questionnaires.

• Completing less than 4 worksheets for any phase of the intervention

**Attrition**

The goal of the study was to have a minimum of 90 participants in total (treatment plus control) complete the study. Past experience with the protocol indicated that the study could expect to see about a 30% attrition rate due to the time commitment of completing a daily worksheet along with attending the workshop and coaching sessions. A total of 148 people expressed interest in participating in the study and were oriented by phone.

After the orientation, all 148 were assigned to a group (72 in the treatment group and 76 in the control), and invited to take the pre-test. Attrition occurred three times during the study. After completing the orientation session a total of 10 people chose not to take the pretest or participate in the study leaving 64 participants in the treatment group and 74 in the control group. During the intervention period, six participants from the treatment group requested to be withdrawn from the study because they were unable to keep up with the daily protocol requirements. Another 14 participants were excluded from the final study results because they failed to complete a minimum of four worksheets per phase. In addition, 20 individuals in the control group failed to complete the post-test and were therefore excluded from the study. Consequently, of the original 148 people who expressed interest in the study and attended the orientation, a total of 98 participants actually completed the study (44 in the treatment group and 54 in the control).
The table below shows the final number of study participants grouped by self-help/spiritual study experience to control for that variable.

### Table 2: Participant Distribution at the Completion of the Study

<table>
<thead>
<tr>
<th>Years of Study</th>
<th>Group Assignment</th>
<th>Number of Participants</th>
<th>Males by Group</th>
<th>Number of Males</th>
<th>Females by Group</th>
<th>Number of Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 10</td>
<td>Treatment</td>
<td>9</td>
<td>Orange Male</td>
<td>2</td>
<td>Orange Female</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>12</td>
<td>Blue Male</td>
<td>6</td>
<td>Blue Female</td>
<td>6</td>
</tr>
<tr>
<td>10 – 20</td>
<td>Treatment</td>
<td>11</td>
<td>Orange Male</td>
<td>2</td>
<td>Orange Female</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>15</td>
<td>Blue Male</td>
<td>2</td>
<td>Blue Female</td>
<td>13</td>
</tr>
<tr>
<td>20 – 30</td>
<td>Treatment</td>
<td>15</td>
<td>Orange Male</td>
<td>3</td>
<td>Orange Female</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>13</td>
<td>Blue Male</td>
<td>2</td>
<td>Blue Female</td>
<td>11</td>
</tr>
<tr>
<td>30+</td>
<td>Treatment</td>
<td>9</td>
<td>Orange Male</td>
<td>1</td>
<td>Orange Female</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>14</td>
<td>Blue Male</td>
<td>4</td>
<td>Blue Female</td>
<td>10</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td><strong>98</strong></td>
<td></td>
<td><strong>22</strong></td>
<td></td>
<td><strong>76</strong></td>
</tr>
</tbody>
</table>

The final distribution shows moderate balance among the groups with the 30 years plus group having the most variance. It is important to note that while the variance is not large between the treatment and the control in any one category, overall the control group had more experience with self-help/spiritual study than the treatment group. This is worth noting because there was some concern that a more experienced treatment group would benefit disproportionately from the protocol and skew the results. The fact that the treatment group was less experienced in general than the control group offers a level of confidence that the treatment group’s previous experience with self-help and spiritual study did not give them any confounding advantage over the control group during the intervention period.

### The Researcher’s Role

The Primary Investigator (PI) had sole responsibility for all aspects of this research study with a few notable exceptions. The PI’s role included conceiving of and
designing the study, enrolling participants, orienting participants by phone, tracking all participants’ progress through the study, communicating with all participants regarding the testing procedures, downloading and preparing the data for analysis, and sending the data to the statistician for analysis, as well as completing all research for and writing of the doctoral thesis. In addition, the PI was responsible for delivering the entire protocol as described earlier in the chapter. This included the 6-hour in-person workshop and three 90-minute group phone coaching sessions. The PI co-created The Q Process intervention with Dr. Gary Simmons and continued adapting and evolving the protocols with Dr. Gary Simmons and Dr. Jane Simmons over the last five years. During this time, the PI has become highly experienced with the protocol and, along with Drs. Gary and Jane Simmons, has trained more than 35 individuals as Q Coaches to deliver the protocol.

Additional support for the project was provided by Dr. Jane Simmons and Rev. Kelly Isola, a colleague and certified Q Coach. Both Dr. Simmons and Rev. Isola attended the workshop and were on stand-by should anyone request one-on-one support to process any strong reactions to the exercises. In addition, Rev. Isola offered an in-person invitation to participate in the study to a class of ministerial students at her Alma Matter Unity Institute. Dr. Simmons and Rev. Isola both expanded the reach of the Facebook ads by repeatedly sharing about the project and posting the link to the Facebook event page. Additional support included statistical analysis provided Dr. Paul Thomlinson.

Data Collection & Verification

Data from pre- and post-testing were collected electronically by Mind Garden, Inc. as each participant completed the test online (www.transform.mindgarden.com) and
deposited into a comma delineated excel spreadsheet. This allowed for minimal risk or error in collecting the data. The Primary Investigator downloaded these spreadsheets at the close of the study’s testing period. The data were then organized by the Primary Investigator according to the request of the statistician in order to collate the pre- and post-test scores of each participant. The final collated spreadsheet was checked and rechecked for accuracy and the one transfer error that was found was corrected. The final collated spreadsheet was then sent by email to the statistician for analysis.

**Data Analysis**

The effect of the intervention on participants’ state and trait anxiety (as measured by the State-Trait Anxiety Inventory) and their self-compassion scores across six sub-categories as well as in total (as measured by the Self-Compassion Scale), were evaluated with a two-way mixed analysis of variance (ANOVA), with one between groups factor (i.e., intervention vs. control groups) and one within groups factor (i.e., the repeated measure of state anxiety from pre-test to post-test).

**Ethical Considerations**

Because the intervention is not medical in nature, there were no significant physical risks to participants. There was the potential psychological risk that participants would feel uncomfortable feelings and have concerning thoughts as they began to examine their unwanted patterns and behaviors. This potential was discussed at the introductory orientation meeting. No diagnosis or treatment was given in this intervention. It is more accurately described as “awareapy” not therapy, as the focus is not on counseling the client or providing answers, but rather teaching them to use a tool
that facilitates self-discovery and self-awareness. The tool is content neutral and not concerned with or designed to provide comment on the content of a worksheet.

Participants were directed to seek trained professionals for therapeutic support should they determine that such direction would be appropriate at any time during the study. In addition, two licensed ministers were available for immediate counseling during the workshop portion of the protocol. No one in the treatment group asked for individual support or counseling during the workshop portion of the intervention. At the close of the study, two individuals from the treatment group asked the Primary Investigator for the names of any recommended therapist for additional support in dealing more fully with content issues that were present at the outset of the study and remained present even after the intervention. The Primary Investigator provided the names and contact information of two local therapists which were recommended by another therapist well-known to the Primary Investigator.
CHAPTER 4:
RESEARCH FINDINGS

“When you have mastered numbers, you will in fact no longer be reading numbers, any more than you read words when reading books; You will be reading meanings.”
~W. E. B. Du Bois

This chapter contains the research findings of the study. Descriptive statistics in tables that have been by each of the measured variables are presented as well as figures (charts) that graphically display the results visually by variable. These will be presented in order of the hypotheses proposed in chapter one.

**Descriptive Statistics - STAI**

Using the STAI it is important to note that the minimum score for both the S-Anxiety and the T-Anxiety scales is 20 with a maximum possible score of 80 for each.248

**Table 3: STAI Descriptive Statistics**

<table>
<thead>
<tr>
<th></th>
<th>Group</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State Anxiety Pre-Test</strong></td>
<td>Control</td>
<td>35.9259</td>
<td>9.20183</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>Treatment</td>
<td>37.0682</td>
<td>11.1718</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>36.4388</td>
<td>10.09549</td>
<td>98</td>
</tr>
<tr>
<td><strong>State Anxiety Post-Test</strong></td>
<td>Control</td>
<td>37.4074</td>
<td>11.89501</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>Treatment</td>
<td>28.3182</td>
<td>6.15223</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>33.3265</td>
<td>10.71157</td>
<td>98</td>
</tr>
<tr>
<td><strong>Trait Anxiety Pre-Test</strong></td>
<td>Control</td>
<td>37.8333</td>
<td>8.8696</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>Treatment</td>
<td>37.8409</td>
<td>10.6333</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>37.8367</td>
<td>9.6492</td>
<td>98</td>
</tr>
<tr>
<td><strong>Trait Anxiety Post-Test</strong></td>
<td>Control</td>
<td>37.7963</td>
<td>9.97994</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>Treatment</td>
<td>30.3864</td>
<td>7.38073</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>34.4694</td>
<td>9.60692</td>
<td>98</td>
</tr>
</tbody>
</table>

In comparing the pre- and post-test results from the STAI for the control and the treatment groups, it is interesting to note that there was a significant decrease in the mean scores of the treatment group for both state and trait anxiety (8.75 and 7.4545 respectively), while the standard deviation, or range of the scores, also dropped.
significantly in both state and trait anxiety (a drop of 5.01957 and 3.25257 respectively). This would indicate that the treatment group’s scores were more tightly clustered with less variability (difference between the highest and lowest scores) after the intervention. Therefore the mean score more aptly represents the entire group with fewer outliers. Conversely, the control group’s mean score hardly changed at all, while the standard deviation experienced a small increase. A summary is presented in the table below.

**Table 4: Summary of Changes in Mean / Standard Deviation (STAI)**

<table>
<thead>
<tr>
<th>Item</th>
<th>Pre-Test M</th>
<th>Post-Test M</th>
<th>Delta</th>
<th>Pre-Test SD</th>
<th>Post Test SD</th>
<th>Delta</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Anxiety Control</td>
<td>35.9259</td>
<td>37.8333</td>
<td>1.9074</td>
<td>9.20183</td>
<td>8.8696</td>
<td>-0.33223</td>
</tr>
<tr>
<td>State Anxiety Treatment</td>
<td>37.0682</td>
<td>28.3182</td>
<td>-8.75</td>
<td>11.1718</td>
<td>6.15223</td>
<td>-5.01957</td>
</tr>
<tr>
<td>Trait Anxiety Control</td>
<td>37.8333</td>
<td>37.7963</td>
<td>-0.037</td>
<td>8.8696</td>
<td>9.97994</td>
<td>1.11034</td>
</tr>
<tr>
<td>Trait Anxiety Treatment</td>
<td>37.8409</td>
<td>30.3864</td>
<td>-7.4545</td>
<td>10.6333</td>
<td>7.38073</td>
<td>-3.25257</td>
</tr>
</tbody>
</table>

As can be seen in the table above, the treatment group’s mean S-Anxiety score drops 8.75 points from 37.0682 +/- 11.1718 to 28.3182 +/- 6.15223 (with the SD decreasing by just over 5 points) while the control group’s mean S-Anxiety score actually increases slightly (by almost two points) and the standard deviation changes by less than 0.4 points. For T-Anxiety, the trend is duplicated, with the treatment group’s mean score dropping 7.45 points from 37.8409 +/- 10.6333 to 30.3864 +/- 7.38073 (with the SD decreasing by 3.3 points) while the control group’s mean T-Anxiety score shows a negligible decrease of .04 points and the standard deviation increases by 1.11 points.

**Descriptive Statistics - SCS**

The table below presents the descriptive statistics for the total Self-Compassion Scale. Here we see the same pattern as described above with the STAI. The treatment group’s mean score shows a significant difference—this time, an increase in overall self-
compassion—along with a sizeable decrease in the standard deviation or range of scores. The SCS delivers a minimum possible score of 1 and a maximum possible score of 5.

Table 5: Self-Compassion Scale Total Score Descriptive Statistics

<table>
<thead>
<tr>
<th></th>
<th>Group</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test SCS: Total Score</td>
<td>Control</td>
<td>3.378</td>
<td>0.6074</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>Treatment</td>
<td>3.314</td>
<td>0.7943</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>3.349</td>
<td>0.6945</td>
<td>98</td>
</tr>
<tr>
<td>Post-Test SCS: Total Score</td>
<td>Control</td>
<td>3.383</td>
<td>0.7163</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>Treatment</td>
<td>3.948</td>
<td>0.5793</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>3.637</td>
<td>0.7133</td>
<td>98</td>
</tr>
</tbody>
</table>

The effect of the intervention on the mean scores of the treatment group can be described as a shift from 3.314 +/- 0.7943 to 3.948 +/- 0.5793. That’s an increase of .634 points in mean with a decrease in standard deviation of 0.215. The control group again shows very little change in overall scores (an increase of .005 points) with an increase in standard deviation or range of scores of 0.1089. A summary of the changes to SCS total score as well as the six sub-scales is presented in the table below.

Table 6: Changes in Mean/Standard Deviation (SCS)

<table>
<thead>
<tr>
<th>Item</th>
<th>Pre-Test M</th>
<th>Post-Test M</th>
<th>Delta</th>
<th>Pre-Test SD</th>
<th>Post Test SD</th>
<th>Delta</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCS Total Score</td>
<td>3.378</td>
<td>3.383</td>
<td>0.005</td>
<td>0.6074</td>
<td>0.7163</td>
<td>0.1089</td>
</tr>
<tr>
<td>SCS Total Score</td>
<td>3.314</td>
<td>3.948</td>
<td>0.634</td>
<td>0.7943</td>
<td>0.5793</td>
<td>-0.215</td>
</tr>
<tr>
<td>Self-Kindness Control</td>
<td>3.356</td>
<td>3.404</td>
<td>0.048</td>
<td>0.7429</td>
<td>0.9024</td>
<td>0.1595</td>
</tr>
<tr>
<td>Self-Kindness Treatment</td>
<td>3.282</td>
<td>4.041</td>
<td>0.759</td>
<td>0.9886</td>
<td>0.6841</td>
<td>-0.3045</td>
</tr>
<tr>
<td>Self-Judgment Control</td>
<td>2.819</td>
<td>2.804</td>
<td>-0.015</td>
<td>0.9196</td>
<td>0.8752</td>
<td>-0.0444</td>
</tr>
<tr>
<td>Self-Judgment Treatment</td>
<td>2.791</td>
<td>2.173</td>
<td>-0.618</td>
<td>1.0051</td>
<td>0.695</td>
<td>-0.3101</td>
</tr>
<tr>
<td>Common Hum. Control</td>
<td>3.32</td>
<td>3.306</td>
<td>-0.014</td>
<td>0.9106</td>
<td>0.8903</td>
<td>-0.0203</td>
</tr>
<tr>
<td>Common Hum. Treatment</td>
<td>3.323</td>
<td>3.805</td>
<td>0.482</td>
<td>0.9927</td>
<td>1.0381</td>
<td>0.0454</td>
</tr>
<tr>
<td>Isolation Control</td>
<td>2.7</td>
<td>2.796</td>
<td>0.096</td>
<td>0.9554</td>
<td>1.0367</td>
<td>0.0813</td>
</tr>
<tr>
<td>Isolation Treatment</td>
<td>2.809</td>
<td>2.091</td>
<td>-0.718</td>
<td>1.1358</td>
<td>0.8564</td>
<td>-0.2794</td>
</tr>
<tr>
<td>Mindfulness Control</td>
<td>3.776</td>
<td>3.752</td>
<td>-0.024</td>
<td>0.7717</td>
<td>0.8098</td>
<td>0.0381</td>
</tr>
<tr>
<td>Mindfulness Treatment</td>
<td>3.605</td>
<td>4.18</td>
<td>0.575</td>
<td>0.9376</td>
<td>0.6863</td>
<td>-0.2513</td>
</tr>
<tr>
<td>Over-Identified Control</td>
<td>2.63</td>
<td>2.546</td>
<td>-0.084</td>
<td>0.8241</td>
<td>0.8778</td>
<td>0.0537</td>
</tr>
<tr>
<td>Over-Identified Treatment</td>
<td>2.718</td>
<td>2.109</td>
<td>-0.609</td>
<td>0.994</td>
<td>0.892</td>
<td>-0.102</td>
</tr>
</tbody>
</table>
The data trend continues for the six SCS sub-scales with all six subscales showing improved mean scores with increases of .482, .575 and .759 on the positive scales and decreases of .618, .718 and .609 on the negative scales for the treatment group. In addition, all the subscales show a sizable decrease in the standard deviation with the exception the Common Humanity subscale which has a small increase in standard deviation. The control group’s sub-scale mean scores show very little change ranging from -.014 to .048 points on the positive scales and changes of -.015 to .096 points on the negative scales. A table with the raw M, SD and N scores for each sub-scale is available in the Appendix F.

**Results by Hypotheses**

As stated in Chapter 1, this study examined the changes in levels of self-reported state/trait anxiety as well as in levels of self-reported self-compassion in a group of participants who underwent The Q Process intervention. The study had two hypotheses:

1. Research results will show that participants who undergo The Q Process intervention will experience statistically significant decreases in self-reported levels of anxiety.

2. Research results will show that participants who undergo The Q Process intervention will experience statistically significant increases in self-reported levels of self-compassion.

Changes for the first hypothesis focused on the variable of anxiety were measured using the State Trait Anxiety Inventory (STAI), and changes for the second hypothesis focused on the variable of self-compassion were measured with the Self-Compassion Scale (SCS). The results are presented in order of hypotheses.
Hypothesis 1 - Research results will show that participants who undergo The Q Process Intervention will experience statistically significant decreases in self-reported levels of anxiety.

The STAI measures two types of anxiety: state anxiety and trait anxiety. State anxiety (s-anxiety) is assessed by asking participants to answer the questions based on how they feel right now, “in the moment,” and Trait anxiety (t-anxiety) is assessed by asking the participants how the generally feel. Generally speaking, the higher an individual’s T-anxiety score is the more likely they will experience S-anxiety. While a person’s S-anxiety could fluctuate from day-to-day depending on what is happening with/to/around the person, the T-anxiety measure is designed to determine, “the tendency to perceive stressful situations as dangerous or threatening and to respond to such situations with elevations in the intensity of their state anxiety.”

The first result looks only at whether the individuals participating in The Q Process intervention experienced a reduction in state anxiety as compared with those in the control group not undergoing the intervention.

The effect of the intervention on participants’ state anxiety (as measured by the STAI) was evaluated with a two-way mixed analysis of variance (ANOVA), with one between groups factor (i.e., intervention vs. control groups) and one within groups factor (i.e., the repeated measure of state anxiety from pre-test to post-test). The relevant F-ratio to evaluate the hypothesized differential effect of the intervention on the intervention group is the F-ratio for the interaction (i.e., group X state anxiety pre-post). Figure 1 shows the pattern of estimated marginal means for state anxiety for the intervention (green line) and control (blue line) groups.
The mixed ANOVA indicates a statistically significant F-ratio for the interaction of group X state anxiety ($F(1,96)=26.21$, $p<.001$), demonstrating a differential change in state anxiety between the two groups over time. That is, the intervention group showed a significant decline in state anxiety while state anxiety among the control group moved upward, but not significantly so. Confidence in these results is high, as the observed statistical power for the interaction is 99.9%.

The second result looks only at whether the individuals participating in The Q Process intervention experienced a reduction in *trait* anxiety (a relatively stable measure) as compared with those in the control group not undergoing the intervention. The effect of the intervention on participants’ trait anxiety (as measured by the STAI) was evaluated
with a two-way mixed analysis of variance (ANOVA), with one between groups factor (i.e., intervention vs. control groups) and one within groups factor (i.e., the repeated measure of state anxiety from pre-test to post-test). The relevant F-ratio to evaluate the hypothesized differential effect of the intervention on the intervention group is the F-ratio for the interaction (i.e., group X trait anxiety pre-post). Figure 2 shows the pattern of estimated marginal means for trait anxiety for the intervention (green line) and control (blue line) groups.

Figure 3: Changes from Pre-test to Post-test for Trait Anxiety for Control and Intervention Groups
The mixed ANOVA indicates a statistically significant F-ratio for the interaction of group X trait anxiety (F(1,95)=32.95, p<.001), demonstrating a differential change in trait anxiety between the two groups over time. That is, the intervention group showed a significant decline in trait anxiety while trait anxiety among the control group remained almost unchanged, showing the slightest decrease. Confidence in these results is high, as the observed statistical power for the interaction is 100%.

Nothing these results, hypothesis #1 is accepted.

**Hypothesis 2: Research results will show that participants who undergo The Q Process Intervention will experience statistically significant increases in self-reported levels of self-compassion.**

The variable of self-compassion was measured with the Self-Compassion Scale (SCS) which has six sub-scales: three are positive measures (self-kindness, common humanity, and mindfulness) and three are negative measures (self-judgment, isolation, and over-identification).252

For all six sub-scales and for the total self-compassion score, the effect of the intervention on participants (as measured by the SCS) was evaluated with a two-way mixed analysis of variance (ANOVA), with one between groups factor (i.e., intervention vs. control groups) and one within groups factor (i.e., the repeated measure of state anxiety from pre-test to post-test). The relevant F-ratio to evaluate the hypothesized differential effect of the intervention on the intervention group is the F-ratio for the interaction (i.e., group X pre-post). Figures 3 through 11 show the pattern of estimated marginal means for each sub-scale and the total combined score for the SCS (green line) and control (blue line) groups.
SCS Sub-Scale 1: Self-Kindness

Figure 4: Changes from Pre-test to Post-test for SCS Sub-scale Self-Kindness for Control and Intervention Groups

The mixed ANOVA indicates a statistically significant F-ratio for the interaction of group X self-kindness (F(1,96)=34.08, p<.001), demonstrating a differential change in self-kindness between the two groups over time. That is, the intervention group showed a significant increase in self-kindness while self-kindness among the control group increased, but not significantly. Confidence in these results is high, as the observed statistical power for the interaction is 100%.
SCS Sub-Scale 2: Self-Judgment

Figure 5: Changes from Pre-test to Post-test for SCS Sub-scale Self-Judgment for Control and Intervention Groups

The mixed ANOVA indicates a statistically significant F-ratio for the interaction of group X self-judgment ($F(1,96)=14.99, p<.001$), demonstrating a differential change in self-judgment between the two groups over time. That is, the intervention group showed a significant decrease in self-judgment while self-judgment among the control group also decreased, but not significantly. Confidence in these results is high, as the observed statistical power for the interaction is 96.9%.
SCS Sub-Scale 3: Common Humanity

Figure 6: Changes from Pre-test to Post-test for SCS Sub-scale Common Humanity for Control and Intervention Groups

The mixed ANOVA indicates a statistically significant F-ratio for the interaction of group X common humanity ($F(1,96)=14.99$, $p=.002$), demonstrating a differential change in common humanity between the two groups over time. That is, the intervention group showed a significant increase in common humanity while common humanity among the control group remained almost unchanged with the slightest decrease. Confidence in these results is good, as the observed statistical power for the interaction is 88%.
SCS Sub-Scale 4: Isolation

The mixed ANOVA indicates a statistically significant F-ratio for the interaction of group X isolation ($F(1,96)=27.15$, $p<.001$), demonstrating a differential change in isolation between the two groups over time. That is, the intervention group showed a significant decrease in isolation while isolation among the control group increased, but not significantly. Confidence in these results is high, as the observed statistical power for the interaction is 99.9%.
The mixed ANOVA indicates a statistically significant F-ratio for the interaction of group X mindfulness (F(1,96)=21.21, p<.001), demonstrating a differential change in mindfulness between the two groups over time. That is, the intervention group showed a significant increase in mindfulness while mindfulness among the control group decreased, although not significantly. Confidence in these results is high, as the observed statistical power for the interaction is 99.5%.
The mixed ANOVA indicates a statistically significant F-ratio for the interaction of group X over-identified ($F(1,96)=14.22, p<.001$), demonstrating a differential change in over-identified between the two groups over time. That is, the intervention group showed a significant decrease in over-identified while over-identified among the control group also decreased, but not significantly. Confidence in these results is high, as the observed statistical power for the interaction is 96.2%.
The mixed ANOVA indicates a statistically significant F-ratio for the interaction of group X SCS total score (F(1,96)=35.88, p<.001), demonstrating a differential change in the SCS total score between the two groups over time. That is, the intervention group showed a significant increase in the SCS total score while the SCS total score among the control group was almost unchanged with a slight increase. Confidence in these results is high, as the observed statistical power for the interaction is 100%.

Noting these results, hypothesis #2 is accepted.
CHAPTER 5: CONCLUSIONS, DISCUSSION, AND SUGGESTIONS

This research project was undertaken with the intent of measuring in adults what effect, if any, The Q Process™ intervention has on both state and trait anxiety, as measured by the STAI, and on self-compassion, as measured by the SCS. This final chapter includes a brief summary of the literature, methods, and research results. In addition, a discussion of the study’s context, comparison with other alternative interventions, and its delimitations and limitations follows. Finally, this chapter closes with some conclusions and suggestions for further research.

Summary

The difficulties and complexities of human life can be confounding and challenging. A growing number of individuals are looking for ways to navigate the increasing complexity of modern living as evidenced by the robust, billion-dollar self-help industry, the increasing use of prescription drugs for mental health issues, and the projected growth in the need for mental health practitioners. There is a need for statistically validated options as individuals seek to find self-guided means to address their desire to create more a satisfying life-experience.

For humans, reality (the entirety of information available in any given moment) is not experienced in its raw state; rather, it is received by the body-mind’s mechanism of perception and is then translated into something understandable through the body-mind’s meaning-making capacity. At times we find our interpretation of reality pleasing, and at other times we do not. Significant research into how meaning-making occurs suggests that discomfort in times of challenge is closely linked to the gap between our global
meaning (deeply held beliefs) and the assessed meaning we make of a given situation (our judgments and interpretations of a single life event). Furthermore, studies seeking to shed light on the accuracy of human perception show evidence that our perceptions are consistently influenced by our personal mental, emotional, and physical state—with stress and fear offering the greatest barrier to accuracy. In this way, we can say that life does not happen to us but through us—both through the physical aspect of our being (the body-mind) and through the psychological aspect of our being (the personality or ego). Key contributors to psychological and ego development include our history (family dynamics and parental attachments), our mental maps (personality type, conscious state, and stage of development), and our ability to embrace and integrate both the desirable and undesirable aspects of the conscious and unconscious self.

Every individual interprets reality through his or her collective conditioning, or what could be called a “Life-Lens,” born out of the universal dynamics of perception and meaning-making and the unique dynamics of one’s life circumstances and social context. Our entire life experience passes through this Life-Lens and our responses to life are influenced by the customized color of our particular lens. Individuals seeking to change their experience of life must therefore become conscious of, examine, and make adjustments to their Life-Lens. This is at the heart of self-development and the key to self-regulation in the face of challenge.

The literature includes many examples of individuals and groups who have been taught how to adjust their physical, mental, and emotional response to stress and threat through practitioner guided biofeedback, mindfulness techniques, and/or self-compassion with mixed results. This study looks at a self-directed approach to
adjusting the Life-Lens while enhancing emotional resiliency and strengthening capacity for self-regulation in adults: The Q Process intervention.

The Q Process intervention combines cognitive practices with body-based practices to offer a self-directed option for self-regulation education and practice. This study sought to statistically validate this self-directed option using a Pretest-Posttest Control Group Design measuring changes in anxiety and self-compassion. Two measures were used at each testing: The State-Trait Anxiety Inventory (STAI) and the Self-Compassion Scale (SCS). A group of co-gender volunteers, 76 women and 22 men, between the ages of 21 and 70, were randomly assigned to an intervention group (n = 44) and a control group (n = 54). The groupings also controlled for the variable of years of spiritual study so that both groups had comparable levels of experience from 0 – 30 years. The treatment group attended a 6-hour workshop, completed at least 4 self-reflective worksheets per week for three weeks (going a bit deeper each week), and attended three group coaching sessions held by phone conference. The phone sessions were designed to provide the participants with a model of correctly completed worksheets, as well as give them a chance to share their own and hear about others experience with the program up to that point. Participants took the pre-test 1-2 days before the start of the intervention and the post-test 1-2 days after the close of the intervention. The data collection was facilitated by an online testing instrument that returned the raw data in spreadsheet which were collated and sent to a professional statistician to be analyzed.

This study sought to test two hypotheses:

1. Research results will show that participants who undergo The Q Process intervention will experience statistically significant decreases in self-reported levels of anxiety.
2. Research results will show that participants who undergo The Q Process intervention will experience statistically significant increases in self-reported levels of self-compassion.

The first hypothesis is accepted with significant decreases in both state and trait anxiety (p<.001) with a confidence interval of 99.9% and 100% respectively. The treatment group’s mean S-Anxiety score dropped 8.75 points from 37.0682 +/- 11.1718 to 28.3182 +/- 6.15223 and the treatment group’s T-Anxiety mean score dropped 7.45 points from 37.8409 +/- 10.6333 to 30.3864 +/- 7.38073 (scoring on the STAI ranges from 20-80).

The second hypothesis is also accepted with a significant increase in total self-compassion (p<.001) with a confidence interval of 100% and a shift in mean score from 3.314 +/- 0.7943 to 3.948+/-.5793 (scoring on the SCS ranges from 1-5). The table below shows significance for all six sub scales:

<table>
<thead>
<tr>
<th>Subscale</th>
<th>P value</th>
<th>Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Kindness</td>
<td>p&lt;.001</td>
<td>100%</td>
</tr>
<tr>
<td>Self-Judgment</td>
<td>p&lt;.001</td>
<td>96.9%</td>
</tr>
<tr>
<td>Common Humanity</td>
<td>p=.002</td>
<td>88%</td>
</tr>
<tr>
<td>Isolation</td>
<td>p&lt;.001</td>
<td>99.9%</td>
</tr>
<tr>
<td>Mindfulness</td>
<td>p&lt;.001</td>
<td>99.5%</td>
</tr>
<tr>
<td>Over-Identified</td>
<td>p&lt;.001</td>
<td>96.2%</td>
</tr>
</tbody>
</table>

Discussion

“Pain not transformed is pain transmitted.”
~Fr. Richard Rohr

It doesn’t take much effort to see the myriad ways in which human beings transmit pain to each other. Through the mundane conflicts in everyday life to the
dysfunction found in families and organizations and the global conflicts that wreak havoc on a large scale, we continue to transmit pain to one another. The Q Process intervention is an attempt to offer individuals a structured process that allows one to explore what it takes to transform pain and break the cycle of transmitting pain to one another. This work with individuals and communities has been underway for the last five years, and this study was undertaken in order to discover whether, when subjected to statistically validated measures, The Q Process intervention results would confirm or refute anecdotal evidence of positive outcomes for participants. The results of this study do provide initial confirmation of informal findings from previous years of intervention experience.

In the five years leading up to this study, the PI along with Dr. Gary Simmons and Dr. Jane Simmons (co-creators of The Q Process) have been involved in providing The Q Process intervention to groups of adults primarily in New Thought spiritual communities (Unity churches and Centers for Spiritual Living) across North America. During this time, anecdotal evidence in the form of formal and informal feedback has been extremely positive, with both individuals and communities expressing substantial changes in quality of life as a result of participating in the program.

In a semi-formal study, ten spiritual communities adopted The Q Process intervention as part of a larger community-wide culture change and organizational development program, known as The Transformation Experience (TE), offered through Unity Worldwide Ministries. The TE program was the practical application of the Integral Model of Ministry developed by Dr. Gary Simmons based on Ken Wilber’s Integral Theory. In all 10 of these communities, The Q Process intervention was offered by an individual who had completed a training course given by the PI and Dr. Gary Simmons. Formal feedback from leaders and congregants from these communities
indicated that The Q Process intervention (going by the name The Art & Practice of Living with Nothing and No One Against You) was one of the three most critical success factors of the program. Based on feedback from leaders, plans for future delivery of the TE program now require that community leaders (ministers, board members, volunteer leaders, and staff) and congregation at large begin to practice The Q Process regularly before they participate in other aspects of the program as it creates a more open and fertile environment in which the challenges associated with transformation and change may be addressed.

This study’s results offer statistically validated evidence that individuals who undergo The Q Process intervention do experience changes—specifically decreases in anxiety and increases in self-compassion. Anxiety is known to inhibit creativity and higher thinking and the perception of threat can inhibit healthy, productive conversation. Additionally, new research into effective leadership models suggests that being a non-anxious presence in situations where change and challenge are present increases the potential for positive outcomes. The increase in self-compassion also confirms the positive experience of past participants as self-compassion is a critical aspect of moving through the high risks and potential failures associated with any change effort, whether undertaken individually or as an organization.

Since this is the first study to quantify the results of The Q Process intervention, there are no studies available for direct comparison. However, the results from this study do mirror some of the positive results found in Mindfulness Based Cognitive Therapy (MBCT), specifically related to decreases in anxiety. An important difference to note is that most MBCT research has been done with participants who have a diagnosis of depression. The Q Process is a well-person practice designed to support high functioning
adults achieve greater self-awareness and emotional resiliency. Consequently, it may be more meaningful to compare this study with studies using Mindfulness Based Stress Reduction (MBSR) for non-diagnosed populations. The Q Process shares the mindfulness aspect of MBSR, but varies significantly in it is not a strictly body-based approach. MBSR uses meditation and yoga as key aspects of its treatment regime and has been shown to reduce both state and trait anxiety, among other positive outcomes, in medical students.\textsuperscript{270} MBSR also demonstrated significantly lower levels of perceived stress, and an increase in ratings of self-compassion in mental health professionals.\textsuperscript{271}

In the both MBCT and MBSR, researchers are attempting to study emerging tools and techniques that depart from traditional therapy in approach while supporting mental, emotional, and spiritual health. These techniques also claim that physical health is positively influenced as a result of the reduction in stress. The Q Process may hold promise as another tool for improving overall well-being in individuals.

**Delimitations and Limitations**

The study’s delimitations included:

- Using validated measures in a pre-test/post-test with a control group
- Controlling for the potentially confounding variable of experience with spiritual study and self-help programs
- Conducting the intervention with an adequate sample size
- Collecting data directly using an online data collection mechanism

The studies limitation included:

- Lack of diversity in the sample
• Lack of longitudinal data
• Lack of control for the PI’s experience and expertise as the only researcher delivering the workshop and coaching sections of the intervention
• Lack of varied measurements to capture other benefits of the intervention

Conclusions

The study’s results clearly show The Q Process’ positive effect on participants related to decreases in anxiety and increases in self-compassion. Of particular note is the significant decrease in trait anxiety (T-anxiety). According to the STAI manual, trait anxiety is the precursor to state anxiety. In other words, the more a person sees themselves as tending to be anxious in general (having a higher T-anxiety score) the more likely they will experience state anxiety (having a higher s-score). It seems that The Q Process supports individuals in making a shift in their sense of security and safety, as shown in lower scores related to how anxious they perceive themselves to be in general. This is a promising finding as the ability to deepen one’s sense of safety in day-to-day living directly effects the likelihood one will experience fewer states of anxiousness. Further, T-anxiety is considered relatively stable, so the changes in T-anxiety observed in this study may indicate potential for lasting change in participants’ perception of threat.

The findings related to self-compassion are also promising in that increased self-compassion has been shown to have the potential not only to address psychopathology and point to psychological strengths, but it has also been “linked to a happier, more optimistic mindset, and appears to facilitate the ability to grow, explore, and wisely
understand oneself and others,274 and lead to “a kinder, less self-absorbed, less isolated, and more emotionally functional populace.”275 Improving self-compassion also seems to offer the same (and possibly greater) benefits than improving self-esteem, while avoiding some of the downsides of ego inflation that is sometimes seen in self-esteem boosting efforts when esteem becomes expected as an entitlement rather than seen as something one earns.276

Additional research is needed to continue exploring The Q Process intervention and its effectiveness as a self-help tool.

Suggestions for Future Research

This study offers a beginning look at whether a self-directed program such as The Q Process can offer statistically significant results. As the literature for Mindfulness-based Cognitive Therapy is expanding, it would beneficial to consider including similar interventions such as The Q Process in future studies. Funding for such studies would support diversifying the pool of potential interventions that could be studied.

Additional studies should be undertaken to attempt to replicate the results found in this study. It would be desirable for these studies to include wider ranging populations than the one used for this study so that the effects could be more safely generalized. Further it would be useful for other researchers to conduct the intervention so as to establish whether there were any confounding variables unaccounted for based on the personal expertise and manner of the PI who performed this study.
As mentioned, the study did not attempt to collect any longitudinal data to ascertain how long the results might last. Undertaking a follow up study with these participants, perhaps at the six month and one year mark, would be a first step toward such an inquiry.

Another research area to pursue would be comparative studies benchmarking The Q Process intervention alongside other interventions such as Mindfulness-Based Cognitive Therapy and Mindfulness-Based Stress Reduction.

Finally, it would be interesting to run additional studies using a wider array of measures to capture the interventions effectiveness, including perceived mindfulness and perceived stress, as well as physical measures such as global measures of sleep and changes in salivary cortisol, blood pressure, or heart-rate variability.

End Notes:

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45 "The New Neuroscience in Plain English: Revolutionize Psychotherapy by Applying the Latest from Neuroscience,” presented by Terry Fralich, LCPC, Kansas City, Missouri, December 8, 2010, page 5
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Muris, Peter, Jaimie Luermans, Harald Merckelbach, Birgit May, “Danger is lurking everywhere. The relation between anxiety and threat perception abnormalities in


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APPENDIX A
Measures: State-Trait Anxiety Inventory & Self-Compassion Scale

State-Trait Anxiety Inventory Page 1

<table>
<thead>
<tr>
<th>SELF-EVALUATION QUESTIONNAIRE</th>
<th>STAI Form Y-1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please provide the following information:</td>
<td></td>
</tr>
<tr>
<td>Name _________________________ Date ______ S ______</td>
<td></td>
</tr>
<tr>
<td>Age _________________________ Gender (Circle) M F T ______</td>
<td></td>
</tr>
</tbody>
</table>

**DIRECTIONS:**
A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you feel right now, that is, at this moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

1. I feel calm ____________________________________________ 1 2 3 4
2. I feel secure __________________________________________ 1 2 3 4
3. I am tense ____________________________________________ 1 2 3 4
4. I feel strained ________________________________________ 1 2 3 4
5. I feel at ease _________________________________________ 1 2 3 4
6. I feel upset __________________________________________ 1 2 3 4
7. I am presently worrying over possible misfortunes ________ 1 2 3 4
8. I feel satisfied ________________________________________ 1 2 3 4
9. I feel frightened ______________________________________ 1 2 3 4
10. I feel comfortable ____________________________________ 1 2 3 4
11. I feel self-confident _________________________________ 1 2 3 4
12. I feel nervous ________________________________________ 1 2 3 4
13. I am jittery __________________________________________ 1 2 3 4
14. I feel indecisive ______________________________________ 1 2 3 4
15. I am relaxed _________________________________________ 1 2 3 4
16. I feel content ________________________________________ 1 2 3 4
17. I am worried _________________________________________ 1 2 3 4
18. I feel confused ______________________________________ 1 2 3 4
19. I feel steady _________________________________________ 1 2 3 4
20. I feel pleasant _______________________________________ 1 2 3 4

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Published by Mind Garden, Inc., Redwood City, CA.
# SELF-EVALUATION QUESTIONNAIRE

**STAI Form Y-2**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
</table>

## DIRECTIONS

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you *generally* feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

<table>
<thead>
<tr>
<th></th>
<th>ALMOST NEVER</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
<th>ALMOST ALWAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. I feel pleasant</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. I feel nervous and restless</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. I feel satisfied with myself</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. I wish I could be as happy as others seem to be</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. I feel like a failure</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. I feel rested</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. I am &quot;calm, cool, and collected&quot;</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. I feel that difficulties are piling up so that I cannot overcome them</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. I worry too much over something that really doesn't matter</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. I am happy</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. I have disturbing thoughts</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. I lack self-confidence</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. I feel secure</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. I make decisions easily</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. I feel inadequate</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. I am content</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. Some unimportant thought runs through my mind and bothers me</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. I take disappointments so keenly that I can't put them out of my mind</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. I am a steady person</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40. I get in a state of tension or turmoil as I think over my recent concerns and interests</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Self-Compassion Scale

To all interested, please feel free to use the Self-Compassion Scale for research or use with any other population. It is appropriate for ages 14 and up (as long as individuals have at least an 8th grade reading level). If you aren’t that interested in using the subscales, you might also want to consider using the Short SCS (12 items), which has a near perfect correlation with the long scale.

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Reference:

Coding Key:
Self-Kindness Items:  5, 12, 19, 23, 26
Self-Judgment Items:  1, 8, 11, 16, 21
Common Humanity Items:  3, 7, 10, 15
Isolation Items:  4, 13, 18, 25
Mindfulness Items:  9, 14, 17, 22
Over-identified Items:  2, 6, 20, 24

Subscale scores are computed by calculating the mean of subscale item responses. To compute a total self-compassion score, reverse score the negative subscale items - self-judgment, isolation, and over-identification (i.e., 1 = 5, 2 = 4, 3 = 3, 4 = 2, 5 = 1) - then compute a total mean.

(This method of calculating the total score is slightly different than that used in the article referenced above, in which each subscale was added together. However, I find it is easier to interpret the scores if the total mean is used.)
HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost never 1 2 3 4 Almost always 5

1. I’m disapproving and judgmental about my own flaws and inadequacies.
2. When I’m feeling down I tend to obsess and fixate on everything that’s wrong.
3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.
4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.
5. I try to be loving towards myself when I’m feeling emotional pain.
6. When I fail at something important to me I become consumed by feelings of inadequacy.
7. When I’m down and out, I remind myself that there are lots of other people in the world feeling like I am.
8. When times are really difficult, I tend to be tough on myself.
9. When something upsets me I try to keep my emotions in balance.
10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
11. I’m intolerant and impatient towards those aspects of my personality I don’t like.
12. When I’m going through a very hard time, I give myself the caring and tenderness I need.
13. When I’m feeling down, I tend to feel like most other people are probably happier than I am.
14. When something painful happens I try to take a balanced view of the situation.
15. I try to see my failings as part of the human condition.
16. When I see aspects of myself that I don’t like, I get down on myself.
17. When I fail at something important to me I try to keep things in perspective.
18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.

19. I'm kind to myself when I'm experiencing suffering.

20. When something upsets me I get carried away with my feelings.

21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.

22. When I'm feeling down I try to approach my feelings with curiosity and openness.

23. I'm tolerant of my own flaws and inadequacies.

24. When something painful happens I tend to blow the incident out of proportion.

25. When I fail at something that's important to me, I tend to feel alone in my failure.

26. I try to be understanding and patient towards those aspects of my personality I don't like.
APPENDIX B
Workshop Booklet Excerpt and Workshop Handouts

The Q Process™
Worksheets for the 21-Day Practice

This booklet is used in conjunction with the Art & Practice of Living with Nothing and No One Against You workshop and in Q Coaching. No part of this booklet may be reproduced or copied.

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ENEMY MINE AWARE-APY WORKSHEET

An “enemy” is a term used to denote a specific life situation or relationship that looks or feels against you—something or someone that evokes a measure of discomfort. An enemy can be your body (self image, disability, illness), a relationship, or a life situation. You know you are in relationship to an enemy when you want things to be different or you want to separate from or change the situation or person that seems against you.

“Enemy territory” relates to a dynamic that gets created when you believe something or someone is against you. It is reinforced by the way your life experience looks and feels in the moment. This worksheet is designed to map the terrain of your enemy territory.

1. **Choose a situation**, a specific moment when something or someone seemed to be against you. (Example: my boss, my spouse, my co-worker; lost job, foreclosure, etc.) Identify the what or who of the situation:

2. **What feelings / emotions / body sensations** did you experience that were triggered in this situation?

3. **What did you DO** or say to deal with the experience?

4. **What was the result / outcome** of this action? Did it make things better or worse?

5. Does this experience have its roots in a life pattern reminiscent of “stuff” you have had to deal with in previous relationships or encounters?

6. Complete this sentence: The reason I know that this situation is against me is because
SHADOW CARD AWARE-APY WORKSHEET

1. From the list of ENEMY TERRITORY FEELINGS on pages 62-63, circle five feelings you predominately experience when something or someone seems against you. Include the feelings you identified in the previous exercise (ENEMY MINE).

2. For each feeling, recall a situation that triggered it. Write a brief description of the situation associated with each feeling you identified.

   Feeling: _______________ Situation: ________________________________________
   Feeling: _______________ Situation: ________________________________________
   Feeling: _______________ Situation: ________________________________________
   Feeling: _______________ Situation: ________________________________________
   Feeling: _______________ Situation: ________________________________________

   What do you imagine is the underlying belief that you have about yourself that this feeling is connected to? In other words, if you felt hurt by a co-worker’s judgment, what belief might you have about yourself that gave rise to the feeling of hurt? For instance, believing yourself to be not good enough might be what the feeling of hurt is connected to. Fill in the BELIEFS boxes.

   See examples:

<table>
<thead>
<tr>
<th>FEELINGS</th>
<th>hurt</th>
<th>lonely</th>
<th>anxious</th>
<th>jealous</th>
<th>ashamed</th>
</tr>
</thead>
<tbody>
<tr>
<td>BELIEFS</td>
<td>I am not good enough</td>
<td>I am unlovable</td>
<td>I am unworthy</td>
<td>There’s not enough for everyone</td>
<td>I am unworthy</td>
</tr>
</tbody>
</table>

3. In a similar fashion, complete the grid below:

<table>
<thead>
<tr>
<th>FEELINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BELIEFS</td>
</tr>
</tbody>
</table>

   Place the beliefs that you have identified on your Shadow Card.

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### Q CARD WORKSHEET

**Step One:** Make a short list of individuals—personal heroes or persons you admire. They could be living or dead, historical or fictional. Each must possess qualities that you value or attributes you wish for yourself.

**Step Two:** Beside each person, briefly list the qualities you admire in them. The quality answers why this person is on your list. For example, if one of your heroes is Superman, beside his name you might list *strong, courageous*, etc. Use one word or two word phrases to identify the attribute or quality, e.g. *compassionate, faith filled, trustworthy*, etc.

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Step Three:** Circle up to seven themes you notice in the Qualities column. For instance: You may have the word compassionate listed several times. Compassionate represents a theme. Place up to seven themes representative of your list in the space provided on your Q Card (reverse side of the Shadow Card).
# Being on Your Q Card Worksheet

1. Place the words on your Q Card in the table below:

<table>
<thead>
<tr>
<th>Q Card Quality</th>
<th>Generous</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling</td>
<td>Grateful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Identify the feeling associated with each “being” quality on your Q Card (see example in shaded box). You will find a list of Q Territory Feelings at the end of this Workbook.

3. Recall the situation you worked with in the Enemy Mine Worksheet. Imagine being in that same situation and instead, relating to it from one of the qualities on your Q Card. Choose one that might have enabled you to be present to the experience without feeling diminished by it. Fill in the table below:

<table>
<thead>
<tr>
<th>Q Card Quality</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Now, get in touch with the feeling associated with the specific “being” quality you chose. See yourself in the situation again, relating to it from your Q Card and expressing the Q Territory feeling. Describe how the situation might have been different had you been on your Q Card:

5. Drop into your heart and consider how this situation was really “for you” and not against you. What aha or insight does your heart reveal to you about yourself and this situation?

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Recall the situation you worked with in the “Enemy Mine” Aware-apy Worksheet.

Focus on the feelings that were triggered by this situation. Also consider your reaction and how it arises from the desire to separate from the discomfort of the moment. Your discomfort is connected to a story, message or belief you have about yourself. It may be conscious or unconscious (which you can now bring into consciousness). It may seem to be irrational or childlike, but some part of you believes this to be the truth about you or about life. This other part of you is what we are calling the Shadow.

Just as you did in the Shadow Card Worksheet, fill in the box below:

<table>
<thead>
<tr>
<th>Feeling from worksheet</th>
<th>Belief from worksheet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashamed and sad over break up.</td>
<td>I am not loveable.</td>
</tr>
</tbody>
</table>

Recall an earlier moment, an incident or experience, perhaps from your childhood, where something happened that gave rise to this belief. Describe the situation:

________________________________________________________________________
________________________________________________________________________

Now, drop into your heart. Imagine hearing a voice, perhaps from a parent, caregiver, or an authority figure judging you in a way that confirms this belief. (Example: “Why can’t you be like your big sister?” “You’ll never amount to anything with that attitude.” “You’ll never get it right.”) What did they say? Ask your heart to reveal this to you. Write it here:

________________________________________________________________________
________________________________________________________________________

Finally, consider this: how have you adopted this message as your own? How does this message replay itself in your head? What secret belief do you hold toward yourself? (Example: “People I love will hurt me.”)

________________________________________________________________________
________________________________________________________________________

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Pre-Practice Preparation: Becoming Heart-Centered

Before beginning these worksheets, it is essential that you take time to connect deeply with the part of you that understands its inherent wholeness. You may already do this often and have a technique that works for you, such as meditation, visualization, or prayer. We call this becoming heart-centered. When you pause to do this, you are able to by-pass the old emotional thought patterns that come to mind in the midst of discomfort. Moving from your mind to your heart will allow you to access a deeper level of resources available to you that are centered in your sense of wholeness. If you do not have experience with a practice such as we have described, we invite you to use a very fast and effective technique developed by the Institute of HeartMath (IHM).

The Institute of HeartMath (IHM), a nonprofit research organization based in Boulder Creek, California has studied how emotions affect performance, mental clarity, decision-making skills, and overall health. As a result of their findings, they have developed an advanced "inner-technology" called the HeartMath System. One of IHM's nationally praised techniques is called Quick Coherence®. We suggest you use this simple, yet powerful technique to prepare yourself before beginning the worksheets.

1. Shift out of the head, and focus on the area around your heart. Keep your attention there for at least ten seconds. You might imagine that you are breathing through your heart. Breathe in for a count of five, and breathe out for a count of five.

2. Recall a positive time or feeling you had in your life, where you felt deep appreciation for something or someone, and attempt to re-experience it. Remember to try not simply to visualize it, but rather to feel it fully.

You may notice a tingling sensation or you may just find you feel more relaxed. You may feel a smile forming on your face as you remember and re-experience the moment. You may feel more peaceful and calm or you may feel nothing at first. The more you use this technique, the more naturally it will come and you will experience greater benefits.

For more information on the research and details for this technique and others offered by the Institute for HeartMath (we also recommend the Heart-Lock In), we suggest you visit www.heartmath.org.
Before beginning this worksheet, pause to become heart-centered.

Think of an encounter you had in the last 24 hours that caused you to become defensive or feel diminished. Briefly describe it here: ________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

On a scale from 0-10, how stressful was the experience? (0 means no stress and 10 is unbearable) ___________

What were the predominant feelings you experienced (refer to the Appendix for a list of feelings): ___________
_________________________________________________________________________________________
_________________________________________________________________________________________

Based on the triggered feelings, which of these best describe how you are relating to the situation?

- sense of not enough (lack)
- fear or anxiety about a situation / outcome
- inadequacy in some area
- unworthiness or not good enough
- other (describe) _________________________________

When uncomfortable feelings are activated it is not usually the first time you have felt this way. It is likely that you have some underlying belief about yourself that this event is touching in you. Now ask yourself, what myth or belief do you have about yourself that is trying to get your attention? Ask your heart to reveal this to you. Take me time in the silence and then write an “I am” or an “I am not” statement that identifies an underlying belief about yourself (example: “I am a disappointment” or “I am not good enough”):
_________________________________________________________________________________________
_________________________________________________________________________________________

Can you see how this experience that triggered you is inviting you to examine something that needs to be healed? ___________

Move into a place of compassion for that part of you that wants to be healed. Now imagine relating to that part of yourself from the qualities on your Q Card. Which quality helps you to be present to yourself with compassion? _________________

In order to fully receive the gift of this process, it is necessary to appreciate the trigger. Although it is uncomfortable, your experience shines a light on your internal incongruence and exposes what wants to be healed. By being thankful for this experience you can take responsibility for what got created when you related from your shadow instead of your Q Card. Write a gratitude statement in the space below to express your appreciation for what happened:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
The Missing Link

Ask yourself: If you were connected to your wholeness, what resource(s) would have most helped you to respond to the negative feelings toward yourself in a way that is consistent with your Q Card?

- Sense of abundance
- Feeling of safety and security
- Experience of self-love, connectedness
- Sense of innate value or worth
- Other (describe) _______________________________________________

Now take a moment to connect to your wholeness through your heart. Breathing deeply, remind yourself of who you have come here to be (your Q Card). Which quality on your Q Card would have empowered you to be in the experience and not feel diminished by it? ____________________________ Once you feel the energy in your body lift into the space of being on your card, recall the experience you selected for your worksheet today and imagine reliving the moment. What does your experience look and feel like as you imagine interacting from your Q Card? Write a new description of the experience in present tense as if you are describing the moment as it is unfolding:

_________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

As you reflect once more on the experience with your new perspective, see what opportunities are present for you to “do good” and restore integrity. Is an apology in order, to yourself and/or others? Is a gesture or action needed to resolve the issue and restore a sense of balance and love? Note what comes up here:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Commit to acting on these insights in the next 24 hours. Be sure to act in a manner consistent with the original situation. For example, if you wish to apologize for a conflict that occurred face-to-face, make every effort to do so person to person not by email or phone.

Do Good Now: Take a moment to connect with your heart and affirm these statements:

- I appreciate how the source of my discomfort offers me a mirror unto my own need for healing. I welcome the opportunity to give myself compassion.
- I know that nothing and no one is against me; not in my external world and not in my internal world. Life can only be against who I am not.
- I can see that I would have related differently to this situation had I been on my Q Card. I am growing in my capacity to recognize this in the moment. As I do, I shift from discomfort to compassion for others and myself.
- I take action to restore balance and integrity to my life. I honor and appreciate myself for my continued willingness to consciously live in Q Territory.
Think of a situation you experienced where as a result you reacted negatively toward yourself. Perhaps you acted in a way that was unprofessional or embarrassing. After you have recalled a moment that caused you to think badly about yourself, briefly describe it:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

What were the predominant feelings you experienced toward yourself? ____________________________
__________________________________________________________________________________________

Based on the triggered feelings and your internal dialogue, which of these best describe how you were relating to yourself?

- sense of not enough (lack)
- fear or anxiety about a situation / outcome
- inadequacy in some area
- unworthiness or not good enough
- other (describe) _____________________________________________

This is probably not the first time you have felt this way about yourself. It is likely that you have some underlying belief about yourself that is trying to get your attention. Now ask yourself, what myth or belief do you have about yourself that is trying to get your attention? Ask your heart to reveal this to you. Take some time in the silence and then write an “I am” or an “I am not” statement that identifies an underlying belief that you have about yourself (example: “I am a disappointment” or “I am not good enough”):

__________________________________________________________________________________________
__________________________________________________________________________________________

Can you see how this pattern is inviting you to examine something that needs to be healed? __________ Move into a place of compassion for that part of you that wants to be healed. Now imagine relating to that part of yourself from one of the qualities on your Q Card. Which quality helps you to be present to yourself with compassion?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

In order to fully receive the gift of this process, it is necessary to appreciate the trigger. Although it is uncomfortable, your experience shines a light on your internal incongruence and exposes what wants to be healed. By being thankful for this experience you can take responsibility for what got created when you related from your shadow instead of your Q Card. Write a gratitude statement in the space below to express your appreciation for what happened:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
Ask yourself: If you were connected to your wholeness, what resource(s) would have most helped you to respond to the negative feelings toward yourself in a way that is consistent with your Q Card?

- sense of abundance
- feeling of safety and security
- experience of self-love, connectedness
- sense of innate value or worth
- other (describe)

Now take a moment to connect to your wholeness through your heart. Breathing deeply, remind yourself of who you have come here to be (your Q Card). Once you feel the energy in your body shift into the space of being on your Q Card, reflect on the insights you selected for your worksheet today and imagine how you might have related to yourself differently. How do you feel and what do you say to yourself as you imagine coming from your Q Card? Write a new story about yourself in the present tense as if you are describing the moment as it is unfolding:

Good Now: Taking moment to Q Card with your heart and with insights:

- I appreciate how the source of my discomfort offers me a mirror unto my own need for healing. I welcome the opportunity to give myself compassion.
- I know that nothing and no one is against me; not in my external world and not in my internal world. Life can only be against who I am not.
- I can see that I would have related differently to this situation had I been on my Q card. I am growing in my capacity to recognize this in the moment. As I do, I shift from discomfort to compassion for others and myself.
- I take action to restore balance and integrity to my life. I honor and appreciate myself for my continued willingness to consciously live in Q Territory.

SECTION FIVE: TAKE AUTHENTIC ACTION
Phase Three Worksheet: Working with the Past

SECTION ONE: RECALL THE MOMENT

Before beginning this worksheet, pause to become heart-centered.

Think of a moment where you felt discomfort (either from external circumstances or from negative self-talk).

Use one to describe here: _______________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What were the predominant feelings you experienced (see the Appendix): _____________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Based on the triggered feelings, which of these below best describe how you are relating to the situation?

- a sense of not enough (lack)
- fear or anxiety about a situation / outcome
- inadequacy in some area
- unworthiness or not good enough
- other (describe) _____________________________________________

Breathe deeply and ask your heart to reveal your earliest memory of an experience when you felt these feelings.

Imagine yourself as a younger person or as a small boy or girl. Try to actually hear the message that you took on.

Use a child's words to express the thoughts and raw emotions you felt. (Remember that the message may not be

result, what myth or belief did you develop about yourself that is trying to get your attention to be healed?

Ask your heart to reveal this to you. Take some time in the silence and then write an “I am” or an “I am not”

statement that identifies an underlying belief that you have about yourself.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Think about how this story or belief has patterned your life. Is it serving you now? Are you ready to release it?

Imagine the entire situation (the experience and the resulting decisions or behavior patterns) as a particle floating

in mid-air. Now allow yourself to become aware of the wave of potential from which this particle arose. Slowly

bring that wave forward until it surrounds the particle. Now, dropping even deeper into your heart, lovingly release

the particle as it melts back into the wave of infinite potential. Take a moment in the silence just feeling

release move throughout your life from the moment it first occurred all the way to the present moment. Feel the

in your body as a result of this release. You may experience tears, the urge to shout for joy, the release of

danger, a sense of lightness and love, etc. Describe this: _____________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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SECTION FOUR: PLANT SEEDS FOR THE FUTURE

Missing Link

If you were connected to your wholeness, what resource(s) would have most helped you to respond to negative feelings toward yourself in a way that is consistent with your Q Card?

- Sense of abundance
- Feeling of safety and security
- Experience of self-love, connectedness
- Sense of innate value or worth
- Other (describe)

Take a moment to connect to your wholeness through your heart. Breathing deeply, remind yourself of who you have come here to be (your Q Card). Once you feel the energy in your body shift into the space of being on your Q Card, recall either the experience you identified in Section One or Section Two and imagine reliving the moment.

Which Q Card quality would have helped you stay connected to your wholeness?

Write a new description of the experience in present tense as if you are describing the moment as it is unfolding:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

SECTION FIVE: CHOOSE ANEW

Now drop into your heart. Feel the love welling up in you as you connect deeply. Return once more to the moment you described in Section Two. See it returning to the stream of infinite possibilities. In this moment you have the opportunity to collapse the wave into a different, more desirable experience, one where both you and others were able to relate to each other from wholeness. As you see your younger self in your mind's eye, imagine having a wise being by your side giving you what you need so that you do not take on the false belief. Imagine those in the experience also having their wise being, helping them to relate to your younger self from their Q Card. What new story can you create about this moment, what new meaning can you give it? What new uplifting message do you take on? Remember EVERY possibility exists. Write about it here:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

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SECTION SEVEN: TAKE AUTHENTIC ACTION

Now anchor this new experience by imagining in great detail how it unfolds. This time you are on your card, with all the resources you need. See yourself living it anew. Next imagine how your life would have been different if you did not take the same actions. Allow your memories to unfold from that moment all the way up through today. Imagine others that may have been impacted by this same experience. Now that you have chosen a new reality and released the old, imagine how their lives will be changed. Remember EVERY possibility exists. Write an affirming new story about what you have become as a result of this inner epiphany.

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SECTION SIX: CREATE A NEW OUTCOME

Consider the resource(s) you selected in Section Four. What authentic action can you take that demonstrates or gives you a greater connection to your wholeness? For example, if a missing link to your wholeness was that of knowing your innate value, what can you do that demonstrates value for yourself?

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</tbody>
</table>

Do Good Now: Take a moment to connect with your heart and affirm these statements:

- I appreciate how the source of my discomfort offers me a mirror unto my own need for healing. I welcome the opportunity to give myself compassion.
- I know that nothing and no one is against me; not in my external world and not in my internal world. Life can only be against who I am not.
- I can see that I would have related differently to this situation had I been on my Q card. I am growing in my capacity to recognize this in the moment. As I do, I shift from discomfort to compassion for others and myself.
- I take action to restore balance and integrity to my life. I honor and appreciate myself for my continued willingness to consciously live in Q Territory.
Taking Authentic Action

The final step in the Q Process consists of taking authentic action, which has the potential of creating significant transformation. Choosing and implementing an authentic action demonstrates the internal movement of the insights gleaned from the worksheet.

There can be confusion about what authentic action actually looks like. Within the framework of the Q Process worksheet, there are several components to consider.

Authentic action, in this context, is described as being:

1. Heart-inspired
2. Concrete and measurable
3. Acted upon within 24 hours
4. A demonstration of the missing resource identified in Section 4 of the worksheet
5. A creation of the felt sense of the Q card quality that would have helped stay connected to our wholeness
6. Implemented from the conscious awareness and clear perspective of who we have come here to be

Choosing an action that is concrete and measurable means imagining if someone took a photograph or video camera of the action, what would it look like? If the trigger is external and we said or did something to cause some separation in an exchange with someone, a concrete action can be easier to identify. For instance, “I will call him tomorrow, ask if we could revisit our conversation and apologize for my words.”

Interestingly, the challenge comes when we have to create an action that demonstrates reconciliation within ourselves. The tendency for vagueness can easily arise. For instance, our authentic action might be “I will be kinder to myself.” The question then becomes - what does that look like? If I had someone snap a photo of me showing myself kindness, what would the image depict?

Would it be a picture of me booking a massage for myself? Or making dinner reservations at my favorite restaurant? Going for a walk on the beach? Calling a loving and trusted friend to connect with? Or cancelling one task/appointment in an over-booked day?

Whatever action I choose, it needs to demonstrate the missing resource and create a felt sense of the Q quality. So if the missing resource was an experience of self-love and the quality that could have helped me stay connected was kindness, then booking and enjoying a massage could demonstrate self-love and create the feeling of kindness. If it doesn’t create a felt sense of the Q quality, then a different authentic action needs to be chosen that will help to bring that forth. True authentic action may be scary to do, but it is important to do it with love.
Another way to take authentic action toward yourself is to do some sort of symbolic act or ritual to provide a concrete experience of reclaiming a sense of self-worth, personal safety, self, love, abundance etc. Rituals performed with intention get directly into our subconscious mind. Hallmarks of Ritual include: Words (poems, chants, mantras, songs, letters, affirmations)

Objects (candles, music, earth/water, sacred objects, incense, symbols of the four elements) and Actions (dancing, bathing, writing, walking, vocalizing, drawing, painting, eating, traveling, singing, crafting, moving, cutting, weaving, tearing, lighting a match, planting a tree, etc.)

### Authentic Action toward Others
- Setting a time to connect
- Taking responsibility for a failed interaction
- Offering an apology
- Offering an act of kindness
- Sharing feedback
- Speaking up/out
- Asking for what you want
- Buying lunch/breakfast
- Correcting a misunderstanding
- Telling the truth
- Setting a boundary
- Being of service
- Allowing another to be of service
- Fixing what you broke
- Making explicit agreements
- Following through on an agreement
- Making good on a broken promise
- Buying something that is needed
- Offering forgiveness face-to-face
- Sending flowers
- Writing a heart-felt letter or note
- Making a meal
- Cleaning an area
- Running an errand
- Letting go of an expectation and telling the other person so

### Authentic Action toward Self
- Eating a healthy meal
- Taking a nap / going to bed early
- Exercising
- Scheduling a physical
- Going on a date with yourself
- Washing, cleaning, or organizing
- Getting a haircut
- Doing something you have put off
- Mirror work – speak to yourself aloud
- Devoting an hour to a pet project
- Doing something creative or artsy
- Dancing, doing yoga, meditating
- Leaving work early, going in early
- Finishing an unfinished project
- Taking vitamins
- Grooming, taking a hot bath
- Getting a massage, massaging yourself
- Reading a book
- Writing a note to yourself – asking a friend to mail it to you
- Gardening, planting, raking
- Calling a dear friend to connect
- Making plans with friends
- Drinking water, bathing
- Doing something daring or fun
- Giving up sugar, alcohol for a time
Uncovering Your Shadow / Limiting Beliefs

Love
I am unlovable
I don’t deserve love
I don’t deserve it
I don’t love myself
I don’t belong here
I am alone
I am not wanted
I am bad
I deserve to die
I must strike first
I must leave first

Ability
I am not smart/I am dumb
I am not capable
I can’t do it right
I am not good enough
Nothing I do will ever be enough
I am not good enough
I am inadequate
There is not enough
I am helpless
I have to figure it out on my own
I can’t ask for help
I can’t manage myself
It’s always my fault/I am always to blame

Self-worth
I don’t believe in myself
I am not worthy
I am broken
I am not important
Who I am is not enough
I am nothing
I am worthless
I must care for others not me
I am a/the victim
I must be more loyal to you than me
I shouldn’t/can’t grow up
I am self-centered
I am overly dependent
I am powerless
I am numb

Making a Difference/Success
I don’t matter
I am invisible
I don’t know what success is
I am not a success
I am a disappointment
What I do doesn’t matter
I can’t contribute
I must earn love
I am not valuable

Safety
I can’t trust myself/I am not trustworthy
I can’t trust others
I am suspicious
I am unsafe
I will always be hurt
It’s not safe to be me
I don’t deserve to be here
I am weak, I can’t take care of myself
I am hopeless
I can only count on myself
It’s all up to me
I must runaway, I must hide true myself
### Enemy Territory Feelings

<table>
<thead>
<tr>
<th>AVERSION</th>
<th>ANNOYED</th>
<th>ANGRY</th>
<th>FATIGUE</th>
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| YEARNING | |
|----------| |
| envious | |
| jealous | |
| longing | |
| nostalgic | |
| pining | |
| wistful | |
Feelings Inventory comes from the Center for Non-Violent Communication. We have added the enemy territory and Q Territory for clarity regarding The Q Process™.

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<td>wonder</td>
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FAUX FEELINGS or THOUGHT-FEELINGS

Faux feelings imply that someone is doing something to you and often connote wrongness or blame. When they are used, they are often preceded by the phrase “I feel…” The table below lists these Faux Feelings in the left hand column. The middle column suggests the feelings the speaker may be experiencing when using a Faux Feeling word. The third column suggests the needs of the speaker that are not being met.

<table>
<thead>
<tr>
<th>FAUX FEELINGS</th>
<th>UNDERLYING FEELINGS</th>
<th>MISSING RESOURCE or NEEDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandoned</td>
<td>Terrified, Hurt, Bewildered, Sad, Frightened, Lonely</td>
<td>Nurturing, Connection, Belonging, Support, Caring</td>
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<tr>
<td>Abused</td>
<td>Angry, Frustrated, Frightened</td>
<td>Caring, Nurturing, Support, Well-being</td>
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<tr>
<td>(Not) accepted</td>
<td>Upset, Scared, Lonely</td>
<td>Inclusion, Connection, Community, Belonging</td>
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<tr>
<td>Attacked</td>
<td>Scared, Angry</td>
<td>Safety</td>
</tr>
<tr>
<td>Belittled</td>
<td>Angry, Frustrated, Tense, Distressed</td>
<td>Respect, To Be Seen, Understanding, Acknowledgment</td>
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<td>Betrayed</td>
<td>Angry, Hurt, Disappointed, Enraged</td>
<td>Trust, Dependability, Honesty, Honor</td>
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<tr>
<td>Blamed</td>
<td>Angry, Scared, Confused, Antagonistic, Hostile</td>
<td>Accountability, Causality, Fairness, Justice</td>
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<td>Bullied</td>
<td>Angry, Scared, Pressured</td>
<td>Autonomy, Choice, Safety, Consideration</td>
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<tr>
<td>Cheated</td>
<td>Resentful, Hurt, Angry</td>
<td>Honesty, Fairness, Justice, Trust, Reliability</td>
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<td>Coerced</td>
<td>Angry, Frustrated, Frightened, Thwarted, Scared</td>
<td>Choice, Autonomy, Freedom, Act Freely</td>
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<td>Autonomy, Freedom</td>
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<td>Criticized</td>
<td>In Pain, Scared, Anxious, Humiliated</td>
<td>Understanding, Acknowledgement, Recognition</td>
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<td>Discounted</td>
<td>Hurt, Angry, Embarrassed, Frustrated</td>
<td>Need To Matter, Acknowledgment, Inclusions</td>
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<td>Connection, Appreciation, Understanding</td>
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<td>Distrusted</td>
<td>Sad, Frustrated</td>
<td>Trust, Honesty</td>
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<tr>
<td>Dumped on</td>
<td>Angry, Overwhelmed</td>
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<td>To Be Seen And Heard, Inclusion, Belonging</td>
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<tr>
<td>Isolated</td>
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<td>Community, Inclusion, Belonging, Contribution</td>
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Adapted from Center for Nonviolent Communication, cnvc.org
# FAUX FEELINGS or THOUGHT-FEELINGS

<table>
<thead>
<tr>
<th>FAUX FEELINGS</th>
<th>UNDERLYING FEELINGS</th>
<th>MISSING RESOURCE or NEEDS</th>
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<tbody>
<tr>
<td>Left out</td>
<td>Sad, Lonely, Anxious</td>
<td>Inclusion, Belonging, Community, Connection</td>
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<tr>
<td>Let down</td>
<td>Sad, Disappointed, Frightened</td>
<td>Consistency, Trust, Dependability, Consistency</td>
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<td>Equality, Justice, Autonomy, Freedom</td>
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<td>Appreciation, Respect, Acknowledgment</td>
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<tr>
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<td>Understanding, Consideration, Empathy</td>
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<td>Sad, Bewildered, Frustrated</td>
<td>Love, Appreciation, Empathy, Connection</td>
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<td>Acknowledgment, Appreciation, Be Heard</td>
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<td>Support, Understanding</td>
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<tr>
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<tr>
<td>Wronged</td>
<td>Angry, Hurt, Resentful, Irritated</td>
<td>Respect, Justice, Trust, Safety, Fairness</td>
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</tbody>
</table>

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## Q Coaches Phase One Debrief Guide

### SECTION ONE: RECALL THE MOMENT

*What moment did you choose? What did you write down for that?* Confirm topic is related to another person or life situation rather than participant him/herself.

- Trigger is identified: ________________________________________________

*How stressful was this experience? What number did you choose? ________

*What were the predominant feelings you identified?* Note the predominant feelings:

_______________________  ________________________  ______________________
_______________________  ________________________  ______________________

Verify that all statements are *true feelings* and not thoughts or judgments. If it seems like a thought is disguised as a feeling, continue to probe deeper. Refer to feeling chart and Faux Feelings List for additional help. *Could it be________? How does it feel to be betrayed, judged, ignored, etc.?*

*What box(es) did you choose for the shadow belief(s) present in the situation?* Note the shadow belief(s):

- sense of not enough
- fear or anxiety
- inadequacy
- not good enough/valued
- other: _______________________________________________________________

### SECTION TWO: UNCOVER THE MESSAGE

*Thinking about those feelings, it is probably not the first time you have felt them. When you took some time to consult your heart,* what belief about yourself did you find that was underlying your feelings? What “I am” or “I am not” statement did you write down?

- I AM belief statement is identified: ________________________________________

________________________________________________________________________

Were you able to see how the situation was inviting you to examine something in need of healing? ________ Were you able to move into a place of compassion for yourself? ________

*What quality on your Q Card enabled you to move into that place of compassion?*

________________________________________________________________________

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SECTION THREE: RECEIVE THE GIFT

Were you able to get to a place of appreciation for the situation or for uncovering the myth, message or belief? _____

Please read the gratitude statement you wrote expressing your appreciation.

SECTION FOUR: CREATE A NEW OUTCOME

What unmet need(s) did you check that would have helped you to respond in a way consistent with your Q card?

Identified unmet need as:

☐ Sense of abundance  ☐ Feeling of safety and security

☐ Experience of self-love, connectedness  ☐ Sense of innate value or worth

☐ Other: _____________________________

What Q quality did you identify that would have helped you be in the experience and not feel diminished by it? ___________________ What new story did you write? Please read it.

☐ Narrative is written in present tense (“I am”, not “I would have”)

☐ Narrative demonstrates the expression of quality earlier identified from Q Card

SECTION FIVE: TAKE AUTHENTIC ACTION

What authentic action did you write down to restore balance? Have you taken the action? If not, can you commit to doing within the next 24-48 hours?

☐ Authentic action addresses restoring the balance with the perceived trigger

☐ Individual has identified a concrete action that was taken that meets the unmet need and brings forth a felt sense of the Q quality identified in Section Four.

Did you do the affirmations? What was your experience?

Thank participant for his/her willingness to share experience.
Q Coaches Phase Two Debrief Guide

SECTION ONE: RECALL THE MOMENT

What moment did you choose? What did you write down in Section One? Confirm topic is related to participant him/herself rather than another person or life situation.

☐ Trigger is identified:

______________________________________________________________

What were the predominant feelings you identified? Note the predominant feelings:

_______________________    ________________________
_______________________    ________________________
_______________________    ________________________

Verify that all statements are true feelings and not thoughts or judgments. If it seems like a thought is disguised as a feeling, continue to probe deeper. Refer to feeling chart and Faux Feelings List for additional help. Could it be_______? How does it feel to be betrayed, judged, ignored, etc.?

What box(es) did you choose for the shadow belief(s) present in the situation? Note the shadow beliefs:

☐ sense of not enough ☐ fear or anxiety ☐ inadequacy ☐ not good enough/valued

☐ other: _______________________________________________________________

SECTION TWO: UNCOVER THE BELIEF

Thinking about those feelings, it is probably not the first time you have felt them. When you took some time to consult your heart, what belief about yourself did you find that was underlying your feelings? What “I am” or “I am not” statement did you write?

☐ I AM belief statement is identified: _______________________________________

________________________________________________________________________

Were you able to see how this pattern is inviting you into examining something in need of healing? ______ Were you able to move into a place of compassion for yourself? ______

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SECTION THREE: RECEIVE THE GIFT

Were you able to get to a place of appreciation for the situation? ______ Please read the gratitude statement you wrote expressing your appreciation.

SECTION FOUR: PLANT SEEDS FOR THE FUTURE

What unmet need(s) did you check that would have helped you to respond differently?

Identified unmet need(s) as:

☐ Sense of abundance  ☐ Feeling of safety and security

☐ Experience of self-love, connectedness  ☐ Sense of innate value or worth

☐ Other: ________________________________

What Q quality did you identify that would have helped you be in the experience and not treat yourself critically? ___________________

What new story did you write? Please read it.

☐ Narrative is written in present tense (“I am”, not “I would have”)

☐ Narrative demonstrates the expression of the quality earlier identified from Q Card

SECTION FIVE: TAKE AUTHENTIC ACTION

What authentic action did you write down to restore balance? Have you taken the action? If not, what action can you commit to doing within the next 24-48 hours?

☐ Individual has identified a concrete action that was taken

☐ Action meets the need identified and offers a felt sense of the Q quality as the missing link.

Did you do the affirmations? What was your experience?

Thank participant for his/her willingness to share experience.
Q Coaches Phase Three Debrief Checklist

**SECTION ONE: RECALL THE MOMENT**

*What moment did you choose? What did you write down for that?*

- □ Trigger is identified: __________________________________________________

*What were the predominant feelings you identified? Note the predominant feelings:*

| ___________________ | ___________________ | ___________________ |
| ___________________ | ___________________ | ___________________ |

Verify that all statements are true feelings and not thoughts or judgments. If it seems like a thought is disguised as a feeling, continue to probe deeper. Refer to feeling chart and Faux Feelings List for additional help. *Could it be________? How does it feel to be betrayed, judged, ignored, etc.?*

*What box(es) did you choose for the shadow belief(s) present in the situation? Note the shadow beliefs:*

- □ sense of not enough  □ fear or anxiety  □ inadequacy  □ not good enough / valued
- □ other: _______________________________________________________________

**SECTION TWO: UNCOVER THE MESSAGE**

*Thinking about those feelings, it is probably not the first time you have felt them. When you took some time in a heart-centered place, and consulted with your heart, what was revealed to you as an earlier circumstance when you felt that way?*

- □ Past circumstance is recalled

*What myth or belief did you take on from that earlier experience? What “I am” or “I am not” statement did you write?*

- □ I AM belief statement is identified: ______________________________

*What need did you have as a child that was not met and may have led you to take on that shadow belief? What box(es) did you choose for that?*

Identified unmet need as:

- □ Sense of abundance  □ Feeling of safety and security
Experience of self-love, connectedness □ Sense of innate worthiness

Other: _____________________________________

Were you able to see how this pattern is inviting you into examining something in need of healing? ______ Were you able to move into a place of compassion for yourself? ______

SECTION THREE: RELEASE THE PARTICLE

Where you able to go to a meditative place and imagine that moment dissolving back into the wave? Did you feel a shift as a result of the release? What did you write to describe your experience?

□ YES, the individual was able to complete the visualization

SECTION FOUR: CREATE A NEW LIFE

Were you able to drop into your heart and imagine having a wise being by your side? Please read what you wrote in this section.

Possible follow-up questions:
What new story did you create? What new message did you receive?
How might the other person have acted had they been on their Q card? What did you write down for that? What did you need to hear from him or her?

New narrative is about the past circumstance and how it might have been different:

□ How the individual might not have taken on the belief

□ How the other person might have related had he or she had a Q Card

□ Narrative is written in present tense

SECTION FIVE: RECEIVE THE GIFT

Were you able to see how your whole life has been re-ordered? What did you write down to describe how your life has changed from the past circumstance right up to now?

□ Narrative is past and present tense

□ New narrative is about how the individual’s life would be different from past circumstance forward to the present

□ Narrative reveals a new trajectory that is affirming
SECTION SIX: CREATE A NEW OUTCOME

What unmet need(s) did you check from the triggering moment in Section One?

Identified unmet need(s) as:

☐ Sense of abundance  ☐ Feeling of safety and security

☐ Experience of self-love, connectedness  ☐ Sense of innate worthiness

☐ Other: _____________________________________

What Q quality did you identify that would have helped you be in the triggering situation and not be diminished by it? ___________________________

What was the new description of the experience that you wrote?

☐ New narrative is written about the triggering moment in Section One

☐ Narrative is written in present tense (I am, not I would have)

☐ Narrative demonstrates the expression of the quality earlier identified from Q Card

SECTION SEVEN: TAKE AUTHENTIC ACTION

What authentic action did you write down to restore balance? Have you taken the action? If not, what action can you commit to doing within the next 24-48 hours?

☐ Authentic action addresses the identified unmet need(s)

☐ Individual has identified a concrete action that was taken that offers a felt sense of the Q quality identified

Did you do the affirmations? What was your experience?

Thank participant for his/her willingness to share experience.
APPENDIX D
Informed Consent Form

RESEARCH STUDY
INFORMED CONSENT FORM

Primary Investigator: Rima Bonario, M.A.
Specialty Track: Transformational Psychology
Committee Chair: Ann Nunley Ph.D.

Holos University Graduate Seminary supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time without affecting opportunities for participation in other projects offered by this graduate program. Your participation is strictly voluntary. Do not hesitate to ask any questions about the study before, during, or after the research study is complete.

INTERVENTION: This study will measure the effect of The Q Process™ on self-awareness and self-compassion. If you volunteer in this study you will do the following:

• Attend an informational meeting and/or meet with the primary investigator to receive full disclosure about the study
• Complete two pre-tests before the intervention
• Attend a 6-hour workshop
• Complete one self-awareness worksheet a day for 21-days
• Attend three (3) 1.5 hour group coaching phone calls spaced one week apart
• Complete two post-tests

PARTICIATION/TESTING: Only those over the age of 18 will be accepted into the study. Participants will be assessed twice in the study, once before beginning and again once the study is completed. The assessment will consist of completing two widely used tests: 1) The self-compassion scale (SCS), and 2) The State-Trait Anxiety Inventory (STAI)

TIME COMMITMENT: Participation in the study requires: 6 hours of your time at an introductory workshop, approximately 45 minutes of your time each day for 21 days to complete the self-awareness activity, and 4.5 hours of coaching (three 90-minute conference calls to a non-local phone number). This experimental investigation is being conducted by an experienced and trained facilitator and co-creator of The Q Process.

CONFIDENTIALITY: Your participation in this study and any forms generated will be held in strict confidence. We assure you that your name will not be associated in any way with the research findings. The information will be identified only by a code number. Results of the study may be reported in scientific presentations or publications, but you will not be identified.
POTENTIAL BENEFITS: The expected benefits associated with your participation include information concerning your present state and/or traits regarding anxiety and your present state of compassion toward self and others. There is also the possibility (but no promise) that there will be a noticeable improvement in these areas after participation in the program.

POTENTIAL RISKS: The discomforts and/or risks are minimal and include the possibility of mental or emotional discomfort due to increased self-awareness and/or mindfulness. This practice is self-paced and is described as “awareapy” not therapy, as the focus is on self-discovery and self-awareness. It makes no claim to offer therapeutic benefits. Participants seeking therapeutic support are encouraged to find a trained professional to provide this support. There is no chance of physical injury other than accidental incidents that accompany any physical activity associated with completing the study’s protocol.

The Primary Investigator will gladly answer any questions that you have regarding this study. If you have further questions, please contact Rima Bonario, M.A. at 832-651-7857 or 913-317-8989 or by email at rimabonario@gmail.com.

If you have concerns or questions about your rights as a research participant you may contact the Holos University Graduate Seminary Dean of Academic Affairs, Ann Nunley, PhD, at (785) 863-2176, 4221 Nunley Ln, McLouth, KS 66054.

Sincerely,

Rima Bonario
Principal Investigator
13303 W. 116th Ter
Overland Park, KS 66210
(913) 317-8989
rimabonario@gmail.com

Ann Nunley, Ph.D.
Chair of Dissertation Committee
4221 Nunley Ln.
McLouth, KS 66054
(785) 863-2176

Please sign your consent with full knowledge of the nature and purpose of the procedures, the benefits you may expect, and the discomforts and/or risks which may be encountered.

________________________________________
Subject's Signature

With my signature I acknowledge that I am over 18 years of age and I have received a copy of the consent form to keep.
NOTIFICATION OF STUDY RESULTS

Please give us your email address if you would like to be notified of the study’s finding. Your address will not be used for any other purpose than to notify you of the study’s results:

Email address: ____________________________________________

Signature: _________________________________________________

With my signature I give permission for my email address to be used to notify me of this study’s results.
APPENDIX E
Invitation Materials

Half-page flyer

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Special Opportunity: Be Part of an Exciting
Consciousness Raising Research Project!

WHAT: This research project seeks to show that a 21-day practice
increases participants’ self-awareness and self-compassion, two
key components of developing higher levels of consciousness.
Participants receive a free 6 hour workshop and three free group
phone coaching sessions. This project will be conducted by Rima
Bonario, M.A., Cofounder of The Q.Effect and Th.D. Candidate.
Participants agree to complete a workbook with an exercise to be
done each day for 21 days. Participants also agree to take a short
online test before and after completing the program.

WHEN: Participants will be randomly assigned to either the orange or
blue group. Participants must be available for one or both
schedules (priority will be given to those available for both).
Orange Schedule -
Workshop: Saturday, February 8, from 9 a.m. to 4 p.m.
Coaching Calls: Wednesdays, February 12, 19, & 26 from 7-8:30 p.m.
Blue Schedule -
Workshop: Saturday, March 1, from 9 a.m. to 4 p.m.
Coaching Calls: Wednesday, March 5, 12, & 19 from 7-8:30 p.m.

WHERE: The workshops will be held at Unity Church of Overland Park.
All the remaining components are done from home.

For more information and to register visit
www.TheQEfect.com/ResearchProject

PLEASE NOTE: Space is limited and will be given on a
first come, first served basis.

The Q.Effect

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[Image: The Q.Effect logo]
You are invited to be part of a powerful Shadow-work & Consciousness Development Research Project!

Are you open to stepping into a deeper level of practice?
Interested in adding another powerful spiritual tool to your tool kit for FREE?
Do you live in the greater Kansas City area - or are willing to travel?
Then you may qualify to be a participant in this GROUND-BREAKING research.

WHAT: This research project seeks to show that a 21-day spiritual practice increases participants' self-awareness and self-compassion, two key components of developing higher levels of consciousness. Participants receive a free 6 hour workshop, 21-day workbook and three free group phone coaching sessions. This project will be conducted by Rima Bonario, M.A., Co-founder of The Q Effect and Th.D. Candidate.

Participants agree to complete a workbook with an exercise to be done each day for 21 days. Participants also attend the workshop and all phone sessions, as well as agree to take a short online test before and after competing the program. PARTICIPATION IS FREE.

WHEN: Participants will be randomly assigned to either the orange or blue group. Participants must be available for one or both schedules (priority will given to those available for both).
- **Orange Schedule** -
  - Workshop: Saturday, February 8, from 9 a.m. to 4 p.m.
  - Coaching Calls: Wednesdays, February 12, 19, & 26 from 7-8:30 p.m.
- **Blue Schedule** -
  - Workshop: Saturday, March 1, from 9 a.m. to 4 p.m.
  - Coaching Calls: Wednesday, March 5, 12, & 19 from 7-8:30 p.m.

WHERE: The workshops will be held at Unity Church of Overland Park. All the remaining components are done from home.

Primary Researcher: Rima Bonario, M.A., Th.D. Candidate

Rima E. Bonario, is a dynamic spiritual leader, author and speaker who is passionate about accelerating personal, professional and planetary transformation. She is the co-founder of The Q Effect, a consciousness development organization. She is co-author of *The Art & Practice of Living with Nothing and No One Against You*, a workbook offering readers a 21-day transformative practice called *The Q Process*[^1], and co-author of *Who Have You Come Here to Be? 101 Possibilities for Contemplation*.

A skilled presenter and group facilitator, Rima travels throughout North America presenting powerful transformative workshops based on The Q Effect teachings. Rima's ability to mix inspired story-telling with spiritual teachings, transformational psychology, quantum physics and brain science makes her a powerful speaker and workshop presenter.

For more information and to sign up for the study visit
www.TheQEfect.com/ResearchProject

PLEASE NOTE: Space is limited and will be given on a first come, first served basis. **DEADLINE - FEBRUARY 5, 2014**
APPENDIX F:
Descriptive Statistics by the Six Self-Compassion Scale’s Sub-scales

Table 5: Descriptive Statistics by the Six SCS Sub-scales

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<th>Mean</th>
<th>Std. Deviation</th>
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<tr>
<td><strong>Pre-Test SCS: Self Kindness</strong></td>
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<tr>
<td>Control</td>
<td>3.356</td>
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<tr>
<td>Treatment</td>
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<tr>
<td>Total</td>
<td>3.69</td>
<td>0.8683</td>
<td>98</td>
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</table>

| **Pre-Test SCS: Self-Judgment** |        |                |    |
| Control                | 2.819  | 0.9196         | 54 |
| Treatment              | 2.791  | 1.0051         | 44 |
| Total                  | 2.806  | 0.954          | 98 |
| **Post-Test SCS: Self-Judgment** |        |                |    |
| Control                | 2.804  | 0.8752         | 54 |
| Treatment              | 2.173  | 0.695          | 44 |
| Total                  | 2.52   | 0.8557         | 98 |

| **Pre-Test SCS: Common Humanity** |        |                |    |
| Control                | 3.32   | 0.9106         | 54 |
| Treatment              | 3.323  | 0.9927         | 44 |
| Total                  | 3.321  | 0.9434         | 98 |
| **Post-Test SCS: Common Humanity** |        |                |    |
| Control                | 3.306  | 0.8903         | 54 |
| Treatment              | 3.805  | 1.0381         | 44 |
| Total                  | 3.53   | 0.9864         | 98 |

| **Pre-Test SCS: Isolation** |        |                |    |
| Control                | 2.7    | 0.9554         | 54 |
| Treatment              | 2.809  | 1.1358         | 44 |
| Total                  | 2.749  | 1.0362         | 98 |
| **Post-Test SCS: Isolation** |        |                |    |
| Control                | 2.796  | 1.0367         | 54 |
| Treatment              | 2.091  | 0.8564         | 44 |
| Total                  | 2.48   | 1.0182         | 98 |

| **Pre-test SCS: Mindfulness** |        |                |    |
| Control                | 3.776  | 0.7717         | 54 |
| Treatment              | 3.605  | 0.9376         | 44 |
| Total                  | 3.699  | 0.8499         | 98 |
| **Post-test SCS: Mindfulness** |        |                |    |
| Control                | 3.752  | 0.8098         | 54 |
| Treatment              | 4.18   | 0.6863         | 44 |
| Total                  | 3.944  | 0.7828         | 98 |

| **Pre-test SCS: Over-Identified** |        |                |    |
| Control                | 2.630  | .8241          | 54 |
| Treatment              | 2.718  | .9940          | 44 |
| Total                  | 2.669  | .9006          | 98 |
| **Post-test SCS: Over-Identified** |        |                |    |
| Control                | 2.546  | .8778          | 54 |
| Treatment              | 2.109  | .8920          | 44 |
| Total                  | 2.350  | .9064          | 98 |