

**THE EFFECTS OF THE
INNER COUNSELOR PROCESS FOR ADOLESCENTS™
AND ITS CONCEPTUAL MATERIALS
ON THE WELL-BEING OF YOUTH
IN UNITY CHURCHES**

By
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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.

Phyllis G. Hoover

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“There’s a part of every living thing that wants to become itself; the tadpole into the frog, the chrysalis into the butterfly, an incomplete human being into a whole one. That is spirituality.”

~Ellen Bass

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ABSTRACT

The effects of the Inner Counselor Process for Adolescents™ and its conceptual materials on the well-being of youth in Unity churches by Phyllis Hoover.

The purpose of this study is to examine the effects of the Inner Counselor Process for Adolescents™ (ICPA™) and its conceptual materials on the well-being of youth, ages eleven to eighteen. The ICS© is a system comprised of the Inner Counselor Process for Adolescents (ICPA™) and the Inner Counselor conceptual materials. The study focused on the subjects' guiding one another through the transpersonal ICPA™. The guided self-awareness process is designed to create changes in less than optimal established coping patterns of thought and behavior, while also developing higher states of consciousness. The experimental design used was the pre-test/post-test control group. The principal investigator and four assistants trained in the ICS© and familiar with principles of truth taught in Unity churches met with fourteen subjects for approximately one hour each week over an eight week period of time. The dependent variable used for the study was the State Trait Anxiety Inventory for Children (STAIC). The participants numbered randomly between males and females and were selected from Unity churches based on their ages. A two-tailed test of significance was used with each tail given p value of 2.5%, a significance level of $p=5\%$. From the results with $F=6.916$ and $p=.002$, it is determined that the intervention is statistically significant ($.002<.05$). When determining the significance of the intervention on the participants for trait stress, the same level of significance of 5% is applied. The effect of the intervention on the participants measuring trait is not statistically significant ($.116>.05$), as determined by the F and p values of 2.247 and 11.6%, respectively. Positive feedback from subjects whose scores revealed lowered levels of anxiety after the ICPA™ support the findings of the study.

Key words: Inner Counselor Process for Adolescents™, Inner Counselor System©, Integration Chart©, High Self, coping patterns, stress, anxiety, coping patterns, well-being, intrinsic, extrinsic, qualities, updrafts, downdrafts, transpersonal, subtle energy, self-awareness, integration, transformation, symbols, archetypes, individuation, self-actualization

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CHAPTER ONE: INTRODUCTION

“The most beautiful and most profound emotion we can experience is the sensation of the mystical. It is the power of all true science.”

~ Albert Einstein

Purpose of the Study

The purpose of this study is to determine the effects of the Inner Counselor Process for Adolescents™ (ICPA™) and its conceptual materials on the well-being of adolescents in Unity churches. The study examines the effects of this system on the well-being of 28 Sunday school students, ages eleven to eighteen and focuses on the subjects' guiding one another through the transpersonal ICPA™. The guided self-awareness process is designed to support changes in non-optimal patterns of thought and behavior while also developing higher states of consciousness. To lend support to the power and credibility of the Inner Counselor System© (ICS©), this review discusses the ICPA™ itself, the Inner Counselor Integration Chart© and the disciplines and their adherents which have contributed to its formation.

The inspiration for this study originated with the idea that, although the ICS© has been used extensively and successfully with adults, use with young people has been limited. In fact, this is the first formal, dissertation-level study done to examine the effects of the ICS© on youth. The designer of the ICS©, Ann Nunley, modified the original Inner Counselor Process™ (ICP™) to accommodate the adolescents in this study and for future work with young people. Hereafter, all references to the Inner Counselor Process™ used in this study are identified as Inner Counselor Process for Adolescents™ or ICPA™. (Appendix A) In view of the many issues which challenge today's youth, an

approach which can serve to guide young people toward a greater ability to deal successfully with those issues is worthy of consideration.

Based on statistics, the need for introducing the ICS© to support young people in their life's journey seems apparent. The challenges which most young people must meet may result in experiences of stress and anxiety.

Background of Problem

The hypothesis of this study focuses on the well-being of adolescents. In order to better understand well-being among young people it is important to examine those obstacles which may appear to the young person seeking a state of well-being. The next few sections include a general discussion of two of the obstacles to the experience of well-being, stress and anxiety, followed by a specific examination of how stress and anxiety may affect the adolescent population.

Stress

Canadian physician Hans Selye (1907-1982) discovered the impact of stress on human life and documented that "stress plays some role in the development of every disease" and is the "non-specific response of the body to any demand made upon it."¹ According to the American Medical Association, more than 75% of illness today is attributable to stress and, according to the World Health Organization, America's number one health problem is stress.² Stress contributes to strokes, high blood pressure, and heart disease, and affects the immune system which guards against serious diseases.³ As stated above, more than 75% of all diagnosed illnesses are directly linked to stress; many studies report this figure to be closer to 90%.⁴ Unresolved stress issues are associated with more than 80% of physician office visits.⁵ The American Medical Association

reports that stress may be a contributing factor in three of every four people with a chronic illness.⁶ “...continuous chronic stress potentially leads to low thyroid function, adrenal fatigue, and eventually adrenal exhaustion where our “fight or flight” glands can no longer keep up with the demands placed upon them. The adrenals ... most likely will not be able to keep pace with the continuous chronic stress attacking from many directions, which may lead to many more health challenges on every level of body, mind, and spirit.”⁷ Specifically, stress contributes to the development of obesity, drug addiction, alcoholism, suicide, cigarette addiction, and other harmful behaviors.⁸

In the work place, stress has taken a heavy toll. In the U.S., the annual cost of stress-related compensation claims is \$300 billion or an average of \$7,500 per employee.⁹ The claims include health insurance costs, reduced productivity, direct medical expenses, absenteeism, and employee turnover. And, according to the U.K. Health and Safety Executive, 13.5 million working days were lost in 2007- 2008 due to stress.¹⁰ In 2007-2008, the UK HSE’s Labour Force Survey reported that stress, anxiety, or depression were responsible for 237,000 new cases of illnesses which were work-related.¹¹

The statistics cited above are reflective of the impact of stress on society in general. Stress also appears to have a major impact on adolescents as they struggle to make the transition into adulthood.

Stress and Adolescents

Adolescence covers ten to nineteen years and is the most critical and fascinating stage in the individual’s life.¹² It is during this period when deep emotional and rapid physical changes occur, and personality development is completed.¹³ Behavior, thoughts, and social relations of adolescents are undergoing radical change at a time when the child

is becoming the adult and the adolescent experiences some of the most stressful times in life.¹⁴ At a stage when they are going through puberty, when they may be coping with unfamiliar feelings, and when they are striving to meet others' expectations their adjustment to the constantly changing environment creates "wear and tear" in the form of stress.¹⁵

Where stress exists, breathing and the heart rate increase and the muscles become tense.¹⁶ Stress may be experienced as acute, a short-term condition, or it may be chronic, a long-term condition.¹⁷ Reaction to an immediate threat is identified as acute stress or the fight or flight response.¹⁸ It may be any situation that is perceived, consciously or sub-consciously, as a threat of danger.¹⁹ The stress level worsens as multiple sources of stress persist.²⁰

To clarify, stress may not always be harmful. For instance, in certain circumstances stress can be helpful as when preparing for an important exam, or stepping up to bat in a baseball game, or when needing to move quickly out of the way of oncoming traffic.²¹

Stress which can be harmful, however, may appear in the lives of today's children and adolescents as they are faced with the daunting task of finding stability in an unstable world.²² Now many young people are experiencing challenges on a large scale which only a few years ago were almost unheard of in our society.²³ Stress may contribute to the initial affliction,²⁴ a common denominator among children and adolescents on whom are often placed burdens such as rigid schedules,²⁵ unrealistic expectations of their academic achievement,²⁶ and threats of violence in schools.²⁷ A 2008 study conducted in Baltimore revealed five stressors which most often caused the most worry. They

included “school work (68%), parents (56%), friends’ problems (52%), romantic relationships (48%), and drugs in the neighborhood (48%).”²⁸ Many adolescents are so overwhelmed by the daily pressures at school that they feel led to use drugs as a coping measure.²⁹ In August, 2008, The Partnership for a Drug-Free America released a study which reveals that 73% of teens name school stress as the main reason for drug use.³⁰

As indicated above, the adolescent stage in the life of the individual is a high-risk period which requires special attention not only of parents but also of those involved in health care.³¹ “Emotional and behavioral problems often start early in childhood and get progressively worse if not treated. Early intervention services and programs are a huge unmet need.”³² Recently, as the need to attend to teen stress has been realized, more cities and school districts are developing programs for families and teachers to help meet the challenges with stress relieving tactics.³³ “Youth who develop personal resources and skills to accommodate stress have been found to be more resilient and better able to handle life’s adversities.”³⁴ The ICPA™ and its conceptual materials is considered a viable tool to help parents, teachers, and adolescents overcome the challenges of stress-related problems among young people.

Anxiety

Related to the condition of stress is anxiety. In the U. S., forty million people ages 18 and older (18 % of the U. S. population) suffer from anxiety disorders.³⁵ Anxiety disorder refers to several different forms of pathological and abnormal anxieties and fears.³⁶ A wide variety of anxiety disorders fall under current psychiatric diagnostic criteria.³⁷ The numerous maladies which may accompany anxiety include obsessive compulsive disorder, panic attacks, post-traumatic stress disorder brought about by

exposure to events such as abuse and violence, generalized anxiety disorder, and phobias (overwhelming and unrealistic fears of situations or objects).³⁸ Symptoms vary depending on the disorder, but general symptoms include: problems sleeping; feelings of panic, fear and uneasiness; shortness of breath; nausea; muscle tension; nightmares; uncontrollable, obsessive thoughts; an inability to be still or calm; and dry mouth, among others.³⁹

Although fear and anxiety are often used interchangeably, in clinical terms they have distinct meanings.⁴⁰ The definition of anxiety refers to a cause that is perceived to be unavoidable or uncontrollable or not readily identified.⁴¹ Fear, on the other hand, is a physiological and emotional response to a recognized external threat.⁴² The term anxiety disorder includes the experience of both anxiety and fear. The majority of anxiety disorder cases are due to phobias or fears which are irrational or persistent.⁴³

Anxiety, however, is not always experienced as a disorder. Rather, it is a normal human emotion which is experienced by everyone at times.⁴⁴ For instance, before taking a test, facing a problem at work, or making an important decision may make many people feel nervous or anxious. Anxiety disorders are different. Such intense distress can be caused by anxiety disorders that an individual's ability to lead a normal life is disrupted.⁴⁵

The cost of anxiety disorders is high. According to a study commissioned by ADAA entitled, "The Economic Burden of Anxiety Disorders" and published in the July, 1999 *Journal of Clinical Psychiatry*, anxiety disorders in the U.S. cost more than \$42 billion a year, or approximately one-third of the total \$148 billion mental health bill.⁴⁶ The repeated use of health care services account for more than \$22 billion; that is, people with anxiety disorders seek help for problems that mimic physical illnesses.⁴⁷ The

likelihood of visits to the doctor by people with anxiety disorders is three to five times greater than by those who do not experience the illness; hospitalization is six times greater.⁴⁸

Anxiety and Adolescents

Like adults, children and adolescents experience anxiety and can experience the accompanying distress very similar to that experienced by adults.⁴⁹ Stressful life events, such as moving, loss of a parent, or starting school can cause the onset of an anxiety disorder.⁵⁰ (However, a stressor need not preempt the development of a disorder.⁵¹) Research studies have revealed that children and adolescents with anxiety disorders, if left untreated, are at higher risk to have less developed social skills, to perform poorly in school, and to be more vulnerable to drug abuse.⁵² Normal function among young people with anxiety disorder is impaired due to their experiences of fear, worry, or uneasiness.⁵³ If not recognized and treated early, anxiety disorder in adolescents can lead to low self-esteem and impaired relations with peers, absence from school or an inability to finish school, substance abuse, and anxiety disorder in adulthood.⁵⁴ According to a report by physician William T. Goldman, medical literature is developing the consensus that psychiatric disorders among adults may have first appeared during childhood and that if left untreated the childhood anxiety disorders may progress into adulthood.⁵⁵ Adding to the urgency to find suitable and adequate treatment for adolescents, the U. S. Surgeon General estimates that anxiety disorders affect ten percent of children and adolescents.⁵⁶

Goldman explains that from a subjective viewpoint, anxiety usually includes two components: 1) physical sensations such as sweating, headache, and nausea and, 2) the emotions of fear and nervousness.⁵⁷ Severe anxiety disorders, he declares, can affect an

adolescent's decision-making ability, thinking, learning and concentration, and perceptions of the environment.⁵⁸ Blood pressure and heart rate are raised and a multitude of bodily complaints ensue including stomach pain, nausea, vomiting, diarrhea, ulcers, weakness, tingling, and shortness of breath, among other things.⁵⁹

Diagnosis of anxiety disorder among adolescents includes confirmation of a normal versus an abnormal condition.⁶⁰ This depends mostly on the degree of distress experienced by the adolescent and the effect it has on the individual's performance in life.⁶¹ Taken into consideration is the age and the developmental level of the adolescent.⁶² Pattern and quality of symptoms determine diagnosis of the specific anxiety disorder as follows:

- "Generalized Anxiety Disorder
- Panic Disorder
- Obsessive-Compulsive Disorder
- Posttraumatic Stress Disorder
- Acute Stress Disorder
- Social Phobia
- Specific Phobia
- Adjustment Disorder with Anxiety
- Anxiety Disorder Due to a General Medical Condition
- Drug Induced Anxiety Disorder
- Anxiety Disorder Not Otherwise Specified"⁶³

Etiology/Causes of Anxiety

- Psychological
 - Psychosomatic
 - Behavioral
 - Spiritual
- Genetic
- Biologic
- Medical"⁶⁴

In view of the potentially negative outcome described above for adolescents experiencing anxiety disorder, a statement from Gail A. Bernstein of the University of

Minnesota Medical School throws a welcome light on the possible future treatment of the condition. “The future directions in anxiety research are numerous. This burgeoning field needs new researchers. . . . Translational research that incorporates basic science findings in designing real-life intervention is a critical area of investigation. It is important that basic science findings, developmental theory, and conceptual models guide child and adolescent psychiatry research.”⁶⁵ Fortuitously, the ICPA™ and its conceptual materials is a “real-life intervention” that seems to fulfill the description issued above and can potentially offer immeasurable help in the treatment of anxiety disorders among adolescents.

Statement of the Problem

The choices young people make to gratify their needs determine formation of their personalities. Unfulfilled basic needs and limited options result in responses of anger, sadness, grief, and fear which form a shield to protect them.⁶⁶ While these responses continue to protect them they also control their thought and behavior patterns blocking the realization of intrinsic needs. Then, appropriate responses that served to protect the younger child such as fear or anger continue to follow the pattern of expression to adulthood resulting in non-optimal behavior. These non-optimal patterns of expression then control their choices, are reflected in their personalities, and influence their interactions with other people. As a program designed to help adolescents adopt positive patterns of expression, the ICPA™ and its conceptual materials serve to support young people in making healthy choices that empower and inspire them to move forward gracefully in their lives in anticipation of full expression of their potential. There is,

therefore, as discussed in this dissertation, a positive relationship between the use of the ICPA™ and its conceptual materials and the well-being of adolescents in Unity churches.

Help for Adolescents through the ICS©

Establishing a sense of well-being in the participant is the intent and goal of the ICPA™ and its conceptual materials (ICS©). As they continue their journeys along life's path, the lives of young people can be enriched as transpersonal processes (such as the ICS©) help to guide them to balance, integrate, and express all of the active and receptive qualities within them. Again, the intention of the ICS© is to support young people in their quest to experience ever expanding levels of trust and peace and joy.

As this study focuses on the ideas of well-being and spirituality among adolescents an explanation of how these terms are used in terms of this study is warranted.

A variety of components may contribute to the complexity of psychological well-being.⁶⁷ A 2007 study, "Meaning in Life and Psychological Well-Being in Pre-Adolescents and Adolescents" focused on the dimensions of well-being which, according to authors of the study, included personal growth, positive relations with others, environmental mastery, autonomy, self-acceptance, and purpose in life.⁶⁸ "All of these factors can be key components that make up the definition of psychological well-being. Therefore, adolescents who exhibit strength in each and every one of these areas will be in a state of good psychological well-being, while adolescents who struggle in these areas will be in a state of low psychological well-being."⁶⁹ The ICS© supports the participating adolescent toward experiencing each of the components of well-being described above.

Well-Being and Adolescents

As stated above, the adolescent's level of psychological well-being is influenced by various factors.⁷⁰ For example, research has revealed that the quality of relationship within families is a major factor toward the adolescent's psychological well-being; this is especially so with parents.⁷¹ Other possible contributing factors to the adolescent's experience of a higher or lower level of psychological well-being include physical health, stress, and popularity and intimacy in peer relationships.⁷² In addition to adolescents' psychological health, research has established the importance of meaning in life and commitment to personal life satisfaction.⁷³ In correlation with these findings, studies suggest that seeking fulfillment and meaning serves as an important protector against emotional instability and as a significant support of psychological health and well-being for adolescents.⁷⁴ Again, for the adolescent who participates in the ICS©, guidance toward experiencing realization and meaning in life, personal life satisfaction, and psychological health are components of the process which may provide continuing support for the youth into adulthood.

Spirituality

“Spirituality is defined as one's sense of meaning or purpose in life and one's sense of connectedness to the sacred or the divine.”⁷⁵ This definition of spirituality is positioned here to provide a frame of reference for the statistical reports which follow regarding the impact of spirituality on health and well-being.

In a 2001 publication, over 1200 studies were identified that examined the relationship between aspects of religious behavior or belief and some indicator of health.⁷⁶ Most of the studies' results led to the conclusion that a positive association

exists between religion and physical health.⁷⁷ More recent reviews continue to indicate an association between health and religious involvement.⁷⁸ Religion-associated variables reveal protective effects for several mental health outcomes including substance misuse, suicidal behavior, and well-being.⁷⁹ Results of several studies revealed that intrinsic (internalized) religion and religious attendance tend to be associated with reduced anxiety. A meta-analysis of seventeen studies revealed that religiousness resulted in reduced depressive symptoms. Among adolescents, higher levels of religious involvement were found to be inversely related to depressive symptoms, suicide risk, sexual activity, smoking, and alcohol and drug use.⁸⁰

The inverse relationship between mortality and religious attendance is well documented.⁸¹ For instance, “a U. S. national study of 21,000 adults documented a strong graded association between religious attendance and mortality, with people who had never attended services having a 19 times higher risk of death over an 8-year period than those who attended once a week. This association existed for most causes of death. Striking differences in life expectancy were also evident. Life expectancy at age 20 for people who attended services more than once a week was, on average, seven and a half years longer than those who never attended.”⁸² A meta- analysis of forty-two studies which surveyed approximately 126,000 people and controlled for physical health status and socio-demographic factors revealed that the odds of being alive at follow-up were increased by 26%.⁸³

A meta-analysis of forty-nine studies of religious coping revealed that lower levels of anxiety, distress, and depression were related to positive forms of religious

coping.⁸⁴ Those same studies showed that poorer psychological adjustment was related to negative forms of religious coping.⁸⁵

Evidence is accumulating that spirituality and religiosity are significant in the adult population. A study conducted by Y. J. Wong, L. Rew, and K. D. Slaikeu entitled, “A systematic review of recent research on adolescent religiosity/spirituality and mental health” revealed that even though attention to the adolescent population has been increasing in recent years, the associations between spirituality and religiosity and mental health have not been systematically studied in the adolescent population.⁸⁶

Of particular concern regarding this study and work with adolescents is the observation made by Peter Benson of The Center for Spiritual Development in Childhood and Adolescence. “Our research shows...that less than 1% of all the articles published in mainstream developmental psychology journals address the spiritual dimension of human life.”⁸⁷ Benson explains that this gap in scientific evaluation of young people leads to deficiencies in training counselors, teachers, and social workers who assist young people toward healthy development. As Director of the Center, Benson states, “spiritual development appears to be a universal stream of human development. It is a process, not an endpoint. And it matters as much to personal and global well-being as cognitive development or social development or emotional development.”⁸⁸

Upon comparing with other areas of development such as psychosocial, moral, cognitive, and emotional, the investigators found that “spiritual development hardly registers, with about 11 times more attention paid to emotional development than to spiritual development.”⁸⁹ They concluded that random selection of one thousand

academic articles in social science or theology published during the last ten years would yield, “about 10 articles that deal with young people’s spiritual development.”⁹⁰

However, studies have been conducted recently which have helped to support the importance of discovering the impact of spirituality and religiosity in the adolescent’s life. Following is a more concise look at how spirituality and religiosity may be determining factors in the life of adolescents.

Spirituality and Adolescents

In a 2007 article entitled “Rites of Passage: Pathways to Spirituality for Adolescents”, David Blumenkrantz explores the importance for the adolescent of responding to the inner call for deeper awareness which helps the young person to meet the questions concerning the child’s search for connections and knowledge regarding the Universe and the child’s place in it.⁹¹ Blumenkrantz asserts that these questions are at the foundation of the adolescent’s search for identity, meaning, purpose, and a sense of self. “The wonderment and pursuit of a joy-filled sense of connection with the Universe and all within it is the foundation for a fuller and whole sense of self. Coming to terms with this is one of the developmental challenges of adolescence.”⁹²

The conclusions of a 2005 study seem to support the assertion above. The study entitled, “The Impact of Adolescent Spirituality on Depressive Symptoms and Health Risk Behavior” was designed to investigate spirituality as a meaningful construct in the lives of adolescents and to investigate the contribution of spirituality beyond that of religiousness to health-risk behaviors and depressive symptoms.⁹³ The study revealed that the majority of adolescents reported some connection with spiritual and religious concepts. The adolescents with higher levels of spiritual well-being, especially well-

being of an existential nature, had fewer risk-taking behaviors and fewer depressive symptoms.⁹⁴

Similar support for the value of spirituality in the life of adolescents is to be found in a recent study entitled “Early Spirituality Deters Alcohol Abuse,” about which lead author Lisa Miller declares that “Teens who have an active spiritual life are half as likely to become alcoholics or drug addicts.”⁹⁵ Previous studies have shown that recovery from substance abuse later in life may be reduced by a spiritual or religious connection, but this new study reveals that a spiritual foundation early in life influences adolescents to never develop those problems at all.⁹⁶ “This is the first study to show that personal spirituality strongly protects against ever developing alcoholism or drug abuse.”⁹⁷ Miller further declares, “Spirituality, whether within or without religion, is the most central bearing in an adolescent’s life.”⁹⁸ The authors concluded that engaging a Higher Power or becoming involved in a religious community may protect adolescents at risk from substance dependence or abuse.⁹⁹

The *Handbook of Spiritual Development in Childhood and Adolescence* lends strong support for the inclusion of spirituality and religious belief in the life of adolescents. According to this text, theory and research indicate that religion and spirituality are positively connected to meaning making, developmental resources, identity formation, altruism, civic engagement, and reduction of dangerous behaviors.¹⁰⁰

The Inner Counselor Process for Adolescents™: A Guided Self-Awareness Process

In concert with this study's focus on the well-being and spirituality of adolescents, Ann Nunley asserts, "The IC Process™ might best be described as a guided self-awareness process. It is designed to create a connection between the sub-conscious, conscious, and super-conscious levels of mind. This process not only changes old patterns of thought and behavior, but also builds higher levels of conscious awareness with continued use."¹⁰¹ Thus, when young people have a means of changing their patterns of thought and behavior which formerly may have limited their ability to successfully deal with challenges, they can redirect their energies to patterns of thought and behavior resulting in more satisfactory outcomes. In addition, as they continue to work with the ICS© and its conceptual materials a way becomes available within them to higher levels of consciousness.¹⁰² It seems obvious, therefore, that young people can use the concepts and tools of the ICS© to enrich their own lives thereby helping to establish a sense of well-being and to deepen their spiritual development.

Following is an examination of some factors which are emphasized in the ICS© and may be included in the journey of the adolescent. The factors here considered include direction, self-esteem, peer approval, healthy boundaries, and working as a team member.

Direction

As they seek higher levels of expression through an improved sense of well-being and interaction with their own spirituality, the majority of young people desire to incorporate the various qualities presented in the ICS©.¹⁰³ However, as discussed in the

sections regarding stress and anxiety, a variety of circumstances may block their experience of these until they realize that intrinsic qualities can only be found within the individual not in persons, places or things outside themselves. For instance, as alluded to in the earlier discussion regarding anxiety, a divorce or death in the family may leave a young person feeling desolate, abandoned, and insecure.¹⁰⁴ With the ICS© helping to guide young people they learn to look within themselves for feelings of security. Rather than depending on outer circumstances to fulfill their needs youth are guided through the fourteen steps of the ICPA™ to discover the treasure within their own being.

Self-Esteem

Healthy young people want to feel worthy within themselves without depending on outer approval for their feeling of self-esteem.¹⁰⁵ They enjoy exploring their own thoughts, feelings, attitudes, and behavior patterns. They appreciate themselves even more when they are motivated to achieve their full potential.¹⁰⁶ “Adolescents have long been regarded as a group of people who are searching for themselves to find some form of identity and meaning in their lives. They struggle to find a meaning of self. Having meaning or purpose in life can solve the identity crisis that a person normally faces during this period.”¹⁰⁷ The ICS© is designed to guide young people to realization, acceptance, and activation of beautiful qualities found within themselves thus paving the way for expression of their full potential.

Peer Approval

Particularly important to adolescents is acceptance and appreciation from their peers which is synchronous with the concept of the activation of their positive inner qualities.¹⁰⁸ When young people participate in the ICS© they are guided to find the

benefits of expressing appreciation, empathy, and kindness -- endearing qualities that potentially draw admiration and appreciation from others. To reiterate, the intention of the ICS© is to guide young people towards discovering these attributes within themselves rather than looking for someone else to provide what they need from outside themselves. With this discovery comes authenticity of expression and verification of self.

Healthy Boundaries

As stated above, the ICS© helps young people embrace the value of authentic expression whereby they may come to understand the advantages of establishing healthy boundaries for themselves. This determination to clarify boundaries for themselves would include areas that are particularly challenging to young people such as drugs, sex, and relationships.¹⁰⁹ Understanding how to build relationships that are mutually supportive can be a dilemma for young people due to the demands imposed on them from peer pressure, the struggle with circumstances in the home and at school regarding rules and regulations, and the peculiar changes taking place in their own bodies. The ICS© guides them to examine those diverse demands and raise their responses to a higher level of understanding and expression. At a point in their lives when young people are experiencing powerful sexual energies in their bodies, learning how to discern the difference between relationships that are based on fleeting gratification and those which are based on intimacy shared through insightful communication serves to lift and bless all involved.¹¹⁰ The ICS© is designed to help young people walk successfully through the maze of options available to them and emerge triumphantly with answers needed to creatively, authentically, and happily express in their own world.

Working as a Team Member

As described above, situations arise daily in our society for most young people requiring them to interact with groups; school, church, home, organizations, and friends all require skillful participation for the participant to feel enriched by the association.¹¹¹ By applying the steps of the ICPA™ the young person can more clearly understand that becoming a dynamic team member is contingent on the intrinsic qualities of self-respect and inner harmony. Fortified with knowledge of these inner qualities, and provided with the ability to pay respect to others, to interact harmoniously with others, and to co-operate according to the synergistic framework of the group, the young person can experience fulfillment of the principles of teamwork.

The ICS© and its Conceptual Materials

With the concepts described above of helping to improve adolescents' sense of well-being, deepen the awareness of their true nature as spiritual beings, provide direction in their lives, awaken self-esteem, provide a way to experience peer approval, help to establish healthy boundaries, and work as a team member, the ICS© emerges as a champion of the adolescent's journey toward fulfillment and wholeness. Following is an exploration of how the ICS© may serve to achieve these concepts in the life of the adolescent.

It has been truly said that there are many paths on the mountain leading to its summit. In other words, there are many approaches which may help us to experience the inner growth of our spiritual self leading us to transformation of consciousness and enlightenment. One of the processes available to support participants toward

transformation of consciousness and enlightenment is the ICS© designed by author, artist, and spiritual teacher, Ann Nunley.

The aim of the ICS© is to provide a method of creatively balancing and harmoniously integrating the mental, emotional, physical, and spiritual aspects of being so that participants can begin to bring themselves into an experience of self-actualization, Self realization, and ultimately enlightenment. The various concepts incorporated in the ICS© whole systems (holistic) approach were derived from disciplines including humanistic and transpersonal psychology, energy medicine, and spiritual healing. Some experimental research has been conducted using the ICS© with adult populations. For instance, a 2007 study was conducted by Holos University graduate, Anne Osborne, Th.D., on “The Effects of the Inner Counselor Process™ on Anxiety and Depression in Seniors.” However, none has been pursued using a population of adolescents as participants, until now.

The scope of the ICS© addresses the mental, emotional, physical, and spiritual aspects of the human being. Potentially, the ICS©, which includes the ICPA™, could be adapted to a clinical setting. However, as a spiritual discipline incorporating transpersonal concepts and subtle energy systems it is most effective when used as a self-awareness approach to support personal growth and unfoldment.¹¹²

The ICPA™ is a process wherein one person guides another through a series of 14 steps designed to support the participant toward greater self-awareness.¹¹³ (Appendix A) The intent of the ICPA™ is to encourage participants in their own process of self-actualization and creative transformation and to integrate the changes experienced through the process into their daily living pattern.¹¹⁴ In most situations, the conscious,

sub-conscious, and superconscious dimensions of the personality and mind are discussed prior to the ICPA™ experience. When the process begins, a personal connection with the participant's spiritual level of being is established.¹¹⁵ Integration and healing of the mental, emotional, and physical elements of the participant's being are approached through this connection with higher consciousness.¹¹⁶ Thus the High Self, discussed below, becomes the supreme guide throughout the process.

The High Self

“...the High Self is the foundation of” ICP™.¹¹⁷ So states Ann Nunley, author of the ICS©, emphasizing the High Self as central to the process. Further, Nunley explains, “The High Self is present at birth and contains the enfolded potential and the true essence of each person.”¹¹⁸ Thus, the participants of the ICPA™ are supported in connecting with inner wisdom and information of which formerly they may not have been consciously aware. The High Self, then, may be viewed as “the idealized organizing pattern through which Spirit expresses at a subtle energy level.”¹¹⁹

The names used to describe this Self include: Wise Advisor, Christ, Divine Self, Full-Potential Self, True Self, and Healer within, among others. Ever present, the High Self is with us always. As Daniel Benor states, “We have only to call upon our inner self-helper to discover the reasons for our woes and problems, and to learn the steps we may take to alleviate and correct them.”¹²⁰ Just so, the High Self is the supreme “inner self-helper” in the ICPA™ giving the New Image (symbol) which can embody all the intrinsic needs related to the issue of the participant providing guidance to the participant regarding that issue.¹²¹ And so, the ICPA™ is inclusive in its approach to spirituality. The term High Self may be “Christ” to Christians or “Lotus Self” to Buddhists. “Sri

Aurobindo (a major Indian philosopher) used the term Jivatma, or “the Central Being” to refer to the High Self. He understood Jivatma as being “superior to birth and death”, always the same, the individual Self or Atman; the eternal true being of the individual.”¹²² The terms “Wise Self” or “Healer within” may be preferred by those with no religious affiliation. What this part of self is called is not of great consequence. What is important is that participants understand their relationship to this part of themselves and what it represents.

Prior to the actual process, the facilitator discusses the concept of the High Self with the participant leaving the choice of the term to be used to the participant and using that term throughout the process as needed. By so doing, religious dogma is avoided while maintaining connection with the spiritual aspect of the participant. Consequently, the process is a valuable approach for people of all faiths as well as for those having no particular faith tradition.

During the first step of the ICPA™ the participant and facilitator commit to working from the perspective of the High Self. (Appendix A) Thus, both participant and facilitator cooperate with a mutual intention of connection with their High Selves. This intention serves to maintain the integrity of the process; that is, the process is not unduly influenced by any personal downdrafts which the facilitator may be experiencing (Fig. 1) and the participant is supported in connecting with the wisdom of the High Self.

From the view of quantum physics, the consciousness of the observer may determine that which is observed. Apparently, consciousness shapes matter. In the ICPA™, “the participant is both spirit and matter, both High Self and personality”¹²³ Ann Nunley declares, “The High Self contains the records and the wisdom of our total

experience, using this information to evolve and express various idealized patterns in form-life. The experience of form-life, in turn, enhances the wisdom and awareness of the High Self.”¹²⁴ (Appendix A)

The conceptual materials which support continual personal growth and spiritual transformation include the Integration Chart©, the Five Scandhas from Tibetan Buddhism, the Mystic Spiral, the Triune Brain Model, and the Whole Self Models I and II.¹²⁵ Of these models, the Integration Chart© is of primary focus as it interplays directly with the ICPA™ and reveals our levels of consciousness.¹²⁶ (See Fig. 2) The ICS© places emphasis on integration and transformation of the personality.¹²⁷ Rather than destroy, discard, or ignore aspects of the personality, the personality is viewed as the vehicle which brings Spirit into form. The Integration Chart© provides the framework which is designed to help balance the personality and the body and move both in the direction of transformation.¹²⁸

The Integration Chart©

The six columns in the main body of the Integration Chart© represent physical, personal, interpersonal, group, integral, and transpersonal qualities.¹²⁹ Two arrows are at the left of the six columns which designate updrafts and downdrafts in the chart indicating a line of choice.¹³⁰ The lower arrow of the downdrafts portion indicates the coping patterns established in early life in response to unmet needs or trauma.¹³¹ These needs are presented on the Integration Chart© as qualities the embodiment of which can

15-Step Inner Counselor Process™

1. **Begin in your Place of Peace.** Be there totally. • **See** the surroundings • **Hear** any sounds • What do you smell? • **Describe** this place. • In this place you feel **calm, safe, grounded and centered in your heart.** • From the center of your heart invite your (High Self) to be present and to be the guide for this journey. • I will invite my (High Self) to be present as my guide.
2. **What is the issue and feeling you wish to explore?** (Feeling = emotion and physical sensation)
3. **Ask your self and your (High Self)** if it is safe and advisable to address this issue and feeling at this time. (If not, ask to be shown an appropriate issue to address at this time).
Are there additional wise and loving guides who would like to help you with this issue?
4. **Go to a recent time** when you experienced this issue. • Where are you?
What is happening? • What emotions do you feel? What sensations are part of those emotions?
Where in your body are these feelings the strongest? (Inquire about core areas: throat, heart, stomach).
5. **Let these feelings carry you** to an earlier time. Ride the feelings. • Where are you? How old?
What is happening? • What emotions do you feel? What sensations are part of those emotions?
Where in your body are these feelings the strongest? (Regress until emotions are adequately engaged).
6. **Imagine that you can SEE these feelings of** (describe the emotions, sensations, and locations)–
What do they look like? (shape and color?) • This (describe image) forms the Old Symbol.
Does the Old Symbol have an attitude?
7. **How did the Old Symbol's reaction of** (name the emotions, sensations, attitude) protect you and help you cope when your needs were not met? **Thank the (Old Symbol)** for providing this response. • Ask the (Old Symbol) if it is willing for you to find a better way to get what you truly need?
8. **Be in that experience of** (Describe experience.) • What do you really NEED and WANT? - If you could cry out and say, "I need!" "I want!" what would you ask for? (Dialog to arrive at intrinsic needs).
9. **Fully sense what you need.** • Ask your High Self to show you a New Symbol – someone or something that truly embodies the qualities that will completely fulfill your needs.
10. **Describe your New Symbol.** • Will the (New Symbol) commit to help you with this issue?
Will you commit to the qualities and protection of the (New Symbol)?
11. **Bring the two symbols together.** Have the (New Symbol) show the (Old Symbol) how its qualities will protect you and fulfill your needs. • Will the (Old symbol) allow its form and its coping reactions to be absorbed and changed by the (New Symbol) so you can have what you truly need? • (Address fears).
12. **Experience the (New symbol) completely absorbing the (Old Symbol).** Is the (Old Symbol) completely absorbed and transformed by the (New Symbol)? (Dialog until this is complete). How does the (New Symbol) look now? • (there may or may not be a change)
13. **What special advice** does the (New Symbol) have for you that you need to hear right now?
Put the advice in words and speak it out loud. Do (other guides) have any advice?
14. **Be aware of your original issue. • Feel the qualities of (New Symbol) in your body.**
Describe a specific circumstance in the near future when those qualities of (describe qualities), now present within you, will empower you to respond to the issue in a new way. •
Imagine this happening and feel the new response in your body.
15. Give the (New Symbol) a place of honor within yourself and in your Place of Peace.
Thank your guide(s) yourself and your (High Self). • Complete the Energy Exercise and Prayer.

NOTE: Parenthetical phrases direct the facilitator to re-state SPECIFIC information.

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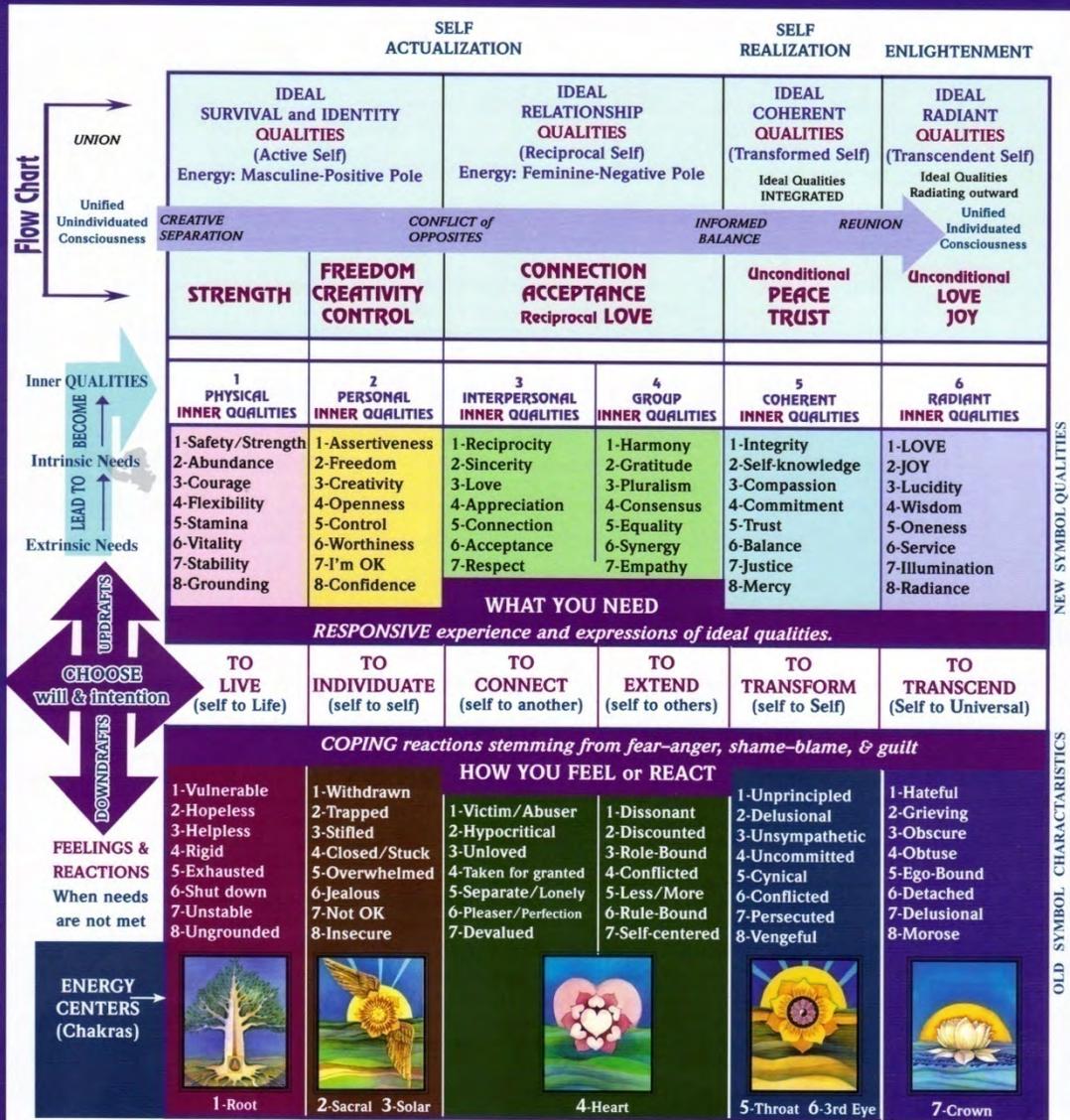
Figure 1: 15 Step Inner Counselor Process™

INNER COUNSELOR™

BASIC SEMINAR MANUAL

Ann Nunley, M.F.A., Ph.D.

Revised February, 2007



© Ann Nunley, Revised: February, 2007

Figure 2: Integration Chart© of Basic Seminar Manual

transform our lives on every level of being including the mental, emotional, physical, and spiritual.¹³² The activity of choice indicated by the updrafts and downdrafts section suggests that we can employ our intention and will to updraft reactionary and involuntary patterns of expression, thereby focusing our responses on that which is positive and empowering (updrafts) rather than on that which is counter productive and often demoralizing (downdrafts).¹³³

The upper arrow of the updrafts portion of the chart indicates that the participant in the ICPA™ can identify extrinsic needs (needs they perceive as being fulfilled from outside themselves). In the ICPA™ these extrinsic needs help the participant to identify correlative intrinsic needs (needs that can only be fulfilled by inner qualities); thus, in the ICPA™ extrinsic needs lead the participant to experience the inner qualities that transform old patterns of response and bring about wholeness.¹³⁴

The section across the bottom of the chart identifies the chakras (energy centers), that are connected to specific areas of the body. For example, should the participant disclose a feeling located in the heart area, the corresponding fourth chakra relates to issues in columns 3 and 4 which relate to Interpersonal Inner Qualities and Group Inner Qualities.¹³⁵

The Flow Chart, the top portion of the Integration Chart© identifies the ideal qualities and outlines the progression towards integral transformation of consciousness.¹³⁶ The Flow Chart describes our journey as we move from the sense of separation “to Self-actualization, to Self-realization, and finally to Enlightenment. As each response pattern is moved through the fourteen steps of the ICPA™, that response pattern makes the transformational journey indicated on the Flow Chart, beginning in a pattern of

separation and ending in a pattern that supports Unity. Thus these concepts, practices, and the process combine to form a spiritual discipline that offers a powerful tool for healing and transformation.”¹³⁷

Although the ICS© is viewed by many as a powerful tool for transformation of consciousness, wide-spread acceptance of complementary and alternative methods of healing (CAM) like the ICS© awaits a supportive worldview. Ironically, the practice of the ICPA™ may contribute towards transformation of (human) race consciousness and a new worldview as participants of the ICPA™ apply the principles of this modality to their personal lives. Other leaders in the field of consciousness building are also aware of the need for a new world view. Their voices are mounting to crescendo in a polarized world climate wherein people are struggling for new direction and purpose for living.

Review of the Literature

In the following segments, the ICS© heralds the advent of a new world view as described by physicist David Bohm. Larry Dossey lends support to the ICS© point of view with his description of the unity of all things. And “Beingness” is the message and meaning of the ICS©.

A New World View and ICS©

Synchronous with Ann Nunley, creator of the ICS©, other visionaries are calling for a new world view which would move our attention from a Cartesian, fragmented point of view loaded with the pit falls of separation and isolation, to a point of view embracing wholeness, interconnectedness, unity and a return to a spiritual base.

Physicist David Bohm explains this predicament as follows:

The notion that the one who thinks (the Ego) is, at least in principle, completely separate from and independent of the reality that he thinks about is, of course, firmly embedded in our entire tradition. Both in relativity theory and quantum theory, notions implying the undivided wholeness of the universe would provide a much more orderly way of considering the general nature of reality...

...our general world view is itself an overall movement of thought, which has to be viable in the sense that the totality of activities that flow out of it are generally in harmony both in themselves and with regard to the whole of existence. Such harmony is seen to be possible only if the world view itself takes part in an unending process of development, evolution, and unfoldment, which fits as part of the universal process that is the ground of all existence...

...perhaps because we have at present no coherent world view, there is a widespread tendency to ignore the psychological and social importance of such questions almost altogether. My suggestion is that a proper world view...is generally one of the basic factors that is essential for harmony in the individual and in society as a whole.¹³⁸

As a spiritual discipline focused on supporting the well-being of participants, who in this study are young people between the ages of eleven and eighteen, the primary goal of the ICS© is to provide tools so that participants develop, evolve, and unfold harmoniously and creatively in accord with their own inner guidance.¹³⁹ Necessary steps towards this goal are outlined in the Integration Chart© (Fig. 2) providing a comprehensive map for the journey of those who participate in the ICS©. Thus, through the use of the ICS© the ideals of wholeness, interconnectedness, unity, and a return to a spiritual base are given a pathway of expression into the world of our youth as we join others who support the concept of a new world view.

Era III Medicine and ICS©

In support of a new world view, Larry Dossey explains what he calls Era III medicine, an idea based on the premise that the mind is infinite.¹⁴⁰ Dossey states that we have a non-local side, which is infinite in time and space and is immortal. He asserts, “Throughout history, the mystics, visionaries, and saints of all the great religions have

expressed their belief in the unity of all things...living and nonliving, animate and inanimate. Era III resuscitates this ancient realization and puts it to work in everyday life.”¹⁴¹ Synchronous with the Era III ideas espoused by Dossey, the visionary principles of the ICS© are intended to resuscitate this ancient realization of the unity of all things and put it to work in the everyday life of participants in the process.

Dossey emphasizes that Era I medicine which existed in the seventeenth century and was patterned after the discoveries of Sir Isaac Newton was fabulously effective and prepared the way for traditional medicine.¹⁴² However, Era I medicine was based on mechanistic theories emphasizing the importance of matter and energy and dismissing the value of mind. Dossey describes Era II medicine as that which emerged after WWII and recognized the value of considering the mind-body connection in healing. From there, psychology grew as a natural ally to scientific medicine in working with patients.¹⁴³

In present time, recognizing the collective, unbounded nature of human consciousness, Era III medicine maintains that while our bodies may be separate, our minds are not. “In Era III, ‘I’ and ‘other’ are in some sense one, which means that what we do to others we do to ourselves.”¹⁴⁴

“Beingness” and ICS©

Recognition of the unbounded nature of consciousness has inspired advocates who champion honoring the transcendent aspect of being. Among those advocates is the powerful and insightful message of the ICS© which helps to establish an awareness of the importance of the spiritual dimension in our lives. The Flow Chart (Fig. 2) suggests that as we move from a state of unified, un-individuated consciousness, physical reality and the challenge of dichotomous polarity is experienced.¹⁴⁵ Here, individualization

becomes a tool enabling us to consciously discern, integrate, and evolve as we unfold our “beingness” in a polarized physical world.¹⁴⁶ As shown on the Flow Chart we remember our true state of oneness and strive to experience union once again.¹⁴⁷ Enlightenment is the culmination of our integrative journey, and enfoldment in the unity and oneness of the Divine is realized.¹⁴⁸ At this zenith point we become co-creators with the Divine as we experience a unified, individuated consciousness.¹⁴⁹ During this journey towards wholeness as described in the Integration Chart© we come to understand the meaning of the idea that we do to ourselves what we do to others as emphasized by Dossey.

Transpersonal Psychologists Support the Unitive View in Healing:

Carl Jung’s ideas regarding individuation, Roberto Assagioli’s development of psychosynthesis, and Abraham Maslow’s concepts about self-actualization contributed to the formation of the ICS©. Other relevant subjects include symbols, archetypes, adaptation of consciousness, the reality of Spirit, wholeness, the mind-body connection, epidemiology, soul logic, the Four Agreements, the Integration Chart© and the chakras.

Jung, Assagioli, Maslow, and ICS©.

Contributors to the field of transpersonal psychology, Carl Jung, Roberto Assagioli, and Abraham Maslow provide fuel for the ideas inherent in the unitive view of healing. For instance, the work of famed psychologist Carl Jung fully supports the idea of the spiritual dimension of the individual. In fact, the vision that the spiritual and the biological “could be united in one scientific theory provided the impetus that drove (Jung) to become a psychiatrist in the first place.”¹⁵⁰ Psychologist Roberto Assagioli suggests the use of a holistic approach he calls psychosynthesis which can assist the

individual in achieving psychological and spiritual wholeness. Psychologist Abraham Maslow's contributions to psychology are germane to this study. Maslow's concept of self-actualization represents human need at its highest level.¹⁵¹ He was a pioneer in the development of *being* psychology as distinguished from *deficiency* psychology.¹⁵² Psychologists, such as Freud and Skinner and their adherents, tended to focus more on deficiencies and pathology while largely ignoring or dismissing the more transpersonal and holistic aspects of human expression, including mysticism, creativity, altruism, and love.¹⁵³ Maslow viewed these as foundational and of greatest interest.¹⁵⁴

Carl Jung and Individuation

As noted above, the work of Carl Jung, Roberto Assagioli, and Abraham Maslow contributed significantly to the framework of the ICS©. Carl Jung's ideas regarding individuation are reflected in the Flow Chart in the Integration Chart©. Jung emphasized that individuation is the result of balancing the conflicts arising with duality, relationships and union.¹⁵⁵ Included in the process of individuation are relationship needs and identity needs.¹⁵⁶ The first two sections of the Flow Chart suggest the importance of balancing the polarities that arise from identity and relationship needs¹⁵⁷ (See Fig 2) In the words of Jungian psychologist Edward F. Edinger, "Individuation is a process, not a realized goal. Each new level of integration must submit to further transformation if development is to proceed."¹⁵⁸ Here is yet another reference to the design of the ICS© which is intended to guide the participant towards gentle and progressive integration and transformation of the personality.

Roberto Assagioli and Psychosynthesis

Assagioli's psychosynthesis emphasized the will as being essential to the function of the self and as being necessary to all decisions, engagements, and choices.¹⁵⁹

Psychosynthesis, therefore, includes the analysis of different phases of the will such as decision, persistence, execution, deliberation, motivation, and decision and uses various techniques designed to arouse, develop, strengthen, and direct the will rightly.¹⁶⁰ As revealed in the ICS©, free will of the participant during the process is paramount. At no time is there interference from the facilitator to influence the choices made by the participant. The process is designed to support participants in making choices that are inspired from *within* the individual. The spiritual dimension of the participant is relied upon for guidance and insight concerning the unfoldment of the process. (See Fig 1)

Abraham Maslow and Self-Actualization

Abraham Maslow taught that an individual's optimal health and experience of self-actualization could only be attained by fulfilling certain essential needs.¹⁶¹ The "being" needs identified by Maslow are synchronous with the "intrinsic" needs presented in the Integration Chart©.¹⁶² (Fig. 2) The self-actualizing process, which is compatible with Jung's individuation process, presents the overt steps taken to maximize our inner and outer relationship to the world, individually as well as when relating to others.¹⁶³

Symbols and ICS©

Essential to the ICS© are symbols used in the integration process experienced by participants. The multi-dimensional qualities of symbols help us to understand ourselves

and many of our instinctive and deep-rooted actions and reactions.¹⁶⁴ Symbols can embody superstitions, fears, and beliefs, and they help us understand why certain actions and beliefs are so persistent and universal.¹⁶⁵ The ICS© uses the power of symbols to balance and integrate conflicting emotions, attitudes, and beliefs.¹⁶⁶ As Holos University Graduate Katherine Hunter states in her Masters Thesis, “Language is an inadequate container for the gestalt that is the embedded response; it is only in the image, the symbol, that the full concept may be held. The imaginal is the place between; it is the place of potential that exists between and bridges what is and what could be.”¹⁶⁷ As an international language, symbols such as the serpent, the swastika, the tree, and the circle appear in every developed culture.¹⁶⁸ Symbols were commonly used in early and primitive civilizations including the Sumerian, the Chinese, and the Egyptian, up to present time.¹⁶⁹ However, the symbol is subject to change and may represent one thing in one culture and something else in another.¹⁷⁰ The serpent, for example, generally a symbol of wisdom, represents the devil and evil in the West; in the East it appears as a dragon and represents supreme spiritual power.¹⁷¹

Assagioli notes the value of symbols when used as tools in transforming the unconscious realm of mind. He credits Jung with recognizing symbols as “transformers of psychic energy.”¹⁷² According to the *Herder Dictionary of Symbols* “...the symbol...directs us to ponder the great complexity of reality.”¹⁷³ In support of the importance of symbols, Jungian psychologist Edward Edinger states, “Modern man’s most urgent need is to discover the reality and value of the inner subjective world of the psyche, to discover the symbolic life.”¹⁷⁴

During the ICPA™ participants are initially invited to give form to feeling. (Appendix A: Step #6) This first form is the “old symbol” or, in the modified form for adolescents, the “old image”. Subsequently, in like manner, participants are invited to describe feelings associated with intrinsic qualities. (Appendix A: Step #9) A new symbol/image embodying holistic Soul qualities that can intrinsically fulfill the participant’s original extrinsic need is introduced. By allowing the old symbol and its primitive but protective intention to be absorbed and translated by the new symbol, conflicting emotions, beliefs, and attitudes are transformed, integrated and balanced.¹⁷⁵

In the words of the ICPA™ author:

In the IC Process™ the Old Symbol represents all nuances and aspects of the original reactive coping pattern and relays multilevel information about that original emotional response and coping pattern. The IC Process™ acts as a transducer that, actuated by the energy of the emotion evoked by the old symbol, supplies that same energy to the new (Soul Quality) symbol. Thus, the degree of change (healing) that occurs is often directly proportionate to the energy of the emotion aroused by the issue, and to how willingly that emotion is accessed and re-experienced in the body. By giving the old symbol a shape and form, we recognize its causative, concrete reality in our life.¹⁷⁶

Archetypes and ICS©

In addition to valuing symbolism, Jung also recognized the importance of balancing the masculine and feminine elements within the individual, identifying working with the Shadow, identifying the various other archetypes within (Jung identified the archetype as the God image within the individual), and experiencing Self-realization which he called individuation. Embracing Jung’s pertinent ideas, the ICS© perceives balancing the masculine and feminine elements of the participant as essential aspects of the process. (See Fig. 2) Also, the ICPA™ assists the participant in

transforming the elements of the Shadow.¹⁷⁷ Additionally, working creatively with individual archetypes is another important aspect of the ICS©.¹⁷⁸

Jung believed that our every effort is an effort toward God whether we realize it or not. He explained that the collective unconscious is the “part of the unconscious (that is) not individual but universal”.¹⁷⁹ These concepts correlate with the ideas of wholeness and oneness set forth in the ICS©.

The effort towards understanding of oneself is aptly described by Jungian psychologists Robert Moore and Douglas Gillette. In their approach designed specifically for men, the individual is led through a process of self-examination by identifying inner archetypes which include the King, the Warrior, the Magician, and the Lover. Building on the work of Carl Jung regarding the archetypal Self, the program provides a map of attitude/behavior patterns for men and is another model designed to help individuals achieve balance and wholeness.¹⁸⁰

Adaptation of Consciousness and ICS™

Psychologist Robert Ornstein postulates that the adaptation of human consciousness to the modern world is of primary importance in achieving social stability and, indeed, survival of the human race. Ornstein states that learning to function in the world in such a way as to intuit one’s proper relationship to it environmentally, psychologically, and spiritually is a task that must be assumed if we are to survive.¹⁸¹ Maslow concurs, stating that our world must have people who can adapt to change and improvise in unfamiliar circumstances, and this “means a new type of human being.”¹⁸² Accordingly, the ICS© is structured to help young people attain the level of consciousness needed to function creatively and harmoniously in the modern world.

Through the ICS© “we are transformed as we integrate and balance the essential ‘being’ qualities within our physical and subtle bodies. We arrive at a ‘way of being and knowing’ in which the polarities of our existence are joined together within a balanced and healthy equilibrium. We ‘become’ or embody the intrinsic qualities that we seek as we self-actualize, and in so doing we make real (or realize) our True Self. As we realize more aspects of the True Self, we comprehend our relationship within what Ken Wilber refers to as the ‘Great Nest of Being and we can say, ‘I am That I Am.’”¹⁸³

The Reality of Spirit

The idea that the spiritual dimension is dynamically real is the premise on which the ICS© and the new world view are based. Swami Abayananda writes that mystics throughout the ages are in agreement regarding the ultimate experience of Oneness, the Truth of Being.¹⁸⁴ Spiritual teacher and author, Andrew Harvey, presents a look at the mystical traditions of the world’s great religions pointing out the urgent need in our world for a higher transcendent world view that reflects the love and wisdom characteristic of these faiths.

Wholeness and ICS©

Harvey also calls for balance of the masculine and feminine the absence of which, he writes, has resulted in anger and despair among the people of the world.¹⁸⁵

Emphasis on the importance of acknowledging the Sacred Feminine is espoused by Hallie Iglehart Austen, “...the Goddess represents a unity and wholeness which is the birthright and potential of every human being. All of us, all of existence is the Divine.”¹⁸⁶ The re-incorporation of the Sacred Feminine into the fabric of society after five thousand years of patriarchy will result “in recovering our full human history as men

and women” which will reveal to us, “life, connection, and responsibility.”¹⁸⁷ The ICS© supports this idea as follows: “...in the interest of wholeness, we each need to integrate and balance both of these (masculine and feminine) innate aspects of the personality.”¹⁸⁸ Further explanation reveals that, “Functional relationships result when whole individuals, who have balanced the polarity qualities within themselves, share that wholeness and balance.”¹⁸⁹

The Mind-Body Connection and ICS©

Supporting the reality of spirit in his discussion of the mind-body connection is Ernest Rossi, who explains in his book *The Psychobiology of Mind-Body Healing* that physiological changes can take place within the body through the use of language. (Here, refer to the language of the Integration Chart©, Fig. 2, and the intrinsic qualities such as trust, justice, mercy, love, joy, compassion, etc.) Rossi describes the brain as having within it a structure that transcribes language into physiological response. He identifies the structure as the hypothalamus found at the brain’s lower level. Nerve fibers serve as lines of communication between the hypothalamus and the systems and organs of the body as well as the higher cortex. Information enters the hypothalamus from the brain’s cortical areas. The hypothalamus then converts the energy of the nerve impulses from the cortex into the language of the body.

Rossi describes the cells of the hypothalamus which ‘transduce nerve impulses from higher cortical sources into mind-modulating effects on the production of the hormones...These are stored in the posterior pituitary cells until they are released into the general bloodstream to regulate the kidneys and other organs during stress. *Many such cells from the different nuclei of the hypothalamus transduce the neural information of mind into the somatic processes of the body via the pituitary and endocrine system.* This understanding of how these neurons in the hypothalamus transduce neural information of mind into hormonal messenger molecules of the

body is called neurosecretion; it is the central concept of modern neuroendocrinology.'

To the question, 'Is there a mind-body connection?' Rossi answers, 'Yes, it is really true! Under 'mental' stress the limbic-hypothalamic system in the brain converts the neural messages of the mind into the neurohormonal 'messenger molecules' of the body. These, in turn can direct the endocrine system to produce steroid hormones that can reach into the nucleus of different cells of the body to modulate the expression of the genes. These genes then direct the cells to produce the various molecules that will regulate metabolism, growth, activity level, sexuality, and the immune response in sickness and health...Mind ultimately does modulate the creation and expression of the molecules of life!¹⁹⁰

Epidemiology and ICS©

Providing further evidence of the influence of the spiritual dimension in our lives, Jeff Levin has pioneered the research process known as epidemiology which "uses scientific methods to describe patterns of health, disease, or death in a population by characteristics of person, place, or time."¹⁹¹ Levin states that "a large body of research shows that folks who are religiously or spiritually involved, compared to those who are not, have a lower incidence of many diseases and a significantly lower death rate."¹⁹²

Along with the exoteric, Levin investigates the esoteric or mystical aspect of spirituality. He describes the still developing area of esoteric research as a new frontier. "Scientific findings from other fields such as psychology, neurology, anthropology, and sociology are beginning to answer important questions about mystical experience and its relationship to our well-being."¹⁹³ He continues, "The answer to the question, "Are mystical experiences common?" is an emphatic yes."¹⁹⁴

Levin comments on the ideas of universal life energy (also called prana and life force) and the chakras as well as non-local mind. "Research findings suggest that we are on the verge of a medical revolution – yet another paradigm shift. The emerging medical model postulates that body, mind, and something beyond mind – call it "spirit" – work

together to promote health, prevent illness, and produce healing.”¹⁹⁵ As previously noted, the ICS© fully embraces the idea that we are ultimately spiritual beings and emphasizes the idea of integration and transformation of consciousness to propel us toward full realization of our inherent spiritual nature

Soul Logic and ICS©

Among the scientists who have connected the world of science and the spiritual is Georges Lakhovsky who states, “It seems probable that the foci of activity referred to as the Self and Ego are dynamic, fluctuating, shifting events within the reticular system and upper brain stem.”¹⁹⁶ Andrew Newburg and Eugene D’Aquila in the twentieth century pioneered work in neurotheology in an effort to understand the relationship between the brain and spirituality. Their findings reveal that “...the brain possesses a neurological mechanism for self-transcendence.”¹⁹⁷ Their research led them to ask the question, “Could it be that the brain has evolved the ability to transcend material existence, and experience a higher plane of being that actually exists?”¹⁹⁸ The ICPA™ echoes these thoughts: “The Inner Counselor proposes that the neocortex provides a physical interface with the subtle energy mental-body and with the subtle energy Soul-body allowing us to access soul logic. Using the ICS™ we connect the three levels of the brain, and the three major levels of consciousness, including the wisdom of the Soul. Thus, the meaning of the word, “psychology” returns to it’s root meaning, ‘soul logic’”.¹⁹⁹

The Four Agreements and ICS©

Another advocate of the spiritual dimension, don Miguel Ruiz, writes that, “Everything in existence is a manifestation of the one living being we call God...The real us is pure love, pure light.”²⁰⁰ Ruiz explains yet another process that offers solutions to many of life’s dilemmas. In his book, *The Four Agreements*, Ruiz describes the process which includes: be impeccable with your word, don’t take anything personally, don’t make assumptions, and always do your best. The Four Agreements are parallel to the intrinsic needs of the ICS© which include integrity, self-value, courage, and commitment. (Fig. 2)

In accord with the Four Agreements, helping us to awaken from the false dream of the planet to the reality of our true spiritual nature is the intent and focus of the ICS©. *“When the energy of the High Self is free to move through an unobstructed, balanced personality, we transform our physical and psychological reality, and ultimately transcend restrictive limitations. Thus, the transformation of the personality helps to heal body and mind dysfunction and also forms the basis for a lifetime spiritual journey.”*²⁰¹ (Italics added)

The ICS© Integration Chart© and the Chakras

The chakra system is an essential part of the Inner Counselor Integration Chart©. The chakras are another area of our being that are vital to our unfoldment since each chakra is inextricably attached to our mental, emotional, physical, and spiritual states.

According to Lama Anagarika Govinda in *Foundations of Tibetan Mysticism*, the currents of cosmic or nature-energies which flow through the chakras may be

transformed into spiritual potentialities.²⁰² It is precisely this focus on transformation of the lower aspects of consciousness to the higher which the Inner Counselor System© embraces. Govinda explains further that the West perceives the seat of consciousness to be the brain while the ancient Buddhist yogic point of view asserts there are several possible forms of consciousness in addition to the brain. These forms of consciousness can be centered or localized in various bodily organs. The ‘organs’ or centers of force which collect, transform, and distribute the energy currents which flow through them are called chakras. Secondary streams of psychic force radiate from the chakras in a way similar to the spokes of a wheel.²⁰³ Govinda’s words about the chakras are illuminating, as follows:

In other words, these chakras are the points in which psychic forces and bodily functions merge into each other or penetrate each other. They are the focal points in which cosmic and psychic energies crystallize into bodily qualities, and in which bodily qualities are dissolved or transmuted again into psychic forces. ‘The seat of the soul is where the inner and outer world meet. When they penetrate each other, it is present in every point of penetration.’ (Novalis.) We, therefore, can say that *each psychic centre in which we become conscious of this spiritual penetration, becomes the seat of the soul, and that by activating or awakening the activities of the various centres, we spiritualize and transform our body.*²⁰⁴ (italics added)

As shown in the ICS© Integration Chart©, the chakras correlate with the coping reactions of the Old Symbol, the intrinsic qualities of the New Symbol, and the Ideal Qualities of the Flow Chart. (See Fig. 2) Emphasizing the connection between physical health and the chakras, physician and author, Evarts G. Loomis, explains that if we want to assimilate the great reservoirs of energy that surround us, developing the control of the chakras is essential. “These vortices of energy selectively suck in cosmic energy and relate it directly to one of the endocrine glands. These latter, which are guardians of

health, exert a strong regulatory control, through hormones and the involuntary nervous system, on the body organs.”²⁰⁵ This observation by Loomis is in concert with the ICS© which emphasizes the connection between the physical aspect of the human being and the chakras.

Loomis asserts, “Speaking in the terminology of psychosynthesis, the arousing of the lower centers is the personal synthesis that must precede the spiritual synthesis. This is accomplished through self-discovery, through recognizing our ego and accepting ourselves just as we are.”²⁰⁶ Again, the focus of the ICS© is on helping participants in their journey of self-discovery. Loomis continues by explaining that consciousness is raised to the level of spiritual synthesis as we give our attention to activities (such as those proposed by the Inner Counselor Process for Adolescents™) that support our process of unfoldment. In this way, Loomis declares, the body, mind, emotions, and spirit are affected positively toward greater balance and more abundant living.²⁰⁷

Therapist, educator and author, Anodea Judith, explains that the chakra system may be likened to a map which can be used for our journey through life.²⁰⁸ The map indicates the process of our unfoldment and includes the entire spectrum of human possibility extending from the mundane to the spectacular.²⁰⁹ “Chakras are associated with seven basic levels of consciousness. As we experience the opening of a chakra, we also experience a deeper understanding of the state of consciousness associated with that level.”²¹⁰

Medical intuitive and author, Caroline Myss, in her books, *Why People Don't Heal and How They Can* and *Anatomy of the Spirit: The Seven Stages of Power and Healing*, encourages unification of oneself with the Highest by attuning to the messages

of the seven chakras. Each chakra has a specific location in the body; each is connected energetically to the physical as well as the mental-emotional body, each has a symbolic and perceptual connection, each has fears and each has strengths, and each has a sacred truth. Each chakra is necessary to the person's spiritual process and progress. Through the choices made, the individual either maintains status quo or slides into illness or both, or the individual progresses to the experience of spiritual rebirth. The accompanying chart shows the correlations between the transpersonal human journey and the Integration Chart© of the Inner Counselor System©. (See Fig. 3)

The First Chakra: The Tribe

Referring to the first chakra, Myss explains that there is a desire within virtually all people to explore their own creative talents and develop their own authority and individual power.

As presented in the ICS© Integration Chart© (Fig. 2), the first column in the downdrafts section which is connected to the first chakra identifies the words associated with feelings and reactions when needs are not met. These words, such as Hopeless, Helpless, and Shut Down reflect the reactive coping patterns that are established in the psyche when basic needs are thwarted or ignored. The ICS© assists participants in becoming conscious of their power and using that power to move out of the stagnation of

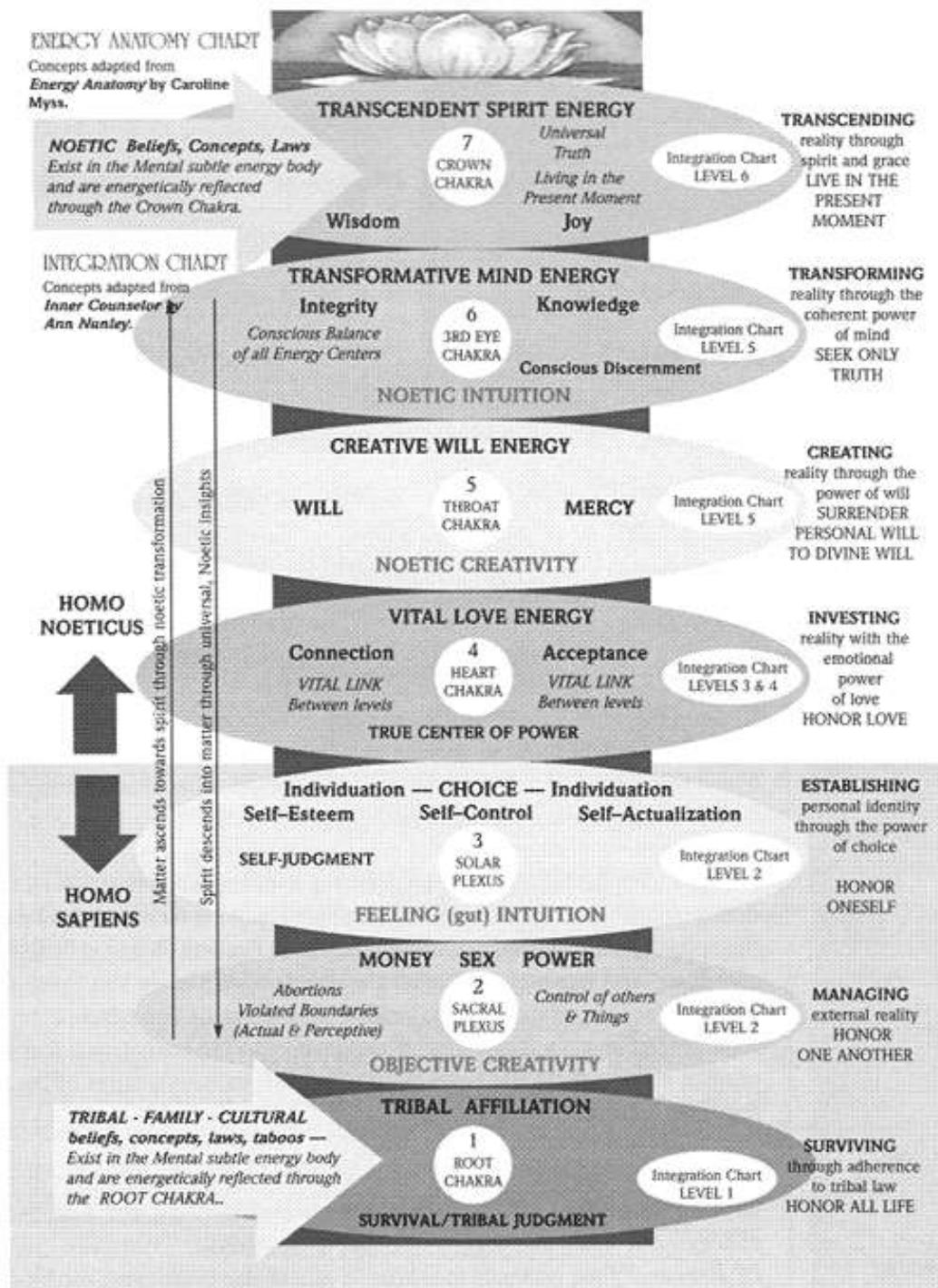


Figure 3: Chakra Diagram

the downdrafts into the updrafts where extrinsic needs become intrinsic needs which lead to inner qualities of Courage, Stamina, and Stability, among others, as presented in the updrafts column one, Physical Inner Qualities.(Fig. 2)

The challenge takes place as the individual strives to leave the old to embrace the new with dignity and grace. (Italics added) Through the 14 step process, the ICPA™ provides a way for participants to leave the old reactionary patterns of lack and limitation and embrace the new with dignity and grace. (Appendix A)

Second Chakra: Polarities

Myss emphasizes the importance of choice when working with the second chakra. “Managing the power of choice, with all its creative and spiritual implications, *is the essence of the human experience.* All spiritual teachings are directed toward inspiring us to recognize that the power to make choices is the dynamic that converts our spirits into matter, our words into flesh.”²¹¹

The focus of the second chakra is on building clean, healthy, non-threatening personal relationships to power, sex, and money. The key to knowing that one’s relationships (to power, sex, and money) are healthy is through a feeling of safety, “giving one the feeling that no matter what problems arise in one’s physical life, a way out can be found.”²¹²

The downdrafts section of the second column of the ICS© Integration Chart© which is related to the second chakra (sacral and solar) carries with it such words as Stifled, Trapped, Overwhelmed, Not OK, and Insecure. One may find a feeling of safety by *choosing* to move from these restrictive patterns to the second column of Personal Inner Qualities: Assertiveness, Freedom, Creativity, I’m OK, Confidence. (Fig. 2)

Third Chakra: Self-Esteem/Personal Power

The third chakra or solar plexus is related to issues of self-esteem and personal power. The importance of the third chakra regards individuation. It is the point of transition from focus on the external world and one's point of view towards that which is outside the self to attention to the internal and relationship with oneself. Emphasis is placed on this in the second column of the Integration Chart's© Personal Inner Qualities which include Worthiness, I'm OK, Confidence, Creativity, Freedom, Control, and Assertiveness.²¹³

Fourth Chakra: Love

Synchronous with the message of the ICS©, Myss' observation of the fourth chakra, the heart or love chakra, places emphasis on the spiritual importance of the, "central powerhouse of the human energy system."²¹⁴ Emphasizing the fourth chakra's message of oneness, the ICS© focuses on helping the participant to establish union with the transformed personality and spirit.

In the Integration Chart© (Fig. 2) Downdraft Columns 3 and 4, correlating with the fourth chakra, present the coping reactions of Victim, Devalued, Unloved, among others which when transcended become the healthy and whole Interpersonal Inner Qualities and Group Inner Qualities that include Love, Connection, Harmony, Gratitude, Consensus, Respect, Sincerity, and Empathy.

Echoing the ICS© message, Myss also emphasizes the importance of the fourth chakra in our unfoldment with these words, "The only path toward spiritual consciousness is through the heart. That truth is not negotiable, no matter what spiritual tradition one chooses as a means to know the Divine. Love Is Divine Power."²¹⁵

Fifth Chakra: Will

The fifth chakra focuses on the idea of surrendering our personal will to Divine Will. Here we are faced with the power of choice and all the mental and emotional struggles that are involved in the process of making choices. In concert with the teaching of the Inner Counselor Process for Adolescents™ as shown in the Integration Chart© (Fig. 2, Column 5), Myss asserts that, “The spiritual lessons of the fifth chakra show us that actions motivated by a personal will that has trusted in Divine authority create the best effects.”²¹⁶

Sixth Chakra: Wisdom

Wisdom is the attribute of the sixth chakra which involves our abilities to reason and discern as well as our psychological skill at evaluating our attitudes and beliefs. The fifth column of the Integration Chart© which correlates with chakras five and six emphasizes the Coherent Inner Qualities of Trust, Self-knowledge, Integrity, Commitment, Justice, Compassion, and Mercy. It is here that one experiences transformation and moves from expression of self to Self-expression. As Myss suggests, wisdom is achieved through our life experiences as well as acquiring the ability of detachment.²¹⁷ Detachment is beyond the personal mind’s influences leading to the insight and power of the open or impersonal mind.²¹⁸

Seventh Chakra: Oneness

In the ICS© Integration Chart© (Fig. 2) the seventh chakra is in column six which is the column leading through the Radiant Inner Qualities to the Flow Chart’s Ideal Radiant Qualities of the Transcendent Self and Enlightenment, the mystical realm. The seventh chakra connects us to our spiritual nature and our ability to permit our spirituality to be integrated into our physical lives and become our guidance.²¹⁹ Through the seventh

chakra we are aligned with the desire to seek oneness with Spirit.²²⁰ “It is the mystical realm, a dimension of a conscious rapport with the Divine.”²²¹

As noted above, the chakra energy system influences the entire human being in keeping mind and body healthy. The seven chakras express what and who we are, how we think and what we feel.²²² As pointed out in Myss’ discussion, the chakra system is basic to our experience of life, our perception of reality, and how we relate to self, one another, and our world. Of ancient origins, the chakra system is actually traditional and is part of the integrative path toward Oneness.²²³

Conclusion

With exposure through research studies that have already been conducted as well as this one just completed, the dynamic message and potentially profound influence of the ICS© may find more wide-spread acceptance. Additionally, as its healing power is recognized, therapists and psychologists may find it useful to include the ICS© message in their work. Such exposure may encourage more general acceptance of the ICS©, not only in churches, but also in the public school system. Indeed, in order for such wide-spread acceptance to occur, it appears that a new world view awaits stimulated interest on a mass scale towards transpersonal, transcendent, and transformative points of view such as are found in the Inner Counselor System©.

CHAPTER TWO: METHODOLOGY

“When you come to be sensibly touched, the scales will fall from your eyes; and by the penetrating eyes of love you will discern that which your other eyes will never see.”

~ Francois Fenelon, 1651- 1715

Included in chapter two are descriptions of the research design, the participants involved in this study, the instrument used, and the procedures followed in the research.

Study Design

This study in intervention research used a pretest-posttest control group design which allows for determining the degree of change as a function of the intervention.

The purpose of this study is to examine the effects of the ICS© on the well-being of twenty-eight Sunday school students in Unity churches, ages eleven to eighteen. The study focused on the subjects’ guiding one another through the transpersonal Inner Counselor Process for Adolescents™. The guided self-awareness process is designed to support changes in non-optimal patterns of thought and behavior while also encouraging expanded states of self-awareness.

Participants: Recruiting Facilitators

The principal investigator (PI) conducted two pilot studies before embarking on the journey of the full research study, “The Effects of the Inner Counselor Process for Adolescents™ and Its Conceptual Materials on the Well-Being of Youth in Unity Churches.” Originally, the research project was to have included adolescents attending churches in the New Thought movement which includes Unity. The reason for entertaining the idea of working with the adolescents in New Thought churches as

participants in this study was that the philosophy of this group of churches is analogous to the ideas presented in the ICS©. However, upon contacting the youth education directors at the New Thought churches the PI learned that they were unable to participate in the study due to inadequate numbers of adolescents in the Sunday school department or prior commitments. In addition to the participants at the Unity church in the PI's home state, the PI then chose to recruit participants from Unity churches in adjacent states because the aforementioned pilot studies had been conducted in two churches in the PI's home state, and the number of potential candidates to participate in the study had been reduced.

Prior to beginning the actual study, the PI was given permission from the senior minister of the Unity church to conduct the study in that church where the PI and participants of the study attended. In order to expedite contact with the youth education directors at the various Unity churches, the PI asked the youth education director (UYED) at the PI's church to assist. That director gave the PI the names and contact information for the qualifying Unity youth education directors (that is, in the churches where the youth departments yielded the numbers necessary for the study) in three different states as well as the state wherein the PI lives, a total of at least seventeen prospective assistants for the study. It was anticipated that the prospective assistants would use the ICS© with the students in their youth departments. The local UYED explained to the PI that some Unity churches were limited regarding participation in this study due to an inadequate number of young people in their Sunday schools in the age range required, 11 years to 18 years.

The PI telephoned each of the recommended prospective Unity youth education directors suggested by the local UYED and succinctly explained the criteria of the ICS© and the training sessions. (Appendix B) The PI used the same explanation for each of the directors.

In addition, with the permission of the Nunleys who conducted the event, the PI invited each of the directors to attend an ICS© training session to be held approximately three months from the time of contact. The training session was to be conducted at the home of the individual who designed the ICS©, Ann Nunley.

Of those who were contacted, one UYED and two Unity Sunday school teachers, all from the same Unity church in another state, agreed to participate in the research study. Most of the other Unity youth education directors who were contacted explained that they were interested in the program but had other commitments which interfered with the time frame of the training and the study, including work, travel, and family obligations. Also, five of the Unity churches contacted did not have the required number of qualified young people, ages 11 to 18, in their Sunday school department.

Training Facilitators for the ICS©

The workshop-style four day training for the ICS© was held at the home of Bob and Ann Nunley; Ann Nunley is the designer of the whole systems approach.(Appendix C) Twelve people, including the PI and the UYED and the two Unity Sunday school teachers in the ICPA™ group, participated in the training. Recommended attire was casual. The workshop began at approximately 9:00 AM and concluded at approximately 5:00 PM each day for four consecutive days.

For general instruction regarding the nature of the Inner Counselor Process™ and its conceptual materials, the attendees gathered in the main room of the Nunley home. When the attendees were divided into small groups to practice the process, the UYED and the two Unity Sunday school teachers and the PI met in a room separate from the rest of the attendees due to the special focus on this research study.

So that the UYED and teachers could experience the scope of the ICP™ program, Ann Nunley requested them to use the fifteen step format of the original Inner Counselor Process™ during their guided sessions at the workshop rather than the modified fourteen step ICP™ for adolescents. (Fig.1) Each of the three Unity teachers experienced four practice sessions, as did all the other attendees, guiding one another through the Inner Counselor Process™. The first session was practiced on the second afternoon of the workshop following comprehensive lectures explaining the ICS©. The second and third sessions were practiced on the morning and afternoon of the third day. The fourth session was practiced on the morning of the fourth day. The PI observed the guided sessions of the Unity trainees, made appropriate comments, and helped guide the research study trainees during the process as needed.

For purposes of this research study, Ann Nunley adapted the Inner Counselor Process™ for use by young people. (Appendix A) It is the adapted version that the teachers and the PI used with adolescents during the course of the actual research study. The adapted version includes fourteen steps instead of fifteen steps and asks participants to envision an image rather than a symbol as indicated in the original Process. It is titled the Inner Counselor Process for Adolescents™ (ICPA™).

As follow-up work and assistance with the progressive understanding of the Inner Counselor Process™ and its conceptual materials, all the attendees, including the participating teachers in this study, were expected to conduct case studies and join together on selected days for discussion of their case studies with Ann Nunley. Since the PI has received formal training in the ICS© with the Nunleys, has audited two training sessions, assisted with one, and has conducted a training for the ICS©, case studies from the PI were not expected. The PI was, however, present during the group telephone meetings.

Participants: Recruiting Adolescents in City A

The two separate locations used for the study will be henceforth designated as City A and City B. The PI began preparation for informing prospective participants in the study immediately upon returning from the Inner Counselor Process™ training. That location will be henceforth designated as City A. The UYED and the two Sunday school teachers located in another city and state decided to postpone commencement of the program at their church for three months due to prior scheduling commitments. That location will be henceforth designated as City B.

The following paragraphs describe the process of notifying and informing prospective participants in the study known as “The Effects of the Inner Counselor Process for Adolescents™ and Its Conceptual Materials on the Well-Being of Youth in Unity Churches”.

Assisting the PI during the study at the PI’s church in City A was the UYED of that church. Since the UYED had attended the ICP™ and its conceptual materials training at the Nunley’s home a year prior to this study, she was equipped to speak

clearly about the process to the adolescents. The PI and the UYED worked together in preparation for informing and assembling the adolescent population which included several steps.

To clarify, all facilitators in the study followed a specific procedure. The sequential steps are as follows:

1. Flyers were distributed announcing the introductory meeting to explain the study and the ICS©
2. Telephone calls were made to remind parents and adolescents of the introductory meeting
3. An introductory meeting was held to explain the study and the ICS©
4. Telephone calls were made to interview the participants regarding eligibility requirements
5. A pre-sessions meeting was conducted to test the participants, distribute the Informed Consent forms, the Participant Information Report forms, administer the STAIC test, and briefly review the ICS©
6. The evaluations were administered three times; one immediately prior to the sessions, one immediately at the close of the sessions, and one four weeks after the sessions had ended

First, a flyer with pertinent information regarding an introductory meeting to explain the study was sent home to the parents/guardians with both the middle school students and the high school students during Sunday school two weeks prior to the selected date of the introductory meeting. (Appendix D) Following the initial contact by flyer, the PI and the UYED divided the number of prospective participants during the

next week and called them to remind each one of the forthcoming meeting to be held in the Youth of Unity (YOU) room where the high school group meets weekly during the Sunday 10:00 AM church service. A total of two people attended the introductory meeting. The first to attend was a boy in the eighth grade. The PI and UYED explained the process to the boy and the parent of another adolescent using the sheet with the fourteen steps of the Inner Counselor Process for Adolescents™(Appendix A) and the Integration Chart© (Fig. 2) as references and invited participation in the study. At that time they left expressing interest in the process.

During the week following the introductory meeting, the UYED contacted the youth in grades six, seven, and eight who were eligible to participate in the study. (At this stage in recruitment, eligibility referred to appropriate ages and any who may have had prior exposure to the ICS©.) Those who had agreed originally to attend the introductory meeting but were absent later explained that they had either forgotten about it or a conflict of scheduling had arisen. At this point in time, the PI chose to contact only middle school candidates to participate in the study. The prospective high school participants would be contacted a second time after the middle school participants had finished the program.

In addition to the two people who had attended the meeting and expressed interest in the program, the UYED was successful in contacting the required number of eligible students to participate in the study during the week following the introductory meeting by contacting each one individually on the telephone. Thus, there were a total of eight participants in the middle school group, four in the treatment group and four in the control group.

As described above, the number of adolescents in the church youth education program who were eligible to participate in the study was limited. Therefore, the number of participants available for the study precluded random selection.

Participants: Recruiting Adolescents in City B

The UYED and two Sunday school teachers in City B conducted the ICS© sessions according to the protocol agreed upon with the PI in City A. All three individuals in City B attended the ICPA™ training as described in the section on “Training for the ICS©”. The following describes the process of notifying and informing prospective participants in the study as discussed in the section above, “Recruiting Adolescents in City A”. The introductory meeting was held to explain the facets of the study to interested attendees.

Protocol for this stage of the study was carried out exactly as described in the section above designated as “Participants: Recruiting Adolescents in City A”. All adolescents and parents who were contacted agreed to attend the introductory meeting. Attendance at the introductory meeting, which was held to explain the research study and the ICS©, was attended by five people. The three adolescents present expressed interest in participating and the two parents present expressed interest in the program for their children. The following week the UYED and the two teachers called each of the eligible adolescents in the youth program, including those in middle school and high school, to request their participation in the ICS©; they were given instructions to attend the first session two weeks later at the church in the YOU room. Again, eligibility at this stage included appropriate age and no prior experience with the ICS©. Adolescents who committed to participate in the program included eight middle school students and eight

high school students. In other words, there were four adolescents in each of the groups, treatment and control, in both the middle school and high school groups. The pre-session was held two weeks following the introductory meeting. The UYED and the two teachers emphasized the importance of steady attendance for those in the treatment groups. The participants were willing to commit to attending each of the four ICPA™ sessions.

Population of Middle School Participants in City A

In City A the date for the first ICS© meeting of middle school youth, including the treatment group and the control group, was scheduled for Sunday at 8:50 AM two weeks following the introductory meeting described above and one week following the pre-sessions meeting. Once the UYED had confirmed that a total of eight middle school students had agreed to participate in the program, the PI contacted each one on the telephone to interview them concerning eligibility requirements including appropriate age, between eleven through thirteen, in grades six, seven, or eight, any prior experience with the ICS©, willingness to be present for each of the four sessions (treatment group only), and medical status as indicated on the Participant Information Report Form.

(Appendices E and F)

Population of Middle School and High School Participants in City B

In City B, the date for the first ICS© session, including the treatment and control groups of *both the middle school and high school students*, was scheduled to meet in the YOU room on Sunday two weeks following the introductory meeting. During the intervening time, upon dividing the number of participants to be called, the three facilitators called the participants to interview them concerning eligibility requirements as

described in the section regarding “Population of Middle School Participants in City A” immediately above.

Population of High School Participants in City A

The introductory meeting for Inner Counselor for Adolescents™ and its conceptual materials to inform prospective participants in high school (YOU) and their parents/guardians was held five weeks after the conclusion of the program with the middle school group. Flyers were distributed at church to each eligible high school student two weeks prior to the meeting to be delivered to parents/guardians in order to notify them of the upcoming meeting. (Appendix D) Eligibility for this initial meeting was based on the ages of the individuals and whether or not the individual had prior experience with the ICS©. During the week prior to the meeting, the IP and the UYED divided the numbers to be called and telephoned each of the prospective attendees to remind them of the meeting. If a parent answered, the caller explained the reason for the call and asked that the prospective participant be reminded of the meeting also. If the prospective participant answered the phone, the message was delivered with a request to inform the parents/guardians of the meeting. If no one was at home a message regarding the meeting was left on the answering machine. All parents and prospective participants contacted agreed to attend the meeting. One YOU girl called the UYED the day before the meeting to say that a conflict in scheduling had arisen and she would not be able to participate in the program.

The introductory meeting was held on Sunday at 11:30 AM after the 10:00 AM church service in the YOU room where the middle school group had met. A total of five parents attended. A total of four members of the YOU high school group attended. The

PI and the UYED used the sheet with the fourteen steps in the Inner Counselor Process for Adolescents™ (Appendix A) and the Integration Chart (Fig. 2) as references while explaining the program. One parent inquired about the purpose of the study. The PI responded stating the explanation used in the Purpose of the Study as described in chapter one of this dissertation. The meeting was concluded with all present expressing interest in the program. The adolescents expressed interest in participating in the process. Two girls explained that they would be involved in a school play during the time the sessions were scheduled and would not be able to participate in the program.

During the following week, the PI and the YUED called members of the eligible high school group inviting them again to participate in the ICS© program to begin two Sundays after the introductory meeting at 11:30 AM following the 10:00 AM church service. A total of four students confirmed that they would participate in the treatment group of the ICS©. No students were available to participate in the control group due to prior commitments. During the time prior to the pre-session meeting the PI called the prospective high school students and interviewed them regarding eligibility for the program. (Appendix E)

At the first pre-session of the ICS© two high school students attended. One had been present for the introductory meeting; the other had not but his parents had been present. Follow-up contacts of those who had agreed to participate revealed that conflict in scheduling had arisen for the other two who did not attend the first session. They also said that they did not want to participate in the control group.

With two high school students in the treatment group and none in the control group a search for two more high school students was initiated at traditional churches in

the vicinity of the Unity church. As explained above, the other Unity churches in the area had already been contacted but had declined the invitation to participate due to inadequate numbers in the youth program. Of the four contacted, one youth education director (YED) responded and agreed to let two of the high school students in his youth group participate in the control group of the ICS© program. The PI met with this YED, explained the ICS© program, the need for students in the control group, and the requirements of that group as described above. The PI left the Inner Counselor Process™ and its conceptual materials manual which contains the Integration Chart© and the Inner Counselor Process™, along with the Informed Consent forms and the Participant Information Report forms, in addition to the STAIC evaluation sheets for testing the control group three different times. The appropriate testing schedule was outlined for the YED who agreed to administer the test to the control group participants at the times specified: on the date of the first test given to the treatment group, on the date of the second test, and on the date of the third and final test. Since the members of the church youth group, which included the two students in the control group, meets each Sunday evening at their church testing on the appropriate dates was readily achieved. Once the two adolescents agreed to participate the PI met with them one-half hour prior to their Sunday evening meeting at their church to review eligibility requirements. (Appendix E) The PI administered the STAIC test (Appendix K) and briefly explained the study and the ICS© (Appendix A and Fig. 2) to them. They were asked to take the Informed Consent Forms (Appendix I) and the Participant Information Forms (Appendix F) home for their parents to sign and to return them to the YED at their church ultimately to be given to the PI.

Population of Middle School and High School Participants in City B

In City B, the date for the first ICS© session, including the treatment and control groups of *both the middle school and high school students*, was scheduled to meet in the YOU room on Sunday two weeks following the introductory meeting. During the intervening time, upon dividing the number of participants to be called, the three facilitators called the participants to interview them concerning eligibility requirements as described in the section regarding “Population of Middle School Participants in City A” immediately above.

Demographic Information

Twenty-eight adolescents, 42.9% (n=12) males and 57.1% (n=16) females committed to participation in the study according to the process described above. They ultimately fulfilled all of the inclusion criteria. The treatment group consisted of 14 adolescents. 50% (n= 7) were male and 50% (n= 7) were female. The control group consisted of 14 adolescents. 50% (n= 7) were male and 50% (n=7) were female. Both groups represented ages between 11 and 18.

Age 11	Age 12	Age 13	Age 14	Age 15	Age 16	Age 17
5	4	6	2	3	5	3

Table 1: Age Groups Participating in the Study

Sample

Of all those who were contacted a total of twenty-eight adolescents responded. No parents/guardians expressed any concerns in any of the groups regarding the sessions,

the written agenda, or the dependent variables before, during, or after the study was completed.

Criteria for all Participants

The following criteria and accompanying remarks apply to all groups in both cities A and B.

Inclusion Criteria

- The participants in the middle school groups had to be between eleven and thirteen years of age and in grades six through eight at the beginning of the study period. The participants in the high school groups had to be between fourteen and eighteen years of age and in grades nine through twelve at the beginning of the study period.
- Participants could have no prior involvement in an Inner Counselor Process for Adolescents™ and its conceptual materials
- An informed consent form signed by parents of participants in the study was required for participation in the program (Appendix I); participants were also given an assent form to sign which included agreement to be present for all four sessions (Appendix J)

All participants in City A and City B met the inclusion criteria as described above.

During the four succeeding weeks one participant in City A was absent due to illness.

The hour was made up the following week one hour prior to the usual session time. For that purpose, one of the participants agreed to be present to help guide the absentee through the process which had been missed the week before. All four participants were present at all of the other sessions.

Exclusion Criteria

- Diagnosed dementia, legal blindness, schizophrenia, or bipolar disorder.

- Prior experience of the Inner Counselor Process for Adolescents™
- Adolescents below the age of 11 or above the age of eighteen; adolescents below grade six or above grade twelve

None of the circumstances described above were discovered before, during, or after the sessions of both groups were held in either City A or City B.

Discontinuation Criteria for Participants

- The participant may withdraw from the Inner Counselor Process for Adolescents™ at any time during the study as specified in the Consent Form.
 - Should the individual in charge of the ICPA™ session (PI, UYED, teacher assistant) determine that a participant needed to discontinue the Inner Counselor Process for Adolescents™ as specified in the Exclusion Criteria above and according to the rules of the church where the Inner Counselor Process for Adolescents™ was being held, that person would be excused from participation in the study.
 - Upon withdrawal or dismissal of a participant before completion of the study, the reason for discontinuation of the program and the date will be recorded and the IRB and committee Chair notified.

None of the above situations occurred during any of the sessions of the groups held at City A or City B.

Potential Risks/Safety

The objective of the Inner Counselor Process for Adolescents™ is to help participants to improve their personal well-being on various levels. Since the process does involve the emotional aspect of personality, participants may experience pleasant and/or unpleasant feelings. Emotions which participants cannot handle are very unusual. If necessary, the Sunday school teacher/assistant in charge of the group participating in the Inner Counselor Process for Adolescents™ was instructed to determine whether the student was able to continue the process. If the teacher/assistant determined that the student needed to discontinue the process, the teacher/assistant was instructed to slowly

and gently help the student disengage from the process. The Sunday school teacher/assistant was instructed to discuss the situation with the student and suggest that the parents be contacted immediately. Optional counseling was to be suggested to the parents of the participants by the teacher/assistant in charge of that participant's group. Of course, the above applied to the adolescents in the sessions guided by the PI, as well. In none of the sessions did such a scenario take place.

Additionally, the name and telephone number of the participants' family doctor was included in the subjects' information form; the physician was to be contacted if necessary. In none of the sessions was it deemed necessary to contact the physician of any of the participants.

A Participant Information Report Form including information about medication and dosage was filled out by the parent of the participant and turned in to the PI before the study began. (Appendix F)

At the conclusion of the study a second Participant Information Report Form was completed by the parent of the participant and submitted to the PI for comparison with the first to confirm validity. The participants were asked to note any changes regarding medication that might have taken place during the course of the study. Observing levels of medication is important for purposes of pre-post intervention. There were no changes recorded for any of the participants in City A or City B.

Setting: City A

The designated meeting place for participants of the ICS© in City A was in the Unity church YOU room used by the older adolescent group, ages 14 through 18, for

their weekly Sunday meetings. The room is on the second floor of the church and is approximately 20' x 12' with four windows on one side. The walls are an ivory color. Seating is comfortable with two sofas, a love seat, and two large easy chairs at one end. A small table is centered between the sofas and holds various religious objects intended to help focus the youth on the day's Sunday school lesson. At the other end of the room are another sofa and several folding chairs. Materials which may be used for Sunday lessons are kept at this end of the room in a closet. For purposes of this study three folding chairs were used by the two participants and the observing facilitator. (Appendix G)

Setting: City B

Both the middle school group and the high school group met in the YOU room which is located in the basement of the church. The room was selected because it is familiar to the students, it is quiet, and it is comfortable. The room is about 12' by 14'. It was painted orange and silver by the YOU group who meets there regularly. It is furnished with large cushion-like chairs which are easily moved around the room to accommodate the needs of the group. (Appendix H)

Pre-session Meeting: City A

At the meeting of both the middle school group and the high school group in City A one week prior to the first full ICPA™ session, the PI gave a verbal summary of the ICS© to the students in both the treatment group and the control group using the charts illustrating the fourteen steps of the ICPA™ (Appendix A) and the Integration Chart©. (Fig. 2) The reader may note that the middle school group sessions were conducted two months prior to the high school group sessions.

Informed Consent Forms and Participant Information Report Forms were distributed to each participant with the request to return the forms signed by their parents the following week. (Appendices F and I) In addition, each participant was given a Participant Consent Form to keep. (Appendix J)

The PI reiterated to the whole group that the four participants in the treatment group were expected to attend each session. The participants in the control group of the middle school group only (there were none present in the Unity high school group; see explanation in section re: Population City A above) were reminded that they would not be attending any of the sessions, but another evaluation, the State-Trait Anxiety Inventory for Children (STAIC), would be administered to both groups in five weeks and again four weeks following. (Appendix K)

The STAIC was administered to each participant during this first meeting. The time period for the test was approximately 10 minutes. The PI collected the evaluations and filed them for future reference. So that there would be no bias in succeeding interaction with the participants, the PI did not look at the evaluations.

The PI reminded the participants in the treatment group to be at the designated meeting place the following Sunday at a few minutes before the scheduled time so that the session could begin promptly. Following a group prayer, the participants were dismissed.

Pre-session Meeting: City B

In City B the protocol for the pre-session meeting conducted with both groups was the same as described immediately above for City A and was followed with strict adherence. The middle school group met on a Sunday morning during the church service. The high school group met on the same day in the afternoon after the church service.

ICS© Sessions

In City A a total of four sessions using the ICS© with middle school participants ages eleven through thirteen and high school students ages fourteen through eighteen was held each week for approximately one hour over a four week period of time in the setting described above. The high school group met two months after the middle school group finished due to prior scheduling of activities in the youth department. The middle school group met from 8:50 AM to 9:50 AM. The high school group met from 11:30 PM to 12:30PM. The first session in both groups was used to explain the ICS© to the participants. A process was done for the participants in both groups to demonstrate the Process. As the UYED was absent the first day of the middle school session, a YOU sponsor volunteered to serve as the processee. A specific outline was followed for this as well as the subsequent sessions. (See Format for Sessions with Youth Groups below.) For participants ages fourteen through eighteen, the setting was the same as described above.

In City B the protocol followed was exactly the same as in City A described above with one exception. Participants in both of the treatment groups, middle school

and high school, met with the facilitators on the same day at different hours of the day. The middle school group met during the church service in the morning from 10:00 AM to 11:00 AM. The high school group met in the afternoon from 1:00 PM to 2:00 PM. Thus, the sessions for both groups were held concurrently for one hour each over a four-week period of time. The Sunday school teachers took turns facilitating the groups. The UYED monitored activities of both groups.

The sessions were conducted in both City A and City B with strict adherence to the format below. The format, to be used with adolescents, was designed by Ann Nunley as an adaptation from the original Inner Counselor Process™. Facilitators in City A and in City B followed the format exactly as outlined.

Inner Counselor Process™ Format for Sessions with Youth Groups

Session One:

The students enter and sit in chairs in a semi-circle facing the teacher. The teacher leads a discussion with the students about the following subjects:

Time Frame: 15 minutes:

Terminology Discussion: Wise Advisor or Christ Self and Place of Peace

The teacher will lead a brief guided imagery to establish the Place of Peace and experience the Wise Advisor, High Self, or Christ Self. The script for the Place of Peace is:

Place of Peace Script (A Guided Imagery Experience)

1. Close your eyes. Take a breath, let it go and relax.
2. See yourself sitting in the most peaceful place you can imagine.
3. This may be a place you are familiar with, or an entirely new place.
4. Look around this place and see the colors and forms that are there.
5. Feel the temperature of the air on your skin.
6. Hear the sounds that are present.
7. In this place you feel calm, loved, and completely safe.
8. No one comes to this place unless you invite them.
9. It is always peaceful here.
10. Take a moment to experience all the beauty of this place – this is your very own Place of Peace.
11. Then, gently open your eyes.
12. Turn to the person next to you and take turns sharing your experiences.

Students will pair off and briefly share experiences.

Time Frame: 15 minutes:

Images – examples: the American flag, the cross, a heart, cuddly puppies

The students respond by identifying what these images stand for and describing the feelings they have when they see these images.

Discuss how different images may evoke different responses from people. (For example, a river may represent the flow of life to one and the threat of destruction to another.)

Ask “How does it **feel** when you think you can’t trust your friend? Have you ever **felt** shy?” Discuss the **feelings** of distrust and shyness. Explain that these and /or other similar **feelings** may appear during their process.

Time Frame: 30 minutes

The teacher will facilitate an assistant (such as a fellow Sunday school teacher or an interested lay person) through the Inner Counselor Process for Adolescents™ while the students observe.

Distribute the Inner Counselor Process for Adolescents™ sheet to students.

Discuss the assistant’s experience regarding the steps, i.e., beginning in a place of peace, inviting High Self (Wise Advisor, Christ Self) as guide, the issue, the feelings around the issue, the earlier experience, the feelings around the earlier experience, the process of allowing the feelings to take a form and become the Old Image, the experience/feelings around the Old Image, the experience/ feelings around the New Image, the feelings around absorption of the Old Image, current feelings.

Session Two:

Time Frame: 20 minutes

1. This session begins by reviewing the terminology (Wise Advisor, High Self or Christ Self, etc.)
2. The students are reminded that there is not right or wrong response; this is their process. They are in charge of their own process.
3. Teachers review the previous week’s activities with the students. Ask if they experienced any situations during the week that caused feelings of stress. Let them respond.
4. Remind students that as they are experiencing the Process, if the guide is proceeding too fast for their comfort, they need to feel comfortable in telling the guide to slow down.

Time Frame: 40 minutes

1. Following about twenty minutes of discussion the facilitator asks for a volunteer from the group to experience the Inner Counselor Process™. (If no one volunteers, have them draw straws.) The facilitator serves as guide during the process.
2. Following the student’s process, allow the student to describe the experience and use this to elaborate and explain the Process further to the other students. Emphasize the steps in the Process that may be unclear to students such as #7, #8, #11, #12.

3. Notice that step #14 refers to the original issue – this is step #2. The original issue requires description here because the participant may be so absorbed in the process as to temporarily not clearly remember what the original issue was.

Session Three:

Begin with a review as in Session Two. Remind the students at each session that this is their process and it is for their benefit. They need to feel in charge of the pace of the process. Remind them to stay with their feelings during the process.

The four students will form pairs and work as follows: (The following procedure was suggested by Bob Nunley.)

Pair B will observe Pair A as student #1 guides student #2. The teacher will help student #1 guide student #2. Then the arrangement is reversed and Pair A observes Pair B with student #3 guiding student #4. The teacher will help student #3 guide student #4.

Session Four:

During the fourth session, the teacher will lead the students in a review of the following aspects of the Process for about fifteen minutes: Place of Peace, High Self, the issue that is to be explored in the process, the feelings accompanying the issue, the Old Image and how it is formed, the Old Image as a helper, the New Image and how it is formed, the process of absorption and transformation, the advice given to the participant by the New Image, and the qualities which have been integrated as a result of the absorption, transforming process.

The teacher will then guide the students as they enter into the process. The teacher will co-facilitate as student #2 guides student #1 and students #3 and #4 observe. Then, the teacher will co-facilitate as student #4 guides student #3 and students #1 and #2 observe. The process was concluded with the Energy Exercise. (Appendix L)

Throughout the processes in all groups a Facilitator Note sheet was kept for each participant. (Appendix M) The purpose of the form is to help the person guiding the participant through the process to remember key points thus helping the participant to stay attuned to the process as it unfolds. The individual in charge of the process filed the forms at the end of the sessions. No atypical behavior or responses from the participants were recorded or noted in any of the groups.

One week prior to the first session, all adolescent participants in the treatment and control groups were evaluated using the State-Trait Anxiety Inventory for Children (STAIC) test. Upon completion of the fourth session facilitators administered the State-

Trait Anxiety Inventory for Children (STAIC) test a second time. The third STAIC test was administered to participants in each treatment and control group four weeks from the conclusion of the sessions. This test takes no more than ten minutes to complete. Each student in both treatment and control groups took the test. (Appendix K)

QUALITATIVE REPORTING

At the conclusion of the four-week sessions, participants in City A and City B were invited to describe in writing their experiences, impressions, insights, and/or how they feel they benefited or did not benefit as a result of participating in the ICS©. Writing paper was given to them for this purpose. The person in charge of the session collected these data and filed them with the evaluations.

According to Nunley, “The Integration Chart© is based upon a system of qualities or values. Alice Bailey’s writing emphasizes the importance of being aware of the qualities behind the reality one observes.”²²⁴

As indicated by Alice A. Bailey,

“Once persons begin conscious inner work, they enter the world of quality and of value and begin to discover the nature of the soul and to shift the emphasis from the appearance to the quality of the Life which has produced them. This identification of the quality with the appearance grows steadily upon the path until the fusion of quality and appearance, of energy and that which it energizes, is so perfect that appearance no longer veils the reality, and the soul is now the dominant factor; consciousness is now identified with itself (the High self) and not with its phenomenal appearance. In the (planetary) system a similar fusion and blending is going on, and the separated aspects are entering into an evolutionary relationship, resulting in an eventual synthesis of appearance and quality, and then of quality and purpose.”²²⁵

In the following discussion, the PI sets forth the potential relationship between the adolescents' comments and the Inner Qualities shown in the six columns of the Integration Chart. The columns are denoted as C-1 through C-6 as follows:

“I feel better about my life (*C-1, Physical Inner Qualities: Stability and Grounding; and C-2, Personal Inner Quality: I'm OK*) and my ability to make the right choices.” (*C-2, Personal Inner Qualities: Control and Confidence*) “I feel like I shift (in consciousness) every time I am present for someone's process.” (*C-3, Interpersonal Inner Quality: Connection; C-4, Group Inner Quality: Synergy and Empathy; C-5, Coherent Inner Quality: Compassion*)

“When I need to make a decision about something I will feel a sense of assurance (*C-1, Physical Inner Quality: Safety/Strength*) and I will feel more confident when I'm making the decision.” (*C-2, Personal Inner Quality: Confidence*)

“The process was different than I thought it would be. It was more than I expected. I had images in mind before beginning my process, but they changed while I was doing the process.” (*C-1, Physical Inner Quality: Flexibility; C-2, Personal Inner Quality: Openness and Creativity*) “I really liked that because something really good was happening inside me.” (*C-5, Coherent Inner Quality: Self-knowledge*)

“I won't be embarrassed when I write thank you notes to my friends for the presents they bring to my birthday party.” (*C-2, Personal Inner Qualities: Confidence and Worthiness*)

“I feel like I'm in the middle of a merry-go-round. It's spinning but I am still and calm.” (*C-1, Physical Inner Qualities: Stability and Grounding; C-2, Interpersonal Inner Quality: Connection; C-5, Coherent Inner Quality: Trust; Ideal Coherent Quality: Peace*)

“I will try to do new things.” (*C-2, Personal Inner Quality: Assertiveness and Creativity*) “Before I did the Inner Counselor I was afraid to try new things. Now I want to.” (*C-1, Physical Inner Qualities: Courage, Safety/Strength, Flexibility, Stability; C-2, Personal Inner Qualities: Freedom, I'm OK, and Confidence, Creativity*)

“Before I did the Inner Counselor I disagreed with my mom a lot. Now, I feel like I will get along better with her and have more fun.” (*C-1, Physical Inner Qualities: Safety/Strength and Stability; C-2, Personal Inner Qualities: Freedom, Openness, Confidence; C-3, Interpersonal Inner Qualities: Reciprocity, Love, Connection, and Respect; C-4, Coherent Inner Qualities: Self-knowledge, Trust and Balance*)

“I feel so peaceful now.” (This implies that issues in C-1 through C-4 have been resolved and that resolution is reflected in *C-5, Coherent Inner Qualities: Trust and Peace*) “The Inner Counselor has helped me to not be afraid of being with people.” (*C-1,*

Physical Inner Qualities: Safety/Strength and Stability; C-2 Personal Inner Qualities: Worthiness, I'm OK, Confidence; C-4, Group Inner Quality: Equality)

“My dad and I weren't getting along. The process has helped me to feel like I can talk to my dad and we can be together and be happy.” (*C-1, Physical Inner Qualities: Safety/Strength; C-2, Personal Inner Qualities: Openness, I'm OK, and Confidence; C3, Interpersonal Inner Qualities: Love, Connection; C-4, Group Inner Quality: Harmony; C-5, Coherent Inner Quality: Trust)*

“My sister and I were always fighting. I know now that I can try to be a better sister and we can be friends.” (*C-1, Physical Inner Quality: Safety/ Strength; C-2, Personal Inner Qualities; I'm OK and Confidence; C-3, Interpersonal Inner Qualities: Reciprocity, Love, Connection, Acceptance, and Respect; C-4, Group Inner Quality: Harmony and Empathy; C-5, Coherent Inner Quality: Self-knowledge)*

“It made me feel stronger when I was facing problems.” (*C-1, Physical Inner Qualities: Safety/Strength and Stability and Courage)* “It helped me cope with things.” (*C-2, Physical Inner Qualities: Control and Confidence)* “I liked it and it helped me. I feel stronger now that I went through the process.” (*C-1, Physical Inner Qualities: Safety/Strength and Stability)*

“The process helped me center myself each week and really brought good emotions into my life.” (*C-1, Physical Inner Qualities: Safety/Strength, Stability, and Grounding; C-2, Personal Inner Quality: Confidence; C-4, Group Inner Quality: Harmony)* “I think that it is very helpful in solving my issues.” (*C-5, Coherent Inner Quality: Trust and Self-knowledge)*

“I feel like I am better balanced now.” (*C-1, Physical Inner Quality: Stability; C-5, Coherent Inner Quality: Balance)* “I don't have to be in so many activities at school.” (*C-2, Personal Inner Quality: Control and Freedom)* “The process helped me to schedule my time better so I don't feel so rushed.” (*C-1, Physical Inner Quality: Flexibility; C-2, Personal Inner Quality: Confidence)*

“The process showed me how to go inside myself and find my High Self.” (*C-1, Physical Inner Qualities: Safety/Strength, Stability and Grounding. C-5, Coherent Inner Quality: Trust)* “I don't feel so much hurt anymore.” (*C-1, Physical Inner Qualities: Safety/Strength; C-2, Personal Inner Qualities: Worthiness, and Freedom)* “The process helped me a lot.”

A Parent's Perspective

The following letter was sent by a parent to the UYED in City B two months after the ICS© sessions had been completed. In the letter the parent describes the changes in

her children she observed as a result of their participation in the Inner Counselor Process for Adolescents™.

“These two stories have kept coming to my consciousness over the past few days. Both are related to the Inner Counselor Process Lily piloted earlier this winter with the kids. It's yielded some pretty amazing results (in an “of course” kind of way) for _____ and _____. And the essence of the Inner Counselor work is that it's helped stem the flow of negative thought and complaining in our house.

1. _____, at the age of 15, was giving Dave and me fits. He had a negative attitude, was rude to us, angry all the time and fighting constantly with _____. I was concerned about his choices of friends and activities, cautious that they may be experimenting with alcohol/pot/sex. Lily offered the Inner Counselor training. In response to the training, _____ turned inward to see what he could/should do to live more in peace with himself and with us. His attitude shifted so he stopped complaining, blaming and being so angry with us. We began to talk again, and really listen. We had meaningful conversations about all of the things I'd worried about. My trust increased in him and his choices. As a result, I gave him freer rein to be with his friends. He was amazed. He told me that "This inner counselor process works. Lily said it would change us and the people around us. And it did - it changed you, Mom - you would have never let me go out with these kids before." I had to laugh - maybe it had changed me. But what really changed was his attitude, and that changed my response to him. We talked then about how what he'd experienced with the Inner Counselor was so much like how you manifest a happier life by having a more positive attitude. Once he began looking at life from a more positive attitude, treating Dave and I with respect again, and communicating openly - _____ ended up getting more of what he'd wanted in the first place - more independence. And happiness. Three months after the training, and it's still working.

2. _____ was angry at us because we were making her go on a family trip for a long weekend in Colorado. She wanted to stay home to be with friends. One Sunday morning in particular she was really upset with me on the way to church (is it just our family, or does everyone tend to get into arguments in the car on the way to church and weddings?) She stormed in for her Inner Counselor session. Her spirit guide told her she's a child, and she needed to trust us that we were making the right decisions for this moment in time. All too soon she'd be making her own decisions and setting her own itinerary. That realization coming from intuition changed her attitude around about the situation. She was calm, and met me after class with a hug, telling me she knew how much I loved her and she

was grateful to be in the family. She'd rather not go on the trip, but she knew it was the right thing to do. We went, and of course --- we had a great time.

The Inner Counselor training is incredible. It's such a great tool to reinforce and add depth to spiritual practices that are fundamental to a non-complaint lifestyle.”

Instrument

The outcome measure (dependent variable) was measured by the State-Trait Anxiety Inventory for Children (STAIC). The survey delineates between the short-lived condition of state anxiety and the general, long-standing feature of trait anxiety. The survey uses self-report scales which allow measurement of the anxiety concepts which are state anxiety (S-Anxiety) and trait anxiety (T-Anxiety). Twenty statements in the STAIC S-Anxiety scale are aimed at discovering how the subjects being tested feel at a particular moment in time. The STAIC T-Anxiety scale uses twenty item statements also. However, the aim of these statements is to evoke response from the subjects which indicate how they generally feel. Subjects choose which one of three choices on the STAIC test form best describes them. Each item of the STAIC is a 3-point rating scale. Values of 1, 2, or 3 are given for each of the three alternative choices. Scores may range from 20 to 60 on the STAIC S-Anxiety and T-Anxiety subscales. The STAIC manual contains a key which may be used to score the S-Anxiety and T-Anxiety subscales by hand. (Appendix J)

This survey can be completed by the subject in 10 minutes or less, needs little supervision, and can be easily scored.

The survey can be ordered from Mind Garden at 855 Oak Grove Ave., Suite 215, Menlo Park, CA 94025 and is cost effective.

The fourteen step ICPA™ form is attached to this form as Fig. 1. The Process has been adapted for use with young people with the permission of the author, Ann Nunley.

Consent Form for Participants

The Informed Consent form may be found in Appendix I.

Protocol Monitoring

Pre-Inclusion Screening

Students desiring to participate in the Inner Counselor Process for Adolescents™ were called by the PI in City A or the UYED or Sunday school teachers in City B who asked each candidate a series of questions to determine eligibility for the program. Questions included inquiry of the age of the prospective participant. Anyone younger than eleven and older than eighteen could not be accepted in the ICS©. Candidates were asked if they had prior experience in the ICS©. Prior experience in the ICS© was reason for dismissal. Each prospective participant was asked if he/she has been diagnosed with or was then taking medication for bipolar disorder, heart disease, schizophrenia, obsessive-compulsive disorder, dementia, hypertension, diabetes, post-traumatic stress disorder, anxiety, legal blindness, or depression. So as to avoid identifying the dependent variables in the study, several choices were included. Anyone suffering from PTSD, bipolar disorder, schizophrenia, legal blindness, or dementia could not be accepted in the program.

A Participant Information Form included information about medication and dosage which was turned in to the PI or the assistant in charge before the study began. At

the conclusion of the study the Participation Information Form filled out earlier was confirmed as still valid. The participants were asked to note any changes regarding medication that might have taken place during the course of the study. Observing the levels of medication is important for purposes of pre-post intervention.

All candidates in both City A and City B were accepted into the program as none had restrictive criteria to report. None of the candidates had restrictive medical conditions.

Monitoring Personnel for Research

Chair of Dissertation: Bob Nunley, Ph.D.

Primary Researcher and any assistants

Primary Researcher – Phyllis Hoover, B. A., Licensed Unity Teacher, Th.D.
Candidate

Assistants – four assistants two of whom are youth education directors in their Unity church and two Sunday school teachers in their Unity church were trained in facilitating the Inner Counselor Process™ for Adolescents and its conceptual materials; the assistants were present to assist during all of the sessions with the participants.\

Analysis

The PI examined the change in the students allowed by the statistical power of the measure. The PI hired a statistician to do the statistical analysis.

Confidentiality Statement

The confidentiality agreement is included in the Informed Consent Form as follows:

“Should your child choose to participate in this study, be assured that confidentiality will be maintained throughout this project and names, test scores, or any other identifying information will not be associated with the research findings in any way. Names will be deleted from all research data before use. All findings will be presented as averages from all scores, as opposed to information on the individual adolescent.”

(Appendix I)

Method of sharing results with research participants

Upon completion of the dissertation, participants in the study will be asked if they would be interested in receiving a summary of the results of the study. Those who indicate a desire to have the information will be mailed a packet with information concerning the study including its purpose, a summary of the results of the study, the abstract, the background and theoretical information section, and the discussion. Should participants be interested in reading the entire dissertation they may find it on-line at:

<http://www.holosuniversity.org/>

CHAPTER THREE: RESULTS

"I will act as if what I do makes a difference."

~William James

As stated in chapter one, the study focused on the effects of the ICS© and its conceptual materials on the well-being of adolescents in Unity churches. This chapter briefly describes the collection times of data and the statistical procedures chosen, followed by a report of the results of the quantitative data analysis in this study revealing the effects of the ICS© on the well-being of adolescents in Unity churches.

Description of the Sample Groups and the Results of the Intervention

The study included two sample groups: a control group of 14 subjects and an intervention group of 14 subjects which received the intervention, for a total of 28 (N=28). Three surveys were given (data collection points) to each group to analyze the significance of the intervention on state and trait anxiety: pre-intervention, post-intervention immediately after use of the intervention, and follow-up four weeks after use of the intervention had concluded. The results indicate that the changes in the state conditions are statistically significant, whereas the effects of the intervention on trait conditions were not statistically significant.

Tables 1 and 2: Mean and Standard Deviation of Treatment and Control Groups

The tables below portray the mean and standard deviation for the control group and the treatment group in each of the data collection points. Table 2 presents the mean

and standard deviation of the state anxiety control and treatment groups. Table 3 presents the mean and standard deviation of the trait anxiety control and treatment groups.

	Group	Mean	Std. Deviation	N
State Anxiety Pre	Control	29.79	4.807	14
	Intervention	31.14	6.949	14
	Total	30.46	5.903	28
State Anxiety Post	Control	28.86	6.927	14
	Intervention	22.93	2.433	14
	Total	25.89	5.921	28
State Anxiety Follow up	Control	29.00	4.641	14
	Intervention	25.57	5.125	14
	Total	27.29	5.105	28

Table 2. Mean and Standard Deviation for the State Anxiety

	Group	Mean	Std. Deviation	N
Trait Anxiety Pre	Control	35.79	7.454	14
	Treatment	34.57	8.262	14
	Total	35.18	7.746	28
Trait Anxiety Post	Control	32.79	7.886	14
	Treatment	28.57	7.176	14
	Total	30.68	7.703	28
Trait Anxiety Follow up	Control	33.71	8.525	14
	Treatment	28.64	6.629	14
	Total	31.18	7.926	28

Table 3: Mean and Standard Deviation for the Trait Anxiety

Figures 4 and 5: Measure of State Anxiety and Trait Anxiety of Participants in Treatment and Control Groups

Using a two-tailed test of significance with each tail given p value of 2.5%, a significance level of p=5% was used. As Figure 4 below indicates, there was a significant change in state anxiety of the participants in the treatment group receiving the intervention as compared to the state anxiety of the participants in the control group who did not receive the intervention. That is, based on the results using F=6.916 and p=.002,

it is determined that there was a statistically significant change in the state anxiety of participants in the treatment group with use of the intervention. ($.002 < .05$).

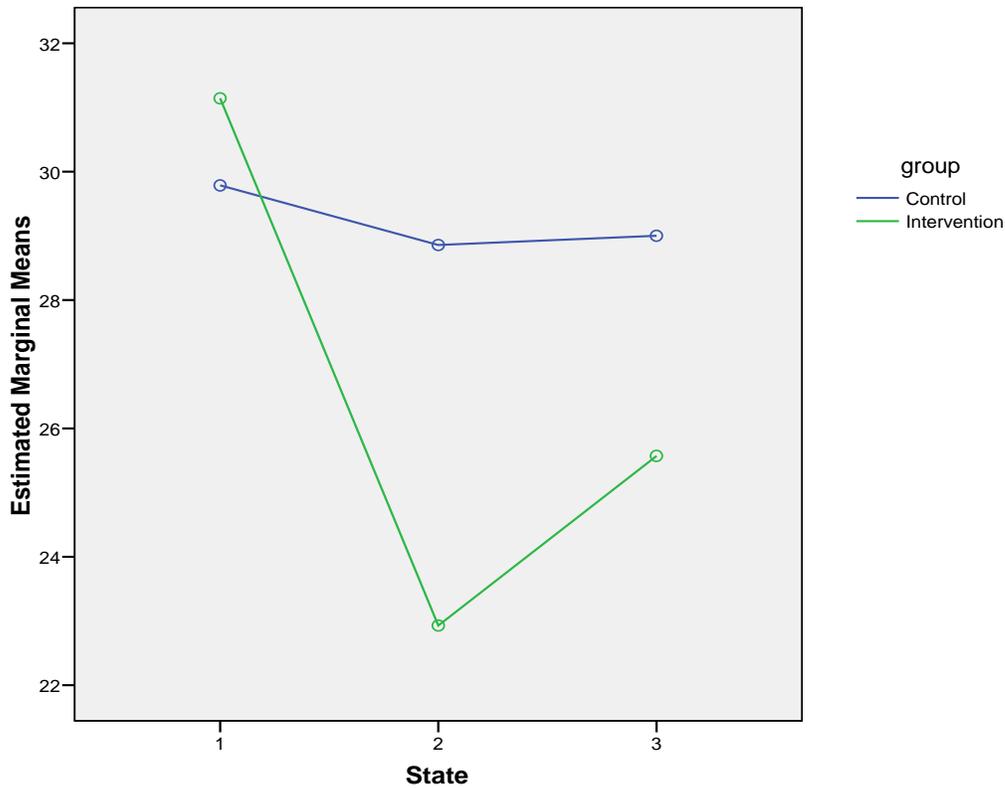


Figure 4: Measure of State Anxiety in Treatment and Control Groups

When determining the significance of the intervention on the participants for trait anxiety, the same level of significance of 5% is applied. The trait results have an F value of 2.247 and a p value of 11.6%, which determines that the effect of the intervention on the participants measuring trait is not statistically significant ($.116 > .05$). (See Figure 5)

These results show that intervention is significant with state anxiety but is not significant with trait anxiety, the characteristics of which, theoretically, are less inclined to change.

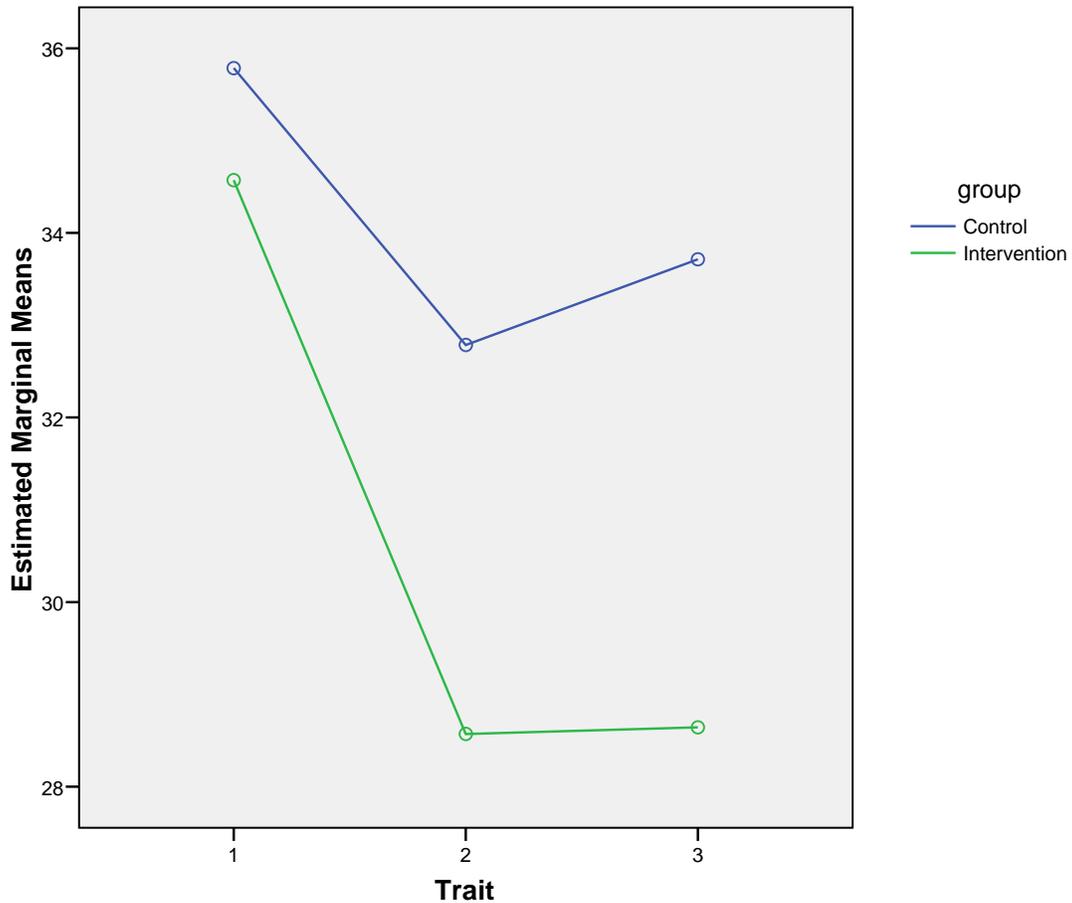


Figure 5: Measure of Trait Anxiety in Treatment and Control Groups

The results presented above indicate that changes in the state anxiety of the adolescents who participated in this study were statistically significant with the use of the Inner Counselor Process for Adolescents™ intervention. The probability that those changes arose by chance is less than .05.

With the results of the study now determined, an overview of the methodology and the results is in order. This will be accompanied by a discussion of the researcher’s insights, theoretical implications of the study, and recommendation for further research.

CHAPTER 4: SUMMARY AND DISCUSSION

“The wonderment and pursuit of a joy-filled sense of connection with the Universe and all within it is the foundation for a fuller and whole sense of self. Coming to terms with this is one of the developmental challenges of adolescence.”

~ David Blumenkrantz

This final chapter includes a restatement of the research problem and the major methods used in the study. Also included are a summary of the results and a discussion of their implications. Finally, a discussion of the meaning of the study is presented which includes the insights of the PI, implications for practice, recommendations for future research, and the observations of the Unity Youth Education Director who monitored the use of the ICS© with adolescents in the City B Unity church.

Restatement of the Problem

The choices young people make to gratify their needs determine formation of their personalities. Unfulfilled basic needs and limited options result in responses of anger, sadness, grief, and fear which form a shield to protect them. While these responses continue to protect them they also control their thought and behavior patterns blocking the realization of intrinsic needs. Then, protective responses that served to protect the younger child such as fear or anger continue to follow the pattern of expression to adulthood resulting in non-optimal behavior. These non-optimal response patterns of expression then control their choices, are reflected in their personalities, and

influence their interactions with other people. As a program designed to help adolescents adopt optimal patterns of feeling and expression, the ICS© serves to support young people in making healthy choices that empower and inspire them to move forward gracefully in their lives in anticipation of full expression of their potential. There is, therefore, as discussed in this dissertation, a positive relationship between the use of the ICS© and the well-being of adolescents in Unity churches.

Summary of Methods

As explained in chapter two, this study focused on the effects of the ICS© on the well-being of adolescents in Unity churches. The major methods used are summarized in the ensuing paragraphs of this section. The research used was a quantitative primary, quantitative first approach; the PI collected quantitative data immediately before the study began, upon completion of the study, and four weeks following as the primary method and interpreted and evaluated the results using collected qualitative data in order to discern the effects of the process on the participants. Immediately following the final session participants were asked to write their impression of the ICS©. These comments were then collected by the PI in City A and the UYED in City B. Following is the Inner Counselor Process™ Format for Sessions with Youth Groups as designed by Ann Nunley and adapted from the original Inner Counselor Process™. Facilitators in City A and in City B followed the format exactly as outlined below:

Inner Counselor Process™ Format for Sessions with Youth Groups

Session One:

The students enter and sit in chairs in a semi-circle facing the teacher. The teacher leads a discussion with the students about the following subjects:

Time Frame: 15 minutes:

Terminology Discussion: Wise Advisor or High Self or Christ Self and Place of Peace
The teacher will lead a brief guided imagery to establish the Place of Peace and experience the Wise Advisor, High Self, or Christ Self. The script for the Place of Peace is:

**Place of Peace Script
(A Guided Imagery Experience)**

13. Close your eyes. Take a breath, let it go and relax.
14. See yourself sitting in the most peaceful place you can imagine.
15. This may be a place you are familiar with, or an entirely new place.
16. Look around this place and see the colors and forms that are there.
17. Feel the temperature of the air on your skin.
18. Hear the sounds that are present.
19. In this place you feel calm, loved, and completely safe.
20. No one comes to this place unless you invite them.
21. It is always peaceful here.
22. Take a moment to experience all the beauty of this place – this is your very own Place of Peace.
23. Then, gently open your eyes.
24. Turn to the person next to you and take turns sharing your experiences.

Students will pair off and briefly share experiences.

Time Frame: 15 minutes:

Images – examples: the American flag, the cross, a heart, cuddly puppies

The students respond by identifying what these images stand for and describing the feelings they have when they see these images.

Discuss how different images may evoke different responses from people. (For example, a river may represent the flow of life to one and the threat of destruction to another.)

Ask “How does it **feel** when you think you can’t trust your friend? Have you ever **felt** shy?” Discuss the **feelings** of distrust and shyness. Explain that these and /or other similar **feelings** may appear during their process.

Time Frame: 30 minutes

The teacher will facilitate an assistant (such as a fellow Sunday school teacher or an interested lay person) through the Inner Counselor Process for Adolescents™ while the students observe.

Distribute the Inner Counselor Process for Adolescents™ sheet to students.

Discuss the assistant’s experience regarding the steps, i.e., beginning in a place of peace, inviting High Self (Wise Advisor, Christ Self) as guide, the issue, the feelings around the issue, the earlier experience, the feelings around the earlier experience, the process of allowing the feelings to take a form and become the Old Image, the experience/feelings around the Old Image, the experience/ feelings around the New Image, the feelings around absorption of the Old Image, current feelings.

Session Two:

Time Frame: 20 minutes

5. This session begins by reviewing the terminology (Wise Advisor, High Self or Christ Self, etc.)
6. The students are reminded that there is not right or wrong response; this is their process. They are in charge of their own process.
7. Teachers review the previous week's activities with the students. Ask if they experienced any situations during the week that caused feelings of stress. Let them respond.
8. Remind students that as they are experiencing the Process, if the guide is proceeding too fast for their comfort, they need to feel comfortable in telling the guide to slow down.

Time Frame: 40 minutes

4. Following about twenty minutes of discussion the facilitator asks for a volunteer from the group to experience the Inner Counselor Process™. (If no one volunteers, have them draw straws.) The facilitator serves as guide during the process.
5. Following the student's process, allow the student to describe the experience and use this to elaborate and explain the Process further to the other students. Emphasize the steps in the Process that may be unclear to students such as #7, #8, #11, #12.
6. Notice that step #14 refers to the original issue – this is step #2. The original issue requires description here because the participant may be so absorbed in the process as to temporarily not clearly remember what the original issue was.

Session Three:

Begin with a review as in Session Two. Remind the students at each session that this is their process and it is for their benefit. They need to feel in charge of the pace of the process. Remind them to stay with their feelings during the process.

The four students will form pairs and work as follows: (The following procedure was suggested by Bob Nunley)

Pair B will observe Pair A as student #1 guides student #2. The teacher will help student #1 guide student #2. Then the arrangement is reversed and Pair A observes Pair B with student #3 guiding student #4. The teacher will help student #3 guide student #4.

Session Four:

During the fourth session, the teacher will lead the students in a review of the following aspects of the Process for about fifteen minutes: Place of Peace, High Self, the issue that is to be explored in the process, the feelings accompanying the issue, the Old Image and how it is formed, the Old Image as a helper, the New Image and how it is formed, the process of absorption and transformation, the advice given to the participant by the New Image, and the qualities which have been integrated as a result of the absorption, transforming process.

The teacher will then guide the students as they enter into the process. The teacher will co-facilitate as student #2 guides student #1 and students #3 and #4 observe. Then, the teacher will co-facilitate as student #4 guides student #3 and students #1 and #2 observe. Following this session, the teacher will administer the State-Trait Anxiety Inventory for Children (STAIC) test. This test takes no more than ten minutes to complete. Each student in both treatment and control groups will take the test. Following each four week session another STAIC test will be administered to each treatment and control group four weeks from the conclusion of the sessions.

This study was conducted in two separate locations designated as City A and City B and included the use of the ICS© with middle and high school youth, ages eleven through eighteen, in Unity churches over a four week period of time with each group. There were twenty-eight adolescents divided into two groups; sixteen in the middle school and twelve in the high school. The middle school groups, comprised of sixteen adolescents with four in each of the four groups, were divided evenly into treatment and control groups. The high school groups included four adolescents in City A and eight adolescents in City B with corresponding numbers of adolescents in the treatment and control groups. Because there were not two adolescents available for the high school control group at the Unity church in City A, the PI invited the youth education directors of traditional churches in the area (See further explanation below) to invite two people from their high school youth groups to serve as participants in the study's control group. After making an effort to speak with the youth education directors at several traditional churches regarding the possible inclusion of two members of their high school youth group in the study's high school control group, the PI did locate one who agreed to participate. The PI met with the youth education director (YED) at the traditional church and explained the research study and the requirements for administration of the measure

being used for evaluation. The YED at that church informed the PI that his high school youth group met regularly on Sunday evenings so that there were no difficulties in administering the tests on the days scheduled for the study groups. When the two adolescent participants were determined, the PI met with them to review eligibility requirements, briefly explain the study and the ICS©, administer the STAIC, and request that the Informed Consent Forms and the Participant Information Forms be taken home for parents to sign and returned to the YED at their church; materials were ultimately collected by the PI when the study was completed.

As explained above, the facilitators and adolescents of Unity churches were invited to participate in the study. Unity churches were selected due to the similar point of view regarding spirituality expressed by Unity and the ICS©. Originally, the proposed study suggested inclusion of the youth education directors and adolescents attending New Thought churches which were in close proximity to that of the PI. However, when the youth education directors of the New Thought churches in the PI's city were contacted, they did not accept the invitation to participate in the study. Their reasons for not participating were: inadequate numbers of eligible adolescents in their youth program, prior commitments to existing programs during the time allotted for the study to be conducted, and inability of the teachers to attend the required training workshop for the ICS© at the scheduled time. This training was mandatory for any who participated in the study as a facilitator. At this point, the PI chose to work with Unity churches only.

Prior to beginning the study with adolescents, it was necessary to locate youth education directors and/or Sunday school teachers in Unity churches willing to participate in the study as facilitators and work with eligible adolescents in their youth

groups in accord with the parameters of the study. Due to the limited number of adolescents (and, therefore, facilitators) available to participate in the study in the home state of the PI, a search for facilitators was extended to states near the home state of the PI. To expedite location of prospective facilitators and adolescents, the PI relied on suggestions from the UYED in the Unity church attended by the PI; adolescents from this church were to be participants in the study.

The UYED provided the PI with the contact information of youth education directors at Unity churches in the nearby states. The PI contacted the youth education directors who had been suggested, explained the conditions of the proposed study, and invited the youth education directors and/or Sunday school teachers to participate as facilitators. Three people from the same Unity church in an adjacent state agreed to participate; they included the UYED and two Sunday school teachers at the church.

A four day workshop facilitated by the designer of the ICS© and her husband was held to train people interested in the process as well as the study's facilitators. The PI assisted.

This research study relied on the participation of twenty-eight adolescents in the ICS©, the PI, and the four facilitators. The PI and the four facilitators (the UYED in the PI's church, the UYED and the two Sunday school teachers at the church in another state), all of whom were trained in the ICS©, co-facilitated the process as the students guided one another through the self-awareness program for one hour each week for four consecutive weeks. To clarify, all facilitators in the study followed a specific procedure. The sequential steps followed by the facilitators in the study are as follows:

1. Flyers were distributed announcing the introductory meeting to explain the study and the ICS©.
2. Telephone calls were made to remind parents and adolescents of the introductory meeting.
3. An introductory meeting was held to explain the study and the ICS© and to answer questions from those attending the meeting.
4. Telephone calls were made to interview the prospective participants regarding eligibility requirements.
5. A pre-sessions meeting was conducted to test the participants, distribute the Informed Consent Forms, the Participant Information Report Forms, administer the STAIC test, and briefly review the ICS© and the study.
6. The evaluations were administered three times and collected; one immediately prior to the sessions, one immediately at the close of the sessions, and one four weeks after the sessions had ended.

Three weeks before the actual four-week sessions began, an introductory meeting was held to explain the proposed program to adolescents and their parents. This meeting was intended to allow those adolescents interested in the study to volunteer their participation. Following the introductory meeting when the participants in the study had been identified, the PI telephoned each of the prospective participants to review the eligibility requirements regarding age, prior experience in the ICS©, physical conditions, and drug prescriptions. Two weeks following the introductory meeting a pre-sessions meeting was held to complete preparatory work for the ICPA™ sessions which began the

week following. The STAIC test was administered and test forms were collected. Consent Forms and Participant Information Forms were sent home with the students to be read and signed by their parents/guardians and returned the following week to the PI. Participant Consent Forms were given to the participants to keep, and the ICS© and the study were explained.

In City A there were four students in the middle school treatment group and two in the high school treatment group. There were a corresponding number of students in each of the control groups. In City B there were four students in the middle school treatment group and four in the high school treatment group with a corresponding number of students in each of the control groups. The State-Trait Anxiety Inventory for Children was administered by the PI in City A and by the three assistants in City B three different times during the study; one week prior to the actual commencement of the sessions, at the conclusion of the final session, and four weeks following the last session. Qualitative accounts of the participants' views of their ICPA™ experiences were collected at the conclusion of the students' sessions.

Summary of Results

The answer to the question, “Did the ICS© positively affect the well-being of adolescents in Unity churches?” is two-fold. First, the findings suggest that state anxiety conditions of the participants were improved by exposure to the ICS©. Next, the findings also suggest that trait anxiety conditions of the adolescent were unchanged.

The results of the study that were described in chapter three focused on the effects of the ICS© on the well-being of adolescents in Unity churches. The outcome measure (dependent variable) was measured by the State-Trait Anxiety Inventory for Children

(STAIC). The survey used self-reported scales which allowed measurement of the anxiety concepts which were state anxiety (S-Anxiety) and trait anxiety (T-Anxiety). There were twenty statements in the STAIC S-Anxiety scale which targeted how the subjects being tested felt at a particular moment in time. The STAIC T-Anxiety scale used twenty item statements also. However, the aim of those statements was to obtain response from the subjects which indicate how they generally felt.

The study included two sample groups: a control group of 14 participants and an intervention group of 14 participants which received the intervention, for a total of 28 (N=28). Three surveys were given (data collection points) to each group to analyze the significance of the intervention on state and trait anxiety: pre-intervention, post-intervention immediately after use of the intervention, and follow-up four weeks after use of the intervention had concluded. The results indicate that the changes in the state anxiety conditions are statistically significant, whereas the effects of the intervention on trait anxiety conditions were not statistically significant.

A two-tailed test of significance was used, with each tail given p value of 2.5%, a significance level of $p=5\%$. From the results with $F=6.916$ and $p=.002$, it is determined that the intervention is statistically significant for state stress ($.002 < .05$). When determining the significance of the intervention on the participants for trait stress, the same level of significance of 5% is applied. The effect of the intervention on the participants measuring trait is not statistically significant ($.116 > .05$), as determined by the F and p values of 2.247 and 11.6%, respectively.

Although the trait anxiety is not statistically significant, the results show that the intervention is significant with state anxiety. Theoretically, trait anxiety characteristics are less inclined to change.

The probability that those changes arose by chance is less than .05. The results presented above indicate that changes in the state of the adolescents who participated in this study were statistically significant with the use of the ICS© intervention.

Discussion

A tapestry requires many threads woven together to reveal the total image. Just so, the several aspects of this study must be viewed as interrelated and mutually supportive in order to reveal the dimension of the study.

To provide a supportive foundation for discussion of the study, the PI deems it important to review pertinent inherent standards in the message of the ICS© from the point of view of this research study. Throughout this dissertation, references have been made to the scope, design, intention, and primary goal of the ICS© as emphasized in the Basic Seminar Manual by the author, Ann Nunley.

First, the scope of the ICS© addresses:

- a) mental, emotional, physical, and spiritual aspects of the human being.
- b) as a spiritual discipline incorporating transpersonal concepts and subtle energy systems, it is most effective when used to support personal growth and unfoldment.

Second, the design of the ICS© is intended,

- a) to support positive changes in non-optimal thoughts and behavior, and

- b) to encourage expanded states of self-awareness, thus supporting participants in making choices that are inspired from within the participant.

Next, the intention of the program is:

- a) to encourage participants in their own process of self-actualization and creative transformation, and
- b) to integrate the changes experienced through the process into their daily living pattern.

Finally, the primary goal of the ICS© is to provide tools so that participants develop, evolve, and unfold harmoniously and creatively in accord with their own inner guidance. Thus, as a spiritual discipline focused on supporting the well-being of participants who, in this study, were young people between the ages of eleven and eighteen, the ICS© emphasizes the ideas of integration and transformation of consciousness to propel participants towards full realization of their spiritual nature.

In accord with the ideas outlined above, the content of chapter one presents the premise of a new world view, described by David Bohm, which would move our attention to a point of view embracing wholeness, interconnectedness, unity, and a return to a spiritual base. This ideal is supported by the works of transpersonal psychologists Carl Jung, Roberto Assagioli, and Abraham Maslow, among others. Jung developed the concept of individuation emphasizing that individuation is the result of balancing the conflicts arising with duality, relationships, and union. Assagioli taught the concepts of Psychosynthesis which include emphasis on aspects of consciousness and states of consciousness as separate from the contents of consciousness, utilizing techniques to bring aspects of sub-conscious and Superconscious into awareness, as well as the analysis

of different phases of the will such as decision and persistence and uses various approaches designed to arouse, develop, strengthen, and direct the will rightly. Maslow created the ideas of self-actualization; the “being” needs identified by Maslow are synchronous with the “intrinsic” needs presented in the Integration Chart© of the ICS©. The ideas of all three are intricately woven into the fabric of the ICS©.

To add further support to the ideas of the ICS© and the new world view are the subjects described below.

In harmony with ICS© and the new world view, Larry Dossey explains that the ideas of Era III Medicine are important to the unfoldment of human consciousness. In conjunction with the ideas of Era III Medicine, Dossey reminds the reader of the ancient realization of the unity of all things and the importance of recognizing the collective unbounded nature of human consciousness; these ideals are emphasized in the ICS©. An important aspect of the ICS© is that it helps individuals unfold their “beingness” in a polarized physical world as they consciously discern, integrate, and evolve. The archetype, a key component of the ICS©, was identified by Carl Jung as the God image within the individual.

Symbolism is yet another important facet of the ICS©. Symbols may be used as tools in transforming the unconscious realm of mind and are a crucial aspect of the ICS©. Symbols which may be used in the process include pictures of cuddly puppies, the American flag, a heart, a cross, or any similar object which may evoke responsive feelings so that the participant understands the importance of feelings that may emerge in the process.

Synchronous with the ideas of the ICS© and the new world view are the ideas of psychologist Robert Ornstein who postulates that learning to function in the world in such a way as to intuit one's proper relationship to it environmentally, psychologically, and spiritually is a task that must be assumed if we are to survive. Abraham Maslow echoes this idea declaring that our world must have people who can adapt to change and improvise in unfamiliar circumstances, and this "means a new type of human being."²²⁶

Ernest Rossi declares that a mind-body connection exists and explains that physiological changes can take place within the body through the use of language. This places additional importance to the language of the intrinsic qualities of the Integration Chart© such as trust, mercy, love, joy, courage, abundance, and wisdom, among others.

The Four Agreements presented by Ruiz emphasize the importance of being impeccable with your word, not taking anything personally, not making assumptions, and always doing your best. These ideas are parallel to the intrinsic needs of the ICS© which include integrity, self-value, courage, and commitment, among others.

The work of scientists George Lakhovsky, Andrew Newburg, and Eugene D'Aquila reveals that there is a viable connection between the brain and spirituality. The findings of the latter two scientists reveal that, "...the brain possesses a neurological mechanism for self-transcendence."²²⁷ The ICS© echoes these thoughts: "The Inner Counselor proposes that the neocortex provides a physical interface with the subtle energy mental-body and with the subtle energy Soul-body allowing us to access soul logic. Using the ICS© we connect the three levels of the brain, and the three major levels of consciousness, including the wisdom of the Soul. Thus, the meaning of the word, "psychology" returns to it's root meaning, 'soul logic'".²²⁸

Finally, the chakra system is an inherent part of the ICS©. The energies of the chakras are awakened, actuated, and transformed from the lower aspects of consciousness to the higher. The thoughts of Govinda, Loomis, Judith, and Myss explain and clarify the chakra system proclaiming the value of the chakras to the well-being of each individual.

All of the ideas above are involved in effecting well-being in the individual who participates in the ICS©. As described in chapter one, well-being includes personal growth, positive relations with others, environmental mastery, autonomy, self-acceptance, and purpose in life. Adolescents exhibiting strength in each of these areas are considered to be in a state of good psychological well-being. Adolescents who struggle in these areas will exhibit a state of low psychological well-being.

The summary above leads this discussion to the researcher's insights, theoretical implications of the study, and recommendations for future research, as follows.

Researcher's Insights

Several months after the conclusion of the study, parents and friends of the adolescents who participated in the study still tell the PI what a remarkable program the ICS© is and that it made a positive difference in the life of their child. Participants in the ICPA™ program also continue to exude enthusiasm about the positive influence the ICPA™ has made in their lives. The UYED and Sunday school teachers in City B report that the parents and participants in the study there maintain enthusiasm about the benefits they experienced from the process. The qualitative messages of the participants, found in chapter two and repeated below, reflect the valuable impact the process made on those who experienced it.

Regarding the adolescents themselves, at least one appears to have decided not to participate due to feeling that the process invaded the adolescent's private life. This observation is based on the report the PI received from the mother of one of the adolescents. The girl was of high school age. In the PI's experience, there was a slight difference between the attitude of middle school and high school adolescents. Most of the middle school people were open, eager, and willing to enter into the process fully without hesitation or reservation about participating in the intervention. The high school adolescents were more reserved and cautious about their participation in the intervention. This may reflect one of the differences experienced between the age groups; that is, as adolescents grow into maturity, they may perceive that certain areas of their lives need protection. Should this be a factor, the facilitator in charge of the process needs to remind the participants that detail regarding the issue should be minimal and just enough to allow the facilitator to help the participants stay on track with the process. In this way, the participants are assured privacy regarding the issue being addressed. Overall, the facilitator should emphasize to all participants that explicit detail is not needed and, in fact, is discouraged.

The circumstances of both City A and City B were almost identical regarding the groups and the facilitators. All the adolescents involved in the study were well acquainted. In fact, most had been together in Sunday school since first grade. They were in familiar surroundings and they were comfortable. During the sessions, the young people were relaxed and at ease with the PI, the UYED, and one another. Also, the young people had attended classes and traveled to youth rallies with the UYED for years. The question may be asked as to how this may have influenced the results of the study. That

is, if they had been strangers in a strange place, might that have created feelings of uneasiness? And might the results of the study have been different? The answers to such questions are elusive. The observation of the PI is that people who are comfortable with one another are more likely to respond more honestly and fully to the intervention. That is, theoretically, the circumstances of the environment for the groups in both cities were favorable to the statistically significant results of the study.

Theoretical Implications of the Study

Recently, the PI noticed an advertisement in the airport. To paraphrase the ad in terms of this study: in five years the youth in our schools will rely on strategies and understandings that have yet to be realized. This is a provocative thought when applied to the possibilities that lie ahead for the ICS©. Based on the results of this study and observations of the PI and the assistants, the ICS© offers potentially powerful solutions to the dilemmas of adolescents in today's world as described in the chapter one sections on stress and anxiety. For instance, the adolescent may experience loss of a loved one, move from cherished friends, experience overload at school, need to work while attending school, find social life perplexing, experience abuse at home, or win a scholarship to the college of their dreams. In all of these situations which may be bewildering and overwhelming to the young person struggling to become an adult, the ICS© serves to guide feelings of anxiety to feelings of inner security. In fact, the PI observed that the adolescents who entered the program with challenges to face expressed a noticeably improved demeanor after the first session and were speaking excitedly about how much better they felt by the study's conclusion.

Additionally, the qualitative comments from the participants, as indicated below, reflect enthusiasm for the process. To reiterate, according to Nunley, “The Integration Chart© is based upon a system of qualities or values. Alice Bailey’s writing emphasizes the importance of being aware of the qualities behind the reality one observes.”²²⁹

As indicated by Alice A. Bailey,

“Once persons begin conscious inner work, they enter the world of quality and of value and begin to discover the nature of the soul and to shift the emphasis from the appearance to the quality of the Life which has produced them. This identification of the quality with the appearance grows steadily upon the path until the fusion of quality and appearance, of energy and that which it energizes, is so perfect that appearance no longer veils the reality, and the soul is now the dominant factor; consciousness is now identified with itself (the High self) and not with its phenomenal appearance. In the (planetary) system a similar fusion and blending is going on, and the separated aspects are entering into an evolutionary relationship, resulting in an eventual synthesis of appearance and quality, and then of quality and purpose.”²³⁰

In the following discussion, the PI sets forth the potential relationship between the adolescents’ comments and the Inner Qualities shown in the six columns of the Integration Chart. The columns are denoted as C-1 through C-6 as follows:

“I feel better about my life (*C-1, Physical Inner Qualities: Stability and Grounding; and C-2, Personal Inner Quality: I’m OK*) and my ability to make the right choices.” (*C-2, Personal Inner Qualities: Control and Confidence*) “I feel like I shift (in consciousness) every time I am present for someone’s process.” (*C-3, Interpersonal Inner Quality: Connection; C- 4, Group Inner Quality: Synergy and Empathy; C-5, Coherent Inner Quality: Compassion*)

“When I need to make a decision about something I will feel a sense of assurance (*C-1, Physical Inner Quality: Safety/Strength*) and I will feel more confident when I’m making the decision.” (*C-2, Personal Inner Quality: Confidence*)

“The process was different than I thought it would be. It was more than I expected. I had images in mind before beginning my process, but they changed while I was doing the process.” (*C-1, Physical Inner Quality: Flexibility; C-2, Personal Inner Quality: Openness and Creativity*) “I really liked that because something really good was happening inside me.” (*C-5, Coherent Inner Quality: Self-knowledge*)

“I won’t be embarrassed when I write thank you notes to my friends for the presents they bring to my birthday party.” (*C-2, Personal Inner Qualities: Confidence and Worthiness*)

“I feel like I’m in the middle of a merry-go-round. It’s spinning but I am still and calm.” (*C-1, Physical Inner Qualities: Stability and Grounding; C-2, Interpersonal Inner Quality: Connection; C-5, Coherent Inner Quality: Trust; Ideal Coherent Quality: Peace*)

“I will try to do new things.” (*C-2, Personal Inner Quality: Assertiveness and Creativity*) “Before I did the Inner Counselor I was afraid to try new things. Now I want to.” (*C-1, Physical Inner Qualities: Courage, Safety/Strength, Flexibility, Stability; C-2, Personal Inner Qualities: Freedom, I’m OK, and Confidence, Creativity*)

“Before I did the Inner Counselor I disagreed with my mom a lot. Now, I feel like I will get along better with her and have more fun.” (*C-1, Physical Inner Qualities: Safety/Strength and Stability; C-2, Personal Inner Qualities: Freedom, Openness, Confidence; C-3, Interpersonal Inner Qualities: Reciprocity, Love, Connection, and Respect; C-4, Coherent Inner Qualities: Self-knowledge, Trust and Balance*)

“I feel so peaceful now.” (This implies that issues in *C-1* through *C-4* have been resolved and that resolution is reflected in *C-5, Coherent Inner Qualities: Trust and Peace*) “The Inner Counselor has helped me to not be afraid of being with people.” (*C-1, Physical Inner Qualities: Safety/Strength and Stability; C-2, Personal Inner Qualities: Worthiness, I’m OK, Confidence; C-4, Group Inner Quality: Equality*)

“My dad and I weren’t getting along. The process has helped me to feel like I can talk to my dad and we can be together and be happy.” (*C-1, Physical Inner Qualities: Safety/Strength; C-2, Personal Inner Qualities: Openness, I’m OK, and Confidence; C3, Interpersonal Inner Qualities: Love, Connection; C-4, Group Inner Quality: Harmony; C-5, Coherent Inner Quality: Trust*)

“My sister and I were always fighting. I know now that I can try to be a better sister and we can be friends.” (*C-1, Physical Inner Quality: Safety/ Strength; C-2, Personal Inner Qualities; I’m OK and Confidence; C-3, Interpersonal Inner Qualities: Reciprocity, Love, Connection, Acceptance, and Respect; C-4, Group Inner Quality: Harmony and Empathy; C-5, Coherent Inner Quality: Self-knowledge*)

“It made me feel stronger when I was facing problems.” (*C-1, Physical Inner Qualities: Safety/Strength and Stability and Courage*) “It helped me cope with things.” (*C-2, Physical Inner Qualities: Control and Confidence*) “I liked it and it helped me. I feel stronger now that I went through the process.” (*C-1, Physical Inner Qualities: Safety/Strength and Stability*)

“The process helped me center myself each week and really brought good emotions into my life.” (*C-1, Physical Inner Qualities: Safety/Strength, Stability, and*

Grounding; C-2, *Personal Inner Quality*: Confidence; C-4, *Group Inner Quality*: Harmony) “I think that it is very helpful in solving my issues.” (C-5, *Coherent Inner Quality*: Trust and Self-knowledge)

“I feel like I am better balanced now.” (C-1, *Physical Inner Quality*: Stability; C-5, *Coherent Inner Quality*: Balance) “I don’t have to be in so many activities at school. (C-2, *Personal Inner Quality*: Control and Freedom) “The process helped me to schedule my time better so I don’t feel so rushed.” (C-1, *Physical Inner Quality*: Flexibility; C-2, *Personal Inner Quality*: Confidence)

“The process showed me how to go inside myself and find my High Self. (C-1, *Physical Inner Qualities*: Safety/Strength, Stability and Grounding. C-5, *Coherent Inner Quality*: Trust) I don’t feel so much hurt anymore. (C-1, *Physical Inner Qualities*: Safety/Strength; C-2, *Personal Inner Qualities*: Worthiness, and Freedom) “The process helped me a lot.”

As the new world view of wholeness, interconnectedness and unity is embraced and a return to a spiritual base is experienced by our society, transpersonal processes such as the ICPA™ and its conceptual materials will be a part of that point of view. In five years, the ICS© could very well be included as standard practice in the programs of our public, private, and charter schools.

Recommendations for Future Research

Since this is the first formal dissertation study using the ICS© with adolescents, it seems that future studies can be conducted to build on the statistically significant findings of this study. Several protocols may be instructive. For instance, using GUS, a holistic, multi-modal program designed by Holos University graduate, Martina Steiger, Th.D., with ICS© in a study involving adolescents would lend itself to useful comparison and yield information regarding the strengths and weaknesses of both modalities for adolescents. (www.holosuniversity.org)

Another useful study may focus on the impact of the ICS© on families of adolescents participating in the program. According to a letter sent to the UYED in City B by the mother of one of the adolescents who participated in the process, the family experienced significant positive impact due to the adolescents' experience. (See letter in chapter two and chapter four.) Such positive response from the family seems to indicate that useful research may be conducted on the effects of the ICS© on the families of participating adolescents.

It would be very helpful to conduct a study such as the one presented here in public and private schools for children ages eleven through eighteen. The spiritual dimension would be much more complex when working with the general adolescent population, but such a study could have a powerful impact on the behavior of adolescents.

From the view of the PI, there are several aspects to be considered when conducting a study such as this. First, a larger sample size may yield more precise results of the benefits of the ICS© on the participating adolescents. The PI suggests that sub-

groups may be used such as comparison of a female and male sample or focus on two different age groups; i.e., compare middle school with high school.

Second, using a population outside the norm could prove to yield helpful information about the adolescents being studied. Groups might include the gifted or those with special needs; other groups might include adolescents in juvenile homes, orphanages, or rehabilitation centers.

Third, a study comparing the impact of the ICS© when used for different lengths of time could help to determine which time frame is more beneficial. For instance, the results gleaned from using the ICS© with one group of adolescents for four sessions and using the ICS© with another group of adolescents of the same age for eight to twelve sessions may help youth groups know how much time to give to the process when incorporating it into their youth program.

Fourth, the PI recommends that the introductory meeting be included in the protocol of a study such as this. Even though the introductory meeting for the ICS© in this study was not well attended, it served to advertise to the church population that an activity of significance was soon to be offered. Adolescents participated in the ICS© sessions despite not having attended the introductory meeting. (Appendix D)

Fifth, the PI suggests that emphasis on the empowering potential of participation in the ICS© be maintained. Both adolescents and their parents and guardians are usually interested in an approach that provides guidance and direction toward an improved life. In addition, such an attitude is contagious and encourages more widespread participation in the process.

Sixth, the PI recommends acknowledging the adolescent participants at a special ceremony at the conclusion of the ICS© sessions. This may be in the setting where sessions were held or it may be in the larger church during the service. Such recognition acknowledges the commitment made and kept by the participants and further exposes the benefits of the ICS©. (Appendix N)

Finally, the PI suggests that a note of appreciation be sent to each participant expressing gratitude for their participation and acknowledgment of their commitment to the program and to their own journey of unfoldment. A second note may be sent to the parents/guardians expressing appreciation for their support of their child during the ICS© program and congratulating them on the outstanding contribution their child has made by participating in the program. (Appendices O and P)

CLOSING THOUGHTS

“There is a light in this world, a healing spirit more powerful than any darkness we may encounter. We sometimes lose sight of this force when there is suffering, too much pain. Then suddenly, the spirit will emerge through the lives of ordinary people who hear a call and answer in extraordinary ways.”

~ Mother Teresa

As explained in chapter one, the ICS© assists the young person in perceiving and accepting the opportunity to choose a higher way of expression. By moving the adolescent's attention from the negative aspects of living to the positive, guidance through the steps of the ICPA™ may direct the individual to reach for higher levels of being. Transformation for this young person may require time while practicing application of the steps of the ICPA™. Ultimately, though, by way of the individual's own choice, the young person can be guided to a beautiful experience of expanded consciousness.

The ICS© offers young people a chance to transform self to Self and step free of the limiting behavior which will continue to imprison them until the chains are broken. Young people will be guided through the ICPA™; with will and intention the individuals will choose the experience which results in transformation of the personality. The young people who are experiencing attitudes of lack and limitation can be guided to higher ground by allowing the ICS© to guide them to release these coping patterns which are interfering with their progress on life's journey. When young people choose to identify their needs then transformation of consciousness can take place and the High Self of participants will show them a way to transcend the sense-bound ego. Having released attachment to the illusory reaction patterns of the past, they will be filled with the joy of emerging to a richer quality of life. Transformation of reactive patterns born of fear,

anger, guilt, grief, and sadness results in liberation of consciousness. Any sense of lack and limitation is transcended and the appearance of psychological and physical restriction is overcome when the living Presence of the Divine freely moves through a balanced and harmonized personality. The transformed personality allows mental/emotional and physical healing and gives impetus to the spiritual quest.

It is important to communicate to the young person that, as spiritual beings, we are already whole and complete. On this earth plane, however, we are also physical beings in the process of growing and unfolding. Paradoxically, we are complete and at the same time we are in the process of becoming. In the words of Ann Nunley:

“Our experience of Spirit and our experience of oneness are concurrent phenomena. Spiritual experiences tend to take us out of and beyond ourselves to become pure creative energy and one with the larger picture, with our sense of “God,” with every other human, and all life. As such, our spiritual experiences are expansive and beyond finite definition.”²³¹

The thoughts of the Youth and Family Ministries Director (UYED), Lily Berkley in City B, reflect the enthusiasm of people who perceive the potential of the Inner Counselor Process for Adolescents™ and its conceptual materials on the well-being of youth. Her remarks follow:

INNER COUNSELOR PROCESS FOR ADOLESCENTS™ OBSERVATIONS IN CITY B

**Lily Berkley
Youth and Family Ministries Director
One Community Spiritual Center**

It was an honor to participate in administering the Inner Counselor Process for Adolescents™ to middle school and high school teens at my spiritual center during the month of January 2009. In the morning I worked with the middle school student group and after lunch I

worked with the high school student group. The experience of leading two teen groups through the ICPA™ clearly showed me how revolutionary and beneficial this tool will be in the hands of our future generations! Teens approach the ICPA™ without the resistance and baggage adults bring to the process. They “get it” without having to be given in-depth reasoning behind why they are doing it or what is happening. They simply open and let the process happen. The ICPA™ is a tool that they are eager to use with issues in their lives. I noticed that each morning the teens were excited to see what they were going to learn next. They found the ICPA™ intriguing and several of them commented on how much better they were getting to truly know themselves. In addition many of them expressed that the process was a gift helping them to understand and empathize with the adults in their lives on much deeper levels. The benefits of ICPA™ with our teens were numerous, but two comments in particular stand out.

At the end of 4 weeks I asked the kids what they thought about the process. One teen spoke up. “During a demonstration process I had processed an issue I had with my mother.” The teen said, “Lily, I have fought with my mom every day for 4 years until the Sunday in which you did that process. For the last month, we have not fought once. Thank you so much for giving me this experience and for giving me a better relationship with my mom.” All the other teens echoed the same experience, several of them crying. They couldn’t stop raving about how their relationships with their family had improved due to this four week experience with the ICPA™.

On another Sunday, a middle school girl processed an issue with her mom that had happened just that morning. The advice she received from her guides was that soon enough she would be able to make her own decisions, but that right now she needed to let her parents guide her. I watched as this young girl’s body language softened during the process and she settled into letting her parents make the tough decision right now. She had made a shift. After service her mom came to me and said that she (the mom) had experienced a shift while sitting in the sanctuary during our teen processing session. In fact, the mom had experienced the shift at exactly the same time her daughter was shifting in the classroom during her process. The daughter was present as her mom told me this. Everyone had tears of joy and hugged. It was beautiful and healing for the entire family. Not only had the teens in the classroom received a shift in perception and experience, but so had everyone associated with the issue!

What a true gift! After years of working with children, I would like to go on record to say that I believe the ICPA™ is the single most effective and holistic healing tool available to children and adults! In the hands of children, the Inner Counselor Process for Adolescents™ has the potential to support our children in a lifetime of healthy

emotional growth. It brings individuals into alignment with their true holistic selves, and as we heal ourselves we heal our world. I see a future in which the ICPA™ is a tool in every child's hand as they grow and develop throughout life. I see society valuing the ICPA™ and our children's emotional balance on the same level as health education. I see children recognizing issues that they can process as they show up and sitting with a friend and immediately processing the issue, thus rising to a new level of understanding within the situation. Finally, the ICPA™ has the potential to propel our society into a greater awareness of self and the world around us. In the hands of our children, it creates an opening for a new era of self-knowledge, compassion, and awareness which will impact the growth of all of us.

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APPENDIX A

Inner Counselor Process for Adolescents

INNER COUNSELOR PROCESS™ ABRIDGED VERSION #1

1. **Begin in your Place of Peace.** Be there totally. ••• See the colors • Hear the sounds ••• Breathe the fragrances ••• Describe this place. ••• In this place you feel **calm, safe, strong and centered.** ••• Invite your High Self to be present and to be your guide for this journey. ••• I will invite my *High Self* to be present as my guide.
2. **What are the feelings you wish to explore?** (*Feelings = emotions plus physical sensations*)
3. **Ask your High Self** if it is **safe and advisable to address these feelings at this time.** (If not, ask to be shown appropriate feelings to address at this time). ••• **Are there additional wise and loving guides** who would like to be present to help you with this issue? •
4. **Feel the feelings** ••• **Let the feelings intensify** ••• **Let the feelings carry you to a recent time** when you felt the same feelings ••• Where are you? ••• What is happening? ••• Where in your body are these feelings the strongest? (Inquire about core areas: throat, heart, stomach). What emotions do you feel in your (re-state body areas)? ••• What sensations do you feel? •••
5. What do you truly **NEED** and **WANT**? - If you could cry out and say, "I need!" "I want!" what would you ask for? (If an **external** need is stated say, "If you had gotten (re-state external need) what would that have given you inside your heart of hearts that you need?" Dialog until arriving at an **internal** need).
6. Be aware of the feelings in your (describe locations). Imagine that you can pull these feelings out and **SEE** them – Describe their form and color ••• This (image) represents your old coping pattern.
7. How did these feelings in (describe location in body) **help you cope** and you protect some part of yourself when you didn't get what you needed? ••• The (image) represents those feelings. **Thank the (image)** for providing this response. ••• Ask the (image) if it is **willing for you to find a better way to cope** so you can get what you truly need?
8. Fully sense your true needs (need identified in #5). ••• Ask your ("*High Self*") to show you someone or something that can **represent the fulfillment** of your need for (repeat needs)
9. Will this (**new image**) **commit** to help you with this issue? ••• Will you **commit** to the qualities and protection of the (**new image**)?
10. Bring the two images together. Have the (**new image**) show the (**old image**) how it will **BOTH protect you and fulfill your needs.** ••• Will the (**old image**) allow its form and its **coping pattern** to be completely absorbed and changed by the (**new image**) so you can have what you truly need? ••• (Address fears).
11. **Experience the (new image) completely absorbing the (old image).** ••• Is the (**old image**) completely absorbed and transformed by the (**new image**)? (Dialog until this is complete). ••• How does (**new image**) look now that it has absorbed the old image? • (there may or may not be a change). (Make sure there has been true absorption and transformation of the old image)
12. What special advice does the (**new image**) have for you that you need to hear right now? ••• Speak the advice out loud. ••• Do (other guides – if there are any) have advice?
13. **Feel the (state qualities)** of (**new image**) in your body. **Describe a specific circumstance** in the near future when those qualities of (state qualities), now present within you, will **empower you to respond in a new way** ••• Imagine this happening and *feel the new response* in your body.
14. Give the (**new image**) a place of honor within yourself and in your Place of Peace. Thank yourself, (any guides) and your (*High Self*). **Complete the Energy Exercise and Prayer**

NOTE: Parenthetical phrases direct the facilitator to supply SPECIFIC information. The word "image" has been substituted for "symbol". This may be represented by an image or a sound. Inner Counselor Process © Ann Nunley, 2008. ICP™ ABRIDGED VERSION#1. (Designed specifically for use with pre-teens and teens)

APPENDIX B

Telephone Overview of ICPA™ and Training Sessions

Explanation of the study and ICS© with invitation to participate

Hello, _____ . My name is Phyllis Hoover. I am a Licensed Unity Teacher at Unity Church of Denver and a Doctor of Theology (ThD) student at Holos University; I'm preparing to conduct research that involves teaching adolescents how to guide each other through a transpersonal process called the Inner Counselor Process for Adolescents™. I am requesting your help in this study as a facilitator of the young people in your Sunday school.

The Inner Counselor Process for Adolescents™ is a guided self-awareness process which is intended to support participants in their own process of self-actualization and creative transformation and to integrate the changes experienced through the process into their daily living pattern. The wonderful aspect of this process for young people is that they will be working with each other on their issues.

I am looking for youth from grades 6 through 12, ages 11 through 18. There will be two groups of 4 young people each with 2 teachers in charge of each group. The first group includes grades 6, 7, and 8. The second group includes grades 9 through 12. Participants in each group will work

together for four sessions. Since this is a research study, control groups composed of the same number are needed. However, the young people in the control groups do not participate in the process; for them, it's "business as usual". Once the project is completed, those in the control groups will be offered a chance to participate in the Inner Counselor Process for Adolescents™.

As a facilitator, you will need training which is offered by the designer of the Process and her husband, Ann and Bob Nunley, who conduct the training at their lovely home near Lawrence, Kansas. The training is conducted for a period of four days and provides instructional and experiential information about the Process. The Inner Counselor Process™ has been used extensively and successfully with adults for many years. However, Ann Nunley has adapted the Inner Counselor Process™ for use with young people and this is the first time it has been used with adolescents in a formal research study. The adapted version is the Inner Counselor Process for Adolescents™.

I appreciate your interest in participating. Further information about the Inner Counselor Process™ is available at: www.innercounselor.com

Again, many thanks for your interest. I look forward to working with you!

APPENDIX C

Nunleys' Background Information

TRAINING

The ICP™ (Inner Counselor Process™) as an intervention

INSTRUCTORS

Ann Nunley, PhD: Ann received her Masters in Fine Arts from Kansas University School of Design in 1963. In 1989 she gave a presentation at the Menninger Council Grove Conference on States of Consciousness entitled, *Symbolic Journeys through Painting*. Since then, she has continued to combine her interest in art and psychology. She is past President of ISSSEEM (International Society for the Study of Subtle Energies and Energy Medicine). She received a Ph.D. in Transpersonal Psychology in July of 2000. She is the founding Vice President and Provost emeritus of Holos University Graduate Seminary. She currently teaches *Inner Counselor* as a graduate level course at Holos. The Nunleys have two sons who are retired military officers. John Nunley was a Navy pilot and served on the Staff at Cheyenne Mountain in the Space Command. Robert Nunley (Bert) served as a Marine judge in JAG. Their daughter, Lou, is data manager for Holos University, and their youngest son, Pierce, is an orthopedic surgeon with a specialty in spinal medicine.

CONTACT:

Ann4847@earthlink.net

Office Phone: 785-863-2176

Bob Nunley, PhD:

Bob Nunley is a professor emeritus of Geography at the University of Kansas and a professor at Holos University Graduate Seminary where he serves on the Board of Directors. He is the founding Dean of Faculty and Academics of Holos. His degrees include a B.S. in marketing, and an M.S. in Geography and Political Science from Marshall University, and a Ph.D. in Geography from the University of Michigan. He is a geo-demographic and computer consultant and an innovative explorer in the psychology of learning and the human potential. He served on the Fetzer Energy Medicine Technical Advisory Board, he is a past Co-President of ISSSEEM. During the Korean conflict he served in the army on General Truedeau's personal strategic intelligence staff. He has served as a lecturer at the Command and General Staff College at Leavenworth, Kansas.

CONTACT:

Nunley@KU.edu

Cell Phone: 785-331-7731

Office Phone: 785-863-2176

BRIEF HISTORY of ICP™: In 1988, Bob and Ann were introduced to a process called *Holodynamic Healing*, during a workshop presented by V. Vernon Woolf, Ph.D. Woolf's experiential "tracking" method provided core elements for what would, over the next 19 years, evolve into the specifically worded 15-step *ICP™(Inner Counselor Process)* and the "Qualities" and "Needs" set forth in the ever-evolving *Integration Chart*. In our experience with this Process we have found it to be unparalleled in helping people quickly and often permanently resolve painful issues and deep trauma.

APPENDIX D
Introducing the Inner Counselor Process for Adolescents™

WHAT: The Inner Counselor Process™ approach helps participants engage body, mind, emotions, and spirit as each individual moves toward a more mature, integrated, and spiritual sense of self and others.

WHO: The Inner Counselor facilitator is_____.

WHEN: On _____ the Inner Counselor Process™ will be introduced to the youth of Unity, grades 6 – 12. Parents are invited and encouraged to attend the meeting which will be held at _____.

WHERE: The meeting will be held in the _____.

WHY: The primary goal of the sessions is to provide tools for self-directed on-going personal growth and deepened spiritual awareness. Participants will take a short evaluation at the pre-session meeting and after the last meeting of their group to determine what changes may have occurred among the participants as a result of the Inner Counselor Process™. An additional evaluation will be taken four weeks following the completion of each of the group sessions.

HOW: Participants in the Inner Counselor Process™ sessions will meet in two groups of four students each which will include students in grades 6, 7, and 8 for four weeks, and grades 9 through 12 for four weeks.

APPENDIX E
Telephone Interview

Telephone Script for Enrollment

Thank you for your interest in this study.

May I please have the correct spelling of your

name?_____

And you are: Male____ Female____

This study is being conducted with young people from age eleven through age eighteen. May I please ask your age?_____

Have you had any prior experience with the Inner Counselor Process for Adolescents™ and its conceptual materials?_____

There are some questions regarding health that I need to ask you. I will review a few maladies. Please respond if any I have mentioned currently pertains to you:

Bi-polar disorder_____

Heart disease_____

Schizophrenia_____

Obsessive-compulsive disorder_____

Dementia_____

Hypertension_____

Diabetes_____

Post-traumatic stress disorder_____

Anxiety_____

Legal blindness_____

Depression_____

Have you taken prescription drugs for any of the maladies mentioned?

Thank you for your help with this. As you are in the required age range, have not experienced the ICPA™ and its conceptual materials before now, are not afflicted with any of the maladies reviewed, and have not taken prescription drugs for any of the maladies mentioned, you are a welcome participant in the research study. I look forward to working with you during our ICS© sessions.

Good-bye.

APPENDIX F
Participation Information Report Form

Name _____ Date _____

Please check any of the conditions below that you have experienced up to and including the present.

- _____ Heart disease
- _____ Diabetes
- _____ Anxiety
- _____ Legal blindness
- _____ Depression
- _____ Dementia
- _____ Bipolar disorder
- _____ Hypertension
- _____ Post-traumatic stress disorder
- _____ Obsessive-compulsive disorder
- _____ Schizophrenia

Are you now taking, or have you ever taken prescription drugs for any of the above? Please explain _____

Participant's physician:

Physician's telephone number:

Participant's signature _____

Parent's signature _____

APPENDIX G
Pictures of YOU Room, City A





APPENDIX H
Pictures of YOU Room, City B







APPENDIX I
Informed Consent Form

CONSENT FORM

THE EFFECTS OF THE INNER COUNSELOR PROCESS FOR ADOLESCENTS™
ON THEWELL-BEING OF ADOLESCENTS

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 your child to participate in the present study. Note that even if you agree to your child's participation in the research study your child is free to withdraw at any time without penalty of any kind, and without affecting your child's opportunities for participation in other projects offered by this church.

This research study is designed to examine the effects of the Inner Counselor Process™ on various aspects of personal well-being. During the Inner Counselor Process™ the students will learn how to access their own intuition and explore and direct their individuation and self-actualization process. It is believed that the Inner Counselor Process™ may be of assistance in making choices that are more creative, more grounded, and sounder personally as well as academically.

The Principal Investigator will meet with the adolescents of each group grades six through twelve for approximately one hour on four consecutive Sundays for teaching purposes. One group will consist of students from grades six, seven, and eight. A second group will consist of students from grades nine through twelve. The students' overall well-being will be measured with regards to certain emotional and psychological parameters. The students are required to be present each time his/her group meets. The measurement tool will be administered before and after the actual research study and once following each group study. The Principal Investigator will be available for consultation related to this study.

There are no known risks to participating in this study. The expected benefits associated with the students' participation include a means of improving their personal well-being on various levels.

This research study is being conducted during the months of October, 2008, through February, 2009, by an experienced former middle school teacher and licensed Unity teacher, Phyllis Hoover, who is currently a candidate for a doctoral degree at Holos

University Graduate Seminary. You remain free to request your child discontinue participation in the study at any time without penalty. Should your child choose to participate in this study, be assured that confidentiality will be maintained throughout this project and names, test scores, or any other identifying information will not be associated with the research findings in any way. Names will be deleted from all research data before use. All findings will be presented as averages from all scores, as opposed to information on the individual adolescent.

If you would like additional information concerning this study before, during, or after its completion, please feel free to contact the Principal Investigator, Phyllis Hoover, or Lisa Yelenick as specified below. As Principal Investigator, I appreciate your assistance, support, and commitment. If you have any concerns or questions about rights of a research participant in this research study, you may contact the Holos University Graduate Seminary, Dean of Faculty at (785) 863-2176.

Sincerely,

Lisa Yelenick, Youth Education Director
Phone: 303-888-3051

Phyllis Hoover, B.A., Licensed Unity Teacher
Principal Investigator
6924 E. Heritage Pl. N.
Centennial, Colorado 80111
(303) 770-6363
phyllishoover@yahoo.com

Bob Nunley, Ph.D., Dean of Faculty
Chair of Dissertation Committee
Holos University
5607 S. 222nd Rd.
Fair Grove, MO 65648
Bnunley4847@earthlink.net

Print name of Participating Subject

Print Name of Parent/Guardian

Signature of Parent/Guardian of Subject

Date

Adapted from the dissertation, "The Effects of Getting Unstressed ((GUS), a Wholistic Multi-Modal Programme, on Adolescents' Well-Being" by Martina C. Steiger, Th.D., 2004.

APPENDIX J Participant Consent Form

Experiencing the Inner Counselor Concepts and Process

The following information is provided so that you may decide whether you wish to participate in the sessions conducted by candidate for a doctoral degree, Phyllis Hoover.

The Inner Counselor Process is a facilitated guided imagery, self-awareness [experience](#). [You are](#) given a complete "walk-through" of the process before beginning. Part of the experience is educational and part is experiential.

The Process involves experiencing the emotions related to an issue [and/or feeling](#) that you want to address. Emotions brought to the surface are resolved during the process.

The goal of the process is to provide you with a tool for resolving and transforming the feelings related to [an](#) issue in order to increase your level of well-being.

Although you will be guided through the fourteen steps of the process, the Process is basically a self-help process in that the counsel and advice you receive during the Process will come from your own inner guidance, not from the facilitator.

This is part of a research study which is being conducted by Phyllis Hoover who [is a licensed Unity teacher](#). The doctoral candidate has completed a minimum of [60+](#) hours of residency preparation in which the process and [concepts](#) were presented.

I, the undersigned have read the above and agree to participate in this class assignment.

Signature

With my signature I affirm that I am between 11 and 18 years of age and have received a copy of the consent form to keep.

APPENDIX K
State-Trait Anxiety Inventory for Children

SAMPLE

HOW-I-FEEL QUESTIONNAIRE

Developed by C.D. Spielberger, C.D. Edwards, J. Montuori, and R. Lushene

STAIC Form C-1

Name: _____ Age: _____ Date: _____

DIRECTIONS: A number of statements which boys and girls use to describe themselves are given below. Read each statement carefully and decide how you feel *right now*. Then put an X in the box in front of the word or phrase which best describes how you feel. There are no right or wrong answers. Don't spend too much time on any one statement. Remember, find the word or phrase which best describes how you feel right now, *at this very moment*.

- | | | | |
|------------------|--|-------------------------------------|---|
| 1. I feel | <input type="checkbox"/> very calm | <input type="checkbox"/> calm | <input type="checkbox"/> not calm |
| 2. I feel | <input type="checkbox"/> very upset | <input type="checkbox"/> upset | <input type="checkbox"/> not upset |
| 3. I feel | <input type="checkbox"/> very pleasant | <input type="checkbox"/> pleasant | <input type="checkbox"/> not pleasant |
| 4. I feel | <input type="checkbox"/> very nervous | <input type="checkbox"/> nervous | <input type="checkbox"/> not nervous |
| 5. I feel | <input type="checkbox"/> very jittery | <input type="checkbox"/> jittery | <input type="checkbox"/> not jittery |
| 6. I feel | <input type="checkbox"/> very rested | <input type="checkbox"/> rested | <input type="checkbox"/> not rested |
| 7. I feel | <input type="checkbox"/> very scared | <input type="checkbox"/> scared | <input type="checkbox"/> not scared |
| 8. I feel | <input type="checkbox"/> very relaxed | <input type="checkbox"/> relaxed | <input type="checkbox"/> not relaxed |
| 9. I feel | <input type="checkbox"/> very worried | <input type="checkbox"/> worried | <input type="checkbox"/> not worried |
| 10. I feel | <input type="checkbox"/> very satisfied | <input type="checkbox"/> satisfied | <input type="checkbox"/> not satisfied |
| 11. I feel | <input type="checkbox"/> very frightened | <input type="checkbox"/> frightened | <input type="checkbox"/> not frightened |
| 12. I feel | <input type="checkbox"/> very happy | <input type="checkbox"/> happy | <input type="checkbox"/> not happy |
| 13. I feel | <input type="checkbox"/> very sure | <input type="checkbox"/> sure | <input type="checkbox"/> not sure |
| 14. I feel | <input type="checkbox"/> very good | <input type="checkbox"/> good | <input type="checkbox"/> not good |
| 15. I feel | <input type="checkbox"/> very troubled | <input type="checkbox"/> troubled | <input type="checkbox"/> not troubled |
| 16. I feel | <input type="checkbox"/> very bothered | <input type="checkbox"/> bothered | <input type="checkbox"/> not bothered |
| 17. I feel | <input type="checkbox"/> very nice | <input type="checkbox"/> nice | <input type="checkbox"/> not nice |
| 18. I feel | <input type="checkbox"/> very terrified | <input type="checkbox"/> terrified | <input type="checkbox"/> not terrified |
| 19. I feel | <input type="checkbox"/> very mixed-up | <input type="checkbox"/> mixed-up | <input type="checkbox"/> not mixed-up |
| 20. I feel | <input type="checkbox"/> very cheerful | <input type="checkbox"/> cheerful | <input type="checkbox"/> not cheerful |

HOW-I-FEEL QUESTIONNAIRE

STAIC Form C-2

Name: _____ Age: _____ Date: _____

DIRECTIONS: A number of statements which boys and girls use to describe themselves are given below. Read each statement carefully and decide if it is *hardly-ever*, or *sometimes*, or *often* true for you. Then for each statement, put an X in the box in front of the word that seems to describe you best. There are no right or wrong answers. Don't spend too much time on any one statement. Remember, choose the word which seems to describe how you usually feel.

1. I worry about making mistakes hardly-ever sometimes often
2. I feel like crying hardly-ever sometimes often
3. I feel unhappy hardly-ever sometimes often
4. I have trouble making up my mind hardly-ever sometimes often
5. It is difficult for me to face my problems hardly-ever sometimes often
6. I worry too much hardly-ever sometimes often
7. I get upset at home hardly-ever sometimes often
8. I am shy hardly-ever sometimes often
9. I feel troubled hardly-ever sometimes often
10. Unimportant thoughts run through my mind
and bother me hardly-ever sometimes often
11. I worry about school hardly-ever sometimes often
12. I have trouble deciding what to do hardly-ever sometimes often
13. I notice my heart beats fast hardly-ever sometimes often
14. I am secretly afraid hardly-ever sometimes often
15. I worry about my parents hardly-ever sometimes often
16. My hands get sweaty hardly-ever sometimes often
17. I worry about things that may happen hardly-ever sometimes often
18. It is hard for me to fall asleep at night hardly-ever sometimes often
19. I get a funny feeling in my stomach hardly-ever sometimes often
20. I worry about what others think of me hardly-ever sometimes often

Scoring Key for STAI for Children

Scoring Instructions for STAIC Form C-1

Fold this paper in half and line up next to the appropriate item numbers on the answer sheet.

Be sure you are on the correct side of the answer sheet (Form C-1). Total the scoring weights shown for the marked responses.

Total Score for C-1 _____

1.	1	2	3
2.	3	2	1
3.	1	2	3
4.	3	2	1
5.	3	2	1
6.	1	2	3
7.	3	2	1
8.	1	2	3
9.	3	2	1
10.	1	2	3
11.	3	2	1
12.	1	2	3
13.	1	2	3
14.	1	2	3
15.	3	2	1
16.	3	2	1
17.	1	2	3
18.	3	2	1
19.	3	2	1
20.	1	2	3

Scoring Instructions for STAIC Form C-2

All Items on the A-Trait scale are scored
as follows:

1 point for "hardly ever"

2 points for "sometimes"

3 points for "often"

Total Score for C-2 _____

APPENDIX L

Energy Exercise

(Based on an ancient marshal arts exercise)

Participant and facilitator are sitting up with spines straight, palms connected.

- With our hands joined we form a circuit of energy and we experience that flow....
- As the energy flows, imagine a golden light with the special qualities of the (new image) entering the crown of your head.
- Visualize and feel the light and power of this light as it fills your head (Pause) filling every cell.
- Feel the light as it moves down to fill your throat (Pause) across your shoulders and down your arms to the tips of your fingers.
- Feel the light filling your heart and lungs (Pause) your solar plexus (Pause) your abdomen (Pause)
- The golden light with the energy of the (new image) then moves down to the base of your spine filling your lower body full of healing light (Pause) down your legs to the tips of your toes (Pause)
- As the light fills your body, every cell is full of light (Pause)
- Every cell is changed by the golden light and the qualities of the (new image).
- Feel your feet connect with the energy of the earth. (Pause)
- Feel the strength of that energy and draw it up into your body to become part of the golden light energy (Pause)
- We will take some deep cleansing breaths together, breathing in through the nose and blowing out through the mouth...Letting go... With each cleansing breath, we allow the golden light to move up through our bodies, releasing any residual energies that are not part of the healing light. (Take several long breaths with the participant).

Affirmation Prayer

May every cell in your being forever hold in memory that---

You are created by Divine Light,
You are surrounded by Divine Light,
You are protected by Divine Light,
You are sustained by Divine Light,
You are ever growing into Divine Light.

Swami Radha, Canada

Quietly open your eyes, and be here in this room
Feeling alert and refreshed, and filled with light.

APPENDIX M
Facilitator's Notesheet

SAMPLE PROCESS REPORT
INNER COUNSELOR

FACILITATOR'S NAME:

Date & Time:

Session Length:

Subject's Initials (Use fictitious initials) and approximate age: DM 16

In the report below write a description of the following aspects as they unfolded in this process. It does not need to contain every detail, but it should be descriptive enough to allow the instructor of the course to "be there" as if she were a witness:

Orientation:

Place of Peace/Higher Self:

Issue:

Other Guides (if any):

Emotions and Sensations related to issue (Description and location):

Where did the feelings carry the participant?:

Intrinsic Needs:

Old Image, its emotions, sensations, attitude and coping mechanism:

Was the person able to understand the Old Image's protective intention and thank the Old Image?

New Image and Absorption:

The New Image has something you need to hear right now:

Advice from other guides (if any):

Circumstance for witnessing the New Response:

Did the participant need to go anywhere else with this issue? Describe:

Energy Exercise:

Subject's-Post Process: Observations, comments, questions and insights

Your Post Process: Observation, comments, questions and insights

APPENDIX N
Certificate of Completion

Inner Counselor ProcessSM Certificate

This Certifies That

Participant's Name

Unity Church of Denver, Denver, Colorado

Has successfully completed the requirements of the Inner

Counselor ProcessSM

Given at Unity Church of Denver

This Xth Day of Nxxxx, 200X

Phyllis Hoover, Licensed Unity Teacher

Nat Carter, Senior Minister

Lisa Yelenick, Youth Education Director

APPENDIX O
Note of Appreciation to Participants

Phyllis Hoover
6924 E. Heritage Pl. N.
Centennial, Colorado, 80111
(303) 770-6363
phyllishoover@yahoo.com
Date _____

Dear (Name of Participant),

Thank you for your participation in the Inner Counselor Process for Adolescents™ study. Lisa Yelenick and I appreciate your level of commitment to your own journey of spiritual unfoldment.

I am personally deeply grateful to you for your willingness to contribute to a study that will surely bless others. It makes me especially happy knowing you now have available to you an effective means of successfully working through issues which may occur.

Best wishes for continued success in your life's journey.

Blessings,

Phyllis Hoover
ThD Candidate
Holos University

APPENDIX P
Note of Appreciation to Parents/Guardians

Phyllis Hoover
6924 E. Heritage Pl. N.
Centennial, Colorado 80111
(303)770-6363
phyllishoover@yahoo.com
Date _____

Dear (Name of Participant's Parents/Guardians),

Thank you for your encouragement and support of (Participant's name) involvement in the Inner Counselor Process for Adolescents™ study. Your participation as (parents/guardians) is invaluable to (Participant's name) personal spiritual development.

I am confident of a bright future for (Participant's name).

Sincerely,

Phyllis Hoover
ThD Candidate
Holos University

