

**The Effects of the Inner Counselor Process (ICP™) and
Positive Affirmations on Anxiety in a Population Supporting the
Military Community of Fort Carson, Colorado**

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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.

Susan Ann Davis

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ABSTRACT

The Effects of the Inner Counselor Process (ICP™) and Positive Affirmations on Anxiety in a Population Supporting the Military Community of Fort Carson, Colorado.

This study used the experimental pre-test/post-test self control group design to measure the effects of the Inner Counselor Process (ICP™) and positive affirmations on anxiety in subjects randomly selected from a pool of volunteers living in (or closely associated with) the military community at Fort Carson, Colorado. This sample represented those with stressors such as spouses deploying or in between deployments, personal responsibilities, family commitments, change in career, health concerns and those offering general support to persons who are on the front lines of the Iraq or Afghanistan War. Twelve subjects completed the study. The study took place over a five-week period. Each subject participated in two group sessions and four one-on-one sessions facilitated by Susan Davis. State Trait Anxiety Inventory questionnaires were administered before and after the intervention of four individual Inner Counselor Process (ICP™) sessions which included follow-up assignments to use specific positive affirmations. A t-test for dependent means error level was .05 for the study. For rejection of the null hypothesis the critical value used was 2.201 (Hinton) as shown in Table 1. Since the calculated value of t was greater than 2.201, then the probability that such results occurred by chance is less than .05. In fact, the probability that such results could occur by chance were less than .001 for the State and even less than that for the Trait. Seventeen of the twenty questions on the Trait showed positive change at a significant level.

*The greatest battles of life are fought out daily in the silent chambers of the soul.
David O. McKay*

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CHAPTER 1: INTRODUCTION

The Introductory chapter to the present thesis includes eight subsections:

1. Statement of the Problem
2. Importance of the Study
3. Description of the Interventions
4. Purpose of the Study
5. Research Questions: Dominant and peripheral
6. Design of the Study
7. Definition of Terms, and
8. Delimitations and Limitations.

Each subsection is discussed in turn. Taken together they form the basis for proceeding to Chapter 2, Research Methods.

Statement of the Problem

The term “stress” is often used to describe feelings of distress, fatigue, and the inability to cope. The term “Post Traumatic Stress Disorder” is used to describe these and other debilitating feelings in those exposed to trauma.¹ In the community involved in this study Psychologists and Psychotherapists are in short supply and many work considerable amounts of unpaid overtime along with their daily work schedule. Specifically, the Colorado Springs area is short staffed according to the *Pikes Peak Area Council of Governments*, a group who have been contracted to assess the area because of the increase of soldiers and their families moving into the area. This situation was described in a statement in *The Chartered Society of Physiotherapy* in the following way, “When demands and pressures placed on individuals do not match the resources which are available, either from the organization or within the individual, stress can occur and endanger that person’s health and well-being.”²

Stress is a given in our lives. The way in which we *respond* to stress can determine the quality of our health and wellbeing. The time is right to move deliberately towards alternative practices that will compliment and perhaps go beyond allopathic approaches within communities such as the one described in this study. Norman Shealy once said “If each of us makes the CHOICE of health, it will ripple out to change the health of the nation.”

When we respond to stress with anxiety, “our brains are affected; ongoing stress is believed to create chemical changes in the brain that lead to anxiety and depression, as well as our heart, immune system, gastrointestinal tract, sleeping patterns, pain perception, and sexual and reproductive functioning, just to name a few.”³

There are a number of short and long term effects that are often associated with persons who respond to stress with anxiety. They include Physical Symptoms, Psycho-Social Symptoms, and Emotional and Behavioral Health Symptoms. In each of the three categories there are short term and long term symptoms.

Short term physical symptoms include headaches, colds & respiratory infections, backache, poor sleep, indigestion, mental disorders, effects on pregnancy, lethargy, muscle tension/cramps, neck ache, chest pains, racing pulse, tooth/jaw pain, and palpitations. Long term physical symptoms include heart disease, hypertension, ulcers, high cholesterol, risk of cancer, diabetes, and asthma.

Short term Psycho-Social Symptoms include increased consumption of alcohol, drugs, cigarettes; increased sickness/absence from work; accidents; insomnia; loss of appetite; and overeating. Long term Psycho-Social Symptoms include relationship breakdown, society isolation, domestic violence, alcoholism, and suicide.

Short term Emotional and Behavioral Health Symptoms include fatigue, anxiety, irritability, boredom, depression, poor concentration, low self-esteem, emotional outbursts, nightmares, fear and panic. Long term Emotional and Behavioral Health Symptoms include withdrawal, chronic depression, chronic anxiety, breakdown, and Post Traumatic Stress Disorder (PTSD).

Anxiety caused by stress is a national and global issue that should be taken seriously. Our challenge is to learn to respond to the stresses in our lives in a positive way.

Importance of the Study

A challenge within the community addressed by this study and within today's society in general is the response persons have to the compounded stress occurring within their daily lives. It is the researcher's hope that this study will indicate an effective non-pharmaceutical and non-invasive approach to reducing the stress caused by anxiety. The two approaches used in the present study are The Inner Counselor Process (ICP™) and affirmations.

Description of the Intervention

The Inner Counselor Process (ICP™)

The Inner Counselor Process (ICP™) is an experiential tool that engages the symbolic wisdom of a person's super-conscious mind⁴ to resolve behavioral and emotional issues. Thus, the wisdom for addressing the issue always arises from within the person, with the facilitator providing supportive presence and the structure of the 15-Step *Inner Counselor Process™* (ICP™). During this guided integrative process, the subject experiences a light, hypnogogic state of mind that allows full awareness while encouraging imagery and felt-sense. Effective interconnections are made between the super-conscious mind, the conscious mind, and the subconscious mind. Key emotions are identified and their felt-sense is located in the body; an incident of origin is revisited;

core intrinsic needs are identified; and a highly satisfactory level of mental, emotional, and physical resolution is achieved. As sub-conscious split-off coping patterns and/or encapsulated trauma enter conscious awareness and are transformed into healing symbolic meaning that is then fully integrated within the whole of the personality.

The Philosophy of the Inner Counselor Approach and the Integration Chart™

When an approach such as the ICP™ is observed to be able to change anxiety response patterns the question becomes, “How and why does this work?” In seeking answers to that question it may be necessary to search beyond the scope of familiar traditions and ways of thinking.

Transpersonal and humanistic psychologists have expanded the scope of traditional psychology by moving beyond the realm of the conscious and subconscious to include the super-conscious level of mind. Psychologists such as Assagioli, Jung, Sorokin, Frankl, Urman of Innsbruck, and Maslow, all included the elements of this dimension in their deliberations (See endnote #4) Some of the most comprehensive discussions of this aspect of mind are found in the writings of German scholar, Lama Anagarika Govinda.

This chapter will describe some of the similarities between the Inner Counselor Process (ICP™) and the knowledge and experience of Tibetan traditions expressed in Govinda’s book, Foundations of Tibetan Mysticism. The most significant purpose of the ICP™ (Appendix E) and its Integration Chart™ (Appendix F) is to empower individuals to use the Chart in order to know and understand themselves better, and to use the ICP™, an experiential process, in order to create significant inner change. For this study, the Integration Chart™ was utilized by the facilitator as a way to

personally assess the subject's sessions and have a sense of what was most needed by the subject each succeeding session. The ICP™ is a guided self awareness process that relates directly to the mental, emotional, physical, and spiritual aspects of a person. This concept can best be understood with the metaphor that our "energetic" bodies have the potential to download a pattern to our mental, emotional and physical bodies from the super conscious or Wise Observer Self and this action has the potential to shift our mental, emotional, and physical experience of reality. The analogies between the ICP™ and Tibetan Mysticism as translated by Govinda are set forth as follows.

The ICP™ is an opportunity to demonstrate, consciously or subconsciously, ways to achieve the wholeness that ultimately lead to what might be called happiness, well-being, or expanded consciousness. During Step #4, the participant follows felt sense and emotion to a recent experience of the issue, and subsequently completes steps in which symbolic images are invoked to represent specific qualities of both the old coping pattern and the new "ideal" pattern. In relationship to this approach, Govinda writes,

The establishing of inner relations between spiritual qualities, psychological principles, planes of consciousness and of knowledge, elements of existence and their symbolic figures, gestures, colours, and spatial positions are not an idle play of imagination or arbitrary speculations, but the visible representation of experiences...They represent a quasi-symphonic or multi-dimensional awareness of reality, in so far as they depict the co-ordination of all active forces on the planes of material, psychological, mental, and spiritual activity.⁵

In other words, inquiries that may seem simple and linear in the ICP™ have implications that include an expanded and comprehensive experience. In addition, Step #4 engages the participant's focus to clearly see the circumstances underlying the original issue – an issue that may relate to an experience in the distant past.

As the participant allows the feelings, emotions, and sensations to carry them back to an earlier time, the experience brings together the two fundamental properties of space and motion. This movement to a plane of spiritual activity is one of conscious choice:

The actual coexistence and interpenetration of these planes and the simultaneousness of their functions is converted by the intellect into something that exists in different dimensions or as a sequence in time, which therefore can only be experienced and in separate phases.⁶

Time is not linear when viewed from the perspective of an emotionally charged situation. Indeed, many of our early experiences contain myriad levels of that same emotional pattern. The ICP™ provides a safe and effective method of getting to the heart of the matter within a relatively brief period of time. This process experience allows the participant to resolve latent emotions and subsequently respond to the presenting issue in a different, more enlightened and appropriate way. Also, the fact that the Process empowers participants to take charge and be responsible for their own well-being addresses fundamental intrinsic qualities of both control and creative freedom.

In Step #8, the “old symbol”, that represents the mental, emotional, and physical expressions of a coping pattern put in place during a traumatic or disturbing event, is recognized and appreciated for its protective intention. This inner recognition of the old pattern loosens the pattern’s grip in the psyche. This action provides the potential to move forward into the transformation of the old pattern:

...the forms of conscious representation solidified and made visible by this process would have a spiritually petrifying, deadening effect, if there did not exist a method of dissolving again the crystallized forms into the normal stream of life and consciousness (laya-karma).⁷

During the ICP™ Step #9 the inner vision is able to sense and state core qualities that the person needs and by presenting a new symbol creates the potential for

the transformation of the original issue. Govinda suggests that, “By becoming conscious of the world and of those forces which create it, we become their master.”⁸ Our new responsive attitudes then allow us to basically re-create many aspects of our world. As we practice conscious discernment, we become more adept at recognizing patterns of sabotage. This opens up the opportunity to engage in the transformational process of change. As we become conscious of our intrinsic needs and are able to inwardly address those needs, the sense of being at the mercy of external realities is greatly decreased.

The participant brings the two symbols together in Step #11 and in Step #12, the old symbol is absorbed and the qualities that fulfill deep intrinsic needs related to the issue take form within the personality to provide a new response to an issue that has been governed by the old coping pattern:

It is an act of resurrection, in which the ultimate transformation takes place and in which all causes come to rest in the light of perfect understanding and in the realization of sunyata, in which all things become transparent and all that has been experienced, whether in joy or suffering enters into a state of transfiguration.⁹

As the participant experiences the old symbol being absorbed and transformed a new reality emerges. “Thereafter, these qualities automatically influence the response pattern related to the originating issue.”¹⁰

In the next two steps participants receive, from within themselves a core insight such as, “I am loved,” or “I am okay right now,” and with this insight in mind sets up a potential circumstance in the near future to witness the change in the response pattern.

When experiencing the final Step #15, the Energy Exercise (Appendix G), the facilitator and subject connect energetically and enter into a guided visualization intended to bring the new symbol fully into the physical body. This focuses on filling

each and every cell in the body with light and the qualities represented by the new symbol. Govinda describes this as an approach in the following way,

The Tibetan teacher of meditation ..says, ‘create within yourself a vivid mental image, that a current of vital force flows from here to there’. In this way he directs the consciousness and the creative imagination of the meditator upon certain functions...Thus he creates the psychic and physical relations and preconditions for the flow of conscious forces.¹¹

As the ICP™ is completed a feeling of renewal often washes over both the facilitator and the participant.

The transpersonal journey of individuals often leads them to the realization that “I am” has its completion in “we are.” When we realize that we are in the midst of a vast reservoir of healing energy and are a part of something greater than ourselves (the universe), then we are much more capable of make a change in our lifestyles. The opposing aspects of our lives create conflict that give us an opportunity to deepen our inner wisdom. Once basic needs are fulfilled such as food and shelter, then we have an opportunity to focus upon the transcendental path or purpose of our lives. “The main focus of the ICP™ is to transform the personality’s subconscious reactive behaviors, set in place in early years, into responses that are generated from higher “soul” consciousness.”¹² As we work through issue after issue we expand and train our intuitive experience of inner vision, which allows us to move beyond our narrowly conceived, self-created world. When we realize that we can direct our own path we can begin to create lasting and meaningful relationships that include the reciprocal love and trust essential to more meaningful and satisfying connections. Creating trust and integrity within ourselves empowers our will. According to Roberto Assagioli,

...there is another and higher condition in which their personal will is effortless, it occurs when the Willer is so identified with the

Transpersonal Will...or with the Universal Will, that his activities are accomplished with free spontaneity¹³

This then, according to the Integration Chart™, becomes self-realization or the “transformed will” that expresses informed balance, unconditional peace, and trust.

As the facilitator, the most helpful use of the Integration Chart™ when guiding the ICP™ is witnessing and knowing that it is possible to move disharmony, with the lesson created, into balance with harmony. The descriptions of the updrafts of the Integration Chart™ show explicitly some of the choices that may be made at any given moment and the awareness of these choices helps the facilitator to support the participants movement towards healing. Having the six columns displaying the extrinsic and intrinsic needs illustrates a general trend of the many choices available. In working with the Inner Counselor concepts each subject has the potential to move from extrinsic needs, to intrinsic needs and finally to the expression of intrinsic qualities.

One can choose to create harmony or disharmony in one’s lifetime. Ruiz stated it well when he said the three agreements of, “...be impeccable with your word, don’t take anything personally, and don’t make assumptions will only work if you do your best.”¹⁴ The ICP™ harmonizes with concepts from Ruiz and his four agreements, Assagioli’s concepts of the higher reaches of human nature through the qualities and stages of the act of will, and Maslow’s self-actualization principles. It seems that society could greatly benefit at all levels by learning, using, and teaching methods such as this one for personal investigation, self- realization, and healing.

Affirmations

Affirmations are positive self talk or talking to yourself in a positive manner. Continually make positive statements about how you want your life to be. However, there is one point that is very important in this; Always make your statement in the PRESENT TENSE, such as “I am” or “I have.” Your subconscious mind is such an obedient servant that if you declare in the future tense, “I want,” or “I will have,” then that is where that idea will always stay- just out of your reach in the future!” According to Louise Hay “Affirmations that are used consistently become beliefs and will always produce results, sometimes in ways that we cannot even imagine.”¹⁵

The investigator gave each subject a positive affirmation to practice daily during the study. The affirmation was *I am beautiful/handsome, intelligent, loving, and forgiving*. According to Roberto Assagioli this is acting ‘as if,’ “Thus we can, to a large extent, act, behave, and really be in practice as we would be if we possessed the qualities and enjoyed the positive mental states which we would like to have. More important, the use of this technique will actually change our emotional state.”¹⁶

Purpose of the Study

The central purpose of the study is to ascertain whether or not the ICP™, used in conjunction with positive affirmations, will reduce stress-related anxiety and empower persons, within a military community such as Fort Carson, to change anxiety related response patterns, thereby creating a higher level of well-being.

Research Questions

There is one dominant question related to the Quantitative Research (STAI) Data and six Peripheral Questions related to the Quantitative Research (STAI) Data.

Dominant Question

The dominant question related to the Quantitative Research (STAI) Data is:

1. Will the intervention reduce symptoms related to anxiety in the population studied?

Peripheral Questions

The six Peripheral Questions related to the Quantitative Research (STAI) Data are:

1. Will the intervention enhance self-confidence? (Q#11 & Q#32)
2. Will the intervention help the subjects' ability to cope with their circumstances? (Q#28 and Q#35)
3. Will the intervention improve the sense of self-satisfaction? (Q#8 & Q#23 & Q#25)
4. Will the intervention positively effect anxiety related to past, current or impending situations? (Q#7 and Q#40)
5. Will the intervention improve the sense of physical and emotional stability? (Q#19 & Q#39)
6. Will the intervention positively affect the tendency for disturbing thoughts to arise? (Q#31).

Outline of the Intervention

Subjects completed two group sessions and four one-on-one sessions with the investigator, Susan Davis, acting as facilitator. The sessions were conducted in an office at Davis' private residence. The first session was a group session in which subjects filled out the intake form, the consent form and completed the State Trait Anxiety Inventory (STAI). Sessions two through five were one-on-one sessions with the investigator in which subjects experienced the facilitation of the ICP™. The sixth session was a group session in which subjects re-took the STAI and were given an opportunity to volunteer to write about their experiences.

Session 1 (a group session): First ½ hour: Orientation, Purpose of Study, Qualification of Investigator was presented, the affiliation with HOLOS University Seminary was described. Second ½ hour: Investigator presented instructions to fill out intake form and take the State Trait Anxiety Inventory. Third ½ hour: Investigator answered any concerns or questions.

Session 2 (an individual session): First 15 minutes: Investigator gave an orientation to the Inner Counselor Process™; the next 30 minutes: Investigator led the subject in three cleansing breaths, the 15-step ICP™, ending with the energy exercise: the last 15 minutes: The investigator answered any questions or concerns and reminded the subject of the next scheduled ICP™. The subject's assignment was to write out the positive affirmation to recite as often as possible "I Am Beautiful/Handsome, Intelligent, Loving, and Forgiving." The analogy given to subjects to help them understand the effectiveness of using affirmations was from *The Hidden Messages in Water* in which Masaru Emoto described a research project where he measured the before and after effects of children putting positive intention into containers of water. The results were significant "Dr. Masaru Emoto discovered that crystals formed in frozen water reveal changes when specific, concentrated thoughts are directed toward them."¹⁷ If you understand the positive impact through intention that was received into the water and also understand that our bodies are made up of mostly water, then it would stand to reason that practicing a positive affirmation could also change any unwanted (subconscious) messages traveling via the blood stream.

Session 3 (an individual session): First 15 minutes: The investigator listened to any information the participant wished to share after experiencing the ICP™

the week prior; the next 30 minutes: The investigator led the subject in three cleansing breaths, the 15-step ICP™, the Energy Exercise and added in the prayer; the last 15 minutes: The investigator asked about the subject's experience with the affirmation and invited the subject to chose a gratitude rock with instructions to keep it on their person until the next ICP™, each time holding or looking at it and saying or thinking about what they are grateful for and continuing with the affirmation. The investigator reminded the participant of the next ICP™ session.

Session 4 (an individual session): First 15 minutes: The investigator listened to any information the participant wished to share after experiencing the ICP™ the week prior; the next 30 minutes: The investigator led the subject in three cleansing breaths, the 15-step ICP™, the Energy Exercise and added in the prayer; the last 15 minutes: The investigator asked about the subject's experience of reciting their affirmation and carrying their gratitude rock. The investigator reminded the participant of the next ICP™ session.

Session 5 (an individual session): First 15 minutes: The investigator listened to any information the participant wished to share after experiencing the ICP™ the week prior; the next 30 minutes: The investigator led the subject in three cleansing breaths, the 15-step ICP™, the Energy Exercise and added in the prayer; the last 15 minutes: The investigator asked about the subject's experience of reciting their affirmation and carrying their gratitude rock. The facilitator ask the subject to continue with these practices and reminded the subject of the scheduled group session. Subjects were given a paper that described Session 6.

Session 6 (a group session): First ½ hour: Upon arrival of the subjects, instructions were given to sit and begin taking the STAI, remaining quiet until everyone had finished. This marked the official end of the study. The investigator thanked everyone for volunteering their time to the study and invited subjects who chose to do so, to stay and write about their experience in the study. Second ½ hour: Following the writing exercise the investigator opened a group discussion and invited remaining subjects to stay for a post-study opportunity. Third ½ hour: Those who chose to remain were given instructions for the Ring of Crystal, Autogenic Training (See Appendix I), and a guided imagery.

Definition of Terms

The Inner Counselor Process (ICP™)

The Inner Counselor Process (ICP™) is a guided self-awareness process that evokes a light, hypnogogic state of mind. This hypnogogic state allows full awareness while enhancing imagery and felt-sense. An ICP™ facilitator provides supportive presence and the structure of the 15-Steps so that information and self-guidance may readily and safely arise to be used by the participant. Integrative connections are made between three levels of the mind—the conscious, the sub-conscious, and the super-conscious.

Intrinsic need

An intrinsic need is a need that relies on its fulfillment from within rather than from without. The fulfillment of intrinsic needs is an essential component of the maturation of the personality. Abraham Maslow referred to these intrinsic needs as “being” needs as opposed to “deficit” needs. The ICP™ helps the subject identify and seek an inner fulfillment of intrinsic needs.

Energy Exercise

The function of the energy exercise is to fully integrate the changes that have occurred during the process. As part of this integration, the energy exercise accesses the subtle energy bodies of the mental, emotional, and etheric. The prayer expands that integration and includes the spiritual dimension by incorporating the Divine light of higher consciousness.¹⁸

Higher Self/Wise Observer Self

As stated by Ann Nunley, the High Self or Wise Observer Self is “sometimes thought of as the soul, this Self is whole and complete and is the Eternal Face behind the mask of the personality.”¹⁹

Delimitations and Limitations

The delimitations of this study included that the participants be able to function well enough to travel to the office to experience the ICP™ session, and have the ability to hear and speak.

The limit to the number of subjects was set so as not to exceed 14, preferably 12.

Chapter Summary

Chapter 1 has presented a description of the interests, questions, and concepts that influenced the investigator in her decision to implement this study such as a statement of the problem, the importance and purpose of the study and the research

questions considered. This Chapter also presented an *Outline of the Intervention* used in the study. Chapter 2 describes the goals and research methods used.

CHAPTER 2: RESEARCH METHODS

The following chapter describes the goals of the current study, the description and location of subjects, the inclusion/exclusion criteria, the principal investigator, the length of the study, and the research protocol.

Goals of the Current Study

The health and well being of the active duty military members deployed to war zones is crucial to the ultimate success of our United States Military and its mission. The surge in soldiers experiencing symptoms of Post-Traumatic Stress Disorder (PTSD) requires a fresh look at alternatives to existing therapies. Because these soldiers are members of the Fort Carson community their trauma has a rippling effect throughout the entire community. The goal of implementing the ICP™ with members of this community is to ascertain if the approach used in this study will significantly reduce the level of anxiety caused by the stressors that these subjects experience.

Description and Location of Subjects

The subjects were taken from a sample of convenience and were randomly selected from a pool of volunteers following announcements made at the work place and other social functions within the military community. The initial number of subjects was 13 people; one initial volunteer was subsequently unable to participate in the study. This sample represented all those with a common stressor such as spouses deploying or in between deployments, personal responsibilities, family commitments, change in career, health concerns and general support to those who are on the front lines of the Iraq or

Afghanistan War. This study was conducted out of the personal office at the home of the investigator.

Inclusion/Exclusion Criteria

All subjects were accepted into the study who responded to the initial intake form.

Principal Investigator

Susan Davis acted as the principal investigator to implement the study.

Davis is a student of Holos University Graduate Seminary. Davis holds a Bachelors Degree along with a Reiki Master certification, a Certified Intuitive Healer Certification from The Stillpoint School of Advanced Energy Healing, as well as a certificate from the Nutri Energetics Systems, Inc. (See Davis' resumé in Appendix A).

Length of Study

The research study lasted five weeks. The study began on the weekend with a group meeting. At the conclusion of the study, there was one more group meeting that lasted an hour and a half. Between these two group sessions, each of the twelve subjects experienced four, one-on-one meetings of an hour each.

Dependent Measures

This study used the Pre-test/Post-test Self Control Single Group Design controls for common threats to internal validity, history, maturation, instrumentation and repeated testing.

Quantitative Methods

The State Trait Anxiety Inventory (STAI) was used as a Pretest and Posttest. The subjects completed the STAI for adults at the beginning of the study and again upon completion of the four individual ICP™ sessions.

STAI

The State Trait Anxiety Inventory Form Y is the definitive instrument for measuring anxiety in adults. The STAI clearly differentiates between the temporary condition of “state anxiety” and the more general and long-standing expression of “trait anxiety.”

The State-Trait Anxiety Inventory (STAI) has been used extensively in research and clinical practice. It comprises separate self-report scales for measuring state and trait anxiety. The S-Anxiety scale (STAI Form Y-1) consists of twenty statements that evaluate how respondents feel “right now, at this moment.” The T-Anxiety scale (STAI Form Y-2) consists of twenty statements that assess how people generally feel. The STAI-Y S-Anxiety and T-Anxiety scales are printed on opposite sides of a single-page test form.

State and trait anxiety are analogous in certain respects to kinetic and potential energy. S-Anxiety, like kinetic energy, refers to a palpable reaction or process taking place at a given time and level of intensity. T-Anxiety, like potential energy, refers to individual differences in reactions. Potential energy refers to differences in the amount of kinetic energy associated with a particular physical object, which may be released if triggered by an appropriate force. Trait Anxiety implies differences between people in the disposition to respond to stressful situations with varying amounts of S-Anxiety, but whether or not people who differ in T-Anxiety will show corresponding differences in S-Anxiety depends on the extent to which each of them perceives a specific situation as psychologically dangerous or threatening, and this is greatly influenced by each individual’s past experience.

The essential qualities evaluated by the STAI S-Anxiety scale are feelings of apprehension, tension, nervousness, and worry. In addition to assessing how people feel “right now,” the STAI S-Anxiety scale may also be used to evaluate how they felt at a particular time in the recent past and how they anticipate they will feel either in a specific situation that is likely to be encountered in the future or in a variety of hypothetical situations.

Scores on the S-Anxiety scale increase in response to physical danger and psychological stress and decrease as a result of relaxation training. The S-Anxiety scale has been found to be a sensitive indicator of changes in transitory anxiety experienced by clients and patients in counseling, psychotherapy, and behavior-modification programs. The scale has also been used extensively to assess the level of S-Anxiety induced by stressful experimental procedures and by unavoidable real-life stressors such as imminent surgery, dental treatment, job interviews, or important school tests.

The STAI T-Anxiety scale has been widely used in assessing clinical anxiety in medical, surgical, psychosomatic, and psychiatric patients. Psychoneurotic and depressed patients generally have high scores on this scale. The T-Anxiety scale is also used for screening high school and college students and military recruits for anxiety problems, and for evaluating the immediate and long-term outcome of psychotherapy, counseling, behavior modification, and drug-treatment programs. In clinical and experimental research, the STAI T-Anxiety scale has proven useful for identifying persons with high levels of neurotic anxiety and for selecting subjects for psychological experiments who differ in motivation or drive level.²⁰

Qualitative Methods

At the post-test forum the subjects were asked to write down any changes that they experienced as significant to be used subsequently as qualitative information.

Data Analysis

All data was compiled at the end of the fifth week. It was then reviewed and revised for correct data input to be converted by the Statistics Program for Social Sciences (SPSS) file for final analysis.

Researcher's Intentions

- To be viewed by subjects of the study as someone in whom they can confide.
- To ensure anonymity of the subjects by changing all names in transcripts and other materials.

- To support the concept of self-empowerment.
- To be loyal to the field under research and is accountable to the committee and Holos University Graduate Seminary.
- To ensure honest and respectful treatment of research subjects, by informing them of the purpose of the study and adhering to the guidance requirements, and at all times guarantee their safety and well-being.
- To ensure that the data collected is accurate, relevant and valid.
- To provide accurate, truthful and complete reports, and disseminates the research outcomes through authorized channels, ensuring the work is available for critical review.

Data Sources and Forms

State Trait Anxiety Inventory

Voluntary Description of Your Personal Experience with the ICP™ Form

Additional Forms

Informed Consent Form

Subject Intake Form

Data Analysis

Statistics Program Social Sciences Computer Program.

Ethical Considerations

1. To have reverence for life demonstrated by right relationships to one another.
2. To hold in strictest confidence the personal feelings; emotions and any other information that may be revealed by subjects within the context of the study setting.
3. To protect the anonymity of subjects.
4. To recognize that “The binding force behind this code comes not from words on paper, but from the researchers ever-developing relationship with God.”²¹

Additional Information about Subjects

The age range of the twelve subjects was between 28 and 60 years old.

There were eight females and four males. The average age was 43 ½. The occupations

listed were photographer/substitute teacher, team lead manager for a large corporation, massage therapist, nurse's aid, project manager for an international corporation, cabinet maker, manager of a large corporation. Three of the subjects did not claim a profession. Some of the issues that the twelve subjects brought into the study were weight gain, depression, work stress, major back surgery, anxiety, chronic Attention Deficit Disorder, fatigue, pain, chronic sensitivities, allergies, grade three angio plastic brain tumor (anaplastic astrocytoma), anger, arthritis, relationship issues, financial issues, stress of constant change, anticipatory grief, asthma, fibromyalgia, and vertigo.

The subject intake form also had a place to check other symptoms, the top eleven that were checked in addition to the above issues were headaches, arthritis, cold hands, sinuses, sensitive eyes, cancer, painful joints, grating neck, allergies, pins and needles in arms/hands, and dizziness. The following symptoms were also checked: chest pains, hepatitis C, cold feet, fainting, cold hands, bulging disk, scoliosis, shooting head pains, diabetes, and hypertension.

The study subjects also listed medications they were taken as follows: effexor, albuterol, birth control, paxil, ambien, cymbalta, soma, estrogen, indocin, lexipro, methatrxate, renucade, tramadol, flexaril, voltarin, leuthyroxine, klonopin, hydroclorthiazide, lisinopril, metoprolol, and sumvastatin. Almost all of them claimed to be taking some kind of nutritional supplements.

During our first meeting the subjects were asked to take the STAI, the State Trait Anxiety Inventory. Instructions were given as the State is the feeling they have 'right now,' and the Trait was their feeling 'on general.' Upon completing the test each individual scheduled all four sessions with the facilitator. The facilitator had a

calendar in which she entered the name of the subject and the date and time of each of the four ICP™ sessions, adding the subject's phone number. The facilitator wrote scheduled times down in this way for each person in the study to take home.

Chapter Summary

Chapter 2 has described the research methods used in the study including a description of the goals, the location of subjects, inclusion/exclusion criteria, length of study, the quantitative and qualitative methods used, the data source and methods of data analysis, ethical considerations and additional protocol information. Chapter 3 presents a description and summary of the research results.

CHAPTER 3: RESEARCH RESULTS

Chapter three contains a description of the administration of the STAI, a summary of the over all STAI data, results of the State Inventory for each subject, results of the Trait Inventory for each subject, peripheral research questions related to the STAI data, qualitative data from the Personal Experience Form, and the researcher's observations of the ICP™ sessions.

Administration of the State Trait Anxiety Inventory (STAI)

The State Trait Anxiety Inventory questionnaires were administered before and after the four individual ICP™ sessions and the assignment to use specific positive affirmations. A t-test for dependent means error level was .05 for the pilot study. For rejection of the null hypothesis, that the intervention made no significant difference with the sample population, the critical value shall be 2.201 (Hinton) as shown in Table 1, since the calculated value of t is greater than 2.201, then the probability in this study that such results occurred by chance is less than .05.

In fact, the probability that such results could occur by chance were less than .001 for the 20 State questions and even less for the Trait questions (See Tables 2 and 3 in the following pages). Seventeen of the twenty questions on the Trait showed positive change at a significant level.

Table 1. **Summary of STAI Overall Data**

		Paired Differences				t	df	Sig. (2-tailed)	
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
		Lower	Upper	Lower	Upper	Lower	Upper	Lower	Upper
Pair 1	PreTest_State - PostTest_State	12.25000	8.91500	2.57354	6.58568	17.91432	4.760	11	.001
Pair 2	PreTest_Trait - PostTest_Trait	12.08333	6.03713	1.74277	8.24752	15.91914	6.933	11	.000

Table 2. STAI Results for Each Individual State Inventory Question

(See Appendix H for text of the questions)

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		Mean	Std. Deviation	Std. Error Mean
					Lower	Upper			
Pair 1	Q1PreState - Q1PostState	1.00000	.95346	.27524	.39420	1.60580	3.633	11	.004
Pair 2	Q2PreState - Q2PostState	.41667	.79296	.22891	-.08716	.92049	1.820	11	.096
Pair 3	Q3PreState - Q3PostState	1.25000	1.05529	.30464	.57950	1.92050	4.103	11	.002
Pair 4	Q4PreState - Q4PostState	.75000	1.42223	.41056	-.15364	1.65364	1.827	11	.095
Pair 5	Q5PreState - Q5PostState	.50000	.67420	.19462	.07163	.92837	2.569	11	.026
Pair 6	Q6PreState - Q6PostState	.41667	1.16450	.33616	-.32322	1.15655	1.239	11	.241
Pair 7	Q7PreState - Q7PostState	.91667	1.31137	.37856	.08346	1.74987	2.421	11	.034
Pair 8	Q8PreState - Q8PostState	.91667	.90034	.25990	.34462	1.48871	3.527	11	.005
Pair 9	Q9PreState - Q9PostState	.66667	1.07309	.30977	-.01514	1.34847	2.152	11	.054
Pair 10	Q10PreState - Q10PostState	.58333	.79296	.22891	.07951	1.08716	2.548	11	.027
Pair 11	Q11PreState - Q11PostState	.41667	.66856	.19300	-.00811	.84145	2.159	11	.054
Pair 12	Q12PreState - Q12PostState	.08333	.99620	.28758	-.54963	.71629	.290	11	.777
Pair 13	Q13PreState - Q13PostState	-.08333	1.08362	.31282	-.77184	.60517	-.266	11	.795
Pair 14	Q14PreState - Q14PostState	.50000	1.24316	.35887	-.28987	1.28987	1.393	11	.191
Pair 15	Q15PreState - Q15PostState	.33333	.77850	.22473	-.16130	.82797	1.483	11	.166
Pair 16	Q16PreState - Q16PostState	1.00000	.73855	.21320	.53075	1.46925	4.690	11	.001
Pair 17	Q17PreState - Q17PostState	.41667	1.44338	.41667	-.50041	1.33374	1.000	11	.339
Pair 18	Q18PreState - Q18PostState	.41667	1.44338	.41667	-.50041	1.33374	1.000	11	.339
Pair 19	Q19PreState - Q19PostState	.83333	.57735	.16667	.46650	1.20016	5.000	11	.000
Pair 20	Q20PreState - Q20PostState	.91667	.90034	.25990	.34462	1.48871	3.527	11	.005

Table 3. STAI Results for Each Individual Trait Inventory Question

(See Appendix H for text of the questions)

Pair 21	Q21PreTrait - Q21PostTrait	.50000	.67420	.19462	.07163	.92837	2.569	11	.026
Pair 22	Q22PreTrait - Q22PostTrait	.33333	.65134	.18803	-.08051	.74717	1.773	11	.104
Pair 23	Q23PreTrait - Q23PostTrait	.66667	.88763	.25624	.10270	1.23064	2.602	11	.025
Pair 24	Q24PreTrait - Q24PostTrait	.41667	.51493	.14865	.08950	.74384	2.803	11	.017
Pair 25	Q25PreTrait - Q25PostTrait	.58333	.51493	.14865	.25616	.91050	3.924	11	.002
Pair 26	Q26PreTrait - Q26PostTrait	.66667	.77850	.22473	.17203	1.16130	2.966	11	.013
Pair 27	Q27PreTrait - Q27PostTrait	.83333	.71774	.20719	.37730	1.28936	4.022	11	.002
Pair 28	Q28PreTrait - Q28PostTrait	.83333	.83485	.24100	.30290	1.36377	3.458	11	.005
Pair 29	Q29PreTrait - Q29PostTrait	.58333	.66856	.19300	.15855	1.00811	3.023	11	.012
Pair 30	Q30PreTrait - Q30PostTrait	.75000	.62158	.17944	.35507	1.14493	4.180	11	.002
Pair 31	Q31PreTrait - Q31PostTrait	.33333	.49237	.14213	.02050	.64617	2.345	11	.039
Pair 32	Q32PreTrait - Q32PostTrait	.50000	.52223	.15076	.16819	.83181	3.317	11	.007
Pair 33	Q33PreTrait - Q33PostTrait	.50000	.67420	.19462	.07163	.92837	2.569	11	.026
Pair 34	Q34PreTrait - Q34PostTrait	.66667	.65134	.18803	.25283	1.08051	3.546	11	.005
Pair 35	Q35PreTrait - Q35PostTrait	.75000	.75378	.21760	.27107	1.22893	3.447	11	.005
Pair 36	Q36PreTrait - Q36PostTrait	1.00000	.73855	.21320	.53075	1.46925	4.690	11	.001
Pair 37	Q37PreTrait - Q37PostTrait	.25000	.62158	.17944	-.14493	.64493	1.393	11	.191
Pair 38	Q38PreTrait - Q38PostTrait	.66667	1.15470	.33333	-.06700	1.40033	2.000	11	.071
Pair 39	Q39PreTrait - Q39PostTrait	.58333	.66856	.19300	.15855	1.00811	3.023	11	.012
Pair 40	Q40PreTrait - Q40PostTrait	.66667	.88763	.25624	.10270	1.23064	2.602	11	.025

Peripheral Research Questions related to the Quantitative STAI Data

It is felt by the researcher that the following questions have great significance for this population. Although the data gleaned from these individual questions using 12 subjects is not robust enough to draw specific conclusions about the issues to which they pertain, there is a strong indication in the data that the intervention is having an effect on these issues.

1. Will the intervention enhance self-confidence? (Q#11 & Q#32)

Discussion: State Question#11: *I feel self-confident* & Trait Question #32: *I lack self-confidence*.

Both of these questions relating to self-confidence showed positive change. The State question indicated significant change at the .05 level. The Trait question indicated significant change at the .01 level.

2. Will the intervention help the subjects ability to cope with their circumstances? (Q#28 and Q#35)

Discussion: Trait Questions#28: *I feel that difficulties are piling up so that I cannot overcome them* and Trait Question #35: *I feel inadequate*.

Both of these Trait questions relate to having an ability to cope with circumstances showed significant change. Both Question #28 and Question #35 indicated significant change at the .01 level.

3. Will the intervention improve the sense of self-satisfaction? (Q#8 & Q#23 & Q25)

Discussion: State Questions#8: *I feel satisfied* & Trait Question #25: *I feel like a failure* indicated significant change at the .01 level. Trait Question #23, *I feel satisfied with myself*, indicated a change significant at the .05 level.

4. Will the intervention effect anxiety related to past, current or impending situations? (Q#7 and Q#40)

Discussion: State Questions#7: *I am presently worried over possible misfortunes,* & Trait Question #40: *I get in a state of tension or turmoil as I think over my recent concerns and interests*, both indicated significant change at the .05 level.

5. Will the intervention improve a sense of physical and emotional stability? (Q#19 & Q#39)

Discussion: State Questions#19: *I feel steady*, & Trait Question #39: *I am a steady person*, indicated significant change at the .05 level.

6. Will the intervention positively affect the tendency for disturbing thoughts to arise? (Q#31).

Discussion: State Questions#31: *I have disturbing thoughts*, indicated significant change at the .05 level.

Qualitative Information From the Personal Experience Form

The investigator invited subjects to volunteer to write about their experience on the, Voluntary Description of Your Personal Experience with the Inner Counselor Process Form. Although these comments are qualitative by nature, they do support the quantitative STAI results, adding an extra dimension to the quantitative outcomes. Qualitative support for the research question *Will the ICP™ enhance the capacity to cope?* was found in the following statements:

In just four sessions I have come closer to the understanding of my fears and how that affects my actions. I am a stronger and more confident person as a result of these sessions. I feel that there is a lasting energy and knowledge that will truly bless me from this experience. CZ

I feel more hope than I have in a long time and more ready to make the next step on my life journey. MK

The investigator was interested in whether the intervention would improve relations and role functioning. The STAI does not address relationships. However, the following statements support a positive change in relationships;

What a great experience! Each session was somewhat difficult to get started for me, but as I relaxed it became easier. The affirmations have definitely improved my day, each day. The gratitude rock was awesome as well. It really helped my attitude, especially at a difficult moment. I have seen a big change in (my husband). His decision making process, his motivation, his attitude, his confidence and I think over all, he feels better. He found his groove again at a time it had been lost.

We, as a couple, have had a better relationship overall, worked through issues much quicker and smarter and in a more positive way. We've grown stronger together! Thank you sooo much! J

In addition, this next statement supports a more positive approach to relationships,

I feel that my experience with the ICP has given me a tool with which to use during my daily life that has a very positive impact. It also allows for me to rethink the way I handle situations that may be “negative, and come up with a more positive way to think of how to handle such situations in a more calm peaceful and patient way. Overall I am pleased with my experience and would encourage others to give ICP a try. EF

The researcher felt that self-esteem, detachment from difficulties, self-understanding, self-respect, and connection were a theme in a number of the processes:

I have been feeling free, able to get things done and thankful for being able to do what I do. I am able to handle things and not be so attached to them. I feel better about my self, like I do count. Thank you.NT

Sessions have increased focus and ability to reach that state of mind and meditation. Just love having a happy place and guardians around to help with issues. My gratitude rock gives me a real feeling of gratitude everyday and I have a lot to be thankful for every morning I wake up. FT

I feel very grateful to have participated in the Inner Counselor Process. I have a fresh perspective on work and other aspects of my life. I am more deeply in touch with my spirit-self and my guides, and I have connected or begun to connect with abilities I have as a healer. MK

I was amazed at every session where I ‘went.’ It was surprising that there were so many issues from my past that were affecting my present state. This process was very comfortable and easy for me to ‘catch’ on to. The facilitator was wonderful. She made the environment pleasant and trusting. I have been able to carry the energy and wisdom that I received from my sessions into my day to day experiences. Truly this all boils down to love. I feel very blessed to have been a part of this wonderful journey. CZ

The process has been effective for me for two reasons: One, within minutes I had immediate results resolving issues. Two, this work took me a step farther than traditional psychotherapy, allowing me to find new answers within, and not approaching the issues with the thought of something being wrong with me. I think choice is the key to finding inner values, and this process encourages making specific, healthy choices. ET

Researcher's Observations on the ICP™ Sessions

During the ICP™ sessions the majority of the subjects reached a level of emotion allowing tears to flow freely. The subjective evaluation by the facilitator was that a common thread ran through all the sessions related to the intrinsic needs for love, safety, security, belonging, acceptance, worthiness, respect, connectedness, joy and forgiveness, with love being of top priority of all. Evaluating these feelings in the Integration Flow Chart (Appendix H) they seem to flow through the Connection, Acceptance, Love and Trust columns. Most subjects expressed a sense of disconnection from others and from their own inner core at the beginning of the study and expressed feelings of belonging and reconnection to self by the end of the study.

When finishing up with each subject's session after their initial ICP™ the investigator asked the subject if s/he were practicing the affirmation that had been given the previous session. All said they were continuing to practice the affirmation. Some said they were using the affirmation daily, some multiple times during the day, and some said they would forget and only use the affirmation a couple of times a week.

The facilitator found that subjects connected with their Higher Selves or inner wisdom easily. Not one subject found it difficult, after the initial explanation from the facilitator, to tap into the part of themselves that has a very broad perspective and comprehensive wisdom. Utilizing the body/mind connection has become more widely accepted of late, but the third leg of the tripod is spirit. This connection or re-connection with spirit adds a fuller dimension that supports holistic healing. The investigator's observation is that the ICP™ is an effective approach for encouraging individuals to tap into their spiritual resources.

It is also interesting to note the actual life changes that occurred with subjects during and just following the study. Two subjects sought out new professions, eight improved relationships and two reduced pain thereby enhancing their daily life and restoring hope. All commented on improved self-esteem,

At first I was skeptical of the relaxation process, wondering can this really help me improve myself, let alone my work environment. During the first few weeks I didn't really notice any changes but then all of a sudden this past week things at work began to change. The person I was feeling the most stress with appeared to be really nice to me almost kissing up to me. I did not know why but I kept doing what I needed to do for myself to keep myself healthy and my entire environment changed. Then I realized it is the ICP that is helping and I put two and two together and here I am smiling at work again and not dreading coming!

Chapter Summary

In conclusion, the qualitative results of the study seemed to be overwhelmingly positive. The facilitator continues to receive notes and phone calls with respect to the subject's continued success following the study. The combined quantitative and qualitative data suggest that the ICP™ and its related concepts would be useful to populations such as the one studied. The potential of the ICP™ for reducing anxiety, creating hope and the ability to cope along with positive change in relationships and self-esteem suggests that it could well prove to be an excellent approach to employ, particularly with populations experiencing high levels of anxiety related stress.

CHAPTER 4: DISCUSSION, RECOMMENDATIONS, AND CONCLUSION

Discussion

The State Anxiety aspects in the following description suggest that this inventory was an appropriate method for assessing improvement in the population involved in this research study,

The essential qualities evaluated by the STAI S-Anxiety scale are feelings of apprehension, tension, nervousness, and worry. In addition to assessing how people feel “right now,” the STAI S-Anxiety scale may also be use to evaluate how they felt at a particular time in the recent past and how they anticipate they will feel either in a specific situation that is likely to be encountered in the future or in a variety of hypothetical situations.”²²

The significance of the overall changes in the State (<.001) found in this study strongly indicate an improvement in feelings of apprehension, tension, nervousness, and worry. The specific positive changes that occurred regarding questions having to do with confidence, satisfaction, possible worry of misfortune, feeling steady and having disturbing thoughts seem particularly important to this military community. This suggests that finding ways to implement the use of the ICP™ in populations such as the one used in this study might offer such communities a non-invasive, non-pharmaceutical way of seeking wellness and reducing war-time stress.

The results of the Trait Anxiety questionnaire also have particular meaning to the population studied,

T-Anxiety, like potential energy, refers to individual differences in reactions. Potential energy refers to differences in the amount of kinetic energy associated with a particular physical object, which may be released if triggered by an appropriate force.²³

The shifting of the energy in overall Trait ‘trigger’ issues was significant (.001), with improved scores in 17 out of 20 questions. To have an effect on Trait characteristics following only four one-hour sessions is worth noting. Positive changes in the Trait point to a more comprehensive “shift” in the response to the anxiety-related stress prevalent in a military community during war time.

Recommendations for Further Study

The preparation for this study was extensive. From the beginning, in trying to find those people who would commit to five weeks all the way to the end and writing about their experience was difficult. I learned fairly quickly to space the sessions allowing at least thirty minutes between. I scheduled six sessions in one day. Were this study replicated, I would recommend not scheduling more than four sessions per day.

Further research involving a larger number of subjects is certainly warranted. Additional research would also provide data about the ability to replicate the results more widely, particularly if several ICP™ facilitators were employed in the research project. Information about the availability of facilitator training can be found at <http://www.innercounselor.com/Pages/Seminars.html>

Although the intake forms gave some self-disclosed medical data about the study subjects along with a list of pharmaceuticals being used by subjects, there was no post testing concerning this information. A future study might be expanded to include post data that would indicate any change in medical conditions or pharmaceutical use that may have resulted from the intervention.

In addition, there is much needed research combining some of the various efficacious alternative modalities. My suggestion for future research would be based on a

project I have named “The Bridge,” a 21-day retreat for 20 veterans: *Providing a safe place to the Warriors of OEF (Operation Enduring Freedom) and OIF (Operation Iraqi Freedom) to heal through Complimentary and Alternative Therapies with qualified, compassionate and caring facilitators; enabling them to meet and overcome the unique and often complex challenges they may encounter during their transition to civilian life.* Subjects would begin with a one-on-one ICP™ session and work toward a group session and ultimately buddy sessions in which they facilitate the ICP™ with each other. There is a level of understanding between soldiers who have undergone comparable experiences during wartime. This level of trust and understanding may well augment the results obtained when they work, one-on-one, with one another using this approach.

Appendix I lists some additional modalities that might be used in this program: Ring of Crystal, Acupuncture, Autogenic Training, Dynamic Listening System, Neuromuscular Massage, RelaxMate II, Shealy’s, 90 Days to Stress Free-Living, Emotional Freedom Technique, and Chaplain Visits.

The hope is that the veterans would leave self-empowered and better able to process daily events without the need for on-going counseling. A Pre-test/Post-test design with an additional follow up test at six months post. Instruments that might be used are the STAI, the Personal Orientation Inventory (POI), and the Zung Depression Scale. If successful, this might provide a prototype and could be duplicated throughout the Nation because of the positive healthy outcomes and cost effectiveness.

Conclusion

It is really important that the ICP™ continue to be used as a self-help, guided imagery approach to wellness, and that ways be found to make it available to a

broader range of people. Training for professionals who wish to use the approach is currently available through Ann Nunley. Hopefully this base of training will be greatly broadened as more people experience the positive influences the process and its concepts can have on their lives. This guided self-awareness process along with its concepts creates a healing wisdom from the inner wisdom of the subject, not from the facilitator, thereby empowering individuals to create their own optimal health. As more people become willing to take the inner journey towards wellness, perhaps we will, as a society be better able to live and express feelings of security, love, and connectedness.

ENDNOTES

¹ http://en.wikipedia.org/wiki/Psychological_trauma Psychological trauma is a type of damage to the psyche that occurs as a result of a traumatic event. When that trauma leads to Post Traumatic Stress Disorder, damage may involve physical changes inside the brain and to brain chemistry, which affect the person's ability to cope with stress.

A traumatic event involves a single experience, or an enduring or repeating event or events, that completely overwhelm the individual's ability to cope or integrate the ideas and emotions involved with that experience. The sense of being overwhelmed can be delayed by weeks or years, as the person struggles to cope with the immediate danger. Trauma can be caused by a wide variety of events, but there are a few common aspects. There is frequently a violation of the person's familiar ideas about the world and of their human rights, putting the person in a state of extreme confusion and insecurity. This is also seen when people or institutions depended on for survival violate or betray the person in some unforeseen way. Psychological trauma may accompany physical trauma or exist independently of it. Typical causes of psychological trauma are sexual abuse, violence, the threat of either, or the witnessing of either, particularly in childhood. Catastrophic events such as earthquakes and volcanic eruptions, war or other mass violence can also cause psychological trauma. Long-term exposure to situations such as extreme poverty or milder forms of abuse, such as verbal abuse, can be traumatic (though verbal abuse can also potentially be traumatic as a single event). In some cases, even a person's own actions, such as committing rape, can be traumatic if the offender feels helpless to control the urge to commit such crimes.

However, different people will react differently to similar events. One person may experience an event as traumatic while another person would not suffer trauma as a result of the same event. In other words, not all people who experience a potentially traumatic event will actually become psychologically traumatized.

² "The Employment Relations & Union Services: Health & Safety – Workplace Stress," *The Chartered Society of Physiotherapy*, 2004., www.csp.org, p. 3.

³ Atkinson, Holly, MD, "Managing Your Stress Levels," *Everyday Health*, www.everydayhealth.com.

⁴ Assagioli, Roberto, MD, *Transpersonal Development-The Dimensions of Psychosynthesis*, (Crucible-HapreCollins, 1991), p. 26: "Among the modern psychologists we have Jung, who teaches that there are, within what he calls the 'collective unconscious,' elements of a higher, superpersonal nature. The sociologist Sorokin devoted a chapter of his book, *The Powers and Ways of Altruistic Love*, to the superconscious. Frankl, the Viennese neurologist, openly acknowledges the existence of super-conscious experiences. The psychiatrist Urman of Innsbruck, speaks of a 'higher psychology,' and lastly a comprehensive study of the superconscious has been carried out by the American psychologist A. Maslow, professor at Brandeis University, who has written up his findings in a book entitled *Towards a Psychology of Being*. He uses the term 'being' for the overall range of experiences we call superconscious, because one of their characteristics is to give a sense of 'fullness of being,' or a sense of intensity in existing and living."

⁵ Govinda, Lama Anagarika, *Foundations of Tibetan Mysticism* (York Beach, Maine: Samuel Weiser, Inc, 1969), p.107.

⁶ *Ibid*, p. 107.

⁷ *Ibid*, p. 104.

⁸ *Ibid*, p. 104

⁹ *Ibid*, p. 106

¹⁰ Nunley, Ann, *Inner Counselor-A Spiritual Discipline Course Manual* (Kansas: Sonrisa Productions, 2000), p. 40.

¹¹ Govinda, Lama Anagarika, *Foundations of Tibetan Mysticism* (York Beach, Maine: Samuel Weiser, Inc., 1969), p. 159.

¹² Nunley, Ann, *Inner Counselor- A Spiritual Discipline Course Manual* (Kansas: Sonrisa Productions, 2000), p. 38.

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- ¹⁴ Ruiz, Miguel Angel, M.D. *The Four Agreements* (China: Peter Pamper Press, Inc.) p. 89.
- ¹⁵ Hay, Louise L. *You Can Heal Your Life* (Carlsbad, CA: Hay House, Inc., 2004) p. 76.
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- ¹⁶ Assagioli, Roberto, *The Act of Will* (Penguin Books, Inc, 1974), p.80.
- ¹⁷ Emoto, Masaru. *The Hidden Messages in Water* (New York, NY: Atria Books, 2001), foreword.
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- ²¹ Hedberg, Thomas M & Betsy Caprio, *A Code of Ethics for Spiritual Directors* (Dove Publications, 1992), p.16.
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APPENDIX A
Resume: Susan Davis

Susan A. Davis
60 St. Lo Court
Colorado Springs, CO 80902
Home Phone: 719-559-5021
Email: susie5678@aol.com

PERSONAL

I have more than twenty-eight years experience holding leadership positions helping Soldiers and their families of the United States Army in areas such as volunteer management, conflict management, role and values clarification, problem solving, group development, situational leadership and effective communication. At the same time I operated my Dance and Fitness business requiring organization of curriculum, choreography, marketing, bookkeeping and hiring. Presently I am volunteering at TMC9 (Army Clinic, Fort Carson) working with Soldiers identified with TBI and PTSD utilizing alternative therapies in concert with their conventional treatment, as well as the 10th CSH (Combat Support Hospital) implementing relaxation techniques into their training prior to their fall deployment.

EDUCATION

Graduate Degree in Energy Medicine/Transpersonal Psychology, HOLOS University Graduate Seminary, Fair Grove, Missouri to be complete 2008.

Bachelor of General Studies; Northwestern State University, Louisiana – 2003.

Certified Nutri-Energetics Practitioner

Certified Intuitive Healer: Stillpoint School of Advanced Energy Healing – Walpole, New Hampshire – 2001.

Ordained Minister

Reiki Master

Certified with American Aerobic Association International and International Sports Medicine Association in Master Step, Pre & Post Natal Fitness and Yoga.

Dance Training: Stage 7, San Diego, California

Eastern New Mexico University, Portales, New Mexico
City Dance, Lost Angeles, California

Debbie Reynolds Studio, Hollywood, CA (The Edge)
Royal Ballet Academy, Essen, Germany

EMPLOYMENT

Contracted for the Tropic Lightning Academy Re-integration Course, 25th Infantry Division, Hawaii, for Soldiers returning from combat in OIF & OEF under C.J. Turner, Inc., Capitol City Rehabilitation Group, Austin, Texas

Courses taught: Stress on and Off the Battlefield
Deployment Reunion for Couple
Home with the Kids Workshop
Anger Management Workshop
Single with Children Readiness Workshop
Single Soldier Reintegration Workshop
Money Management Workshop
Divorce Recovery Workshop

6 Government Contracts for Dance and Fitness with United States Army:

Fort Hood, Texas
Fort Campbell, Kentucky
Illesheim, Germany
Ansbach, Germany
Nuremberg, Germany
Fort Rucker, Alabama

LANGUAGES

English, Spanish and German

PROFESSIONAL ACHIEVEMENT

~Steering Committee Member for the Military Community Collaboration (Senator Morse)
~Board Member of the Suicide Prevention Partnership, Colorado Springs
~Board Member of the Military Spouse Career Committee, Colorado Springs
~Board Member of Colorado Severely Injured Service Member Support
~NAMI (National Alliance for the Mentally Ill) – Family-Family Program
~NAMI – Journey of Hope, Facilitator Training
~NAMI – Board Member (re-wrote by laws, 501c3) Louisiana
~Crisis Intervention Workshop
~U.S. Army Command & General Staff College’s Command Team Seminar
~U.S. Army Command & General Staff College’s Personal Awareness and Leadership Seminar
~Executive Board Member for the Joint Women’s Conference, Honolulu, HI (a 2-day conference with 80 presenters and 500 attendees)
~Served on several Officer Spouses Club Boards, 501c3 organizations
~Served on term on a Department of Defense School Board
~Certified Instructor for Army Family Team Building

- ~Served as a delegate to the Army Family Action Plan
- ~Worked on the Combined Federal Campaign raising over \$300,000
- ~Served on the committee for 'Make a Difference Day,' Colorado Springs, CO, sponsored by the Points of Light Foundation (Colin Powell). We won the National Award.
- ~Served as Fundraising Chairperson on numerous committees over the last 30 years.

AWARDS

- *The Well Being Award-2007, FORSCOM, Atlanta, General Charles Campbell
- *III Armored Corps Outstanding Volunteer Service – LTG Leon J. La Porte
- *III Mobile Armored Corps Volunteer of the Year, Fort Hood, Texas – LTG Thomas A. Schwartz
- *First Cavalry Division Commander's Volunteer of the Year – MG Leon La Porte
- *USCINPAC Directorate for Operations Defense Meritorious Service Medal – Rear Admiral Joseph S. Mobley
- *Commander in Chief United States Pacific Command Commendation – Admiral Joseph W. Prueher
- * Department of the Army Commanders Award for Public Service, MG Daniel Petrosky
- *Order of St. Joan D'Arc – Armor Association, US Army
- *The Honorable Order of Anne Morrow Lindbergh – Aviation Association, US Army, MG Anthony R. Jones
- *The Honorable Order of Our Lady of Loreto – Army Aviation

REFERENCES

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 Fair Grove, MO 65648-8192
 417-0267-7706

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 HOLOS University Graduate Seminary
 4221 Nunley Lane
 McLouth, KS 66054
 785-863-2176

COL Heidi Terrio, MD
 Chief, Department of Deployment Health
 Evans Army Community Hospital
 1853 O'Connell Blvd. BLDG. 1042
 Fort Carson, CO 80913
 719-524-4669

**APPENDIX B
Participant Intake Form**

PARTICIPANT INTAKE FORM

Today's Date: _____

Last Name: _____ First _____ Middle _____

Date of Birth: _____

Home Phone: _____ Other Phone: _____

E-mail: _____

Address: _____

City _____ State _____ Zip _____

Gender: M / F Name of Spouse or significant other: _____

Occupation _____ Employer _____

Address _____

City _____ State _____ Zip _____

Present
Complaint _____

Secondary
Complaint _____

Is there a medical diagnosis? Y / N

If yes, what?

Please check any of the following that apply to you:

- Headaches Diabetes Allergies
 Shooting head pains Cancer Osteoporosis
 Sinus trouble Painful Joints Hypertension
 Dizziness Swollen joints Heart Condition
 Fainting Arthritis Abnormal blood pressure
 Sensitive eyes Scoliosis Recently torn muscles
 Bulging disc Degenerative discs Recent fractures
 Phlebitis Grating in Neck
 Skin/bone/muscle/disease
 Pins & needles arms/hands Herniated disc Fever
 Cold hands Pinched nerves Pregnant
 Aneurysms Swollen ankles Infectious disease
 Chest pains Cold feet

Medications you are currently taking _____

Supplements:

Is there any other medical information we need to know that we have not already covered?

APPENDIX C

Informed Consent Form

INFORMED CONSENT FORM

Holos University Graduate Seminary policies require that private information about you be protected. This is especially true for your personal health information.

On the other hand, sometimes the law allows or requires others to see your information. The information given below describes how your privacy and the confidentiality of your research records will be protected in this study.

How will the researchers protect my privacy?

Your research information will be stored in a locked cabinet. After completion of the study, with regard to anecdotal evidence referring to a participant's issue or case being cited in a published report, article or book, the participant's privacy will be protected by changing his or her name, gender, and ethnicity.

What information about me could be seen by the researchers or by other people? Why? Who might see it?

Signing this form gives the researchers your permission to obtain, use, and share information about you for this study, and is required in order for you to take part in the study.

There are many reasons why information about you may be used or seen by the researchers or others during this study. Examples include:

- The researchers may need the information to make sure you can take part in the study.
- The researchers may need the information to check your test results.
- University officials may need the information to make sure that the study is done properly.
- The researchers may need to use the information to create a databank of information about your condition or its treatment.
- The results of this study could be published , but would not include any information that would let others know who you are.

What happens to information about me after the study is over or if I cancel my permission?

As a rule, the researchers will not continue to use or disclose information about you, but will keep it secure until it is destroyed. Sometimes, it may be necessary for information about you to continue to be used or disclosed even after you have canceled your permission or the study is over. Examples of reasons for this include:

- To avoid losing study results that have already included your information
- To provide limited information for research, education, or other activities (This information would not include your name, or anything else that could let others know who you are.)
- To help University officials make sure that the study was conducted properly

When does my permission expire?

Your permission expires at the end of the study, unless you cancel it sooner. You may cancel your permission at any time by writing to the researchers listed in "Contact Information" (below).

Contact Information

Who can I contact about this study?

Please contact the researcher listed below to:

- Obtain more information about the study
- Ask a question about the study procedures or treatments
- Report an illness, injury, or other problem (you may also need to tell your regular doctors)
- Leave the study before it is finished
- Express a concern about the study

Susan Davis
60 St Lo Court
Colorado Springs, Colorado 80902
(719) 559-5021

Ann Nunley, MFA, PhD, Vice President and Provost Emeritus
Holos University Graduate Seminary

4221 Nunley Lane
McLouth, KS 66054
785-863-2176

Research Subject:

I understand the information printed on this form. I have discussed this study, its risks and potential benefits, and my other choices with _____.

My questions so far have been answered. I understand that if I have more questions or concerns about the study or my participation as a research subject, I may contact Susan Davis. I understand that I will receive a copy of this form at the time I sign it and later upon request. I understand that if my ability to consent for myself changes, either I or my legal representative may be asked to re-consent prior to my continued participation in this study.

Signature of Subject: _____

Date: _____

Name (Print legal name): _____

Date of Birth: _____

APPENDIX D

Letter of Recommendation

To Whom It May Concern,

This letter is written in regard to Susan Davis' proposed pilot study to explore the potential of the ICP™ for helping our young men and women returning from the Iraq Theater – young people who may well have had experiences perhaps beyond our capacities to imagine. I have heard Ann speak of Susan Davis and know she holds her in high regard.

Having audited Nunley's Holos University course on the ICP™ twice now in addition to participating in weekend seminars on three earlier occasions, it should be clear that I believe the process has great value in helping people who are stuck get unstuck. I have had several personal 'revelations' that support this. I use the process in my psychotherapeutic endeavors and find it helpful.

I believe there is much to learn about the facilitation of this process and that becoming an effective facilitator takes ongoing learning. Ann Nunley and Bob Nunley have been at this for a long time and I am impressed by the close, classical, scholarly supervision given students who study under Bob and Ann and. It is a big bonus that Susan will have the benefit of Ann Nunley's supervision in this pilot study.

Ed Levy MD
Board Certified Psychiatrist (Child, Adolescent and Adult)
Began my residency in 1946
Participated in selection of Mercury Astronauts
 (Publications Am J Psychiatry late 1950's)
Fully trained as Psychoanalyst (Topeka Institute) (partially disaffected)
Have gone on to full time private practice
 Using whatever seems useful
And enjoying the work very much

APPENDIX E

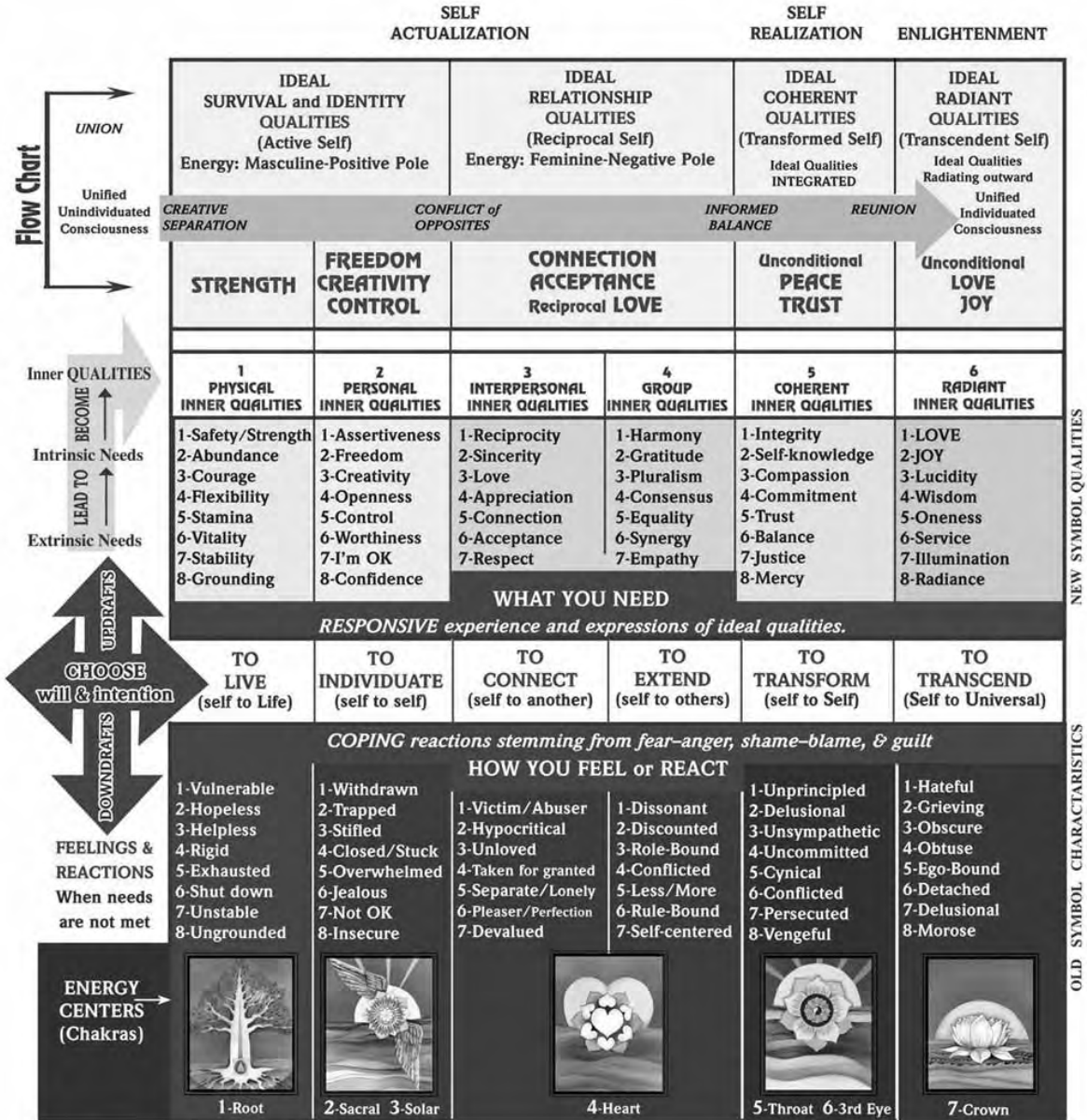
Inner Counselor Process - © Ann Nunley, 2007

1. Let your mind take you to a peaceful place. A place of beauty where you feel totally safe imagine the surroundings and colors ♥ Hear the sounds ♥ Breath the fragrances ♥ Describe this place. ♥ In this place you feel calm, safe, and strong and centered in your heart. ♥ There is a part of you that contains the pattern for All that you can be. This part of you is wise, loving and can observe things from an expanded perspective. From the center of your heart invite this Wise Observer Self to be present and to be your guide for this journey. ♥ I will invite my Wise Observer 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 yourself and your Wise Observer 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 the person until emotions are adequately engaged).
 6. Be aware of that experience of (Describe experience.) ♥ What do you truly 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).
 7. Feel the feelings of (emotion/sensation) you had when you did not get what you needed. Imagine that you can pull these feelings out and SEE them – What do they look like? (shape and color?) ♥ This (describe image) forms the Old Symbol.
 8. How did the (“Old Symbol”) protect you and help you cope with (name the emotions, sensations, attitude) 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.
 9. Fully sense your true need (describe need identified in #6) ♥ Ask your Wise Observer Self to show you someone or something that symbolizes the qualities that will completely fulfill your needs.
 10. Describe this 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 BOTH protect you and fulfill your needs. ♥ Will the (“Old Symbol”) allow its form and its coping pattern to be completely 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, if any) have 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 yourself, (any guides) and your Wise Observer Self. ♥ Complete the Energy Exercise.
- NOTE: Parenthetical phrases direct the facilitator to supply SPECIFIC information.

APPENDIX F Integration Chart™

INTEGRATION CHART

From the INNER COUNSELOR © Ann Nunley



© Ann Nunley, Revised: February, 2007

APPENDIX G

Energy Exercise

[ENERGY 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 symbol) 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 symbol) 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 symbol).
- 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 strengthen the golden light and the qualities it carries. (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 throughout our bodies, releasing any residual energies that are not part of the light. (Breathe with the participant until you both are calm and full of light.)

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.

© Ann Nunley

ENERGY EXERCISE – MODIFIED FOR DAVIS RESEARCH

ENERGY EXERCISE

- Together 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 symbol) 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 symbol) 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 symbol).
- 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 strengthen the golden light and the qualities it carries. (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 throughout our bodies, releasing any residual energies that are not part of the light. (Breathe with the participant until you both are calm and full of light.)

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

© Ann Nunley

APPENDIX H

STAI Questionnaires

STATE:

mind garden

SELF-EVALUATION QUESTIONNAIRE STAI Form Y-1

Please provide the following information:

Name _____ Date _____ S _____

Age _____ Gender (Circle) M F T _____

DIRECTIONS:

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

VERY MUCH SO
 MODERATELY SO
 SOMEWHAT
 NOT AT ALL

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

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TRAIT:

SELF-EVALUATION QUESTIONNAIRE
STAI Form Y-2

Name _____ Date _____

DIRECTIONS

A number of statements which people have used to describe themselves are given below. Read each statement and then blacken in the appropriate circle to the right of the statement to indicate you *generally* feel.

ALMOST NEVER
SOMETIMES
OFTEN
ALMOST ALWAYS

21. I feel pleasant	1	2	3	4
22. I feel nervous and restless	1	2	3	4
23. I feel satisfied with myself	1	2	3	4
24. I wish I could be as happy as others seem to be	1	2	3	4
25. I feel like a failure	1	2	3	4
26. I feel rested	1	2	3	4
27. I am "calm, cool, and collected"	1	2	3	4
28. I feel that difficulties are piling up so that I cannot overcome them	1	2	3	4
29. I worry too much over something that really doesn't matter	1	2	3	4
30. I am happy	1	2	3	4
31. I have disturbing thoughts	1	2	3	4
32. I lack self-confidence	1	2	3	4
33. I feel secure	1	2	3	4
34. I make decisions easily	1	2	3	4
35. I feel inadequate	1	2	3	4
36. I am content	1	2	3	4
37. Some unimportant thought runs through my mind and bothers me	1	2	3	4
38. I take disappointments so keenly that I can't put them out of my mind	1	2	3	4
39. I am a steady person	1	2	3	4
40. I get in a state of tension or turmoil as I think over my recent concerns and interests	1	2	3	4

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APPENDIX I

Additional Modalities

RING OF CRYSTAL: C. Norman Shealy, MD

RING OF CRYSTAL

SP4 - On the medial aspect of foot, in a depression at the anterior and inferior border of 1st metatarsal bone, at the junction of the "red and white" skin.

GB30.5 - 2 cun lateral of greater trochanter to major trochanter, lateral side of upper leg.

CV8.5 - .5 cun above umbilicus.

GV4.5 - On spinous process of 2nd lumbar vertebra.

CV14.5 - 6.5 cun above the umbilicus on midline of abdomen.

GV7.5 - On spinous process of 9th thoracic vertebra.

GV14.5 - On spinous process of 3rd cervical vertebra.

CV23 - Midline of neck, midway between tip of the cricoid cartilage and the border of the mandible.

GB11 - In depression 1 cun posterior of the horizontal line of the auricle.

GV20 - 7 cun above the posterior hairline, midway on a line connecting apex of both ears.

The diagram illustrates the locations of several acupoints on a human body. It includes a full-body view from the front and back, with dots marking the locations of SP4, GB30.5, CV8.5, GV4.5, CV14.5, GV7.5, GV14.5, CV23, GB11, and GV20. Detailed insets show the foot (SP4), the hand (GB11), and the neck (CV23) with specific measurements and anatomical landmarks.

ACUPUNCTURE

Acupuncture for Stress and Anxiety

By: Lynn Jaffee, LAc, Dipl. OM, MaOM

At one time or another, all of us experience stress. These feelings are a healthy response to events in our lives that may feel beyond our control. When we are healthy and the stress is short-lived, we are usually able to recover without too much wear and tear to our overall health. However, when the stress is extreme, or if it lasts a long time, our emotional health and ultimately, our physical health begin to suffer.

Our bodies are hardwired to help us react to stressful events. At the first sign of a threat, whether real or perceived, our sympathetic nervous system kicks in and facilitates what is called the “fight or flight” response. Our heart rate increases, our pupils dilate, and our digestion temporarily shuts down, directing blood to our extremities, so that if need be, we can either fight what is threatening us, or turn and run if the threat is too formidable.

Unfortunately, the “fight or flight” response, which worked well in caveman days, does not serve us as well if the “threat” is a demanding boss, nasty co-worker or even a worrisome situation that is not being resolved. More often than not, the stress in our lives is long-term, and as a result, we find ourselves in a constant state of “fight or flight”, or stress. Over time, the constant state of stress takes its toll. Cortisol, the body’s stress hormone elevates, blood pressure increases, and our immune function is suppressed. Over time, these symptoms become worse and can develop into anxiety, depression, fatigue, digestive problems, and tension headaches.

Emotions from a Chinese Medical Perspective

In Chinese medicine, stress, anxiety, depression or any strong emotion interrupts the smooth flow of energy throughout the body. According to Chinese medical theory, energy flows through our body through a network of “roads”, almost like a highway system. Stress, anger, or any intense emotion acts like a traffic jam, blocking the free flow of energy in the body. For example, many people who are very stressed out complain of upper back, shoulder and neck pain. This is because stress is causing tension in those areas, blocking the free flow of energy, causing pain, tightness, and often leading to headaches.

In a highway system, when there is road construction or an accident, traffic may be also backed up on other secondary roads that feed into or out of the affected area. This is true in the body, too. Stress may affect many other parts of the body, most notably digestion, the ability to sleep, pain conditions, and blood pressure. Stress can also aggravate an already troublesome health condition.

Through acupuncture, these energy blockages can be addressed. Acupuncture points serve as the on and off ramps to the energy highway, and can help energy flow smoothly, and alleviate not only the symptoms of stress and anxiety, but the stress and anxiety itself.

From a Western viewpoint, acupuncture works to alleviate stress by releasing natural pain-killing chemicals in the brain, called endorphins. In addition, acupuncture improves circulation of blood throughout the body, which oxygenates the tissues and cycles out cortisol and other waste chemicals. The calming nature of acupuncture also decreases heart rate, lowers blood pressure and relaxes the muscles.

Jaffee, Lynn, Lac, Dipl, OM, MaMOM. *Learning & Resource Center Articles*, "Acupuncture for Stress and Anxiety," <http://www.acufinder.com>.

AUTOGENIC TRAINING

Autogenic training is a technique created to induce relaxation developed by a German psychiatrist Johannes Schultz. (1932) According to Schultz "it is a method for influencing one's autonomic nervous system." It has been compared to progressive relaxation and techniques used in yoga and meditation. In Norm Shealy's book *Life Beyond 100* he quotes both Schultz and Wolfgang Luthe as "...pointing to research that demonstrated that standard autogenic exercises lead to stabilization or autoregulation of circulation, respiration, and neuromuscular activity." It is also cited in Shealy's book of the clinical success using autogenic training with those with peptic ulcers, hypertension, diabetes, epilepsy, constipation, colitis, spastic colon, nausea, vomiting, hemorrhoids, sexual performance, headaches, respiratory complaints, gastrointestinal complaints, cardiac complaints, phobias, anxiety, and insomnia. "It has also been of great use to individuals with depression and anxiety." The following phrases are spoken and the subjects repeat them to themselves. Each phrase is repeated 3-5 times, and all phrases are repeated for three rounds. This process takes approximately ten to fifteen minutes.

My arms and legs are heavy and warm.
My heartbeat is calm and regular.
My breathing is free and easy.
My abdomen is warm.
My forehead is cool.
My mind is quiet and still.

Wikipedia, the Free Encyclopedia. *Autogenic Training*
(http://en.wikipedia.org/wiki/Autogenic_training).

Shealy, C. Norman. *Life Beyond 100: Secrets of the Fountain of Youth* (New York, NY: Penguin Group, 2005) p.64.

DYNAMIC LISTENING SYSTEM

Increase your personal potential in everyday life.

The Dynamic Listening System modifies sound by adding, subtracting and enhancing selected frequencies while modulating the music between high and low channels using primarily the music of Mozart and Gregorian Chants.

DLS has proven most effective for the following conditions:

- ADD/ADHD
- Auditory processing difficulties
- Sensory processing difficulties
- Stress and Anxiety
- Dyslexia
- Autistic spectrum disorders
- Learning difficulties
- Fine and gross motor difficulties
- Head injuries
- Sleep disorders
- Tinnitus

The DLS is based on the research and practice of Alfred Tomatis, a French ENT and pioneer of auditory vestibular stimulation. Located in the inner ear, the vestibular and cochlear systems, act as relay stations for sensory input to the brain. They not only manage our ability to integrate our senses, but serve as a battery to the brain: sound waves entering the outer ear are transformed into electrical impulses in the inner ear and sent to the brain providing energy to the brain to influence our ability to focus and sustain attention.

For more information about The Dynamic Listening System and the Tomatis Method go to: www.dynamiclistensystem.com

NEUROMUSCULAR MASSAGE THERAPY

The most effective type of massage therapy for lower back pain is neuromuscular therapy. Neuromuscular therapy is also called trigger point myotherapy. The American Academy of Pain Management recognizes this form of massage therapy as an effective treatment for back pain caused by soft tissue injury (such as a muscle strain).

Neuromuscular massage therapy technique

Neuromuscular therapy consists of alternating levels of concentrated pressure on the areas of muscle spasm. The massage therapy pressure is usually applied with the fingers, knuckles, or elbow. Once applied to a muscle spasm, the pressure should not vary for ten to thirty seconds.

Massage therapy can reduce muscle pain

Muscles that are in spasm will be painful to the touch. The pain is caused by ischemic muscle tissue. Ischemia means the muscle is lacking proper blood flow, usually due to the muscle spasm. This in turn creates the following undesirable process:

- Because the muscle is not receiving enough blood, the muscle is also not receiving enough oxygen
 - The lack of oxygen causes the muscle to produce lactic acid
 - The lactic acid makes the muscle feel sore following physical activity.
- After the muscle is relaxed through massage therapy, the lactic acid will be released from the muscle, and the muscle should start receiving enough blood and oxygen. Neuromuscular therapy will feel painful at first, but the pressure of the massage should alleviate the muscle spasm. At this point, it is extremely important to communicate with the massage therapist regarding the pressure - whether the pressure is too much, too little, getting better, getting worse. The therapist should listen and respond accordingly. The massage therapy pressure should never be overly painful. In fact, most people describe the pressure as “good pain”.

Mueller, Beth RMT. *Spine Health*, “Neuromuscular Massage Therapy,” May 10, 2002. <http://www.spinehealth.com/wellness/massage-therapy>.

PHOTOSTIMULATION – RELAXMATE II™

The Shealy Relaxmate II™ provides photostimulation a safe frequency of 1 to 7 cycles/second and is optimally relaxing. It has been known since the discovery of the electroencephalogram in the 1920s that the brain “follows” the frequency of flashing lights, and deep relaxation occurs at these lower frequency rates. It also allows the individual to choose between pure blue, pure red, or a mixture of blue and red colors for optimizing their personal sense of relaxation. For those who have trouble relaxing, for those who do not wish to “work” for relaxation, the Shealy Relaxmate II™ offers the best-known technique. Ninety percent of my patients report themselves in a deep state of relaxation within ten minutes of applying the Relaxmate II™. Once they have selected the frequency and the color preference, all they have to do is put on a pair of glasses that look much like sunglasses and close their eyes. Recommendation of twenty minutes a day up to an hour a day. It can be used at any time and at bedtime by leaving the timer on for one hour and falling asleep in the relaxed state.

Shealy, C. Norman, M.D., Ph.D. *Life Beyond 100: Secrets of the Fountain of Youth* (New York, NY : Penguin Group, 2005), p. 67.

VOCATIONAL REHABILITATION

The Vocational Rehabilitation and Employment (VR&E) Program is authorized by Congress under Title 38, Code of Federal Regulations, Chapter 31. It is sometimes referred to as the Chapter 31 program. The mission of VR&E is to help veterans with service-connected disabilities to prepare for, find, and keep suitable jobs. For veterans with service-connected disabilities so severe that they cannot immediately consider work, VR&E offers services to improve their ability to live as independently as possible.

Services that may be provided by VR&E include:

- comprehensive rehabilitation evaluation to determine abilities, skills, interests, and needs
- vocational counseling and rehabilitation planning
- employment services such as job-seeking skills, resume development, and other work readiness assistance
- assistance finding and keeping a job, including the use of special employer incentives
- if needed, training such as On the Job Training (OJT), apprenticeships, and non-paid work experiences
- if needed, post-secondary training at a college, vocational, technical or business school
- supportive rehabilitation services including case management, counseling, and referral
- independent living services

[Http://www.vba.va.gov/bln/vre](http://www.vba.va.gov/bln/vre)

90 DAYS TO STRESS FREE-LIVING

In this easy-to-follow 90-day health plan, Shealy shows us that good health is our natural state of being. However, stress-physical, chemical or emotion- upsets the delicate balance between our genes, environment, activity and lifestyle, and ill health may then follow. 90 Days to Stress-Free Living reveals how you can tackle the negative effects of stress and return to your natural state of health. It guides you through a total health program, showing you how to enjoy enhanced levels of energy, creativity, relaxation and well-being

EMOTIONAL FREEDOM TECHNIQUE

EFT is based on a new discovery regarding the body's subtle energies. Simply stated, it is an emotional version of acupuncture, except needles aren't necessary. Instead, you stimulate well established energy meridian points on your body by tapping on them with your fingertips. The process is easy to memorize and is portable so you can do it anywhere. It launches off the EFT Discovery Statement which says...

"The cause of all negative emotions is a disruption in the body's energy system."

And because our physical pains and diseases often appear to be connected with our emotions the following statement has also shown merit...

"Our unresolved negative emotions are major contributors to most physical pains and diseases."

Possible EFT limitations

I'm not saying here that EFT is perfect. We don't get 100%. But it usually works well and the results are sometimes spectacular. It can work where nothing else does and it represents a Doorway to a new Healing High-Rise.

You will find that EFT is usually quite gentle and you can often achieve substantial relief with little or no pain. This is not true for everyone, however. Some people's issues are so intense that the mere mention of them causes emotional or physical pain. But, given time, even these may be resolved efficiently with EFT

Craig, Gary. *Emotional Freedom Technique* <http://emofree.com>

CHAPLAIN VISITS

With visits from a battle buddy, such as a Chaplain, each Military member will feel that they are indeed important and remembered by their branch of the Service.

U.S. Army Chaplains serve both God and country by bringing their unique gifts with which they are endowed by God, to the Soldiers of our nation in the broad, challenging, diverse, and ever changing environment of the Army. While the benefits and pay of an Army Chaplain are often much better than what a minister normally receives, the requirements and stakes are much higher! Army Chaplains are our nation's Soldiers who minister to our nation's sons and daughters, and their families. Like any Soldier, they must endure the hardships, separations, and deprivations of those whom they serve. Like any Minister, they must provide dynamic and genuine ministry with a shepherd's heart.

Our nation's sons and daughters need qualified, committed, and called men and women to serve as spiritual leaders to them in the fulfillment of their duty. Will you consider the call? The need has never been greater, the experience never so rich.

Qualified and sent by their religious bodies, trained by the U.S. Army, and led by the God that they serve, Army Chaplains are expected to exercise dynamic and influential spiritual leadership, without violating their faith or conscience. Army Chaplains are the 'soul and conscience' of our nation's Army.

Whether leading worship, patrolling the motor pool, or visiting the hospital, Army Chaplains are always at the frontline of the Soldiers' life. Additionally, Army Chaplains serve on a Commander's special staff in order to ensure that their spiritual gifts and leadership are integrated in the daily exercise of command decisions

<Http://www.goarmy.com/chaplain/index>.

GRANDMASTER JHOON RHEE:

In 1956 Jhoon Rhee came to the U.S. to study at San Marcos Southwest Texas State College and as a member of the Korean Army Officer Training Program. He was called back to Korea to complete a year of remaining active duty before returning in late 1957. Rhee returned to the U.S. entered engineering school in 1958. In 1959 he transferred to the University of Texas in Austin, Texas and needed a source of income to continue his education. He began teaching a non-credited karate (the name tae kwon do was not known at the time) class in 1959. To attract students he gave a demonstration where he would jumped into the air and brake 3 boards 8 feet high with a kick. This

greatly impressed the audiences, especially when you consider Mr. Rhee is 5 feet 4" tall!.

184 students signed up for Rhee's first class. Of those students, only six made it to black belt. One of those six was Allen R. Steen, who is credited as being Mr. Rhee's first American black belt. In 1962 Rhee moved to Washington D.C. to build a karate empire as Steen would do the same in Texas.

Grand Master Rhee went on to open many schools across the US and overseas (65 in Russia). He has taught many congressman, senators and celebrates martial arts. On Capital Hill he created karate tournaments between Republicans and Democrats. Rhee is credited for inventing the padded safety gear karate fighters wear when they spar to reduce injuries. He also started musical forms, the "martial arts ballet" - synchronized taekwondo performed to music.

In 1976 Rhee was named the Martial Arts Man Of the Century by the Washington D.C. Touchdown Club in 1976. His Jhoon Rhee Foundation teaches the "Joy of Discipline" program to public school children.