The Effects A Transformational Educational Program, Composed From The Science Of The Mindbody Continuum, Has On The Overall Health and Well-being Of Participants.

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DEDICATION

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

STEPHANIE D. STANFIELD

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Abstract

This study is designed to explore the link between an educational program of mindbody integration and the measurably improved health of participants. The subjects were 73 people drawn from the general population. The subjects were equally and randomly divided between a control group and a participant group. Pretest data of the Short Form 36 (SF-36) and the Personal Orientation Inventory (POI) were collected prior to participation in the *Creative Healing*© program; posttest at the completion of the program. In addition, correlations between measures and subjective evaluations were analyzed for content to further understand the relationship between health and mindbodyspirit integration.

The participant group attended the *Creative Healing*© educational program of 3 classroom hours per week for 12 weeks; this 36 hour class time didn't include the time it took to complete the daily activities of the participants. *Creative Healing*© includes didactic lectures on various mindbody theories, pain management theories, imagery, and intention statements. Exercises include breathing exercises, body scans, imagery, and a Daily Integral Practice sheet that was completed by the participants. The control group was able to attend the program upon project completion.

Findings indicate that although no significant difference between groups existed at the onset of the project, significant differences were recorded in the groups at the completion. The results obtained supported research hypothesis that the intentional integration of mind, body and spirit measurably improves the health and quality of life of a person who is experiencing a delayed recovery or a chronic state. Implications are that a chronic condition may be the result of a person lacking a sense of time coherence (not being in the present moment), mindbodyspirit lacking integration, or of mindbodyspirit not being in congruence with each other.

Chapter One

Introduction

We all buy into the misconception that
emotions have no intelligence and
that intelligence has no emotions.

- Caroline Myss[1]

Background

People carry their own unique understanding of the concept of health and well being within their belief systems and these beliefs are colored by cultural and societal bias. Thus, health and well-being are elusive concepts to clearly define. For some people, health means the complete absence of disease or illness. For others, it may mean that a person is integrated on all levels of mindbodyspirit, no matter what dis-ease conditions the physical body may be manifesting at any given time. The World Health Organization (WHO) defines health as: "Health is a state of complete physical, mental and social well being and not merely the absence of disease."[2] Aaron Antonovsky takes issue with this definition of health preferring instead Dubos' definition of health as "a modus vivendi enabling imperfect men to achieve a rewarding and not too painful existence while they cope with an imperfect world."[3]

One of Antonovsky's three objections to the WHO definition of health is that it assumes that everything in life falls within the jurisdiction of the health care or disease care system and of those who control that system. He suggests that giving over one's power and ability to choose care options to the 'institution' will

hardly strengthen a sense of coherence. Another of his objections is that the definition is based on disease pathology, since “this focus on pathology in the measurement of health probably arose from the fact that for most of human existence the health problem facing society, and medicine in particular, has been overcoming disease.”[4]

The word "health" comes from the Anglo Saxon 'word *häl'* or '*hael'* as does the word "heal" and the word "whole" or the word "holy". Healing is an implied quality of being healthy. Perhaps the simplest definition of *healing* is "to make whole.”[5] Therapeutic touch provides another definition of healing. Healing is coming to wholeness. Wholeness is a dynamic process of being in a "right relationship" at or among any one or more levels of the human experience. This implies coming into right relationship with self, with family, community, the universe, the divine spirit, or what ever name you bestow to a higher power. [6]

“Healing requires letting go of what is familiar and stepping into the unknown. Healing may mean challenging belief systems and daring to break taboos. Healing is about getting past the ego, though that is what our culture is built on. Healing involves reconnecting with the lost aspects of oneself – some of which exist in other than our familiar “reality.” Healing oneself is an indispensable piece of the healing of the whole planet – our darkness is a part of the net that holds us all captive. Healing is the purpose of our lives.”[7]

"Health is a wonderfully complex interaction between genes and environment, between attitude and behavior, between lifestyle and chance. About 98 per cent of infants born to healthy parents are healthy. Health is the *natural*, normal state of being; most often we remain healthy unless we lead a stressful life."[8] Health is all systems working together for an optimum way of being in the world.

Dr. Barbara Brennan theorizes "The process of healing is really a process of remembering – remembering who you are. Within the aura the process of healing is a process that rebalances the energies of each body. When all the energies are balanced, health occurs. The soul had learned its particular lesson and, therefore, has more cosmic truth."[9] She indicates that humans have a natural orientation towards healing and thus health is a natural state of being when one is whole and in congruence with soul's purpose.

Being in congruence with soul's purpose touches upon the spiritual aspects of healing. Spirituality is one of the foundational concepts to be addressed as a basis of the healing process. The following thoughts and "attitudes must be integrated into everyday thoughts and actions so as to retain good health: Forgiveness, Tolerance, Serenity, Love, Compassion, Charity, Motivation, Joy, Faith, Hope, Confidence, Courage, Will, Reason, and Wisdom."[10] All of these will begin to address healing on an emotional and spiritual level. "They begin to change the vibrations of active belief systems."[11]

“Skirting the spiritual has had a shattering effect on every dimension of contemporary existence.”[12]

It is important to consider the vibrational aspects of healing and health as well, especially when considering the impact of emotions on the process. But what if- and there are papers that show this is what happens – two molecules in a solution, very far apart from each other, can influence the vibrational rate of the other?[13] Pert goes on to say that the vibrations of the receptor sites match with only a few key vibrations of certain molecules, so that each receptor site has its unique function and communication within mindbody. If these vibrations are interrupted or contorted, cellular function is affected and on some level may be interpreted as pain. Pain is prevalent in the chronic state and one of the solutions may occur with healing on the Spiritual level. What is missing in mainstream medicine is that spirit has been taken out….What has fascinated me is that emotions are in both realms – the physical and the spiritual.[14]

The introduction of a chronic disease or negatively impacted state of health into a person’s life prohibits them from enjoying a full and complete quality of life. The effects of the chronic state are insidious, affecting many aspects of life without the sufferers’ full awareness of how widespread that impact is. The chronic condition affects and compromises the activity of multiple nervous system processes of the chronic person as well as spreading out chronic impact to families, communities, countries and the planet. “In industrialized nations, the

chronic state of health is rapidly outpacing infectious diseases in number and impact on citizens."[15] "Persons with chronic disease are often confronted with significant lifestyles changes. Chronic diseases, by their very nature, will disrupt the normal daily patterns of living for most afflicted persons. They often involve multiple body systems as well as the psychosocial and spiritual domains."[16]

There is a lot of information available that defines the effect of the chronic state in various cultures and societies. The Journal of the American Medical Association defines chronicity as "any state or condition that lasts longer than 60 days without change or improvement." In an effort to define the chronic state and its impact, many reasons and explanations are available but there is very little information to suggest that the mindbodyspirit split has a significant impact on health. Indeed, the artificially created mindbodyspirit split may be the cause of many chronic disorders.

The chronic state is normally discussed in terms of relationship to other diseases, how a chronic disease impacts care of the individual, the cost of care and the impact on insurance costs. "Our health care system, in fact, spends billions of dollars each year on medical care and disability payments for the estimated 50 million Americans who have chronic pain."[17] This journal article simply focuses on the issue of chronic pain. It doesn't begin to encompass other chronic issues that place an enormous financial burden on our health care system. Chronic pain may be an "outcome of an incurable disease, neural

disorders initiated by illness that persist after the original pathology is resolved; or psychological conditions."[18] "Four out of five people over the age of 65 have one or more chronic conditions. Chronic diseases such as heart disease, diabetes, arthritis and chronic lung disease account for 90% of all illness, 80% of all deaths and 70% of all health care dollars."[19] The health care system in the United States is reeling under the impact of escalating costs.

The prevalence and costs of chronic conditions as a whole have rarely been estimated. Because the number of persons with limitations due to chronic conditions is more regularly reported in the literature, the total prevalence of chronic conditions has perhaps been minimized. The majority of persons with chronic conditions are not disabled, nor are they elderly. Chronic conditions affect all ages. Because persons with chronic conditions have greater health needs at any age, their costs are disproportionately high (Hoffman, et al, 1996).

Tollison (1987) discusses the impact that human pain and suffering has on our society and our lives. Statistics indicate the staggering affect on the economy of chronic pain patients. The impact of chronic pain can be measured in one way such as the cost of pain medication. Research suggests that over $900 million is spent on aspirin alone. The total cost of chronic pain in America is estimated at between $65 and $75 billion a year.

Pain can have many definitions and causes. Mersky (1964) defines pain as “an unpleasant sensory and emotional experience arising from actual or potential tissue damage or described in terms of such damage.”[20] There are three stimuli that can create the nosiceptive data that the brain interprets as pain. These stimuli are mechanical, (physical stretching, etc) thermal, (heat) or chemical (chemical mediators of inflammation).

Peripheral tissue damage or nerve injury often leads to pathological pain processes, such as spontaneous pain, hyperalgesia, and allodynia that persist for years or decades after all possible tissue healing has occurred. Although peripheral neural mechanisms, such as nociceptor sensitization and neuroma formation, contribute to these pathological pain processes, recent evidence indicates that changes in the central neural function may also play a significant role.[21] Which this means is simply that the plasticity (ability to adapt itself to new stimuli and environment) of our nervous system is so designed that it can habituate intense pain, even if the source of the pain has no lasting physical cause. Under these conditions, our nervous system begins to orient itself to perpetuating pain and creates a neural environment that is friendly to and supportive of chronic pain instead of being oriented toward healing.

There is a common belief in allopathic medicine is that there must be a physical cause for pain to be present. This erroneous belief can foster additional costs for extensive (and expensive) testing, when there may be no origin in the

physical body for the pain. This commonly held belief that pain equals damage and damage equals pain is extremely frustrating for both the doctor and patient as this belief is erroneous because in some cases, no physical cause for pain can be found. There may be several reasons for the creation of a chronic state that has nothing to do with disease process or injury. Acute pain has a definite purpose and is fairly short lived. It is sudden and with or without help, it will be resolved. Chronic pain has no purpose. It may have been habituated due to the intensity or length of transmission."[22] "Chronic pain lasts a long time and requires a different type of treatment than acute pain does.""[23]

Chronic pain is a whole different problem – and one for which traditional American practitioners are totally unprepared. It really isn't their fault as they haven't gotten the necessary training to manage chronic pain with treatments other than prescription medicines and surgery. "Doctors get confused, angry and frustrated with the patients who don't or can't relieve their pain, despite the doctor's best efforts. This may be because they have been taught how *not* to deal with it."[24]

Pain is defined and experienced differently by each person as well. This means that descriptions of pain may vary not only from person to person, but from different physiological states that a person is in when they experience pain. "….all pain is actually in your head. I mean the actual pain perception is in a pain center that's in part of your brain and comes up to your periaquaductal gray

and/or thalamus. Our brains are always interpreting these sensations from the body and deciding is this pain, or what's this? One person's pain is another person's pleasure. You can have a lot of psychic pain, and you may be suffering a lot and it might be easier to let it all manifest as the knee pain rather than something else."[25] And if you are cold, tired, hot, hungry or thirsty, your perceptions will be affected. The result being that pain may intensify under these conditions. So, if there is no physical cause, what is the best treatment for pain?

"Chronic pain that occurs in the absence of an identifiable pathological cause may be due to psychological stress or the need for secondary gain."[26] Thus enters one of the psychological aspects of chronicity. All diseases are usefully understood as psychosomatic. In other words, almost all breakdown involves stress. "Stress, however, does not determine the particular expression of the breakdown."[27]

There may be several reasons for a chronic pain state that has nothing to do with disease process or injury. "Chronic pain that occurs in the absence of an identifiable pathological cause may be due to psychological stress or the need for secondary gain."[28] Thus enters the psychological aspect of chronicity. All diseases are usefully understood as psychosomatic. In other words, almost all breakdown involves stress. "Stress, however, does not determine the particular expression of the breakdown."[29]

"Every year, millions of people with chronic pain make repeated visits to doctors at great expense to themselves and the health care system. They hope for a definitive diagnosis, relief from pain, and improved function. They are often disappointed."[30] This frustration seems reasonable with the understanding that chronic pain takes over most aspects of a person's life and yet conventional medical approaches may never be able to find the physiological reason for the pain.

The psychological and environmental aspects of a chronic state can be summed up with the phrase that 'our biography becomes our biology.' What may have begun as a simple injury can turn into a traumatic loss on all levels of mind, body, soul, and spirit so that the natural orientation towards healing all humans possess may be blocked. The chronic person then becomes a burden to himself, family, job and fellow employees if he can't perform his normal functions. Then, the finances suffer. And the downward spiral into the chronic state speeds up.

Confusion abounds in the chronic state, not only for the person suffering, but also in the health care system itself. "In their quest for pain relief, almost half (47percent) of all chronic pain sufferers surveyed had changed doctors at least once. Among those with severe pain, almost a third (29 percent) had switched physicians three or more times. The most common reasons for the decision to search for a new doctor were "too much pain" (42 percent), the perception that their last physician didn't know enough about pain treatment (31 percent), the

belief that their doctor didn't take their pain seriously enough (29 percent), and the physician's unwillingness to treat their pain aggressively (27 percent)."[31] Multiple physicians are consulted in an effort to find one who will help them to manage pain with a higher degree of effectiveness. This attempt to find a doctor that the patient feels can better help him does not begin to address the added chaos of lost medical records or even important pieces of medical history that would make a medical history (H&P) sheet incomplete.

Simply going to the doctor in an effort to 'cure' the chronic state leaves many of the aspects of healing unaddressed. The process of conventional medicine is to look for a 'magic bullet' or pill that will 'cure' the disease. Conventional medicine has been lacking in information on how to 'heal' from the chronic state no matter the cause or how that cause manifests in a person's mental, emotional, physical or spiritual essence. "Yet the predominant approach in medicine is to treat people with physical and chemical treatments that neglect mental, emotional and behavorial dimensions of illness. This critical mismatch between the psychosocial health needs of people and the usual medical response leads to frustration, ineffectiveness and wasted health care resources."[32] Today's doctors may be as frustrated as their chronic patients and both parties can begin to believe there is no end in sight.

Ken Wilber, noted philosopher, suggests "In practice, this means that the doctor will, for example, some times prescribe chemotherapy *even when he*

knows it won't work."[33] There are several reasons for this. One is that it keeps the patient tied to his conventional medical practitioner, another is that it keeps the patient oriented towards conventional medicine, and yet another may be that the doctor is not well educated or knowledgeable enough to suggest other courses of treatment. According to Wilber, "a lot of information that decent doctors will give you about cancer is shot through with myths, simply because they are forced to act not just as doctors but as priests, as manipulators of the *meaning* that your illness has." Since each of us has unique beliefs, the source of which may be inaccurate information, the manipulation of the meaning of the illness may be a sickness; sickness for which a *cure* is impossible. It would then logically follow that a successful healing would include the investigation of the meaning of the illness.

Wilber defines two active components to illness. One is the disease itself and the other is the meaning and context in which both the affected person and his/her cultures perceive the event. The aspect of assigning meaning to illness by society or culture is termed by Wilber as 'sickness'. "Illness is more or less value-free; its not true or false, good or bad, it just is – just like a mountain isn't good or bad, it just is."[34] Meaning is assigned everything in life, including illness, due to the inherent nature of humans of being meaning makers; "Men and women are condemned to meaning, condemned to creating values and judgments."[35]

So an incredibly complex weaving of self, societal and cultural values, judgments and meanings are served up to an injured person, becoming the fabric of how to understand self in relation to sickness and illness. "And the point is that the meaning of that sickness - negative or positive, redemptive or punitive, supportive or condemnatory – can have an enormous impact on me and on the course of my disease: the sickness is often more destructive than the illness."[36] Thus, the impact of society on the disease, with sickness and negative meanings, may do more to foster the widespread negative impacts and depth of chronicity than the disease itself, the very opposite of what society believes it wants to achieve.

"Condemned to meaning: we would much prefer to be saddled with a harmful and negative meaning than to have no meaning at all. And so, whenever illness strikes, society is on hand with a huge supply of ready made meanings and judgments through which the individual seeks to understand his or her sickness."[37] So now, struck with illness, the individual is confounded with meaning that intensifies the complexity of their state. And the chronic sufferer seems to have no choice but to take on those meanings without full understanding of them. This can cause overload, furthering the breakdown of mindbody communications. And the impact is not only on the mental/spiritual level.

"Persons with chronic disease often experience an involvement of multiple body systems. A comprehensive care approach is often used with the belief that a health care team will ensure that a patient's needs will be covered. A comprehensive care approach is reductionist in practice and leads to fragmentation of care, and the difficult patients often slip through the cracks of the health care system."[38] Our current health care system has specialized practitioners with a body or mind focus, but usually not both. A comprehensive health care approach of involving multiple specialized practitioners may defeat the purpose of addressing multiple needs in that, unless there is communication between all the practitioners, the patient may receive confusing and/or conflicting information. This would further confuse an already compromised energetic system and would have the potential to hinder the healing process.

Chaos also manifests in the alternative care realm for the chronic person searching for relief. Although more and more people are seeking alternative health care and are paying out of pocket for the service, there is still very little cohesion between alternative and conventional health care providers. So, once again, the potential exists for confusion on the part of the patient in that they may receive conflicting information.

A holistic approach that treats the whole person is commonly referred to as mindbody therapy. Mindbody interventions employ a variety of techniques designed to facilitate the mind's capacity to affect bodily functions and disease

symptoms. Only a small subset of mindbody interventions is considered CAM (complementary and Alternative Medicines). Many that have a well-documented theoretical basis, for example, patient education and cognitive-behavioral approaches, are now considered “mainstream.” On the other hand, meditation, certain uses of hypnosis, dance, music, art therapy, prayer and mental healing are categorized as alternative. If there is this much confusion about what constitutes CAM, it is easy to understand how quickly someone can get confused about the best course of treatment within these alternative therapies.

Having experienced a chronic state myself and knowing full well the pitfalls from personal experience, I knew there had to be a better answer than conventional medical care. I began my own healing journey. Then, an opportunity presented itself to my business partners and me to develop an educational program for healing designed with a target audience of the chronic population. We began the three-year process of creating a program that would address the needs of the chronic person as well as the needs of someone who is interested in a transformational life experience or seeks to improve their quality of life.

The foundation of the educational healing program, known as *Creative Healing©,* is the science of the mindbodyspirit continuum. There are innumerable healing programs and healing modalities currently utilized today because humans have been experiencing illness and disease for centuries.

"Archeologists have found fossilized plants, believed to be used in medicinal ceremonies, dating back 60,000 years. Ancient healers have used herbs, teas and poultices to treat patients before the time of Christ."[39] In researching the available material, it became clear that it is necessary to fully embrace the integration of mindbodyspirit as a multifaceted approach. Core concepts of chronicity and healing were explored and then integrated into the *Creative Healing*© program.

Definition of mindbody or mindbodyspirit can be as elusive as the definition of health. "Mainstream mind-body medicine, as defined by Chiaramonte (1977, p. 788), is 'based on the premise that mental or emotional processes (the mind) can affect the physiologic function (the body).' Lazar elaborates on this point further saying "mind-body medicine is an integrative discipline that examines the relationship between psychological states and psychological interventions and between physiology and pathophysicological processes."[40] On the other hand, most practitioners of complementary and alternative medicine (CAM) – which takes a different approach to mind-body medicine – hold that the mind's impact on the body is not unidirectional; rather, there is an integrated process in which both mind and body affect each other."[41] For the purposes of the *Creative Healing*© program the CAM definition was used as a basis for program philosophy and creation.

The *Creative Healing*© Level One Program

The *Creative Healing*© program is a transformational educational program soundly based in the science of the mindbodyspirit continuum. The program was designed as an intervention that includes teaching the skills to assist with the management of stress, chronic or acute illness and injury recovery. It is a 36-hour program meeting weekly for twelve weeks, three hours per session. Each session contains the similar elements of an opening ritual, review, introduction of material for study, discussion, experiential exercises to reinforce the new material, a meditation, a poem, and healing principles. (See the session Mandala, Appendix J.)

Program Purpose

The *Creative Healing*© program provides both the theory base and the learning of skills to empower participants in mobilizing their remarkable powers of self-healing. Frequently people who are foundering in the chronic state are told they must learn to live with it, and both they and their health care providers are often locked into an experience of powerlessness. Based on the theory that **mindbodyspirit is a continuum** and steeped in the principles of transformational learning, *Creative Healing*© programs offer an educational approach to facilitate healing. *Creative Healing*© programs are based on the belief that what we can most effectively pass on to others is that which we have integrated ourselves.

Creative Healing© programs, written by Stephanie Stanfield, PhD candidate, Rita Marsh, BSN RN, HNC and Beverly Silvester-Clark, NZROGN, Dip N (SANS), Dip Counseling, Dip Psychotherapy (Psychosynthesis) have been developing, utilizing the wonders of modern technology, in a long distance relationship over the previous 36 months. We have a specific commitment to the empowerment of anyone suffering from the physical and emotional effects of stress and burn-out, chronic injury or illness. Thus the mission statement of Creative Healing International™ is:

"To partner in the creation of the individual and cultural paradigm shifts that reframe injury, illness and dis-ease as states <u>from</u> which to escape <u>into</u> opportunities for healing, growth and transformation."

Creative Healing© programs are grounded in the theory base of Ken Wilber's Integral Psychology, Robert Fritz's Creative Process, James Prochaska's Change model and current developments in neuroscience and psychoneuroimmunology. "Psychoneuroimmunology has been defined as the scientific basis of holism." [42] The transformational educational theory and the theories of Jerome Bruner, Daniel Kim, Jack Mezirow and others have been actively used in program development and delivery.

Program Content

- **Level One:** Introduces the psychophysiology and practice of mindbody integration through the following topics:
    - The historical and scientific context of mindbodyspirit.
    - Water intake, nourishment and physical movement.
    - Deep relaxation utilizing a Body Scan technique.
    - Mindfulness meditation and Present Moment Living.
    - The power of intention directed through mental imagery and Intention Statements.
    - Journaling.
    - Bibliotherapy.
    - Humor, laughter and pleasure as agents of healing.
    - Stress theories and pain management theories.
    - Mental models and the process of experience.

Participants are provided a workbook with substantial notes and cassette tapes for guided body scan, meditation and imagery. They have Daily Integral Practice sheets to complete in an effort to introduce a daily ritual for their nervous systems. The Daily Integral Practice sheet begins in Week One with 3 checklist items (breathing, fresh air and fluids) and ends with 12 checklist items for Week Twelve and ongoing use. (See Appendix I.)

The 12 week sessions are outlined in Table 1:1 as follows:

Week One:
Model of Wholeness
Curing vs Healing
Intro to Nervous System
Present Moment Living
Breathing
Water
Daily Integral Practice
Validating Strengths

Week Two:
Mindbody
Causes of mindbody split
More on Nervous System
Water & Nutrition
Body Scan
Chronos & Kairos Time

Week Three:
Intention
Creative Tension Exercise
Introduction to Imagery
Current Reality Exercise
More on Present Moment
Layering
Journaling

Week Four:
Introducing the Brain & How it Works
Training the Nervous System
The Power of Intention
Intention Statements
More on Journaling

Week Five:
More on Intention & Intention Statements
Neuroscience of thoughts and emotions
Healing Power of Laughter, Humor and Play.
Placebo Effect

Week Six:
Stress :
- Dis-stress & eu-stress,
- reactors & responders
- warning signals

Physical activity & exercise
Safe Place Exercise
Grief – a natural process of healing
The Heart's Brain

Week Seven:
Mental Imagery.

Week Eight:
Mindfulness & Meditation,
Integral Practice
Living mindfully
Heart/Brain/Body

Week Nine:
Mental models
Meaning Making
Process of Experience
Heart/Brain/Body
Introducing Pain Theory
More on Heart/Brain/Body

Week Ten:
Mental Models
Structural Conflict
Reframing,
Pain Pathways & Pain modulation

More on Heart/Brain/Body

Week Eleven:
Explanatory Style
Optimism & Pessimism,
Illness is a Language
Healer Within Exercise

Week Twelve:
Where to From Here?
Healing Principles,
Journaling & Bibliotherapy
Morphogenic Fields
Strange Attractors
Like Attracts Like

Engaging Minds……..

Awakening hearts……..

Creating Health and Well-being…

Healing Principles - the signposts for the healing journey.

1. Healing takes place in the present moment - dwelling on the past or the future robs us of the opportunities in and the energy of the present.

2. Mindbody integration is fundamental to healing.

3. Healing is a process of increasing awareness - of constant self-discovery.

4. Intention initiates and guides healing process; to activate the healer within, intend it.

5. Healing comes from within - through active relationship with self.

6. Attitude is central - the attitude in which we approach, view and relate to the experiences of life is foundational to healing. An attitude of gentleness, compassion, honesty, openness, lightness and fun (the attributes of the heart) is fundamental.

7. Nothing is new - the principles of healing are found in the wisdom traditions throughout human history.

8. Healing is an energetic process - illness or injury depletes energy. Conscious activation of the healing potential organizes energy at a higher level.

9. Healing is paradoxical in nature - it frequently occurs in the midst of confusion and apparent contradiction.

10. Imagery is mindbody's natural healing language.

11. Healing is evolving and changing our mental models.

12. In life, wanted and unwanted events occur. The healing journey is about finding meaning and value in all of life's experiences.

13. Healing is an evolving journey of a lifetime - a journey that supports fullness in living and dying. (not "*either, or*" - living or dying. We are living and we are dying every day.)

14. Healing is always within a wider social context - family, friends and networks are central to the process.

The *Creative Healing*© program is a group process, not therapy, that limits class size to no less than six and no more than twelve people. The group

process is integral for several reasons. One reason is summed up well by David Sobel when he states "a significant part of learning and benefit comes from being able to share and help other patients, which reduces a sense of isolation and shifts the focus from one's own problems to helping others….The group interaction improves the participant's sense of their own capabilities by putting their disabilities in perspective through the process of social comparison…."[43] In the session component of participant introductions however, mention of the reasons that brought a person to the program are not discussed. Those reasons may never come up, either, as there is no place in the curriculum for that type of discussion. Discussion of a person's wounds (woundology) or the reason they came to session is intentionally avoided.

A major focus of the *Creative Healing*© program is to help participants build new, more health promoting and self-actualizing "mental models." The chronic person may not have a health promoting context for their life. "It's frequently been pointed out that man is unable to observe or recognize an event until there is a prior context and language for naming the event. This inability, called *paradigm blindness,* is the direct consequence of a limitation of context."[44] This paradigm blindness is perpetuated to a patient of a doctor that only knows how to tell him just how sick he is and that he will remain that way for the rest of his life. People aren't told of the healing potential they all possess, regardless of the state of the physical body.

Also, if the societal context is that of chronicity for a certain disease, a person is subject to the influences of the morphic resonance of that field and will pick up the influences of that morphic resonance. "If we explore the relationship between mentalization and the brain using consciousness research techniques already described, we find confirmation that thoughts exist independently of the brain. The brain is activated by thought and is their correlate within the physical domain of form, much as the physical body is the correlate of the etheric body."[45]

David Hawkins further explores the effect this has on humans. He says the brain is the receiver of thought forms and much like a radio transmitter, people with similar attractor fields will be influenced. This increase in energy will support and sustain these fields to an even greater degree and draw more people and energy to the field. Then concordant people will take on the personification of the field as 'me'. So, once a person is told they are chronic, and they are told this information in a 'chronic' morphic resonance, it is logical that their brains would take on those qualities, unless they have a different paradigm and more holistic context for healing.

Another purpose of the *Creative Healing*© program is to not only help participants create new mental models but also help to avoid the paradigm blindness and morphic resonance of chronicity. The program and instructors hold a morphic resonance of healing and health. In the small group process, the resonance can be changed from that of illness and pain to that of self-

actualization and integration of all parts of mindbodyspirit that may have been split. This field allows for the 'peak experiences' described by Maslow and are a vital key to the healing process.

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[1] Myss, Caroline, (2002). Advanced Energy Anatomy, Audio tape series.
[2] www.WHO.Int
[3] Antonovsky, Aaron, (1987). Health, Stress and Coping. San Francisco, California: Jossey-Bass.
[4] Ibid.
"By the mid twentieth century…(the health problem) no longer consisted solely, or even largely, of being threatened by early death or specific disease….The control of previously epidemic disease and the fact that chronic disease developed insidiously….created an essentially new kind of health problem…..The analysis led to the WHO definition of health."
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The physician, of course, also works with these principles. But with the burden of so many impersonal cases, and constantly being faced with illness, many medical doctors become oriented towards the cure of a specific set of symptoms, which sometimes may not be the same as orientation towards health. To the healer, health not only means health in the physical body, but also balance and harmony in all parts of life.
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Chapter 2

Review of Literature

"It has been said that love cures people,
both those who give it and those who receive it"

- Robert Mack

The literature describing health, wellness, illness, disease, injury, and the chronic state is impressive. It even goes back to hieroglyphics denoting the 'medical' care that one person is giving to another. Yet, still today the definition of health varies from source to source, depending on the philosophy of the person or organization. However it is defined, the ideal of health and all its benefits seems to be desired by a great many people. Do we really know what health is and how the optimal state of health can be achieved for each of us?

"**Health** is a process of harmony and right relationship of the individual person. Each person has the capacity to go beyond the presenting influence of the environment and positively influence his or her situation. Changing the community or the environment begins with the individual."[1]

The antithesis of health seems to be disease, illness, injury and the chronic state, which can all be defined in many diverse ways as well. In Webster's dictionary, disease is defined as "a condition of the living animal or plant body or of one of its parts that impairs normal functioning"; sickness or malady or a harmful development (as in a social institution)." Illness is defined

as an unhealthy condition of body or mind or sickness. Antonovsky refers to illness as 'breakdown' or dis-ease as his focus is on an ease/dis-ease continuum. He used the word breakdown instead of disease because many people confused dis-ease with disease and he wasn't focusing on specific, disease related factors. He wasn't following disease pathology to determine levels of health or healthy behaviors. He thought that it was an error not to begin assessment of condition by asking where the patient is now and where is that place is on the ease/dis-ease continuum.

Chronicity is defined as "marked by long duration or frequent recurrence**:** not acute <*chronic* indigestion> <*chronic* experiments> **b:** suffering from a chronic disease <the special needs of *chronic* patients> or **2 a:** always present or encountered; *especially*: constantly vexing, weakening, or troubling <*chronic* petty warfare> **b**: being such habitually <a *chronic* grumbler>." Chronicity can be an adjective of any state of 'dis-ease' whether it manifests as mental, emotional, spiritual and/or physical symptoms.

Dr. Larry Dossey defines the chronic state as a time disorder and utilizes the root of the word "chronos" – a Greek word meaning linear time - and bases his definition of chronicity on that root. His discussion of chronicity is an alignment with time that is artificial and has no depth and meaning. He defines the Greek word "Kairos" as meaning present moment time. He refers to this as a 'lake of time.' He discusses that living in chronos time creates disease and

illness while the time a person lives in Kairos time is health promoting. Dr. Candace Pert looks as chronicity as information overload. Dr. Pert says that we are information seeking beings and that today's culture and society routinely overwhelm our nervous system to the point that it can no longer process without burnout. Dr. James Oschman hypothesizes that "complete health corresponds to total interconnection. Accumulated physical and/or emotional trauma impairs the connections."[2] When this happens, the body's defense and repair systems become impaired and disease has a chance to take hold."[3] Regardless of the cause of illness, injury or mental or emotional state such as depression, a descent into the chronic state is possible at any time for anyone.

Vanessa Cahn, in an article for the Advances journal for nurses, describes the effect the chronic state has on our society and us. "Our health care system, in fact, spends billions of dollars each year on medical care and disability payments for the estimated 50 million Americans who have chronic pain. (Notice that this is limited to simply chronic pain, not chronic diseases.) Moreover, studies show that more than half the people who experience chronic pain report a decreased ability to work or lead a normal life. One-fourth of people with chronic pain must take a leave of absence or retire from work. As such, productivity loss from chronic pain exacts additional costs."[4]

Chronic pain is a multifactorial syndrome resulting from an unpleasant, abnormal sensory and emotional experience that may or may not be related to

actual tissue damage. Chronic pain occurs during most hours of most days for greater than two weeks' duration. Several contributing factors may exacerbate the condition: an incurable, painful disease; neural disorders initiated by illness that persist after the original pathology is resolved; or psychological conditions."[5] This widespread and integral manifestation of symptoms would suggest that a more holistic approach, rather than symptom management, would be the most effective and prudent course of action. "We are now integrative, utilizing the best of alternative and conventional methodologies to search for the truth. When one infuses the soul, when one infuses synthesis, the sum is greater than the parts. Integral medicine is new because of the technology we now have combined with concepts quite ancient. Finally, the golden thread between the past and the future will be joined."[6]

This begins a discussion on whether or not someone with a chronic condition can *heal*. If the absence of disease or illness is health, can healing occur even if the chronic illness, injury or disease remains? There are many approaches to healing and health. One approach is the 'cure' approach adopted by the conventional medical community in our Western society. Another approach, one the *Creative Healing*© program embraces, is drawn from the ancient healing traditions as well as the "new" discoveries of science. Based on the philosophy that curing isn't the same as healing, the *Creative Healing*© weaves the concepts of healing and health into a transformational education

program that enables participants to activate their internal locus of control and intentionally engage themselves in manifesting their healing journey.

The methods of curing differ from the process of healing. Conventional medicine is based on the "cure" and in that method, the process of the healing journey is not considered. Curing doesn't take the whole person into consideration, although that paradigm is undergoing change. Curing focuses more on relief of symptoms. It is a pill, not a process. The healing approach takes into consideration the whole person. As Patch Adams said in his movie, "You treat the disease, you win or you lose. You treat the whole person, I guarantee you, you'll win every time."

That simple statement describes one of the many differences between healing and curing. Other differences are outlined in Table 2:1, as included in the *Creative Healing*© program.

Table 2:1

CURING	HEALING
External agents applied to determine outcome. (medication, surgery etc)	The natural inclination of mindbody is to heal – healing processes are about removing the blocks to allow this to flow.
Control is **the** primary attitude.	Co-operation is the primary attitude.
Fix, end, eliminate	Resolve, integrate, transcend, transform
All or nothing	Process or journey

CURING	HEALING
Focuses on the problem/symptoms	Relates to the person
The person tends to be passive	The person takes major initiative
About 'Doing' or being done to.	About 'Being' as well as 'Doing'
Dualistic and mechanistic – i.e. the illness is confined to one level, for instance - body (mind and spirit have no relationship to either cause or cure)	Holistic – bodymindspirit are all involved no matter how the condition presents
Tends to look for single cause such as virus, diet, smoking, etc	Tends to see multiple cause factors
Agent for cure 'Magic bullet/pill' which is specific to the condition.	Numerous agents that activate healing process, regardless of the condition.
Meaning - empty	Meaning – full
Linear & directable	Paradoxical & unpredictable – and often confusing.
Death is a failure – 'There is nothing more that we can do.'	Death is a completion and a transition – healing supports fullness in living and fullness in dying.

There are innumerable stories and philosophies that illustrate what healing means. Dr. C. Norman Shealy describes an instance when a psychic healer he calls Reverend F. went to the hospital to see a patient who was in a coma since having a heart attack three weeks earlier. "Reverend F. put his hands on the man's head and prayed. The man opened his eyes and spoke for the first time: "Do it again." The minister did and the same thing happened – three times in all. He left the hospital convinced the man was healed – but he died within an hour. The Reverend had to live with that until he concluded that the man had been

unable psychically to die. Death was *his* healing; only after he had been healed was he finally able to die peacefully."[7]

The process of the healing journey takes unique forms and has been well documented throughout history. One example of a very structured healing process is that of Asclepius, the Greek God healer of the body and soul, and his healing temple tradition. Asclepius had a unique system for healing that was created in his name. The temple healing tradition consisted of at least four temples, each with a different purpose. Many of the Greek tragedy plays were performed in the 'theater' temple to help the patients understand that their lives weren't so terrible after all. There were also temples for learning, laughter, meditation and gratitude. Socrates uttered his dying words, "A cock to Asclepius," after having drunk the poison, quite possibly meaning that he had embarked on his healing journey. Even though he knew this journey would result in his death, he wanted to give thanks to his God of healing. Crafting a healing process with these ancient healing traditions as guidelines couldn't help but have beneficial healing results, so the *Creative Healing*© program incorporates many of these elements into their program.

Even people without disease can benefit from engaging in a healing process and by having a Daily Integral Practice that enables them to grow, maintain or strengthen their state of wholeness. "Well, the point, of course, is to take up *integral practice* as the only sound and balanced way to proceed with

one's own higher development."[8] Wilber encourages those who have not already done so to simply take up practice – begin to eat the elephant one bite at a time. "And the fact is, a few bites into the elephant and you will already start gaining considerable benefits."[9]

Each of us experience daily living that is rife with potential for injury or illness. Clearing the issues that daily living brings to us has the potential to be prophylactic in addressing issues to keep them from becoming chronic. Clearing long-standing issues with such processes as the Inner Counselor and Focusing is also an aid to health and well-being. Although prevention is a difficult process to measure, looking at the characteristics of 'healthy' people can provide guidelines for evaluating a person's status of health or wholeness.

Healthy people tend to exhibit many of the same characteristics. Abraham Maslow theorized that a strongly developed internal locus of control is linked to health. Maslow says, "But most important is my preliminary finding that this kind of cognition of the Being (B-cognition) of the world is found more often in healthy people and may even turn out to be one of the defining characteristics of health."[10] Maslow discusses the characteristics of the "inner nature" in several different ways. One description is the quality of being biological and unchanging. Maslow credits the interaction with the inner nature as a health promoting activity and it is always active at some level. Even if it is suppressed, "it persists underground forever pressing for actualization."[11]

There are many characteristics of healthy people as discussed by Maslow. His term for the people exhibiting these traits with high levels of consistency is "self-actualizing" people. He suggests that this means "full humanness." Self-actualizing encompasses the potential for all the species and isn't limited to viewing oneself in terms of health or illness. Instead of saying that "I am healthy," a more realistic term would be "I am self-actualized." Even this term, according to Maslow, has some deficiencies. The use of the word 'self' can be off-putting in a societal context. He prefers to use the terms "Being" and "Becoming" but acknowledges the lack of understanding for our society to use them with a common meaning.

In a discussion of how healthy people meet needs vs. how unhealthy people meet those same needs, he suggests that healthy people are motivated by "trends to 'self-actualization' (defined as ongoing actualization of potentials, capacities, and talents, as fulfillment of mission, as a fuller knowledge of, and acceptance of, the person's own intrinsic natures, as an unceasing trend toward unity, integration or synergy within the person.)"[12]

"These healthy people are there defined by describing their clinically observed characteristics. These are:

- Superior perception of reality
- Increased acceptance of self, of others and of nature
- Increased spontaneity
- Increase in problem-centering

- Increased detachment and desire for privacy
- Increased autonomy, and resistance to enculturation
- Greater freshness of appreciation, and richness of emotional reaction
- Higher frequency of peak experiences
- Increased identification with the human species
- Changed (the clinician would say, improved) interpersonal relations
- More democratic character structure
- Greatly increased creativeness
- Certain changes in the value system[13]

This list of characteristics seems to encompass addressing all the aspects of the state of illness in the chronic sufferer. A person experiencing the chronic condition would probably rate very low in these categories while a person who is experiencing the state of health would rate higher.

Chronic pain isn't mentioned as such in these categories. However, further exploration into these categories indicates that there is a relationship between the two. Certain inferences can be drawn by comparing Dossey's theory of chronic illness being a time disorder and being stuck with living life against an artificial timeline and Maslow's discussion regarding growth. Maslow discusses activity, growth and movement as optimal states for health. Maslow further hypothesizes that the man "who is set into motion by external stimuli, become completely ridiculous and untenable for self-actualizing people."[14] The inference is that if a person lines himself and his life up against an external source (the chronos timeline), they are not honoring themselves and being true to their inner nature and needs.

Aaron Antonovsky discusses health and what he terms as the 'sense of coherence.' I think a common understanding of terms and definitions would be helpful, but agreement is difficult to find. Antonovsky defines the term locus of control simply in terms of control. I would like to expand that understanding to include what he defines as a sense of coherence. Antonovsky says, "As defined, the sense of coherence explicitly and unequivocally is a generalized, long-lasting way of seeing the world and one's life in it. It is perceptual, with both cognitive and affective components." Authors with similar viewpoints define the term locus of control to include what Antonovsky defines as the sense of coherence, and also include other characteristics. Their definitions would also include the sense of being in control and managing that control well with awareness and the understanding of current reality is and what unrealized potential can be manifested. A return of the locus of control would also include managing where, how and why control is given to another person for any reason.

Martin Seligman, as well as others, view healthy people from the perspective of how well they manage stress or of how optimistic/pessimistic they are. Instead of locus of control, Seligman looks at how people view life thus affecting their response to life. He looks at a person's 'explanatory style' (how they explain to themselves why an event has occurred in their lives) and from this makes a determination as to whether or not they are pessimistic or optimistic.

Seligman analyzes these styles by assessing the way a person thinks, which is usually a habituated pattern of thought that may include the words 'always' and 'never'. These habits of thinking have major consequences. When it comes to health, studies have demonstrated:

- the way we think, especially about our health, changes our health
- optimists catch fewer infectious diseases than pessimists do
- optimists have better health habits than pessimists do
- our immune system may work better when we are optimistic

Evidence suggests that optimists live longer and with better quality of life than pessimists. Comedian Loretta LaRoche, well known for her stress relief humor, says, "Pessimists are more often right, but optimists live longer to enjoy being wrong." Seligman theorizes the skills of optimism can be practiced and well honed, even if one is a habitual pessimist, thus prolonging life.

This may be because brain chemistry can be influenced by the kinds of beliefs we have, the perceptions we create and the quality of the thoughts we have. "It is not surprising that the types of environment we experience can affect the cerebral cortex. When we view our environment as enriched and interesting, the very neurons in the cortex apparently enlarge."[15] There is quite a bit of research to suggest that the quality of life we have has a directly positive influence on how long we live. This may be due, in part, to the neuroplasticity of the brain – its ability to create and recreate itself depending on the stimulation it receives.

Francisco Varela and Humberto Mutarana believe that the “brain is always making the brain (neuroplastic ability).”[16] “There is much evidence from animal studies to suggest that when we feel stimulated from our lives, we are likely to increase our longevity and our mental sharpness….demonstrating the plasticity of the brain.”[17] Even as we have, in the past, been molded by our beliefs and the beliefs of our society, it is refreshing to understand that we are not stuck with those beliefs. We can, with enriching our environment and learning something new every day, change those operational beliefs. Even those beliefs that create stress.

Dr. Franz Alexander, in “1939 made what was for that time the outlandish statement that ‘many *chronic* (italics mine) disturbances are not caused by external, mechanical, chemical factors, or by microorganisms, but by the continuous functional stress arising during the everyday life of the organism in its struggle for existence’.”[18] Franz began to structure a whole new approach to medicine, the psychosomatic (mind/soul and body) approach. This began a much deeper exploration of how mind could impact physical processes than had previously occurred, especially in light of the delight so many researches brought to the reductionist approach with new sulfa drugs and antibiotics being touted as the end all and be all to illness. Yet it has been within the infectious disease realm that “the most dramatic evidence that the mind-body factor is a real element in health” is revealed.

With a cause and effect philosophical approach to illness, there correspondingly should be a cause and effect phenomena in the disease process. If a person is exposed to a bacteria or virus, they should become ill. Yet many studies have shown this isn't true. "In reality, nothing is 'causing' anything else. Everything is the expression of its own essence and is self-existent."[19] A survey, written by Rabkin and Struening indicate the ways that "social conditioning affect a person's susceptibility to disease."[20] Unstable and transient lifestyles lend themselves to a person's being prone to illness. Following this logic further, it would appear that more than simply a pill or doctor visit is needed to address the many conditions present for the person in the chronic state. Not only is there the dis-ease of being ill, there is meaning and societal considerations as well as economic status. To begin the process of changing meaning for the chronic person, new information is needed.

The design of a program that addresses the communication needs of a person in the chronic state necessarily encompassed the communication changes that are effected by the chronicity of the participant. The participant may not receive and process new information because of the configuration of the nervous system. Every week a Body Scan is done in session and the Daily Integral Practice sheet encourages the daily use of the Body Scan and later a Healing Symbol is included in the Body Scan process. This helps to bring mindbody into balance. Bringing the autonomic nervous system into balance is

what ultimately must do the healing by the vast changes it produces. "Just a little shift and we can shift the body back from sickness to health."[21]

The chronic state influences what we hear and how we hear it so that communication with a traumatized or a chronic person may be severely compromised. One of the physiological reactions to the compromise of communication while someone is in the chronic state is explored through the response of the receptor sites on the surface of all our cells. "Now we know that that component, the receptor, is a single molecule, perhaps the most elegant, rare, and complicated kind of molecule there is. A *molecule* is the tiniest possible piece of a substance that can still be identified as that substance."[22]

"A characteristic of the receptor sites is their ability to change instantaneously depending on the state of mindbody or the information that is trying to gain access to the cell. Unlike the frozen water molecules that melt or turn into a gas when energy is applied, the more flexible receptor molecules respond to energy and chemical cues by vibrating. They wiggle, they shimmy, and even hum as they bend and change from one shape to another, often moving back and forth between two or three favored shapes, or conformations These receptor sites are very selective and only bind to specific ligands."[23] Pert goes on to describe the molecular binding that occurs between these receptor sites, the neuropeptides and the ligands that bind to them "as sex on a molecular

level."[24] The informational substance or ligand tickles the receptor site until – click - information enters the cell.

A metaphor Pert uses for this process is that meanwhile, one way to keep all this in your mind is to visualize the following: "If the cell is the engine that drives all life, then the receptors are the buttons on the control panel of that engine, and a specific peptide (or other kind of ligand) is the finger that pushes the buttons and gets things started."[25] These receptor sites can be "closed" even to their specific ligand or they can be blocked by medications or even pain information. Thus, in certain states of receptor site compromise, information does not reach the cell and become active at a cellular level. To extrapolate this concept even further, after the first rush of chemical response to trauma, a lot of information that cannot enter the cells then gets lost in the body.

Cellular biologist Bruce Lipton refers to this state of cellular process as protection. Lipton theorizes that the cells are either in a state of growth (parasympathetic nervous system activity) or in protection (sympathetic nervous system activity). This activity depends on the cells' perception of the safety or danger of its environment. "A cell that is constantly in protection (stressed) isn't growing or healing."[26]

But our new understanding of neuropeptides and receptors has enabled us to see more of what is going on in conditions of stress. "When stress prevents the molecules of emotion from flowing freely where needed, the largely

autonomic processes that are regulated by peptide flow, such as breathing, blood flow, immunity, digestion and elimination, collapse down to a few simple feedback loops and upset the normal healing response."[27] This describes the physiological response of the receptor sites to stress and allows us to further see how information processing is compromised while a person is stuck in a chronic pain state.

In working with the Body Scan and the healing symbol, the configuration of physiological state is taken into consideration as well as the emotional states. Even though the participant may not be consciously aware of the states of the receptor sites, cells and subsequent neuropeptide releases that affect all biological processes; that is the state the participant is being asked to enter so that transformation can occur. The Healing Symbol works with the concept that both emotional and organic origins of trauma need to be addressed, even though one will affect the other. The creation of the healing symbol helps to energize the inner healer and orient mindbody towards the process of healing.

Traumatic Stress: Emotional or Organic? – The conflict over whether trauma has organic or psychological origins, along with the dispute as to whether it represents malingering or genuine breakdown was at the center of the earliest scientific discussion about its effects, which focused on injuries and "railroad spines".[28] Pert makes an excellent case that it is both. And by subscribing to the mindbodyspirit theory, there is no difference between whether or not the trauma

occurs at a physical, mental, emotional or spiritual level. It is simply trauma to mindbody and therefore its effects vibrate everywhere.

Another concept discussed in the *Creative Healing*© program is the need for adequate hydration, food and physical movement. Specifics aren't discussed in regards to food and physical exercise, but water and the need for appropriate hydration is thoroughly discussed. The human body is one-half to four-fifths water, depending on how much body fat is stored. Water makes up nearly 85% of the brain, about 80% of the blood and 70% of lean muscle. (Because there are a lot of tissues that have less water, the average is about 50%.)

Every system in the human body depends on water. Water's roles are impressive.

Water:

- regulates your body temperature
- removes wastes
- carries nutrients and oxygen to your cells
- cushions your joints
- helps prevent constipation
- lessens the burden on your kidneys and liver by removing some of the toxins
- helps dissolve vitamins, minerals and other nutrients to make them accessible to your body

Many studies attribute the recent rise of chronic conditions resulting from increasing stress in our environments, lifestyles and self generated stress. Our culture has created a morphic resonance of stress. Jon Kabat-Zinn, founder of the University of Massachusetts' Mind Body Stress Reduction Clinic, describes two major patterns people employ when dealing with stress. These patterns are the stress reactive person and the stress responsive person. Kabat-Zinn suggests that utilizing stress management techniques drawn from various sources would enable the stress reactor to learn and use the more healthy tools of the stress responder. The underlying theory that has been popularized by Kabat-Zinn, Seligman and Hans Seyle is that since stress can be a learned reaction, stress management skills can be learned as well to counteract the devastating effects of chronic stress.

A comment from Elmer Green's book, Beyond Biofeedback, is helpful to understand another of the many reasons chronicity is so prevalent in the United States. According to Green, "…it is because we have been inhibited, repressed, and hypnotized by our cultural conditioning and education to see ourselves as powerless to control or change events in our bodies and lives. In psychology there has been a tendency to look at humans as "king-sized rats," reflective only of genetics and conditioning. In medicine we have accepted the idea that the doctor must "cure" us. In order to be made well, we must undergo surgery, drug treatment, radiation treatment or some other kind of manipulation by outside forces. We have not been informed that our bodies tend to do what they are told

if we know how to tell them." This comment embodies a very essential approach to healing. Learning the language of mindbodyspirit is point on the journey toward wholeness, the first step requires finding this language.

This language of mindbodyspirit, according to Marty Rossman, is imagery. Imagery is a powerful tool that can enhance any type of journey of mindbodyspirit integration and movement toward wholeness. If this common language, which can be learned, really does facilitate mindbodyspirit communication, just imagine the potential that can be unleashed within the healing process. "These mindbodyspirit conversations would be endless, enlivening and enriching – to say nothing of healing. Imagery is the stuff of the imagination. It has always played a key role in medicine." [29] Imagery invokes and uses all the senses, not just the five that are the most common. Imagery uses *all* senses, including the imagination. "A major cause of both health and sickness, the image is the world's oldest and greatest healing resource."[30]

The Creative Healing program is a group process, designed this way for many reasons. The group process sets a morphic (form generating) resonance that holds the energy and orientation towards a goal of health and healing. "The morphic fields act as causal agents of the development and maintenance of biological forms."[31] These morphic fields set up creative tension that draws people toward their goal rather than oscillating back and forth between contradictory, short-term goals. According to Robert Fritz, this oscillation is called structural conflict and the movement toward a goal that has

no contradictions is called 'creative tension'."[32] This point can be illustrated by the metaphor of the rocking chair expending a lot of energy and going nowhere vs. the engine moving the car in a desired direction.

Group energy, directed with clear intention, can be an extremely powerful setting for healing. It builds a sense of community among program participants. This sense of community is important as Herman discusses with its relevance to the healing process. She says that "Recovery can take place only within the context of relationships; it cannot occur in isolation."[33] The budding sense of community formed by common language, building similar mental models, and the intentional setting of a healing morphic resonance established in the *Creative Healing*© program can provide the necessary element of 'relationship' indicated as necessary to the healing process.

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[1] Mentgen, Janet, RN, nd. Healing Touch, Level 1 Notebook, p. 10.
[2] Oschman, James, (2000). Energy Medicine; The Scientific Basis, London: Harcourt Publishers.
[3] Ibid.

Many individuals, both scientists and therapists, have contributed valuable insights to this emerging picture of how the body functions in health and disease. Phenomena that previously seemed disconnected and unrelated are now complementing one another, giving us a more complete understanding than we could have obtained by any single approach.

[4] Cahn, Vanessa, & Ross, Marc, (2002). How Attitude Affects Chronic Pain. ADVANCE for Nurse Practitioners, Apr. 22.
[5] Ibid.
[6] Wisneski, Leonard A., (2000). Psychoneuroimmunology: From Biochemistry to Energy Medicine. Subtle Energies and Energy Medicine, Vol. 11, Number 1.
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Chapter 3

Method

If I keep on saying to myself that I cannot do a certain thing,
it is possible that I may end by really becoming incapable
of doing it. On the contrary, if I have the belief that I can do it,
I shall surely acquire the capacity to
do it even if I may not have it at the beginning.

Mahatma Gandhi
(1869-1948, Indian Political, Spiritual Leader)

In order to investigate scientifically the efficacy of an educational program on the mental, emotional and spiritual health and well-being of participants, this study examined the immediate effects of the *Creative Healing*© program as measured by the Short Form 36 (SF-36) and the Personal Orientation Inventory (POI) during the months of September, 2002 through January 2003.

Prior to session attendance, 90 randomly selected volunteers (which due to attrition was reduced to 73 by the time of participant program completion) were randomly assigned to two groups: Group 1 (*Creative Healing*© program participant) and Group 2 (control). *Creative Healing*© program participants attended 36 hours of classroom instruction and completely a Daily Integral Practice sheet regularly. The classes met once a week for three hours for 12 sessions, but over a 14-week duration due to two weeks off for the holidays. The session groups had no more than 12 -15 participants per group so four

participant sessions were scheduled for Monday through Thursday nights. This is to keep within the guidelines for small group process. Data were collected pre-session and post-session from all research subjects on the same date. The pre-test data were collected on October 12, 2002 and the post-test data were collected during the week of January 11 –18, 2003. The participants completed the data on the day of their final class. The control group took the second set of assessment tools on the Saturday after the last date of the *Creative Healing*© session. This served as the pre-test for the control group to take the *Creative Healing*© program starting January 2003 and ending April, 2003. In April, the tools were administered to the control group for the third and final time.

The two pre-program assessment tools were administered to the control group on the same day as the participant group. The assessment tools were administered in two locations, one administration of the two tools was scheduled for the morning in Glenwood Springs, CO. and the second schedule was set for the afternoon of the same day in Carbondale, CO.

When the participant group finished the *Creative Healing*© program and all of their assessment tools had been completed pre- and post-program participation, the control group was then able to participate in the *Creative Healing*© program. Once the control group completed the 12 sessions of the *Creative Healing*© program, they again completed the SF-36 and the POI. Those

final control group results were not included in the research project. They will be analyzed in a crossover study to be prepared subsequently.

Hypothesis

The primary hypothesis, that there will be a significant difference between the participant group and the control group in the measurable effects of health and well-being, will be tested using a one-tailed t test with the expectation that the participant group will score differently than the control group in the 8 sub-scales of the SF-36 and the 14 subscales of the POI, using a multivariate analysis of the variance (MANOVA).

The *Creative Healing*© program is hypothesized to reduce some of the negative symptoms associated with the chronic state and provide significant healing benefit to participants who attended the *Creative Healing*© program. Regarding within participant analysis, hypothesis included improvement in the eight sub categories of the SF – 36, indicating that physical health was being impacted. Regarding within participant analysis, hypothesis included improvement in the 12 categories of the POI, indicating that mental and emotional health was being improved; whereas neither of these scores would not be significantly different in the control group.

Participants and Procedure

Ninety (reduced by attrition to 73) male and female adult participants, ranging in age from 28 to 70 and either having symptoms of a chronic issue or seeking a transformational life experience, were randomly selected from responding to an ad in a number of newspapers, publications, public service notices, radio advertisements, and flyers placed in Glenwood Springs and the surrounding communities. Letters were mailed to a mailing list of interested parties in other *Creative Healing*© programs but the recipients had been unable to participate until this time, due to various reasons. Other recruiting measures included word of mouth and personal appearances at social and business functions.

The advertisements (Appendix A) offered free, experimental drug-free education to interested individuals who were seeking stress relief or an improved recovery from a chronic condition. Prior to consideration for the study, interest level and level of chronicity was evaluated. An intake form was completed. Those people included in the study were willing to commit to the full 12 weeks of classes, or if placed in the control group, would be willing to take the assessment tools three times and participate in the *Creative Healing*© program once the participant group had completed their course of study. Volunteers not willing to commit to the time or assessment tool requirements were thanked, and told that I was grateful for their interest.

Following the selection process, during which time 16 people declined to participate, 73 respondents were randomly assigned to Group 1 or Group 2. The names of all respondents written on pieces of paper and these folded slips were placed in a bowl. The slips were folded so that no names were visible. An independent, disinterested person drew the names from the bowl one at a time. The names were placed in one of two unlabeled envelopes. When all the slips had been drawn, the envelopes were sealed and were then labeled on the outside as Group 1 (participant) or Group 2 (control). The envelopes were opened and the names listed under the corresponding group names. The subjects were then called and notified of their status and the date of the beginning of the *Creative Healing*© program.

The participant group was composed of 36 people, four of whom were males and 32 were females. During the course of the program, six people withdrew due to conflicts leaving the number of participates completing the program at 30. The control group was composed of 37 people, six of whom were males and 31 were females. Eight people from the control group declined to take the *Creative Healing*© program and during the administration of the program, two people withdrew, leaving the final total of the control group who completed the program at 27 people.

Inclusion criteria

a. Participants may be male or female.
b. Participants must be 25 years of age, or older.
c. Participants must show a willingness to participate by signing a voluntary informed consent form.
d. Participants will show ability and stated willingness to follow the directions of the Principle Investigator (PI) and program requirements.
e. Participants must be able to attend the weekly classes.

Exclusion Criteria

Participants were excluded if they had

a. A diagnosis of epilepsy; or a
b. Diagnosis of manic depression.

These exclusion criteria are general recommendations by the IRB board. It prevents the possibility of seizures and, if a person changes medication without consulting a doctor, also prevents manic episodes.

Discontinuation Criteria

A participant may be dropped form the study at any time at their request or that of the PI of the project.

Evaluations

Safety was evaluated by monitoring the occurrence of any adverse

effects. Adverse effects were monitored as follows:

a. The subject was instructed to notify the PI as soon as possible should adverse or unusual symptoms occur. The PI was to record the event.

b. In the event of any reaction, the PI was to notify the IRB chair within 24 hours and the full board within 72 hours. Any adverse reaction was to be recorded in the complaint file and reported to the full IRB board. If there is a major adverse reaction (such as death or immediate threat of death), the FDA and the chair of the IRB was to be notified within the first 24 hours and then in writing.

Special instructions:

All participants were required to sign the informed Consent Form. All participants were required to read and to sign the Summary of the *Creative Healing*© program. All participants were required to attend all the program sessions and perform the daily work.

Management and Regulation

a. Monitoring

Monitoring responsibility performed by the sponsor's monitors or self include:

1. Initial intake of information, signing of consent forms and completion of the first set of evaluation tools.

2. Participants will sign an attendance sheet for each class session. If a participant misses a class session for any reason, written notice will be given the instructor and a make up session scheduled. Participants will not be allowed to miss more than one class session, unless for dire personal reasons. Approved excuses include: work, illness, a death in the family, natural disasters or out of town travel. Whenever possible, notice will be given the instructor and a make up time arranged before the absence.

Results

This study was designed to test the effect an educational program has on the health and well being of participants. Measurements were obtained by using the Short Form 36 (SF-36) and the Personal Orientation Inventory (POI). The population was a random selection of males and females. The participant group was measured against the control group on levels physical, mental, and self-actualizing qualities.

Reliability and Validity of Measures

It was difficult to find an assessment tool that adequately measures and addresses the multidimensional aspects of mindbody interventions. The research that works well with other scientific avenues seems to fall short of being the most effective trial for mindbody interventions. The old paradigm of validating and measuring outcomes using the 'Scientific Method" seemed to not contain the important elements for quantifying mindbodyspirit integration. "We claim that the randomized controlled trial has serious limitations, particularly with regard to the evaluation of mind-body or psychosomatic interventions. As the panelists here will maintain, such trials may not be able to study what we want to study."[1]

Thus began the search for the assessment tools that would best measure the efficacy of the *Creative Healing*© program for this research project. "There

are many valuable tools and many studies have been done using these tools, but interestingly enough, these studies are rarely published in medical journals."[2]

There is currently an unprecedented opportunity to investigate the impact of *healing* on persons and the current healthcare system. There is an increased openness to the concept of holistic healing as a companion to curative therapies. However, little research has been done in regards to the mechanisms of healing. We have sophisticated measurement technologies on the cellular, physiological, and neuroscience levels. Research designs and methodologies are improved, thereby allowing for more precise control of bias and more accurate description, measurement, and analysis of outcomes. "There is now an acceptance that a plurality of research approaches is needed to fully understand a phenomenon."[3] However, it remains challenging to find consistent definitions and research tools that adequately and appropriately measure outcomes and for this reason, I chose two different tools to measure movement and change.

The assessment tools considered for use in this research project were the SF-36, and/or Sickness Impact Profile (SIP, a self-report questionnaire), Antonovsky's Sense of Coherence, the State-Trait Anxiety Inventory, Beck Depression Scale, Perceived Stress Scale, Pain (VAS) weekly summary, the Personal Orientation Inventory, the McGill pain assessment, a symptom checklist, and an IgA Saliva measurement. A website search was conducted for

all tools considered for use to see what information was available and which would prove to be the best fit for measuring health and well-being.

There were many articles that indicated that the use of the IgA saliva test is an appropriate measure of immune function, but the correlation to health and well-being was not clearly stated in any of the research articles available through this research process. The assumption appeared to be that an improvement in immune system functioning indicated an improvement in health with the converse also being true. Two labs were called with the intention of investigating the potential for using this as a measurement. Both these labs would be able to provide quality long distance analysis but this avenue was not pursued further due to the cost and the inconvenience of sample collection. Also, the direct correlation was not completely made as to the implication for the benefit of health and well-being and the POI and SF-36 proved to be appropriate tools.

The Pain tools and the Symptom checklist were eliminated because not everyone participating in the program would have pain or the physical symptoms of a chronic pain, injury or illness condition. The *Creative Healing*© program is not limited to people in the chronic state, although that population is the target audience. The self-evaluation questionnaire was eliminated because of the difficulty in creating one that would be effective and remove most of the subjective nature associated with the participant who would be completing it.

The State-Trait and the Beck depression scale were considered to be very effective tools but, again, would limit outcomes interpretation in certain areas. According to the authors of the State-Trait Inventory, Charles D. Spielberger, Richard L. Gorusch, and Robert E. Lushene, “The State-Trait Anxiety Inventory (STAI) was initially conceptualized as a research instrument for the study of anxiety in adults. It is a self-report assessment device which includes separate measures of state and trait anxiety. According to the author, state anxiety reflects a "transitory emotional state or condition of the human organism that is characterized by subjective, consciously perceived feelings of tension and apprehension, and heightened autonomic nervous system activity." State anxiety may fluctuate over time and can vary in intensity. In contrast, trait anxiety denotes ‘relatively stable individual differences in anxiety proneness . . .’ and refers to a general tendency to respond with anxiety to perceived threats in the environment.”[4]

Experience and research indicate that many people in the chronic state exhibit symptoms of depression at some time. Many of the subjects participating in this research project indicated they were being treated with psychological assistance/support and/or medication. Some of the people interviewed for project participation were familiar with these tools and the results might be skewed as a result. Depression isn’t the major focus of health and well-being, so the Beck Depression Scale was eliminated as well.

The SF-36, the POI and the Antonovsky tools began to emerge as the most effective tools for assessing the program results. They were widely regarded as the most familiar tools in both the medical and business environments. Taking into consideration of participant's time, energy and ability when completing these tools for both of pre-session and post-session, I decided to limit the number of tools to no more than two. Since the use of the saliva IgA and the depression assessment tools were eliminated, the decision of which of the three final tools was based on expected outcomes. In the final consideration of these three tools, they were purchased or obtained to use as a trial in a sample group of six people. This trial group helped to evaluate the ease of use, language familiarity and the length of time to complete.

The Antonovsky Sense of Coherence measures a sense of the return of an internal locus of control and sense of coherence. It also measures the areas of strength within individuals that allow them to survive in the face of extreme stresses, including chronic illness. The measurement of strengths was an attractive feature of this tool "as Antonovsky didn't want to follow the pathology of illness and dis-ease but rather track why, in the face of poor living conditions or highly stressful situations, some people remained well."[5] Antonovsky defines the sense of coherence as, "a global orientation that expresses the extent to which one has a pervasive, enduring thorough dynamic feeling of confidence that there is a high probability that things will work out as well as can reasonably be expected."[6]

"Antonovsky further defines the sense of coherence as "a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable and explicable, (2) the resources are available to one to meet the demands posed by these stimuli, and (3) these demands are challenges, worthy of investment and engagement."[7] He labelled the three parts of the sense of coherence as meaningfulness, manageability, and comprehensibility. "From these concepts, Antonovsky developed a Sense of Coherence Questionnaire to assess this orientation to life; and he developed three subscales to measure those components of the sense of coherence."[8]

The Sense of Coherence Questionnaire is a valuable tool and would measure what Antonovsky defined as "indirect evidence between the sense of coherence and health being grouped in five areas: Social-structural, cultural, psychological, situational and animal studies. In each case, the fundamental argument is the same, namely that the independent variable provides life experiences related to the level of the sense of coherence and hence to health and illness."[9] In designing this tool, Antonovsky considered the "conceptual definition of the breakdown, or health ease/dis-ease, continuum as a multifaceted state or condition of the human organism."[10] This definition of multifaceted states encompassed the concepts defined in the state of chronicity.

These are the reasons as to why this tool seemed to fit all the requirements for assessing change and improved health and well-being. Antonovsky had a very clear understanding of health and dis-ease and designed his assessment tool to address what he knew. There were limitations to using this tool, however. There was an available tool that would measure some of these factors and more. This more complete assessment was found in the POI, so the Antonovsky Sense of Coherence tool was deleted from the list but comparison of it with the other tools is included as further discussion.

The SF-36 item health survey "taps into eight health concepts: physical functioning, bodily pain, role limitations due to physical health problems, role limitations due to personal or emotional problems, general mental health, social functioning, energy/fatigue and general health perceptions. It also includes a single item that provides an indication of perceived change in health."[11] The study was a 4- year observational study designed to examine characteristics of provider, patients and health systems. Over 20,000 patients were screened in a nine day period. The SF-20 was used in the beginning and the SF-36 replaced it before the end of the study. The administration criteria were not included in the article. The use of this format was not feasible because of the 4-year time span and the sheer numbers of patients evaluated. However, the switching to the SF-36 was interesting. The SF-20 didn't pick up on the health deterioration of some hospitalized patients, while the SF-36 indicated that condition.

"In response to questions raised about the "accuracy" of the SF-36 physical and mental component summary scores, particularly the extremely high and low scores, we briefly comment on how they were developed, how they are scored, the factor content on the eight SF 36 subscales, cross-tabulations, and published a new test of their empirical validity. To facilitate such comparisons, scoring utilities and user-friendly graphs for SF 36 profiles and physical and mental summary scores have been made available on the internet."[12]

The scoring options for the SF-36 include an "expansion of our recommended scoring options for both the SF-12v2 and the SF-8 to include the 8-scale profile in addition to estimates of the physical (PCS) and mental (MCS) component summaries. The scoring chapter in the user's manual for each form contains algorithms for 1998 norm-based scoring (NBS), which can be used for all records with complete data. Once the eight scales have been scored, the formulas for PCS and MCS summary measures are the same for all three forms, in order to increase their comparability and simplify their scoring."[13] It can be either hand or machine scored with established norms. The Sense Of Coherence is self-scoring and the final assessment would not be compared to established norms. The POI can be either be hand or machine scored. It has established norms for statistical comparison purposes.

"The SF-36 Health Survey was developed for the Medical Outcomes Study and has been tested and validated extensively."[14] The terms Short Form 36 and Medical Outcomes Study (MOS) 36 refer to the same form. For ease of discussion, I will stay with the label of SF-36. The SF-36 is discussed as a very effective tool for measuring eight different concepts of health. The Rand Health Abstract states very clearly "In fact, the MOS measures are now the most widely used measures of general health status. The SF-36 has become one of the most widely used generic measures of subjective health status. However, despite the widespread use of the measure criticism has been forthcoming concerning the layout and wording of some of the items. Consequently, the developers have produced a modified instrument, the SF-36 Mark 2.0 (SF-36II), which is a direct descendent of the SF-36 Developmental Form and the SF-36 Mark 1 Standard Form. The SFII was included in the Third Oxford Health and Lifestyles Survey (OHLSIII). This study introduces the UK SF36II and assesses the internal consistency reliability and construct validity of the measure, and the physical and mental health summary scores. A paper is in press with the Journal of Epidemiology and Community Health."[15] The Health Services Research Unit at the University of Oxford has some project information on the assessment and evaluation of the SF-36, version II, by Crispin Jenkinson, Sarah Stewart-Brown, and Sophie Petersen, funded by the NHS Executive Anglia and Oxford R & D Program. Since that paper is unavailable at this time and I didn't know the outcome, I only considered use of the standard SF-36.

The Internet site for the SF-36 includes 11 research articles on the use of the SF-36. One such article by Brazier, JE, Harper, R, et al indicates that in 1992, “considerable evidence was found for the reliability of the SF-36” and further that “The SF-36 is a promising new instrument for measuring health perception in a general population. It is easy to use, acceptable to patients, and fulfills stringent criteria of reliability and validity. Its use in other contexts and with different disease groups requires further research.”

Information provided in the Health Services Research Unit indicates that there are “10 items that measure physical functioning, 2 items that measure social functioning, 4 items that measure role limitations due to physical problems, 3 items that measure role limitations due to emotional problems, 5 items that measure mental health, 4 items that measure energy/vitality, 2 items that measure pain and 5 items that measure general health perception. The tool is composed of easy to read questions that are answered with a scale rating that remains consistent throughout the questionnaire.” This response scale consistency helps to eliminate confusion for people with chronic conditions, such as pain and fatigue, which would make answering a longer, more complex questionnaire difficult.

Many SF-36 studies were done as mailings, some as interviews, and some proctored during a study period. It was found to be a valuable tool for most adult age groups, including the elderly. It has been challenged by Taft and had a

very thorough response that further validates the efficacy of the SF-36. This seems to demonstrate flexibility with administering the tool to various participants, regardless of age or reading ability.

"It appears that the SF-36 is a thoroughly researched and validated tool that has been referenced in over 2000 studies." (C. Taft, et al,) regarding the accuracy of the tool, especially in the high and low scores and the interpretation of the sub-scales, has challenged it." John E. Ware answered Taft's challenges in a very clear response that addresses the issues raised with appropriate rebuttals. It is currently used in one international program, the MindBody Stress Reduction (MBSR) program with quantifiable results. The data collected are appropriate in evaluating the effectiveness of the *Creative Healing*© program and personal testimony from an instructor in the MBSR program indicates the SF-36 tool is very easy to use, administer and score. My opinion is that this tool is very user-friendly for both the client and the administrator. Ease of use and understanding the questions makes it a valuable assessment tool for use with the chronic population, who tend to have difficulties concentrating and sitting for long periods of time. As long as the researcher follows the recommendations for scoring and monitors conclusions to compare them with the eight SF-36 subscales, scoring should be accurate and correct interpretations can be drawn.

In comparing the tools, I looked at the difference in the wording of the questions for both content and ease of answering. The SF-36 asks questions

regarding issues of health such as, “Compared to your health a year ago, how would you rate your health in general now?” Another question with multiple answers asks, “The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?” These answers specifically relate to the issues of chronicity, the sense of being “stuck” in a health issue, pain and the relation to mental health.

The SOC has a scale rating of the numbers 1 through 7 and asks general questions such as: “Life is: full of interest or completely routine.” Another question is, “Do you have very mixed up feelings and ideas?” There doesn’t seem to be anything related to how much their life is impacted by their health issues. There are some questions relating to how the future is perceived and how they relate to other people, but it was unclear that the SOC adequately reflects the direct impact that health issues have in daily living experiences. There is no need for a scoring service with this tool. The scoring key is included when the materials are ordered.

The Personal Orientation Inventory (POI) was broader in regard to measuring life values and experiences than was the SOC. It has 150 questions that were “either-or.” It was clear upon reading the questions and taking the survey that the issues of valuing, feeling, self-perception, synergistic awareness, and interpersonal sensitivity were asked several times in several different ways. In this tool, there weren’t direct questions relating to how the quality of life was

affected by physical and mental health issues. A comment regarding the use of this tool was that "it should be viewed as merely suggestive and to be considered in the light of all other information ……and is intended to stimulate thought and other discussion of your particular attitudes and values."[16] This statement suggests that the POI isn't a clear, stand alone tool to be used in a process that had limited interaction with the participant and the results of the pre and posttests. It requires further interaction once the results are analyzed to discuss the meaning of the outcomes.

The POI material had some articles regarding the validity of the tool, but doesn't seem to offer as complete an interpretation guide such as one offered with the SF-36. Many of the POI responses can be scored and categorized within various categories throughout the14 categories unlike the SF-36 or SOC where the question had one response and the results are grouped together categorically in accordance with how they are answered.

The POI measures the level of self-actualization as well as psychological assessment and self-awareness. It incorporates the use of a personality theory, various sub scales, an orientation to time such as Present Moment Living, sense of support from others, autonomous orientation, whether or not a person is independent of the good opinion of others, ability to use good judgment, spontaneity, level of self regard, self acceptance, and the relationship to the

understanding of good and evil. A major emphasis of the tool is the evaluation of the measure of self-actualizing behaviors a person exhibits.

Abraham Maslow defines the self-actualized person as exhibiting the following characteristics:

- Superior perception of reality
- Increased acceptance of self, of others and of nature
- Increased spontaneity
- Increase in problem-centering
- Increased detachment and desire for privacy
- Increased autonomy, and resistance to enculturation
- Greater freshness of appreciation, and richness of emotional reaction
- Higher frequency of peak experiences.
- Increased identification with the human species
- Changed (the clinician would say, improved) interpersonal relations
- More democratic character structure
- Greatly increased creativeness
- Certain changes in the value system[17]

Maslow equates the highly self-actualized person with a good state of health. He studied the people he defined as “altruistic, dedicated, self-transcending, social, etc. and said that, unlike psychologists who insisted he created these characteristics, he discovered these common attributes among

those he also defined as manifesting the characteristics of "full-humanness".[18] Maslow suggested that the unhealthy people (those that focus only on doing, and being active for activity's sake) could study the manner of being that healthy people exhibit as a way to realign themselves in a healthy direction, the direction of self-actualization.

Maslow's ongoing exploration of the qualities of self-actualized people greatly expands the information listed above. He discusses 16 qualities of peak experiences with the understanding that "any person in any of the peak experiences takes on temporarily many of the characteristics which I found in self-actualizing individuals. That is, for the time they become self-actualizers. We may think of it as a passing characterological change if we wish, and not just as an emotional-cognitive-expressive state. Not only are these his happiest and most thrilling moments, but they are also moments of greatest maturity, individualization, fulfillment – in a word, his healthiest moments." [19] Maslow's theory is that a self-actualized person is healthy and has many peak experiences of long durations. The inference is that the more present moment a person lives life, the more joy is experienced, the more qualities of the list become available for a fuller, more enriched life. The 'non-peakers' life, by comparison is "incomplete, deficient, striving, lacking something, living among means rather than among ends…"[20]

Roberto Assagioli relates many of Maslow's premises to the powerful and intentional use of a person's Will. Assagioli discusses Maslow's theory of peak

experiences as events of another dimension in humans. It is the 'vertical' aspect of experience and many people define it as a spiritual experience. "This is the realm or dimension of the Transpersonal Will, which is the *will of the Transpersonal Self.* It is also the field of the relationship within each individual between the will of the personal self, or the *I,* and the will of the Transpersonal Self. This relationship leads to a growing interplay between, and ultimately to the fusion of the personal and transpersonal selves and in turn to their relationship with the ultimate reality, the Universal Self, which embodies and demonstrates the Universal Transcendent Will."[21] With Assagioli's interpretation of Maslow's theories in mind, it appears that another quality of the healthy person is their identification with their Spiritual self through self-actualization and the integration of the personal and transpersonal selves.

Now, a more evolved picture of health begins to emerge than just simply the absence of disease with these perspectives explored. At this juncture, it is appropriate to introduce the effect spiritual evolution has on health and well-being. Maslow defines one aspect of the spiritual experience as B-cognition. He says "In *B-cognition* the experience or object tends to be seen as the whole, as a complete unit, detached from relations, from possible usefulness, from expediency and from purpose. It is seen as if it were all there was in the universe, as if it were all of Being, synonymous with the universe."[22] B-cognition is measured in the POI in the categories of the support ratio of the inner directed person and the outer directed person.

The POI's 150 questions of two-choice comparative-value-judgment items can easily be used "in the clinical setting, as the POI provides an objective measure of the client's level of self-actualizing as well as positive guidelines for growth….the POI provides an assessment of level of actualizing in terms of its separate conceptual facets – the two major scales and the ten sub-scales. The polar dimension of anger, for example, may be estimated by means as the Acceptance of Aggression (A) scale core, while the love dimension would be reflected in the Capacity for Intimate Contact (C) scale score."[23]

As mentioned, in the POI there are 14 categories of assessment. The first is time competence/time incompetence. Time Competence measures present moment living and Time Incompetence measures how much a person lives and orients life to the past or the future. The self-actualized person can live in the present but reflects on both the past and future as a part of the here and now.

The Outer/Inner support "concept defines whether reactivity orientation is basically toward others (O) or toward the self (I)."[24] The inner-directed person has a highly evolved relationship with inner guidance and follows this inner gyroscope. Other directed persons live their lives with their focus outside of themselves. They turn to other people for guidance, appreciation and validation and tend to manipulate people and situations. The ultimate goal of the self-

actualized person is balance between these two orientations not to the exclusion of one or the other.

Shostrom defines the sub-scales in this manner. "The *Self-Actualizing Value* (SAV) measures the affirmation of primary values of self-actualizing people. The *Existentiality* (Ex) scale measures the ability to situationally or existentially react without rigid adherence to principles. The *Feeling Reactivity* (Fr) scales measures sensitivity of responsiveness to one's own needs and feelings. The *Spontaneity* (S) scale measures freedom to react spontaneously or to be oneself. The *Self-Regard* (Sr) scale measures affirmation of self because of worth or strength. The *Self-Acceptance* (Sa) scale measures affirmation or acceptance of oneself in spite of one's weaknesses or deficiencies. The *Nature of Man-Constructive* (Nc) scale measures the degree of one's constructive view of the nature of man. The *Synergy* (Sy) scale measures the ability to be synergistic – to transcend dichotomies on a broad basis. The *Acceptance of Aggression* (A) scale measures the ability to accept one's natural aggressiveness as opposed to defensiveness, denial and repression of aggression. The *Capacity for Intimate Contact* (C) scale measure the ability to develop intimate contact-relationships with other human beings, unencumbered by expectations and obligations."[25]

These scales help to measure the qualities of a person who is in the process of becoming self-actualized and aware they are engaged in such a

process. "Self-actualizing is defined as an active *process* of being and becoming increasingly inner-directed and integrated at the levels of thinking, feeling, and bodily response."[26] The POI adequately measures most of the areas of self-actualizing that Maslow suggested as being closely related to health. For this reason, it was chosen as one of the two tools for this research project.

Several factors were considered when making the determination for which tools to use. Some of the primary factors were the how to best measure the efficacy of the program, the initial impact on the chronic condition that brought participants to class, pain relief, ease of use of the tool, movement toward self-actualizing behaviors, and shift of the internal locus of control inward instead of outward. A secondary consideration was the familiarity of the tool in the general public and business markets to whom the program outcomes would be presented.

These SF-36 and the POI tools adequately measured the "common concepts"[27] of healing as defined by Jonas and Chez. They list healing relationships, feelings of safety and belonging, right social and cultural order or coherence, and health promoting lifestyles such as adequate hydration, movement and fresh air.

There were six people who participated in a trial program designed by me to administer the tools and to evaluate which tools were the most user friendly.

The results were entered on an access database template and the numbers from the pre and post session tests were recorded. Verbal feedback from the group indicated that all three tools were easy to use, understand and mark a response to, however the most challenging was the POI. The wording of the questions posed a challenge as it was fairly "black and white" and the responses had to be valued as to which was most often true. The length of time it took to hand score the POI was not a factor at this point in the decision process. However, it was a major factor when hand-scoring for the amount of people in the study. It is my recommendation to consider the number of participants when making the decision on the scoring method of this tool. When evaluating a large number of participants, it is best if the tool is scored through the scoring service provided by Edits. It is a much more cost effective and time effective method of using the tool.

The SF-36 and the POI were chosen as the most comprehensive assessment tools for the purpose of measuring the efficacy of the impact on the health and well-being of *Creative Healing*© program participants. The *Creative Healing*© target audience is people with chronic health conditions, so after researching the Short Form-36 (SF-36), Antonovsky's Sense of Coherence (SOC) and the Personal Orientation Inventory (POI), I decided that the SF-36 and the POI gave the most overall clear picture of health related issues and their subsequent changes. Those tools would be easy to use and score for not only the research project but also for ongoing tracking purposes. They provided the

closest measure on how the quality of life is affected by health issues, including pain, which is a major consideration in quantifying the effectiveness of the *Creative Healing*© program.

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Chapter 4

Results

Quantitative Data

This chapter presents the results obtained by using the SF-36 and the POI as assessment measures. The present experiment utilized the POI differences between groups and across time, as measured by the 2 X 2 Mixed ANOVA, with one between groups factor (control/experimental) and one within groups factor (repeated measures of the POI).

The results from two categories of the POI have not been analyzed due to issues of inaccurate and inadequate means of hand scoring of these two categories. The categories are the Support Ratio: Other and Inner. Even though scores were submitted for analysis, subsequent scoring trials have proven the inaccuracies. The hand scoring method utilized was to place a key sheet over the answer sheet and marked responses in the windows were counted. The two deleted categories had 127 possible responses out of 150 items. When the key sheet was placed over the answer sheet, the marked responses didn't line up accurately with the key. By shifting the position of the key midway through the scoring, it was possible to realign the key windows with the responses. However, subsequent rechecks for accuracy proved this realignment method to be inaccurate. For this reason, only those two categories have been deleted from further discussion of outcomes.

The analysis of the effects a transformational educational program, composed from the science of the mindbody continuum, has on the overall health of participants as measured by the POI and the SF-36 indicates a positive benefit. Maslow indicated that self-actualized people were healthy people. One hypothesis is that improvement in being self-actualization has a directly positive impact health. Another hypothesis would be that improved health positively impacts a sense of well-being. Well-being can be associated with mental health and the perception a person has of themselves as good, despite a perception of weakness.

The POI results showed statistical significance in nine of the twelve categories that were analyzed. (See Appendix K). This would reflect an increase of self-actualizing behaviors on the part of the participants. The SF-36 showed statistical significance in ten of the ten categories. The composite of mental health was statistically significant at a level of .005, indicating that a sense of well-being was improved on the part of the participants.

Table 4.1 Assessment Tools Statistical Results

Category	Description	Statistical significance
Marginal means of Time ratio (#1 POI)	Time incompetence	.001
Marginal means of Time ratio (#2 POI)	Time competence	.000
Marginal means of self-actualizing (#5 POI)	Self-actualizing values	.046
Marginal means of	Ability to be flexible and	.070 (not statistically

Existentiality (#6 POI)	good judgment with choices	significant)
Marginal means of Feeling Reactivity (#7 POI)	Person's sensitivity to their own feelings	.048
Marginal means of Spontaneity (#8 POI)	Freedom to feel and react spontaneously	.004
Marginal means of Self Regard (#9 POI)	Affirmation of self and self worth	.009
Marginal means of Self Acceptance (#10 POI)	Acceptance of self in spite of perception of weakness	.002
Marginal means of Nature of Man (#11 POI)	Sees man's nature as essentially good	.794 (not statistically significant)
Marginal means of Synergy (#12 POI)	Transcend dichotomies on a broad basis	.595 (not statistically significant)
Marginal means of Acceptance (#13 POI)	Accept one's natural aggressiveness	.005
Marginal means of Capacity for Intimate Contact (#14 POI)	Ability to develop intimate relationships with other human beings	.004
Physical Functioning (#1 SF-36)	Level of performance in relation to physical activities	.047
Role- Physical (#2 SF-36)	Level of problems at work or other activities	.003
Bodily Pain (#3 SF-36)	Level of pain experienced	.003
General Health (#4 SF-36)	Evaluation of personal heath poor to excellent	.001
Vitality (#5 SF-36)	Level of tiredness or high energy	.000
Social Functioning (#6 SF-36)	Interference with normal social activities	.005
Role – Emotional (#7 SF-36)	Amount of problems with work or daily activities due to emotional impact	.009
Mental Health (#8 SF-36)	Level of feelings from nervousness to peace	.014
Composite Physical Health	Overall improvement in physical health	.002
Composite Mental Health	Overall improvement in mental health	.005

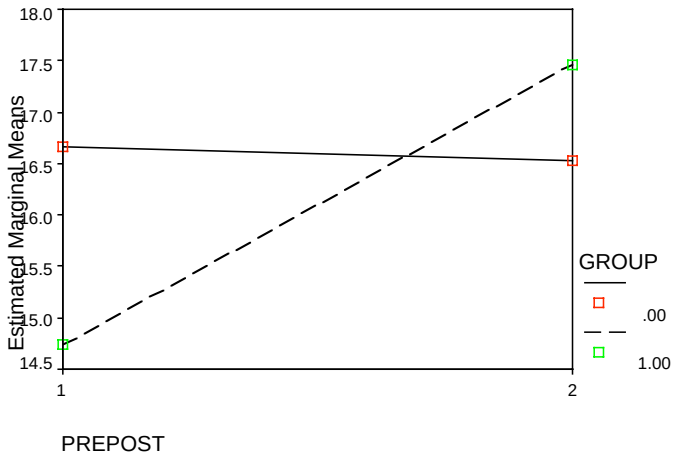
Table 4.1 in column one presents the category label and category number (#) of the two assessment tools. Column two presents a brief description of the category and column three presents the statistical significance value. The number in parentheses in the first column indicates the category number of the assessment tool. The POI categories 3 & 4 were not included in the final analysis because the scoring was compromised as earlier discussed.

As the table indicates, there was an improvement in nine of the twelve analyzed categories of the POI. The category with the highest statistical significance is the Time Coherence. Another category of significance was the participant's ability to see themselves as good despite a perception of weakness. One question that arises is that as people come into living in the present moment, can they begin to see themselves in the present moment and release judgments about the good or bad choices that brought them into a chronic state?

People who are self-actualized seem to be able to make better choices, according to Maslow. This choice making ability, combined with high levels of awareness indicates an improved level of health. Maslow theorizes that healthy people make choices that bring them benefit. One possible conclusion is that the participants who signed up were polarized and by the end of the program, they came into balance.

Marginal Means of Time Ratio

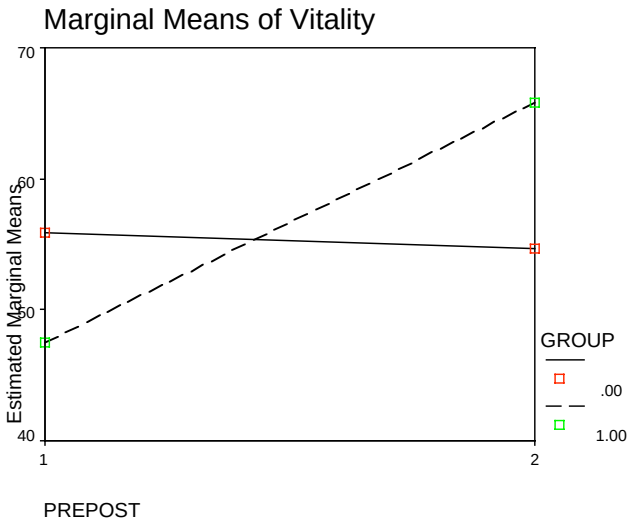
Time Competence



(See Appendix K, Graph K:1)

The Time Coherence graph is interesting. It illustrates the category with the highest statistical significance in the POI tool. There is almost a two point difference on the scale between the control group (solid line) and the participant group (dotted line) at the pre-test administration. The post-test administration shows the participant group went up almost three points while the control group declined slightly.

The SF-36 results were significant as well. There was statistically significant improvement in ten of the ten categories. The Vitality category showed the highest level of significance. The category for the composite of physical health was the category with the next highest significance. The categories for physical impact and bodily pain also improved at a level of .003 significance.



(See Appendix K, Graph K:17)

This graph from the SF-36 illustrating the Marginal Means of Vitality is interesting as well. It is similar to the Time Coherence graph in that the participant group begins at a slightly lower level than the control and finishes higher while the control group declined slightly. This graph represents a classic interaction pattern. It is possible to consider that vitality would be one of the pivotal categories in the SF-36 tool. It stands to reason that if a person has more energy they will feel better, have less pain, their outlook on life will improve and their physical health will improve.

Another aspect for discussion is the subjective evaluation completed by the participants at the end of the *Creative Healing*© program. (See Appendix L) Not only did the objective evaluations indicate improvement, but the subjective information indicates the participants felt they improved and they were able to verbalize their improvements. I believe this is important because sometimes an

outcome can be successful according to all the measures used to determine the outcome, but the person receiving the treatment may feel it didn't work.

An example would be that of a back surgery that was textbook perfect and resulted in achieving the objective of fixing a structural defect. However, the patient is left with more pain than before the surgery. The successful accomplishment of one goal (surgeon's) doesn't necessarily equate to the accomplishment of the participant's goal. The program evaluation completed by the participants indicates that their goals were achieved as well, thus supporting the data illustrated by the assessment tools.

Chapter 5

Discussion

The analysis of this study indicates there are statistically significant relationships between a learning process designed to address and improve the negative characteristics of the chronic state and the subsequent changes in the health and well-being of the participants of the *Creative Healing*© program. One of the most significant changes may be in the realm of the relationship between the category with the highest significance in the POI- Time Coherence- and the category with the highest significance in the SF-36 – Vitality.

The importance of the statistical significance in the POI Time Coherence category indicates at least two conclusions. One is that the participant group increased their positive relationship to time, while within the same time period, the control group decreased slightly. This would suggest that as a result of having participated in the *Creative Healing*© program, the participant group became more oriented toward present moment living. One of the Healing Principles in the *Creative Healing*© program is that 'Healing takes place in the present moment.' A question for further research would be the impact that living in the present moment has on the energy that would facilitate the healing process. Does present moment living allow for enough energy to fund the process of healing?

Another interesting research question that might be posed as these results are studied would be the impact that present moment living has on the energy levels of a person. The highest category of statistical significance in the POI was Time Coherence and the highest category in the SF-36 was Vitality. Is it possible that this means there is more energy present for enjoying life if a person lives in the present moment and doesn't spend energy regretting the past and worrying about the future? Another question would be how to measure the integration of mindbodyspirit. Could it be that a self-actualized person is one who has integrated mindbodyspirit and shifted a currently held paradigm that the mind, body and spirit are separate and one has no relation to another?

Another category that supports the hypothesis that the *Creative Healing*© program positively affects health and well-being are the POI scales of self-regard and self-acceptance. There was a significant increase in the pre and post scores of the participant group in the graph of these two categories, even though the participants were lower on the pre-test scale than the control group at the beginning. Many people indicated that the introduction and use of the skills from the *Creative Healing*© program made a difference in how they approached the healing process. They felt more in control. They felt they had more choice than they never had before. This aligns with Maslow's theory that healthy people are better choosers. They could be more compassionate with themselves and other people.

The POI category of capacity for intimate contact measures the ability to develop intimate relationships. This category relates directly to the group process upon which the *Creative Healing*© program is based. In the subjective evaluations, there are comments about the sharing of experience and that this sharing was helpful. The Intimate Contact category measures a phenomenon that I observe occurring when some participants form lasting friendships as a result of attending sessions. In a 12- week period, a bond is easily established, unencumbered by expectations and obligations. Program language and concepts support establishing relationships with other people on the basis of clear intention, similar morphic resonance, and with those people who have created similar mental models.

The SF-36 results were valid in reflecting an improvement in the participant's state of health. Every category had statistically significant results post-program. The composite of physical health was especially impressive as the control group and participant group began at almost the same place and the end result showed measurable differences. It was a dramatic shift for the participant group. From this scale, it is easy to deduct that the educational *Creative Healing*© program does have a significant effect on the physical body and the perception of physical issues can be positively impacted.

Since the paradigm shift from the mindbodyspirit split is currently undergoing change, more and more research supports that as people become

aware that when they change this inaccurate paradigm, physical health will improve. The results indicate that a person's physical health improved as a result of the *Creative Healing*© program. A research question could be posed as to how the negative effects of chronicity might be reversed with the inclusion of mindbodyspirit integration practices used in daily living and where that impact might first be felt. Would the impact be positive financial impact for the healthcare system?

The composite of the SF mental health scale shows improvement as well. There are significant differences at the pre-test between the control and participant groups. It is a classic pattern of change. This is a case study in interactions. The control group is at mean of scale across the nation at pre– test and is very flat. Then participant group is almost at a Standard Deviation difference to finish up a full SD - just a small bit above control group at the post-test. The implications are that when a person has more vitality, less bodily pain and more positive social and work interactions that are not limited by pain, they mentally feel better. Their future is brighter and they enjoy life more.

There were three categories in the POI that were not statistically significant. These were the Existentiality, Nature of Man, and Synergy. One conclusion that can be drawn is that these categories don't interact at a high level with the ability to experience time in a healthy manner or the ability to accept ones self in a positive manner. The category of Synergy – 'the ability to

transcend dichotomies on a broad basis'- narrowly missed being significant. This would be interesting as a follow up question. If people were given more time to integrate mindbodyspirit, would this category change? Given a time frame of six months instead of fourteen weeks, would any of these categories change significantly?

The POI closely reflects many of the concepts discussed in the Healing Principles of the *Creative Healing*© program. For instance, Healing Principle number eleven states "Healing is evolving and changing our mental models." This reflects the information from Mutarana and Varela in that the brain is always making the brain. With new mental models, in effect a newly formed brain, a person has the ability to see new perspectives about themselves and the world. This is reflected in the categories of Self-Acceptance and Self Regard. It appears that with new understandings and insights, people build the capacity to see themselves and accept themselves in a new light. This new light may not entirely be free of self-judgment, blame, and criticism, but forgiveness for these shortcomings becomes possible.

Depression is closely related to the chronic state as discussed earlier. The SF-36 has two categories for illustrating a change in this state of mind. The Role- Emotions and the Mental Health both reflect a more positive way of interacting with emotions in a health producing manner and the Mental Health

shows a movement in the direction of more peace. Once again, the ability to see ones' self in a new light shines the light into the dark areas of depression.

One of the limitations of the study was the time frame. There were two weeks without classes for the holidays. One week was taken off for the Thanksgiving holiday and the other week was for Christmas holiday. If the study were replicated within exactly twelve weeks and not fourteen, would there be a difference in the results? This research group was given an additional two weeks to use the daily practice that a normal twelve-week group isn't allowed. However, many participants indicated that due to the heavy obligations to family that the holidays entailed, the Daily Integral Practice wasn't strictly followed.

Another limitation of the research project is that there were no boundaries placed on the participants for outside contact with each other or other educational seminars. There is no absolute way to quantify the results in terms of the results being solely the response to the *Creative Healing*© program sessions and the information contained in those sessions.

My conclusion is that my hypothesis is proved. The *Creative Healing*© program (composed from the sciences of the mindbodyspirit continuum) has a significant and beneficial effect on the health and well-being of participants. It is borne out with the assessment tools showing significant improvement in the areas that experts consider as factors of health and healing. Therefore, it is

appropriate to conclude that the information and skills presented in the *Creative Healing*© program, through the group process, have the potential to positively improve the health of someone who has suffered from being chronic. This is important for people in healing practices because of the implications of the importance of integrating mindbodyspirit and helping a person to become more self-actualized. As Maslow discusses, *being* self-actualized *is being* healthy.

I was very pleased with the results. It appears that the *Creative Healing*© program is useful and can be a very effective tool for beginning to positively impact the health and well being of people who are gripped in the downward spiral of the chronic state. It also appears to be helpful for people who have no chronic issues, but want to have a transformational life experience. Entrance into the *Creative Healing*© program isn't based solely on a chronic issue, but simply a desire to create a positive change for themselves.

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Appendixes

Appendix A: Posters for recruiting research subjects

Are you struggling with chronic or significant illness, or delayed recovery from injury?

Or are you feeling stuck in recurring life patterns?

Make a difference with your mind!

by learning MINDBODYSPIRIT approaches to self healing

CREATIVE HEALING PROGRAM RESEARCH PROJECT!

- is an effective 12 week, small group process in 3 hour sessions
- provides gentle support, instruction and practice in mindbodyspirit self healing processes
- teaches the art and science of accessing the huge and often unrecognized resources we all have to support recovery
- is free to research project participants

The Creative Healing program is developed in conjunction with business partners in USA and New Zealand.

Stephanie Stanfield, BA
Graduate program student

Please take a card and phone for more information

Business card mounted

For further details
970-945-1057
stephani@rof.net

Appendix B: Invitation to participate in the research project

The *Creative Healing*© Program

I am currently involved in a research program addressing recovery from illness, injury or disease. The project examines the relationship between delayed recovery and the integration of the mind, body and spirit. The study is performed as a partial fulfillment of the requirements for my Th.D. degree in Energy Medicine of Holos University.

Your participation in this project will provide useful information on this topic. You qualify for this project if you are at least 25 years of age. You will be asked to complete 2 evaluation tools at three different times. One of the tools is the Short Form-36, consisting of 41 questions. The other tool is the Personal Orientation Inventory, consisting of 150 questions. You will be asked to attend 12 educational sessions, meeting once a week for 3 hours. Upon program completion, you will complete the evaluation forms again and then for a final time three months post session.

Participation in this study is strictly voluntary. You may withdraw at any time without penalty. All data from this project are confidential and will be used for research purposes only. Data from questionnaires and evaluation tools is anonymous. Names of participants will not be connected to the information and scores.

Although there are no foreseeable risks to the participant, the program may raise some issues that run counter to current cultural concepts and may create some unrest. If you feel that learning new concepts would upset you, please feel free to decline from participation at any point in this project.

If you would like to receive a summary of the results of this research, please check the box and list your mailing address provided.

Signature of participant: _____

Send me the results of this study:

☐ No ☐ Yes _____
(address)

_____
(city, state, zip)

Stephanie Stanfield, researcher
(970) 945-1057

Appendix C: Summary of the *Creative Healing*© Program

Creative Healing© is a program of transformational learning that will teach you to mobilize remarkable powers of self-healing. This program offers potential solutions to many stress problems. It is also for anyone who simply desires a new way of living.

This program combines the ancient healer's wisdom and knowledge of the whole person as "mindbody" with exciting new discoveries in the Science of Energy Medicine, physics, psychophysiology and psychoneuroimmunology. Using the theories, concepts and daily practices of the Creative Healing program, you will learn to shift your current state from one of 'dis-ease' into that of integrated healing strategies that support healing and health.

Anyone may benefit from participating in the program, no matter why they choose to participate. Participants desiring a life transformational process, seeking information for healing and mindbody integration, tools that improve health and well being or wanting to shift from a chronic state of stress may find benefits in the program.

Participants will meet weekly, for three hours each session. There will be daily home activities. Each session incorporates new theories, exercises that support learning of the new theory, optimal health principles and introduction to a Daily Integral Practice. The format is constructed for adult education with an emphasis on transformational learning theory.

Participation in the research project will include completion of the 2 evaluation tools prior to program participation. Program participation will include attendance for all sessions and some daily work. The daily work will be done regularly for a period of 6 months. There will be two more administrations of the evaluation tools, one at the end of the program and the last one 3 months post session. Participants may withdraw at any time with no penalty.

Class participation is required. Absences will be excused for the following reasons: work, illness, a death in the family, natural disasters or out of town travel. Whenever possible, the instructor will be notified in advance and a make up session will be scheduled. More than one absence will compromise continued research project participation.

Signed: _____

Print Name: _____

Date: _____

Appendix D: Informed Consent for The *Creative Healing* Study

Study Name: A STUDY OF THE EFFECTS AN EDUCATIONAL PROGRAM HAS ON THE HEALTH AND WELL-BEING OF PARTICIPANTS.

Date of Approval by the IRB: September, 2002

Primary researcher: Stephanie Stanfield, Graduate Student.
Study Sponsor: C. Norman Shealy, M.D., Ph.D.

Name of Therapy:
The *Creative Healing*© program being investigated is a combination of theory presentation, exercises specifically designed to integrate the information, a body scan meditation, imagery practices, and a Daily Integral Practice routine.

Purpose:
To determine the effectiveness of this combination educational program in improving health, decreasing stress and improving recovery from any chronic health condition that may be present.

Inclusion requirements:
1. You must be 25 years of age, or older.
2. Be willing to participate in a 36 hour educational program, complete a Daily Integral Practice sheet daily, engage in class activities, and complete the evaluation forms as required.
3. Be willing and able to give a written informed consent.
4. Be able to understand and willing to follow the study procedures.
5. Be willing and able to complete the two evaluation forms, the SF-36 (consisting of 41 questions) and the Personal Orientation Inventory (consisting of 150 questions).
6. Not have been on any mood altering medications in the past 6 months including, but not limited to, antidepressants, antianxiety drugs or street drugs.

Exclusion Criteria:

1. Habitually use mood altering medications
2. Have a diagnosis of epilepsy, manic depression or any seizure disorders.

Procedures:
You will always receive active treatment. Active treatment will consist of 12 weekly classes, daily work and regular use of the body scan meditation for a period of at least three months.

Possible Benefits:
Improved stress management skills, enhanced quality of life, improved health, and potentially a decrease in prescribed medications (always done in conjunction with advice from healthcare providers and under physician supervision).

Potential Risks:
You may receive little or no benefit from the treatment. Emotional issues may arise that may need additional care at your expense.

Alternative Treatments:
You do not have to participate in this research study. Your alternatives would be to continue your current medical care or seek any other consultation you desire.

Right to Leave the Study:

1. As a volunteer, you will be starting the study of your own free will, without any kind of pressure, and you may quit any time you wish. You will not be penalized or lose any of the benefits or rights to which you may be entitled.
2. Any new information which is developed during the course of the study will be made available to you and that information may influence your willingness to continue participation in the study. Every effort will be made to inform you of any future information developed from this project.
3. Your participation in this study may also be stopped by your doctor for failure to follow instructions, or if your doctor determines that you are not doing well or for your safety and well-being is in question.

Confidentiality of Records:
Your identity as part of this study will be kept confidential. For your safety, you r name, address and social security number will be filed at the sponsor's office. Results of the study may be reported in scientific publications or presentations but you will not be identified.

Questions:
This form has told you what the study is about.
If you have any questions, you may contact Stephanie Stanfield, (970) 945-1057. Mailing address is: 3900 Old Lodge Road A-8, Glenwood Springs, CO 81601.

Subject Statement:
I am signing this consent freely and am not being forced. I understand that, by signing this form, I do not lose any rights to which I am entitled.

I hereby state that I have the legal capacity to enter into contract and that no guardian has been appointed for me.

The consent form has been read by (to) me and the study information has been fully explained to me. Any questions that have occurred to me have been fully answered by the person in charge of this study. I will receive a signed copy of this form.

I agree to cooperate with all my medical personnel and to not decrease or alter any current medications or treatments unless advised by my physician.

Researcher: Stephanie Stanfield
3900 Old Lodge Road A-8
Glenwood Springs, CO 81601
(970) 945-1057

Participant name (print): _____

Signed: _____

Witnessed: _____

Date: _____

Appendix E: Initial contact response or request for more information.

Stephanie Stanfield
3900 Old Lodge Road A-8
Glenwood Springs, CO 81601
(970) 945-1057
stephani@rof.net

October 1, 2002

Dear Research program participant, Thank you for agreeing to participate.

I am a graduate student at Holos University with Dr. Norman Shealy. I am enrolled in a Th.D. graduate program in Energy Medicine. I am currently engaged in a research project for partial completion of the degree program. The research project is starting now. Enclosed is some project information for you. The research project is based on the effect an educational program has on people who are under high stress or have a chronic health condition. The educational program is called *Creative Healing*. The *Creative Healing* classes will start as soon as I get enough participants.

All research project participants will be administered two different evaluation forms to complete at various times. There will be two groups; one will participate in the *Creative Healing* program and one will be the control group. Each group will be randomly assigned. The control group can take the *Creative Healing* program once the research project is finished. The *Creative Healing* program has a three-hour meeting once a week for 12 weeks. The time commitment is for 6 months for either group, but if the control group decides to take the program, it will be longer for them.

Please call me if you have any questions. If you or anyone you know is interested in participating, please contact me as soon as possible. The normal cost of the *Creative Healing* program is over $600.00 but all research participants take the program ***free*** of charge.

Sincerely,

Stephanie Stanfield

Appendix F: Letter to participant group

Stephanie Stanfield
3900 Old Lodge Road A-8
Glenwood Springs, CO 81601
(970) 945-1057
stephani@rof.net

October 9, 2002

Dear Research Project PARTICIPANT,

Thank you for agreeing to participate in my research project. Your name was drawn for the **participant** group. My business partner, Rita Marsh, and I drew the group names. Your group will begin the *Creative Healing*© program starting the week of October 14, 2002. Please *call me* with the day of the week and location that works for your schedule. Every night the classes will go from 6:30p.m. – 9:30p.m., regardless of the day and location.

The Carbondale classes will meet at the La Fontana Plaza, Caring Connections office, 600 Highway 133 on either Tuesday OR Thursday.

The Glenwood classes will meet at the Yampa High School at 701Midland Avenue on either Monday OR Wednesday.

All research project participants will be required to take the assessment tools, which take about an hour to complete. The day and time for taking the tools is at Valley View Hospital Board room on Saturday, October 12, 2002 any time between 9:00a.m. and 12:00p.m. The hospital is in Glenwood at 1906 Blake Avenue. The Board room is in the lower level.

OR you can come to Carbondale at the La Fontana Plaza at the Caring connections office, 600 Highway 133. The time in Carbondale is from 2:00p.m. to 5:00p.m.

If you are unable to make this day or these times, please call to arrange an alternative time as soon as possible. It is important that everyone be able to take the tools as near to the same time as possible.

Sincerely,

Stephanie Stanfield

Appendix G: Letter to control group

Stephanie Stanfield
3900 Old Lodge Road A-8
Glenwood Springs, CO 81601
(970) 945-1057
stephani@rof.net

Dear Research Project CONTROL group participant,

Thank you for agreeing to participate in my research project. My business partner, Rita Marsh, and I drew the group names yesterday. Your name was drawn for the **control** group. That means you will be able to take the *Creative Healing*© program starting the end of January, 2003. The participant group will begin the *Creative Healing*© program starting October 14, 2002.

You are asked to complete the assessment tools at the same time as the participant group. This will be at beginning and at the end of the first session of the *Creative Healing*© program, in both October, 2002 and mid January, 2003.

All research project participants will be required to take the assessment tools, which take about an hour to complete. The day and time for taking the tools is at Valley View Hospital Board room on October 12, 2002 any time between 9:00am and 12:00pm. The hospital is in Glenwood at 1906 Blake Avenue. The Board room is in the lower level.

OR the group meets in Carbondale at the La Fontana Plaza, Caring Connections office, 600 Highway 133. The time for the assessment tool administration in Carbondale is from 2:00pm to 5:00pm. Please chose the place that works best for your schedule.

If you are unable to make this day and either of these times, please call to arrange an alternative time as soon as possible. It is important that everyone be able to take the assessment tools as near to the same time as possible.

Sincerely,

Stephanie Stanfield

Appendix H: Final letter to control group before participating

Stephanie Stanfield
3900 Old Lodge Road A-8
Glenwood Springs, CO 81601
(970) 945-1057
stephani@rof.net

December 27, 2002

Dear Control group participant,

Thank you for agreeing to participate in my research project. It's time for you to take the assessment tools for the second time. Once you have completed taking the tools, you will be eligible to participate in the *Creative Healing*© program. The classes for the control group will start the week of February 3, 2003. Please *call me* with the day of the week and location that works for your schedule. Classes will meet Monday through Thursday from 6:30p.m. – 9:30p.m., regardless of the day and location. If you choose ***not*** to participate in the *Creative Healing*© program, please let me know.

All research project participants will be required to retake the assessment tools, which takes about an hour. The date and times for taking the tools is either at the Valley View Hospital Board room on Saturday, January 11, 2003 any time between 9:00a.m. to 12:00p.m. The hospital is in Glenwood at 1906 Blake Avenue. The Board room is in the lower level.

OR you can come to Carbondale at the La Fontana Plaza at the Caring Connections office, 600 Highway 133, anytime between 2:00p.m. and 5:00p.m.

The Carbondale classes will meet at the La Fontana Plaza, Caring Connections office, 600 Highway 133 on either Tuesday OR Thursday.

The Glenwood classes will meet at the Yampa High School at 701Midland Avenue on either Monday OR Wednesday.

If you are unable to make this day or these times, please call to arrange an alternative time as soon as possible. It is important that everyone be able to take the tools as near to the same time as possible.

Sincerely,

Stephanie Stanfield

Appendix I: Daily Integral Practice Sheet – final
Daily Integral Practice Week Twelve

Today's Date: _____ Time of Day: _____

Waking thoughts, feelings, images from your heart center:

Review Your Intention Statement
Intention Statement for today - written 3 x

Healing Symbol:
Remember to flash this image into your mind many times each day:

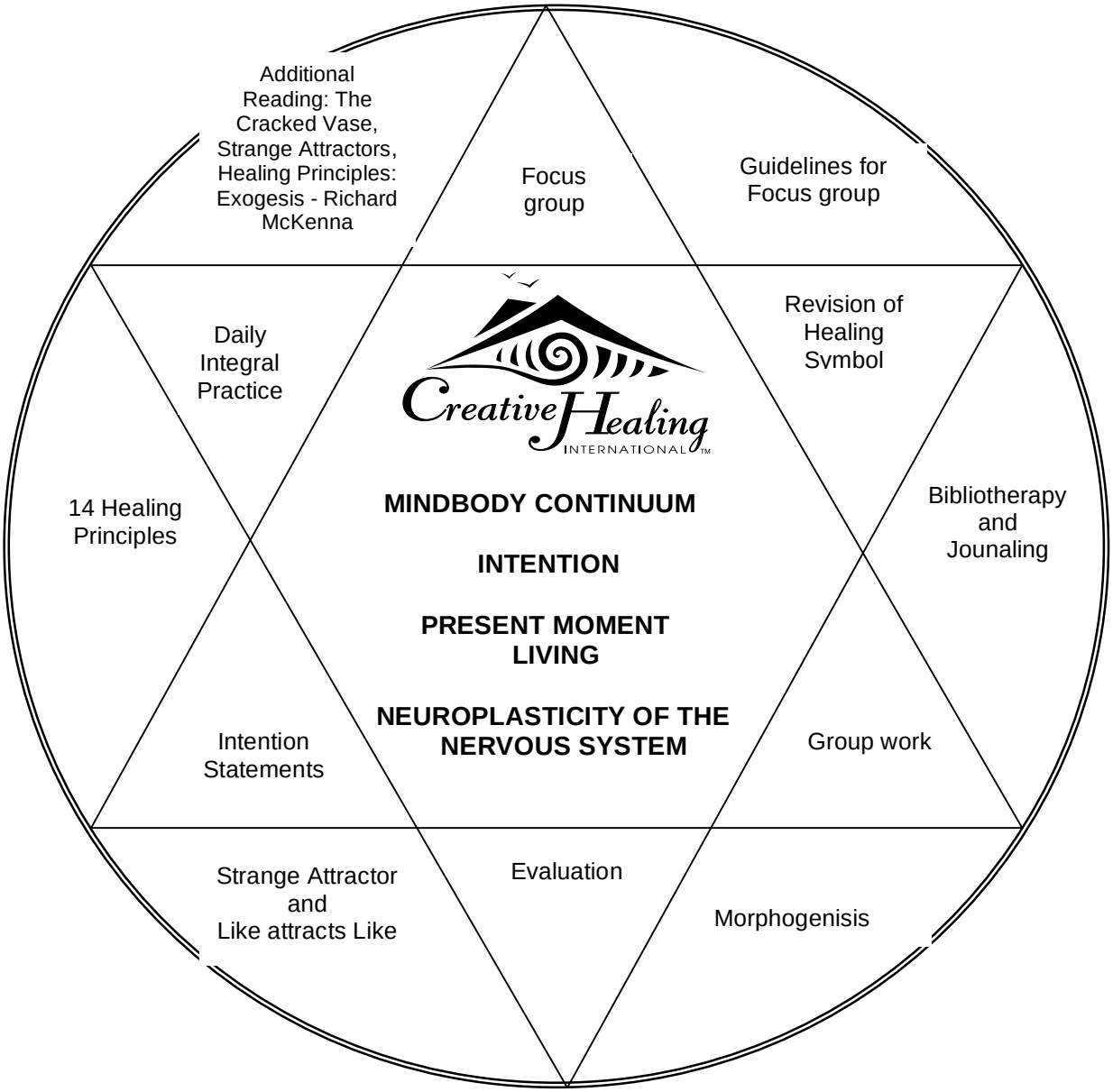
	Score*	(1 – 10)	Score
1. Fresh air – did you breathe good air consciously today?		2. Fluid – did you drink enough water today?	
3. Food – did you nourish yourself with good food today?		4. Fuzzies – did you get enough hugs today?	
5. Fun – did you enjoy fun, laughter and play today?		6. Feelings & thoughts – did you listen to your feelings and thoughts today?	
7. Finding stillness and quiet –Did you consciously move into the present moment throughout the day?		8. Fitness - did you get enough physical activity today?	
9. Formal & Informal education – did you learn study something new today?		10. Friends and family - did you have enough loving connections with people and animals today?	
11. Finding meaning - did you find meaning and reward in your day?		12. Faith in the journey of life - did you nourish your spirit today?	

Journaling Notes:

Continue on back of the page as necessary.

Appendix J:

Creative Healing© Mandala for Session 12



***Creative Healing*©**
Level 1
Session 12

Appendix K: Graphs and Tables of the Results

"INTERRELATIONSHIP AMONG THE SCALES:

The Time Competence and Inner-Directed scales and all subscales are scored for the positive or self-actualizing end of the continuums and correlations among the scales tend to be positive. Self-actualizing samples are significantly higher on all scales and non-self-actualizing samples tend to be lower on all scales. Normally samples tend to score in between. In the logical development of scoring categories, they were not conceptualized as representing independent dimensions so that items may contribute to the measurement of more than one scale. The Time Competence and Inner-Directed scales are the only scales that do not have overlapping items."

The key for interpreting the graphs is that the dotted line represents the participant group results and the solid line represents the control group results for all the following graphs.

Time Ratio: Time Incompetence (Graph 1)

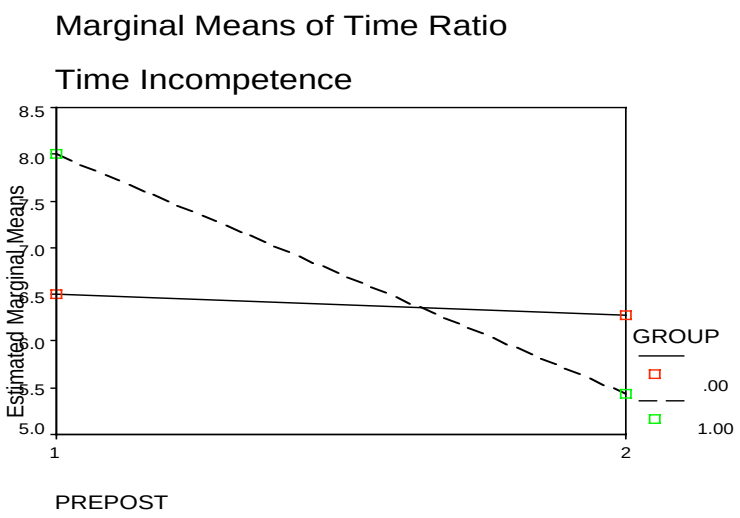


Table 1

					F	
			1			
			0			0
			0			
						0
			1			
			0			
			0			
			0			
			6	5		
			0	5		
			0	5		
			0	5		

There was a significant interaction at the .001 level of repeated measures by group, indicating that the two groups showed significantly different patterns across time.

An illustration of Graph 1 would be the measurement of the degree to which one is “present” oriented. The lower score indicates a higher degree of being present moment.

Time Ratio: Time Competence (Graph 2)

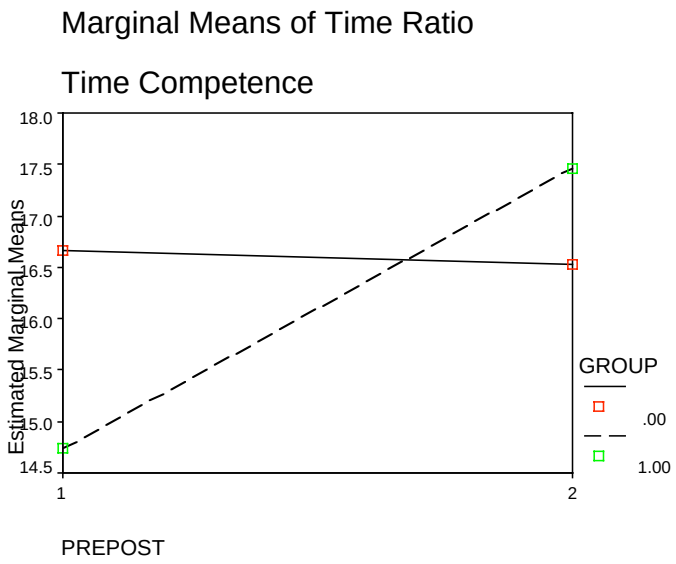


Table 2

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

There was a significant interaction at the .000 level of repeated measures by group, indicating that the two groups showed significantly different patterns across time.

As seen in Graph 2, the self-actualizing person is primarily Time Competent and thus appears to live more fully in the here-and-now. Such a person is able to tie the past and the future to the present in meaningful continuity; appears to be less burdened by feelings of guilt, regret, and resentment from the past than is the non-self-actualizing person, and aspirations are tied meaningfully to present working goals. There is an apparent faith in the future without rigid or over-idealistic goals.

Self Actualizing – (5) SAV (Graph 3)

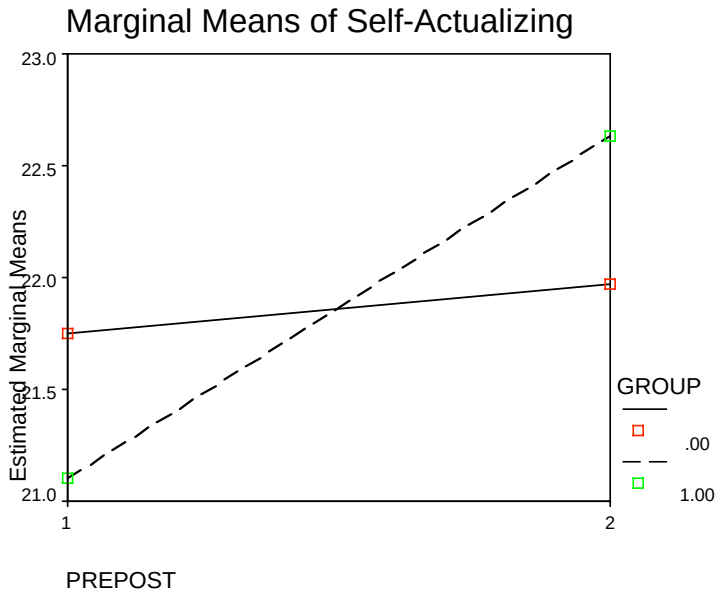


Table 3

			1	2	4	2
		2	0		2	0
			0		2	0
			0		2	
			1		1	
			0		1	
			0		1	
			0		1	
				8		
				8		
				8		
				8		

There was a significant interaction at the .046 level of repeated measures by group, indicating that the two groups showed significantly different patterns across time.

Graph 3 illustrates the degree of self-actualizing values. “SAV (Scale 5) was derived from Maslow’s concept of self-actualizing people. A high score suggests that the individual holds and lives by values of self-actualizing people, and a low score suggests the rejection of values of self-actualizing people. Items in this scale cut across many characteristics but a representative SAV items is #38, ‘I live in terms of my wants, likes, dislikes, and values.’”

Existentiality - (6) Ex (Graph 4)

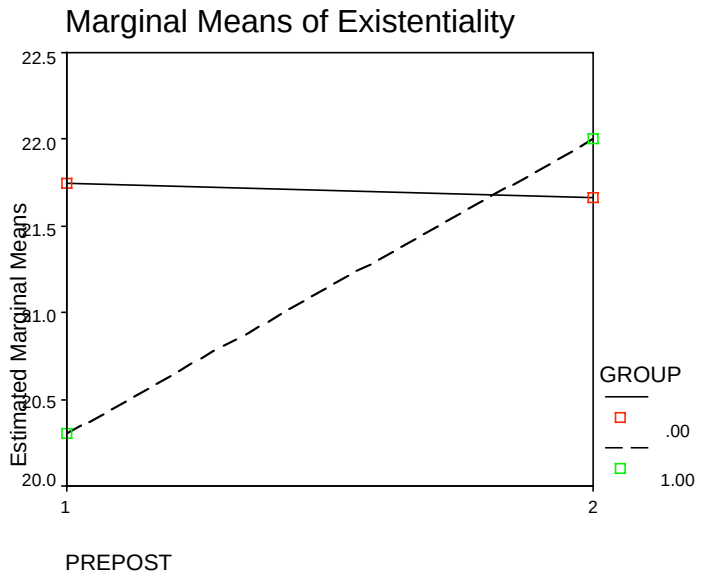


Table 4

No significant interaction is shown here.

Graph 4 illustrates the ability to be flexible and a measure of good judgment when confronted with choices. **“**Complementing SAV (Scale 5), the Existentiality scale measures one’s life. It is a measure of one’s ability to use good judgment in applying these general principles. Higher scores reflect

flexibility in application of values. People who get low scores tend to hold values so rigidly that they may become compulsive or dogmatic.

VALUING: Paired Interpretation of Scales 5 & 6: Scale 5 (SAV) measures the degree to which one's values are like self-actualizing people. Scale 6 (Ex) measures the degree of flexibility in the application of values to living and therefore, these two scales may be considered to reflect the general area of valuing."

Feeling Reactivity – (7) Fr (Graph 5)

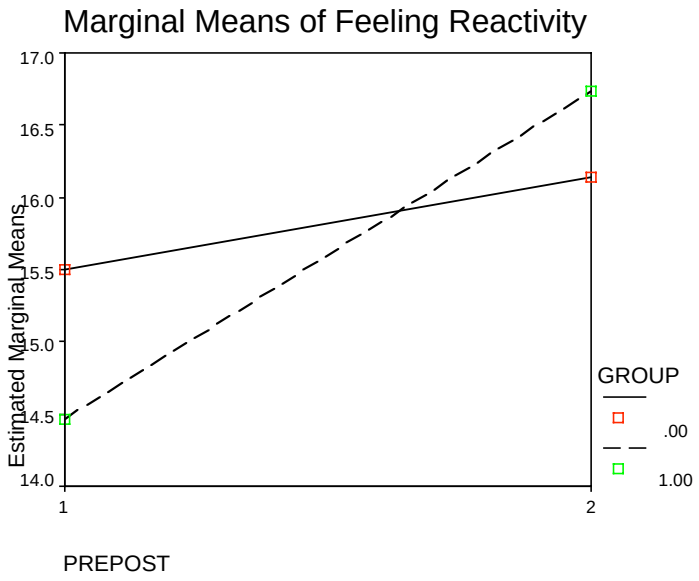
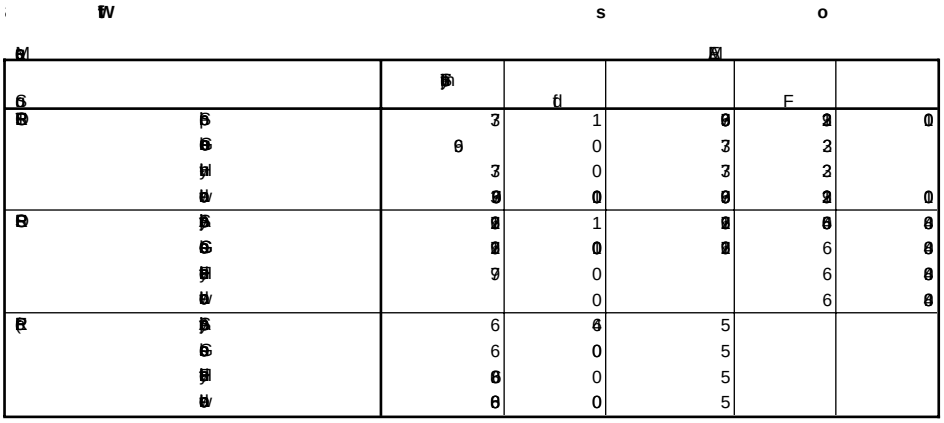


Table 5



There was a significant interaction at the .048 level of repeated measures by group, indicating that the two groups showed significantly different patterns across time.

Graph 5 is an illustration of a person's sensitivity to their own feelings. "A high score measures sensitivity to one's own needs and feelings. A low score shows insensitivity to one's own needs and feelings."

Spontaneity – (8) S (Graph 6)

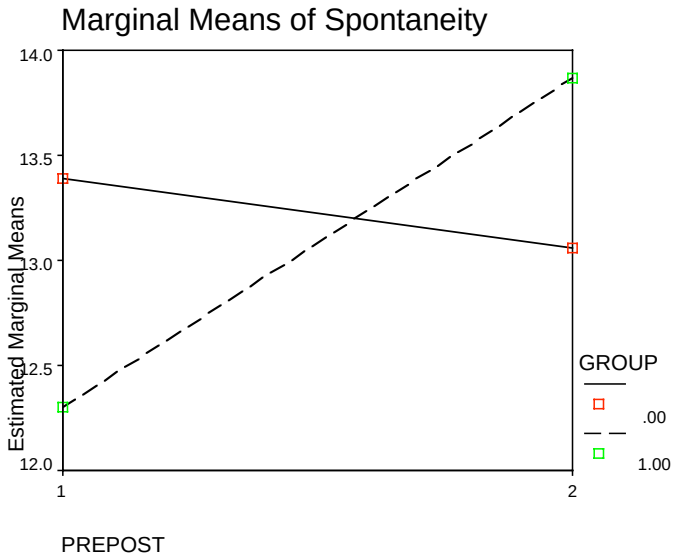


Table 6

					F	
			1		1	
			0		1	
			0			
			0		1	
			1		2	
			0		2	
			0			
			0		2	
				2		
			0	2		
			0	2		
			0	2		

There was a significant interaction at the .004 level of repeated measures by group, indicating that the two groups showed significantly different patterns across time.

Graph 6 illustrates the freedom a person feels to react spontaneously. "A high score measures the ability to express feelings in spontaneous action. A low score indicated that one is fearful of expressing feelings behaviorally.

FEELING: Paired interpretation of Scales 7 & 8: Scale 7 (Fr) measures sensitivity to needs and feelings within one's self, and Scale 8 (S) measures the ability to express feelings behaviorally, thus these scales may be considered to reflect the area of feeling."

Self Regard – (9) Sr (Graph 7)

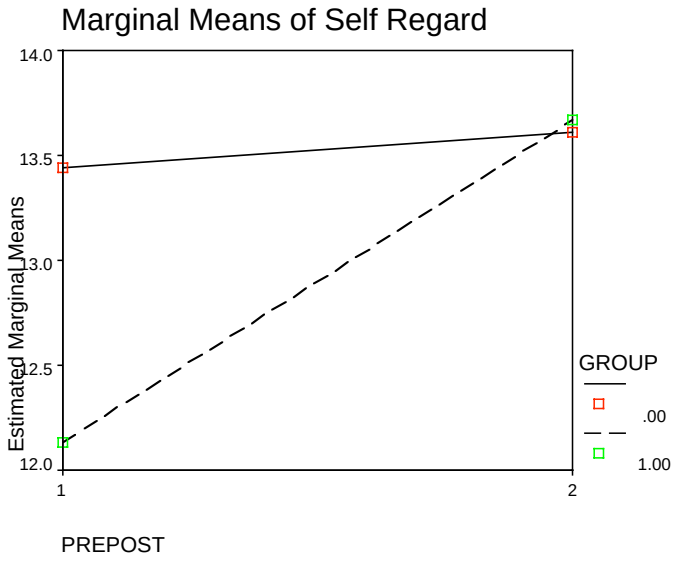


Table 7

n b -

					F	
			1			
			0			
			0			
			0			
			1		9	
			0		9	
			0		9	
			0		9	
				9		
			0	9		
				9		
				9		

There was a significant interaction at the .000 level of repeated measures by group, indicating that the two groups showed significantly different patterns across time.

Graph 7 illustrates the affirmation of self and self worth. "A high score measures the ability to like one's self because of one's own strength as a person. A low score indicates low self worth."

Self Acceptance – (10) Sa (Graph 8)

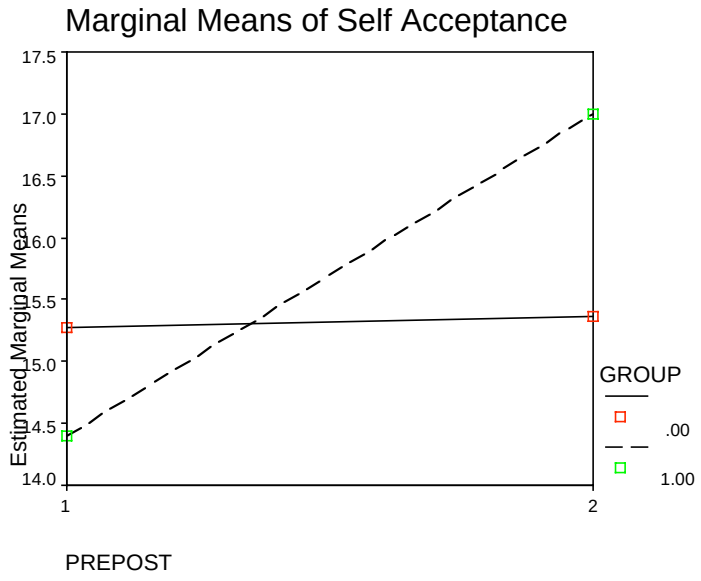


Table 8

			1	1		
				0	1	
			1	0	1	
			1	0	1	
				1		
				0		
				0		
				0		
					7	
				0		
				0	7	
				0	7	

There was a significant interaction at the .002 level of repeated measures by group, indicating that the two groups showed significantly different patterns across time.

Graph 8 illustrates acceptance of self in spite one's perception of personal weakness. "A high score measures acceptance of one's self in spite of one's weaknesses or deficiencies. A low score indicates inability to accept one's weaknesses. It is more difficult to achieve self-acceptance than self-regard. Self-actualizing requires both."

Nature of Man Constructive – (11) Nc (Graph 9)

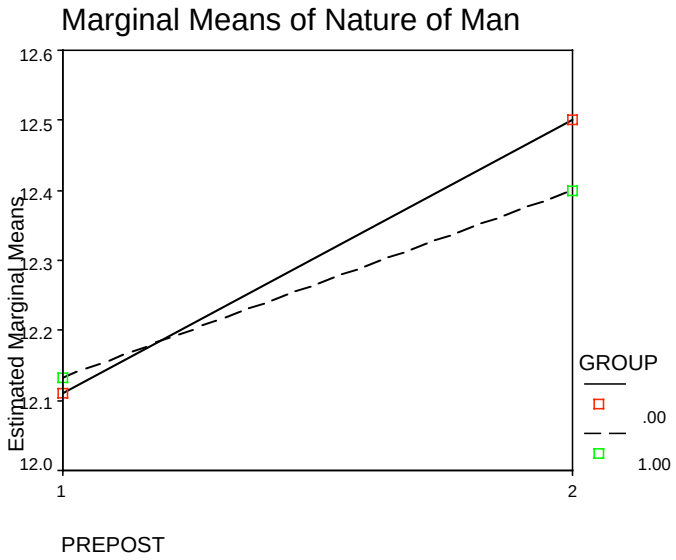


Table 9

					F	
		6	1			
			0	6	0	
		6	0	6	0	
		6	0	6	0	
		2	1	2		
		2	0	2		
		2	0			
			0			
		2		5		
		2	0	5		
		2	0	5		
		2	0	5		

No significant interaction is shown here.

Graph 9 illustrates the degree to which a person sees man's nature as constructive. "A high score means that one sees man as essentially good. He can resolve the goodness-evil, masculine-feminine, selfishness-unselfishness and spirituality-sensuality dichotomies in the nature of man. A high score,

therefore, measures the self-actualizing ability to be synergistic in understanding of human nature. A low score means that ones sees man as essentially evil or bad and is not synergistic."

Synergy – (12) Sy (Graph 10)

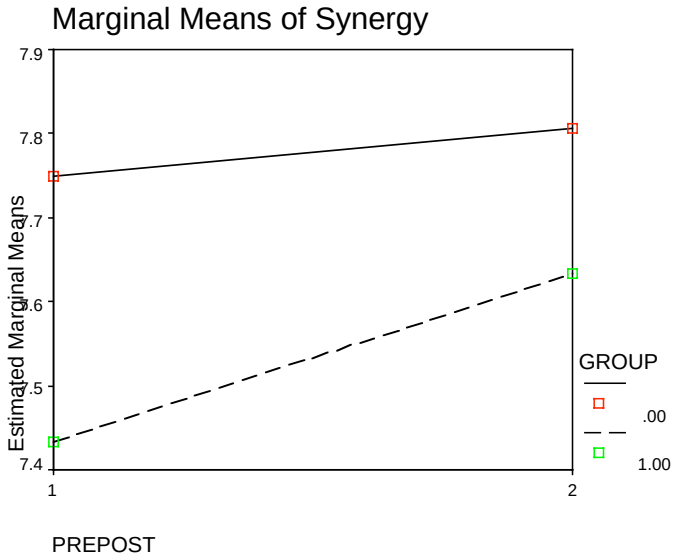


Table 10

No significant interaction is shown here.

Graph 10 illustrates the ability to transcend dichotomies on a broad basis. "A high score is a measure of the ability to see opposites of life as meaningfully related. A low score means that one sees opposites of life as antagonistic. When one is synergistic one sees that work and play are not different, that lust and love, selfishness and unselfishness, and other dichotomies are not really opposites at all.

AWARENESS: Paired interpretations of Scales 11 & 12: Scale 11 (Nc) measures the good-bed dichotomy in man and Scale 12(Sy) measures the ability to relate all objects of life meaningfully. They may thereby be considered to be complementary scales reflecting the general area of awareness."

Acceptance of Aggression – (13) A (Graph 11)

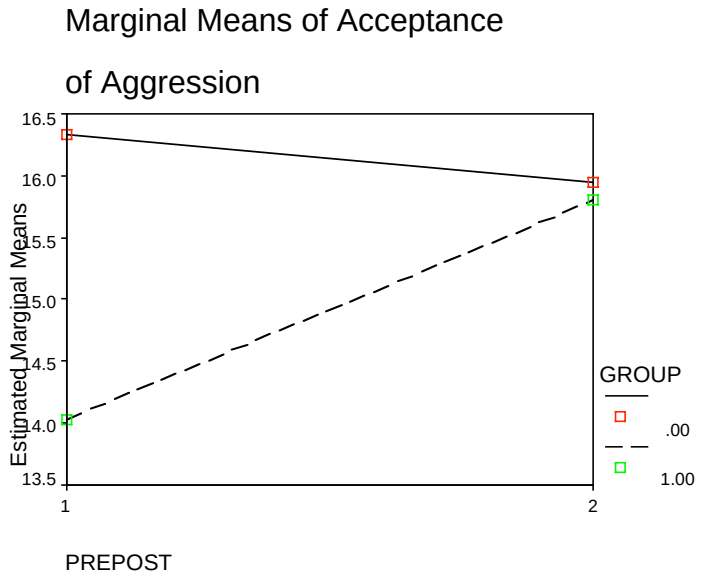


Table 11

					F	
		1				
		0			0	
		0			0	
		0			0	
			1		8	
			0		8	
			0			
			0		8	
				7		
			0	7		
			0	7		
			0	7		

There was a significant interaction at the .005 level of repeated measures by group, indicating that the two groups showed significantly different patterns across time.

Graph 11 illustrates the ability to accept one's natural aggressiveness as opposed to defensiveness and denial. "A high score measures the ability to accept anger or aggression within one's self as natural. A low score means that one denies having such feelings."

Capacity for Intimate Contact – (14) C (Graph 12)

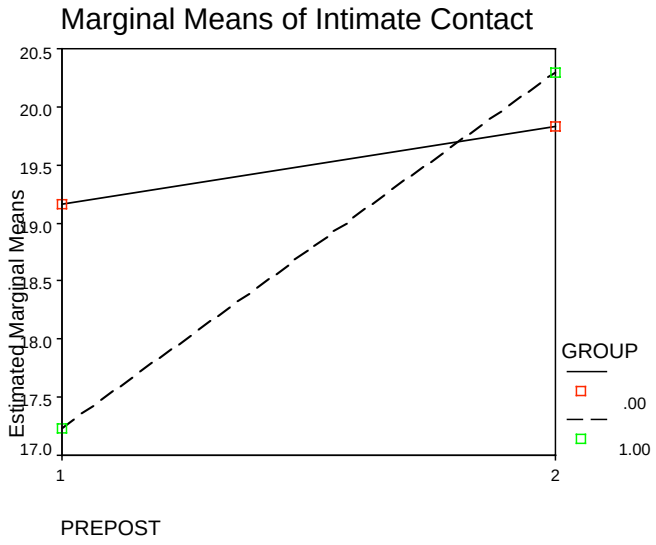


Table 12

					F	
			1			0
			0			0
			0			
			0			
			1		9	
			0		9	
			0		9	
			0		9	
				5		
			0	5		
			0	5		
			0	5		

There was a significant interaction at the .004 level of repeated measures by group, indicating that the two groups showed significantly different patterns across time.

Graph 12 illustrates the ability to develop intimate relationships with other human beings. According to Shostrom, “A high score measures the person’s

ability to develop meaningful, contactful, relationships with other human beings. A low score means one has difficulty with warm, interpersonal relationships. Making contact may be defined as the ability to develop and maintain an “I-Thou” relationship in the here-and-now and the ability to meaningfully touch another human being. We know that intimate contact seems to be encumbered by expectations and obligations. Thus, it can be said that the climate to establish good contact is best when the individual does not over-respond to, nor does he utilize, inter-personal demand expectations and obligations. Other measured dimensions which facilitate contact are the ability to express vs. impress, being vs. pleasing, and the ability to relate intensely to another person with aggressively or tenderly.”

This scale appears to measure a person’s ability to be present moment with other people, clear of personal agendas and expectations about behaviors or activities. They don’t play the scene and imagine various scenarios before engaging in interpersonal contact and they don’t replay what had occurred with the “I should have said” emphasis. Every contact is meaningful in the moment with no regrets or anticipation of future meetings. The interaction with other people is free of expecting them to follow your inner guidance, or even to know what that inner guidance is.

INTERPERSONAL SENSITIVITY: Paired interpretation of Scales 13 and 14: Scale 13 (A) measures the acceptance of one’s own aggressiveness which is

necessary for human contact. Scale 14 (C) measures the ability for intimate contact. It is possible to be either assertive and aggressive or warm and loving in human contacts. Both are expressions of good interpersonal contacts and both may be considered to reflect the general area of interpersonal sensitivity."

These last two scales interrelate and show the quality of interpersonal contact. They reflect the integrity of the beingness described by Maslow. In the energy of interaction, not only with other people but also with self, is centered and encompasses the whole quality of the interaction. The ability to accept whatever emotions arise and resisting judgment about them results in warm and intimate contacts. The result of high scores within these last two scales indicates high levels of self-actualization, thus healthy relationships with self and other people.

Results from the Short Form-36

Table 13 Content-based Descriptions of Lowest and Highest Scale Scores

Concepts	**Lowest Possible** (floor)	**Highest Possible** (Ceiling)
Physical Functioning (PF)	Limited a lot in performing all physical activities including bathing or dressing due to health	Performs all types of physical activities including the most vigorous without limitations due to health
Role-Physical (RP)	Problems with work or other daily activities as a result of physical health	No problem with work or other daily activities as a result of physical health
Bodily Pain (BP)	Very severe and extremely limiting pain	No pain or limitations due to pain
General Health (GH)	Evaluates personal health as poor and believes it is likely to get worse	Evaluates personal health as excellent
Vitality (VT)	Feels tired and worn out all of the time	Feels full of pep and energy all of the time

Social Functioning (SF)	Extreme and frequent interference with normal social activities due to physical or emotional problems	Performs normal social activities without interference due to physical or emotional problems
Role-Emotional (RE)	Problems with work or other daily activities as a result of emotional problems	No problems with work or other activities as a result of emotional problems
Mental Health (MH)	Feelings of nervousness and depression all of the time	Feels peaceful, happy, and calm all of the time

The following graphs and tables represent the SF-36 differences between groups and across time, as measured by the 2 X 2 Mixed ANOVA, with one between groups factor (control/experimental) and one within groups factor (repeated measures of the SF-36):

SF-36 Physical Functioning (Graph 13)

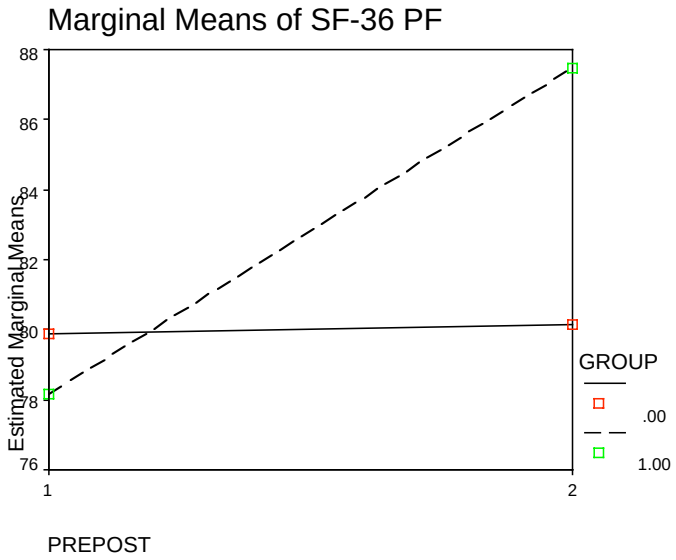


Table 14

		1			
				1	
				1	
		1		2	
		1		2	
				2	
				2	

There was a significant interaction at the .047 level of repeated measures by group, indicating that the two groups showed significantly different patterns across time.

Graph 13 illustrates the lowest level of physical functioning to the highest. The lowest is limited a lot in performing all physical activities including bathing or dressing due to health. The highest possible level of physical functioning is being able to perform all types of physical activities including the most vigorous without limitations due to health.

SF-36 Role Physical (Graph 14)

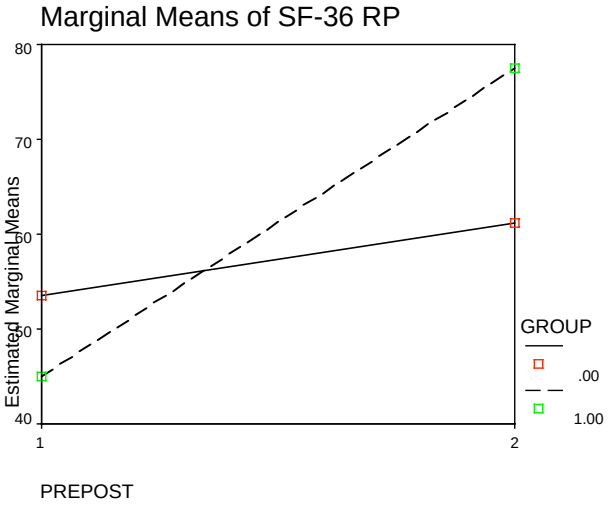


Table 15

					F	
		6	1			0
						0
		6	0			
			1		2	
			0		2	
			0		2	
			0		2	
			0			

There was a significant interaction at the .003 level of repeated measures by group, indicating that the two groups showed significantly different patterns across time.

Graph 14 illustrates the highest and lowest scores of problems with work or other daily activities as a result of physical health. The highest score represents no problems with work or other daily activities.

SF-36 Bodily Pain (Graph 15)

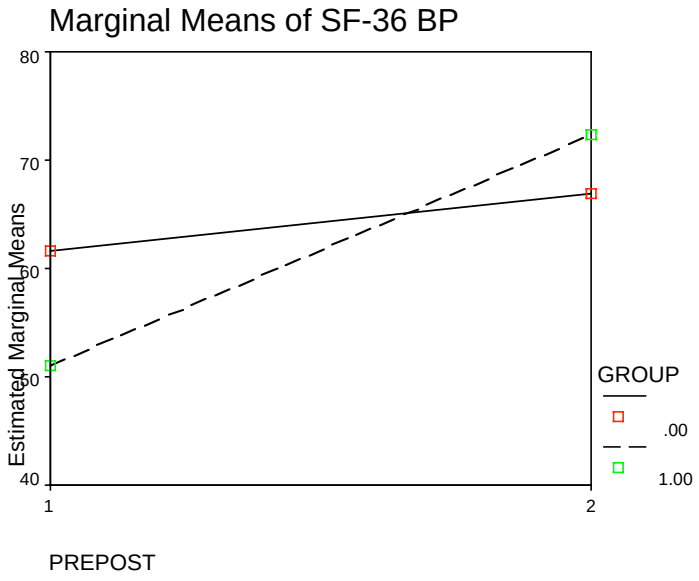


Table 16

					F	
			1		8	0
			0	3		0
			0			
						0
			1		8	
			0		8	
			0		8	
			0		8	

There was a significant interaction of repeated measures by group, indicating that the two groups showed significantly different patterns across time.

Graph 15 illustrates the limitations from bodily pain. The lowest possible score is very severe and extremely limiting pain. The highest score indicates no pain or no limitations due to pain.

SF-36 General Health (Graph 15)

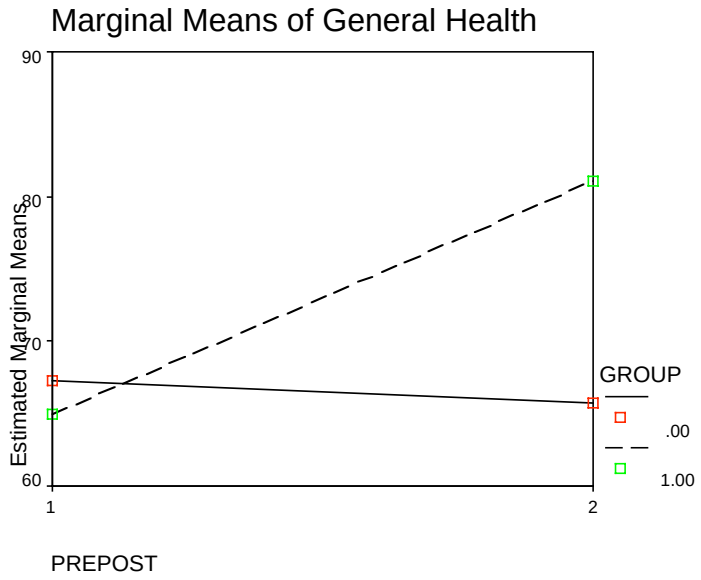


Table 16

There was a significant interaction at the .001 level of repeated measures by group, indicating that the two groups showed significantly different patterns across time.

Graph 15 illustrates the overall picture of general health. The lowest score evaluates personal health as poor and believes it is likely to get worse. The highest score evaluates personal health as excellent.

SF-36 Vitality (Graph 16)

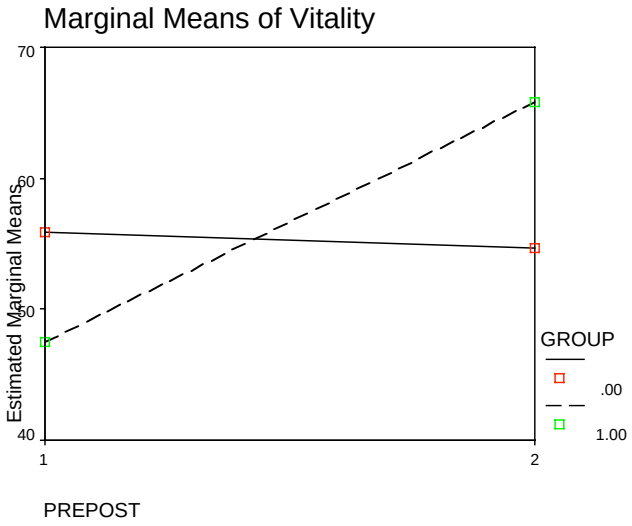


Table 17

There was a significant interaction at the .000 level of repeated measures by group, indicating that the two groups showed significantly different patterns across time.

Graph 16 illustrates the level of vitality. The lowest score indicates the person feels tired and worn out all of the time. The highest score indicates that a person feels full of pep and energy all of the time.

SF-36 Social Functioning (Graph 17)

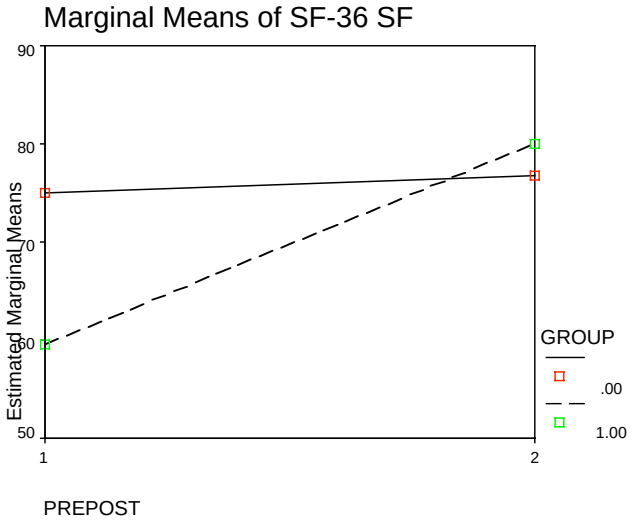
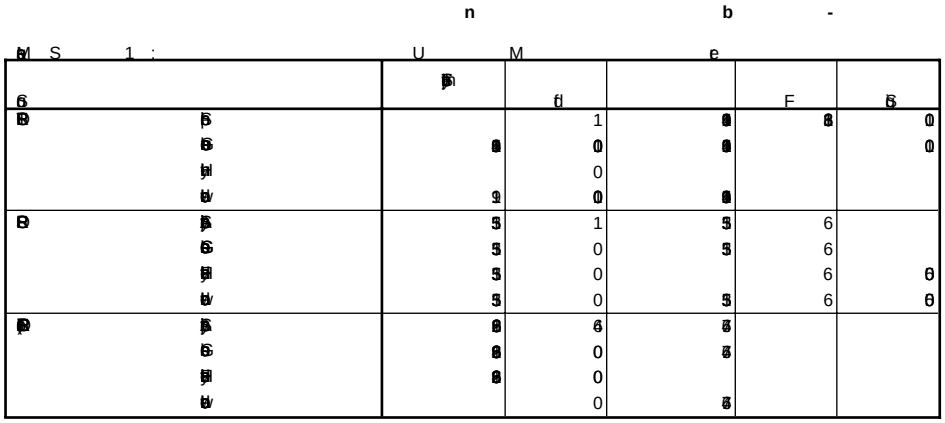


Table 18



There was a significant interaction at the .005 level of repeated measures by group, indicating that the two groups showed significantly different patterns across time.

Graph 17 illustrates that on the level of social functioning the person at the lowest level experiences extreme and frequent interference with normal social activities due to physical or emotional problems. The highest level indicates that a person performs normal social activities without interference due to physical or emotional problems.

SF-36 Role Emotional (Graph 18)

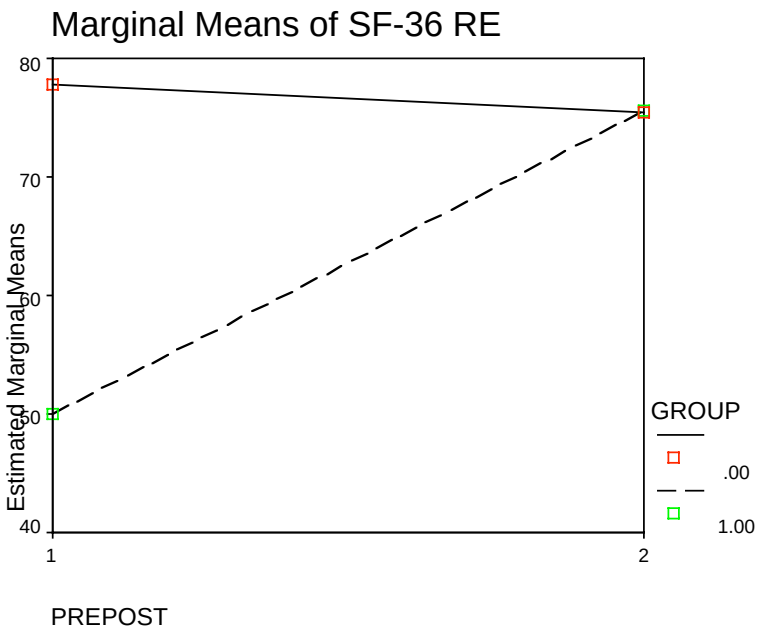


Table 19

There was a significant interaction at the .000 level of repeated measures by group, indicating that the two groups showed significantly different patterns across time.

Graph 18 illustrates the role of emotions. The lowest level indicates problems with work or other daily activities as a result of emotional problems. The highest

level indicates no problems with work or other daily activities as a result of emotional problems.

SF-36 Mental Health (Graph 19)

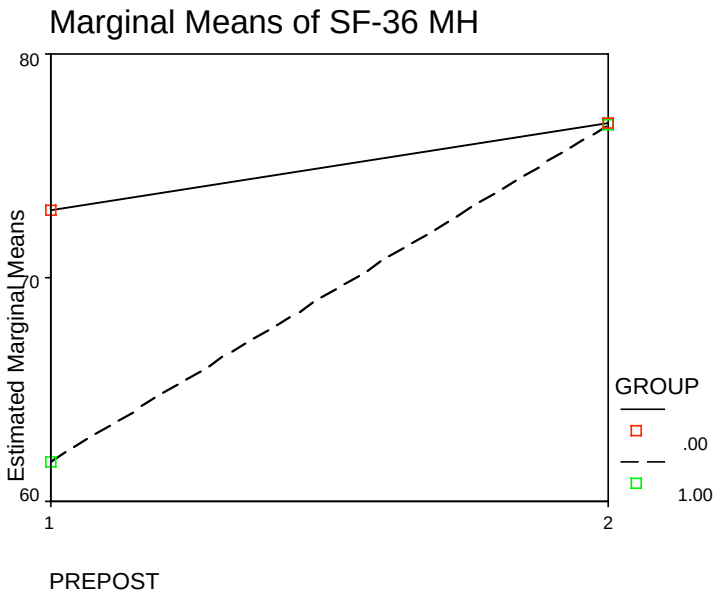


Table 20

There was a significant interaction at the .014 level of repeated measures by group, indicating that the two groups showed significantly different patterns across time.

Graph 19 illustrates the person's sense of mental health. The lowest level indicates feelings of nervousness and depression all of the time. The highest level indicates that a person feels peaceful, happy, and calm all of the time.

SF-36 Composite Physical Health (Graph 20)

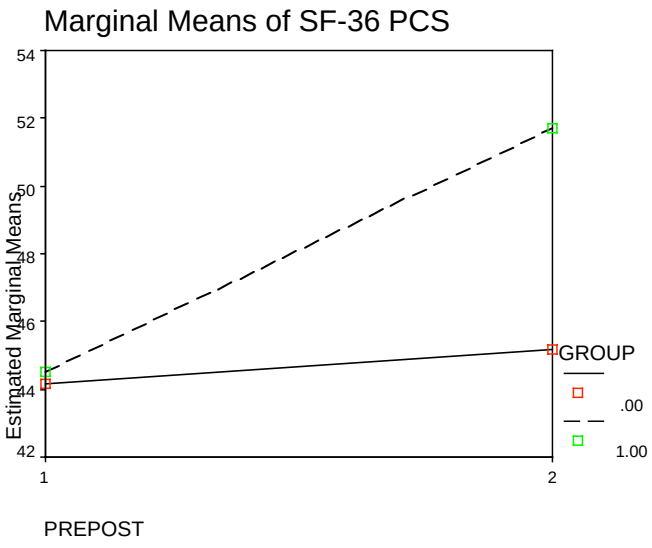


Table 21

There was a significant interaction at the .002 level of repeated measures by group, indicating that the two groups showed significantly different patterns across time.

SF-36 Composite Mental Health (Graph 21)

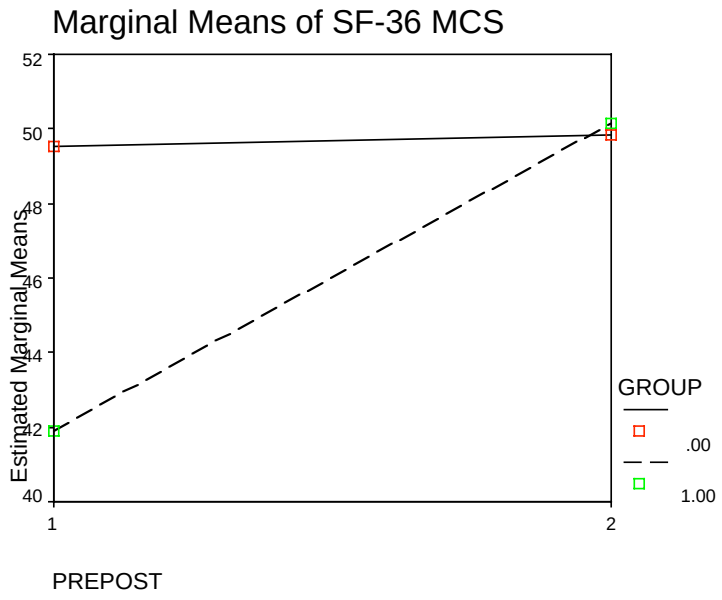


Table 22

There was a significant interaction at the .005 level of repeated measures by group, indicating that the two groups showed significantly different patterns across time.

Appendix L

The program participants completed a subjective evaluation at the completion of the program. The following is a compilation of the responses and comments from all but one person in the participant group.

Creative Healing© Program Evaluation

Program date: Oct, 02 – Jan 03 Location: Research Project, Carbondale and GWS

Instructor(s): Stephanie Stanfield **Total returned: 29**
How many sessions did you attend? avg. of 12

Please help us in our efforts evolving and improving the Creative Healing program by answering the following questions. Also, there is a section below each question for to provide any other further comments, or suggestions.

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
1. The information provided me pr to attending this program prepare me for this experience.	12	9	2	4	
If not, what could have been done better? Had nothing to do with you, I just didn't care to listen as I trusted I needed to be here s preconceived expectations. I thought there might be more modes used more often (kinesthetic learner that I am). It took me awhile to settle into the amount of discussion and sitting. Not sure you could prepare better- could you really be prepared? Nothing, surprise aspect was enjoyable. The revelations were so strong and intense, life changing that prior information, no matter how extensive would have been inadequate. Did not have a mental model. I did not receive much information prior. I attended as part of the study and believe the program is much richer and deeper than I imagined – even after the first session. Info not recv'd prior to class due to user error and internet. I really am not sure how you could prepare people other than to tell them it's a way to make changes that really work. I knew this course would challenge me/gentleness which pervaded was very helpful. (Please note, if there was a "Disagree" marked, a corresponding comment was made. See those comments in the lighter color.)					
2. The room was comfortable and provided a supportive learning environment.	14	12	1	1	
Comments: It was always cold and lying down for the Body Scan usually caused me t concentrate on staying warm instead of focusing on the scan. Too chilly. Cold at time noise from cars passing on highway, distracting during meditation. Warmer might help option to have taller chairs or be in a circle with table or sit on the floor. <u>All</u> my fellow class mates were eager to share and listen. Could be warmer. Chairs were very comfortable, but the room was too often cold with no way to change the temperature. Agree in general, but was a little cold at times. Problems like the lights and heater were a major problem. Actually was a better room than most classes. Was a little chilly sometimes. The lights were too bright but the room was comfortable. Could have been quieter – hard to hear at times. Although some obviously felt group discussion were beneficial, I found them distracting from the learning process because more I learned, the more I wanted to know – feed me now. It is a cold building at night especially the floor. Like a living room. Great place to meet. Except for the two nights in the classroom where the chairs were hard and the lighting was bad. I'm glad we chose to meet in the big room instead of the classroom.					
3. The presentation of the materia was • Cohesive and flowed we • Stimulating • Well paced	20 21 21 24	5 3 4	1		

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
• Respectful (please give four responses)					
Comments: Much of the time it seemed redundant. We had time for sharing as well as the presentation of the material and that was a key factor for our class. Stephanie explained concepts so I could understand. – took time for each of us, gave enough breaks. Stephanie's teaching style is extremely condusive to learning – it helps people receive the information and she does as awesome job at this. There was a lot of information for me to absorb so it was easy to lose the continuity during a session. The material was great but sometimes students took over with personal experiences. T pace was great – liked breaks every hour. Presented in an informative manner that had sincerity and believability. It created conversations that eliminate discord, fast enough to be fulfilling, slow enough to allow it to sink in, and felt comfortable enough to allow confidences. Cohesive: yes and a lot in a 12 week period. Stimulating: very much so. Well paced: Yes and a lot in a short period. I would prefer less personal sharing except for how much the program helped and was beneficial. Excellent teaching by Stephanie. The sharing of the individual's stories was continually important – important to keep people's sharing time to a limit (so as not to monopolize class time.) I can't tell you how much I enjoyed this experience.					
4. The participant manual, additio materials, audiotapes were cle and useful.	26	4			
Comments: A lot of work went in! Love to see where this 'ends' up a year or more fror now. Great. Further reference and self-participation. The cassette tapes were a great assist to the habit of meditation and 'still' thinking. These were excellent. The Body Scan tape is invaluable, I sometimes I use it morning and night. Manual could use some editing – commas, and such, and I would be happy to help with that. It ''would be good to know a little of what is ahead with Level 2. I can and will use the manual in t future. I would have liked another video or two. I do not think it could have been better – I would have been willing to purchase tapes if they could have been made of th class instruction. There are some typos in the manual. Found that additional stories added fuel to thought and conversation – continued stimuli. The tapes and stories were delicious icing on an already flavorable cake. Very helpful for continuing to use the tools after the class. Great manual – how the lessons progressed to the next lesson. I use the audiotapes everyday.					
5. The information provided was interesting and helpful.	25	4			
Comments: Was wonderful. Let me lift levels and will continue on. Extremely helpful and the bibliography of books were greatly appreciated. Great resource materials – I found it very helpful and I was surprised at how many times I referred back to it. The					

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
class sort of stopped me in my tracks and showed me how to evaluate what my mental models were and gave to me 12 wonderful tools to change and heal. I went off Serevent, reduced Intal by ¼, Flovent by half & Remeron by 1/3 (1st step to eliminating drug.) The way things were organized and packaged was very clear and concise. Sometimes the lecture was reading the notes – I liked the extra information instead. This program really helped me be increasingly calm at work. It quickly became a desire to be in class and almost demanded more information – this class and its information has strengthened my relationships and allowed for REAL growth. Well thought out presentation in a way to guide one through an extraordinary process of self discovery, growth and healing. I am a better person today and tomorrow. Absolutely – cutting edge to convince my mind these are good solid tools. I've shared many of the ideas with my husband and co-workers.					
6. The self healing skills as listed below have proved very useful to r	Strongly Agree	Agree	Not sure	Disagree	Strongly disagree
Breathing	26	2			
Intention Statements	18	10	1		
Body Scan	16	10	3		
Meditation	15	11	2		
Imagery	14	8	8		
Journaling	11	15	4		
Humor	21	6	1		
Gratitude	21	4	2		
Reframe	19	6	2		
Daily Integral Practice	13	13	2		
Comments: Haven't done enough 'real' uninterrupted Body Scans, meditation any journaling to see if I strongly agree. Didn't use enough Daily Integral Practice. Good techniques for stress reduction. I didn't journal as much as I would have liked. Not sure why I just did it occasionally. I haven't fully integrated all of these, but intend to use them more and more. Some things are just harder to get into but all were important. Not great at journaling but I liked the pages that were given to us. Imagery a meditation are always what you make of them. I need to practice all of these every day. Had trouble with journaling and knew very little about meditating. Reframing is essential to being mentally healthy. I look forward to repeating class in order to gain competence with the daily integral practice. All the skills provided are tools to be used always. The first nights' program sticks with me: water is life and pain can't exist in the present. I felt challenged to use the skills consistently. Those I listed as 'not sure' were utilized as much as the other skills. I think they will become more of an asset when I do have the class support. I still haven't created a space for journaling – I am working on it.					
7. I have been provided with skills and understandings that significantly support my healing process.	22	8			

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
Comments: Body Scans & meditations. The most important thing for me was finally having the language that supports my work. The whole class was excellent and I learned a lot. Sometimes it is hard to focus on my own stuff and this class kept me right there doing the work on myself. I am sleeping better than I ever have. I have a bone spur that is disappearing and tools to work at healing and health. I am amazed that I kept in touch with class after working all day. In more ways than I have experien to date. I can reframe. I can use breathing to diminish pain or calm myself. I can use intention statements and they DO work. I have found my old self and rediscovered humor. I am healthier, happier and wiser than before and I know I can continue to adjust and adapt to positive behaviors. Some new information and some repeat information, and all was presented in a gentle and powerful format. Learned many tools and skills in a wonderful way. I see the changes daily. Yes, and now it is time to use them consistently and still not beat myself up if I lapse.					
8. Throughout the program I have felt • Heard • Affirmed • Challenged in a positive way (Please give three responses)	 25 25 26	 4 4 3			
Comments about the instructor's teaching/presentation style: Stephanie's presentation for the course was very good. She is a natural teacher. She is well organized, she stays on topic, the examples she uses during the presentation are clear and very easy to understand. She knows how to speak and teach well to all of the students. Stephanie is gifted as an instructor. She is patient in responses to participant's questions. Clear, calm and honoring. I of course enjoy a bit more simple activities that teach me on a non-talk level and more time to reflect in class quietly. She teaches extremely well. Stephanie – you did a fabulous job teaching this class. Everything you did was FIRST CLASS. Excellent! Much enjoyed. Very clear and concise. Truly outstanding. Stephanie is highly evolved and that was reflected in a wonderful way in her teaching style. Very non-threatening. Very skilled at answering questions with situations that arise in a positive way. See other comments earlier. It would help if we would go through the 'lesson' each session, the instructor should give page numbers so that all can keep up and not waste attention looking for the passages. Great. Stephanie is a very gentle instructor which helps the student be open to learning. I've seen great growth in her, especially at speaking on a level that is easily understood. A riot. I will really miss your infectious laugh. Was given time to speak if I so chose. Was given positive, complementary feedback. This course has challenged false, hurtful dug-in emotions and has given me an opportunity to release and correct. Good reflection of what was said. Very available during non-meeting time. Excellent – it was a pleasure and a joy to be a part of this class. Thorough – well presented, supportive and flexible to student needs. Lightness and laughter a good solid undercurrent/ models and sharing. I am so					

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
depressed and anxious that I find it hard to evaluate. Thank you for your honestly.					

9. To improve this program, I suggest the following things: I think the program needs to go into the other areas of creative healing. If a person is intellectual and reasonable the program is a lot more effective for them. Others who feel other approaches like habitually and with inner energy, need to know the other options there are out there to seek for other healing processes. Some of the deeper work requires other alternatives. Try to either consolidate the material into less sessions or have daytime meetings. I am planning to attend the consolidation session because I feel this has been instrumental in my own healing and I am really excited to continue. More heat! A room that is less noisy. Do it again. I can't think of a thing. Can't think of anything. Thanks so much. None. The program was excellent. Add music to the meditations – it really helps more people get into the alpha or theta easier. See above. Ending on time, starting on time. It's hard to get up early for work the next day – would rather have less breaks and get out earlier. I wish you would run an ad in the paper. For me, more info and less chit chat. I do realize, that for others, group discussions are beneficial. Another week to discuss the information in the last chapter. More structure about what is shared was long. Personal sharing regarding experiences are kept to a minimum. Nothing. Get the tapes and CD's out right away. Maybe change the timing of the sharing time (sometimes too short – othertimes just depended on the 'aha's'). The program was great. Experiential, class involvement, trust exercises to deepen. Give each student 10 things I liked or see with positive changes. Have a written copy of all meditations.

10. I will recommend this program to family members or friends. Yes _29_ No ___

    I already have!

THANK YOU for being a participant
in the *Creative Healing*© program!