programs and practice

A New Principle-Based Explanation of Intimate Partner Violence and Its Prevention

Thomas M. Kelley, PhD
Wayne State University, Detroit, Michigan

Jack Pransky, PhD
Center for Inside-Out Understanding, Boca Raton, Florida

At present, no peer-reviewed intervention has been shown to clearly and consistently prevent intimate partner violence (IPV), or reduce its recurrence. We propose that the limited effects of current IPV interventions reflect the field's absence of fundamental principles that account for all psychological experience. We further posit that the principles that explain people's psychological lives have been uncovered. We briefly describe these principles, and delineate the process from exposure to the principles to improved mental health, and improved behavior. Then we use the logic of these principles to offer a formula to measure people's propensity for IPV, and provide the missing components in IPV prevention.

KEYWORDS: intimate partner violence; the Three Principles; innate health; prevention

While research regarding intimate partner violence (IPV), and its prevention has increased over the past few decades, IPV remains a serious mental health, and social problem. Data from the 2011 National Intimate Partner and Sexual Violence Survey (NISVS) (Breiding et al., 2014) showed that over 10 million women, and men in the United States experience physical violence each year by a current, or former intimate partner. Also, over 1 in 5 women (22.3%), and nearly 1 in 7 men (14.0%) reported experiencing severe physical violence by an intimate partner at some point in their lifetime. The NISVS further revealed that nearly 1 in 11 women (8.8%) have been raped by a current or former intimate partner at some point in their lives, and that 9.2% of women, and 2.5% of men have been stalked by an intimate partner in their lifetime.

In response to the alarmingly high amount of IPV, and its damaging acute, and chronic physical, and psychological impact on many victims (e.g., Black, 2011; Dillon, Hussain, Loxton, & Rahman, 2013), considerable efforts have been made in the UnitedStates, and several other countries, to prevent its recurrence, and rehabilitate offenders. However, the efficacy of interventions for IPV offenders (and victims) has been increasingly challenged largely in response to reviews of research showing limited program effects (Murphy & Ting, 2010). For example, an National Institute of Justice (NIJ)-sponsored evaluation of the widely utilized Batterer's Intervention Program (BIP) (MacLeod, Pi, Smith, & Rose-Goodwin, 2009) reported no significant relationship between BIP participation and subsequent re-offending. Another major study (Babcock, Green, & Robie, 2004) concluded that with or without BIP treatment, offenders showed a recidivism rate of at least 60%. After reviewing 30 interventions for IPV perpetrators with randomized case assignments, and at least 20 participants per group, Stover, Meadows, and Kaufman (2009) concluded, "The results . . . indicate a lack of research evidence for the effectiveness of . . . the most common treatments provided for . . . IPV, including the Duluth model" (p. 229).

Furthermore, many interventions that claim success in preventing IPV appear to suffer from serious methodological flaws. For example, Eckhardt et al. (2013) reviewed 30 studies published since 1990 that used either randomized, or quasi-experimental designs that compared an active IPV intervention to a relevant comparison condition. These researchers concluded that ". . . most had significant design implementation problems and methodological flaws that produced biased findings, and there were few attempts at replication . . ." (p. 2).

In sum, no peer-reviewed intervention has been shown to clearly, and consistently prevent IPV, or reduce its recurrence. According to the NISVS (Breiding et al., 2014), the typical rate of offender recidivism remains 30%–40% irrespective of the type of intervention used including incarceration, counseling, and long-term anger management training.

THE NEED FOR FUNDAMENTAL CAUSAL PRINCIPLES

We posit that the limited effects of interventions to prevent IPV, and reduce its recurrence, reflect the field's absence of fundamental principles that account for all psychological experience. One result of this understanding gap is that the field continues to look from the "outside-in" for the cause(s) of IPV, tying it to a variety of personal and environmental factors such as traits (e.g., low self-control), strain (e.g., poverty), family dynamics (e.g., parental violence), and direct controls (e.g., lax laws). As with all problem behaviors, while research shows that certain individual and environmental conditions relate significantly with IPV, there are still vast differences in individual responses, even with similar conditions. For example, the field is hard pressed to explain why most people exposed to various conditions that relate significantly with IPV do not engage in IPV; why a sizable percentage of people not exposed to these conditions nevertheless become IPV offenders; why many IPV victims not exposed to

these conditions remain in abusive relationships. We propose that these persistent outliers suggest the need to turn to the crucial variable left out of the "outside-in" equation, and create a new "inside-out" equation—grounded in the logic of principles—that can achieve greater efficacy.

The Importance of Understanding Principles

Everything that happens is a perfect expression of *principles—fundamental truths, laws, or facts of nature that explain how something works, or why something happens.* Principles that account for everything that takes place are constantly operating—continually "doing their thing"—whether people realize it or not.

Principles are impersonal. It makes no difference to the principles that cause tidal waves if hundreds of people get swept away. It doesn't matter to the principles of electricity, or gravity if someone is electrocuted, or slips off the edge of the Grand Canyon. It is immaterial to the principles of psychological experience if someone abuses or kills an intimate partner.

Throughout history, the biggest breakthroughs for humanity have occurred when someone uncovers principles. When principles are uncovered and understood, people realize how things work in the domain explained by those principles, and become better able to use those principles in their best interest. Today, for example, fewer people are killed by tidal waves because science better understands the principles that spawn them, and can better predict their intensity and trajectory. Electric-powered vehicles exist, and the International Space Station orbits Earth because science has a deep understanding of the principles of electricity and gravity. We posit that when people understand the principles of psychological experience there will be a significant reduction in IPV, and all other forms of interpersonal violence.

THE PRINCIPLES OF PSYCHOLOGICAL EXPERIENCE

Well over a century ago James (1981), a principal founder of psychology, predicted that psychology would eventually uncover principles that would explain all psychological experience, and illuminate a path to improved mental health for everyone.[1] We posit that the principles envisioned by James, and others (e.g., Linley, Joseph, Harrington, & Wood, 2006), appear to have been uncovered. Not by a psychologist—by Sydney Banks, a common laborer in British Columbia, whom preventive mental health pioneer, Klein (1988), referred to as ". . . a sage blessed with a form of spontaneous spiritual transformation about which William James had written in the early 1900's" (p. 311). These principles, how they interact to create people's psychological lives, and how they relate to other psychological and psycho-spiritual teachings, have been described in detail elsewhere (for a review, see Pransky & McMillen, 2012 or Pransky & Kelley, 2014). Here, we briefly describe these principles, and explain how new insights grasped by IPV offenders (and victims) exposed to these principles can improve their mental health, and diminish their propensity toward IPV.

In 1973, Banks (1998, 2001, 2005) "saw" Three Principles, and how they work together to create all psychological experience: (a) *Universal Mind: the universal formless energy, or intelligence behind life—the life force that is the source of All things;* (b) *Consciousness: the gift of awareness that allows for the recognition of form; and* (c) *Thought: people's ability to create forms or ideas from that energy.*[2] Banks realized that each person's mental life is the product of thought transformed into psychological experience by consciousness, powered by the energy of Universal Mind, and that this becomes the only experience people are capable of having—effortlessly created "through them" from the "inside-out" by their "use" of these Three Principles.[3] Banks further "saw" that everyone's behavior is then perfectly aligned with the moment-to-moment personal realities constructed by the Three Principles.

Furthermore, Banks asserted that mental health/well-being is people's most natural state which automatically appears when their mind clears, or quiets from personal, egoic, habitual, or analytical thinking. According to Banks, this health is always available to people, and can only appear to vanish when people obscure it with such thinking. Thus, people are either operating from "innate health," which surfaces spontaneously whenever the mind clears, or this health is being obscured by their own thinking. Finally, Banks realized that people's feelings and emotions serve as a reliable indicator of whether they are operating from this innate health which includes wisdom and common sense, or from less responsive thinking.

A PROCESS FROM THREE PRINCIPLES EXPOSURE TO IMPROVED MENTAL HEALTH AND IMPROVED BEHAVIOR

Pransky and Kelley (2014) outlined, and Kelley et al. (Kelley, Lambert, & Pransky, 2015aKelley, Pransky, & Lambert, 2015b; Kelley, Pransky, & Lambert, 2016) offered evidence in support of a process, or path by which one moves from Three Principles exposure, to Three Principles understanding, to having personal insights within two specific realms, to improved mental health and improved behavior. Very briefly stated here this process occurs as follows:

Three Principles Exposure

With exposure to the Three Principles, people have the opportunity to recognize that all psychological experience is formed from the "inside-out;" from their own thinking no matter what personal, or environmental circumstances they face.

Three Principles Understanding

Understanding the Three Principles means that people realize—"see" for themselves—how these principles work within everyone to create psychological experience. For people to sustain improved mental health, however, it is essential that

they also grasp new insights regarding one, or both of the following to which these principles point simultaneously: *thought recognition;* and *innate mental health via a clear mind.*

Thought Recognition

Thought recognition (TR) refers to the realization that thought is the only reality that people can ever know, and that people have the ability to be conscious of this fact in the moment. People who grasp TR realize that what looks real is only one's own, usually inadvertent, creation—an illusion of thought brought to life by consciousness.[4]

Innate Health via a Clear Mind

Innate health via a clear mind (IH/CM) refers to the realization that people have all the mental health they need already within them, and when the mind clears from less responsive thinking, this health naturally surfaces. People who grasp IH/CM realize that people have direct access to well-being, wisdom, and common sense whenever the mind clears, calms, or quiets down from personal or habitual thinking.

Improved Mental Health/Improved Behavior

When people gain personal insights regarding TR and/or IH/CM, they experience improved mental health, and improved behavior will follow (e.g., Keyes, 2003, 2007). This understanding proposes a two-pronged definition of mental health: (a) the experience of well-being that surfaces spontaneously when the mind clears; and (b) the ability to recognize less healthy states of mind, and allow the mind to clear, and mental health to re-surface before acting.

PREDICTING AND PREVENTING IPV

We offer the following formula (Pransky, 2003), grounded in the logic of the Three Principles, to measure people's propensity for IPV, and provide the missing components in IPV prevention:

$$\text{IPV} = \frac{\text{Personal Norm } + \text{ Habit} + \text{Anger}}{\text{Understanding } + \text{ Perspective (in the moment)}}$$

We propose that the three factors contained in the numerator combine to create IPV: (a) *Personal Norm*—the extent to which a person believes that IPV is acceptable or the personal value one holds in one's mind about IPV; (b) *Habit*—the extent to which IPV is a person's habitual response; and (c) *Anger*—the extent to which a person is angry in the moment. Further, we propose that the two factors in the denominator combine to prevent IPV: (a) *Understanding*—the extent to which a person understands what creates each factor in the numerator; and (b) *Perspective*—the

extent to which a person can see where he or she is *in the moment* regarding each factor in the numerator.

Logic suggests that a *personal norm* can place people at the beginning of the road toward IPV, a *habit* can start them down the road, and *anger* often propels them down the road. Conversely, the extent of one's understanding and in-the-moment perspective can take them off the road. To better illustrate what this formula means it is important to further break down its components. Within each item in the numerator one can be at many different levels of general understanding and in-the-moment perspective. In the following examples it may be best to read the breakdown in each section from the bottom up, as each ascending level represents a higher level of understanding and in-the-moment perspective:

Personal norm about violence:

- Violence is horrible. Under no circumstances is it right.
- Violence is not good.
- Violence is not okay, but I slip sometimes.
- Something doesn't feel right about violence, but. . .
- Violence is the way to be and to act.

Habit of Violence:

- At peace. "Violence is out of the question for me. I can't even imagine it."
- "I am absolutely committed to stopping."
- "I really, deeply would like to stop."
- "I would like to stop."
- "I'd kind of like to stop."
- "I have no desire to stop being violent."

Anger (and a possible thought from which it arises):

- Gratefulness. "I appreciate/respect my partner so much, no matter what he/she does."
- Humor. "It's so funny how people can see the thing so differently."
- Humility. "Oops, I probably annoy her/him sometimes, too."
- Compassion. "Maybe he/she can't help her/himself."
- Interest. "Isn't it interesting that he/she would do that.?"
- Neutral. "It's her/his life."
- Annoyed. "He/She shouldn't do that; that's a mistake in judgment."
- Resentful. "Why does he or have to be that way!?"
- Angry. "He's/She's doing something that drives me crazy!"
- Enraged. "He's/She's doing it to me just to get to me! It's a personal affront!"

Regarding this anger component, the extent to which one attributes personal motive in a situation determines how angry one gets. In other words, the same event can occur, but how one sees it determines whether one takes it personally and to what

extent. There are an extraordinary number of ways to view the same event and people, most often without knowing it, essentially use their creative power of Thought to make up whatever they make of it.

To help people change from a proclivity toward IPV and prevent IPV in the first place, we assert that they must understand these internal ingredients that lead to IPV. When people understand how each factor in the numerator is altered by how they see it, it manifests in people's psychological experience. The higher the level of understanding and perspective in the moment of where their psychological experience is really coming from—creations of their own internal thinking—the greater the chance that they can access the wisdom and common sense to help transcend their habitual behavior and thereby turn away from IPV and toward well-being. Rather than be carried away by their *personal norm, habit and anger,* the less likely they will be to engage in IPV.

For example, if a person believes that IPV is acceptable, has no desire to stop, and is consumed by anger in the moment, he or she is likely to abuse his or her partner. On the other hand, if the same person believes abusing or perpetrating violence against a partner is out of the question, feels at peace, and feels grateful toward their partner, he or she will not engage in IPV. There are myriad levels of understanding and perspective that lie between these two extremes. For example, if the person believes, "violence is not okay, but I slip sometimes," kind of wants to stop, but gets really angry at his or her partner, in that moment he or she will likely be violent. However, no matter what thoughts anyone has about norm, habit and anger, if the person gains *understanding of the inside-out nature of psychological experience,* and is able to have the *perspective in the moment* to draw upon this understanding, the levels of all three items in the numerator will ascend, and violence will be prevented.

We would suggest this is what has been missing in most efforts to reduce the incidence and prevalence of IPV. No matter what intervention is implemented in the name of IPV prevention, the way the potential perpetrator sees the situation or intimate partner in general, plus the understanding and perspective one has in the moment is what will determine where one falls on the scale at any given time. To state this in a slightly different way, even if the variables in the numerator are present, the extent to which potential perpetrators have *understanding and perspective* that what they are feeling is not *reality* but *only their own thinking* which is only one of many possible ways of seeing their partner and their situation, will be the determinant for whether IPV occurs.

What people prone to IPV see about their circumstances and/or intimate partners only looks "real" from their point of view in the moment. What they see is only an apparency; in other words, what they are seeing appears as if it is reality but really isn't because the very way they see it is created via their own thinking entering their consciousness. At any given time people make up (with their own thinking) wherever they fall on the scale. If people don't realize this, they will act on whatever "reality" they see. However, if people understand or realize this, they tend not to take what they see so personally, or their thinking so seriously, and will be less likely to follow it, and act on it. When people come to understand this and realize it in the moment, which is more likely to happen the more one is pointed in this direction, IPV will

diminish. Put another way, unless IPV offenders (and victims) are helped to call into question what they would swear is a "reality" they must act on, they will have no choice but to follow their thinking, or be forced to continually fight against it. For example, Kelley, Lambert, and Pransky (2015a) stated:

> The perpetrators of domestic violence truly believe that they must act this way in life, even if they regret their actions afterwards. They don't know any other way to be. They can't see any other way. They are stuck at that low level of consciousness. It looks and feels so strongly like reality to them. No one can talk them out of it. When- ever they "lose it," their tendency will be to go there. They have no controls. If they can see that this way of seeing the world, and their partner is not reality, but is really only an illusion created from their own thinking, this new insight shocks them out of everything they thought was reality. They may still get those thoughts, but they know they don't have to act on them because they are only strong habits of thinking that don't mean anything. They loosen their grip on them. What remains is more of a feeling of well-being, and they act with more wisdom and common sense. (p. 271)

Regarding the object of IPV, sometimes called "victim" or "survivor," consider the following case example offered by Pransky (2011):

> A woman subjected to domestic violence, carried the hidden thought that she was worthless so she must deserve to be treated this way. After gaining Three Principles understanding she had a realization, "Wait a minute! It's only my own thinking making me believe I deserve this. That's just something I picked up from my parents, but that's them, not me. It's really not true; it's an illusion that I made up about myself that has been driving me all these years. Not only that, I'm not worthless at all! My innate health, my spiritual essence, shows me I am completely worthwhile at my core. I do not have to put up with this abuse any more. My wisdom from a clear mind will guide me in how I can protect myself and how to take steps to release myself from this. (p. 241)

This huge insight propelled this woman to a higher level of consciousness. She would never be able to see herself in the same way again, and her thinking, feelings and actions follow, accordingly. This is the kind of change that can take place in people's mental health when they gain a deep understanding of the Three Principles.

THE THREE PRINCIPLES INTERVENTION VERSUS COGNITIVE-BEHAVIORAL, MINDFULNESS-BASED, AND OTHER INTERVENTIONS

It is essential to distinguish the Three Principles intervention (3PI) from cognitive-behavioral therapy (CBT), mindfulness-based interventions (MBIs), and other approaches with which it is often confused. Other than the use of the word "thought," the 3PI bears little resemblance to CBT. First, a man from outside the field of

psychology had a spontaneous enlightened experience where he realized the Three Principles that worked together to create all human experience, and then taught what he realized to mental health professionals. Thus, its development happened completely independent of CBT. Next, the 3PI focuses on *the ability to think,* or "that people think" rather than thought content, or "what people think." If people only see "thoughts" rather than the "power of Thought" to bring them whatever experience they have, they will continually have to fight their negative thoughts, and their dysfunctional schemas. This may add more stress, and is difficult for most to do when they are feeling insecure, or angry. The intention of CBT-based interventions may be summed up as helping people see that they can think differently about their real problems; Unlike CBT, 3PI does not teach people to struggle with the content of their conditioned thinking. Instead, the dual goals of the 3PI may be summed up as (a) helping people see that their problems and actions are merely illusions of their own creation, and (b) that at their core, or spiritual essence or in a state of pure consciousness they already are perfectly mentally healthy, and only their thinking makes it appear they are not. In summary, the principle-based view is unique because of its neutral view of thought as a creative power. While CBT focuses on the content of the client's thinking as though reality is an absolute about which people can think differently, the 3PI asserts that the "reality" people see and experience is itself their own thinking. A more thorough comparison of the 3PI, and CBT for IPV offenders (and victims) is presented in Table 1.

Furthermore, the 3PI, unlike mindfulness-based interventions (e.g., mindfulness-based stress reduction; acceptance and commitment therapy), does not help people find techniques to clear the mind; it is about helping people realize that when the mind clears, a more mindful state automatically appears. The 3PI proposes that when people's minds quiet or clear, they access higher levels of consciousness, and free-flowing, mindful thought that effortlessly guides their attention and awareness in a more responsive manner. Put another way, when people's typical, day-to-day, or habitual thinking subsides, what is left is the quiet, and out of the quiet people feel a sense of peace, or love, or feel one with the moment, or have new, wise insights from out of the blue. This state is the essence of who people are spiritually; they can only stop experiencing mental health/well-being when they inadvertently obscure it with their own less healthy thinking.

Kabot-Zinn (2013), Benson (2011), Csikszentmihaliy (2014), Seligman (2011), and Hayes and Smith (2005) have generated, and stimulated an enormous amount of research into the effects of practicing techniques to quiet the mind. We assert, however, that people can realize less stress, and improved mindfulness/flow/mental health as a lifestyle, without practicing techniques or engaging in particular activities by understanding the "inside-out" creation of psychological experience, and allowing the power of Thought to work in their best interest (Kelley et al., 2015b). Mindfulness/flow/mental health appears to be people's most natural state, a buoyant state that surfaces spontaneously whenever people's minds clear of the only thing keeping this health obscured in the first place; their own thinking.[4]

TABLE 1. A Comparison of the 3P and the CBT Intervention for IPV

Point of Comparison	Cognitive-behavioral view	Three Principles view
Source of IPV	Client's irrational beliefs and unrecognized assumptions	Client's inability to understand (in the moment) that thought is the intervening variable that creates the "reality" he or she experiences of his or her partner and the situation; acting out of a low level of consciousness
Specific focus on thought	What the client thinks—thought content	The nature of thought—how the client (and all people) "use" the agency of thought to create experience
Assessment	Identify client's dysfunctional beliefs, and assumptions	Identify client's present understanding of the relationship between thought, and experience, and of innate mental health via a clear mind
Objective of treatment	To renovate client's schema, or reframe client's thinking in healthier ways	To teach the client to recognize the role of thought in a way that serves him or her best, and to realize innate mental health
Treatment process	Strategies, and techniques to address thought content	Education about the relationship between generic human psychological functioning (e.g., thought recognition, and inner health via a clear mind)
View of moods and Memory	Thinking is influenced by moods, and the past	Moods, and memory are thought
View of reality	Thought interprets the client's reality	Thought creates the client's experienced reality
View of emotions	Emotions follow thought	Emotions are thought made to look and feel real by consciousness, and serve as a gauge of the quality of the client's thinking
Cure is achieved when-:	Client changes thinking enough to cope with or resolve the situation	Client realizes innate health, and sees the illusion of his or her own creations

SEEING THE HEALTH AND INNOCENCE IN IPV OFFENDERS AND VICTIMS

No matter how foolishly IPV offenders (and victims) behave, the authors posit that successful interventions must focus on the health that exists before their misguided habits of thinking. People who teach these principles see that IPV offenders (and

victims) have within them all the mental health, self-esteem, wisdom, and common sense they need, no matter how badly they act. They see them having within themselves all of the answers they need—the ability to tap into this wisdom at any time, no matter how bad things look in the moment.

Another aspect of this is seeing the innocence in IPV perpetrators (and victims); that they are always doing their best, given their current thinking. When people break the law, are violent, abuse their partners or children, abuse drugs, and resist treatment, it is only because their thinking is "off," and they are not aware of it. They have no choice other than to act on what their thinking tells them, because it looks so real to them, courtesy of consciousness. They don't know that their thinking is off-kilter, skewed. They are only following what they see. In this sense they are innocent; they can't see anything else.

Seeing the innocence does not mean denying that someone is causing harm to another, or displaying a lack of conscience by their actions. If they did harm, if they broke the law, they may have to pay the consequences, but this has nothing to do with how they are seen by practitioners of this understanding. Within their world views, IPV offenders (and victims) can justify anything they think and do. When these people act destructively, they are simply unable to see beyond their own creations that to them appear "real." Banks (1998) stated, ". . . a lost thinker experiences isolation, fear, and confusion . . . The mislead thoughts of humanity, alienated from their inner wisdom, cause all violence, cruelty, and savagery in the world" (p. 83).

Seeing the health and innocence in IPV perpetrators (and victims) allows treatment agents to take what these misguided people do less personally; freeing their minds so they can maintain clarity, perspective, and allow their own inner wisdom to guide them. Also, when practitioners truly see the health in people, IPV offenders (and victims) can sense it. For example, Pransky (2011) described a woman in an urban housing project who was being battered by her live-in boyfriend. Asked by a Three Principles worker why she stayed with the violent perpetrator, she said, "At least it means he cares for me." The worker had difficulty comprehending the connection, but kept his head clear and listened nonjudgmentally. Suddenly a question/statement came to mind, "You mean he shows you how much he loves you and cares for you by beating you up? That's not how I show my wife that I love and care for her. I think she's worth more than that. I think you are too." The woman seemed almost startled by his words, but didn't say anything. Within 2 months, however, she kicked the man out of her house, and found a new boyfriend.

In sum, the Three Principles explain that IPV perpetrators (and victims) assume little responsibility for their feelings, and behavior because they do not experience themselves (i.e., their thinking) "as cause" in these matters. Rather, they misguidedly believe that their feelings and behaviors are imposed upon them from outside sources. Their typical experience is that other people and events—not they—are responsible for how they act, their well-being, and for what happens in their life. Thus, they generally feel victimized, helpless, persecuted, entitled, superior, and so forth. Therefore, without first making these people conscious of the fact that everyone's

"reality" is created from the "inside-out" via the power of Thought, and that they (and everyone else) have a state of mental health, and wisdom within that is accessible to them when the mind clears, any approach to changing them which focuses on altering some external condition (e.g., poverty, education, employment, punishment) will have limited power.[5] All such efforts are unlikely to help these people realize and disengage from their rigid adherence to, and identification with, fixed thoughts, and absolute views of their world. Only a change in level of consciousness can significantly alter a person's relationship with the thinking that supports IPV, and this is what an understanding of the Three Principles represents.

RESEARCH SUPPORTING THE EFFICACY OF THE THREE PRINCIPLES INTERVENTION

Kelley, Lambert, and Pransky (2015aKelley, Pransky, & Lambert, 2015b and Kelley, Hollows, Lambert, Savard, and Pransky (2017) tested the process described earlier from Three Principles exposure to improved mental health, and improved behavior. These researchers reported that Three Principles understanding showed a significant positive relationship with TR and IH/CM; that TR and/or IH/CM showed a significant positive relationship with nonattachment, less rumination, mindful attention, mindful acceptance, flow experience, eudaimonic well-being, hedonic well-being, social well-being, flourishing mental health, and regulating negative emotions; and a significant inverse relationship with depression, anxiety, and hostility. Kelley, Mills, and Shuford (2005) reviewed several studies in which at-risk youth were exposed to the Three Principles in school settings, and concluded that this intervention resulted in significant improvements in participant's mental health, school grades, and school behavior, and significant reductions in participant's anxiety, depression, anger, and gang membership. Kelley (2011) reported a significant relationship between TR, and improved well-being, and improved mindfulness for adult prisoners on probation exposed to the Three Principles. Kelley, Alexander, and Pransky (2017) reported that teaching the Three Principles to at-risk adolescents resulted in a significant improvement in resilience, and a significant reduction in risky behavior. Banerjee, Howard, Mansheim, and Beattie (2007) found that females receiving Three Principles in-patient substance abuse treatment showed significant increases in general positive affect, and significant decreases in anxiety, depression, and substance abuse. Sedgeman and Sarwari (2006) reported significant reductions in stress and anxiety for HIV-positive patients following a Three Principles intervention. Halcón, Robertson, and Monsen (2010) reported promising results after testing the feasibility, accessibility, and acceptability of a community-delivered Three Principles intervention with East African refugee girls and women from Somalia and Ethiopia. Independent evaluations of the Three Principles intervention with adolescent and adult residents in impoverished communities in Miami, Los Angeles, the Bronx, Tampa, Oahu, Minneapolis, Des Moines, and Charlotte showed significant reductions in IPV, and other forms of violent behavior (e.g., child abuse) (O. M. G. Inc, 1994).

CONCLUSION

We posit that the limited effectiveness of current approaches to preventing IPV, and its recurrence, reflect the field's lack of realizing, and understanding the principles of Universal Mind, Consciousness, and Thought that appear to account for everyone's psychological experience. We further propose that exposing IPV offenders (and victims) to these principles provide an opportunity for them to understand the "inside-out" nature of people's psychological experience, and grasp new insights regarding TR and/or IH/CM which can improve their mental health, and reduce their propensity to engage in IPV, and/or remain in an abusive relationship. Pransky (2003) stated:

> When people realize their own freedom either to allow natural, healthy thinking to flow through them, or to live controlled by their unhealthy thoughts, they begin to see problematic experience for what it is— something created in their minds. Thus, their problem behaviors diminish because what drove those behaviors doesn't look as "real" anymore (p. 78).

While empirical evidence in support of the efficacy of the Three Principles intervention is growing, more controlled and longitudinal studies are needed to test this intervention. We are presently carrying out one such study in with prison inmates in England, many incarcerated for IPV, are being exposed to the Three Principles.

NOTES

1. While James (1981) never realized these principles, he did speculate as to where they might be found with statements such as:
   - "The only thing which psychology has a right to postulate at the outset is the fact of thinking itself" (p. 219).
   - "Every thought tends to be part of a personal consciousness [within which] thought is always changing . . . a sensibly continuous, changing stream" (p. 20).
   - We can feel, alongside of the known, the thought of it going on as an altogether separate act and operation of the mind" (p. 299).
   - "Our considering the spiritual self [which he related to Absolute Mind] . . . is a reflective process, is a result of our abandoning the outward-looking point of view, and of having become able to think of ourselves as thinkers . . ." (p. 299).

   With such statements, James (1981) pointed toward the three principles uncovered by Sydney Banks—*Absolute Mind*, *Consciousness, and Thought.* Mainstream psychology, however, did not follow the clues left by James, and failed to realize these principles, their interrelationships, or their connection to true human nature and human behavior.
2. We realize that many readers may not have time or inclination to review the references cited here. Thus, what follows is an expanded description of the principles of Universal Mind, Consciousness, and Thought.

- Banks referred to Universal Mind (or Mind) as the purest life force—the source or energy of life itself—the universal, creative intelligence within and behind life, humans, and the natural world. Historically, Mind has been given various labels including Divine Ground, Spirit, Absolute, Universal Intelligence, and God. This life energy continually manifests in and flows through *personal mind*—the individual mind of living things. Banks (1998) stated, "All humans have the inner ability to synchronize their personal mind with impersonal Mind to bring harmony into their lives. . ." (p. 32).
- Banks referred to Consciousness as people's capacity to be aware or cognizant of the moment in a sensate and knowing way. Consciousness transforms thought, or mental activity, into subjective experience through the physical senses. As people use the power of thought to generate mental images, these images appear real to them as they merge with consciousness and register as sensory experience. Put another way, consciousness is the ongoing sensory experience of thought as reality. Consciousness also allows people to recognize that everyone's psychological experience is created "through them" from the "inside out," and to observe their continuous flow of psychological experience from a more compassionate, impersonal, or objective stance—a perspective this understanding calls Wisdom.
- Banks referred to thought as the creative agent; the capacity to give form to formless life energy. Thought represents people's ability to create mental images in their minds—continuous moment-to-moment thinking—the continuous creation of life experience via mental activity. Banks viewed thought and consciousness as two sides of the same process of experiencing life—consciousness allowing the recognition of form and form being the product of thought.

3. We must be clear regarding our statement that everyone "*uses*" the Three Principles to create their psychological lives. By "using" these principles, we don't mean that people have to "do something"—that certain tools, techniques, beliefs, or actions are necessary. All that is required to "use" the Three Principles is to be a live human being. At birth—actually from the moment of conception—everyone "uses" the Three Principles to have psychological experience in the same way that everyone "uses" gravity to stay anchored to the Earth. Put another way, gravity keeps everyone planted on the ground, and Mind, Consciousness, and Thought create everyone's psychological experience—with absolutely no effort from them. The better people understand the Three Principles, however, the better they can "use" them to realize, and sustain their mental health birthright, and avoid less responsive behavior.

4. We are in no way saying that meditation, mindfulness-based interventions, and activities that induce flow are a bad idea or shouldn't be practiced; we recognize they have been helpful to many people. We are simply offering an alternative view of what is behind what makes these techniques, interventions,

and activities work for some, which might lead to a deeper understanding. The Three Principles simply posits that a more leveraged way for people to realize mindfulness/flow/mental health during their day-to-day waking moments may be through understanding how their psychological lives are created by their use of the principles of Universal Mind, Consciousness, and Thought.

5. We are not saying that efforts to ameliorate difficult personal, and environmental conditions shouldn't be taken. We are merely saying that sustained changes in people's behavior are less likely unless they experience new insights that alter how their lives appear to them.

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Correspondence regarding this article should be directed to Thomas M. Kelley, Department of Criminal Justice, 3255 Faculty Administration Building, Wayne State University, Detroit, MI 48202. E-mail: aa5216@wayne.edu