

**Integral Transformative Practice (ITP):
An Investigation of Participants Over the Course of A Year**

Institute of Noetic Sciences
Cassandra Vieten, PhD

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Executive Summary

This report contains the findings of a longitudinal pilot study that examined the associations between engagement in Integral Transformative Practice (ITP) and measures of physical, psychological, and spiritual health and well-being amongst its participations. This exploratory study was conducted in the 2006-2007 year by the Institute of Noetic Sciences and made possible with support of the Fetzer Institute, private donors, and the participation of 53 individuals engaged in ITP. Rather than determining efficacy in comparison to an active control, this pilot project sought to establish the promise of the program, and to develop appropriate measures, sample size estimates, and meditational hypotheses for future randomized-controlled trials.

An additional goal of the study was to develop a working-protocol, survey instrument that can be utilized in evaluating the effectiveness of many different kinds of transformative practice programs. Toward that end, this pilot study we selected measures of constructs that our previous research has shown are common to the process of transformation, regardless of what practice or tradition is being studied, as well as selecting constructs that are specific to the program being studied. The intent was to develop an evaluation procedure that includes a core set of measures relevant to any program, while leaving room for a tailoring process that will make the instrument useful for measuring the goals identified by many transformative programs. Many of the questions focused on spiritual transformation were influenced by preliminary studies conducted at the Institute of Noetic Sciences that studied the transformative process.

Through collaboration with consultants and leaders from the ITP program, an online survey instrument with various measures was created and tailored specifically for data collection from 53 participants at three time points over the course of a year during their involvement in the community-based Integral Transformative Practice (ITP) program.

Repeated measures analyses showed that participants reported a significant improvement in overall health and reduced symptoms of ill health, as well as increased psychological well-being, vitality, and quality of life over the course of the year. Additionally, greater involvement in the practice community predicted better psychological well-being, increased quality of life, and greater self-transcendence. It was also found that the degree of reported self-transcendence mediated the relationship between level of engagement in ITP and psychological well-being. Self-transcendence also predicted physical health, and further analysis revealed that this relationship was mediated by psychological well-being.

These results suggest that engaging in Integral Transformative Practice holds promise for achieving greater health and well-being. Self-transcendence may be one key pathway toward enhancing psychological well-being, in turn leading to improved physical wellness.

This detailed report provides extended analysis and detailed presentation of findings that augment the manuscript we have written and submitted for publication (Appendix A).

The Integral Transformative Practice (ITP) Project: Background and Design

Background

Recent decades have shown a growing awareness among health and healing professionals that attending simultaneously to multiple dimensions of being may hold greater potential for health, healing, and quality of life than attending separately to single aspects [1,2](#).

In a growing paradigm described as *integral*, spiritual teachers, psychologists, health care providers, and theorists have noted that attending to physical, mental, emotional, *and* spiritual aspects of being in an integrated fashion, particularly in the context of community, may be optimal for achieving psychological well-being [2-7](#).

As a result, a number of community-based programs (that is, programs that are not part of the conventional healthcare system or of formal organized institutions such as a workplace, church or school) have been developed that attempt to integrate physical, psychological, emotional, and spiritual practices for well-being into a cohesive program.⁸ Whether short-term (such as a weekend workshop), or longer lasting (months or years), these integrated practice programs offer participants a community of like-minded people, a set of individual and group activities, a narrative about the nature of reality, and a theoretical pathway to personal growth.

Oftentimes, programs request that participants make a commitment to a prescribed set of practices, as well as out-of-pocket fees to support the program. People may select a program because they encounter a book or website describing the program, or receive a recommendation from a professional or a trusted friend. Additionally, comprehensive programs for health promotion that incorporate health care, nutrition, exercise, and stress management in the workplace have shown benefit and cost-effectiveness.⁹

Despite recent growth of community-based programs, very little rigorous research has been conducted to explore the extent to which these programs result in measurable changes in health and well-being, emotional balance, and prosocial/spiritual outcomes such as a sense of meaning, self-transcendence, love and forgiveness.

Most of the existing literature on community-based self-improvement programs focuses on those that address a specific ailment or issue. Twelve-step programs, such as Alcoholics Anonymous, may represent the best known and largest community-based program, with an estimated 2.1 million people attending AA meetings in 115,000 locations worldwide¹⁰. There exists a large body of literature on the health and well-being effects of Transcendental Meditation [11,12](#), mindfulness-based programs [13,14](#) and other forms of meditation [15,16](#); and some empirical studies on outcomes of various types of yoga and martial arts¹⁷⁻²⁰. However, **few empirical studies have focused on community-based programs that integrate mind-body practices from different wisdom traditions, have multiple teachers, and provide health recommendations combined with other psychological, emotional, or spiritual methods for improving well-being.** In addition, methods for measuring variables relevant to the transformative process and efficiently collecting naturalistic data from practitioners have been limited.

There is some evidence that these multi-component community-based self-improvement programs hold promise for improving health and well-being. A study of a ten-day “emotional education program,” called the Hoffman Process, which includes mind, body, and spiritual aspects, showed that participation in the program was associated with declines in negative affect and depressive symptoms, and increases in positive outcomes such as life satisfaction, empathy, mastery, and emotional intelligence, and that these changes were sustained at a one-year follow-up²¹. Furthermore, the study showed that increases in forgiveness and spirituality mediated the effect of program participation on depressive symptoms.

The phenomenon of people participating in community-based self-improvement programs that incorporate spiritual practices and contemplative introspection, along with study and readings, discussions and activities, and nutrition and exercise recommendations, may reflect a societal movement toward an increasing number of people self-identifying as “spiritual but not religious.”^{43,44} It is possible that such participation is taking the place of activities that used to be a part of involvement in one’s organized religion. It may also reflect a growing movement among individuals who are finding ways to improve their health and well-being outside of the conventional healthcare system.

Transformation Studies at IONS

For nearly a decade, researchers at the Institute of Noetic Sciences have been studying transformations in consciousness. First, a qualitative study of people’s transformative experiences was carried out using short essays that were solicited through IONS publications. This led to conducting a series of three focus groups among leaders and teachers of spiritual and consciousness based transformational training programs. This preliminary work led to the development of a set of 20 questions about transformative process. Using these questions, we performed structured interviews with 50 teachers who were all actively involved in teaching, practicing, and studying religions, spiritual traditions, or modern transformative movements. Each interview was coded by two independent analysts using a standardized coding scheme, and entered into a relational database. Analysis of the resulting ~12,000 lines of data involved collapsing similar responses based on keywords and conceptually similar ideas into themes reflecting the most common responses across traditions.

From this formative work, we constructed a tentative model of the transformative process and what predicts, mediates, and results from transformative experiences and practices. Still preliminary, this model suggests that transformation is essentially characterized by a shift in perspective on one’s self and one’s life. Stimulated by a variety of potential catalysts, this change in one’s worldview often begins with a glimpse – an Aha! moment or epiphany – that leads one into further exploration. While not all transformative paths start with a dramatic peak experience, most begin with some shift in perspective that one grows into through study, practice, and participation in some form of community. As one’s path deepens over time, a reciprocal interaction takes place between inner subjective experiences arising through contemplation or self-inquiry, and more outward practices, studies, and activities. Both of these reinforce one another, and serve to help integrate people’s realizations into their daily lives.

Similarly, through a dialectical movement between one’s own intention, will, choice, and motivation to improve themselves and their lives, and a process of letting go, allowing, and or

surrendering to a process or force of growth and transformation, one is able to make meaningful and lasting shifts in their attitudes, priorities, motivations, thinking patterns, and behaviors. As one intentionally inquires into his or her own experience and seeks to know their true nature, there is great similarity across traditions in descriptions of what they encounter. Most describe a ground of being characterized by unlimited love, essential interconnectedness, and immanent sacredness in all things. The more one encounters this and brings these realizations into his or her life through practice, study, and contemplation, the more they are naturally inclined toward embodying virtues such as love, forgiveness, compassion in their perceptions and their actions in the world. This description is oversimplified, but encapsulates briefly our view of the transformative process.

From the preliminary results of this project, we selected a set of constructs to measure, and this paper and pencil survey was piloted with 500 people. Using these data, the items and format of the survey were refined. Then, in collaboration with peers studying transformation in academia, we developed an online survey. Since 2004, approximately over 2000 people have completed the online survey, yet this cross-sectional (one-time only) survey relied solely on retrospective reports. To support retrospective data, we intended to carry out a prospective cohort study that would collect more immediate data from individuals as they participate in the transformative process.

Purpose and Development of ITP

When Michael Murphy, author and co-founder of the Esalen Institute, and George Leonard, a journalist/writer, fifth-degree black belt in Aikido, led personal growth workshops at Esalen and elsewhere, they observed that participants often experienced insights that resulted in temporary gains in health, well-being, and quality of life ⁵. However, these gains often rapidly faded as they returned to their ‘regular lives.’ To address this, they developed Integral Transformative Practice™ (ITP), a community-based integral practice program, and co-wrote “The Life We Are Given” ⁵ with the intention of providing a set of coherent practices in a supportive community environment for ongoing personal and social development.

In both a pilot study and a study conducted at Stanford University, the program has shown promise for improving physical and mental health. However, the program has not been subjected to additional scientific investigation until now.

ITP Method and Practices

ITP is *integral* in that the various aspects of the self are seen as complementary attributes of an underlying wholeness. It is *transformative* in that it aims at positive change in body, being or performance, or the manifestation of unrealized potentialities. And it is a *practice* in that it involves long-term, positive activities which, above and beyond any specific external rewards, are of value in and of themselves. The essence of ITP’s theoretical underpinnings is the philosophy of “evolutionary panentheism,” that of the divine being both immanent and transcendent to our world.

ITP stands on four legs: theory & philosophy, practice, community, and research, and also distinguishes itself through the concept of multiple practices, multiple teachers, and multiple

leaders. While ITP can be done on one's own or with another person, it is customarily practiced in a group or community that meets weekly. At the core of the practice are nine commitments which include:

- 1) Forty minute series of physical exercises called the "kata", which involves movement, rhythmic breathing, deep relaxation techniques, imagery, focused surrender, affirmations and meditation
- 2) Contemplative practice
- 3) Physical fitness training
- 4) Cognitive development
- 5) Service component
- 6) Participation in Leonard Energy Training (LET) exercises, a set of practices derived from Aikido, for centering mind, body, and spirit through the exploration of one's subtle energy.

Participants in ITP are encouraged to agree to a set of guidelines known as The Nine Integral Transformative Practice Commitments.

1. I take full responsibility for my practice and for all transformations of my body and being that flow from it. While respecting my teachers and fellow practitioners, I fully understand that I am the final authority.
2. I seek to join in commitments with other ITP practitioners. While maintaining my individual autonomy and authority, I commit myself to my ITP community in vision and practice. I understand that just two people can make a community. I also know that I can create a community through electronic networks, or even practice alone, bolstered by the greater ITP community.
3. I do the ITP Kata at least five times a week. I understand that, time permitting, I can lengthen any part of the Kata, and that extended periods of meditation at the end of the Kata and at other times of the day are recommended.
4. I accomplish at least three hours of aerobic exercise every week in increments of no less than twenty minutes. Three sessions of strength training a week are also recommended, but there is no commitment on this.
5. I am conscious of everything I eat.
6. I develop my intellectual powers by reading, writing, and discussion. I thoughtfully consider the visions and the readings set forth in chapter 12 and, commensurate with my own best judgment, seek to integrate cognitive understanding into my practice.
7. I open my heart to others in love and service. I stay current in expressing my feelings to those close to me and take care of my emotional needs in appropriate and healthy ways, seeking counsel when needed.

8. For each six- to twelve-month period, I make at least one affirmation having to do with significant positive change in my own being. I also make the following affirmation: “My entire being is balanced, vital, and healthy.” I include my affirmations during transformative imaging in my Kata and seek in appropriate and healthy ways to realize those affirmations.
9. I am dedicated to finding ways of reaching out and offering help to those in need. I understand that an important part of Integral Transformative Practice is to help ameliorate the unnecessary waste and suffering in the world and advance the evolution of our species and society to a more balanced, more peaceful, more joyful condition.

The purpose of this project was to develop methods and measures for studying people engaged in transformative practice programs, and to conduct a pilot study using these methods and measures to investigate participants of a model program, Integral Transformative Practice.

Study Design

Participant Enrollment

Enrollment in this study coincided with the beginning of a year-long session in September 2006. People enrolling in the ITP program in their area were notified about the opportunity to participate in the study via emails from their local community group leaders and from the ITP central office. In addition, some ITP groups presented the opportunity to participate at their in-person local meetings. Interested participants enrolled in the project by phone or email and if interested in participating, were directed to an online survey link. Consent was obtained online.

Participants included 62 adults recruited from seven different ITP groups in the United States (from states of CA, TX, WA, IL, OK, OH) and were asked to complete a battery of measures via an online questionnaire three times over the course of one-year: upon enrollment in the study (baseline), six-months later (mid-year), and one year after enrollment (year-end). Fifty-three people completed all three measures. There was no comparison or control group.

Summary of Measures

We developed the online survey by modifying an existing instrument (from survey and interview studies on transformation) to be shorter, and including measures that were most closely linked to our theoretical model of change. We completed the process of tailoring the online instrument to be relevant to the participants of ITP by collaborating with leaders of ITP, asking them to provide appropriate language to describe their specific practices and their community, and what outcomes they perceive their program results in. We also included several standardized measures that were unmodified.

After completion of the first measurement, we reevaluated the survey with the help of experts in the field who helped us reduce redundancies, and increase the efficiency and precision with which we are measuring the constructs of interest. We reduced the length of the survey in response to many complaints we received from participants after the first measurement.

Demographics and history. Demographics including age, ethnicity, income, education, marital status, and region were collected at baseline. Historical engagement in ITP and other spiritual or transformative practices was measured with questions such as, “have you engaged in a meditation practice prior to ITP? If so, how often did you meditate? For how many months or years did you engage regularly in this practice?”

Level of engagement. Involvement in ITP and other self-improvement practices were measured using investigator-developed scales that asked participants to report on the quantity, frequency, and type of practices they used during the 90 days prior to each measurement point. Quantity of Practice was operationalized as the number of days in the 90 days prior to completing the survey that participants engaged in ITP activities. Because quantity and frequency may not necessarily reflect participants’ subjective involvement of the practice, we also asked participants to rate their overall perceived level of involvement (e.g. “Over the last 90 days, to what extent do you consider yourself involved in your transformative practice?”).

General physical health. Self-reported overall health was measured using one-item “Thinking back over the past month, how would you say your general health has been?” This global self-rating of general health has been shown to be reliably associated with mortality and survival in large samples, with predictive power over and above other methods of assessing health, such as physicians’ ratings ²².

Health symptoms. Physical symptoms were assessed using a thirteen-item health symptom checklist asking participants to report how often they had any of the following in the past month: headaches, faintness/dizziness, stomachache/pain, shortness of breath, chest pain, acne/skin irritation, runny/congested nose, stiff or sore muscles, stomach upset/nausea, irritable bowels, hot or cold spells, poor appetite, coughing/sore throat, or other. This measure is a reliable and valid index of self-perceived health status that has been used in previous research ²³⁻²⁶.

Psychological well-being. The Psychological General Well-Being Index (PGWBI) ²⁷ is a 22-item questionnaire assessing subjective psychological well-being or distress. It contains validated subscales for Anxiety, Depressed Mood, Positive Well-Being, Self-Control, General Health, and Vitality. Internal consistencies for the subscales ranged from 0.72 - 0.88, and for the overall index, 0.94. The scale was validated in large public health samples, demonstrating high concurrent validity with longer scales. Test-retest reliabilities ranged from .50 - .86 depending on length between tests, demonstrating both stability and sensitivity to change over time ²⁷.

Stress. The 10-item Perceived Stress Scale (PSS) ²⁸ was used to measure stress. It is the most widely used measure to assess the degree to which life circumstances are appraised as stressful, and demonstrates excellent reliability, and concurrent, predictive, and discriminant validity ²⁹.

Quality of life. The Quality of Life Scale (QOLS) ^{30,31} is a 16-item instrument that requests that respondents rate their satisfaction with five conceptual domains of quality of life: material and physical well-being, relationships with other people, social, community and civic activities, personal development and fulfillment, and recreation, as delighted, pleased, mostly satisfied, mixed, mostly dissatisfied, unhappy, or terrible. It demonstrates high convergent and discriminant validity, and high internal consistency (0.82 – 0.92), and three-week test re-test reliability (0.78 – 0.84) while still being sensitive to change over time ³⁰.

Self-transcendence. The Adult Self-Transcendence Inventory (ASTI) ³² was used to measure “self-transcendence,” a term used to describe (a) a desire to discover meaning in human life ³³, (b) a growing spirituality involving both an expansion of boundaries and an increased appreciation of the present ³⁴, or (c) a developmental process that forms a pathway to wisdom ³⁵. Representative items are “I often engage in quiet contemplation,” or “I feel that my individual life is a part of a greater whole,” and “Different parts of me are often at cross purposes” (reverse-scored). The ASTI demonstrates good internal consistency ($\alpha = 0.64 - 0.75$), and is correlated with personality in expected directions, but only modestly, supporting its validity as an independent construct. Scores on the ASTI are positively related to experience with meditation practice ($r = .30, p < .001$) ³².

Religiousness/Spirituality. Spiritual variables were measured using a modified version of the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS)^{36,37}, which includes questions about Daily Spiritual Experiences, Meaning, Values/Beliefs, Forgiveness, Private Religious Practices, Religious and Spiritual Coping, Religious Support, Religious/Spiritual History, and Commitment. This instrument measures multiple aspects of religiousness and spirituality including religious and spiritual activities, beliefs, and identities, as opposed to previous measures that had focused primarily on religious affiliation and church attendance. In this study, we used the BMMRS 6-item Daily Spiritual Experiences subscale³⁸ to measure the inner spiritual feelings and awareness that one experiences from day to day.

Since the DSE uses religious language that the participants in our study do not themselves use, we modified the scale to include relevant terms. Modifications were made in collaboration with representatives from the ITP program. Sample items with modifications in brackets are: “I feel comfort in my religion, spiritual tradition, [or transformative practice].” “I feel God’s [or a spiritual force’s] presence.” Participants were asked to rate the frequency of these and other experiences as occurring many times a day, every day, most days, some days, once in a while, or never or almost never.

Transformation Measures. Participants were asked to provide an in-depth narrative of one past transformative experience^{39,40}, cognitive appraisals related to the transformative experience⁴¹, positive and negative emotions experienced during the transformative experience⁴², and answer a number of additional qualitative open-ended questions.

Examples of anecdotal questionnaire included, “Please describe in as much detail as you can what you were feeling at the time.” and “Do you think that the experience changed you in some way? How?” Sample items with scaled responses include, “When you were having this transformative experience, to what extent did you feel that circumstances beyond anyone’s control were controlling what was happening in this situation?” and “When you were having this transformative experience, how much effort (mental or physical) did you feel that this situation required you to expend?” Participants were asked to complete a set of sentences such as, “The difficult of challenging part of my spiritual or transformative journey has been...” and “The most important quality in myself that has been cultivated as part of my transformation is...”

See a complete list of measures and time points in Appendix B

Procedures

After enrollment and completion of the baseline survey, participants were contacted by email or by phone six-months and one-year later to complete the same measures, with exception of historical and demographic information.

Using several approaches to enhance retention, such as small gifts, thank you notes, birthday greetings, and reducing redundant survey items, 53 participants or 86% of the sample was retained at the one-year measurement point. Of 9 people who dropped out, seven dropped out of the ITP program, and two did not wish to complete the survey.

We learned several things about improving retention:

- 1) To stay in frequent light contact with participants over the interim periods between measures
- 2) To offer incentives such as small free gifts or study updates
- 3) To minimize the length of measures/participant burden as much as possible while still being able to test the study goals
- 4) To assess upon enrollment the level of one's commitment and ability to being studied over the course of a year
- 5) Build in a sufficient number of enrollees to anticipate drop-outs.

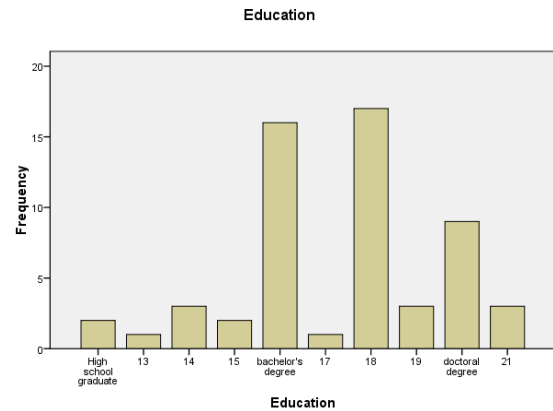
It was found that collecting the survey responses from the participants takes approximately one month (for all participants to respond), and that leaving too little time between measurement points for participants who complete the survey late is perceived as burdensome by participants. For this reason, we adjusted the number of measurement points from four to three times during the year the ITP practice.

After participants completed the final survey, all questionnaire data were downloaded from the online survey software, processed, and analyzed using SPSS Statistical Software.

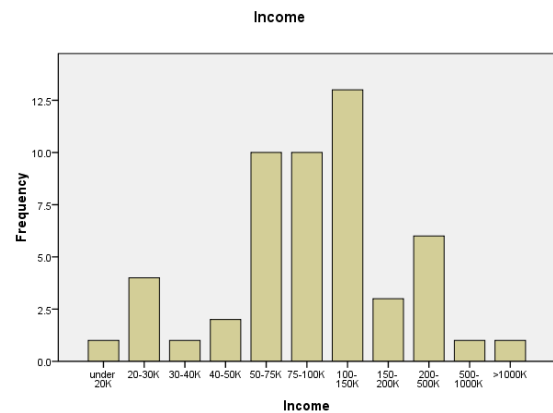
Summary of Results

Participant Demographics

- Participants who completed the study were 65% female, had a mean age of 55 ($SD = 10.2$), and 45% were married or had a long-term live-in partner (35% separated or divorced).
- 96% of the sample was White/Caucasian, most had completed college and some graduate education, and the mean gross family income was \$167,244 ($SD = \$54,789$).
- 50% of the participants were professionals, 15% were business owners or entrepreneurs, and 7% were in management/sales or administration, with the remainder in other occupations or retired.



- One-third of the sample lived in urban areas, two-thirds in suburban areas, and one person in a rural area.
- Over half (59%) of the participants were in their first or second year of participating in the ITP program. Fifteen people reported being new to ITP, and another 22 were in their second year. Thirteen percent had been practicing ITP for three years, 10% for four years, 5% each for between five to seven and seven to ten years, and 4% for over ten years.



- 86% of the sample was retained at the one-year measurement point. Of 9 people who dropped out, seven dropped out of the ITP program, and two did not wish to complete the survey.
- No significant baseline differences in age, gender, height/weight, marital status, employment, ethnicity, education, income, or geographic region were identified between those who dropped out of the longitudinal survey and those who did not.

Participant Characteristics

Variable	Percentage of Participants
<i>Gender</i>	
Male	35%
Female	65%
<i>Age</i>	
	55 (10.2)
<i>Marital Status</i>	
Never Married	18%
Married or Long term live in partner	45%
Separated or divorced	35%
Widowed	2%
<i>Occupation/Profession</i>	
Home maker	3%
Professional	50%
Tradesperson	0%
Management/Sales	7%
Administration	5%
Business Owner/ Entrepreneur	15%
Service Profession	3%
Unemployed or Unable to Work	2%
Other	16%
<i>Ethnicity</i>	
White	96%
Latino/Hispanic	4%
<i>Formal Education (yrs) (M/sd)</i>	
	17 (2.2)
<i>Gross Annual Income (M/sd)</i>	
	\$167,244 (\$54,789)
<i>Geographical Location</i>	
Urban	31%
Suburban	67%
Rural	2%
<i>Years in ITP</i>	
	13.6 (12.8)
First Year	24%
Second Year	35%
Third Year	13%
Fourth Year	10%
Five – Seven Years	5%

Seven to Ten Years	5%
Over Ten Years	8%
<i>Religious Upbringing</i>	
0 Not at all	0%
1	4%
2	6%
3	24%
4	19%
5 Deeply	47%

Religious and Spiritual Background

The baseline survey showed that a large percentage of the group practicing ITP felt that spirituality had more of an influence on their life than religion, and that many participants were actively engaged in spiritual/religious practice outside ITP.

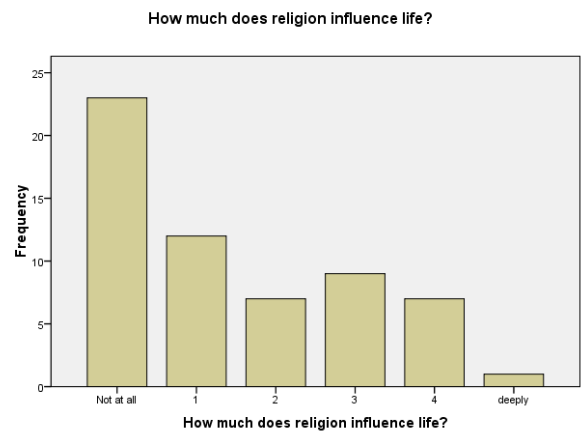
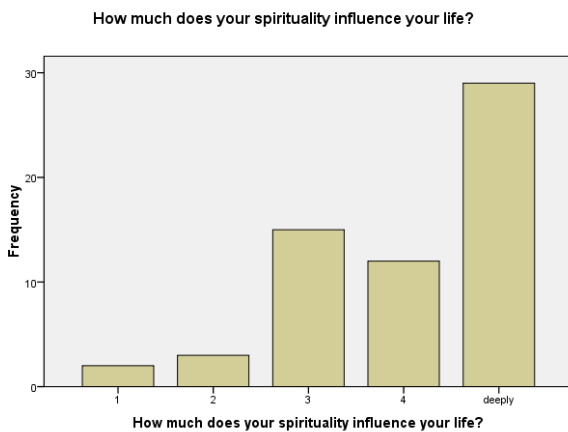
- Prior to or in addition to ITP, 89% of the group had engaged in a formal practice for the purpose of cultivating or supporting spiritual growth or transformation.
- 47% percent of participants reported an upbringing that was deeply religious or spiritual, and another 43% reported a moderately spiritual or religious upbringing, whereas the remaining ten percent rated the extent of their religious or spiritual upbringing as little or very little.
- When asked, “How often do you meditate/pray, or do spiritual practice?” 79% of participants reported “at least a few times a week” and 54.8% reported “at least once a day.”
- When asked about religiousness or spirituality, 48% of participants classified themselves as “spiritual but not religious” and reported the following religious/spiritual demographics:



Response	Frequency	Percent
Spiritual	28	45.2
Other	7	11.3
Buddhist	6	9.7
Jewish	5	8.1
None	5	8.1

Catholic	4	6.5
Christian	4	6.5
Hindu	1	1.6
Missing	2	3.2

- In response to “How much does your spirituality influence your life? (Scale 1 to5) 46.8% of participants marked (5-deeply) and 3.2% marked (1). In response to “How much does your religion influence your life? (Scale 0 to 5) 1.6% of participants marked (5-deeply) and 37.1% marked (0-not at all).



Motivations for Joining ITP

The Table below contains responses to the question “What was your primary motivation for joining ITP?” In general, participants in this sample reported that their primary reasons for joining were to enhance personal growth, learning transformational practices, finding spiritual support, and being a part of a spiritual community.

Responses to “What was your primary motivation for joining ITP?”

Evolution, growth and community. Wisdom and committment.

Ultimately to achieve my own potential; but it was also out of curiosity

I like the program and the support you get from a group. The practice enfolds everything I think a person needs for a healthy and spiritual life style.

I wanted to be in a group that was talking about interesting things.

Participating in community

I wanted a group to share and support practice and transformation -- I very much liked the way George

Leonard presented the idea in The Life We Are Given.

Accomplish certain goals

Community and support for practice

Community; AND..if I could not resolve differences and live in peace in an Integral community, how could the rest of the world with many differences live in peace? a test site for me to be able to resolve conflicts and have community and practice conflict resolution

Curiosity

To focus on my personal transformation with the support and challenges that being apart of a community offers.

To expand my social contacts with people who thought like me. I also wanted to meet people who were doing something positive in their lives and be a part of the growing consciousness in the world.

support in my 5 practice to deepen my relationship with myself and "All That Is"

Fellowship and support of likeminded people in my evolution

To expand my existing transformative practice. To create a space for others to have a transformative practice. To transform myself to the fullest extent possible

I appreciate having a supportive community to meet with once per week.

To grow physically, mentally, emotionally, spiritually and socially.

Changes over Time

Repeated Measure Linear Trend Analysis of Variance (ANOVA)

Linear trend analyses were performed to assess trends from baseline to 6-month and 12-month outcome measures and showed that in one year of practice in the ITP program, the participants as a whole showed the following results. Results showed that participants experienced a significant reduction in health symptoms, improved general health, quality of life, and general psychological well-being. Three subscales of the General Psychological Well-Being Index improved significantly: vitality, positive well-being, and self-control.

The table below provides the mean scores and repeated measures outcomes for each variable. When the “*p*” value is less than .05, it means that the change over time was large enough to be statistically significant (a probability of less than 5% that the change observed could have happened by chance). Larger scores indicate “healthier” scores on all variables.

Dependent Variables	<u>Means</u> (<u>average</u> <u>scores</u>)			F	df	Sig.
	Baseline	6-months	12-months			
Health Symptoms	206.00	219.00	234.00	8.99	(1, 46)	p< .01
General Health	10.75	11.10	11.69	7.65	(1, 47)	p<.001
Psychological Well-Being	80.19	81.43	85.83	15.17	(1,47)	p<.001
Vitality (Subscale)	13.59	13.90	14.56	11.43	(1, 47)	P<.001
Positive Well-Being (Subscale)	13.98	13.90	14.77	4.59	(1,47)	p<.05
Self Control (Subscale)	12.27	12.43	13.01	13.71	(1,47)	p<.001
Quality of Life	88.06	89.82	91.20	4.59	(1,46)	p<.05

Perceived Stress	13.71	13.13	13.98	--	(1,47)	ns
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Descriptive Analyses of Notable Changes

We examined the proportions of responses in the sample as a whole (including only those that completed the study) at each of the three measurement points. While this is a descriptive rather than statistical analysis, the outcome was illuminating.

The following table contains the percentage of participants who reported these outcomes at each measurement point.

Survey Measure	Baseline	% of Participants 6-months	12-months
Excellent Health	18%	16%	35%
Health (Very Good or Excellent)	63%	73%	72%
Rarely Experience Stiff or Sore Muscles	42%	50%	56%
Rarely Experience Running or Congested Nose	61%	67%	80%
In Very Good/Excellent Spirits	31%	52%	61%
Do Not Experience Depression	27%	37%	43%
Able to Mangle Thoughts, Emotions, Behaviors (For the Most part + Definitely So)	70%	79%	94%
Bothered by Nervousness (A little + Not at All)	72%	75%	91%
Wake up Fresh and Restored (Most of the Time + All the time)	41%	46%	59%
Feel Energetic	54%	63%	72%
Feel Emotionally Stable	69%	77%	87%
Feel Cheerful and Lighthearted	43%	40%	61%

Rarely Feel Tired, Worn out, Exhausted	53%	62%	82%
High Self Esteem (Score 4/5 + 5/5)	63%	n/a	85%
Worry about other's opinions of me (agree + strongly agree)	39%	25%	19%
Not Fearful (agree + strongly agree)	62%	65%	81%
Parts of self at cross purposes (agree + strongly agree)	42%	n/a	26%
Parts of self at cross purposes (disagree + strongly disagree)	26%	n/a	53%
Do not worry about the future (agree + strongly agree)	63%	n/a	85%
A Happy Person (Score of 6/7 + 7/7)	47%	n/a	70%
<i>Emotions (over the past two weeks before the measurement point)</i>			
Scared (slightly + not at all)	40%	n/a	59%
Distressed (slightly + not at all)	25%	n/a	46%
Nervous (slightly + not at all)	31%	n/a	48%
Ashamed (slight + not at all)	61%	n/a	83%
<i>T/F</i>			
I often feel like I am part of the spiritual force on which all life depends. (True)	57%	n/a	73%
Often when I look at an ordinary thing, I get the feeling that I am seeing it fresh for the first time. (True)	71%	n/a	85%

At the end of the year, 59% of the group reported having changed significantly (“very much” or “profoundly”) over the course of the previous year. Out of those that changed, nearly all of them (94%) reported that change was significantly (“pretty much” or “absolutely”) for the better.

At the beginning of the year 18% of the group reported “excellent health” and 16% reported “excellent health” midyear. At the end of the year, the proportion almost doubled, with 35% reporting excellent health. Therefore, initially and midway, less than 1/5th of the group resided in the optimal health category. However, at the final stages, over 1/3rd of the group reported peak health performance.

In addition, 53% of the group responded “a little” or “none” when asked if they generally felt tired, worn out, used up, or exhausted in Round 1. This rose to 62% in Round 2, and then to 82% responding “a little” or “none” by the year end. In another example, at baseline 61% reported hardly ever experiencing a runny or congested nose. By mid-year, 67% reported hardly ever experiencing this, and by the end of the year 80% of the group was hardly ever experienced a runny or congested nose.

Increased proportion of people experiencing optimal well-being was observed in the psychological realm as well, with only 31% of the group reporting being in at least very good or excellent spirits in general at baseline, 52% midway, and 61% of the group reporting generally being in very good or excellent spirits by the end of the year. Forty-three percent of the group reported feeling cheerful and lighthearted most or all of the time at baseline, which dropped slightly to 40% mid-year, but by year-end escalated to 61%. Conversely, at baseline 27% of the group reported no experience of depression at all. Mid-year this rose to 37% and by year-end 43% reported no experience of depression.

A similar pattern was observed for variables related to spiritual well-being. For example, 57% of people endorsed the item, “I often feel like I am part of the spiritual force on which all life depends” at baseline, but this proportion rose to 73% at year-end.

A greater proportion of people in the overall sample reported optimum health and well-being by the end of their year in ITP, than at the beginning of the year.

Relationship of Quantity and Involvement in ITP to Outcomes

Reported Amount of ITP Practice

Before reporting on the relationship between level of engagement in ITP and health/well-being outcomes, let's examine the amount of practice people reported engaging in.

- Over a period of 90 days, the reported days using any ITP practice widely varied among participants, ranging from 20 to 90, with an average of 75 days (standard deviation, 18 days) in each 90 day period.
- When asked to subjectively evaluate involvement in ITP practice, 46% of the group reported that they were “very involved”, 38.5% “moderately involved”, 11.5% “somewhat involved”, and 4% “slightly involved”.
- The average reported participation in individual practices was:
 - Conscious Eating* – 64 days out of 90, and daily or several days a week
 - Affirmations* – 48 out of 90, a few or several days a week
 - Kata* – 43, a few days a week
 - Staying Current* – 41, a few days a week
 - Aerobic Exercise* – 37, a few days a week
 - Attending ITP Groups* – 10, 2-4 times month

Relationship of Practice to Outcomes

Reported engagement in ITP activities (e.g. actual activity in the last 90 days) appears to be an overlapping but distinct construct from perceived involvement (e.g. subjective level of involvement or importance of the practice in one's life), with correlations ranging from 0.414 at the 6-month time point to 0.500 at the 12-month time point. In other words, the actual amount of time people practice is only partially correlated with how important or central they feel ITP is in their lives. So, in the analyses, we examined both kinds of involvement – both actual reported amount of behavioral activity related to ITP, and subjective importance of ITP in one's life.

We anticipated that higher level of engagement in ITP activities would predict increased physical health. This hypothesis was not supported. Though health did improve in the overall sample over the course of the year, it was not related to the reported amount of practice.

But, the level of involvement with ITP was associated with higher quality of life, lower levels of perceived stress, higher self-transcendence, and more daily spiritual experiences at the 6-month measurement point, and with psychological well-being and higher self-transcendence at the 12-month measurement point.

The table below shows how level of involvement prior to the six and twelve-month measurement points was correlated with health and well-being outcomes. Bold items indicate significant correlations.

Correlations between reported frequency/quantity and subjective level of engagement in ITP practice over 90 days prior to measurement point with health, well-being, and spiritual outcomes.

	Health Symptoms	General Health	Psych Well-Being	Quality of Life	Perceived Stress	Self Transcendence	Daily Spiritual Experiences	Meaning and Value
Six-Months								
Total Activity Days in Past 3 Months	.174	.085	.252	.307*	-.298*	.434**	.338*	not assessed
Subjective Level of Engagement	.226	.041	.172	.430**	-.284*	.430**	.447**	not assessed
Twelve Months								
Total Activity Days in Past 3 Months	-.019	.002	.315*	.307*	-.220	.363*	.564**	.395**
Subjective Level of Engagement	.122	.130	.285*	.223	-.212	.313*	.257	.373**

Note: *p<.05 (two-tailed); ** p<.01 (two-tailed).

- At 6-months, total practice predicted reduced stress and improved quality of life, self-transcendence, and daily spiritual experiences.
- At 12-months, total practice predicted increased psychological well-being, improved quality of life, self-transcendence, daily spiritual experiences, and meaning and value.

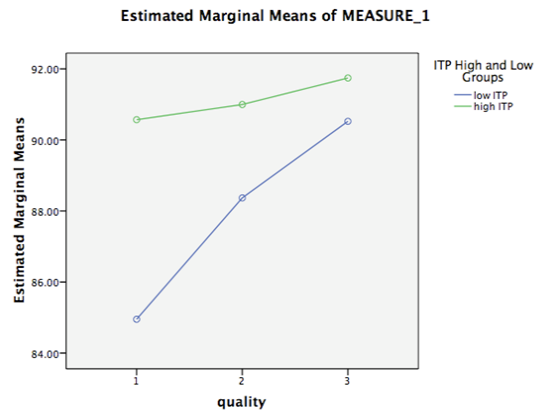
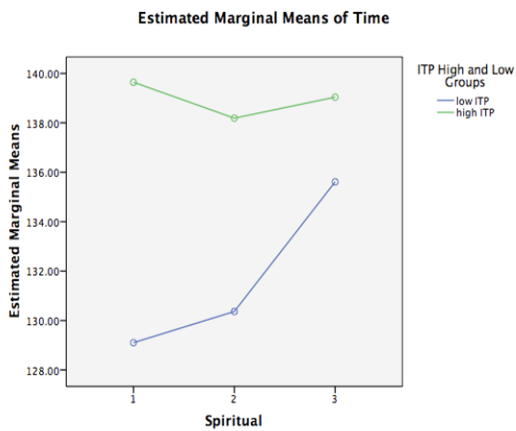
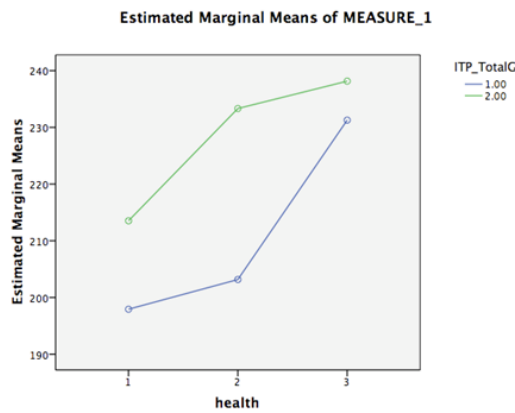
As always in correlational studies, one must be careful not to interpret correlation as causation. For example, better psychological well-being and quality of life at baseline was correlated with more practice at 6-months (p<.01). Perceived stress at baseline was negatively correlated with ITP total practice (p<.05). The same trend was shown at 12-months, where Quality of Life (6-months) positively predicted ITP practice at 12-months (p<.04), and Perceived Stress (6-months) negatively predicted ITP practice at 12-months (p<.05). It's possible, and plausible, that those with better psychological well-being and quality of life are more able to practice, and that those with higher stress have more internal and external obstacles to practicing. This raises a certain

“chicken or the egg” question as higher well-being and lower stress lead to more practice, which in turn lead to higher well-being and lower stress!

Level of Engagement in Health, Quality of Life, and Transformative Experience

Another way of analyzing the level of engagement is to split the sample into two groups – those who practice a lot, and those who don’t practice a lot. A value called ITP Total was derived by finding the median participation hours for each person across all three measurement points and then splitting the group at the median value to form two subgroups: high participation (green) and low participation (blue).

Interestingly, it appears that for physical health, quality of life, and daily spiritual experiences, those who were in the “low practice” group showed greater improvement over time. This is likely not because lower practice causes more improvement, but again, that a greater change over time was observed for people who were new to ITP, or struggling more with stress, quality of life, and ability to practice in general.

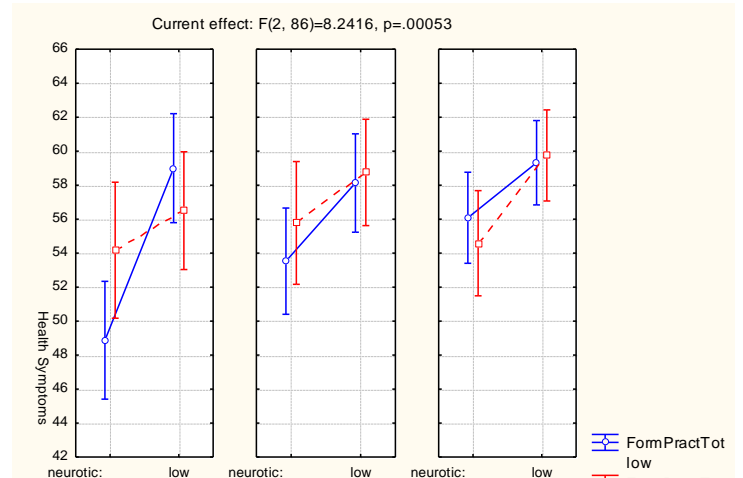


Baseline Neuroticism and Positive Change

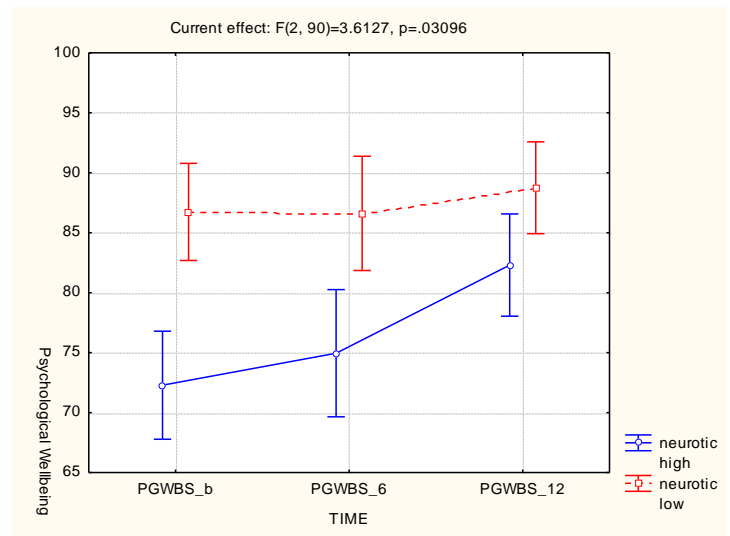
A variable on which participants varied to a large extent at baseline was on neuroticism, which was measured as part of the five-factor personality assessment. Neuroticism is thought to result from an interaction of genetics and environment, and rather than the common usage of the word that is sometimes pejorative, it refers to a dispositionally higher propensity for anxiety, nervousness, worry, negative emotion, and emotional reactivity.

Our data indicate that participation in ITP may be particularly helpful for those who score higher on neuroticism at the beginning of the year. There was a significant interaction of baseline neuroticism with the improvements in psychological well-being and health symptoms over the course of the year – indicating that people with higher neuroticism improved more than people with lower neuroticism at baseline.

This highlights an important point about this sample, which may be reflected in the lack of change observed on some variables. For the most part this sample started the year with high scores on many of the variables we measured – happiness, quality of life, spirituality, etc. Many participants had several years of previous transformative or spiritual practice experience, so the sample in general, began with high scores on many indicators of well-being across domains. Therefore the differences we observed on health and well-being outcomes may reflect a movement toward optimal health, from an already fairly high level of well-being. And, for those who struggle a bit more with emotional reactivity and propensity for negative emotions and cognitions, the results were more pronounced.



- Health symptoms interacted with neuroticism and practice, primarily at baseline, $p = 0.0005$.

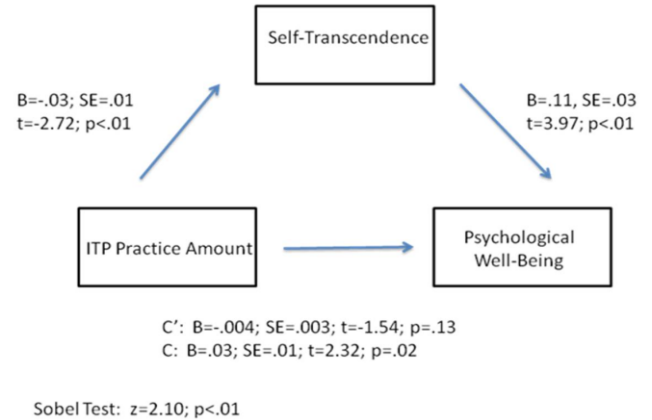


- Psychological well-being interacted with neuroticism, $p = 0.03$.

Mediators between ITP Involvement and Psychological Well-Being

Predictors of Psychological Well-Being

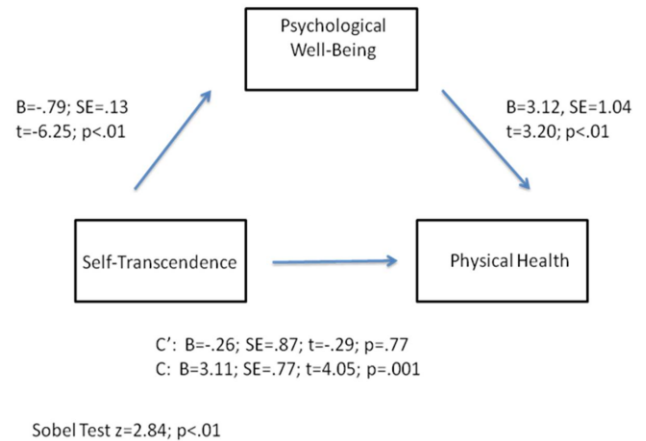
A mediation analysis revealed that self-transcendence, mediated the relationship between ITP involvement and psychological well-being (see Figure 1). This means that increases in self-transcendence (See Appendix C for the items that make up the self-transcendence scale) in large part explain the improvements in psychological well-being.



Predictors of Physical Health

Because health measures appeared to increase across time in this sample, but neither frequency of practice nor perceived level of involvement in ITP activities appeared to directly predict physical health outcomes, we conducted an exploratory analysis to identify other variables that might have predicted physical health.

Interestingly, self-transcendence was a strong predictor of general physical health at all time points ($r = .286$, $p < .05$ at Time 1, $r = .409$, $p < .01$ at Time 2, $r = .302$, $p < .05$ at Time 3). Furthermore, psychological well-being mediated the relationship between self-transcendence and general physical health.



This suggests a hypothetical model in which involvement in integral practices leads to greater self-transcendence, which results in greater psychological well-being, and then, to enhanced physical health. This leads us to speculate that perhaps the common notion that physical health should be attained first, and then psychological health, and then existential well-being as a sort of “icing on the cake,” might be turned on its head, with existential well-being considered as fundamental, leading to increased psychological health, and then increased physical health.

This notion is not without empirical and theoretical support. There is growing evidence that psychological well-being and happiness predict longer life expectancy⁴⁵. Cloninger et al. (1993), a pioneering researcher in neurobiology and genetics of personality and psychopathology, identified self-transcendence as one of seven dimensions of temperament and character. His model has demonstrated concurrent, discriminant, and predictive validity in hundreds of

experiments, and genetic and neurobiological underpinnings have been identified for the temperament and character dimensions ⁴⁶. After decades of research, Cloninger ⁴⁶ has concluded that “Prior approaches to feeling good have small or brief benefits because they separate the biological, psychological, social, and spiritual processes of living that must be in harmony for a happy life. (p. v)” He identifies self-transcendence as a developmentally advanced character trait that leads to greater personality coherence and well-being ⁴⁷.

Self-transcendence has been described by Levenson et al. (2005 ³²) as “a decreasing reliance on externals for definition of the self, increasing interiority and spirituality, and a greater sense of connectedness with past and future generations” (p. 127), and the authors identify this shift in self-identity as an essential component of wisdom. Interestingly, Kohls et al. ⁴⁸ conclude from their research that spiritual *practices* may buffer one against the distress that can be caused by potentially stress-inducing spiritual *experiences* like ego loss or cognitive deconstruction. It is possible that involvement in a spiritual practice may support the process of self-transcendence, some aspects of which might otherwise be destabilizing.

Effects of Specific Practices

What specific practices predicted health and well-being outcomes? The following are tables of correlations between specific ITP practices and measured outcomes at baseline, 6-months, and 12-months. All PGWBS scales are scored so that positive values (and (+) correlations) correspond to being healthier.

Pearson Correlations over All Surveys	Kata	Affirmations	Aerobic Exercise	Conscious Eating	Staying Current	ITP Group Meetings	Reading, Writing, and Discussion Related to ITP	Service to the ITP Community	Volunteer Service in Community (Outside of ITP)
Health Score	.108	.028	.055	-.039	-.080	.154*	.153	.031	-.063
'PGWBS Anxiety subscale'	.172*	.285**	.203**	.088	.142	.129	.019	.014	-.120
'PGWBS Depressed Mood subscale'	.110	.163*	.169*	.090	.164*	.088	.185*	.087	-.050
'PGWBS Positive Well Being subscale'	.170*	.279**	.224**	.143	.123	.136	.155*	.086	.003
'PGWBS Self-Control subscale'	.276**	.342**	.225**	.176*	.088	.041	.205**	.009	-.030
'PGWBS General Health subscale'	.026	-.002	.091	-.087	-.069	.113	.012	-.078	-.119
'PGWBS Vitality subscale'	.290**	.357**	.313**	.164*	.048	.086	.127	.027	.026
'Self-Transcendence by ASTI'	.256**	.283**	.247**	.201*	.128	.142	.139	.131	-.033
'Quality of Life'	.165*	.261**	.217**	.140	.089	.211**	.110	.108	.018
Perceived Stress	-.181*	-.161*	-.157*	-.161*	-.121	.006	-.094	-.051	.127
'Positive affect'	.008	.086	-.069	-.016	.058	.021	.062	-.016	.162*
'Negative affect'	-.002	-.087	-.057	-.084	-.027	.031	-.060	-.093	.051
Daily Spiritual Experiences	.288**	.372**	.321**	.249**	.009	.173*	.135	.155*	.180*
Anticipated Support	.062	.175*	.067	.105	-.143	.167*	.033	.121	-.019
Negative Interactions	.050	-.021	-.055	-.100	-.058	.224**	.138	.326**	.142

For all PGWBS Scales (+) values = healthy measures

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

This table of correlations shows that the reported frequency with which people engage in the kata, affirmations, aerobic exercise, and conscious eating are most strongly correlated with positive well-being outcomes. The strength of the correlations between affirmations and outcomes is notable, with aerobic exercise and the kata also being among the strongest predictors of positive outcomes.

Years of ITP Practice and Outcomes

There were significant correlations between years of ITP practice and Quality of Life, Subjective Happiness, Spiritual Experience, Anticipated Support (from one's community), and Commitment (to one's community).

2. How long have you participated in ITP?

I am brand new to ITP this year.

This is my second year in ITP.

Three years

Four years

Five to Seven Years

Seven to Ten Years

Over Ten Years

	How long have you participated in ITP?		How long have you participated in ITP?
Health Score	-.058	'Quality of Life'	.263
'PGWBS Anxiety subscale'	.027	Perceived Stress	-.102
'PGWBS Depressed Mood subscale'	.034	Subjective Happiness	.401
'PGWBS Positive Well Being subscale'	.151	'Positive affect'	.118
'PGWBS Self-Control subscale'	.035	'Negative affect'	.089
'PGWBS General Health subscale'	-.235	Daily Spiritual Experiences	.312*
'PGWBS Vitality subscale'	.040	Meaning and Values	.072
Big 5 Extraversion	.114	Forgiveness	.164
Big 5 Agreeableness	.181	Spiritual Coping	-.053
Big 5 Conscientiousness	.037	Anticipated Support	.283
Big 5 Neuroticism	-.125	Negative Interactions	.203
Big 5 Openness	-.019	Commitment	.302
'Satisfaction With Life'	.163	'Transcendence by NETI'	.228
'Self-Transcendence by ASTI'	.211		

For all PGWBS Scales (+) values = healthy measures

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Qualitative Outcomes

At the final round, we asked participants to indicate how they felt they had changed over the course of the year and carried out a qualitative thematic analysis of the responses.

The participants reported positive changes in:

- Mood
- Awareness
- Confidence
- Alignment with values
- Compassion for self and others
- Communication/relationships

These reports are notable because while many participants reported joining the program to enhance physical health, their reported salient outcomes lay more in the arena of positive psychological and social well-being. Our results indicate that these changes may have in fact facilitated the improvements observed in quantitative measures of physical health.

- 60% of people said they had changed “profoundly” or “very much” over the last year (35% somewhat, 6% a little bit)
- 94% of people said the change was pretty much or absolutely for the better

The table below includes the raw data from the responses to the question “How have you changed in the past year?” While these data may fall more into the category of “testimonials,” it shows both the variation in people’s life changes, as well as the commonalities, and these answers give depth to the quantitative finding that quality of life in this group significantly improved.

Responses to “How have you changed in the past year?” at 12-month Measurement Point

Increased confidence, ability to set limits/boundaries, improved relationships with family members, enhanced leadership ability, balance

A deeper understanding of my relationship with the universe

More directed, farther along my personal evolution

More active physically. Started Broadway jazz dance class. So fun and so challenging. Happier. Mood much better. Sleep better. Task completion of deferred projects is happening. Reconnecting socially.

I am more "me", more confident, more aware and conscious, happier

More open hearted more trusting more happy more loving

I am much more focused on my relationship.

I have matured, gained understanding, changed careers, made new friends, become more organized. Been a good daughter to my elderly parents.

I feel more solid and complete. I know myself better, and I accept myself more. I have an expanding sense of what it is that I'm good at and what it is that I need to work on. I am more in my body as a result of ITP.

I know longer think I am not complete without a relationship. I enjoy being by myself more. I am more aware of the wonder of the universe.

I've become more at peace. I also feel like I've gotten more competent and more confident.

I am much more peaceful and spiritually grounded. I am better able to focus the areas of life I value. I am more accepting events in life

I love myself more -- and accept my shortcomings with both compassion and humor I have forgiven someone who betrayed my trust and hurt me quite a bit (maybe not absolutely completely forgiven but almost there!) More generous and able to lighten up!

Achieved some transformations, stuck with the program

Become more 'in my body' and more accepting of my life. More able to be 'real' with others. Significantly less anxious. More comfortable physically.

I have a new roommate and am learning to stay current and communicate. I've slowed down my outside activities and concentrating on 4 important ones to me. Gardening more and spending more quiet time.

Practicing my nonviolent communication skills on myself and with others has given me tools to use in becoming more compassionate and clear about myself and in relationship with others. Focusing on the present and letting go of the past and not projecting too much into the future has been helpful in appreciating the NOW.

I have taken on two new jobs that I would not have experienced previously. I am renting a room to someone I hardly know because he is a friend of someone in our ITP group.

I am more aware of my needs. I am more sensitive to others. I have a greater capacity for compassion.

I am calmer, more positive, more in touch with my shadow parts. Able to maintain positive focus in stressful and difficult times. More "real", more emotionally truthful..

I am more aware of "what is" and not hung up on what I wish it were. I am able to deal with the "what is" I am clearer about what I want in my life. I am more outgoing to create what I want in my life. I accept that what ever is to be is really up to me. It is a good question for me to ask of other people around me because I do not think we can always see all that is to see about our selves.

My anxiety level has decreased tremendously. I don't even recognize myself anymore. I have much less anxiety, so I am able to be in the present moment. I have much less guilt and shame, so I have much more joy and energy.

I am more centered, content and patient.

Working to let go of the need to control situations

I am more confident, more open, more energetic, less concerned with other people's opinions of me and my actions/thoughts. I am in better physical shape. I am happier and having more fun!

I am happier and more content with my life

I am gaining greater and greater clarity and confidence in my divine mission, and developing deeper and deeper trust in my self. Also, developing compassion for the challenges others are facing, and developing my skills to empower them in their lives.

Greater sense of calm; relief at successfully finding a supportive community of like-minded practitioners; clearer picture of where I want to be and the challenges I must embrace to evolve further. Greater sense of

love and appreciation for the power of community.

I am more present to the present moment.

Less worried about the future.

Conclusions

These results indicate that overall health, psychological well-being, and quality of life improved over the course of a year among the ITP participants in this study. Quantity/frequency of ITP activities and subjective level of engagement in ITP were correlated with psychological and spiritual, but not directly with physical health outcomes. Reported self-transcendence mediated the relationship between ITP involvement and psychological well-being, suggesting that finding greater peace, meaning, belonging, and connection to a greater whole may have accounted for improvements in overall psychological well-being.

We anticipated that higher level of engagement in ITP activities would predict increased physical health. This hypothesis was not supported. Though health did improve in the overall sample over the course of the year, it was not related to the reported amount of practice. However, self-transcendence did predict physical health. Furthermore, psychological well-being mediated the relationship between self-transcendence and physical health. This suggests a hypothetical model in which involvement in integral practices leads to greater self-transcendence, which results in greater psychological well-being, and then, to enhanced physical health. This leads us to speculate that perhaps the common notion that physical health should be attained first, and then psychological health, and then existential well-being as a sort of “icing on the cake,” might be turned on its head, with existential well-being considered as fundamental, leading to increased psychological health, and then increased physical health.

Limitations of this study include a small sample size, lack of a comparison/control group, reliance on self-report and retrospective recall measures, and analyses that were primarily correlational. In addition, this was a relatively homogeneous, high-income sample which may limit generalizability to other populations. While there was adequate retention over the course of the year, with a 16% drop-out rate and no differences between drop-outs and study-completers on baseline variables, it may be that people who did not complete the year-long ITP program experienced fewer benefits than those who remained in the program.

Implications for Future Research

An emerging field of research is showing that health behavior and emotional well-being cluster in social networks, and that health interventions can have a “contagious” effect in communities [49](#). The fact that this population showed increases in physical health at a mean age of 55 (sd 10.5) is promising. Previous work studying ITP participants showed significant improvements in cognitive abilities in seniors over 55 over the course of one year [50](#).

Future research utilizing a randomized controlled design and intent-to-treat analysis is warranted. One such project might explore whether engaging in an integrated program of mind-body practices in a supportive community holds the potential to buffer against declining mental and physical health with age, perhaps in comparison to involvement in secular communities or engagement in single practices. These projects should include a randomized control group, and include biological markers of health outcomes such as stress hormones, neuroscientific measures, gene expression, and telomeres.

Learning more about how effective community-based integral practice programs are in promoting health and personal development in their participants, what specific elements of the programs account for the outcomes observed, by what mechanisms these changes occur, and how background and inherent characteristics of participants affect the outcomes, may provide useful information for developing new community-based health and well-being programs. Through engagement in integral practice communities, perhaps there are greater potentials for health, well-being, and quality of life well into old age than was previously thought possible.

Publications and Presentations

We presented this work in brief as part of the Science of Transformation session at the IONS conference, it was mentioned in the IONS 2007 *Shift Report* as an active project, one paper on the study preliminary to this one was published in *Zygon: Journal of Science and Religion* in December 2006, we presented some aspects of this work to the Spiritual Transformation Working Group meeting sponsored by Metanexus at the American Psychological Association meeting in August 2007, and we have been invited to participate in a forthcoming meeting on meditation and spirituality organized by Jean Kristeller and supported by the Fetzer Institute in October 2007 where this work will be presented. A paper reporting sections of these results has been submitted to two journals and unfortunately not yet accepted, but we are working to resubmit the paper to another scientific journal at this time.

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Appendix A: Manuscript for Publication

The “We” in Wellness: Engagement in a Community-Based
Integral Practice Program Enhances Well-Being

Cassandra Vieten, PhD, Director of Research*
Institute of Noetic Sciences
Associate Scientist, California Pacific Medical Center
cvieten@noetic.org

Mica Estrada, PhD, Senior Research Scientist
Department of Psychology
California State University, San Marcos
333 South Twin Oaks Valley Road
San Marcos, CA 92096
mestrada@csusm.edu

Adam B. Cohen, PhD, Assistant Professor of Psychology
Department of Psychology
Arizona State University
PO Box 871104
For non-PO Box mail: 950 South McAllister
Tempe, AZ 85287-1104
adamcohen@asu.edu

Dean Radin, PhD, Senior Scientist
Institute of Noetic Sciences
dradin@noetic.org

Marilyn Mandala Schlitz, PhD, President
Institute of Noetic Sciences
mschlitz@noetic.org

* Corresponding Author: Institute of Noetic Sciences, Research Department, 625 Second Street
Suite 200, Petaluma, CA 94952. Telephone: 707-779-8211. Fax: 707-781-7420. E-mail:
cvieten@noetic.org.

Abstract

Objective: A growing number of community-based educational and experiential programs have been developed to promote the physical, psychological, emotional, and spiritual well-being of their participants. Despite the proliferation of such programs, very little research has been conducted to assess whether they produce measurable changes in well-being, and what factors might mediate changes that do occur. This project examined associations between engagement in a community-based integral practice program and measures of physical, psychological, and spiritual health and well-being.

Methods: In this prospective cohort study, 53 participants of Integral Transformative Practice (ITP), a program that incorporates movement, nutritional and exercise recommendations, affirmations, contemplative introspection, theory and philosophy, and group discussions and activities, were followed over the course of one year. Participants completed online questionnaires three times: upon enrollment, at six months, and one year later.

Results: Repeated measures analyses showed that participants reported improved overall health and reduced symptoms of ill health, as well as increased psychological well-being, vitality, and quality of life over the course of the year. Greater involvement in the practice community predicted better psychological well-being, increased quality of life, and greater self-transcendence. The degree of reported self-transcendence mediated the relationship between level of engagement in ITP and psychological well-being. Self-transcendence predicted physical health, and this relationship was mediated by psychological well-being.

Conclusions: Results suggest that engaging in a community-based integral practice program holds promise for achieving greater health and well-being. Self-transcendence may be one key

pathway toward enhancing psychological well-being, in turn leading to improved physical wellness.

Key Words: psychological well-being, health, transformative practice, integral, spirituality, ITP, aikido, self-transcendence

The “We” in Wellness: Engagement in a Community-Based Integral Practice Program Enhances Well-Being

How do people make positive changes in their lives? When confronted with stress, emotional difficulties, physical ailments, or life transitions, many people seek the help of a medical or psychological professional, or a clergy person. They may engage in religious or spiritual practices, diet and exercise regimens, or educational programs. They might join a gym, seek psychotherapy, join a church or a secular group, take up a hobby, or begin a meditation or yoga practice, all with the goal of increased well-being.

The way that people care for various aspects of their well-being is often fragmented: in general, the physical body is attended to by diet, exercise, and the health care system, the mental/emotional aspects of the self are attended to by friends and family, formal education, or by mental health professionals - the vast majority of the latter employing “talk” therapy. Spiritual or existential needs may be addressed by involvement in organized religion or a spiritual practice.

However, there is a growing awareness among health and healing professionals that attending simultaneously to multiple dimensions of being may hold greater potential for health, healing, and quality of life than attending separately to single aspects^{1,2}. In a growing paradigm described as *integral*, spiritual teachers, psychologists, health care providers, and theorists have noted that attending to physical, mental, emotional, *and* spiritual aspects of being in an integrated fashion, particularly in the context of community, may be optimal for achieving psychological well-being²⁻⁷.

A number of community-based programs (that is, programs that are not part of the conventional healthcare system or of formal organized institutions such as a workplace, church

or school) have been developed that attempt to integrate physical, psychological, emotional, and spiritual practices for well-being into a cohesive program.⁸ Whether short-term (such as a weekend workshop), or longer lasting (months or years), these integrated practice programs offer participants a community of like-minded people, a set of individual and group activities, a narrative about the nature of reality, and a theoretical pathway to personal growth. Oftentimes, programs request that participants make a commitment to a prescribed set of practices, as well as out-of-pocket fees to support the program. People may select a program because they encounter a book or website describing the program, or receive a recommendation from a professional or a trusted friend.

Comprehensive programs for health promotion that incorporate health care, nutrition, exercise, and stress management in the workplace have shown benefit and cost-effectiveness.⁹ Very little research exists on community-based programs however. Most of the existing literature on community-based self-improvement programs focuses on those that address a specific ailment or issue. Twelve-step programs, such as Alcoholics Anonymous, may represent the best known and largest community-based program, with an estimated 2.1 million people attending AA meetings in 115,000 locations worldwide¹⁰. Empirical research on AA indicates modest positive effects on alcohol dependence, but few studies have examined the effects of participation in AA on overall health and quality of life, and many studies have been of inadequate methodological quality¹¹. In another example of an issue-specific transformative practice program, the Dean Ornish lifestyle program, which integrates stress-management, diet, exercise, and group support for people experiencing coronary artery disease, was shown to have beneficial outcomes that were sustained through a five-year follow-up^{12,13}.

In general, religious/spiritual involvement has been linked to greater physical and mental health,¹⁴⁻¹⁶ and health-related physiological processes¹⁷. For example, there is a large body of literature on the health and well-being effects of Transcendental Meditation^{18,19}, mindfulness-based programs^{20,21} and other forms of meditation^{22,23}; and some empirical studies on outcomes of various types of yoga and martial arts²⁴⁻²⁷. However, few empirical studies have focused on community-based programs that integrate mind-body practices from different wisdom traditions, have multiple teachers, and provide health recommendations combined with other psychological, emotional, or spiritual methods for improving well-being.

There is some evidence that these multi-component community-based self-improvement programs hold promise for improving health and well-being. A study of a ten-day “emotional education program,” called the Hoffman Process, which includes mind, body, and spiritual aspects, showed that participation in the program was associated with declines in negative affect and depressive symptoms, and increases in positive outcomes such as life satisfaction, empathy, mastery, and emotional intelligence, and that these changes were sustained at a one-year follow-up²⁸. Furthermore, the study showed that increases in forgiveness and spirituality mediated the effect of program participation on depressive symptoms. Very few other empirical studies of such programs exist.

The current study sought to examine how participation in Integral Transformative Practice (ITP), a community-based integral practice program (see Tables 1 and 2 for a description of the ITP Program) was associated with health and well-being, and if so to investigate what mediated such effects. Rather than determining efficacy in comparison to an active control, this pilot project sought to establish the promise of the program, and to develop appropriate measures, sample size estimates, and meditational hypotheses for a future

randomized-controlled trial. Our objectives were to explore 1) whether participation in the program would be associated with measurable improvements in health and well-being over the course of a year; 2) whether amount or type of practice and involvement would be positively associated with greater improvements; and 3) to examine if variables related to spirituality, such as daily spiritual experiences or self-transcendence, would mediate the relationship between engagement in the program and measures of health and well-being.

Methods

Participants

Participants were 62 adults recruited from seven different ITP groups in the United States who were asked to complete a battery of measures three times over the course of one-year: upon enrollment, six-months later, and one-year later. Using several approaches to enhance retention, such as small gifts, thank you notes, and birthday greetings, 86% of the sample was retained at the one-year measurement point. Of 9 people who dropped out, seven dropped out of the ITP program, and two did not wish to complete the survey.

Participants (see Table 3) who completed the study were 65% female, had a mean age of 55 ($SD = 10.2$), and 45% were married or had a long-term live-in partner (35% separated or divorced). Ninety-six percent of the sample was White/Caucasian, most had completed college and some graduate education, and the mean gross family income was \$167,244 ($SD = \$54,789$). Fifty percent of the participants were professionals, 15% were business owners or entrepreneurs, and 7% were in management/sales or administration, with the remainder in other occupations or retired. One-third of the sample lived in urban areas, two-thirds in suburban areas, and one person in a rural area.

Over half (59%) of the participants were in their first or second year of participating in the ITP program. Fifteen people reported being new to ITP, and another 22 were in their second year. Thirteen percent had been practicing ITP for three years, 10% for four years, 5% each for between five to seven and seven to ten years, and 4% for over ten years. Forty-seven percent reported an upbringing that was deeply religious or spiritual, and another 43% reported a moderately spiritual or religious upbringing, whereas the remaining ten percent rated the extent of their religious or spiritual upbringing as little or very little.

Measures

Demographics and history. Demographics including age, ethnicity, income, education, marital status, and region were collected at baseline. Historical engagement in ITP and other spiritual or transformative practices was measured with questions such as, “have you engaged in a meditation practice prior to ITP? If so, how often did you meditate? For how many months or years did you engage regularly in this practice?”

Level of engagement. Involvement in ITP and other self-improvement practices were measured using investigator-developed scales that asked participants to report on the quantity, frequency, and type of practices they used during the 90 days prior to each measurement point. Quantity of Practice was operationalized as the number of days in the 90 days prior to completing the survey that participants engaged in ITP activities. Because quantity and frequency may not necessarily reflect participants’ subjective involvement of the practice, we also asked participants to rate their overall perceived level of involvement (e.g. “Over the last 90 days, to what extent do you consider yourself involved in your transformative practice?”).

General physical health. Self-reported overall health was measured using one-item “Thinking back over the past month, how would you say your general health has been?” This

global self-rating of general health has been shown to be reliably associated with mortality and survival in large samples, with predictive power over and above other methods of assessing health, such as physicians' ratings ²⁹.

Health symptoms. Physical symptoms were assessed using a thirteen-item health symptom checklist asking participants to report how often they had any of the following in the past month: headaches, faintness/dizziness, stomachache/pain, shortness of breath, chest pain, acne/skin irritation, runny/congested nose, stiff or sore muscles, stomach upset/nausea, irritable bowels, hot or cold spells, poor appetite, coughing/sore throat, or other. This measure is a reliable and valid index of self-perceived health status that has been used in previous research ³⁰⁻³³.

Psychological well-being. The Psychological General Well-Being Index (PGWBI) ³⁴ is a 22-item questionnaire assessing subjective psychological well-being or distress. It contains validated subscales for Anxiety, Depressed Mood, Positive Well-Being, Self-Control, General Health, and Vitality. Internal consistencies for the subscales ranged from 0.72 - 0.88, and for the overall index, 0.94. The scale was validated in large public health samples, demonstrating high concurrent validity with longer scales. Test-retest reliabilities ranged from .50 - .86 depending on length between tests, demonstrating both stability and sensitivity to change over time ³⁴.

Stress. The 10-item Perceived Stress Scale (PSS) ³⁵ was used to measure stress. It is the most widely used measure to assess the degree to which life circumstances are appraised as stressful, and demonstrates excellent reliability, and concurrent, predictive, and discriminant validity ³⁶.

Quality of life. The Quality of Life Scale (QOLS) ^{37,38} is a 16-item instrument that requests that respondents rate their satisfaction with five conceptual domains of quality of life:

material and physical well-being, relationships with other people, social, community and civic activities, personal development and fulfillment, and recreation, as delighted, pleased, mostly satisfied, mixed, mostly dissatisfied, unhappy, or terrible. It demonstrates high convergent and discriminant validity, and high internal consistency (0.82 – 0.92), and three-week test re-test reliability (0.78 – 0.84) while still being sensitive to change over time ³⁷.

Self-transcendence. The Adult Self-Transcendence Inventory (ASTI) ³⁹ was used to measure “self-transcendence,” a term used to describe (a) a desire to discover meaning in human life ⁴⁰, (b) a growing spirituality involving both an expansion of boundaries and an increased appreciation of the present ⁴¹, or (c) a developmental process that forms a pathway to wisdom ⁴². Representative items are “I often engage in quiet contemplation,” or “I feel that my individual life is a part of a greater whole,” and “Different parts of me are often at cross purposes” (reverse-scored). The ASTI demonstrates good internal consistency ($\alpha = 0.64 - 0.75$), and is correlated with personality in expected directions, but only modestly, supporting its validity as an independent construct. Scores on the ASTI are positively related to experience with meditation practice ($r = .30, p < .001$) ³⁹.

Religiousness/Spirituality. Spiritual variables were measured using a modified version of the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS) ^{43 44}, which includes questions about Daily Spiritual Experiences, Meaning, Values/Beliefs, Forgiveness, Private Religious Practices, Religious and Spiritual Coping, Religious Support, Religious/Spiritual History, and Commitment. This instrument measures multiple aspects of religiousness and spirituality including religious and spiritual activities, beliefs, and identities, as opposed to previous measures that had focused primarily on religious affiliation and church attendance. In this study, we used the BMMRS 6-item Daily Spiritual Experiences subscale ⁴⁵ to measure the

inner spiritual feelings and awareness that one experiences from day to day. Since the DSE uses religious language that the participants in our study do not themselves use, we modified the scale to include relevant terms. Modifications were made in collaboration with representatives from the ITP program. Sample items with modifications in brackets are: “I feel comfort in my religion, spiritual tradition, [or transformative practice].” “I feel God’s [or a spiritual force’s] presence.” Participants were asked to rate the frequency of these and other experiences as occurring many times a day, every day, most days, some days, once in a while, or never or almost never.

Other measures not included in this paper that are the subject of a manuscript in preparation included an in-depth narrative of one past transformative experience^{46,47} cognitive appraisals related to the transformative experience⁴⁸, positive and negative emotions experienced during the transformative experience⁴⁹, and a number of qualitative, open-ended questions.

Procedure

In this prospective, within-subjects design, participants were asked to complete online questionnaires upon enrollment in the study (baseline), six-months later (mid-year), and one year after enrollment (year-end). Prior to data collection, the survey items were reviewed with representatives from the ITP program to determine linguistic and programmatic relevance, and revised where appropriate. There was no comparison or control group.

Enrollment in this study coincided with the beginning of a year-long session in September 2006. People enrolling in the ITP program in their area were notified about the opportunity to participate in the study via emails from their local community group leaders and from the ITP central office. In addition, some ITP groups presented the opportunity to participate

at their in-person local meetings. Interested participants enrolled in the project by phone or email and if interested in participating, were directed to an online survey link. Consent was obtained online. Participants were contacted by email or by phone six-months and one-year later to complete the same measures, with the exception of the historical information and demographics. At the end of the study, all questionnaire data were downloaded from the online survey software, processed, and analyzed using SPSS Statistical Software.

Results

Preliminary Analysis

Before testing the main hypotheses, we explored whether there were any baseline demographic differences between those who dropped out of the longitudinal survey and those who did not. No significant differences were identified, including age, gender, height/weight, marital status, employment, ethnicity, education, income, or geographic region.

Repeated Measure Linear Trend Analysis

Repeated measures analyses of variance were performed to assess trends from baseline to 6-month and 12-month outcome measures. Results showed that participants experienced a significant reduction in health symptoms, improved general health, quality of life, and general psychological well-being. Three subscales of the General Psychological Well-Being Index improved significantly: vitality, positive well-being, and self-control. Table 4 provides the mean scores and repeated measures outcomes for each variable.

Relationship of Quantity and Involvement in Practice to Outcomes

Was the level of engagement in ITP activities in the period preceding the measurement points predictive of health and well-being outcomes? As Table 5 shows, the number of days of

practice prior to the measurement point was not significantly correlated with physical health outcomes, but it was positively associated with psychological well-being at the 12-month measurement point, quality of life at the 6 and 12-month measurement points, and was negatively correlated with perceived stress at the 6-month measurement point.

Furthermore, degree of involvement with ITP was associated with higher quality of life, lower levels of perceived stress, higher self-transcendence, and more daily spiritual experiences at the 6-month measurement point, and with psychological well-being and self-transcendence at the 12-month measurement point. Reported engagement in ITP activities (e.g. actual activity in the last 90 days) appears to be an overlapping but distinct construct from perceived involvement (e.g. subjective level of involvement or importance of the practice in one's life), with correlations ranging from 0.414 at the 6-month time point to 0.500 at the 12-month time point, so both measures of involvement were utilized in subsequent analyses.

Mediators of the Relationship between Involvement with ITP and Psychological Well-Being

A mediation analysis revealed that self-transcendence, but not daily spiritual experiences, mediated the relationship between ITP involvement and psychological well-being (see Figure 1). Neither self-transcendence nor daily spiritual experiences mediated the relationship between ITP involvement and improvements in physical health, quality of life, or reduced stress.

Exploratory Analyses: Predictors of Physical Health

Because health measures appeared to increase across time in this sample, but neither frequency of practice nor perceived level of involvement in ITP activities appeared to directly predict physical health outcomes, we conducted an exploratory analysis to identify other variables that might have predicted physical health. Interestingly, self-transcendence was a strong predictor of general physical health at all time points ($r = .286, p < .05$ at Time 1, $r = .409,$

$p < .01$ at Time 2, $r = .302$, $p < .05$ at Time 3). Furthermore, psychological well-being mediated the relationship between self-transcendence and general physical health (see Figure 2).

Discussion and Conclusions

These results indicate that overall health, psychological well-being, and quality of life improved over the course of a year among the ITP participants in this study. Quantity/frequency of ITP activities and subjective level of engagement in ITP were correlated with psychological, but not with physical, health outcomes. Reported self-transcendence mediated the relationship between ITP involvement and psychological well-being, suggesting that finding greater peace, meaning, belonging, and connection to a greater whole may have accounted for improvements in overall psychological well-being.

We anticipated that higher level of engagement in ITP activities would predict increased physical health. This hypothesis was not supported. Though health did improve in the overall sample over the course of the year, it was not related to the reported amount of practice. However, self-transcendence did predict physical health. Furthermore, psychological well-being mediated the relationship between self-transcendence and physical health. This suggests a hypothetical model in which involvement in integral practices leads to greater self-transcendence, which results in greater psychological well-being, and then, to enhanced physical health. This leads us to speculate that perhaps the common notion that physical health should be attained first, and then psychological health, and then existential well-being as a sort of “icing on the cake,” might be turned on its head, with existential well-being considered as fundamental, leading to increased psychological health, and then increased physical health.

This notion is not without empirical and theoretical support. There is growing evidence that psychological well-being and happiness predict longer life expectancy⁵⁰. Cloninger et al.

(1993), a pioneering researcher in neurobiology and genetics of personality and psychopathology, identified self-transcendence as one of seven dimensions of temperament and character. His model has demonstrated concurrent, discriminant, and predictive validity in hundreds of experiments, and genetic and neurobiological underpinnings have been identified for the temperament and character dimensions⁵¹. After decades of research, Cloninger⁵¹ has concluded that “Prior approaches to feeling good have small or brief benefits because they separate the biological, psychological, social, and spiritual processes of living that must be in harmony for a happy life. (p. v)” He identifies self-transcendence as a developmentally advanced character trait that leads to greater personality coherence and well-being⁵².

Self-transcendence has been described by Levenson et al. (2005³⁹) as “a decreasing reliance on externals for definition of the self, increasing interiority and spirituality, and a greater sense of connectedness with past and future generations” (p. 127), and the authors identify this shift in self-identity as an essential component of wisdom. Interestingly, Kohls et al.⁵³ conclude from their research that spiritual *practices* may buffer one against the distress that can be caused by potentially stress-inducing spiritual *experiences* like ego loss or cognitive deconstruction. It is possible that involvement in a spiritual practice may support the process of self-transcendence, some aspects of which might otherwise be destabilizing.

In our study, a qualitative thematic analysis of responses to the open-ended item “How have you changed in the past year?” indicated that participants reported positive changes in 1) mood, 2) awareness, 3) confidence, 4) alignment with values, 5) compassion for self and others, and 6) communication/relationships. These reports are notable because while many participants reported joining the program to enhance physical health, their reported salient outcomes lay more in the arena of positive psychological and social well-being. Our results indicate that these

changes may have in fact facilitated the improvements observed in quantitative measures of physical health.

An emerging field of research is showing that health behavior and emotional well-being cluster in social networks, and that health interventions can have a “contagious” effect in communities⁵⁴. The fact that this population showed increases in physical health at a mean age of 55 (sd 10.5) is promising. Previous work studying ITP participants showed significant improvements in cognitive abilities in seniors over 55 over the course of one year⁵⁵. Future research should explore whether engaging in an integrated program of mind-body practices in a supportive community holds the potential to buffer against declining mental and physical health with age, perhaps in comparison to involvement in secular communities or engagement in single practices.

The phenomenon of people participating in community-based self-improvement programs that incorporate spiritual practices and contemplative introspection, along with study and readings, discussions and activities, and nutrition and exercise recommendations, may reflect a societal movement toward an increasing number of people self-identifying as “spiritual but not religious.”^{56,57} It is possible that such participation is taking the place of activities that used to be a part of involvement in one’s organized religion. It may also reflect a growing movement among individuals who are finding ways to improve their health and well-being outside of the conventional healthcare system.

Limitations of this study include a small sample size, lack of a comparison/control group, reliance on self-report and retrospective recall measures, and analyses that were primarily correlational. In addition, this was a relatively homogeneous, high-income sample which may limit generalizability to other populations. While there was adequate retention over the course of

the year, with a 16% drop-out rate and no differences between drop-outs and study-completers on baseline variables, it may be that people who did not complete the year-long ITP program experienced fewer benefits than those who remained in the program. Future research utilizing a randomized controlled design and intent-to-treat analysis is warranted.

Learning more about how effective community-based integral practice programs are in promoting health and personal development in their participants, what specific elements of the programs account for the outcomes observed, by what mechanisms these changes occur, and how background and inherent characteristics of participants affect the outcomes, may provide useful information for developing new community-based health and well-being programs. Through engagement in integral practice communities, perhaps there are greater potentials for health, well-being, and quality of life well into old age than was previously thought possible.

Conflicts of Interest

The authors declare no competing interests.

Authors Contributions

CV was responsible for the overall design and implementation of the study, ME conducted the bulk of the statistical analysis, AC participated in the selection of measures and interpretation and reporting of results, DR assisted with statistical analysis and interpretation of results, and MMS participated in the design and implementation of the study.

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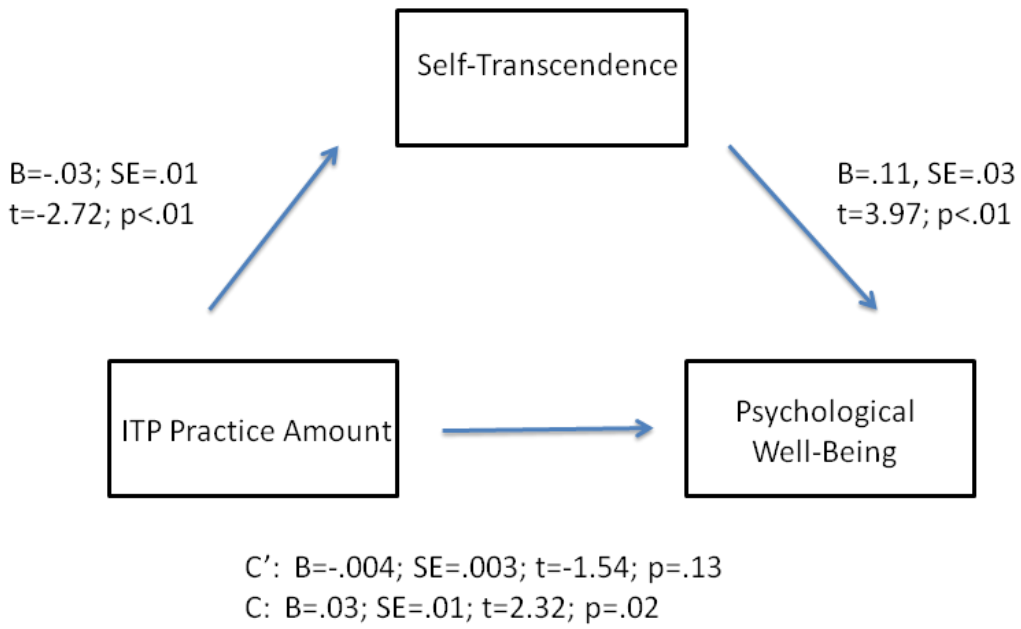
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Figure 1: Self-transcendence mediates the relationship between ITP practice and psychological well-being



Sobel Test: $z = 2.10$; $p < .01$

Figure 2: Psychological well-being mediates the relationship between self-transcendence and physical health

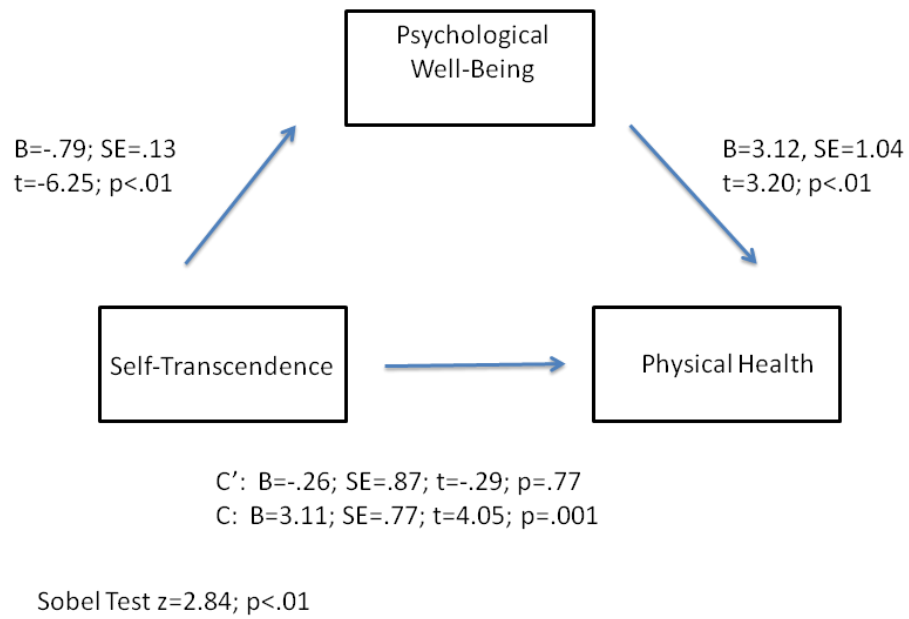


Table 1. Integral Transformative Practice

When Michael Murphy, author and co-founder of the Esalen Institute, and George Leonard, a journalist/writer, fifth-degree black belt in Aikido, led personal growth workshops at Esalen and elsewhere, they observed that participants often experienced insights that resulted in temporary gains in health, well-being, and quality of life ⁵. However, these gains often rapidly faded as they returned to their ‘regular lives.’ To address this, they developed Integral Transformative Practice™ (ITP), a community-based integral practice program, and co-wrote “The Life We Are Given” ⁵ with the intention of providing a set of coherent practices in a supportive community environment for ongoing personal and social development.

ITP is *integral* in that the various aspects of the self are seen as complementary attributes of an underlying wholeness. It is *transformative* in that it aims at positive change in body, being or performance, or the manifestation of unrealized potentialities. And it is a *practice* in that it involves long-term, positive activities which, above and beyond any specific external rewards, are of value in and of themselves. The essence of ITP’s theoretical underpinnings is the philosophy of “evolutionary panentheism,” that of the divine being both immanent and transcendent to our world.

While ITP can be done on one’s own or with another person, it is customarily practiced in a group or community that meets weekly. At the core of the practice are nine commitments which include a 1) 40 minute series of physical exercises called the “kata”, which involves movement, rhythmic breathing, deep relaxation techniques, imagery, focused surrender, affirmations and meditation, 2) contemplative practice, 3) physical fitness training, 4) cognitive

development, and 5) a service component, (all of which are detailed in Table 2), and 6) participation in Leonard Energy Training (LET) exercises, a set of practices derived from Aikido, for centering mind, body, and spirit through the exploration of one's subtle energy. ITP stands on four legs: theory & philosophy, practice, community, and research, and also distinguishes itself through the concept of multiple practices, multiple teachers, and multiple leaders.

Table 2. The Nine Integral Transformative Practice Commitments

1. I take full responsibility for my practice and for all transformations of my body and being that flow from it. While respecting my teachers and fellow practitioners, I fully understand that I am the final authority.
 2. I seek to join in commitments with other ITP practitioners. While maintaining my individual autonomy and authority, I commit myself to my ITP community in vision and practice. I understand that just two people can make a community. I also know that I can create a community through electronic networks, or even practice alone, bolstered by the greater ITP community.
 3. I do the ITP Kata at least five times a week. I understand that, time permitting, I can lengthen any part of the Kata, and that extended periods of meditation at the end of the Kata and at other times of the day are recommended.
 4. I accomplish at least three hours of aerobic exercise every week in increments of no less than twenty minutes. Three sessions of strength training a week are also recommended, but there is no commitment on this.
 5. I am conscious of everything I eat.
 6. I develop my intellectual powers by reading, writing, and discussion. I thoughtfully consider the visions and the readings set forth in chapter 12 and, commensurate with my own best judgment, seek to integrate cognitive understanding into my practice.
 7. I open my heart to others in love and service. I stay current in expressing my feelings to those close to me and take care of my emotional needs in appropriate and healthy ways, seeking counsel when needed.
 8. For each six- to twelve-month period, I make at least one affirmation having to do with significant positive change in my own being. I also make the following affirmation: “My entire being is balanced, vital, and healthy.” I include my affirmations during transformative imaging in my Kata and seek in appropriate and healthy ways to realize those affirmations.
 9. I am dedicated to finding ways of reaching out and offering help to those in need. I understand that an important part of Integral Transformative Practice is to help ameliorate the unnecessary waste and suffering in the world and advance the evolution of our species and society to a more balanced, more peaceful, more joyful condition.
-

Table 3. Participant Characteristics

Variable	Percentage of Participants
<i>Gender</i>	
Male	35%
Female	65%
<i>Age</i>	
	55 (10.2)
<i>Marital Status</i>	
Never Married	18%
Married or Long term live in partner	45%
Separated or divorced	35%
Widowed	2%
<i>Occupation/Profession</i>	
Homemaker	3%
Professional	50%
Tradesperson	0%
Management/Sales	7%
Administration	5%
Business Owner/ Entrepreneur	15%
Service Profession	3%
Unemployed or Unable to Work	2%
Other	16%
<i>Ethnicity</i>	
White	96%
Latino/Hispanic	4%
<i>Formal Education (yrs) (M/sd)</i>	
	17 (2.2)
<i>Gross Annual Income (M/sd)</i>	
	\$167,244 (\$54,789)
<i>Geographical Location</i>	
Urban	31%
Suburban	67%
Rural	2%
<i>Years in ITP</i>	
First Year	24%

Second Year	35%
Third Year	13%
Fourth Year	10%
Five – Seven Years	5%
Seven to Ten Years	5%
Over Ten Years	8%

<i>Religious Upbringing</i>	
0 Not at all	0%
1	4%
2	6%
3	24%
4	19%
5 Deeply	47%

Table 4. Repeated measure linear trend analysis of self-reported health, well-being, and transformative experience.

Dependent Variables	<u>Means</u>			F	df	Sig.
	Baseline	6-months	12-months			
Health Symptoms	206.00	219.00	234.00	8.99	(1, 46)	p< .01
General Health	10.75	11.10	11.69	7.65	(1, 47)	p<.001
Psychological Well-Being	80.19	81.43	85.83	15.17	(1,47)	p<.001
Vitality (Subscale)	13.59	13.90	14.56	11.43	(1, 47)	P<.001
Positive Well-Being (Subscale)	13.98	13.90	14.77	4.59	(1,47)	p<.05
Self Control (Subscale)	12.27	12.43	13.01	13.71	(1,47)	p<.001
Quality of Life	88.06	89.82	91.20	4.59	(1,46)	p<.05
Perceived Stress	13.71	13.13	13.98	--	(1,47)	ns

Table 5. Pearson correlations between reported frequency/quantity and subjective level of engagement in ITP practice over 30 days prior to measurement point with health, well-being, and spiritual outcomes.

	Health Symptoms	General Health	Psych Well-Being	Quality of Life	Perceived Stress	Self Transcendence	Daily Spiritual Experiences	Meaning and Value
Six-Months								
Total Activity Days in Past 3 Months	.174	.085	.252	.307*	-.298*	.434**	.338*	not assessed
Subjective Level of Engagement	.226	.041	.172	.430**	-.284*	.430**	.447**	not assessed
Twelve Months								
Total Activity Days in Past 3 Months	-.019	.002	.315*	.307*	-.220	.363*	.564**	.395**
Subjective Level of Engagement	.122	.130	.285*	.223	-.212	.313*	.257	.373**

Note: * $p < .05$ (two-tailed); ** $p < .01$ (two-tailed).

Appendix B: Measures and Time Points

Measurement	Variables	Baseline	6 month	12 month
Demographics	D (11 items)	Yes		
General Physical Health	GH (1 item)	Yes	Yes	Yes
	HS (13 items)	Yes	Yes	Yes
	IW (1 item)	Yes		
General Psychological Well Being	PGWBS (22 items, 6 subscales)	Yes	Yes	Yes
Five-Factor Personality	BFI (44 items, 5 subscales)	Yes		
Quality of Life/Satisfaction with Life	SWLS (5 items)	Yes		
	QOL (16 item)	Yes	Yes	Yes
Self-Esteem	SE (1 item)	Yes		Yes
Self-Transcendence	ASTI (34 items)	Yes	Yes	Yes
	CSTS (15 items)	Yes		Yes
Perceived Stress	PS	Yes	Yes	Yes
Subjective Happiness	SHS (4 items)	Yes		
Oneness / Awakening	NETI (20 items)	Yes		
Past Month Positive /Negative Emotion	PANAS (20 items, 2 subscales)	Yes	Yes	Yes
Participation in ITP	ITPP (23 items) 6 and 12 month ITP (20 items)	Yes	Yes	Yes
Daily Spiritual Experience	DSE (6 items)	Yes	Yes	Yes
Meaning (values/beliefs)	FM (4 items)	Yes		Yes
Forgiveness	FF (3 items)	Yes		Yes
Spiritual Coping	FRSC (6 items)	Yes		Yes
Overall Spiritual Coping	FOSRC (1 item)	Yes	Yes	Yes
Anticipated Support	FAS (2 items)	Yes	Yes	Yes
Negative Interaction	FNI (2 items)	Yes	Yes	Yes
Commitment	FC (5 items)	Yes		FCS (4 items)
Formal Practices	FP (15 items)	Yes		
Informal Practices	IP (11 items)	Yes		
Transformation attitude and beliefs	TAB (43 items)	Yes		
Transformation Experience	TE (28 items) We will just use yes or no		Yes	Yes
Survey Monkey Q 14	12 items	Yes		
Religious/Spiritual Background	TP (15 items) (variable renamed to SD)	Yes		
Major Life Events	MLE (2 items)		Yes	Yes
Changes	C (3 items)			Yes
Other transformative practices	OTP (11 items)		Yes	Yes
Overall Engagement in transformative path	OETP (2 items)		Yes	Yes
Motivations and Goals	MG (2 items)			Yes
Happy person	Happy (1 item)			Yes

Appendix C: Sample ITP Survey Items

1. Welcome to the Third Round of the Transformation Study!

* 1. Please enter the code number you were provided with in your invitation to participate.

2. Welcome and Instructions

Hello ITP Participants! Here is the third and final round of questions we have for you as part of your participation in this portion of the IONS Transformation Study.

Just to remind you, this survey is being conducted by Cassandra Vieten and Marilyn Schlitz at the Institute of Noetic Sciences, in collaboration with Adam Cohen at the University of Arizona, and Integral Transformative Practice groups across the country. This study is funded by the Fetzer Institute. Our ongoing studies are looking into how people transform their lives through transformative experiences, practices, and engagement in transformative communities. By participating in this survey, you are helping researchers learn more about how people grow, learn, and develop – sometimes far beyond what current theories of adult development think is possible.

While we've made every effort to make this survey as brief and efficient as possible, we still have a number of questions we hope you will answer quickly, honestly, and thoughtfully. We anticipate it will take about 30 to 60 minutes.

Please take the time to complete this survey in the next few days, and by September 7th at the very latest. This project will only be successful if each person completes the measures at each time point in the year. This is a great way for you to contribute to the interaction of science and wisdom in the quest to transform ourselves and our world.

Once you have started completing the survey, if you need to take a break, or return to complete the survey at another time, you MUST 1) click or paste into the browser THE SAME LINK OR URL you used to get here from your invitation and 2) complete the survey at THE SAME COMPUTER. Otherwise, you may be asked to start all over. Also, your computer must be set to receive cookies, since that is how the survey website knows to take you to the place you left off.

IMPORTANT - DO NOT USE YOUR BROWSER'S BACK OR FORWARD BUTTONS TO NAVIGATE THROUGH THE SURVEY. Only use the "PREVIOUS" and "NEXT" links at the bottom of each page.

We realize that surveys are limited in their capacity to reflect the breadth and depth of experience, and that some questions may be difficult to answer. Whenever possible, please choose the answer that most closely reflects your experience. Please respond with how things actually are for you, rather than what you hope for or strive for. Also, we recognize that some questions are very similar.

If you have any questions or comments about the survey, please call us at 707-779-8211 or email cvieten@noetic.org.

Thanks so much for participating!

* 1. I understand that this participating in this study is completely voluntary, and I may choose not to participate.

I am at least 18 years old, have read the information above, and agree to participate in the study.

3. General information

First we will ask for some information about your health and basic outlook on life.

1. Thinking back over the past month, how would you say your general health has been?

Poor Fair Good Very good Excellent

2. Over the past month, how often have you experienced each of the following?

	Never	Rarely	Sometimes	Often	Very often
headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
faintness/dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
stomach ache/pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
shortness of breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
chest pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
acne/ skin irritation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
runny/ congested nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
stiff or sore muscles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
stomach upset/ nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
irritable bowels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hot or cold spells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
poor appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
coughing/ sore throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How have you been feeling in general during the past month?

in excellent spirits [5]
 in very good spirits [4]
 in good spirits mostly [3]
 I have been up and down in spirits a lot [2]
 in low spirits mostly [1]
 in very low spirits [0]

4. How often were you bothered by any illness, bodily disorder, aches or pains during the past month?

every day [0]
 almost every day [1]
 about half of the time [2]
 now and then, but less than half the time [3]
 rarely [4]
 none of the time [5]

5. Did you feel depressed during the past month?

Yes - to the point that I felt like taking my life [0]
 Yes - to the point that I didn't care about anything [1]
 Yes - very depressed almost every day [2]
 Yes - quite depressed several times [3]
 Yes - a little depressed now and then [4]
 No - never felt depressed at all [5]

6. Have you been able to manage your behavior, thoughts, emotions or feelings during the past month?

- jñ Yes, definitely so [5]
- jñ Yes, for the most part [4]
- jñ generally so [3]
- jñ not too well [2]
- jñ No, and I am somewhat disturbed [1]
- jñ No, and I am very disturbed [0]

7. Have you been bothered by nervousness during the past month?

- jñ extremely so - to the point where I could not work or take care of things [0]
- jñ very much so [1]
- jñ quite a bit [2]
- jñ some - enough to bother me [3]
- jñ a little [4]
- jñ not at all [5]

8. How much energy, pep, or vitality did you have during the past month?

- jñ very full of energy - lots of pep [5]
- jñ fairly energetic most of the time [4]
- jñ my energy varied quite a bit [3]
- jñ generally low energy or pep [2]
- jñ very low in energy or pep most of the time [1]
- jñ no energy or pep at all - I felt drained, sapped [0]

9. I felt downhearted and blue during the past month:

- jñ none of the time [5]
- jñ a little of the time [4]
- jñ some of the time [3]
- jñ a good bit of the time [2]
- jñ most of the time [1]
- jñ all of the time [0]

10. Were you generally tense or did you feel any tension during the past month?

- jñ Yes - extremely tense, most or all of the time [0]
- jñ Yes - very tense most of the time [1]
- jñ Not generally tense, but did feel fairly tense several times [2]
- jñ I felt a little tense a few times [3]
- jñ My general tension level was quite low [4]
- jñ I never felt tense or any tension at all [5]

11. How happy, satisfied, or pleased have you been with your personal life during the past month?

- jñ extremely happy - could not have been more satisfied or pleased [5]
- jñ very happy most of the time [4]
- jñ generally satisfied - pleased [3]
- jñ sometimes fairly happy [2]
- jñ generally dissatisfied, unhappy [1]
- jñ very dissatisfied or unhappy most or all of the time [0]

12. Did you feel healthy enough to carry out the things you like to do or had to do during the past month?

- jñ Yes - definitely so [5]
- jñ for the most part [4]
- jñ health problems limited me in some important ways [3]
- jñ I was only health enough to take care of myself [2]
- jñ I needed some help in taking care of myself [1]
- jñ I needed someone to help me with most or all of the things I had to do [0]

13. Have you felt so sad, discouraged, or hopeless or had so many problems that you wondered if anything was worthwhile during the past month?

- jñ extremely so - to the point that I have just about given up [0]
- jñ very much so [1]
- jñ quite a bit [2]
- jñ some - enough to bother me [3]
- jñ a little bit [4]
- jñ not at all [5]

14. Did you wake up feeling fresh and rested during the past month:

- jñ none of the time [0]
- jñ a little of the time [1]
- jñ some of the time [2]
- jñ a good bit of the time [3]
- jñ most of the time [4]
- jñ all of the time [5]

15. Have you been concerned, worried or had any fears about your health during the past month?

- jñ extremely so [0]
- jñ very much so [1]
- jñ quite a bit [2]
- jñ some but not a lot [3]
- jñ practically never [4]
- jñ not at all [5]

16. Did you feel active, vigorous, or dull sluggish during the past month?

- jñ very active, vigorous every day [5]
- jñ mostly active, vigorous - never really dull, sluggish [4]
- jñ fairly active, vigorous - seldom dull, sluggish [3]
- jñ fairly dull, sluggish - seldom active, vigorous [2]
- jñ mostly dull, sluggish - never really active, vigorous
- jñ very dull, sluggish every day [0]

17. Have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel or of your memory during the past month?

- jñ not at all [5]
- jñ only a little [4]
- jñ some but not enough to be concerned or worried about [3]
- jñ some, and I'm a little concerned [2]
- jñ some and I'm quite concerned [1]
- jñ very much so and I am very concerned [0]

18. My daily life was full of things that were interesting to me during the past month.

- jñ none of the time [0]
- jñ a little of the time [1]
- jñ some of the time [2]
- jñ a good bit of the time [3]
- jñ most of the time [4]
- jñ all of the time [5]

19. Have you been anxious, worried, or upset during the past month?

- jñ extremely so - to the point of being sick or almost sick [0]
- jñ very much so [1]
- jñ quite a bit [2]
- jñ some - enough to bother me [3]
- jñ a little bit [4]
- jñ not at all [5]

20. I was emotionally stable and sure of myself during the past month:

- jñ none of the time [0]
- jñ a little of the time [1]
- jñ some of the time [2]
- jñ a good bit of the time [3]
- jñ most of the time [4]
- jñ all of the time [5]

21. Did you feel relaxed, at ease or high strung, tight or keyed up during the past month?

- jñ relaxed and at ease all month [5]
- jñ relaxed and at ease most of the time [4]
- jñ generally felt relaxed but at times felt fairly high strung [3]
- jñ generally felt high strung but at times felt fairly relaxed [2]
- jñ high strung, tight or keyed-up most of the time [1]
- jñ felt high strung, tight or keyed-up the whole month [0]

22. I felt cheerful, lighthearted during the past month:

- jñ none of the time [0]
- jñ a little of the time [1]
- jñ some of the time [2]
- jñ a good bit of the time [3]
- jñ most of the time [4]
- jñ all of the time [5]

23. I felt tired, worn out, used up or exhausted during the past month:

- jñ none of the time [5]
- jñ a little of the time [4]
- jñ some of the time [3]
- jñ a good bit of the time [2]
- jñ most of the time [1]
- jñ all of the time [0]

24. Have you been under or felt you were under any strain, stress or pressure during the past month?

- jñ Yes - almost more than I could bear or stand [0]
- jñ Yes - quite a bit of pressure [1]
- jñ Yes, some - more than usual [2]
- jñ Yes, some - but about usual [3]
- jñ Yes - a little [4]
- jñ not at all [5]

4. About You

1. How much do you agree or disagree with the following statements?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I often engage in quiet contemplation.	jñ	jñ	jñ	jñ	jñ
I feel that my individual life is a part of a greater whole.	jñ	jñ	jñ	jñ	jñ
I don't worry about other people's opinions of me.	jñ	jñ	jñ	jñ	jñ
I feel that my life has little meaning.	jñ	jñ	jñ	jñ	jñ
I can't stop worrying about the future.	jñ	jñ	jñ	jñ	jñ
I feel a sense of belonging with both earlier and future generations.	jñ	jñ	jñ	jñ	jñ
My peace of mind is not easily upset.	jñ	jñ	jñ	jñ	jñ
I feel isolated and lonely.	jñ	jñ	jñ	jñ	jñ
My sense of well-being does not depend on a busy social life.	jñ	jñ	jñ	jñ	jñ
I feel part of something greater than myself.	jñ	jñ	jñ	jñ	jñ
My happiness is not dependent on other people and things.	jñ	jñ	jñ	jñ	jñ
I do not become angry easily.	jñ	jñ	jñ	jñ	jñ
I have a good sense of humor about myself.	jñ	jñ	jñ	jñ	jñ
I have little patience with other people.	jñ	jñ	jñ	jñ	jñ
I find much joy in life.	jñ	jñ	jñ	jñ	jñ
Material possessions don't mean much to me.	jñ	jñ	jñ	jñ	jñ
I am not optimistic about the future of humanity.	jñ	jñ	jñ	jñ	jñ
I feel compassionate even toward people who have been unkind to me.	jñ	jñ	jñ	jñ	jñ
I am not often fearful.	jñ	jñ	jñ	jñ	jñ
I can learn a lot from others.	jñ	jñ	jñ	jñ	jñ
Life is mainly filled with disappointment.	jñ	jñ	jñ	jñ	jñ
I often have a sense of oneness with nature.	jñ	jñ	jñ	jñ	jñ
I feel cut off from other generations.	jñ	jñ	jñ	jñ	jñ
I am able to accept my	jñ	jñ	jñ	jñ	jñ

Understanding yourself - knowing your assets and limitations - knowing what life is about	jn	jn	jn	jn	jn	jn	jn
Work - job or in home	jn	jn	jn	jn	jn	jn	jn
Expressing yourself creatively	jn	jn	jn	jn	jn	jn	jn
Socializing - meeting other people, doing things, parties, etc	jn	jn	jn	jn	jn	jn	jn
Reading, listening to music, or observing entertainment	jn	jn	jn	jn	jn	jn	jn
Participating in active recreation	jn	jn	jn	jn	jn	jn	jn
Independence, doing for yourself	jn	jn	jn	jn	jn	jn	jn

4. The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please indicate with a check how often you felt or thought a certain way.

	Never	Almost Never	Sometimes	Fairly Often	Often
In the last month, how often have you been upset because of something that happened unexpectedly?	jn	jn	jn	jn	jn
In the last month, how often have you felt that you were unable to control the important things in your life?	jn	jn	jn	jn	jn
In the last month, how often have you felt nervous and "stressed"?	jn	jn	jn	jn	jn
In the last month, how often have you felt confident about your ability to handle your personal problems?	jn	jn	jn	jn	jn
In the last month, how often have you felt that things were going your way?	jn	jn	jn	jn	jn
In the last month, how often have you found that you could not cope with all the things that you had to do?	jn	jn	jn	jn	jn
In the last month, how often have you been able to control irritations in your life?	jn	jn	jn	jn	jn
In the last month, how often have you felt that you were on top of things?	jn	jn	jn	jn	jn

In the last month, how often have you been angered because of things that were outside of your control?

jñ

jñ

jñ

jñ

jñ

In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

jñ

jñ

jñ

jñ

jñ

5. In general I consider myself

jñ 1 not a very happy person

jñ 2

jñ 3

jñ 4

jñ 5

jñ 6

jñ 7 A very happy person

5. Your Emotions

1. In the past two weeks, how much have you experienced the following emotions?

	Slightly or not at all	A little	Moderately	Quite a bit	Very much
Enthusiastic	jn	jn	jn	jn	jn
Scared	jn	jn	jn	jn	jn
Interested	jn	jn	jn	jn	jn
Afraid	jn	jn	jn	jn	jn
Determined	jn	jn	jn	jn	jn
Upset	jn	jn	jn	jn	jn
Excited	jn	jn	jn	jn	jn
Distressed	jn	jn	jn	jn	jn
Inspired	jn	jn	jn	jn	jn
Jittery	jn	jn	jn	jn	jn
Alert	jn	jn	jn	jn	jn
Nervous	jn	jn	jn	jn	jn
Active	jn	jn	jn	jn	jn
Ashamed	jn	jn	jn	jn	jn
Strong	jn	jn	jn	jn	jn
Guilty	jn	jn	jn	jn	jn
Proud	jn	jn	jn	jn	jn
Irritable	jn	jn	jn	jn	jn
Attentive	jn	jn	jn	jn	jn
Hostile	jn	jn	jn	jn	jn

6. CSTS

Please answer each of the following statements as true or false. Read the statement and decide which choice best describes you. Try to describe the way you usually or generally act and feel, not just how you are feeling right now. Don't spend too much time deciding on the answer, and please answer every statement, even if you are not completely sure of the answer.

1. Please select true or false for each question.

	True	False	N/A
Often I have unexpected flashes of insight or understanding while relaxing	jn	jn	jn
I sometimes feel so connected to nature that everything seems to be part of one living organism	jn	jn	jn
I have a "sixth Sense" that sometimes allows me to know what is going to happen	jn	jn	jn
Sometimes I have felt like I was part of something with no limits or boundaries in time and space	jn	jn	jn
I sometimes feel a spiritual connection to other people that I cannot explain in words	jn	jn	jn
Sometimes I have felt my life was being directed by a spiritual force greater than any human being	jn	jn	jn
I often become so fascinated with what I am doing that I get lost in the moment - like I'm detached from time and place	jn	jn	jn
I often feel a strong spiritual or emotional connection with all the people around me	jn	jn	jn
I have made real personal sacrifices in order to make the world a better place - like trying to prevent war, poverty or injustice	jn	jn	jn
I have had personal experiences in which I felt in contact with a divine and wonderful spiritual power	jn	jn	jn
I have had moments of great joy in which I	jn	jn	jn

suddenly had a clear,
deep, feeling of oneness
with all that exists

I often feel like I am
part of the spiritual force
on which all life depends

jn

jn

jn

I think my natural
responses now are
usually consistent with
my principles and long
term goals

jn

jn

jn

Often when I look at an
ordinary thing,
something wonderful
happens - I get the
feeling that I am seeing
it fresh for the first time

jn

jn

jn

I love the blooming of
the flowers in the spring
as much as seeing an
old friend

jn

jn

jn

7. Major Life Events

1. In the past three months, have there been any major stressful life events that have taken place in your life? Examples would be the death of a spouse, close family member or loved one, divorce, marital separation or reconciliation, serious legal problems, personal injury or illness, marriage, being fired from work, retirement, change in family member's health, pregnancy, sexual difficulties, an addition to the family, business readjustment, change in financial status, change to a different line of work, or change in number of marital arguments. Please state how many major stressful life events of this sort have happened in your life in the last three months (please respond with a number, if none, enter 0).

2. In general, how much have major life events over the last three months caused stress in your life?

Extremely

Very Much

Somewhat

Not Very Much

Hardly at All

8. Transformative Practices

In this section, we'd like to hear more about your transformative practices over the past three months.

1. Have you continued to be formally engaged in Integral Transformative Practice (a member of an ITP group)?

- Yes
- No

2. Which ITP group are you participating in (please provide name, city, and state)

3. Please check the boxes to show, on average, how often you have engaged in each of the following practices over the last three months.

	Daily	Less than daily, more than weekly	Weekly	Less than weekly, more than monthly	Less than monthly	Not at all
Kata	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affirmations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerobic Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conscious Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ITP Group Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading, Writing, Discussion related to ITP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service to the ITP Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Service in your community (outside ITP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. The last three months consist of approximately 90 days. On how many of those days would you say you did the kata? (please enter a numeric response between 0 and 90)

5. The last three months consist of approximately 90 days. On how many of those days would you say you did the affirmations? (please enter a numeric response between 0 and 90)

6. The last three months consist of approximately 90 days. On how many of those days would you say you engaged in aerobic exercise? (please enter a numeric response between 0 and 90)

7. The last three months consist of approximately 90 days. On how many of those days would you say you practiced eating consciously? (please enter a numeric response between 0 and 90)

8. The last three months consist of approximately 90 days. On how many of those days would you say you practiced staying current? (please enter a numeric response between 0 and 90)

9. The last three months consists of approximately 90 days. On how many of those days would you say you attended an ITP related group? (please enter a numeric response between 0 and 90)

10. The last three months consist of approximately 90 days. On how many of those days would you say you engaged in ITP-related reading, study, or listening to/watching audio/video materials? (please enter a numeric response between 0 and 90)

11. The last three months consist of approximately 90 days. On how many of those days would you say you participated in service to your ITP community? (please enter a numeric response between 0 and 90)

12. The last three months consists of approximately 90 days. On how many of those days would you say you engaged in volunteer service to the larger community (outside of ITP)? (please enter a numeric response between 0 and 90)

9. Other Transformative Practices

Now we'd like to know more about the practices in addition to or other than ITP you have engaged in over the past three months. Please only include practices here that you did NOT include in the previous section.

1. Please check the boxes to show, on average, how often you have engaged in each of the following practices over the last three months (REMEMBER - THIS IS IN ADDITION TO, OR OTHER THAN, THE PRACTICES YOU'VE ALREADY REPORTED IN THE PREVIOUS SECTION).

	Daily	Less than daily, more than weekly	Weekly	Less than weekly, more than monthly	Less than monthly	Not Applicable
Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chanting/Mantra Repetition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martial Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending a Church or Spiritual Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prayer/Devotional Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Formal Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Informal Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If you reported on a formal practice above, please specify what it was.

3. If you reported on an informal practice above, please specify what it was.

10. Overall Engagement in Transformative Path

1. Over the past three months, how many hours PER WEEK have you spent in all activities (both in and out of ITP) that are essential to your transformative path, such as services, practices, groups, meetings, study, etc. (please respond with a number between 0 and 84)

2. Over the past three months, to what extent do you consider yourself involved in your transformative practice (both in and out of ITP)?

Very

Moderately

Some

Slightly

Not at all

11. DSE

1. How often do you experience the following?

	Many times a day	Every day	Most days	Some days	Once in a while	Never or almost never
I feel God's or a spiritual force's presence.	jn	jn	jn	jn	jn	jn
I find strength and comfort in my religion, spiritual tradition, or transformative practice.	jn	jn	jn	jn	jn	jn
I feel deep inner peace or harmony.	jn	jn	jn	jn	jn	jn
I desire to be closer to or in union with God or a spiritual force.	jn	jn	jn	jn	jn	jn
I feel God's or a spiritual force's love for me, directly or through the love of others.	jn	jn	jn	jn	jn	jn
I am spiritually touched by the beauty of creation.	jn	jn	jn	jn	jn	jn

2. How much do you agree or disagree with the following statements?

	Strongly disagree	Disagree a little	Neutral	Agree a little	Strongly agree
I believe in a God or a spiritual force who watches over me.	jn	jn	jn	jn	jn
I feel a deep sense of responsibility for reducing pain and suffering in the world.	jn	jn	jn	jn	jn
The events in my life unfold according to a divine or greater plan.	jn	jn	jn	jn	jn
I have a sense of mission or calling in my own life.	jn	jn	jn	jn	jn

3. Over the course of the past three months, please note how often the following has happened:

	Always or almost always	Often	Seldom	Never
I have forgiven myself for things I have done wrong.	jn	jn	jn	jn
I have forgiven those who hurt me.	jn	jn	jn	jn
I know that God or a spiritual force forgives me.	jn	jn	jn	jn

4. Think about how you try to understand and deal with major problems in your life. Over the past three months, to what extent is each of the following involved in the way you cope?

	A great deal	Quite a bit	Somewhat	Not at all
I think about how my life is part of a larger spiritual force.	jñ	jñ	jñ	jñ
I work together with God or a spiritual force as partners.	jñ	jñ	jñ	jñ
I look to God or a spiritual force for strength, support, and guidance.	jñ	jñ	jñ	jñ
I feel God or a spiritual force is punishing me for my sins or lack of spirituality.	jñ	jñ	jñ	jñ
I wonder whether God or a spiritual force has abandoned me.	jñ	jñ	jñ	jñ
I try to make sense of the situation and decide what to do without relying on God or a spiritual force.	jñ	jñ	jñ	jñ

5. To what extent is your integral transformative practice involved in understanding or dealing with stressful situations in any way?

- jñ Very involved
- jñ Somewhat involved
- jñ Not very involved
- jñ Not involved at all
- jñ N/A

6. If you were ill, how much would the people in your transformative practice community help you out?

- jñ A great deal
- jñ Some
- jñ A little
- jñ None
- jñ N/A

7. If you had a problem or were faced with a difficult situation, how much comfort would the people in your transformative practice community be willing to give you?

- jñ A great deal
- jñ Some
- jñ A little
- jñ None
- jñ N/A

8. Sometimes the contact we have with others is not always pleasant.

How often do the people in your transformative practice community make too many demands on you?

- Very often
- Fairly often
- Once in a while
- Never
- N/A

9. How often are the people in your transformative practice community critical of you and the things you do?

- Very often
- Fairly often
- Once in a while
- Never
- N/A

10. How much do you agree with the following statement?

Over the past three months I try hard to carry my transformative practices over into all my other dealings in life.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

11. Over the past three months, how many hours PER WEEK do you spend in transformative activities that are essential to the program such as formal services, practices, groups, meetings, etc.

12. Over the past three months, how many hours do you spend in activities OTHER than the core services, meetings, or practices of you transformative practice community, such as administrative, organizational, event planning, or volunteer work for the organization.

13. Over the past three months, to what extent do you consider yourself involved in your transformative community?

- Very
- Moderately
- Slightly
- Not at all

12. Transformative Experience

In the last three months, have you had a profoundly transformative experience, one that changed you, how you view yourself, or how you look at the world in a dramatic and long-lasting way?

People describe many different kinds of such experiences. A transformative experience may be of the spiritual or religious variety, it may have to do with what you consider to be sacred, it may be in response to something in nature, it may result from relationship with other people, or art, or many other things.

1. Have you had an experience like this in the past three months?

Yes

No

13. Transformative Experience Description

1. How many days ago did this experience occur?

2. Please describe what happened to cause you to feel this way.

3. Please describe what you were feeling and thinking at the time.

4. Please describe how you acted or what you said during this experience.

5. Please describe what the physical signs of the experience were.

6. Do you think that the experience changed you in some way? How?

7. Can you add anything that would help to describe the experience more fully?

8. How pleasant or unpleasant was it to be in this situation?

1. Very unpleasant

2.

3.

4.

5. Very pleasant

9. Please answer the following questions using the scale.

	1. Not at all	2.	3.	4.	5. Very much	N/A
When you were having this transformative experience, to what extent did you feel that circumstances beyond anyone's control were controlling what was happening in this situation?	jn	jn	jn	jn	jn	jn
When you were having this transformative experience, to what extent did you feel that you had the ability to influence what was happening in this situation?	jn	jn	jn	jn	jn	jn
When you were having this transformative experience, to what extent did you feel that someone other than yourself was controlling what was happening in this situation?	jn	jn	jn	jn	jn	jn
When you were having this transformative experience, how well did you understand what was happening around you in this situation?	jn	jn	jn	jn	jn	jn
When you were having this transformative experience, how uncertain were you about what was happening in this situation?	jn	jn	jn	jn	jn	jn
When you were having this transformative experience, how well could you predict what was going to happen in this situation?	jn	jn	jn	jn	jn	jn
Think about what you wanted when you were having this transformative experience. While you were experiencing this, to what extent did you feel that there were problems that had to be solved before you could get what you wanted?	jn	jn	jn	jn	jn	jn
Think about what you wanted when you were having this transformative experience. While you were experiencing this, to what extent did you feel	jn	jn	jn	jn	jn	jn

that there were obstacles standing in the path between you and getting what you wanted?

Think about what was causing you to have this transformative experience. When you were experiencing this, how fair did you think the thing was?

jn

jn

jn

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When you were having this transformative experience, to what extent did you feel cheated or wronged?

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When you were having this transformative experience, how responsible did you feel for having brought about the events that were making you have this transformative experience?

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When you were having this transformative experience, how responsible did you think someone or something other than yourself was for having brought about the events that were making you have a transformative experience?

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When you were having this transformative experience, to what extent did you feel that you needed to exert yourself to deal with this situation?

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When you were having this transformative experience, how much effort (mental or physical) did you feel that this situation required you to expend?

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14. Motivations and Goals

1. What was your primary motivation for joining ITP?

2. In what three areas of your being would you like to create positive and healthy changes over the next year? (this next year coming up)

15. Changes

1. In your opinion, have you changed over the past year?

- 1 Not at all
- 2 A little bit
- 3 Somewhat
- 4 Very much
- 5 Profoundly

2. If there was a change, do you think it was for the better, in the direction of growth, health and wholeness, or for the worse?

- 1 Absolutely, for the better
- 2 Pretty much for the better
- 3 Kind of for the better
- 4 Kind of for the worse
- 5 Pretty much for the worse
- 6 Absolutely for the worse

3. How have you changed over the past year?

16. Thanks!

Thank you so much for finishing the questionnaire, and for completing your participation in this portion of the IONS/ITP Transformation Study!

Your participation will help us learn more about how transformative practices affect quality of life, and about the nature of the transformative process. Because you are a participant, you will receive copies of any publications resulting from this research.

You may be contacted to continue your participation, if you are willing, over the next year.

When we receive your completed survey, it will take up to eight weeks to send you a report on some of your results over the past year, and your free IONS membership. Please let us know if you would prefer not to receive one or both of those.

Thanks again!

1. Do you have any comments you would like to make?