

**The Effect of Studying *A Course in Miracles* on Mental Well-being**

**Shane Watts, 2019**

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**Master of Research**

## Declaration

I, the undersigned, hereby declare that this submission is entirely my own work, in my own words, and that all sources used in researching it are fully acknowledged and all quotations properly identified. It has not been submitted, in whole or in part, by me or another person, for the purpose of obtaining any other credit / grade. I understand the ethical implications of my research, and have ensured this work conforms to the requirements of the Faculty of Arts, Humanities and Social Sciences, Swinburne University's Human Research Ethics Committee, and the *National Statement on Ethical Conduct in Human Research*.



**Student Name: Shane Watts**

**Student Number: 0689904**

## Abstract

In recognition of the often-tragic consequences of mental distress, much research surrounds the use of Cognitive Behavioural Therapy and programs like Acceptance and Commitment Therapy. In treating mental distress, these intervention programs also highlight the causal relationship that is found to exist between perception and experience. They also however to some extent presume the existence of a state of separation: the occurrence of an emotion, event, or other realities that exist apart from and independent of its observation. As such, these programs are arguably ontologically dualistic. This paper reports on a possible alternative to these treatment programs. The potential alternative examined is *A Course in Miracles* (ACIM): a creed of non-dualism that contains a self-study program of 365 workbook lessons aimed at promoting mental health recovery through reframing and discontinuing dualistic perception. Thirty-three one-on-one interviews were conducted with participants (sourced through ACIM Meetup groups) who had completed the ACIM *Workbook* component. Findings show significant ontological, attitudinal, emotional, and social change for all interviewees regarding their lived experience, including change in felt ability to express and feel emotion, and a significant decrease in felt stress, conflict, anxiety, depression, attachment and dependency.

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## Chapter One: Introduction

*A Course in Miracles* (ACIM), written by Dr Helen Schucman, a Professor of Medical Psychology at Columbia University's College of Physicians and Surgeons, is a self-study programme aimed at restoring mental wellbeing through deconstruction and reconstruction of the mental schemas that dictate perception. Our ability to deconstruct and reconstruct mental schemas has also resulted in the widespread use of programmes like Cognitive Behaviour Therapy (CBT), and more recently Acceptance and Commitment Therapy (ACT) in the treatment of poor mental health (Öst, 2008). In focusing on the deconstruction and reconstruction of mental schemas in the treatment of mental health issues, CBT and ACT are similar to ACIM. Whilst there is considerable empirical research on the treatment outcomes of CBT and ACT, there is little research to determine if mental wellbeing is positively affected by ACIM participation. The aim of this study is to assess if ACIM participation affects mental wellbeing and whether it can be viewed as a treatment programme for poor mental health.

Unlike CBT and ACT, ACIM also solely views human experience as a narrative of projected belief (*A Course in Miracles*, 2007a). Emotional turmoil is then understood as a self-manifested by-product of the mind's creative ability to perceive itself as under threat. Outside of such a narrative conflict ceases to exist. That conflict is narrative dependent forms the basic premise of Dr Schucman's programme. The absence of ACIM in research into programmes to treat states of perceptual distress indicates the possibility of a knowledge gap, especially concerning the possible role ontology, referring to the branch of metaphysics that concerns itself with what exists (Blackburn, 2008), may play in affecting perceptual change. Study of the effects of ACIM engagement may provide a useful contribution to existing research given ACIM's metaphysical assumptions.

Specifically, ACIM appears to differ from other practised mental health intervention programmes, like CBT and ACT, due to the ontological stance ACIM students are instructed to adopt. Unlike programmes like CBT that, drawing on Cartesian logic, view experience as having emerged from God's hand, or Nature's in the case of ACT (Harrington & Pickles, 2009), ACIM identifies experience as a mere projection of intent. In other words, experience results from what Freud (1949) identified as the primary process: forming an unconscious objectification believed to satisfy a need, where the sheer desire for that 'other' gives rise to image creation as a means of wish fulfilment. ACIM thus indicates, like Freud, that perception follows the pleasure principle: "that all needs should be satisfied immediately" (Carver & Scheier, 2014, p. 133). Speaking philosophically, we may note that, Parmenides (in Kirk, Raven & Schofield, 1983), Nietzsche (1979), Herder (in Berlin, 1976), Peirce (1974 [1931-1966]), Lakoff and Johnson (2003) all have proposed views similar to ACIM, highlighting that the act of perception changes reality. Like fantasies, ACIM (2007a, p. 351) states, "that is their purpose. They cannot do so in reality, but they *can* do so in the mind that would have reality be different."

ACIM's key point is that peace of mind is never lost. It is merely eclipsed as an experience to those who employ acts of perception. Hence, understanding the nature of perception, including our habituated tendencies to draw inferences from what is perceived, forms much of the body of the *Text*. The *Workbook for Students* then instructs, through a series of self-experimentation lessons comprised of applying a daily idea to one's thoughts or experiences, to perceive the effects of perception, perceive the effects of changing one's perception, and demonstrate emotionally that peace of mind occurs when judgement is relinquished. As a result, on the grounds of self-preservation, the individual will then refrain from drawing situational inferences, which, having been shown to negatively affect good mental wellbeing, are subsequently no longer sought.

Further, although research on intervention practices such as CBT and ACT has long identified cognitive reframing as playing a significant role in the facilitation of change for those experiencing poor mental health, little empirical attention has been paid to intervention practices that embrace a non-dualistic view. Through investigating what effect engagement with ACIM has on mental wellbeing, this study aims to address this gap in the literature.

This study therefore seeks to answer the following questions:

1. Does studying ACIM affect life experience, and if so in what way?
2. Can ACIM be viewed as an intervention programme for the treatment of poor mental health?

This study contributes to knowledge in a range of areas: mental health, and mental health divergence; intervention and treatment programmes for individuals experiencing poor mental health; and understanding the role philosophical assumption may play in life experience including instances of mental distress.

Following this Introduction, Chapter Two will outline ACIM as an intervention programme and consider two previous studies (Alexander, 2012; Boorstein, 2000) undertaken on the effects of ACIM participation. Existing philosophical literature on the nature of perception is then covered. Due to similarities found between ACIM, CBT and ACT, the development of CBT and ACT, and ontological differences between ACIM and CBT and ACT, are also discussed. Chapter Three presents methodological considerations for the present study including the procedure, sampling and recruitment adopted, details of the sample population interviewed, and discusses the role of the author as an insider. The data produced four distinct, but seemingly strongly correlated themes: Attitudinal Change, Emotional Change, Social Change and Ontological Change, as discussed in Chapter Four. Chapter Five then offers a discussion on these findings, limitations of the research, and a summary followed by a conclusion.



Based on the findings of this study it is argued that: perception dictates experience; perception is dictated by belief; and that our ability to change beliefs is mediated by the ontological standing upon which our adopted system of belief is positioned. That is, ontology dictates attitude, from which our affective experience of ourselves is both created and socialised. Further, the findings indicate that engagement with ACIM positively affects life experience through developing the ability to ontologically alter Self-framework. This indicates that ACIM may be useful for people with mental distress. Whether ACIM should be offered to people wanting immediate relief from mental distress is however questionable. Nor is their indication that ACIM should be used instead of other treatment options.

## **Chapter Two: Literature Review**

The following literature review gives some explanation of ACIM itself, followed by examining two studies on the effects of participating in ACIM. A list of non-academic authors that at present publicly promote ACIM as an effective intervention programme for mental health divergence is also given, along with where ACIM is currently being used and recommended as a treatment programme according to academic research. Due to the similarities ACIM has with CBT and ACT, a brief history of the development of CBT and ACT as intervention programmes for the treatment of mental distress is also offered. Included in this brief review of CBT and ACT is recent work on mindfulness, nonattachment, and the ontological differences between CBT, ACT, and ACIM.

First published in 1976, ACIM is currently translated into 22 languages, with over 3 million copies in circulation (Foundation for Inner Peace, 2016). The format of ACIM consists of three books, shown in Table 1.

Table 1

*The Three Books That Constitute A Course in Miracles*

Book	Pages	Function
Text	669	Largely theoretical. Sets forth the concepts on which the Course's thought system is based. Its ideas contain the foundation for the Workbook's lessons.
Workbook for Students	488	Contains 365 practical application lessons to be completed no more than one per-day. Emphasises experience through application rather than a prior commitment to a spiritual goal.
Manual for Teachers	92	Written in question and answer form. Provides answers to some of the more likely questions a student might ask. Often read first due to its more simplistic use of language

Later supplements include *Psychotherapy: Purpose, Process and Practice* and *The Song of Prayer. A Clarification of Terms* section was included in its second printing onwards (Course in Miracles Society, 2017).

The conclusion to ACIM's Introduction states, "nothing real can be threatened. Nothing unreal exists" (*A Course in Miracles*, 2007a, p. 1). This statement instructs that if a thing, event, or emotional state can change or be altered in any way, in both effect and affect it is produced by perception rather than a factual independent presentation of truth. Throughout the 1247 pages that make up the *Text*, *Workbook for Students*, and *Manual for Teachers*, ACIM students are then implored to understand physicality, including all corporeal based beliefs, as personal, internal, and illusory figments of their mistaken imagination

resulting from the act of perception. Outside of which, due to truth's internal homogeneity, as an existence without beginning, end, or discontinuity, it remains unchanged and unchangeable (*A Course in Miracles*, 2007a). Truth therefore exists solely without conflict. This is because conflict implied a state of disunity and the existence of opposing forces which, within the totality of unity reported by ACIM, do not exist. Hence why, when faced with conflict, ACIM students are instructed to recognise that problems are intrinsically singular. That is, conflict implies that disunity exists, which, as an occurrence, may or may not be accorded reality. What is perceived is then this choice.

In point, ACIM instructs that mental dysfunction is “a wrong-minded attempt to perceive yourself as you wish to be, rather than as you are” (*A Course in Miracles*, 2007a, p. 42). The purpose of the ACIM *Workbook for Students* then is to train the mind “in a systematic way to a different perception of everyone and everything” (*A Course in Miracles*, 2007b, p. 1), noting that while a “theoretical foundation such as the *Text* provides is necessary as a framework to make the exercises in this workbook meaningful ... it is doing the exercises that will make the goal of the course possible” (*A Course in Miracles*, 2007b, p. 1). The goal of ACIM is the “removal of the blocks to the awareness of love's presence” (*A Course in Miracles*, 2007a, p. 1), which the *Workbook for Students* is geared to achieve through a series of self-experimentation styled lessons comprised of the application of a daily idea to the perception of one's external surroundings, thoughts, and beliefs. The aim of the lessons is to facilitate belief withdrawal by way of highlighting the effect of a perceptual shift and relinquishment of the internal dialog we unwittingly adhere to at a sub- or pre-conscious level, illustrated as follows by Lesson Seven:

Look at a cup, for example. Do you see a cup, or are you merely reviewing your past experiences of picking up a cup, being thirsty, drinking from a cup, feeling the rim of a cup against your lips, having breakfast and so on? Are not your aesthetic reactions to the cup, too, based on past experience? How else would you know if this kind of cup

will break if you drop it? What do you know of this cup except what you learned in the past? You would have no idea what this cup is, except for your past learning. Do you, then, really see it? (*A Course in Miracles*, 2007b, p. 11)

The shift in understanding that the *Workbook for Students* attempts to make is in describing our experience and its elements, we are only applying a best-guessed labelling system, that is socially constructed and temporally relevant, to conjecture about the meaning of nerve stimulation as noted by Nietzsche (1979). The purpose of ACIM is to point out that such conjectures, created by the human brain, may have nothing to do with, nor reflect, life as a state of being, much less as a state of knowing. That is, “nature states no ‘facts’: these come only within statements devised by human beings to refer to the seamless web of actuality around them” (Ong, 2002, p. 68).

According to ACIM, what is ‘perceived’ then, is simply “the witness to your state of mind, the outside picture of an inward condition” (*A Course in Miracles*, 2007a, p. 446). A condition which, in view of poor mental health, signifies the existence of a belief structure based on physicality through which that individual has come to portray reality: a post-literate by-product or ‘secondary modelling system’ in the act of throwing its own constructed judgements back on itself (Ong, 2002), stemming from the observed benefits of standing upright (Lakoff & Johnson, 2003). The initial benefits of such modelling enabling conceptualisation: the “process of abstraction operating on its own products, creating different kinds of information at each new level of abstraction” (Hobart & Schiffman, 1998, p. 54), giving birth to information processing, literacy, duplicity, and duality as a system of judgment and perceptual platform. Emotional responses are therefore championed as avenues of insight, bringing awareness to underlying belief structures, and offering opportunity for belief relinquishment. Poor mental health merely reflecting the creative ability of the Self to be confused, and good mental wellbeing reflecting the absence of or need for the confusion judgment, as a form of perceptual distortion, manifests in experience (*A Course in Miracles*,

2007a). This facet of understanding also differentiates ACIM from other treatment programmes even though as a treatment programmes ACIM relies on similar learning theories and techniques. As a programme that focuses on spiritual growth, ACIM also finds itself categorised academically as Spiritual Health literature.

Little empirical research is yet available regarding the effect engagement with ACIM may have on mental health. Two papers that are available are Boorstein (2000) and Alexander (2012). Alexander, in her role as Mentor and Life Coach, utilised the programme of ACIM to reduce client mental distress related to personal and professional development. As outlined in 'Why goal setting can ruin your life', Alexander undertook two case studies within this client-mentor setting. Both showed that in letting go of the need to control their lives, as informed by ACIM, a greater sense of peace and life satisfaction resulted. Alexander herself was one of the study's two participants. This finding introduces the possibility that ACIM may facilitate improvement in mental wellbeing in relation to personal and professional development. There are, however, difficulties in extrapolating from such a small sample, including the author being one of the two participants. Further, although peer reviewed, little scientific rigour appears used by Alexander in the construction and presentation of this study.

The other empirical work published on the effects of studying ACIM is Boorstein (2000). The basis for Boorstein's research, through his role as a psychotherapist, was the observation that many of his clients found reading ACIM to be very helpful "in opening their thinking about their lives' dilemmas, how to view them and what they or their own intimates can do about them" (p. 415). Like Alexander (2012), Boorstein carried out a number of case studies where ACIM, as a mind training programme, was given to a selection of clients experiencing heightened levels of mental distress. Boorstein's data reveals, in the case of a paranoid schizophrenic man, that simply reading *A Course in Miracles* "helped him organize

his psychotic thinking in a more kindly way” (p. 418). Boorstein’s finding was also contrary to his own expectation, as he had previously considered ACIM to be too complex a book for a poorly educated person presenting as “steps away from psychological disorganization” (p. 418). This finding indicates ACIM may be beneficial in the treatment of psychotic thinking, and applicable for persons of all states of mind and education.

Boorstein’s (2000) second case study was of a client who suffered from paranoid persecutory ideation as a result of post-traumatic stress. Boorstein reports that at the time of treatment, the paranoid persecutory ideation had developed into an inability to relate to co-workers and family. Through the use of ACIM, specifically as a structured platform containing a set of daily lessons and instruction more than as a contemplative tool, Boorstein’s client’s paranoid persecutory ideation disappeared over the course of a few months. As a result, the client returned to a fully functional state in both his home and work arenas, thus indicating ACIM may be beneficial for the treatment of paranoia.

Boorstein’s (2000) third case study involved a client who had undergone psychoanalysis for 15 years with another therapist, had successfully worked through issues including poor self-confidence and neurotic anxiety, and currently functioned at a high psychological level. The client still experienced melancholia and low-level sadness, and was experiencing midlife crisis due to the recent death of his father. The client was referred to Boorstein for the latter. Boorstein’s data indicates that, through engagement with ACIM, the client felt validated in pursuing a spiritual journey, and began to view life from a more inclusive perspective. Boorstein reports that, in applying the teaching of ACIM, the client also began to mitigate his criticism of self and others. This finding indicates ACIM may facilitate personal growth of a spiritual nature, and that engagement with the ACIM *Workbook* could positively affect attitudes towards the self and others. Boorstein’s study also

suggests, for individuals experiencing mood disorders, social interaction may be positively affected as a result of engaging with ACIM.

ACIM also figures in Health Science literature. For example, Hamm and Schrink (1989) recommended ACIM be used as a rehabilitation programme offered in corrections facilities due to its sound theoretical identification of “the principal factors affecting the pains of imprisonment” (p. 178). Further, evidence that ACIM could be of benefit for inmates in their rehabilitation may be inferred from the testimonials posted on the Miracles Prisoner Ministry website: an organisation that provides for inmates a year-long spiritual recovery correspondence course based on ACIM (“Miracles Prisoner Ministry”, n.d.). However, these testimonials may also be considered purely promotional rather than containing scientific value. Alternatively, in mapping patterns of complementary and alternative medicine used in the treatment of cancer, Hök et al. (2008) lists ACIM as part of the Spiritual or Health literature currently used by their study’s subjects. These examples indicate ACIM is being used in Health Science as a mind training programme in the treatment of poor mental health, and that the theoretical aspect of ACIM may be helpful for some people experiencing mental distress. It also suggests ACIM may potentially be used for a range of circumstances where mental health dysfunction is of concern.

Looking more broadly, several popular authors have written about the sense of wellbeing that arises from the relinquishment of attachment, as reportedly achieved through the utilisation of the *Workbook for Students* of ACIM. These authors include: Byron Katie’s (2002) *Loving What Is*; Deepak Chopra’s (2004) *The Book of Secrets: Unlocking the Hidden Dimensions of Your Life*; Wayne Dyer’s (1976) *Your Erroneous Zones*; Eckhart Tolle’s (2004) *The Power of Now*; Gerald Jampolsky’s (2011) *Love is Letting go of Fear*; Gary Renard’s (2004) *The Disappearance of the Universe*; Louise Hay’s (1984) *You Can Heal Your Life*; Marianne Williamson’s (1992) *A Return to love: Reflections on the principles of a*



*Course in Miracles*; the psychiatrist David Hawkins's (2012) *Letting Go: The pathway of surrender*; and the psychologist Joe Jessep's (2008) *A Primer of Psychology According to A Course in Miracles*. Many of these authors are also cited in academic literature as having contributed to societal opinion on a range of topics. For example, Marianne Williamson's book *A Return to love: Reflections on the principles of A Course in Miracles* is currently cited by 656 topic articles that included cults, coercion, emotion, perception, and nonattachment (Google Scholar, 10/09/2018). Williamson was also interviewed by Oprah Winfrey in 2012 where she spoke of ACIM as an invaluable tool for the development and promotion of good mental wellbeing, as she did again when interviewed by Barbara Walters on the ABC television news show *20/20* ("*A Course in Miracles*", 2015). Facets which highlight the need for scientific assessment of ACIM as a programme being promoted to treat mental health divergence.

ACIM's conception of the universe as human-made is also reminiscent of the views of several philosophers. For example, according to Berlin, Herder portrays human sensory understanding to be a world of "artificial partitions or 'wooden walls' built by philosophers to which nothing corresponded in reality" (Berlin, 1976, p 164). Similarly, according to Kirk et al. (2013), Parmenides reflected that 'the way of belief is the way of delusion'. Nietzsche (1979) cogently explains that any inference drawn from attributing sensory stimulation to external causes is purely assumptive rather than scientific, arguing "truths are illusions which we have forgotten are illusion" (Nietzsche, 1979, p 84).

How human experience came to be a narrative of projection– the attribution of one's own feelings and/or impulses to externally viewed entities (Calhoun, 2002)–is further considered by Lakoff and Johnson (2003), who argue that through the cognitive process of constructing metaphor, our thoughts and beliefs are framed in metonymy. Specifically, Lakoff and Johnson detail how we constructed the idea of self, in relation to other-than-self,

through container-type similes with boundaries and zones—inside, outside, front, back, etcetera—and now use these similes “to comprehend events, actions, activities, and states” (Lakoff & Johnson, 2003, p. 30). From an historical vantage, this self-construction speaks of humanity not just as the capacity to feel, reason, evoke emotional responses or form relationships (Martin, 2015), but as a process of substantiation that gives reality to a set of symbols that we ourselves have manufactured. That is, as indicated by ACIM, “projection makes perception” (*A Course in Miracles*, 2007a, p. 248). ACIM further detailing that “it is not until beliefs are fixed that perceptions stabilize. In effect, then, what you believe you do see” (*A Course in Miracles*, 2007a, p. 207), “for it is the projection that gives the ‘nothing’ all the meaning that it holds” (*A Course in Miracles*, 2007a, p. 444). Without which, nerve stimulation remains meaningless.

Considerable research is also available in support of the existence of a cause and effect relationship between perception and experience as suggested by ACIM. Such research has prompted the widespread use of intervention programmes such as CBT: an intervention programme for the treatment of poor mental health that focuses on challenging and changing unhelpful cognitive attitudes, beliefs, and thoughts (Beck, 2011). The focus of CBT is the development of personal strategies that target problem solving through challenging and changing how the problem itself is conceived. In point, CBT enables participants to understand that the existence of a problem is a direct result of that person’s belief. CBT highlights the direct relationship between the perception of a problem and its corresponding effect as an experienced sense of conflict. Thus, by changing one’s association to a given stimulus, what was once perceived as a problem no longer contains a negative association. It then follows that without a negative association the event in question no longer triggers a negative response. This clarification on the nature of experience in turn enables the person being treated to understand not only that problems are a result, not a cause, of conflict, and

that negative emotional responses to a problem can be mitigated through a change in perception, but also fundamentally that experience is a choice.

That cognition can be used to identify and discard false beliefs that lead to destructive emotions, as suggested by CBT, can be traced back to Stoicism, in particular to Epictetus of ancient Greece (Beck et al., 1979; Robertson, 2010). Alfred Adler (1964 [1907-1937]) is recognised as one of the first therapists to address the role of cognition in mental health (Mosak & Maniacci, 2008). Adler's work on detailing how a learned sense of inferiority can lead to poor life choices was instrumental in Albert Ellis' (1975 [1961]) later development of Rational Emotive Behaviour Therapy (REBT) (Mosak & Maniacci, 2008). Ellis' work was in turn used by Aaron Beck (1976) in his development of what then became Cognitive Therapy: a form of psychotherapy that focuses on modifying people's beliefs based on the assumption that psychological problems stem from dysfunctional cognitions (Burton, Westen & Kowalski, 2012).

Much of the current literature on the cause and effect relationship between perception and experience does nevertheless originate from Ivan Pavlov's work on conditioning (Konorski, 1949). Specifically, the teaching of dogs to salivate to the sound of a bell. This was achieved through ringing a bell in conjunction with producing food, thereby forming an association between the two stimuli, which then presented as a conditioned response. Drawing on Pavlov's work, John Watson and Rosalie Rayner conditioned a small child, called 'Little Albert', to be fearful of certain objects through startling him with a loud noise whenever those objects were presented (Watson & Rayner, 1920). In a related study, Mary Cover Jones (1924) examined children's ability to unlearn fear responses through the process of desensitisation: diminishing emotional responsiveness to a stimulus through repeated exposure to it. Jones' study led to Joseph Wolpe's use of systematic desensitization to treat mental health dysfunction, including anxiety in adults (Wolpe, 1964), which was followed by

Hans Eysenck's work on behaviour therapy as an intervention type programme (Rachman, 1997). In the treatment of thought distortions, Glenn Wilson (1968) demonstrated that fear conditioning in humans can be overridden by positive verbal reassurance. As such, Wilson marked the joining of cognitive and behaviour techniques and in effect the beginning of current day CBT practices.

Subsequent research involving CBT identified thought distortions as pivotal in the development and maintenance of psychological disorders, and found that in general, symptoms of psychological distress can be reduced, if not eradicated, by teaching new information-processing skills (Schacter, Gilbert, & Wegner, 2010). The use of CBT as a treatment programme has proven effective for adults who experience a range of conditions, such as: alcohol dependency (Oei, Lim, & Young, 1991); amphetamine use (Baker et al., 2005); anorexia (Touyz et al., 2013); anxiety (Otte, 2011; Robinson, Titov, Andrews, McIntyre, Schwencke & Solley 2010); bipolar disorder (Szentagotai & David, 2010); body dysmorphic disorder (Harrison, Fernández de la Cruz, Enander, Radua & Mataix-Cols, 2016); bulimia (Agüera et al., 2012); chronic low back pain (Gatchel & Rollings, 2008); depression (Driessen & Hollon, 2010; Foroushani, Schneider & Neda, 2011); eating disorders (Murphy, Straebl, Cooper, & Fairburn 2010); panic disorder (Rief, Trenkamp, Auer & Fichter, 2000); personality disorders (Matusiewicz, Hopwood, Banducci & Lejuez, 2010); post-spinal cord injuries (Mehta et al., 2011); post-traumatic stress (Bryant et al., 2018); psychosis (Morrison & Barratt, 2009); schizophrenia (Rathod, Phiri & Kingdon, 2010) and substance-use disorders (McHugh, Hearon & Otto, 2010).

Similar to its links with CBT, as a mind-training programme that is principally aimed at facilitating a non-reactive stance, ACIM is often likened to mindfulness-based programmes such as ACT: an intervention programme that uses acceptance and mindfulness strategies mixed with commitment and behaviour-change strategies to increase psychological flexibility

(Kazantzis, Reinecke & Freeman, 2010). Specifically, instead of trying to teach people to better control their thoughts, reactions, and behaviour, ACT instructs the individual to observe, accept, and embrace what is occurring (Zettle, 2005). This embrace of ‘what is’ includes psychologically sitting in unwanted emotional reactions, thoughts, and occurrences, the aim of ACT being the development of non-reactivity to these stimuli. Nominally, ACT subjects are encouraged to be present to the self-constructed nature of their mental models, irrespective of whether these thoughts, emotions, or perceptions are fear provoking or security inducing. Such practice is believed to cultivate a non-reactive stance toward life experience and hence bring relief from the sense of threat and disconnectedness that is prone to accompany psychological fixation (Sahdra, Shaver & Brown, 2010). Adopting a stance of nonattachment was also shown by Sahdra, Shaver and Brown (2010) to increase well-being, relatedness and compassion. This is because the Self is no longer perceived as separate from its surroundings, and thus the need to influence life events, including people, to fit into any fixed view of happiness is also no longer present (Sahdra et al., 2010).

The success of mindfulness therapies, like ACT, has renewed interest in the study of religion and religious practices as coping mechanisms for mental health divergence (Koenig, 2009). For example, findings range from highlighting the central role of specific psychological processes found within Buddhist practices and other contemplative and humanistic traditions (Dahl, Lutz, & Davidson, 2015), to reducing stress through natural health models like the practice of Yin-Yang and Wu-Xing (Badelt, 2011). Badelt (2011) and Dahl et al. (2015) found belief shapes experience and ontology shapes belief. This is exemplified by Raftopoulos and Bates’ (2011) study of 15 adolescents showing levels of greater optimism associated with spiritual belief systems; Rosmarin et al.’s (2013) study of 159 psychiatric day-treatment patients showing better treatment outcomes where there was a

belief in God; and Talib and Abdollahi's (2017) study of 1376 Malaysian adolescent students showing spiritual belief systems in general to be proven moderators of suicidal behaviour.

Mindfulness has also been linked to the attainment of what Chiesa and Malinowski (2011, p. 409) identify as "wisdom, i.e., the direct perception of the true nature of the self and of reality deriving from the correct practice of introspective awareness". Mindfulness is therefore "a means to understanding the moment-to-moment workings of adaptive and maladaptive thoughts and feelings" (Chiesa & Malinowski, 2011, p. 409), by which freedom from suffering, as a state resulting from an incorrect understanding of reality (Nyaniponika, 1973; ACIM, 2007), may occur.

However, as noted by Chiesa and Malinowski (2011), what therapists are actually doing when they say they are facilitating mindfulness-based interventions, including mindfulness-based stress-management programmes such as ACT, is often unclear. For a start, the term mindfulness is used to describe both a state of being and a method. That is, mindfulness is sometimes used to describe a state of consciousness—meaning 'to remember' (Analayo, 2003)—involving an orientation marked by openness, curiosity, and acceptance (Chiesa & Malinowski, 2011). However, Mindfulness is also sometimes used to mean the practice of being mindful, as achieved by focusing attention on a given thought, image, or sensation while excluding potential sources of distraction (Ospina et al., 2007).

Nevertheless, scientific studies of the effect of mindfulness and meditation practices have, in general, shown such practices to be effective in the reconstruction or deconstruction of negative self-schemas, leading to better states of mental health (Dahl et al., 2015). Such practices have also been found to facilitate nonattachment: an equanimitous state of embrace and insight into the constructed and impermanent nature of mental representations (Sahdra et al., 2010). Nonattachment research further indicates that mental fixations do negatively impact mental health, and that "mental representations of self, others, and desirable or

adverse objects are incompatible with the inherently impermanent, changing, and dependently arising nature of reality” (Sahdra et al., 2010, p. 125).

Employing mindfulness and meditation practices to facilitate nonattachment, as an intervention programme for mental health divergence, ACT has also proven an effective treatment for a range of conditions including: anxiety disorders, depression, and addiction (A-Tjak, Davis, Morina, Powers, Smits & Emmelkamp, 2015); psychosis (Bach & Hayes, 2002) including medication resistant psychosis (Shawyer et al., 2017); chronic pain (Wicksell, Olsson & Hayes, 2010; Veehof, Oskam, Schreurs & Bohlmeijer, 2011) including fibromyalgia (Wicksell et al., 2013) and stress (Brinkborg, Michanek, Hesser & Berglund, 2011). The findings of A-Tjak et al. (2015), Bach and Hayes (2002), Brinkborg et al. (2011), Oskam et al. (2011), Shayer et al. (2017) and Wicksell et al. (2010;2013) suggest both that psychological flexibility plays a large part in the development and maintenance of good mental wellbeing, and that programmes that facilitate a stance of equanimity to change can be of benefit to persons experiencing divergence from a state of good mental health.

As shown, there is similarity between ACIM, CBT and ACT. For example, ACIM and CBT both focus on enabling individuals to see that destructive emotions are a result of that individuals’ belief in the existence of problems otherwise attributed to circumstances, emotions, or objects—including people. That cognition can be used to identify and discard such false beliefs leading to destructive emotions is also suggested by both CBT and ACIM. Likewise, ACIM shares ACT’s focus on adopting an orientation marked by openness, curiosity, and acceptance. Like ACT, ACIM’s *Workbook* instructs readers to focus attention on a given thought, or image, while excluding potential sources of distraction—thereby facilitating change. In this way, as in ACT cliental, ACIM students are encouraged to understand their own thought systems as both adaptive and maladaptive, by which

maladaptive patterns and tendencies are no longer maintained, positively affecting mental health.

Having said that, ACIM also differs in some areas to CBT and ACT, mostly stemming from ACIM's ontological standing. That is, ACIM, CBT and ACT presuppose differing models of Self, that, as systems of belief, imply differing constitutions of 'wisdom' distinct to that Self's self-concept. Specifically, unlike CBT, which, as a dualist or Cartesian account of reality, considers reality to exist independent of perception, both ACT and ACIM are idealist in their accounts of reality. This means that in contrast to CBT, both ACT and ACIM assume that perceptions of objects, and knowledge or beliefs about them, constitute a narrative of projection, maintaining existence to be experiential and incorporeal (Blackburn, 2016). ACIM and ACT do not however share the same theory of being, i.e. ontological outlook or Self-concept. In point, ACIM is monist in outlook while ACT is less rigid in its non-dualistic account of Self. As systems of understanding then, they therefore differ. Specifically, consciousness of unitary existence underlies ACIM's Self view, and ACIM students are repeatedly instructed not to accept any belief in which duality plays a part (*A Course in Miracles*, 2007c). In contrast, from the perspective of ACT, holding a fixed ontological viewpoint on the nature of existence is not the middle way espoused by the Buddha, from which ACT draws its teaching, practice, and Self framework.

What is viewed as best-practice, specific to a programme's view of Self, is further exemplified in research on attachment. Nominally, attachment research has in general focused on aspects of relational attachment, explicitly in supporting people to relate better towards each other under the assumption that this is necessary for psychological well-being (Sahdra et al., 2010). The key to psychological well-being under this model of the Self is the creation of stable mental schemas, that in essence, downplay or deny unwanted emotions, thoughts, and perceptions; up-play wanted perceptions, thoughts, and emotions; and foster



optimism, nondefensive, interpersonal behaviour. Further, as a goal, the establishment of relational attachment characterises much of the current dualist approach to mental health, and grounds CBT as an intervention programme. In contrast, attachment in the Buddhist sense, and according to ACIM, concerns clinging onto mental representations of the world which is understood, and shown to be, incompatible with good mental wellbeing (Sahrdra et al., 2010). The goal of ACT and ACIM being the dislodgment of such attachments in preference to Self-realisation.

As a treatment programme then, unlike CBT and similarly to ACT, ACIM challenges perception as a valid construct, including the necessity to view things as positive. That is, unlike CBT and like ACT, the goal of ACIM is not a positive or peaceful mood state as a result of a 'better' judgement system. Rather, according to ACIM, peace does not come from judgment, "it is the relinquishment of judgment" (Manual for Teachers, 2007, p. 28). In reference to ACT, however, Chiesa and Malinowski (2011) note that the main aim of ACT is to help people manage their symptoms. Conversely, ACIM regards all symptomatology as wholly fictitious, having manifested from "a wrong-minded attempt to perceive yourself as you wish to be, rather than as you are" (*A Course in Miracles*, 2007a, p. 42). Thus, like ACT the aim of ACIM is not to change or alter the presentation of symptomatology. However, unlike ACT, ACIM does aim to address the thought processes through which the presentation is given an identity, labelled unwanted, negative or natural, and from which research into the effects of CBT show that all behaviour stems.

In contrasting the approach taken by ACIM with CBT and ACT more specifically, ACT clients are instructed to relinquish their attachment and reaction to looking at an object, or thinking a certain thought, where the object, the act of looking, and the act of thinking, are considered living parts of reality. In this way, like CBT, ACT is dualistic. In contrast, for the ACIM student, the object, the observer and their thoughts are all equally fictitious. Thus,

while nonattachment to mental constructions may be the intended outcome for both ACT and ACIM, as achieved through bringing the constructed nature of their mental models into awareness, because their conceptual understanding of the Self differs, the understanding of the outcome will differ. The same contrast can be made between ACIM and CBT.

In summary, the literature indicates the philosophical stance taken by ACIM is therapeutically well supported. Preliminary research on ACIM as a treatment programme for mental health divergence also suggests ACIM may be effective in the treatment of certain aspects of poor mental wellbeing, and is currently used in, and recommended for some sectors of the community as a treatment programme for mental health divergence. The literature also indicates experience may be dictated by belief systems in which perception is made, i.e. its underlying ontology.

That a treatment programme's ontological grounding may dictate how mental health is conceived, approached, and ultimately treated was similarly covered in the literature. Specifically, CBT attempts to treat mental dysfunctions, ACT would have mental dysfunction be reduced through self-observation, while ACIM suggests mental dysfunction is "a wrong-minded attempt to perceive yourself as you wish to be, rather than as you are" (*A Course in Miracles*, 2007a, p. 42). ACIM's *Workbook for Students* aims to train the mind "in a systematic way to a different perception of everyone and everything" (*A Course in Miracles*, 2007b, p. 1).

Despite differences in approach, it is evident in the literature that ACIM has similarities with CBT and ACT. As a programme that contains 365 daily-lessons aimed at teaching new cognitive skills, like those found within both CBT and ACT, it could be hypothesised that ACIM may have similar positive effects in the treatment of conditions in which CBT and ACT have proven to be beneficial. Additionally, while the literature on CBT and ACT, including the studies of Raftopoulos and Bates (2018), Rosmarin et al. (2013) and

Talib and Abdollahi (2017), indicate that belief shapes experience, and that experience may be moderated by further beliefs, it does not consider that conflict as an experience may be abolished through belief withdrawal as suggested by ACIM. This study may therefore contribute something absent in the scientific literature.

### Chapter Three: Research Method

From a critical theory approach (Bryman, 2004), this study undertook a qualitative analysis to determine if ACIM engagement had any effect, and if so, what those effects might be on lived experience including mental health. This chapter explains the methodological aspects of this project including procedure, sampling and recruitment, and participants. At the end, the methodological implications of researcher being an insider to ACIM circles is discussed.

The population consisted of adults who had completed the *Workbook for Students* of ACIM. The study assessed variations in experience as a result of ACIM engagement. This assessment included details of how psycho-social conditions were viewed prior to, during, and after ACIM engagement.

Because ACIM was originally written in English and contains a plethora of intricately woven nuances, double negatives, and very specific words to impart a deeply layered meaning, this study only included ACIM students who used an English version of ACIM.

Three approaches were considered to collect data: asynchronous interviews, focus groups, and one-on-one interviews. Due to the limited time available to complete the study, and the likely disclosure of highly sensitive personal information, of the three options a semi-structured interview process was utilised. The author interviewed all participants and the range of cues afforded by the face-to-face interview added to the quality of the data collected. This method of data collection further enabled a deeper interviewer-interviewee rapport which, due to the nature and sensitivity of the study, proved valuable. So as not to disrupt the interview process, and to ensure data collection was accurate and thorough, all interviews were recorded on an audio recording device. Audio files were then transcribed by independent transcribers. Ten interviews were carried out in person. Twenty-three interviews

were carried out via Skype video call. Interview time varied between 21 minutes and 79 minutes (*Mean* = 54.39. *SD* = 12.39).

Final proofing of the transcriptions was carried out by the author. NVIVO was utilised as a means of data reduction by applying open descriptive coding. Following the formation of categories, analytic selective coding was utilised in the formation of overall exhibited facets linked to the research question. These facets included pre-ACIM and post-ACIM findings concerning the experiences of stress, conflict, unwanted occurrences, felt benefits and difficulties, levels of community engagement, mental flexibility, emotionality and mental health. These findings were compared under four main themes: attitudinal change, emotional change, social change, and ontological change.

Following approval by Swinburne's Human Research Ethics Committee, Meetup: an online platform/website through which people with similar interests organise in-person meetings, was accessed by the author and organisers of ACIM Meetup groups were contacted in Melbourne, Sydney, Byron Bay, and Brisbane. It was requested these ACIM group organisers make a recruitment flyer available to their respective ACIM Meetup group members, either by soft or hard copy. Having received the flyer, those ACIM Meetup group members interested in participating in the study were instructed to email the author to arrange an interview.

Unbeknown to the author, the recruitment flier was further posted on an ACIM Facebook portal by one of the Sydney ACIM Meetup group members. This explains why the sample consisted of interviewees living across Australia and New Zealand in both city and rural locations, and why not all the interviewees were ACIM Meetup members.

The sample itself consisted of 33 ACIM students ( $M = 11, F = 22$ ). Interviewees' age range was between 41 years and 75 years (*Mean* = 54.39 years, *SD* = 12.39). Interviewee location included Victoria = 13, New South Wales = 10, Queensland = 4, South Australia =

2, and New Zealand = 3. Interviewees' ACIM group attendance was: Twice Weekly = 4, Weekly = 6, Fortnightly = 2, Monthly = 3, Intermittent = 5, Never = 13. Years of experience with ACIM ranged from 2 years to 30 years ( $Mean = 17.64, SD = 7.98$ ). Years since first completing the *Workbook for Students* ranged from 1 year to 28 years ( $Mean = 13.82, SD = 8.60$ ). The number of times interviewees had completed the *Workbook for Students* ranged from 1 time to 15 times ( $Mean = 2.61, SD = 3.06$ ), and all the interviewees indicated they had read the *Text and Manual for Teachers* at least once.

At the time of interviewing almost half of the interviewees (48%) indicated they were again in the process of studying the *Workbook for Students*. Twenty-one of the interviewees (64%) had visited a counsellor, psychiatrist, or psychologist prior to ACIM involvement. Seventeen interviewees (52%) reported formal diagnosis or having self-diagnosed anxiety, often at an acute level prior to ACIM. Twelve interviewees (36%) reported formal diagnosis or self-diagnosed depression. Ten interviewees (30%) reported formal diagnosis or self-diagnosed anxiety and depression comorbidity. One interviewee reported being hospitalised on several occasions for the treatment of depression and suicidal tendencies. Five interviewees (15%) reported formal diagnosis or self-diagnosed other mental health conditions including Post Traumatic Stress Disorder, Obsessive Compulsive Disorder, Emotional Adjustment Disorder, and phobias including acute Social Anxiety Disorder. Seven interviewees (21%) reported prior substance addiction including co-dependency, drug, alcohol, and food related addictions prior to ACIM. One of the interviewees had spent time in a drug rehabilitation facility, and one interviewee had twice been hospitalised as a result of drug induced psychosis.

Prior to ACIM many of the interviewees had looked extensively into other Spiritual Health literature, such as: *A Return to Love* by Marianne Williamson; *The Power of Now* by Eckart Tolle; *Conversations with God* by Neale Donald Walsch; and Gary Renard's *The*

*Disappearance of the Universe*. Other interviewees had delved into more self-help literature, such as the writings of Dale Carnegie, Anthony Robbins, Jose Silva, and Byron Katie. Some interviewees had practiced meditation, yoga, reiki, taken part in spiritual retreats and attended self-empowerment courses, such as those provided by Landmark, Pathwork, and Insight. Other interviewees had engaged with various spiritual, or religious pursuits. These included Catholicism, Christian Science, Eastern philosophies (such as the Rajneesh movement). Most had at some point embraced Buddhism to varying degrees. Some had joined 12-step groups, and most had been involved in treatment programmes, such as Psychotherapy, Counselling, Transactional Analysis, Attitudinal Healing, Transpersonal Coaching, or Hypnotherapy, often at the level of practitioner. Several of the interviewees self-identified as having been spiritual-seekers from an early age, while other interviewees identified as fundamentally atheist in view, having no interest in spirituality at all prior to their ACIM involvement. All the interviewees expressed having felt there must be a better way, and all interviewees were given pseudonyms in this thesis, with close attention given to the removal of any identifiable information presented in the results.

The author, Shane Watts, has been an ACIM student for 19 years. During this time, he has been involved in ACIM groups in various capacities, ranging from group participant, group facilitator, group organiser, mentor, and ACIM counsellor. As an insider to ACIM, the author was therefore familiar with the terminology associated with ACIM, his own understanding of the pitfalls of the programme, and his own challenges associated with undertaking ACIM as a mind training programme. This first-hand experience with ACIM proved to be an invaluable aid to the collection of quality data due to the author's ability to establish a strong, empathic, and trusting rapport with the interviewees. Maintaining research integrity was however paramount. Although the author disclosed his ACIM involvement in

the recruitment process, at no point was the author's views and his personal experience with the programme offered during the interview.



## Chapter Four: Findings

This chapter examines themes surrounding changes in interviewee experience. Specifically, the data produced four distinct, but seemingly strongly correlated themes: Attitudinal Change, Emotional Change, Social Change and Ontological Change. These four themes are presented in detail as follows:

### **Attitudinal Change**

This section examines themes surrounding changes in interviewees' attitudes which resulted from their ACIM engagement. Specifically, the interviewees expressed attitude change surrounding a host of prior beliefs, including: the pursuit of knowledge and how knowledge is defined; the pursuit of control and control as an imagined need; inflexibility versus psychological flexibility; how value is accorded to life situations; acceptance of self-responsibility; nonattachment as a psychological stance; and victimisation as a choice.

According to Burton et al. (2012), drawing from the work of Eagly and Chaiken (1993), Petty, Wegener and Fabrigar, (1997), and Schwarz (2007), an attitude is both "an association between an object and an evaluation" (Burton et al., 2012, p. 695), and a "tendency to evaluate a person, concept or group positively or negatively" (Burton et al., 2012, p. 695). Attitudes have three components, these being: a cognitive component, such as a fixed belief in dualism; an emotional or evaluative component, such as viewing non-dualism as irrational; and a behavioural disposition, such as anger towards a non-dualist text or creed. As such, attitudinal change incorporates a shift in cognition, which may include the emotive process of re-evaluation and a change in disposition toward people, events, and ideas that can involve how the Self is defined. However, although change in attitude is understood to contain both an emotional and ontological facet, this study's data clearly identifies attitudinal, emotional, and ontological changes associated with ACIM engagement to be

separate and distinct presentations. As such, separate sections have been allocated to discuss emotional and ontological changes associated with ACIM engagement.

Specific to attitudinal change, the data shows three main areas of significant attitudinal difference as a result of the interviewees' engagement with ACIM. These areas of change were: the acceptance of self-responsibility as opposed to a belief in victimisation; a stance of nonattachment in contrast to a need to control; and a sense of trust rather than perceived conflict. All three of these attitudinal changes appeared to be interrelated and interdependent. This finding is consistent with ACIM's repeated emphasis to students to adopt these attitudes. These attitudinal changes indicate that ACIM may be an intervention programme that helps mental wellbeing.

To explain this further, most of the interviewees expressed a lack of meaning and contentment in their life prior to involvement with ACIM. Fred for example remarks:

I think I spent most of my life trying to work out shit. Like, what the fuck is this, you know, why are we here? what are we doing? what's the purpose? and not getting any straight answers. And I must have read a thousand books. And just, I got more confused than anything.

For Kathy it was, "the physical reality of dying stock, no money, no rain, hardship, home schooling, cooking for shearers." Donna states, "I had conflict in all areas of my life prior to the Course. My home life, my work life, my family life, my children, my parents - every part of my life was in conflict." While Kirk states, "there was a lot of blame and a lot of anger. I would say that would be the main thing you know. Feeling all this shit inside me and feeling like it was other people's fault."

Many of the interviewees had a range of pursuits to effect attitudinal change, and all were drawn to ACIM in search for a 'better way', as posed by Dr. William Thetford to Dr Schucman instigating Dr Schucman's writing of ACIM (Miracles Distribution Centre, 2018). It was similarly conveyed by participants, prior to ACIM, that the 'better way' was, in

general, to be achieved via the attainment of greater knowledge, the development of more meaning in life, and the establishment of greater control over events, people, or emotions. Cindy, for example, states, “well before the Course everything was very real and very important, and I needed things my way quite a bit - everything actually [laughs].” Steph reflects, “I had to be in control of everything or else the world would fall apart. Which it frequently did because I was controlling everything [laughs]”, and Tessa reports, “I tried to control everything, like really tried to control everything.” As a creed, ACIM instructs that the need to control, understand, and find this so-called ‘better way’ is the cause of human suffering. Moreover, ACIM states that without this ‘need’, conflict itself would not exist.

On this, Max states that, “It’s really changed that kind of victimhood type of story into one of empowerment. Like I understand it’s up to me about how I encounter this and how I react to this.” Similarly, Dafne remarks, “when I’m getting into tears about something, I’m like oh, that’s right, this is all just something that I’m projecting from my mind.” While in the same vein Eva states, “if I’m in a conflict with someone I know I’ve created it, somehow, and I know that I’m wounded in that area.”

Further, as ACIM instructs, a large part of taking responsibility for experience is the relinquishment of meaning given to a specific emotion, stimulus, situation, or event, including the withdrawal of blame. Blame withdrawal is the practice of what ACIM terms forgiveness: the recognition that, “what you thought your brother did has not occurred” (*A Course in Miracles*, 2007b, p. 401). As a practice, forgiveness is also akin to what Sahdra et al. (2010) identified as a stance of nonattachment: the relinquishment of a fixed meaning that surrounds a given feeling, sensation, situation or event. The unwillingness to withdraw blame was also listed as the biggest hurdle found within ACIM. For example, in speaking of her childhood sexual abuse and neglect, Betty states:

To give up this sense of entitlement, this sense of self-righteousness that I had every right to be unforgiving, every right to be resentful. Yeah... that was the hardest thing to forgive and it's taken me until very recently, very recently to really release it all.

Similarly, Kirk notes that:

It's very frustrating. Sometimes it feels like it's not right to forgive people [laughs]. Like it just feels so unjust that I have to forgive those fuckers for being such fuckers [laughs]. And that's more like a difficulty with practicing it. But yeah, I mean I know that I don't get peace of mind until I do start to let go of those things.

As well as speaking to the resistance experienced by ACIM students surrounding their at-times unwillingness to forgive, the above statements identify nonattachment, including the practice of withdrawal of blame, as a prerequisite for peace of mind. That a conflict-free experience was a result of blame withdrawal, nonattachment, or the act of forgiveness as defined by ACIM, was repeated by all interviewees. For example, Jess states:

The thing that has changed or I've had to learn is that, yeah, it's not happening to me, and also that it's my interpretation of the world and of people and situations, that it's my own unloving thoughts that are causing me all the fear and suffering.

Moreover, the awareness of self-responsibility, including the capacity for belief withdrawal, appeared to be understood as the pivotal aspect in facilitating attitudinal change. Similar to Jess, Betty remarks, "it made me realise just how much I'm contributing to my own suffering", or as Fiona remarks, "I try to remember that stress is not really stress, it's just how you accept things."

The data also showed, through the interview engagement with ACIM, a sense of optimism was elicited where previously sensed conflict would have provoked a reaction, primarily the pursuit of control. This is reflected in Tessa's comment that:

There's always a sense of almost curiosity. Like, I still don't like it. Like, you know if it's an unwanted event, it's like 'what the fuck?'. But I also feel like I'm taking far more self-responsibility for it. It's like okay, where have I not been playing in this

world and looking after this peace. So, instead of feeling the victim, it comes back to that self-responsibility.

This sentiment of optimism is echoed by Bree in stating, “I don’t even look at them as unwanted. I look at them as opportunities now for me to choose again.” Likewise, Kathy reflects, “look, unwanted events are always an opportunity I find to go deeper, and own anything that might be there.”

The attainment of optimism as expressed by the interviewees appeared connected to the establishment of a sense of trust. As noted previously, prior to their engagement with ACIM many of the interviewees expressed feeling at the mercy of a world they could not control, believed they needed to control, and attempted at length to understand through a variety of available means without success. To varying degrees, all interviewees through the programme of ACIM came to understand that conflict, as an experience, was a result of a decision to view themselves as victims. In taking responsibility for this choice, victimhood as an attitude was then replaced with a sense of self-empowerment and the establishment of trust. That is, the interviewees trusted that in any given situation a stance of nonattachment would result in freedom from suffering. On this Gary remarks, “if I want to feel happy what I have to do is let go, step aside, and just see what happens.” Similarly, Holly notes, “what’s the difference? It would be around trust. I didn’t have trust before, whereas now I have a deepening of trust.”

Trusting that the outcome to any situation can only be positive, unless otherwise self-ascribed as a negative event, also appeared to alter how life events were experienced. For example, Fred, once the avid reader, reflects:

I think that one of the things I've learnt to do is to see a problem, and run straight into it. Run straight smack into it and go and deal with it. And it doesn't mean that you fight, it means you actually go and deconstruct it. You run into it with the full force of the Course in Miracles and you actually work your way through it and solve it.

Similarly, Flo comments, “I guess I’ve learnt to define all events as helpful as ACIM says, not unwanted. Even if they’re not comfortable, they’re helpful.” While Steph states, “you don’t see it as a negative life event. You see it as something giving you a message to do something else or change the way you look at things. So, everything’s about that.” This is again echoed by Ben’s comment that, “the purpose that everything is here to serve is really different”, and by Lisa’s comment, “I just trust in the next step, always, in whatever situation. So that fear has really dissipated.”

Framing events as occurring in service to the individual also appeared to affect the interviewees’ attitude toward an event, as well as their engagement with an event, due to developing the capacity for flexibility. For example, Max comments:

Prior things were very unacceptable. I’d see things in terms of there’d only be one or two outcomes, and when they didn’t go how I wanted them to go, that was a difficult situation. And that’s one of the big things that I’ve learnt is that there are lots of different ways to approach something, and lots of different ways to see it... It means I don’t get stuck in the ‘this is wrong’ thing.

Similarly, Alan states, “so whenever I come up with a challenge, which is very often a change of routine.... I realise that every shortcoming that I have, every mistake that I make, is because I have done it myself.”

As well as seeing themselves as more flexible, several of the interviewees conveyed an increased confidence to determine whether or not they wanted to be flexible. Roxy for instance states, “I’m flexible because I can allow others to believe what they want to believe. I’m not flexible because I will not join others if what they believe contradicts what I know and what I’ve experienced as the truth.” Likewise, Tash remarked:

I’m probably more flexible in the sense that I tolerate people. You know like I have more compassion for people because they’re brothers kind of thing. Yet I would also say that I’m less flexible in the sense that I don’t tolerate bullshit so much anymore either.

This is reiterated again in Tessa's statement:

I'm flexible in my capacity to hear others and to consider viewpoints. I'm less flexible in shattering my own integrity.... My flexibility doesn't range to have to fall into their bucket with them whereas prior I might have gone there because I wanted to be liked, or I wanted to please, or whatever. I wanted to belong. Now I have a far greater sense of belonging to Self.

In summary, the data in relation to attitude conveys positive change and improvement in well-being for the interviewees. Changes included: the taking of responsibility for experience; relinquishment of the need to control; the willingness and capacity for belief withdrawal; sensed optimism; a developed certainty that all situations are beneficial; trust; an ability to perceive 'others' empathetically; flexibility, and freedom to determine if they wanted to be flexible. Positive changes in attitude are consistent with the purpose of ACIM's *Workbook for Students*, which is to systematically retrain Self-perception, as achieved by belief relinquishment.

### **Emotional Change**

This section looks at changes in emotion, understood as a pleasant or unpleasant feeling that includes a combination of physiological arousal, subjective experience and behavioural expression (Burton et al., 2012), as a result of participating in ACIM. Generally, all of the interviewees in this study felt they had experienced some degree of positive emotional change as a result of their engagement with ACIM. This sense of benefit was especially true for interviewees who identified as experiencing higher levels of anxiety, depression, or conflict prior to their ACIM participation. Much of the expressed change in emotion centred around the ability to be less reactive, a reduction in mood swings, and being quicker to regain composure after becoming upset. In combination with describing being less emotionally reactive overall, many of the interviewees expressed having developed the ability to feel emotion, to be more emotionally expressive, and over half identified themselves as

having heightened levels of sensitivity as a result of their ACIM participation. The emotional changes included a propensity to be easily moved to tears, which was viewed as problematic only in the case of one interviewee.

Interviewees reported prior to participating in ACIM their experience emotionally ranged from some discontent at times to very high levels of distress on an almost constant basis. This variation in emotion is reflected by Fiona's statement of, "I just used to get upset a lot and let things bother me a lot", in comparison to Jack's statement, "well I was in a mess... so depressed that I couldn't get up." Similarly, Kirk stated, "just pretty much constantly feeling like just a really deep sense of meaninglessness", while Betty remarks, "oh, I was ruled by my emotions. Like really. I cried for years."

Many of the interviewees also expressed experiencing increased mood fluctuations prior to their engagement with ACIM. Steph for example stated, "I used to be up and down you know, like a mountain or rollercoaster. It was always up and down, highs and lows. But now I feel very stable." Similarly, Tessa remarks, "I have less really high highs and really low lows. So, I'm more even. Whereas before I was grappling for the highs and sinking to the lows." In more detail, Daphne also explains:

I definitely feel emotion still, it's not like the emotion has gone away. But I think I'm aware of it faster, and I'm like, oh, I'm having this feeling and I allow myself to sit with it more. But I think the highs are still there but the lows are not as low. So, I don't get as angry, I don't get as sad, I don't get as anxious. So, those things still happen but they're much shorter lived and the intensity is not there. And I used to you know stay in stuff for days and that doesn't happen as much now.

As outlined previously, due to difficulties dealing with their emotional states, many of the interviewees had sought professional help, attended courses, read widely, and on occasion struggled with addiction prior to ACIM. On this, Roxy stated, "I've always been hugely emotional..., which is why I turned to drugs, alcohol, food, men, like whatever. Because it



didn't feel normal to have those emotions, to feel as deeply as I felt." Similarly, Bella states, "far from that I didn't feel the emotion, but I was very much controlling them by pushing them away."

While many of the interviewees expressed feeling overrun by, or fixated on their emotions prior to ACIM, several expressed having an absence of emotional reactivity. Tessa states for example, "for most of my life I didn't feel. It was too chaotic..., it didn't really feel safe to feel." Similarly, Eva states, "no, I couldn't go there I don't think, I couldn't get down into that." Likewise, Ben states, "in my experience I was not an emotional person at all before doing ACIM - yet I was, I was just in denial of it."

The indicated avoidance of emotion for some of the interviewees might also account for a number of interviewees reporting that engagement with ACIM initially triggered a strong emotional response. For example, Jess states, "since I got into the Course, I've been just a complete emotional wreck basically for years, crying. I think the first five years I was crying every day, and just thinking it would never stop." Similarly, Anna states, "I'm not sure quite why but I've cried more in the last - since I started - probably in the last three years than I think I have ever done in my life." Frank also comments, "prior to the course I would get emotional. But an event would have to happen in my life to make me emotional, to bring up emotion. I get emotional now for no reason at all." On this, Eva states, "I think the emotional detox has been one of the biggest challenges. All that stuff that you stuff down over the years, it has to come up." This sentiment is also reiterated by Jess, stating, "you can't numb out anymore, it's got to come up and out. Like you're on a pathway of feeling and it has to come up and be healed. So, you've got to feel everything to heal it basically."

Prior to undertaking ACIM many of the interviewees also reported feeling, in some respect, a victim. This was noted in the previous section in relation to attitudes. For example, Steph remarks, "there was nothing I could do about it. Outside events would just happen and

they would make me angry or upset or anxious and I felt like I had no control over that whatsoever.” Similarly, Saffron notes, “there seemed no rhyme or reason to it - terrible accidents, children starving, children being abused... I could understand my mother’s point of view, she would say you know how could a loving god allow all of this to happen.”

In point, previous to their ACIM involvement most of the interviewees identified as having believed their life experience, including their emotional reactions, or the lack of them, to be a very real and serious affair. These interviewees also identified that it was this sense of seriousness, connected with their emotional reactions and difficulties, that instigated their need to understand, control, or manipulate life in some ‘better way’. What appears to have been that ‘better way’, both for those that didn’t allow themselves to feel and for those that felt previously overrun by their emotional responses, is understanding emotion to be an effect of perception, and therefore a matter of personal choice. On this, Flo states:

It’s exhausting having emotions. Well I know now what it is, it’s the reaction to a thought. So, I’ve learnt to look at what’s the thought underneath this, what am I really thinking, which takes away the sting of the emotions. I know it’s a reaction now rather than a thing in itself. Because you know our emotions are so strong, they feel real, and it took a while to figure out they actually weren’t real, because of the strength of it, the intensity.

The result of which, as again stated by Flo, was, “I don’t know if I’m less emotional but it doesn’t run me like it used to. I’ve let go of the idea that everything has to change other than the choice that I can make.” Likewise, Bella states, “it’s getting much, much easier for me to switch off or to be able to manage the intensity, or to reduce the intensity, or to even just get really calm.”

The data indicates that understanding emotion as choice dependent, as detailed by ACIM, increases the likelihood of having an emotional response without stimulating the need for an emotional reaction at the level of behaviour. As Betty highlights, “I’m still a little bit

emotional, even now I can feel myself getting teary. But like it's a non-issue really. It's like 'okay, that's there, don't make a drama out of it'. Similarly, Bree states, "I can see my emotion is just my energy moving through me. I'm very aware that I'm an observer to that." While Anna reflects, "I can feel the fear in my gut, but I am not cancelling all my appointments, I'm not staying home and ruminating on it."

On this ability to allow emotional states to come and go without attachment, Tessa also remarks, "so instead of trying to push away the emotions that I don't like that are in there, I'm far more likely to feel it and be with it, and just feel the crap that it feels, and it moves through." Likewise, Gary reflects:

I am not as afraid as I used to be... now emotions just come and go whatever they are, whether it's feeling happy because there is something my ego likes, or feeling 'argh' because there is something my ego does not like.

Fred similarly states, "it's actually taken me a long time to be okay about being angry", while Max remarks, "I allow myself to be sad or to you know cry", whereas previously these were very much no-go emotions for both of these men. On the same topic, Dave also adds, "more importantly I don't feel guilty about them when I have expressed", while Ben notes, "a feeling doesn't necessarily come with a story, but an emotion generally has a pretty strong sort of story attached.

Ben also gives an analogy to describe the difference being without a story has made, remarking when he first started hill-climbing on a bicycle, he would not only have to stop repeatedly along the way, feel out of breath etcetera, but significantly he would be heavily fatigued for the rest of the day if not the following week. Through repetition however, like that offered by the 365 workbook lessons of ACIM, what changed was not necessarily the need to stop in moments of feeling breathlessness, or the high heart rate in moments of stress. What changed was the nature of the fatigue, or more specifically, Ben's ability to recover quickly following moments of entering the red zone (conflict). On which Ben states:

Like before when I was unfit, I'd just be exhausted for the rest of the day - I couldn't keep going. And this is similar to my experience of ACIM. You know going through the *Workbook* and studying the course and everything, my recovery time from emotion is so much more rapid - like I'm not spinning in stories for days and believing them for months or years.

Another aspect of change related to emotions attributed to engagement with ACIM relates to no longer feeling fearful of being emotional. This is noted by Alan in stating, "I feel a lot less blocked and a lot more serenity now. So, I feel in some ways much more comfortable about being emotional." Similarly, Flo remarks:

I've learnt that the emotions when they come up have something to show me, so instead of being afraid of them and pushing them away or distracting myself, I can sit with them now and see what's actually going on, see what there is to forgive.

A further example of this was given by Kathy, who, in finding a lump on her breast, stepped into a moment of fear. She states:

So I just went oh well, fear's here to visit, I guess I'll sit with fear my friend for a while. Hi there, how are we going? Yes, you're feeling fear that's for sure. So, I was kind of being practical and sat with it.

The difference being, as Lisa articulated, "blame is taken out of it, and therefore it's a different quality of emotion."

As noted in chapter three, several interviewees commented on having feelings of depression, or being depressed. For example, Fred remarks:

So I was just letting myself go through the journey, treating myself with respect, not beating myself up and just being completely okay with all the sensations of depression. You know, not judging it. And then I remember coming out of it. I was driving somewhere and I went hmm, I've got all the sensations of depression, but fuck there's no pain, it doesn't hurt, that's interesting. Now I think those sensations probably come and go but there's no pain, I don't suffer from depression anymore.

Eva tells a similar story, stating:

So I'd try and sink into it and it would last for a few days and then I would come out of it, maybe for a day or something and then something else would happen and I'd fall back in. And then one day I felt the wave coming on again and I thought 'oh, I'm just going to have to sink into it', and it was gone - there was nothing there. And I thought, 'this is the end of that emotion - that depression'.

Donna, who was twice admitted to hospital due to depression including risk of suicide, adds also:

I'd never gone to a psychologist and they said I can heal you completely from depression, and I can guarantee you that you'll never be depressed again. I've never heard that, but I heard that in ACIM. I thought well, I've got nothing to lose. I didn't want to be depressed anymore. I was one-hundred percent in. Actually, you know I just had no other choice, I felt like I didn't want to live the way I was living. So yeah, I went from a depressed anxious mind to being free, to being completely free of depression for good. Never, I'll never have depression again - why would I?

As noted in chapter three, several interviewees also described being anxious, or having persistent anxiety, and reported using ACIM as an intervention or treatment programme. For instance, on anxiety Tash remarks:

I can use what I've learnt in the Course, or I can just read the Course and I can regulate my anxiety through that because it usually calms me down. It's a big anxiety reliever for me, it's like an anxiety pill.

Similarly, when asked what the biggest benefit of their engagement with ACIM was, Steph states, "letting go of my stress and anxiety and being peaceful has been the biggest thing." While Betty states:

Less fear, yeah. I can't really emphasise enough how much my life has been dominated by fear and anxiety. And it's not that that's not there anymore, but it's not the predominant feeling now. So, it's like trust and confidence is now the bigger part of my life and the fear is quite a small part.

This sentiment is also echoed by Anna in stating, “I don’t go to the peak of anxiety as much anymore, there’s a lot more trust, there is more let’s not panic - let’s see what happens. And there is a real desire now for handing a day over.”

A number of interviewees reported that their engagement with ACIM better enabled them to be emotional. This appears to be achieved by a combination of viewing themselves as existing independently from their emotional states, and by practicing what Chio, Lai and Mak (2017) identified as a stance of nonattachment toward their emotional states. Kirk illuminates:

It’s the importance of my state of mind rather than the events that are unfolding. It’s putting my state of mind as the top priority and then letting the events be what the events are, and kind of breaking the sense of connection between them somehow.

On nonattachment, one of the interviewees observed a hesitancy toward the felt development of serenity. Whilst she liked the feeling of serenity itself, as achieved through a stance of nonattachment, she also sensed the serenity to be at odds with how she thought she should be feeling. Cindy highlights the point that prior to engagement with ACIM, being distressed in relation to a situation reflected her emotional involvement and attachment to an outcome. Further, while Cindy could see that it was this emotional attachment that created the distress, letting go of the attachment, although bringing peace, also felt like letting go of a loving action. That is, Cindy states:

In the past I would have equalled attachment to love, and every time I’d go off attachment, I felt I wasn’t loving...., it feels like Oh my God, now I’m a cold-hearted person because I am not going up and down and I’m not getting all worried, except occasionally when I do - but it’s very rare.

Interestingly, the data also suggested ACIM may be used by some ACIM students as a mechanism for the suppression and denial of emotion. That said, some interviewees appeared aware of such tendencies as problems faced by ACIM students, and it appeared

evident these issues may be corrected by the programme itself through programme familiarity, which for some interviewees involved programme repetition. Further, those interviewees who appeared to use ACIM as a mechanism for the denial of emotion appeared happy about it, to the point of viewing it as a programme benefit.

In summary, the data from interviewees in relation to emotion conveys that improvement in well-being for the interviewees did in general occur. Changes included: an increase in emotional responsiveness; an increase in emotional expression; greater resilience in the face of emotional upheaval; greater emotional flexibility; a reduction in worried concern for life events; less emotional attachment; less fear of emotion; less mood fluctuation; less depression; less anxiety; and some suggestion of hesitancy toward the development of serenity. Positive change in emotion is consistent with the purpose of ACIM's *Workbook for Students*, which is to systematically re-sensitise the Self, as achieved by conflict relinquishment.

### **Social Change**

In this study the term 'social' refers to the interaction people have with one another, either as individuals or in groups (Kent, 2006). When asked "has studying ACIM affected how you interact with people", all of the interviewees reported experiencing improved social interactions as a result of their participation in ACIM. Improvement in social interactions included: a sense of greater empathy toward others; less expectation of others; and a greater ability to engage with others including work colleagues, friends, family, and otherwise chance encounters. When asked about others' opinions of their ACIM involvement, peer hostility toward ACIM as a creed, ostracisation due to involvement, and being labelled 'kooky', 'looney', and 'fruity' were listed as among the biggest difficulties. Yet when asked "what area of your life has changed the most since coming across ACIM", much of the

sample stated it was their relationship to others that had undergone the most positive and important of changes.

In greater detail, as outlined in chapter four, a number of interviewees held an attitude of being a victim prior to ACIM. This was also conveyed as being a victim to their environment, which affected their social interactions. Donna remarks for example, that prior to her ACIM involvement, people:

Knew me as someone who would turn up and tell everyone first off that I was feeling really crap, and then I'd go on to a great list of complaints about why, and then blaming whoever had to be blamed for the way I felt.

Several of the interviewees expressed having a fear of social interaction prior to their ACIM engagement. Kirk for example stated he was, “really socially phobic - quite extremely socially phobic... it would just be this loop, like being in a washing machine... you know ‘I’ve got this problem and it’s someone else’s fault’, ‘I’ve got this problem and it’s someone else’s fault’.” In similarly approaching social interaction as a victim, Max states:

I was kind of like a loner... I didn’t really know how to sort of talk to people very well, and I found myself kind of reacting a lot... I remember walking with my head looking at the ground all the time... and I didn’t really want to look at other people... I would avoid situations because I didn’t like how they were going... so, often you know with conflict I’d just kind of retreat for what could be days or something.

Like many of the interviewees Max identified his level of social interaction and connectedness to others as the biggest area of change from participating in ACIM. Further, in contrast to Max’s need to withdraw and isolate himself from social interaction, he now facilitates several group training programmes and is an active member within his community. Similarly to Max’s experience, Donna remarks, “prior to the Course I hid, I was isolated, I was depressed and isolating. I had no confidence. Now I’m fully in life, I hold groups, I am fully involved with my children, my family... I just recently got married.” This sense of



going from socially uncomfortable to comfortable in social settings was similarly noted by Flo, stating:

I used to be very closed off, like in my own little shell a lot with people, like in social interaction... I think I've been addicted to being the loner and holding back from people... but the connections I have with people now are really strong and deep. Really good ones. I'm really thankful.

Flo further articulated that a large part of her ability to now be social was based on ACIM's conception of 'love'. Specifically, the idea that love is, "not this gentle sweet little mousey mouse thing... sometimes love is saying to someone 'no, this is not right'. Flo clarifies, "you don't do it in a way that makes them wrong... you just point out something needs to happen here but I still love you." On the idea of viewing conflict as a loving act,

Dave contributes:

And actually what happens is the more honest you are about the way you speak to people based on what you're thinking and what you feel, and if you have the courage to do so, the more it just frees up both of you... because it's kind of a rare thing in this world isn't it? - to be honest about the way that you feel, and just let the chips fall where they may.

The effect of which, as Steph explains, is that, "I'm more authentic. I don't stress out about what people are going to think about me... so that anxiety has fallen away."

No longer needing to please others was further listed by many of the interviewees as one of the biggest transformations that had resulted from their engagement with ACIM. For example, on pleasing people Bella states:

So the focus or locus of control is not so much external, so it's much more internal. Where prior I would do things because I thought that would give me some attention, or that I needed to do some things because of what other people expected me to do.

Similarly, Cindy comments, "I don't have to prove myself anymore... whereas before that was kind of a constant really, you know, constantly having to prove that I am good

enough. And that just fell away. It's gone from a constant to fallen away." In the same way Tessa remarks, "I don't need people to agree with me like I used to need people to agree with me, because I feel solid in who I am. More loving, less pleasing. And I have noticed that I'm not always pleasing others." On the idea of not pleasing others, Treva states:

I don't feel I'm required to do certain things where you know most people believe there's an expectation. I mean you have to fulfil obligations to the best of your ability, but not to the extent that you're doing it just so somebody else may not get upset.

Some of the interviewees, however, viewed social interaction as more difficult as a result of their engagement with ACIM. Betty, for example, states, "In some ways it's made it harder because most people aren't interested in spirituality and stuff." Similarly, Anna remarked, "there is so much I don't feel free to talk about with people that don't know the Course." Sue likewise states, "I'm pretty much in the closet about it, like you know it's not something I would talk about to a lot of people." As does Steph in stating, "there's not many people I can talk to about ACIM because you know if I said to people 'oh the world's an illusion' they will think I'm mad." While Treva remarks, "in the past after a few beers I've tried to um... I've been in conversations—debates, and I've now realised that there's no point even talking." On which Fred also remarks, "it's a bit like Fight Club. You know, the first rule of Fight Club is you don't talk about fight club. And the second rule of Fight Club is you do not talk about fight club." Similarly, Eva notes, "I do say to my son, like he said to me the other day, 'oh, I don't talk about this stuff at school', and I said 'no don't, they're going to think you're crazy'."

When they did attempt to talk about their post ACIM beliefs and experiences with others, social rejection appeared common. An example of this was given by Roxy, explaining that a workplace

conversation came up about death, and they had their, you know, experiences of it, and they were talking about how horrible it was, and I just said my mother's death was

really beautiful. It was one of the most beautiful experiences I've had in this life. And they all just stopped talking [laughs], and there was this real feeling of like uncomfortableness in the room.

Ben recalls a similar experience involving work colleagues where, in talking about ACIM, he sensed the group he was addressing to be collectively taking a deep breath and drawing back a little. Ben noting that this was also accompanied by an instantaneous topic change.

Interestingly, many of the interviewees actually expressed much gratitude and joy in being interviewed for this study, explaining it was the first time they had been both encouraged and able to openly talk about their ACIM engagement.

As well as social rejection, some of the interviewees had experienced open criticism due their ACIM involvement. Bree for example remarked, "my father still doesn't even want me to read this, you know, this Course in Miracles. He still thinks it's a cult. He wouldn't even speak to my uncle in the early days because he knew that he studied the Course." This was similarly echoed by Holly in stating, "in the beginning my family disowned me," while in no uncertain terms Frank was told, "don't go near them... it's a cult and dangerous and they are all insane." Holly did however at one point clarify that she sees a large part of her family's disownment was due to initially using ACIM as a means of separation and superiority. This was similarly expressed by others in the sample, like Frank who admitted that, "back in the early days of ACIM I got a bit preachy about the whole thing, and that was freaking a lot of people out that I'd known from my past." Likewise, Sally states, "what friends? [Laughs] I'm *A Course in Miracles* student", clarifying that, "a lot of people steer clear of me because I made them feel uncomfortable."

Lack of commonality with people who maintained beliefs contrary to that of someone following (or applying) ACIM was also noted. Tash for example stated, "I'm more solitary now because I find it harder to find people who are like-minded." Clarifying that especially in

relation to work colleagues, Tash says she feels less inclined to “talk about fake tans, and going drinking, and to do all the crap that they do.” Similarly, Roxy notes:

A lot of people don't know how to cope with me... because I can't be a 'how's the weather' kind of person, have superficial conversations, talk about how big my car is or what house I own or my amazing partner or.... It all just seems false or bullshit so I won't do it. It's painful.

Yet despite criticism and/or rejection due to ACIM involvement, 'getting preachy' about ACIM, or experiencing a lack of commonality with non-ACIM students, most interviewees saw their connection to, and relationship with others as the area of most positive change following engagement with ACIM. On this positive affect, Brad remarks:

I now don't feel so alienated from humanity. I think I felt very alienated, I felt alienated from everyone... that's why we try to numb out, you know, whether it's through drugs, alcohol or whatever it may be. Now this sense of disconnect is largely gone to the point that I feel very much connected to people.

Dafne also stated, “I mean even with strangers, I think I just feel a bit more open and more sort of loving and friendly to them, more open hearted to them, yeah.” Similarly, Kathy remarks, “I'm much more gentle, and I just really want the best for people. And maybe I wanted more of the best for myself in the past.” Likewise, Steph expressed, “it's probably much less thinking about what I want, and thinking about how can we create a good situation out of this? You know, taking the focus off myself and thinking this person is my brother.”

As echoed by Tash who stated:

I think I've got a lot more maybe compassion or tolerance to others, you know, and sort of thinking of them as a brother, you know and knowing that we're all connected, that we're all one, that there is no separation.

Many interviewees expressed that it was specifically their romantic and family relationships that had improved the most. Holly for example states, “I was able to meet my father without the expectations of you've got to be like this for me. It was more brother to

brother, and we had two years before he died that were very healing.” While Roxy speaks of hearing her father cry, “solely because through doing the lessons, I was able to tell him that I loved him for the first time in my life - so I was 28 years old.” From a romantic perspective, Steph notes:

You know I see that my partner is - like we're in a partnership together, like it's not him against me, it's we're in this together. So, you know don't fight against him, don't make him wrong, don't push against him, you know just allow whatever is there to be there.

While Lisa reflects:

So I mean Sam and I have been together now for what 20 years. I had two marriages before, 13 years and then 8 years, so that's a good testament. And maybe it's just that I am too old and I am too tired to go anywhere else (laughs), but I think there is more to it, I think the Course has a lot to do with it - what I have gained, it has been incredible. It's like my life is before and after, that's how I divide my life up. There is nothing... nothing has changed me so profoundly in such a deep way as the Course.

However, while many interviewees indicated their levels of social engagement had increased because of their ACIM participation, some expressed being less engaged socially.

Fred explains:

You know, I do enjoy silence and space and quiet. So, you know, outside of work I've a very small number of close friends. In the work environment, lots of great friends, but in the sort of social environment I'm really happy to almost spend my time alone just reflecting. I really do enjoy privacy.

Similarly, Kirk stated that, “seeking out social contact was always a way of reacting to fear, and because the fear's not there, I just don't have the same level of inclination.”

In summary, the data from interviewees in relation to social change conveys several findings. Interestingly, social change was not the result of economic upward mobility, change in social status, power, or influence, but resulted from Self-empowerment obtained through the re-definition of the Self, society, and reality. The ‘Self-empowerment’ also appears to

manifest itself in varying forms though; some became preachy about it; some took leadership roles, others felt psychologically stable enough to stay in solitude; some overcame social phobia; and some felt empowered to disregard others' opinions etcetera. Further, despite experiencing instances of social rejection, criticism, and a reduced sense of commonality due to their ACIM engagement, ACIM participation created: a decreased need to please; less need for social interaction; less fear of social interaction; an increased ability to be social, and an increased sense of social connectedness even if choosing not to socialise. This finding is consistent with ACIM's focus on non-duality, including the development of self-responsibility in view of the universe's perception-dependent reality.

### **Ontological Change**

This section examines ontological change as a result of the interviewees' ACIM involvement. The term ontology refers to the branch of metaphysics that concerns itself with what exists (Blackburn, 2008). Specifically, ontology is the theory of what is, in view of the theory of the world, the soul, and God (Mautner, 2005). Ontology therefore envelops the framing of reality, including how Self is positioned in relation to what exists, based on what Self is understood as. The ontological stance taken by ACIM is that the Self is singular. Duality and physicality are therefore an illusion, void of any independent reality, and exist as a belief only in the mind of the deluded thinker (*A Course in Miracles*, 2007a). What is right or wrong, good or bad, moral or immoral become in this light immaterial. This stance was identified as a key component in facilitating change for all interviewees, even though some of the interviewees initially rejected it. All interviewees also stated their involvement in ACIM continued as an ongoing process of re-evaluation and revelation, centred on a perpetually deepening understanding of Self, and the universe as projection dependent. Further, following their engagement with ACIM, some of the interviewees spoke of being at peace and in conflict simultaneously, as if living alternate realities at the same time. Problems associated

with the interviewees ability to accept ACIM's ontological position, which includes ACIM's use of Christian vernacular, are also discussed in this section.

Many of the interviewees conveyed being initially resistant to accepting ACIM's ontological standing; Steph for example states:

The Course talks a lot about the world outside is a projection of your mind - it's an illusion, it's not really there, which took me quite a while to get my head around. At first, I thought that's absolutely ridiculous.

On being introduced to ACIM, Carmel had a similar reaction, stating, "I remember thinking, 'what? The world isn't real? What sort of stupid thing is that to say in a book? I'm not reading a book that's saying that!'" On the world as an illusion, Brad likewise remarks, the whole idea, "that this world may not be real in as much as you think it is, or may not be real at all, is a big pill to swallow." As furthered by Holly who states, "you know even just conceptually to start contemplating there is eternal life that is of spirit. I mean it's very confronting."

Conversely, a number of interviewees conveyed that the ontological position of ACIM was a main factor that drew them into the programme. Fred states for example, "it's funny, I've seen a hundred other people pick the book up and say I don't get it, and put it down. And yet I read the whole thing in six hours, and I went, 'this just explains everything'." On ACIM's explanation of its stance on reality, Ben similarly states:

It's so clear and so concise in so many parts and places throughout, like you come across a paragraph and the reasoning and the movement, the clinical dissection of what is going on is so married to the reality of human experience... which for me has been one of the most powerful aspects of ACIM - to actually have a framework for what it actually means to be human.

While, like many of the other interviewees, Roxy simply remarked, "it was the truth and I knew it, and that part of me that knew it, inside of me, I wanted more of. It felt like I had been searching for that all my life."

As noted in chapter three, interviewees' searching had included for some an interest in both Western and Eastern religions and practices, which were often compared by them with ACIM. Ben for example states:

ACIM frees you from your beliefs rather than that you have to believe something. It never gives you advice about what you should eat or drink or not eat or not drink. It never gives you advice about what you should do or shouldn't do in this world. And this is so different to any of the other spiritual teachings that are all about, you know, 'Thou shall not eat meat' or 'Thy do this'.

In comparing ACIM to Tapasya: a programme of deep meditation, austerity and moderation, self-discipline, and efforts to reach self-realization, Kathy similarly reflects:

The philosophy of Tapasya was you know you don't eat meat, you don't do this, and you don't do that... you're having to go through hardship to get good karma..., lacking in order to serve the Divine... Whereas the Course isn't like that at all. You don't need any of those stories..., there are no do's and don'ts really, it's just where you are in your space in the world and how you relate to the Divine.

The interviewees' shift away from viewing existence through a belief system of 'rights and wrongs' also appeared pivotal in differentiating ACIM from other programmes that ontologically maintained an 'out there' to be somehow mindful about. For example, Eva states:

What I found, too, with all the study that I'd done, all the reading, I still felt like I was going against the stream - I was trying really hard to be a good person but I felt like I was being forced.

When asked if she could explain this further, Eva remarked:

Even though I was trying to apply, say for example, Eckhart Tolle's principles of being in the now, it just felt like it was forced all the time, because you still had this belief system in the back of your mind telling you what to do and not do. And I reckon I could have spent another ten years on that stuff and it wouldn't have made much difference. Whereas this just, you know, in one year, even though I'm probably not as methodical going through it as some of the others, it changed everything.



Many of the interviewees described the effect of ACIM in terms of achieving mindfulness. However, on comparing ACIM's ontological stance specifically with Mindfulness as an intervention programme, Kirk states:

I think the Course is much more absolute than the Mindfulness, in that like Mindfulness helps you with your emotions if you can kind of get containment around the way you're feeling, like you can take the role of the observer and you can hold the observation and get some distance from it. And that's okay as long as it's something that's not completely... you know like there's some things that they (Mindfulness enthusiasts) would believe were worthy of being fearful about. So, in that situation, you know, there's no answer. You can't really get distance and objectivity around something that actually is fearful. Whereas ACIM says that there's nothing to fear.

Kirk is referring here to the fundamental tenet of ACIM that, "nothing real can be threatened" (*A Course in Miracles*, 2007a, p. 1).

That life can be viewed as an internal construct was also clearly expressed by many of the interviewees throughout their interviews. Saffron for example remarked, "you realise that everything that comes into your awareness is a part of you... that they're not other people, that they're actually aspects of my own consciousness, that I have brought them into being." Similarly, when speaking of 'other people', Tessa clarified, "they are me.... I see them as me. It's like, I'm under no illusion that we're all these separate beings, because we're not." While Donna remarked, "like I literally knew that people weren't people", and Fred states:

Certainly before the Course there was more of a distinction between me and everything else. And now I'm feeling there isn't such a distinction between me and what I see in this world... all I see here is forms of life, forms of life animated by life. But in fact, there only is life.

Viewing life as both internal and singular also led to some interviewees changing their view of God. Bree for instance stated, "everything that I had believed, the God that I thought was external became the God within. It was radical for me." Similarly, Saffron states, "I don't perceive God as being outside of me... I see him as a consciousness within me."

Understanding the world as a projection also factored highly in all of the interviewees' views of conflict. A good example is given by Steff in stating:

So now when I interact with people, I see them as a part of me, and if somebody is say very negative or very angry or whatever, I just think there's a part of my mind that is not healed. So, I don't react, I don't take it personally if people are angry or frustrated or whatever. I just think well they're just going through their stuff and that's a reflection to me of something that is not healed in my mind.

This view of self as singular is similarly reflected by Treva in remarking:

So conflict rather than be avoided, it's the understanding that who is creating or what's creating the conflict. And if you can understand that it's coming from you - that there's nobody out there doing anything to you, you're in a much easier spot to avoid it.

On how singularity as a world view is applied in a day to day setting, Dafne states:

Like I'll be at Ikea, I'll be getting really stressed because there's always people in line and I've got to get somewhere and I'm late and then I'll be like, Oh, you know this is just my story, I'm just in this movie and these people are just characters in my movie.

Likewise, Tash remarks, "at the end of the day it's all just a bit of a game, isn't it! It's all just an illusion. So, I'm able to take more of a distance from the worldly matters." As again reiterated by Treva who stated, "I can pull myself up and you know tell myself look I'm doing it to myself--there's nothing out there." Many of the interviewees also spoke on the deepening of this beingness over time. Dafne for example states:

So to begin with it was more about forgiveness, it was more about making me see that person's my brother and we're all connected, like seeing their behaviour in a different way... But now I actually feel like I'm remembering more and more that I'm just in a movie, I'm just walking around in a Matrix kind of thing.

This said, there did appear some degree of experiential contrast among interviewees as opposed to conceptually understanding people, the universe and religion to be inherently self-made ideas. For example, while many of the interviewees expressed wholly embracing ACIM's non-dualistic perspective, some continued to refer to Jesus or the Holy Spirit as if

these were somehow separate from the Self. Similarly, some interviewees appeared to maintain the reality of good versus bad, wanted versus not wanted, loving versus not loving. Jack for example, in describing his engagement with ACIM, states, “I’m definitely not into ego emotions. Definitely not into fear and all its forms... Emotions which I’m into now are love-inspired, emotions like patience, kindness, compassion, helpfulness, peace, harmony.” Whereas others expressed themselves without such distinctions, clearly reflecting that “what is all encompassing can have no opposite” (*A Course in Miracles*, 2007a, p.1).

Several of the interviewees further expressed they now experience their lives as if living two realities simultaneously. As an example, Donna remarks:

It’s living in a paradox, because you see what’s going on but you know that’s not the truth. So, it’s like you’re living in two worlds all the time. That’s the way I see it. I seem to be in time doing things but I know I’m not here, I sort of am here and I’m not here [laughs].

On living in a paradox, Roxy similarly remarks:

I can still love someone and be in conflict with them, even when I hate them in my mind [laughs]. And that sounds contradictory, but I’m very aware that there are two thought systems in my mind. So, someone can do something that pisses me off and I hate them, and I hate them fully. Yet I know that I love them.

Likewise, Anna too remarked on this sense of living in two worlds, stating, “it’s like there are two perceptions running parallel, one is crying about your life... and the other side of me is going ‘what are you on about?’.”

Finally, when talking about what embracing ACIM’s ontological stance has looked like, Flo reflects:

When I started ACIM I kept getting the image of a caterpillar going into the cocoon and knowing that the process of that is something you can’t control, you’ve got to completely surrender to it because basically the caterpillar’s body dissolves, you know. It gets transformed into this new shape.

Similarly, Donna reflects:

What happened was a ‘me’ that I thought I was just fell away, and what was revealed was the present moment in how it is without any meaning on it - just the present as it is... which is what ACIM says—Enlightenment is just a recognition.

While attempting to adopt ACIM’s ontological position many of the interviewees experienced difficulties with the programme en route. Specifically, a number of interviewees spoke of an inability to understand the *Workbook for Students* prior to grasping the ontological position as outlined in the *Text*. On this, Cindy states:

I was doing this lesson ‘nothing I see means anything’... and I couldn’t really get it, it didn’t make sense to me. And nowadays I realise, ‘oh yeah, because I had only read the *Text* to page 69’ - I didn’t even know what it was about, the metaphysics behind it.

Similarly, Tash admitted:

Because I don’t understand the concepts fully, I don’t know how to apply them. Like for example on Saturday we read a certain passage, and you know I just didn’t get it. So, there’s no way I can apply it when I don’t get it.

Complicating the issue further, some interviewees spoke of being unable to understand the *Text* until it was first explained to them by a more experienced ACIM student.

Sally for example states:

It took me two and a half years to do the lessons and then after that, that’s when I went to a study group. And it wasn’t until I went to a study group that I found out what the Course was saying.

Likewise to Sally’s experience, Steph also recalled that it wasn’t until she attended a weekend ACIM workshop, that, “at that point I could finally understand it enough to start reading it and it actually made some sense.” Likewise, Donna remarked, “I just tried to study it on my own for many years, and then later on I went to a study group... and that’s when my learning started to really deepen.”

This said, views on whether attending study groups was a necessary addition in the facilitation of understanding ACIM's ontological stance differed. Ben for example states, "I did find study groups being of great value, just in the exploration and the learning, being able to ask questions... You know it just opened up new things and helped with the assimilation." Other interviewees like Brad and Flo however choose not to engage in ACIM groups. Brad stating, "I think it's not necessary to have a study group. It might be helpful for some people in the beginning, as I went through study groups, but it's just as powerful to do it by yourself, on your own." Similarly, Flo remarked, "I don't really feel called to them. The whole self-study private study thing has been more important for me. Having said that I have a study partner that I speak to once a week."

Interestingly, of the thirteen interviewees that did not currently attend study groups, in each case they either had at some point attended an ACIM group, or maintained regular contact with a fellow ACIM student. Lack of available study groups to attend was also listed as a negative by some interviewees. Alan for example states, "I do not have any study group and I have been wanting one for years, but there is no fucking study group this side of the world." While Carmel similarly stated, "if there was a group up here... I'd go, I'd go to a Course study group straight away. Like I'd love that. I'd look forward to it all week long."

Further still, in contrasting the *Workbook for Students* to the *Text*, it appears it is the *Workbook* not the *Text* that the interviewees recall most. On this Bella states:

You know it's hardly ever that I remember the *Text* during the day. I mean I have a few favourite prayers, but it's the little sayings from the *Workbook* lessons that actually help me ground myself, apply the teaching, get my calm and sanity (laughs), and be able to move on without having to hold whatever grudges, grievances, judgements, and all the other things I have [laughs].

Similarly, Dafne states, "I do appreciate the actual practicality of not just 'here are all the metaphysics', but ok 'here do this exercise'." Indeed, when asked what their favourite ACIM

quote was, a large majority of the interviewees cited ACIM's *Workbook for Students* lessons. For example, lesson 5, "I am never upset for the reason I think" was noted several times, as was lesson 24, "I do not perceive my own best interests" and lesson 25, "I do not know what anything is for." During his interview, Alan cited lesson 361: "This holy instant would I give you. Be you in charge. For I would follow you, certain that your direction gives me peace" no less than six times.

Connected to the difficulties some interviewees experienced in adopting ACIM's ontological stance is also ACIM's use of language. Specifically, ACIM's use of Christian terminology, double-negatives, and Shakespearean iambic pentameter: metrical but unrhymed lines in which each sentence line consists of ten syllables accented on every second beat (Hirsch, Kett & Trefil, 2002). The sentence, "into eternity, where all is one, there crept a tiny, mad idea, at which the Son of God remembered not to laugh" (*A Course in Miracles*, 2007a, p. 586) for example. On which Frank remarks:

I picked it up and I saw the words 'Jesus', 'Holy Spirit', 'God', and I thought, 'this is Christian', and I've always had a reaction to the Christian stuff. So, I thought, 'well I've given it five minutes, that's that', and I walked out of the shop. I wasn't interested in anything Christian.

While specifically in relation to how it is written, Dafne comments, "there was times when I'd be reading going 'Why? Come on. Seriously! Just fucking speak in plain English.'" As echoed by Bella stating, "there's so many double negatives which I really hate about ACIM".

Conflict with the language was however often framed by the interviewees as merely part of their resistance to accepting ACIM's ontological stance. Dave for example states:

It's interesting when I read the book now, I don't have any form of resistance. Whereas when I first picked it up there was a lot, even with the language. It was really convoluted, it seemed confusing to me. But now it just seems to make perfect sense.

Alan shared Dave's experience, stating:

There was such an enormous resistance and I understand it so well now - that human beings are effectively afraid of God, and that was the moment where I had to go past being afraid of God, which was part of the getting really, really angry and 'fuck this, I do not believe that' and chucking the book down.

Momentarily chucking the book down also appeared common, as expressed by Sally stating, "you know, you've always got to have three copies. One to study, one to use to keep the door open, and the other one to put down the toilet when you just don't get the Course."

Further indicating ACIM's ontological stance to be something of an accumulative process, many interviewees conveyed their ACIM involvement to be an ongoing commitment to relinquishment and perpetual re-evaluation. Consistent with that, at the time of the interviews, sixteen interviewees were in the process of again undertaking the *Workbook for Students*. On which, Ben comments:

Like the second time around I'm going through the Course lessons is just entirely different. Like it's got a whole other level of profundity in it, and the truth of it is a lot clearer. It's less a representation of ideals or absolute truths that are hard to grasp, and it's more married to my experience.

Similarly, Brad comments, "I find each time I get a deeper layer... As I go through this now a third time, everything hits me on a much deeper level." Dave further explaining:

I'm getting more out of it again now because there's less resistance and there's more understanding and more knowledge. And more importantly I've got more willingness because I realise the more I apply it, the more peace of mind I have.

Also, Tessa states:

I had a half-baked understanding of the Course. And so, my forgiveness was just too fucking high, it was stupid. It wasn't real forgiveness. It was 'let's overlook what's happening here' and 'I'll just see if I can manage it from the inside'. Which is not what the Course prescribes.

However, in the adoption of ACIM's ontological stance, not all of the interviewees believed the *Workbook for Students* should be repeated. For example, Sally refers to Kenneth Wapnick's opinion that the *Workbook* need only be done once, stating:

His theory was you don't do it again. And I've been tempted many times to get back on that bandwagon... thinking 'oh, look I'll go and do that again, that'll save me'.... In the end I realised that can be a defence as well. Because you know, one needs to sit with oneself... which is an ongoing thing as you know.

Summing up the findings related to ontology, it is evident that the ontological position taken by ACIM is perceived to be different to what interviewees have previously encountered, such as their previous spiritual or religious pursuits. Many of the interviewees initially resisted the idea of the universe as an internal construct, whilst for others it was this aspect of ACIM that drew them into the programme. Further, the language used by ACIM was conveyed as contributing to difficulties in engagement with the programme, which was usually linked to resistance to accept the ontological aspect of the teaching. ACIM study groups were suggested as helpful in facilitating ontological change, however this appeared subjective to the individual, and study groups were not always available. Similarly, it was indicated the *Workbook for Students* requires the accompaniment of the *Text*, including possible further instruction from a senior student. It is likewise apparent that a number of interviewees experienced a deepening understanding of non-dualism through repeating the programme over time. Understanding the world to be a projection figured as a key component in the benefits described by interviewees from their engagement with ACIM. These benefits included: an increased ability for self-reflection; an increased propensity for self-responsibility; an increased propensity for attitudinal change including nonattachment; freedom as a recognition rather than a pursuit; freedom from the requirement of constrained behaviour; and a propensity toward emotional simultaneity without confusion, facilitated by



the internalisation of causality: an acknowledgment that as an act of will, perception both shapes and frames experience.

## Chapter Five: Discussion and Conclusion

Although those interviewed in this study differed in age, socio-economic background, locations and beliefs, many reported quite similar changes in life experience as a result of engagement with ACIM. These changes fall into four interrelated themes: changes in attitudes, emotions, social relationships, and ontology. Specifically, based on the thirty-three people interviewed, engagement with ACIM brings about the internalisation of causality, alongside the development of nonattachment, trust and self-efficacy. For those involved in the study, these changes improved their psychological wellbeing. As such, ACIM can be considered to be an intervention programme for those interviewed.

Does this necessarily mean that ACIM could be considered more broadly as an intervention programme for the treatment of poor mental health? Specifically, does this indicate ACIM could be comparable to CBT or ACT in the treatment of conditions involving mental ill-health, such as: addiction; anxiety; bipolar disorder; body dysmorphic disorder; chronic pain; depression; eating disorders; panic disorder; personality disorders; post-spinal cord injuries; psychosis; schizophrenia; stress; and substance use disorders, as listed in the literature review pertaining to current CBT and ACT findings?

To answer this, as conveyed in chapter three, there are both differences and similarities between ACIM and CBT and ACT. Similarities include the following: ACIM and CBT both identify the cause and effect relationship between perception and experience; ACIM and CBT both utilise cognitive re-framing methods to discard false beliefs; ACIM and ACT both focus on adopting an orientation marked by openness, curiosity, and acceptance; ACIM and ACT both instruct clients to focus their attention on a given thought or image while excluding potential sources of distraction. Broadly speaking then, ACIM, as an intervention program for the treatment of poor mental health, is comparable to CBT and ACT as a treatment option.

To wit, this study also found ACIM was used by some of the interviewees, with some success, in the self-treatment of depression, anxiety, phobias, Post-Traumatic Stress Disorder, Obsessive-Compulsive Disorder, and in one case an Episodic Adjustment Disorder. This study therefore adds support to Boorstein's (2000) finding that, as a mind training programme aimed at correcting faulty perception, ACIM can benefit people experiencing high levels of mental distress.

As a large majority of this study's population felt it was their relationship with others that had been most positively affected as a result of their ACIM engagement, this study also adds further support to the finding that in engaging with ACIM, a person is likely to view life from a more inclusive perspective, as Boorstein (2000) showed. Similarly, Alexander's (2012) finding that both she and her participant experienced a greater sense of peace and life satisfaction following their engagement with ACIM is likewise supported. Like Alexander's, this study also found that in letting go of the need for, or to, control, as informed by ACIM, a greater propensity for flexibility and adaptability was also achieved.

Specifically relating to the suitability of ACIM as a treatment programme, the data suggests it was neither the *Workbook for Students*, nor the ontological position of ACIM as outlined in the *Text*, but a combination of the two that facilitates the changes in experience described by the interviewees. Even then, findings indicate a person beginning the programme may require initial group interaction or contact with a senior ACIM student. In addition, the *Workbook's* duration is at minimum a one-year period. Implementation of such a host of conditional programme requirements, combined with the sheer length of the programme, do not favour the use of ACIM as an easily implemented treatment or intervention option within current health care practice.

Additionally, that the *Workbook for Students* was repeated by the vast majority of the interviewees puts into question the efficacy of ACIM as a treatment programme. Chapter four

even cites one interviewee as having spent two-and-a-half years doing the *Workbook* only to discover she knew nothing about the programme. For individuals requiring the immediate relief of mental health symptomatology, in this light ACIM appears inappropriate. That said, the data did indicate *Workbook* lessons could be used in the reduction of mental distress by those already familiar with the programme. One interviewee was also hospitalised twice due to a high risk of suicide (see chapter three), yet successfully treated this tendency through ACIM participation. Several other interviewees also noted treating addiction through ACIM including one interviewee who, presenting with a drug induced psychosis (see chapter three), had similarly been hospitalised on two occasions prior to his ACIM involvement.

Nevertheless, the language used in ACIM, as both complicated and Christian, may limit ACIM's use as an intervention and treatment option. That said, the nature of ACIM, in its address of instances of poor mental health, is one of self-responsibility and schema deconstruction. Further, those of this study's participants who noted taking issue with ACIM's use of language, through their engagement with the programme came to view these difficulties as caused by their own resistance or unwillingness for schema deconstruction. Similarly, while some individuals appeared to struggle with ACIM's use of double-negatives, this did not dissuade them from continuing. On the contrary, hurdles found with the programme, including language, appeared perpetually framed by ACIM students as indicative of their own resistance to achieving a state of nonattachment.

Further, as ACIM does appear to facilitate a stance of nonattachment, this study adds additional support to the finding that a sense of threat and disconnectedness is prone to create psychological fixation (Sahdra et al., 2010). Likewise, the finding of Sahdra et al. (2010) that a stance of nonattachment increases wellbeing, relatedness and compassion because the self is no longer perceived as separate from its surroundings, is similarly supported by this study.

That the adoption of a non-attached stance stems the need to influence life events and people to fit into any fixed view of happiness was similarly found, again consistent with Sahdra et al.

As the sample contained a diverse range of education levels and states of mental health prior to ACIM engagement, these findings support Boorstein's (2000) finding that, irrespective of level of education or mental health state, ACIM can be beneficial as a treatment programme. From the collected data it is nevertheless hard to conclude that the interviewees change in experience was not a result of mere perseverance to a programme, or that the noted benefits of ACIM engagement would not have been achieved by this study's interviewees had they followed other programmes. In short, from the data, it cannot be concluded that ACIM is more beneficial than other programmes, but as a programme, ACIM does better suit some people at some time. Indeed, ACIM itself states that, as a programme, it is "intended for teachers of a special form of the universal course. There are many thousands of other forms, all with the same outcome" (*A Course in Miracles*, 2007c, p. 3).

While not specifically indicated by the data, it is also conceivable that some ACIM students may use ACIM's ontological stance as justification for the dismissal of personal criticism. For example, narcissistically thinking 'you don't really exist', rather than genuinely reflecting on whether a said personal criticism is valid. Certainly, this study did show that ACIM students do reject non-ACIM viewpoints, and that for this sample, this rejection had on occasion resulted in the dismissal of prior friendships and family ties. However, if ACIM is used by some ACIM students as an avoidance mechanism, it was again viewed as a positive programme development by this study's interviewees. That is, they presented as being grateful in developing the ability to emotionally distance themselves from their surroundings and highlighted this benefit in terms of felt peace of mind. Nor did the dismissal of personal criticism, if it occurred, appear at the cost of social empathy, self-reflection, or

denial of self-responsibility in connection to any facet of lived experience. Indeed, quite the contrary.

In relation to emotion as an experience, this study also found ACIM students appear not to attempt to cope with their emotional mood states. Rather, the data indicated the experience of emotion was to be both valued and used as a learning tool, irrespective of the type of emotional experience. In this light, as a treatment option, ACIM does share some similarity to ACT as noted. However, this study's finding that ACIM students do in general come to view emotional experience as an illusion, void of any inherent independent reality, appears to distinctly differentiate ACIM from ACT and similarly CBT. Of greater significance, this noted contrast between treatment outcomes, appears attributable to their differing ontological stances indicating a clear need and avenue for future research.

Specifically, as a non-dual teaching, from an ontological perspective ACIM does appear to contrast itself to ACT and CBT. This contrast may play a substantial role in assessing further ACIM's capacity as a treatment option when compared to other therapeutic approaches. In addition, the data relating to improvement in mental wellbeing as a result of ACIM engagement indicates that abandoning a dualistic view may facilitate attitudinal, emotional and social change. This finding also signals that the ability of a therapy to facilitate positive change in mental health may be enhanced or reduced by that programmes' ontological framing of Self.

Additional investigation of differences between therapies, specifically in relation to their ontological stance, and what effects these differences may have is advised. It is similarly suggested such work may include the development of a psychometric measure of ontological orientation whereby an individual's Self view may be quantified, ranging from dualistic to non-dual on a five-point Likert scale (Likert, 1932). The present study's data suggests that such a measure, if paired with other measures like the Depression Anxiety Stress Scales -

Short Form (Henry & Crawford, 2005), the UCLA Loneliness Scale (Russell, 1996), or the Subjective Happiness Scale (Lyubomirsky & Lepper, 1999) would show a positive correlation between poor mental health and a dualistic Self view, and similarly between good mental wellbeing and a non-dual Self view. The impact of such a finding in the mental health sector, if further research substantiates these possible correlations, appears likely to contribute much to how we both view and treat individuals experiencing poor mental health.

In summation, speaking generally the typical reported benefits of CBT include: extinguishing fear of autonomic arousal; desensitisation; self-efficacy; and skills training (Burton et al., 2012). For ACT, the typical reported benefits include: acceptance; nonattachment; and mindfulness (Harris, 2006; Zettle, 2005), and for ACIM, the reported benefits are the internalisation of causality, alongside the development of nonattachment, trust and open-mindedness. Some overlap between programmes clearly exists. This supports ACIM's existence and use as an intervention programme for people experiencing poor mental health. Specifically, in connection to the internalisation of causation as directed by the programme, ACIM participation does appear to facilitate self-efficacy in the deconstruction and reconstruction of unwanted, harmful or hurtful heuristics. A stance of nonattachment, trust, and psychological flexibility was found to have resulted. The reported effect was an increase in the experience of serenity, social connection, and positive Self view. This was accompanied by a decrease in felt conflict, cognitive fixedness, and mood fluctuation.

However, this study does contain a number of limitations that prohibit being definitive about whether or not ACIM could be offered as a treatment programme for persons with poor mental health, and whether following the programme would always lead to positive life changes. Being a qualitative study of a relatively small number of adults is one of its limitations. Quantitative analysis of the effects of studying ACIM is recommended as a course of further inquiry. For example, a questionnaire comprising a series of measures could

be utilised. Possible measures to be included are the Expressions of Spirituality Inventory Revised (MacDonald et al., 2015), Depression Anxiety Stress Scales – Short Form (Henry & Crawford, 2005), Internality, Powerful Others, and Chance Scales (Levenson, 1981), Need for Closure Scale – Short Form (Roets & Van Hiel, 2011), Nonattachment Scale – Short Form (Chio, Lai & Mak, 2017), Self-Liking/Self-Competence Scale (Tafarodia & Swann, 2001), Social Assurance Scale (Lee & Robbins, 1995), Subjective Happiness Scale (Lyubomirsky & Lepper, 1999) and the UCLA Loneliness Scale (Russell, 1996).

Such measures would give further indication of whether the general life experience of an ACIM student is demonstrably different to other populations. However, in failing to quantify the levels of poor mental health experienced by ACIM students prior to their ACIM involvement, such research would not provide a clear pre-post ACIM contrast and assessment of the effect ACIM participation has on mental health. Obtaining a clear pre-post ACIM comparison would require substantial longitudinal investment due to ACIM's length and additional intricacies found associated with the programme. However, despite the noted shortcomings of the proposed further study, given a large enough sample size, the suggested study should foreseeably provide some initial measure of quantitative assessment regarding the effect of ACIM participation. Further, given a large enough sample size, in conjunction with the collection of situating data such as duration of ACIM engagement and whether or not the *Workbook for Students* has been completed, the suggested study could provide additional quantification of the participation time needed for the programme to have an effect, the effect of completing the *Workbook*, and if or how affect changes with ongoing participation as suggested by this study.

Restrictions in the present study's generalisability also include the age range of interviewees, and that the sample was recruited via Meetup. Specifically, this study's sample consisted only of ACIM students aged between 41 years and 73 years, and contained only



ACIM students in some way associated with ACIM Meetup groups. Considering over three-million copies of ACIM are reportedly in circulation, a much broader population of ACIM students must exist. Such a population of ACIM students would conceivably include some who study ACIM individually, have never been to an ACIM group, or associated with fellow ACIM students. In addition, the data indicated ACIM students are prone to ‘throw the book away’. A group must therefore exist of persons who discontinued their ACIM involvement and never completed the programme. Presumably, this would only occur because they did not find the programme helpful, or alternatively found it too difficult or challenging to continue. Unfortunately, the present study gives no account of this population, assuming it exists.

Further, ACIM students who use one of the 22 other languages ACIM is currently printed in were not included in this study. Research in this area may prove fruitful for a variety of reasons. For example, future research utilising a questionnaire containing the noted quantitative measures could indicate a difference in effect between ACIM texts due to translation. Sample populations using the Afrikaans, Bulgarian, Chinese-Simplified, Chinese-Traditional, Croatian, Czech, Danish, Dutch, Finnish, French, German, Greek, Hebrew, Hungarian, Italian, Japanese, Norwegian, Polish, Portuguese, Romanian, Russian, Slovene, Spanish and Swedish versions might be compared. There might also emerge interesting differences in ontological framing.

Most people also tend to describe themselves more positively than a normative criterion would predict (Krueger, 1998). That is, studies on self-reporting show that over fifty-percent of the population will assess themselves, for example, as more loving than is average. Similarly, most people consciously or unconsciously attempt to control the images they project in social interactions (Schlenker, 1980). Further, image management appears especially prominent in structured interviews (Kleinmann & Klehe, 2010; Van Iddekinge, McFarland & Raymark, 2007). As a qualitative project employing a semi-structured

interview for data collection, the present study therefore potentially contains image-presentation bias.

A possibility for future research might also include examination of the short-form versions of ACIM that have been developed by ACIM students: for example, the *40-Day Program for Transformation* offered by Lisa Natoli. A comparison study involving a control group and the effects of a forty-day ACIM, CBT, and ACT programme might then become plausible, offering valuable insight into the efficacy and comparability of such programmes. As yet however no research has been carried out to determine if these short-form ACIM spinoffs are effective or comparable to ACIM. In addition, how or whether these short-form ACIM spinoffs cover the ontological understanding that the *Text* provides remains unknown. Potentially, the duration of the *Workbook* as a minimum twelve-month exercise in forming part of ACIM's inherent structure might be important for its indicated longitudinal benefit. Attempting to shorten this process may well reduce if not negate ACIM's efficacy as an intervention programme. Caution in equating such programmes with ACIM is therefore advised.

In conclusion, this study indicates ACIM may be viewed as an intervention programme for the treatment of poor mental health. However, for reasons given we cannot at this time advocate that ACIM be used as such, especially for persons seeking immediate relief from poor mental health and who may additionally experience criticism, ostracisation, and peer hostility due to their involvement with ACIM. Further, in comparison to some other treatment programmes, the ontological position taken by ACIM does appear both to differ from other programmes and to positively affect ACIM's ability to facilitate change. This finding signals that ontology may well have a greater impact on life experience than otherwise previously envisaged. Specifically, this study suggests the way in which we conceive of ourselves may affect our ability or inability to make life changes. The use or

development of an instrument measuring ontological beliefs or perspectives may help to clarify this relationship.

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## Appendix A - Ethics Approval letter

### SHR Project 2017/273 - The Effect of Studying *A Course in Miracles* on Mental Wellbeing: an empirical evaluation

Dr Hadi Sohrabi, Dr Michael Dix, Shane Watts (Student), Dr Bradley Elphinstone – FHAD

Approved duration: 16-05-2018 to 16-01-2021 [adjusted]

I refer to the ethical review of the above project protocol by Swinburne's Human Research Ethics Committee (SUHREC). Your resubmitted application was considered at SUHREC meeting 04/2018 held on Friday 11 May 2018 and accords with the Committee review.

I am pleased to advise that, as submitted to date, the project may proceed in line with standard on-going ethics clearance conditions outlined below.

- The approved duration is **16 May 2018 to 16 January 2021** unless an extension request is subsequently approved.
- All human research activity undertaken under Swinburne auspices must conform to Swinburne and external regulatory standards, including the *National Statement on Ethical Conduct in Human Research* and with respect to secure data use, retention and disposal.
- The named Swinburne Chief Investigator/Supervisor remains responsible for any personnel appointed to or associated with the project being made aware of ethics clearance conditions, including research and consent procedures or instruments approved. Any change in chief investigator/supervisor, and addition or removal of other personnel/students from the project, requires timely notification and SUHREC endorsement.
- The above project has been approved as submitted for ethical review by or on behalf of SUHREC. Amendments to approved procedures or instruments ordinarily require prior ethical appraisal/clearance. SUHREC must be notified immediately or as soon as possible thereafter of (a) any serious or unexpected adverse effects on participants and any redress measures; (b) proposed changes in protocols; and (c) unforeseen events which might affect continued ethical acceptability of the project.
- At a minimum, an annual report on the progress of the project is required as well as at the conclusion (or abandonment) of the project. Information on project monitoring and variations/additions, self-audits and progress reports can be found on the Research Ethics Internet [pages](#).
- A duly authorised external or internal audit of the project may be undertaken at any time.
- Please contact the Research Ethics Office if you have any queries about on-going ethics clearance, citing the Swinburne project number. A copy of this email should be retained as part of project record-keeping.

Best wishes for the project.

Yours sincerely

Astrid Nordmann, Secretary, SUHREC



**Dr Astrid Nordmann | Research Ethics Coordinator**

Swinburne Research | Swinburne University of Technology

Ph +61 3 9214 3845 | [anordmann@swin.edu.au](mailto:anordmann@swin.edu.au)

Level 1, Swinburne Place South

24 Wakefield St, Hawthorn VIC 3122, Australia

[www.swinburne.edu.au](http://www.swinburne.edu.au)



## Appendix B - Interview Schedule and Questions

As mentioned, this is for my Masters of Research. What I'm interested in is to find out what's happened as a result of your engagement with ACIM. As such, I like you to reflect on how you were prior to the Course, and what you see has changed. If I observe you to be experiencing heightened levels of distress, the interview will be stopped. You are also free not to answer any question and to stop the interview at any moment. In confirming you understand this, I would ask you to sign the Participant Consent Form.

Finally, to ensure your confidentiality in this study, you will be given a pseudonym, with close attention paid to discourse selection ensuring that all published material negates the possibility of internal or external identification.

So, just in terms of data collection, ... What is your age?

How often do you go to Study group meetings?

How would you characterise yourself prior to ACIM?

Did you do other courses prior to ACIM?

Have you ever seen a counsellor?

What was your reaction to grief, loss, conflict etc prior to the Course?

How did you first come across ACIM?

When did you first do the *Workbook*? How many times?

What was your motivation to do the *Workbook*?

What have been your biggest challenges with the course?

Has it changed how you see day-to-day occurrences?

Do you think you are more or less emotional now than prior to ACIM?

Do you think you are more or less flexible now than prior to ACIM?

Do you deal with stress differently now?

Do you deal with conflict differently now?

What about unwanted events?

Has studying the Course affected how you interact with people?

Does regret or dissatisfaction play a part in your life? Did it before ACIM?

Is your view on life and death now different because of the Course? In what way?

How do other people view your outlook?

What do you think has been the biggest benefit of your engagement with ACIM?

What area of your life has changed the most since coming across ACIM?

What's your favourite ACIM quote?

Anything you would like to add?

## Appendix C - The Effect of Completing the *Workbook for Students of A Course in Miracles* on Life Experience Including Mental Wellbeing

**Principal Investigator(s): Hadi Sohrabi, PhD, Michael Dix, PhD, and Brad Elphinstone, PhD**

**Student Investigator:** Shane Watts

**Participant Requirements:** Requirements of participation in the study are that you use an English version of ACIM and have completed the *Workbook for Students* of ACIM.

### Study Outline

Dear fellow ACIM students.

Many authors have written at length about the teachings of *A Course in Miracles* (ACIM) and the sense of wellbeing that arises from a model that relinquishes conflict via reframing perception and the internal dialog we subconsciously adhere to. Such authors include Marianne Williamson, Eckhart Tolle, Louise Hay, Dr Deepak Chopra, Byron Katie, Gary Renard, Wayne Dyer, David Hoffmeister, Dr David Hawkins, Dr Joe Jessep and Dr Kenneth Wapnick. However, little research has been carried out on people who have completed the *Workbook for Students* of ACIM to determine what these benefits may be, and in what areas, situations, or contexts ACIM students see themselves as positively, or negatively changed by their involvement with ACIM. As such, I have proposed such a study, the aim of which being to examine what themes are experienced by ACIM students' as a result of their engagement and practice of the principals of ACIM following completion of the *Workbook for Students*.

### Interview Process

During the interview, you will be asked to reflect on how you dealt with life events before completing the *Workbook for Students* of ACIM, and after completing the *Workbook for Students* of ACIM, in an attempt to identify any positive or negatives in how the program of the *Workbook* may have affected your process of dealing with life events. A risk of this is that you may feel distressed having to think about these events. If you experience any difficulty as a result of participating in this project, the interview will be stopped and a low-cost counselling session at Swinburne's Psychology Service will be suggested. You are free not to answer any given question and to stop the interview without further comment at any moment. Interviews are expected to take one hour. No compensation for participation is offered by this study. Interviews will be recorded by audio device. To ensure participant confidentiality, participants will be given pseudonyms, with close attention paid to discourse selection ensuring that all published material negates the possibility of internal or external participant identification. All collected data will be stored for at least five years after publication on a secure access computer at Swinburne University of Technology Hawthorn, and will not be made available to any other source.

Having read the above, if you are willing to participate in this study, please email me at your earliest convenience.

Shane Watts

**Shanewatts@swin.edu.au**

This project has been approved by or on behalf of Swinburne's Human Research Ethics Committee (SUHREC) in line with the *National Statement on Ethical Conduct in Human Research*. If you have any concerns or complaints about the conduct of this project, you can contact:

Research Ethics Officer, Swinburne Research (H68),  
Swinburne University of Technology, P O Box 218, HAWTHORN VIC 3122 Australia.  
Tel (03) 9214 3845 or +61 3 9214 3845 or [resethics@swin.edu.au](mailto:resethics@swin.edu.au)

## Appendix D - Participant Consent Form

**Project Title:** The Effect of Completing the *Workbook for Students of A Course in Miracles* on Life Experience Including Mental Wellbeing.

**Principal Investigator(s):** Hadi Sohrabi, PhD, Michael Dix, PhD, and Brad Elphinstone, PhD

**Student Investigator:** Shane Watts

1. I consent to participate in the project named above. I have been provided a copy of the project consent information statement to which this consent form relates and any questions I have asked have been answered to my satisfaction.
2. ***In relation to this project, please circle your response to the following:***

▪ I agree to be interviewed by the researcher	<b>Yes</b>	<b>No</b>
▪ I agree to allow the interview to be audio-recorded by electronic device	<b>Yes</b>	<b>No</b>
▪ I agree to make myself available for further information if required	<b>Yes</b>	<b>No</b>
3. I acknowledge that:
  - (a) My participation is voluntary and that I am free to withdraw from the project at any time without explanation;
  - (b) The Swinburne project is for the purpose of research and not for profit;
  - (c) My anonymity is preserved and I will not be identified in publications or otherwise without my express written consent.

By signing this document I agree to participate in this project.

**Name of Participant:** .....

**Signature & Date:** .....

**Appendix E - Confidentiality Agreement for the Transcription of Qualitative Data**

**Project Title: The Effect of Studying *A Course in Miracles* on Life Experience Including Mental Wellbeing.**

**Principal Investigator(s): Hadi Sohrabi, PhD, Michael Dix, PhD, and Brad Elphinstone, PhD**

Student Investigator: Shane Watts

In accordance with the Research Ethics Committee at Swinburne University of Technology, all participants in the above-named study are anonymised. Therefore any personal information or any of the data generated or secured through transcription will not be disclosed to any third party.

By signing this document, you are agreeing:

- not to pass on, divulge or discuss the contents of the audio material provided to you for transcription to any third parties
- to ensure that material provided for transcription is held securely and can only be accessed via password on your local PC
- to return transcribed material to the research team when completed and do so when agreed in password protected files
- to destroy any audio and electronic files held by you and relevant to the above study at the earliest time possible after transcripts have been provided to the research team, or to return said audio files.

**Your name (block capitals)**

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**Your signature**

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**Date**

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