

## Developing Emotional Resiliency: The Effect of the 21-day Q Process™ Intervention on Levels of Self-Compassion and Anxiety in Adults By Rima Bonario, Th.D.

"Watch your thoughts; they become words. Watch your words; they become actions. Watch your actions; they become habit. Watch your habits; they become character.

Watch your character; it becomes your destiny."

~ Laozi

How do we grow into the people we become? Is it a unique combination of qualities and characteristics that make up who we are? If so, where do we come by these qualities and characteristics that "define" us to ourselves and others? Are we born with them (nature) or do they come to us over time as we experience life (nurture)? When recent advances in brain research are considered alongside research in the psychotherapeutic domains, we see that nature and nurture work in tandem, like two sides of the same coin, to shape us into who we become over time. But what happens if we decide at some point we don't like some aspect of who we have become and want to change it? What tools are available to support the conscious examining of who we have become and then the systematic challenging of what we find so that we may alter it?

Each of us is born with a unique set of physical traits that form a clear base from which our development will necessarily unfold. Yet that unfolding does not happen in a void. Rather, that base set of traits is molded and shaped by our interaction with our environment, the sum of which becomes the lens through which we perceive and respond to life. Increasingly, research is showing that even the earliest interactions infants have with their world, and especially with their caregivers (primary attachment figures), significantly impact the development of the child, physically, emotional, intellectually, on every level.

Fundamentally, the body-mind is hardwired to identify and cope with threats to its existence. Survival is the goal; therefore the environment must be assessed to determine how hospitable a world we have been born into. Our earliest relationships teach us about this world, and our place in it. All throughout childhood, moments when our needs aren't met serve as tests for us to discover how the world will respond to our cries for help, attention, or affection. To the child, if the world seems good and safe, then the child is good and safe; if the world seems bad and unsafe, then the child is bad and unsafe. The experiences we have and messages we receive become the default settings for our emerging "alarm system" which helps us navigate our world. These default settings become the neural firing patterns in our neural net profile. Over time this forms a complex neuropsychology and self-view often referred to as the "persona" or the "conditioned self." Carl Jung used the terms "social mask" to describe the habits we form and "shadow" to describe the disowned positive and negative traits we hide in order to get us the love

and safety we desire. Vi As we age, we experience feedback from the people and world around us as the behaviors and responses of the conditioned self are expressed. That feedback either confirms the current sense of self, making it more robust, or disconfirms the sense of self, offering an opportunity for adjustment. Viii

Because the brain is wired to more easily assimilate information that fits with its current understanding, viii the conditioned self, typically increases in strength and rigidity until it becomes the primary self-identification. Since all perception is filtered through and interpreted by the conditioned self/consciousness, this puts us at risk for potential distortions in our assessment of the world around us and our place in it. This can have tragic consequences when the conditioned self has endured and (mal)adapted to experiences of emotional, physical, mental, or spiritual abuse/trauma/ neglect, or to the inconsistent/unreliable experience of safety and connection. This distorted view can set the body-mind up for a life of living with elevated levels of anxiety and hyper-vigilance, or plunge the body into numbness and depression as a way of defending against overwhelm. Couple this with the modern dilemma of a fast-paced, high stress living, and it becomes easy to see why we have become, "the most in-debt, obese, addicted and medicated adult cohort in U.S. history."

For many, just trying to get by in life is no longer satisfying; and, out of crisis or courage, a decision is made to find a better way to live. Whether we have a single defining moment that demands attention, facing the slow drip of a dissatisfying life, or just the natural time of questioning that arrives with mid-life, many people find the courage to examine those aspects of life that are no longer working. The Q Process™ is a tool designed to support adults in the self-examination process and in the undertaking of changes to the habituated or conditioned self toward the end of developing greater emotional resiliency.

As adults, we have the opportunity to cultivate the capacity to separate "who we are" from what we think and how we feel. Doing so affords us the necessary room to consciously examine our conditioning, notice our habits, and reclaim our lost aspects. Taking up this task can prove daunting as we risk losing whatever stability we have crafted for ourselves based on our conditioning, yet it is this conditioning which also stands between us and a consciously integrated and resilient self, capable of healing form past hurts and responding to life in more flexible and creative ways. There is no lack of advice for those seeking to help themselves as evidenced by the million-dollar self-help industry, most of which has no scientific research supporting its claims. There is a need for scientifically proven methods for supporting individuals in their efforts to be free from their conditioning.

## Research & Results

"The unexamined life is not worth living."

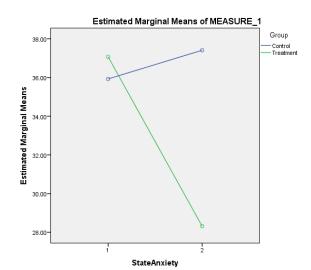
~Socrates

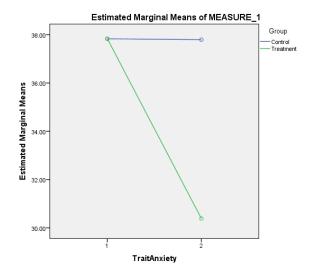
The purpose of this study was to evaluate The Q Process™ intervention as a possible resource for adults seeking to identify and make visible the sub-optimal patterns of thought,

feeling, and behavior of the conditioned self and practice replacing them with new, more mindful and considered choices. At its heart, it seeks to support the reimagining of life as a less threatening experience by cultivating the capacity to more effectively self-regulate in times of perceived threat. Two key outcomes were used to judge the success of this tool in establishing a new, more integrated and resilient sense of self: increased self-compassion and decreased anxiety. The study hypothesized that The Q Process intervention would in fact produce statistically significant increases in self-compassion and statistically significant decreases in self-compassion.

This study examined and compared, against a control group, the effects of the 21-day Q Process™ intervention on levels of self-compassion and anxiety during a period of focused self-examination. The 21-day intervention had three components: 1) a 6-hour introductory workshop, 2) a self-guided 21-day practice of completing one work-sheet exercise per day, and 3) three group coaching sessions − held on days 5, 12 and 17. A randomized experimental design was utilized with a co-gender group of volunteers: male (n = 22), female (n = 76) between the ages of 21 and 70, randomly assigned to an intervention group (n = 44) and a control group (n = 54). The study design also included controlling for the variable of years of spiritual study so that both groups had balanced levels of experience from 0 − 30 years. The control group took the pre- and post-tests at the same time as the treatment group, but they did not undergo the intervention. The effect of the intervention on participants' state and trait anxiety (as measured by the State-Trait Anxiety Inventory) and their self-compassion scores across six sub-categories as well as in total (as measured by the Self-Compassion Scale), were evaluated with a two-way mixed analysis of variance (ANOVA), with one between groups factor (i.e., intervention vs. control groups) and one within groups factor (i.e., the repeated measure of state anxiety from pre-test to post-test).

The graphs below visually depict the difference in pre- and post-test scoring for the treatment and control groups for State Anxiety (how much anxiety one feels in the moment) and Trait Anxiety (how much anxiety one generally feels). Generally speaking, the higher an individual's T-anxiety score is the more likely they will experience S-anxiety. Xiii While a person's S-anxiety could fluctuate from day-to-day depending on what is happening with/to/around the

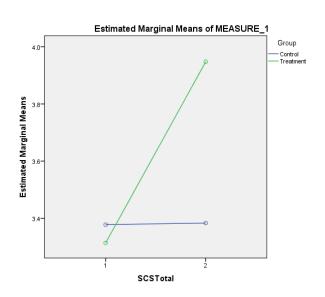




person, the T-anxiety measure is designed to determine, "the tendency to perceive stressful situations as dangerous or threatening and to respond to such situations with elevations in the intensity of their state anxiety," and is therefore somewhat more fixed over time. <sup>xiv</sup>

There was a statistically significant (p< .001) decrease in both the state and trait anxiety of the treatment group as compared with the control group. The treatment group's state anxiety dropped by 23.6% when compared to the control group and the treatment group's trait anxiety dropped 19.7% when compared to the control group. The confidence interval is 99.9% and 100% respectively for these results.

Further, there was a statistically significant (p< .001) increase in self-compassion (using six sub-scales: self-kindness, self-judgment, common, humanity, isolation, mindfulness, and over-identification) and the treatment group's self-compassion increased by 19% when compared to the control group. The confidence interval is 100% for these results. The graph to the right visually depicts the difference in pre- and post-test scoring for the treatment and control groups for the total self-compassion score.



## **Conclusions**

These preliminary results clearly show that The Q Process intervention positively and significantly impacted participants self-reported state and trait anxiety, as well as level of self-compassion. This result warrants additional research in two areas especially: replication to ascertain whether these results can be duplicated, and repetition, to ascertain whether the results are maintained over time.

## **END NOTES**

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