

Healing Body, Mind and Spirit: Towards a More Spiritually Sensitive, Inclusive and Integrated Psychotherapy

Michael E. Berrett PhD, CEDS

Senior Advisor, Bridges Psychotherapy Solutions, LLC

Psychologist and Consultant, Berrett and Company, LLC

Co-founder and past CEO, Center for Change

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Today's Webinar: Brief Overview

Introduction the presenter, spirituality, and spiritually integrated

Background for this work

The importance of spiritually sensitive, inclusive, integrated therapy

Basic clinical competencies

Assessing and understanding the client

Use of universal principles and processes in treatment

Summary

**General introduction:
the presenter, and the topic**

Professional introduction

- 1) I am a Senior Advisor at Bridges Psychotherapy Solutions – working with with Scott Richards, Randy Hardman, Kristin Hansen, and other great individuals
- 2) I am a psychologist, organizational consultant, author, speaker, clinical trainer, and founder of Berrett and Company, LLC.
- 3) I am co-founder and former CEO of Center for Change – retired from there in December 2018
- 4) I honor Nicole Hawkins and the other leaders here at Center for Change for great leadership, and great treatment
- 5) I claim no expertise in anything - including the use of a clients' spirituality in treatment. I do claim much interest and experience.
- 4) I am a licensed psychologist with training also in marriage and family therapy, and 40 years experience in psychotherapy
- 5) I have specialty experience: wilderness therapy, experiential therapies, couples counseling, adolescent/young adults, spiritual approaches, eating disorders, and sexual trauma

Personal introduction

- 7) I am 67 years old and 40 years in recovery from drug and alcohol abuse
- 8) I have a daughter who suffered from and who has recovered from a serious eating disorder
- 9) We have family history of various mental, emotional, and addictive illnesses
- 10) My wife and I have a family of 43 individuals. I am blessed with a lovely and amazing wife, 8 children, their 8 spouses, & 25 grandchildren
- 11) **Picture / me and Lucy:** of paramount importance to me – is family.
- 12) **Question:** I can feel the goodness and sense of spirituality and identity of this wonderful little grand-daughter. Can you?

Me and Lucy



This webinar: disclaimers

- This workshop is designed to **help professionals integrate** universal spiritual principles and the specific and unique individual spiritual beliefs and concerns of the client into a more holistic psychotherapeutic approach
- This workshop is **based on research** which shows that a spiritually integrated and spiritually sensitive approaches to psychotherapy most often yield positive outcomes for the client (Ref #1: Richards & Bergin)
- This workshop is designed to introduce the participant to **ethical guidelines, basic competencies, considerations, and benefits**, as well as principles, processes, pathways, themes, and specific interventions in providing spiritually inclusive care.
- **This workshop is not selling or promoting any particular brand of spirituality.** This workshop does propose that there are some widely accepted – even universal spiritual principles that can benefit the client, and that the spiritual/religious beliefs of the client should be respected and utilized for the clients benefit.
- It proposes that a religious spirituality is **just as important** as a non-religious spirituality, and vice versa, in the spirit of respecting the diversity and individuality of each client.
- Spiritual approaches to psychotherapy are **not meant to replace** other proven best practices and evidence-based treatments. They are to add depth and meaning to traditional treatments.

This webinar: assumption

“There are ways of knowing and understanding in addition to primary cognition, logic, scientific method, and research results. These other ways of knowing are from spiritual influences and are connected to an individuals’ spiritual identity and nature. They include awakening, enlightenment, transcendence, intuition, inspiration, spiritual understandings, listening to one’s heart, and having a “change of heart.”

- Michael E. Berrett

This webinar: introduction

- 1) **It is an honor to be here with you. Ours is a noble and a worthy work**
- 2) **Let us all be willing to teach and learn** from each other. It is **my turn** to take the lead today. It is your turn soon.
- 3) **QUOTE:** “True learners inherit the earth, while the learned become beautifully equipped to deal with a world that no longer exists” – **Eric Hoffer (Ref #3: Hoffer)**
- 5) **Thank you for being here – and having faith that there would be something of value** here for you and your clients
- 6) I believe that our **example is the primary and most powerful intervention** that we do. We must be mindful of what our example is teaching our clients. They watch us. We must be willing to live what we teach

This webinar: introduction

- 7) This webinar is based on a **learning model** which suggests that learning happens best in the following pattern: 1) We hear, see, remember, 2) We apply, practice, and live the principles we have learned, 3) We share / teach what we have learned – “we give the gift to another,” 4) We gradually internalize the learning as our own, 5) It becomes a part of who we are – “becoming.” **This works for us first, and then it works for our clients.**
- 8) Therefore, **we can strive for experiential learning** – or learning that comes from “an experience.” We strive for application. In that spirit – expect didactic information, and a little bit of visual image, discussion, reflection, imagery, and suggestions towards sharing, and experiential activity
- 9) **Remember – the goal is not for webinar participants to become believers or deliverers of our spiritually integrated approach to treatment.** The goal is for each one to learn about, further enhance, and then apply their own approach to integrating spirituality in psychotherapy

Spirituality: approaching and avoiding meaning and definition

- The number of **meanings and definitions** of spirituality are well over 7 Billion. They are **individual to each human being**
- “To nurture the spiritual growth of another” – **Peck** (Ref #4: Peck)
- “The seeking of that which is sacred” – **Pargament** (Ref #5: Pargament)
- “Unconditional love is a spiritual experience” – **Berrett** (Ref #6: Berrett, et al)
- “Being our best selves” - (Ref #7: Seubert/Berrett, et al)

Spirituality: approaching and avoiding meaning and definition

- **STORY: bridge** behind us (appx item #5)
- **2 PAPERS on spiritual definition** (appx items #3 and #4)
- **STORY: the starfish** (appx item #6)
- **Spirituality can be developed, focused, and expressed in different ways:** Some focus more on the **internal** (betterment of self) while others focus more on the **external** expression of self (compassion, service, and humanitarian efforts).
- **Remember:** What is important is simple, and it’s not about what others do: know your own framework, and understanding the beliefs of your client

What a “spiritually sensitive, inclusive, and integrated approach” looks like

- 1) Creates safety for the client to address spiritual concerns in treatment
- 2) It takes the time and effort to understand client’s spiritual beliefs
- 3) Honors and utilizes the clients’ spiritual framework in treatment
- 4) Addresses spiritual concerns creating duress in a clients’ life – including spiritual wounds
- 5) Honors the sacredness, worth, and goodness of each human being
- 6) Treats the whole person including their spirituality
- 7) Embraces and nurtures the spiritual identity of the client
- 8) Utilizes universally accepted spiritual truths and principles in treatment
- 9) It utilizes the individual and unique internalized principles of the client
- 9) Recognizes spiritual ways of knowing or understanding
- 10) Spiritual approaches are “integrated into” rather than replacing other best practice and evidence-based treatments
- 11) Utilizes the individual client’s spiritual beliefs and practice towards their healing and wellness

At the core of spiritually integrated approaches

“Believing in, and understanding, the worth of each individual human being, is at the very foundation of all effective loving, caring, compassion, service, parenting, teaching, counseling, and leadership”

- Michael E. Berrett

“I serve, not because people are broken, but because they are holy”

- Mother Teresa (Ref #8: Teresa)

“ We all need to find our source of spiritual nourishment” - **Photo**

- Michael E. Berrett



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- Ref #2: Richards, P.S. & Bergin, A.E., a spiritual strategy for counseling and psychotherapy, American Psychological Association, Washington DC, 1997
- Ref #3: Hoffer, E., (original 1951) The true believer: thoughts on the nature of mass movements, Harper Perennial Modern Classics
- Ref #4: Peck, M.S., (original 1978; 2003) The road less travelled: a new psychology of love, traditional values, and spiritual growth, 25th edition, Simon & Schuster, New York

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- Ref #5: Pargament, K.I., (2007). Spiritually integrated psychotherapy: understanding and addressing the sacred, Guilford Press, New York
- Ref #6: Berrett, M.E., Hardman, R.K., Richards, P.S., spiritual renewal: a principle-based approach to recovery, healing , and inner peace, (see chapter #8), unpublished book manuscript, copyright 2019
- Ref #7: Seubert A., influence in: Berrett, M.E., Crowton, S.A., Richards, P.S. Finding self again: the dismantling of eating disorder and trauma identity, book chapter in Seubert, A., and Verdi, P. (eds) trauma-informed approaches to eating disorders, Springer, New York, 2019, pg. 339
- Ref #8: Mother Teresa: A Simple Path, (1995) Mother Teresa – compiled by Lucinda Vardley, Ballantine Books, New York

Appendix

- Item #3: **Spirituality definition**, from Berrett, M.E., (original June 2014; revised September 2015). Spirituality: a gentle and meaningful pathway to recovery from eating disorders and related illness, Gurze - Salucore Eating Disorders Resource Catalog e-Newsletter clinical article, June 2014
- Item #4: **Spirituality definition** – author unknown
- Item #5: **Story: traveling pilgrims and the bridge**, from Berrett, M.E., (original June 2014; revised September 2015). Spirituality: a gentle and meaningful pathway to recovery from eating disorders and related illness, Gurze – Salucore Eating Disorders Resource Catalogue e-Newsletter clinical article, June 2014
- Item #6: **STORY: the starfish**, authors Jack Canfield and Mark V. Hansen, source unknown

Background and context for this workshop:

A brief glimpse into the background and context of spirituality in treatment

Historical background and context

- **The age of industrial and scientific expansion (1850 – 1950):** During this time of great expansion of scientific knowledge in every field of science, **Religion and the social and behavioral science were separated, polarized, and even pitted against each other.** Along with Freud's groundbreaking work on personality development and psychoanalysis came propagation of the view that religion and/or **belief in God was a "collective neurosis"** a mental illness in itself, and a binary "either - or" mentality about science versus religion. This falsely and rigidly separated rational thought and scientific method from spiritual and mystical ways of knowing.

Historical background and context

- **Frontiers of science, cultural revolution, globalization (1950 to 2000):**
- **Jungian psychoanalysis gains popularity: Carl Jung introduced, taught, and disciples practiced a more spiritually based** and spiritually sensitive psychoanalytic treatment for mental illness
- **Behavioristic psychological theory gave way** to cognitive therapies and more humanistic, client centered, (Rogers) family systems and relational views of individuals – honoring more spiritually oriented principles of will, choice, meaning, connection, transcendence, purposeful motivation, deeper desires and intentions. It also led to treatments more focused on the healing power of positive regard, love, and compassion
- **Cultural Revolution** in the United States against authoritative government, hierarchal and patriarchal cultures and tradition, feminism and the women's movement, hallucinogenic drugs, free love, experiments in communal living, exposure of Far Eastern religious traditions in the West by John Lennon, George Harrison and many others including yoga and meditation, were all parts of **movement looking for new ways of self understanding, self expression, spirituality, and finding inner peace and promoting peace in the world.**

Context and current status

- **The New Zeitgeist**
- **Quote:** "The beginning possibility of unification of religion and science is the most significant and exciting happening in our intellectual life today" - **M. Scott Peck**
- **Faith in naturalism, reductionism, hedonism, and a value-free ethical relativism** and those influences by early leaders in psychology and psychiatry **has gradually weakened** – opening the door to the integration of spirituality into psychotherapy
- **Factors challenging rigid naturalism and nurturing a blending of science and spirituality include:** discoveries in physics, changes in the philosophy of science, research on brain and consciousness, renewed societal interest in spiritual phenomena, research on religion and mental health, the development of alternative psychotherapy traditions such as the humanistic-existential and cognitive approaches, the movement towards eclecticism, a recognition of the importance of values in psychotherapy, and the multicultural counseling movement - all leading to a restoration of spiritual perspectives on mental illness and treatment approaches (Ref #2: Richards & Bergin)

Context and current status

- **The positive psychology movement spurred by Martin Seligman** (Ref #4: Seligman) in reaction against psychoanalysis and behaviorism (which have focused primarily on mental illness) shifts focus of scientific study on the positive aspects of the human experience that make life worth living.
- **The discipline of positive psychology focuses on both individual and societal well being.** (Ref #5: Seligman). **It focuses on “building positive qualities” and on the character strengths and behaviors** that allow individuals to find fulfillment and build a life of meaning and purpose – to move beyond surviving and toward flourishing at both the individual and the community level. (Ref #6: Rashid)
- **Positive Psychology emphasizes many of the beliefs and intentions of spiritual approaches** to psychotherapy including: the value and worth of a human being, the value of positive meaning and purpose, a focus on positive individual traits and qualities, character strengths and the principles which build strong character, and the idea that the seeking of a “meaningful life” might include a focus on a “higher purpose” (one’s higher purpose is an important part of personal spirituality for many)

Context and current status

- **There is wide exposure** in the Western Hemisphere and therapeutic **implementation of meditation, yoga, and mindfulness.** This has moved the psychotherapy field towards treating the “whole person,” and with a more spiritual view of individuals. The practices of presence, and connection are also **based on Eastern spiritual traditions**
- **Mindfulness has become the most easily and widely accepted spiritual pathway in psychotherapy and mental health treatment.** It is recognized as a valuable tool for healing and well-being. Its’ broad acceptance is attributed to its healing value, perceived **“universal feel,”** it’s non-religious status for the non-religious client, it’s value for many clients who are religious, and its’ value in easily joining or augmenting other spiritual or religious beliefs and practices. **While it is connected to spiritual traditions in origin, it is easily viewed as either secular or spiritual in origin and in practice**

Context and current status

- **The healing power of yoga in psychotherapy has strong validity as a healing modality from public popularity, clinical experience, and research studies. It's effectiveness, however, may have been weakened somewhat** (Ref #7: Miller) in the Western Hemisphere versus the Far East, because commercialization and secularization has increasingly separated the practice from it's religious and spiritual roots
- **Meditation continues to be a common and important intervention and practice in psychotherapy.** This practice born of Eastern religious traditions, has retained some spiritual practice in the field of psychotherapy , and **the spiritual practice of prayer is considered by some to be a specific type of meditation**

Context and current status

- **The field of substance abuse treatment has retained the long term and widely accepted spiritually based treatment of 12 Steps.** Beginning with Alcoholics Anonymous (AA), millions have been treated, and **millions have benefitted.** Of course, other valuable treatments for SUDS have emerged, and 12 Step programs have also been utilized in other addictive illnesses including sexual addiction and eating disorders. 12 Steps is likely the **second most widely used spiritual approach in mental health treatment,** acknowledging that there is yet a significant divide in treatment philosophy and methods between substance abuse and mainstream mental health treatment (Ref #8: AA; Ref #9: Schenker)

Context and current status

- **Motivational Interviewing** (Ref #10: Miller) and the **“valuing”** part of the **Acceptance and Commitment Therapy (ACT)** (Ref #11: Hayes) treatment model have added another layer of spiritual consideration by helping patients look what they say they **really value**, and **whether their behaviors are congruent with stated priorities**. Congruence and integrity are universal spiritual principles.
- **Many well-respected researchers and clinicians including:** (Bergin, Worthington, Richards, Pargament, Miller, Koenig, Rosmarin, The John Templeman Foundation, and many others) continue to research, educate, and implement spiritually sensitive and integrated approaches in psychotherapy. These collective works well document the importance of spirituality in psychotherapy, and the need to understand, respect and honor diverse clients and their beliefs, towards recovery from illness.

Context and current status

- **We** (Richards, Hardman, and Berrett) **are committed** to continue our work on spiritually integrated psychotherapy, including the use of universal spiritual principles, and joining others in moving forward **“Practice Based Evidence”** including the practice of using ongoing and **continuous assessment** to improve treatment outcomes (Ref #12: Richards; Ref #13: JCAHO; Ref#14: Simon et al)
- **We promote the importance of scientific research on the efficacy of spiritually sensitive and integrated approaches** to psychotherapy. Again – it is not science versus spirituality, but rather it is both. While we believe there are other ways of knowing beyond cognition and scientific method, evidence-based practice is important, and valuable, especially if it comes from practice-based evidence. We call on peer review journals to publish rather than “push aside” research articles reporting valid research on this topic (in one unpublished review, it was found that in the two most prestigious journals on eating disorders treatment, **less than 2%** of research published addressed spirituality (Ref # 15: Richards)
- **2 SLIDES/PICTURES:** 1) Richards, Hardman, and Berrett, 2) Spiritual approaches Book (2007) (Ref #16: Richards; Ref #17: Richards)



Spiritual
Approaches
in the Treatment
of Women With
Eating Disorders



P. Scott Richards, Randy K. Hardman,
and Michael E. Berrett

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**The importance of integrating spirituality in psychotherapy:
importance for clinician, client, and the world**

Integrating spirituality in psychotherapy: importance to the clinician and the field

- 1) Understanding the spiritual beliefs and gifts of the client is a critical part of **better understanding who they are**. That understanding may better lead clinicians to sensitive treatment approaches that will best fit the client and best help them progress in recovery
- 2) Honoring the spiritual creates space and permission for both clinician and client to **honor other ways of knowing** in addition to cognitive reasoning and the results of scientific method.
- 3) spirituality should be important to clinicians because it is important to most of their clients (**approximately 85% of the world population believe in God, a power greater than themselves, or a "higher power" of some kind.** (Ref #1: Richards & Bergin) . As a clinician, **what is important to our clients should be important to us - based on our caring for them**
- 4) **The bias against spirituality** and especially religiousness by some clinicians **can be** discriminatory, shaming, and **damaging** to the client. Even ignoring the spiritual beliefs of a client can be viewed as a quiet form of discrimination.
- 5) Religiousness or **involvement in a religious faith, is just as valuable** and important for those who so believe, as any other brand of spirituality . Religiousness is also commonly used to cope with stress and with great impact in warding against many mental and emotional illnesses (Ref #2: Koenig) **see NEXT SLIDE**

Integrating spirituality in psychotherapy: importance to the clinician and the field

• Quote:

“Religious involvement is related to and predicts with less depression, suicide, anxiety, substance abuse, delinquency, and crime, and greater well being, happiness, purpose and meaning in life, optimism, hope, forgiveness, altruism, gratitude, social support, marital health and stability, and healthier lifestyles (associated with mental health).”

- **Harold G. Koenig** (Ref #2: Koenig)

Integrating spirituality in psychotherapy: importance to the clinician and the field

- 6) Religion and spirituality in treatment as a **key area of diversity, and addressing it properly is a core clinical competency** which is necessary to understand, respect, and ethically, appropriately, and effectively treat the client
- 7) Religion and spirituality in treatment has been accepted as a valid area of research and clinical practice by the **American Psychology Association (APA)**, hence the creation, sponsoring, and development of **APA Division 36** (society for the psychology of religion and spirituality) (Ref #3: APA)
- 8) Integrating spirituality in treatment **aligns with and complements** the **movement of positive psychology** with its' focus on positive aspects of human experience, character strengths of the client, and living with meaning and purpose (Ref #4: Seligman)
- 9) **Research shows that spiritually integrated approaches in treatment can help** clients overcome mental and emotional difficulties and can improve the outcomes of recovery and wellness (Ref #5: Benson; Ref #6: Emmons; Ref #7: Koenig et al; Ref #8: Worthington et al; Ref #9: Koenig et al; Ref #10: Koenig)
- 10) Major values in human relations are important (Ref #11: Richards & Bergin) see **NEXT SLIDE**

Integrating spirituality in psychotherapy: importance to the client and their families

“Major values in human relations are woven into various religious systems, and they seem to be universally true regardless of what a therapists' attitude toward a Supreme Being might be”

- Hans H. Strupp in (Ref #11: Richards & Bergin)

Integrating spirituality in psychotherapy: importance to the client and their families

- 1) We can better **treat the individual as a whole** versus in fragmentation
- 2) Honoring spirituality is one **important way to “join”** the client in the part of their life which for many clients matters most
- 3) Attending to the client’s spirituality **can strengthen and increase the client’s sense of their spirituality** and their sense of wholeness
- 4) Helping clients notice and honor spiritual understandings can help them to **again trust themselves** and their intuitive and spiritual impressions
- 5) Understanding, internalizing, and living **universal spiritual principles** with integrity, can have a role in **increasing a client’s peace of mind and heart** (Ref #12: Richards & Bergin)
- 6) **Those who don’t consider themselves “spiritual”** can learn about their own unknown spirituality – enriching their sense of self

Integrating spirituality in psychotherapy: importance to clients and their families

- 7) **Some clients have serious negative wounds** from experiences in spiritual or religious contexts which can be devastating and need both treatment and healing
- 8) Clients sometimes **use their internalized religious or spiritual beliefs “against themselves.”** They need help understanding and changing this pattern
- 9) Helping clients explore, see, understand, and accept their spiritual gifts can **help them with self-acceptance, sense of worth, sense of identity, and hope** about their future
- 10) Spiritual **beliefs are powerful. Example: the simple belief** that “Things happen for a reason” provides support for hope, positive meaning, and resilience in times of difficulty
- 11) Spiritual beliefs (often deeply held), are connected to clients’ deepest reasons for recovery, and **are powerful motivators** for clients which have power to move clients in personal change, as utilized in both motivational interviewing and acceptance and commitment therapy (Ref #13: Miller & Rollnick; Ref #14: Hayes, et al)

Integrating spirituality into psychotherapy: importance to all of humankind and the world

- 1) **Spirituality is one pathway to answers for the questions of self-worth, value, and identity**
- 2) **Spirituality is one pathway to answers for the questions of purpose, meaning, deepest desires, and fulfillment**
- 3) The **nurturing of a child's spirituality** and the understanding of one's spirituality can **ward against many differing societal ills** (Ref #15: Miller)
- 4) Some parents and other **nurturers of children may need help**, support, and confidence in this important part (spirituality) of raising a healthy child
- 5) **Exploring spirituality may open the door to uplifting and sometimes life changing spiritual experiences**

Integrating spirituality: importance to all of humankind and the world

- 6) **We are all children of "creation" or of "creator." Treating individuals as such can improve the way we view, understand, appreciate, treat, and experience ourselves and others.** We are brothers and sister of humanity, and as such, are of equal worth and value, and deserving of humane, respectful, and kind consideration and treatment. We all are acutely aware that our world is in dire need of more of this.
- **Living universally held spiritual principles is one way to improve our world** and the treatment of each other within and between its' diverse peoples
- 7) A mature and healthy sense of spirituality can become **an avenue to internal peace** for many individuals and can effect an **increase of peace in** relationships, the community, and **the world**
- 8) **Finding what's right** with our selves, others, and the world is a positive psychological and spiritual imperative which **can increase positivity beyond oneself to those around them**

Integrating spirituality: importance to all of humankind and the world

- 9) **Having a spiritual view of our planet earth** and all physical and living things, can bring about a sense of reverence, respect, and a desire to take good care of our earth - for its' own sake, ourselves, and those who come into the world after us. The psychological terms "ownership and responsibility" can be added upon with a more spiritual term - "**stewardship**"
- **QUOTE:** "we don't own the earth, nor does the earth own us. Mother earth takes care of us, and for a time, it is our honor and privilege to take care her. We belong with her, and she belongs with us in a sacred bond of trust and care" – **Michael Berrett**

Integrating spirituality: importance to all of humankind and the world

****Note:** This entire section on integrating spirituality: importance to clinicians, the field, clients, their families, all of humankind and the world – was taken from: Berrett, M.E., (2020) Spirituality matters: the importance of spiritually sensitive and integrated psychotherapy, unpublished article manuscript, copyright January 2020 (Ref #16: Berrett)

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**Creating and providing spiritually integrated psychotherapy:
basic clinical competencies**

Key ingredients of effective and healing psychotherapy: from clinical experience

- 1) Hopefulness:** deep belief in the client, their positive intention, ability to change, capacity, power, courage, and goodness
- 2) Authenticity, realness, transparency, and vulnerability** (Ref #7:McGilley & Szablewski)
- 3) A Therapeutic Alliance** (consisting of non-possessive **warmth**, unconditional **positive regard**, and active and worthwhile **engagement**) is the critical factor in recovery from illness for eating disordered clients (Ref #4: McGilley & Szablewski)
- 4) Spiritual attunement:** listening to and honoring the client and one's own heart. Move through sessions intuitively – mindful of pre-plans while adjusting when needed according to intuitive imperatives in the present
- 5) Willingness to give and receive love** and loving kindness
- 6) Compassion: the deep desire and will to decrease human suffering**

Ethical guidelines for spiritually integrated psychotherapy

The following can become ethical dilemmas and/or violations:

- 1) Engaging in dual relationships (religious and professional)
 - 2) Displacing or usurping religious authority
 - 3) Imposing religious values or anti-religious values on clients
 - 4) Violating work setting (church-state) boundaries
 - 5) Practicing outside the boundaries of professional competence
- (Ref #11: Richards & Bergin) adapted from

Basic clinical competencies: Richards and colleagues

1. **Practice multicultural spiritual sensitivity, attitudes and skills.** This follows education and understanding of basics on the benefits and importance of diversity, including ethical guidelines, best practices, related basic human rights, and the fostering of acceptance, inclusion, respect, and sensitivity in all primary areas of diversity including but not limited to: race, language, culture, religion, spirituality, sexuality, and gender
2. **Adopt an Ecumenical stance**
3. **Develop the capacity and understanding needed to adopt a Denominational Therapeutic stance for specific populations or individuals**
4. **Increase knowledge and understanding of religious and spiritual beliefs of common populations** served those of specific individual clients. Understanding the basic spiritual or religious beliefs of the client populations you work with (Jewish, atheist, Catholic, Muslim, Wicca etc.)
5. **Ability to establish a spiritually open and safe Therapeutic Alliance.** Understand that fear of provider reaction should not be an obstacle for a client to discuss spiritual beliefs or concerns which they have. Shaming behavior from providers around religious or spiritual beliefs creates damage
6. **Understand ethical principles and guidelines. Guard against providers pushing their own spiritual beliefs onto a client and against disparaging the religious or spiritual beliefs of a client.** Attend to potential ethical concerns.

Basic clinical competencies: Richards and colleagues

7. **Conduct a religious and spiritual assessment.** Understand and use where appropriate, available formal and informal spiritual measures. Consider utilizing models of continuous assessment
8. **Ability to set appropriate spiritual therapeutic goals (according to the desires of the client and considering both general and individualized goals)**
9. **Appropriately implement spiritual interventions** (interventions which supplement rather than replace other needed evidence-based treatment practices)
10. **Be open to Therapeutic Valuing: encourage values which do more to promote spirituality, mental health,** and harmonious interpersonal and social relationships (some values are better than others)
11. **As a clinician, engage in personal spiritual preparation** before session such as; pre-session case review, reflection on the needs, suffering, intentions, and strengths of the client, and meditation or prayer in client's behalf
12. **Honoring client's wishes for exclusion or inclusion of spiritual matters in therapy** is the utmost consideration
13. **Seeks supervision and consultation on religious and spiritual concerns as needed**

(Ref #12: Richards & Bergin; Ref #13: Richards & Bergin)

Understanding and managing your own spiritual beliefs, practices, and biases

Self assessment/Activity:

- 1) What is one spiritual belief you have that guides you in your life?
- 2) With what type of spiritual/religious oriented clients are you the most comfortable? Why?
- 3) With what type of spiritual/religious oriented clients are you the least comfortable? Why?
- 4) Are there any spiritual persuasions of which you carry enough fear, dislike, or disdain that you ethically should refer to others?
- 5) If you took the time to learn more about, view with compassion, and cease judgment – how might you feel towards those identified as being less comfortable for you to work with?
- 6) What do you notice and learn about you in this reflective activity?

Implement intervention based on individual needs and concerns

Basic concepts:

- **Basic and critical competency: The ability to select, create, and implement and individualized intervention based on specific and significant emotional needs and spiritual issues or concerns**
- The amount of energy and focus on religious/spiritual issues in treatment can be **guided by the amount of emphasis the client places on spirituality** in their overall daily life
- The energy emphasis on the spiritual in treatment can be **guided by the client's expressed desire for inclusion** of spirituality in their psychotherapeutic treatment
- The energy and focus on the spiritual can be **guided by the extent to which the client expresses beliefs that spirituality is** and will be an **important factor in their desired recovery and healing**

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**Creating and providing spiritually integrated psychotherapy:
formal and informal assessment for increased understanding**

A model of the general scope of assessment

- 1) **Emotional & mental** - psychological
- 2) **Intellectual** – cognitive function
- 3) **Educational** – achievement – aptitude - occupational
- 4) **Behavioral** – symptoms – descriptive
- 5) **Social** – relational
- 6) **Physical** – medical
- 7) **Spiritual** – religious or non-religious spirituality

adapted from (Ref #1: Richards & Bergin; Ref #2: Richards & Bergin)

Reasons for conducting a spiritual-religious assessment

- 1) It can help therapists **better understand their clients' worldviews** and thus **increase** their capacity to **empathically understand** and work with them sensitively
- 2) It can help therapists **determine whether clients' religious-spiritual orientation** is **healthy or unhealthy** and what impact it is having on their presenting problems and disturbance
- 3) It can help therapists determine whether client's religious and **spiritual beliefs and community could be used as a resource** to help them better cope, heal, and grow
- Assessing and understanding all primary aspects of an individual's life can **lead to treatment goals** and plans which also address all aspect of their lives and nurture the treatment of the whole person
- 4) It can help therapists **determine which spiritual interventions could be used** in therapy to help their clients. Increased understanding can **improve the precision** of choosing, creating, and implementing individualized and effective treatment interventions
- 5) It can help therapists **determine whether clients have unresolved spiritual** wounds, doubts, concerns, or needs that should be addressed in therapy

adapted from (Ref #3: Richards & Bergin)

Clinically important dimensions of religiosity and spirituality which can be assessed

- 1) Spiritual crisis
- 2) Metaphysical worldview
- 3) Religious or spiritual affiliation
- 4) Religious orthodoxy
- 5) Rigidity of the religious belief system
- 6) Spiritual problem-solving and coping style
- 7) Spiritual identity and purpose
- 8) God image, higher power, or spiritual source
- 9) Values – lifestyle congruence

Clinically important dimensions of religiosity and spirituality which can be assessed

- 10) Doctrinal knowledge (if religious)
- 11) Religious and spiritual health, maturity, and well-being
- 12) Intrinsic vs. extrinsic religious or spiritual orientation (internalization)
- 13) Relationship with religious community, spiritual leaders or heroes
- 14) Shame and guilt
- 15) Existential anxiety and doubt
- 16) Forgiveness and/or repentance

adapted from (Ref #9: Richards & Bergin; Ref #10: Richards, et al)

Some pathways of spiritual assessment

- **Pathways of spiritual assessment:** 1) simply ask the client about it, 2) interview questions in an assessment template, 3) formal assessment measures, 4) informal assessment activities and **deeper assessment** questions
- Very often, assessing and increasing **understanding of a clients' spirituality begins with simply "asking them"** to tell us about it.
- **Questions/items of spiritual assessment can be added and asked** in every psycho-social history , initial/intake psychological or psychiatric evaluation, or mental status examination. Too many templates have far too little in them. Example: **see example intake form: (Appx item #1: Berrett)**

Assessing clients' spiritual and religious beliefs: informal assessment activities

ACTIVITIES FOR PARTICIPANTS:

- **ACTIVITY:** understanding your spirituality: **SHARE one spiritual belief with your partner** (focus on what you don know rather than what you don't know !)
- **PAPER/ACTIVITY:** **READ spiritual quotes** out loud, notice which ones you relate to or connect with, and share which ones and why you relate those particular ones
- **ACTIVITY: share:** **If you had but 72 hours to live, what would you do with your time? Why would you do those things?**
- **ACTIVITY: share:** **If you could change any one thing** in our world – what would you change and why?
- **ACTIVITY/ ARTICLE:** **see appendix for activity instructions:** considering your spiritual heroes 1) Who is a hero? 2) Why them – what is it about them? 3) What do you know about some of their spiritual beliefs or internalized principles for living? 4) What character traits do you have in common with your hero? 5) What does this reflection teach you about your own spiritual beliefs and chosen principles for living? 6) What does this teach you about your own spirituality? **see article and activity (Ref # 27: Berrett; Ref #28 and Appx item #5: Berrett)**
- **ACTIVITY: write down or share** about the principles you live by daily and how do they show up in your life

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Appendix

- 1) item #1: part of a general psychological and social history **intake interview/evaluation template** with few questions on spirituality
- 2) Item #2: **HANDOUT – Assessing:** from **Berrett, M.E.** (revised 2016; original 2012) Assessing and understanding the spiritual framework, beliefs, and strengths of the client: questions, reflections and activities, Center for Change, Orem, UT
- 3) Item #3: **HANDOUT – on spiritual assessment:** from Berrett, M.E. (revised 2015; 2014 original) Spirituality: a gentle and meaningful pathway to recovery from eating disorders and related illness, clinical article published in Gurze-Salucore Catalogue, June 2014
- 4) Item #4: **HANDOUT – deeper assessment:** from Berrett, M.E. (2016; 2015) Recovery assessment beyond assessment: gaining a deeper understanding of the process and status of client recovery, copyright February 2016, Center for Change, Orem, UT
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Providing spiritually and/or religiously integrated treatment: A broad look at approaches available

Broad approaches in spiritually integrated psychotherapy

- 1) **FAITH** is a spiritual principle beyond the confines of religion. Clients struggling with addiction can learn to **withdraw acquired faith in addictive illness** and **reinvest their faith elsewhere**, including spiritual sources. Where we put our faith is a choice. Faith as a conscious recovery decision can be helpful to some clients
- 2) The **12 Steps as a treatment approach** is one example of a strong and well developed spiritual and principle-based treatment which has helped millions recover from addiction
- 3) The broad integration of **Eastern** spiritual and religious concepts of **mindfulness and connectedness** has illuminated the importance of spirituality in treatment and **created an additional and needed approaches different from theism and religious faith**
- 4) Helping clients find “**reasons for recovery**” can enhance motivation for wellness. These **reasons are often connected to** deeper spiritual desires and beliefs, including sense of purpose and identity. Therapeutic approaches which have addressed this in part include Motivational Interviewing the Valuing part of ACT (Ref #1: Miller & Rollnick; Ref #2: Hayes, et al)

Treatment themes from a theistic perspective

- 1) Help clients affirm their spiritual identity
- 2) Re-connecting with God and others
- 3) Help clients give up control
- 4) Help clients accept responsibility for their lives
- 4) Help clients accept their inherent uniqueness
- 5) Help clients accept their goodness and worth
- 6) Help clients accept their human limitations
- 7) Help clients seek comfort and support from God and others
- 8) Help clients seek and extend forgiveness to self and others

Treatment themes from a theistic perspective

- 9) Help clients recognize and accept love from God and others
 - 10) Help clients examine and modify their images of God
 - 11) Help clients heal their shame
 - 12) Help clients overcome fears of abandonment
 - 13) Help clients deal with guilt and shame about sexuality
 - 14) Help clients learn to love and serve
 - 15) Help clients learn to surrender and live with faith
 - 16) Help clients be more honest and congruent
- adapted from (Ref #4: Richards, et al)

Religious and spiritual practices as therapeutic interventions

- 1) Prayer
- 2) Contemplation and Meditation
- 3) Mindfulness and spiritual mindedness
- 4) Yoga
- 5) Connection with nature
- 6) Reading sacred and uplifting writings
- 7) Forgiveness and repentance

Religious and spiritual practices as therapeutic interventions

- 8) Worship, ritual, and engagement in regular religious or spiritual practices
- 9) Fasting, lent, sacrifice of natural/physical needs, wants, and desires for spiritual purpose
- 10) Seeking and extending fellowship and altruistic service
- 11) Seeking spiritual direction
- 12) Connection with religious faith, spiritual community, clergy, spiritual leaders, spiritual advisors, or spiritual heroes
- 13) Guidance on basic ethics, principles, morals, values, and the benefit of congruence and integrity with personally internalized values

adapted from (Ref #5: Richards & Bergin)

Resources for specific individual, group, and family interventions for a spiritually integrated approach

- **There are various well developed religious/spiritually-adapted psychotherapies** which have adapted secular therapies for specific religious/spiritual populations (Ref #9: Koenig)
- In a **recent meta-analysis of 97 studies** on integrating clients' religion and spirituality within psychotherapy, it was found that compared to no treatment, there was significant improvement in client psychological outcome, and that compared to secular therapies, there were likewise superior effects in psychological outcome (Ref #10: Captari, et al)

Resources for specific individual, group, and family interventions for a spiritually integrated approach

- **Two examples** of religiously/spiritually adapted secular psychotherapies are **Religiously-Integrated Cognitive Behavioral Therapy** for depression (RCBT) and **Religiously-integrated Cognitive Processing Therapy** for "moral injury" in the setting of severe trauma or health professional burnout (Ref #11: Koenig)
- The **RCBT treatment** included specifically written and separate manuals and approaches for Christian, Jewish, Buddhist, Muslim, and Hindu religious clients (Ref #12: Koenig, et al)
- The **SICPT treatment** included specifically written and separate for the religious populations in the above item, and additionally has a manual for a broad and non-denominational spirituality as well (Ref #13: Pearce, et al)

Resources for specific individual, group, and family interventions for a spiritually integrated approach

The following are two items related to our principle-based approaches. Both have been utilized in clinical practice and published. The first one has evidence based published research

- **A principle-based spirituality therapy group** for clients suffering eating disorders and related illnesses and a research study assessing therapeutic outcomes (Ref #14: Richards, et al; Ref #15: Richards, et al; Ref #16: Richards, et al)
- **Six spiritual pathways to recovery from an eating disorder** (Ref #17: Berrett, et al)

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 - Ref #10: Captari, et al., (2018) Integrating clients' religion and spirituality within psychotherapy: a comprehensive meta-analysis, Journal of Clinical Psychology, 74(11), 1938-1951.
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Creating spiritually integrated treatment:

A few examples of the use of universal spiritual principles and processes with pathways, themes, and interventions

Creating spiritually integrated treatment: a few examples of use of universal spiritual principles and processes in psychotherapy

- 1) Understand and honor purpose, deepest desires, and dreams
- 2) Dismantling false identity and reclaiming spiritual identity
- 3) Listening to and following the heart
- 4) Receiving, giving, and deepening the good gifts of love

#1 Understand and honor purpose, deepest desires, and dreams

Basic concepts: passion, purpose, desires and dreams

- 1) **Understanding one's passions, purpose, wants, deepest desires, and dreams is a pathway to understanding spiritual identity.** These deeper things are closely aligned with "who one is."
- 2) **The passions of an individual** "those things which get one out of bed in the morning and excited about life" **are powerful in recovery**
- 3) **Quote:** "When we get involved in our passions we don't have as much time for addictive or eating disorder illness." Ira Sacker calls this "re-engagement of passion" in "regaining your self" (Ref #1: Sacker)
- 4) **The deeper sense of purpose, desires, and dreams of ones' life, are often linked to principles lived by** and one's spiritual beliefs
- 5) **STORY:** MEB VW tears "You gotta help the young people." **We can learn about our purpose**
- 6) **These are some of the most powerful motivators** for recovery, healing, and growth in an individuals' life. **If we stay connected with or "remember" our purpose,** deepest desires, and dreams – we will be connected to the source of some of our most impelling **reasons** to fight for recovery and personal growth

Understand and honor purpose, deepest desires, and dreams

Basic concepts: passion, purpose, desires and dreams

- 6) In mental illness, addiction, and eating disorder illness – **clients often become disconnected** from their purpose, deepest desires and dreams
- 7) When they become disconnected with and **cease believing in themselves** – **they cease believing in their dreams** as well
- 8) **They may feel hopeless** about them, **ashamed** of them, **undeserving** of them, and often have **“given up”** on those desires and dreams
- 9) **They may have no language** with which to discuss them. Some clients have shown as much **difficulty discussing their dreams** as have had in discussing trauma and shame.
- 10) **It’s our opportunity to help them “resurrect”** those desires and dreams again

Understand and honor purpose, deepest desires, and dreams

Basic concepts: reasons

- 1) **Any reason** for recovery and growth is a good reason
- 2) **Every reason** for recovery and growth is an important reason
- 3) **We join our clients in the reasons they have for recovery** – rather than attempting to “sell” our reasons. **EXAMPLE:** “client: I want to get my parents off my back” “therapist: “OK ! I can help you with that!”
- 4) **Some reasons may be more powerful than others** – such as those connected to purpose, calling, mission, deepest desires, and dreams
- 5) **Reasons don’t do anyone any good in recovery efforts while they are forgotten**
- 6) **STORY:** personal **recovery group mis-step** “If you don’t get better for yourself then you will never get better” (this is not necessarily true)
- 7) **TWO PERSONAL STORIES:** moments when love of others became reasons to recover (OMB and KVB)

Understand and honor purpose, deepest desires, and dreams

Steps to take / clinical guidelines / interventions:

- 1) **Help clients explore their deeper purpose**, by talking about it, with this understanding: just talk about **what they do know** – help them not get overwhelmed in worrying about what they do not know. Teach them the power of purpose in the fight for recovery
- 2) **ACTIVITY: Ask clients to write down whatever they know** about their purpose in life, their deeper desires, and their deepest dreams, and **SHARE** with you, a loved one, or a partner in group
- 3) **ACTIVITY/INTERVENTION: Ask clients to construct a “wants list”** with a hierarchy of wants which moves from lesser to greater depth, and from external towards more internal focus. Ask them to address what they want to: have, see, experience, learn, teach, share, give, and become. **Discuss in session**
- 4) **Tell your client directly in a heartfelt and genuine way the reasons you want them to get better**
- 5) **Have family members, group members, friends share with the client the high hopes** they have for the client in their unfolding life

Understand and honor purpose, deepest desires, and dreams

Steps we can take / clinical guidelines / interventions:

- 6) **Dismantle** the client’s reasons to stay in illness by reframing and re-labeling those as “**fear**” and “**settling for the consolation prize**” and gently inviting them to discuss what they really want
 - 7) **Help clients write, discuss, and share their “reasons” for recovery** (know that reasons are often connected to purpose, deep desires, dreams, and principles lived by - those things of most importance to them)
 - 8) **Help clients write and post their reasons in ways that will help them remember**
 - 9) **Help clients use symbols and objects to remember reasons** (ring, rock, pictures) **EXAMPLE/STORY:** calendar / schedule at 5:00 blocked out **CLOSED/PROMISE**
 - 10) **Help clients strengthen reasons by declaring them out loud:** to you, group, loved ones
 - 11) **ACTIVITY-ASK:** What was your reason for coming here to this webinar/session today?
 - 12) **ACTIVITY-ASK:** What was your reason for choosing this as your life’s work work?
 - 13) **ASK:** What if you remembered this reason before every session? What if our clients remember? The “**why**” behind doing is power
- *much of this part on purpose adapted from (Ref #2: Berrett & Schaefer; Ref #3: Richards, et al; Ref #4: Richards, et al)

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Ref #2: Berrett, M.E. & Schaefer, J. (2011) Helping clients find reasons for recovery, PowerPoint clinical training presentation, Center for Change Conference for Professionals, Orem, UT

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Ref #4: Richards, P.S., Hardman, R.K., Berrett, M.E., (2000) spiritual renewal: a journey of faith and healing, Orem, UT: Center for Change

#2 Dismantling false identity and reclaiming spiritual identity

Basic concepts: spiritual identity

Identity is not just a **psychological** construct. From our perspective, it is also **spiritual**. Spiritual identity can be conceptualized in several ways:

- 1) Spiritual identity is the very **core of personhood**, the wholeness of an individual, and the goodness and worth of a human soul.
- 2) **Spiritual identity represents a full and complete identity**. It is the recognition, awareness, and embodiment of the whole self – the integration and acceptance of self in various sectors of life: physical, mental, emotional, relational, and spiritual
- 3) **For theistic clients it may include an element of divinity** – that humankind are the creation or the children of God

Dismantling false identity and reclaiming spiritual identity

Basic concepts: spiritual identity

4) **Mature spiritual** identity provides meaning, purpose in life, a sense of value for each human life, a real and enduring love for others, and a deep desire to live by internalized principles.

5) **Mature** spiritual identity is demonstrated in part, in a life of **integrity** and the internal peace that comes with it.

6) Spiritual identity is a **sense** that can be experienced by those who seek a **transpersonal spiritual reality**, and those who seek “**higher self**” or “**best self**” (Ref #1: Seubert)

Dismantling false identity and reclaiming spiritual identity

Basic concept: spiritual identity – being and becoming

7) **Spiritual identity** has two main parts 1) **Who we are now**, and 2) **who we might become**

8) **We seek radical self-acceptance is for who we now are.** The value of each human being transcends anyone’s opinion or beliefs about it. Each individual can accept themselves wholly and completely as they are. This is easier without judgment, shame, or self punishment – and with curiosity, self acceptance, self respect, self compassion, and within the buffering kindness of giving oneself good intent. **Fred Rogers** of “A wonderful day in the neighborhood fame” taught this well in his famous and continuous message “**I like you just the way you are**” – including your gifts, wonders, strengths, gremlins, and weaknesses (Ref #2: Rogers)

Dismantling false identity and reclaiming spiritual identity

Basic concepts: spiritual identity - being and becoming

9) **We also seek radical self-development.** While we are “good enough” and of incomprehensible value now in this moment of “**being**” - we are also learning, growing, developing, and improving. We are at the same time “**becoming**”

10) **Andrew Seubert** (Ref #3: Seubert) described spirituality as “**being one’s best self**.” This can also encompass not only being one’s best self in a moment – but becoming one’s best self over time.

11) **George Eliot** (Ref #4: Eliot) said, “**It’s never too late to become who you might have been.**” This is the hope of change – that no matter what we do, and who we are in a moment – we can also become that which we might become either in a moment of time, or in the passage time in our lives. This “becoming” is related to capacities, undeveloped talents and gifts, destiny, possibility, and the natural process of growth and development – especially spiritual growth and development over time

12) **2 SLIDES/PICTURES: on Kilimanjaro** - We are where we are (**being**) and going where we are going (**becoming**). We are involved in both being and becoming at all times (Ref #5: Berrett)





Dismantling false identity and reclaiming spiritual identity

Basic concepts: factors which nurture a false sense of identity

- 1) Lack of healthy attachments
- 2) Shame
- 3) Abuse or trauma
- 4) Substance abuse and other addictive processes
- 5) Development of eating disorder illness
- 6) Perfectionism
- 7) Making myself the exception on all good things
- 8) Avoidance
- 9) Aloneness, isolation, lack of close relationships
- 10) Seeking approval versus love

Dismantling false identity and reclaiming spiritual identity

Basic concepts: factors which nurture a false sense of identity

- 11) Lack of congruence in living ones' beliefs: wounded integrity
- 12) Disconnection with self, others, spiritual source
- 13) Loss of "the present" or "presence" or "mindfulness"
- 14) Tiredness, overwhelm, hopelessness
- 15) Lack of support, kindness, love
- 16) Lack of understanding of illness
- 17) Lack of separation of illness from self
- 18) Lack of tools for recovery, wellness, and self-care
- 19) Lack of early spiritual nourishment by primary care takers - lack of current spiritual nourishment

Dismantling false identity and reclaiming spiritual identity

Basic concepts: dismantling false identity

- 1) **When individuals have been victims** of substance abuse and addiction, sexual and other abuse, traumatic experience, excessive shaming, eating disorder illness, and possibly other mental and emotional disorders – **they can lose their sense of worth, sense of self, sense of personal spiritual identity**
- 2) **Sexual trauma and eating disorders are particularly concerning** because the illness itself and effects on identity include a lost sense of self and **an inclusion of illness as a developing false sense of self**

Dismantling false identity and reclaiming spiritual identity

QUOTE:

*"Spirituality and transcendence are especially important in treating eating disorders, substance abuse, and trauma because in these illnesses, those suffering can **lose their sense of spiritual identity**"*

– Berrett, Crowton, Richards (Ref #6: Berrett, et al)

Dismantling false identity and reclaiming spiritual identity

Basic concepts: dismantling false identity

- 3) Those deep in **eating disorder illness** don't just believe that they have an eating disorder illness – **be believe they "are"** an eating disorder. **Sexual abuse** don't just believe they have experienced abuse – **they often believe they "are"**: dirty, unworthy, flawed, broken, and damaged. They often become disconnected from their pre-trauma sense of self and begin to believe in a false and negative self which is based in a real event – but without truth about self
- 4) **SLIDE/PICTURE: self portrait of one so suffering** (Ref #7: Berrett)



Dismantling false identity and reclaiming spiritual identity

Steps we can take / clinical guidelines / interventions: dismantling by separating from illness

- 1) Teach clients that they are not an illness – yet have and suffer with illness
- 2) Teach that they didn't choose illness – but can choose to manage it or recover from it
- 3) Educate clients about the illness including risk factors for illness development
- 4) We can help clients separate from illness by personifying the illness and viewing it as something we have a relationship with. If it is personified outside of ourselves – it cannot be us (Ref #8: Schaefer)
- 5) Gestalt or empty chair work (Ref #9: Perls) can be helpful. If we put the illness over there in that chair and interact with it – it is separate from us

Dismantling false identity and reclaiming spiritual identity

Steps we can take /clinical guidelines /interventions: dismantling by separating from illness

6) Objectify the illness: EXAMPLE: externalize the illness as an object: “kneeling at the shrine of the holy eating disorder”

7) Delineate self from illness by writing messages to self from illness and from illness to self

8) Delineate self from illness by talking to self from illness and talking to illness from self

9) Watch our language: We can help separate illness from person **by saying “a person suffering with** bulimia, depression, alcoholism” rather than saying “she is bulimic, depressed, or alcoholic.” Labeling can damage identity.

Dismantling false identity and reclaiming spiritual identity

Steps we can take / clinical guidelines / interventions: dismantling by separating illness from self

10) Have clients write separate auto biographies: one for the mental or addictive illness and one for the rest of their life

11) Externalize the separation of negative mind, positive mind, and self via group intervention: the **re-enactment of the negative mind**. Have three group participants get together and enact the negative messages in one ear, the positive messages in the other ear, and the individual in the middle, with a live enactment of their negative mind and potential for intervention and power over it (Ref #10: Richards)

12) With the above activity – have the group discuss the difference between hearing versus following, agreeing with, and obeying the voice

Dismantling false identity and reclaiming spiritual identity

Steps we can take / clinical guidelines / interventions: reclaiming through a new model of worth

- 1) **Teach clients** that embracing a new self – an identity of spirituality - **may require a new model** of self and self worth **beyond the false western culture model** based on appearance, achievement, and approval
- 2) **Explore with clients a new model** or way of knowing. **Ask them** of “How do you know of the identity or worth of your little sister ?”
- 3) Ask clients to consider that **“being” “identity” and “worth” JUST IS !**
- 4) **Teach clients** that **If indicators are needed – they might at least be internal rather than external:** intention, effort, love, gifts, talents, capacity - developed and yet undeveloped, integrity, courage, principled living, passion, and purpose
- 5) **ACTIVITY: ASK:** Your model ? How do you know of your identity and worth?

Dismantling false identity and reclaiming spiritual identity

Basic concepts: reclaiming identity through holding up the mirror

- 1) **We can help our clients reclaim their spiritual identity by “holding up the therapeutic mirror of spiritual identity”** and helping them see what we see, and inviting them to see those things in themselves
- 2) Those with body dysmorphia cannot see their bodies the way they really are. Often **our clients cannot see** themselves the way they really are. This is **“identity dysmorphia.”** Their **body image** is distorted, dysmorphic, and even sometimes psychotic. The same is true of their **view of themselves**, their worth, and identity. **We tell them what we know, see and notice about them**
- 3) **STORY:** girl in group, “I don’t love anyone” then later viewed on the unit comforting another **“that’s love”** (written story found in Appx, section #6, principle #1, Item #1)
- 4) **STORY: daughter and grand-daughter:** “I like you, but I am not coming to your party because...” “That was so very brave last night on the phone with your friends” “You have strength courage, and integrity”
- 5) **PICTURE: next slide** “the therapeutic mirror of spiritual identity” (Ref #11:)



Dismantling false identity and reclaiming spiritual identity

Steps we can take / clinical guidelines / interventions: reclaiming identity by holding up the mirror

- 1) **We watch out for, notice, and tell our clients what we see** about who they are
- 2) Sometimes **being the mirror for clients means that we “give words” or “label”** things they do for what they really are (such as courage, integrity)
- 3) **We help them see how great they are not just for what they do, but for who they are** on the inside, **including the intent of the heart**
- 4) **We help them begin to create a mirror for themselves with questions**, “What did you notice about you?” “Which part of what you did are you proud of?” “Tell me the pluses and minuses”
- 5) **We teach, encourage, invite, assign them to find** or notice those things themselves
- 6) **We ask them to document** in their journals the good that they **notice and see** about themselves (to help them remember and solidify what they know about who they are) much of this part on “seeking the mirror” (Ref #12: Berrett, et al; Ref #13: Berrett, et al)

Dismantling false identity and reclaiming spiritual identity

Steps we can take / clinical guidelines / interventions: reclaiming identity by understanding the 9 p's of personhood

Have clients write, discuss, share, illuminate, and examine their understanding of these core aspects of self:

- 1) **Physical Self** - body, mind, soul connection
 - 2) **Progenitors** - bio and non, what to keep or let go of
 - 3) **Personality** - embracing personal temperament & traits
 - 4) **Passion** - what you love, wants, get up in am for
 - 5) **Purpose** - meaning, deepest desire, calling
 - 6) **Principles** - internalized principles you live by
 - 7) **Perspectives** - opinions, viewpoints, beliefs
 - 8) **Priorities** - considering the above – focusing on most important
 - 9) **Potential** - capabilities, who we might become
- (Ref #14: Berrett et al; Ref #15: Allen)

Dismantling false identity and reclaiming spiritual identity

Steps we can take / clinical guidelines / interventions: reclaiming identity

- **Invite clients to explore ways they can nurture their spiritual life** as a way to reclaim spiritual identity
- **Invite clients** to reclaim themselves through **striving to live the principles** they have internalized as their own - perfection unnecessary
- **Help clients reclaim themselves by standing up, having a voice**, and fighting for themselves
- **With clients** – make **“being on your own side”** a theme in all that they do!
- **Help, invite, encourage, assign clients to find ways to: have a voice** and stand up for beliefs, values, principles, family, ideals, dreams, and deepest desires – to solidify sense of identity

much of this principle #10 (identity) part of section #6 taken from: (Ref #16: Richards, et al; Ref #17: Berrett; Ref #18: Berrett, et al; Ref #19: Berrett, et al; Ref #20: Berrett, et al)

Dismantling false identity and reclaiming spiritual identity

QUOTE:

*"We have attempted to describe **the journey** from eating disorder and trauma identity to **knowing, strengthening, valuing, honoring, and sharing self**. It is through this that an individual is able to withdraw trust and faith in illness as a way of dealing with life, and, in incremental steps, begin to walk toward, and trust in one's authentic self..."*

- Berrett, Crowton, Richards (Ref #21: Berrett, et al)

References and sources

Ref #1: Seubert, A. (2008) The courage to feel: a practical guide to the power and freedom of emotional honesty. Conshohocken, PA: Infinity.

Ref #2: Rogers, F., (2018) in "Won't you be my neighbor?" American documentary film (biography) of Fred Rogers, host and creator of Mister Rogers Neighborhood. Film directed by Morgan Neville

Ref #3: Seubert, A. (2008) The courage to feel: a practical guide to the power and freedom of emotional honesty. Conshohocken, PA: Infinity.

Ref #4: Eliot, George., quote attributed to author – source unknown

Ref #5: Berrett, M.E., 2 slides of author on Kilimanjaro with family and friends, Berrett Family Collection

References and sources

- Ref #6: Berrett, M.E., Crowton, S.A. & Richards, finding self again: the dismantling of eating disorder and trauma identity, book chapter in Seubert, A. & Verdi, P. (Eds) trauma-informed approaches to eating disorders, Springer, New York, pgs. 337-338
- Ref #7: Slide/Photograph of artwork: body tracing/drawing, anonymous source, used by permission, Center for Change collection
- Ref #8: Schaefer, J. & Rutledge, T. (2014) Life without ed: how one woman declared independence from her eating disorder and how you can too, second edition, McGraw Hill, New York, pgs. 01-16
- Ref #9: Perls, F. S. (1969) Gestalt therapy verbatim, Real People Press, Lafayette, CA
- Ref #10: Richards, P.S., Hardman, R.K. & Berrett, M.B. (2007) spiritual approaches in the treatment of women with eating disorders, American Psychological Association, Washington DC, pg. 143

Reference and sources

- Ref #11: stock photo / internet / specific source unknown
- Ref #12: Berrett, M.E., Hardman, R.K., Richards, P.S. (2010) the role of spirituality in eating disorder treatment, book chapter in, treatment of eating disorders: bridging the research-practice gap, Maine, M., McGilley, B.H. & Bunnell, D.W., Academic Press/Elsevier, San Diego, pgs. 380-382,
- Ref #13: Berrett, M.E., Crowton, S.A. Richards, P.S. (2019) finding self again: the dismantling of eating disorder and trauma identity, book chapter in, Seubert, A. & Verdi, P. (Eds) trauma-informed approaches to eating disorders, Springer, New York, pgs. 345-346.
- Ref #14: Berrett, M.E., Crowton, S.A. Richards, P.S. (2019) finding self again: the dismantling of eating disorder and trauma identity, book chapter in, Seubert, A. & Verdi, P. (Eds) trauma-informed approaches to eating disorders, Springer, New York, pgs. 341-343.
- Ref #15: Allen, R. K., (2003) Life Quest. Touchstone International, LLC, Waco, TX

References and sources

- Ref #16: Richards, P.S., Hardman, R.K., Berrett, M.E., (2000) spiritual renewal: a journey of faith and healing, Orem, UT: Center for Change
- Ref #17: Berrett, M.E., Richards, P.S., Hardman, R.K., (2019) spiritual renewal: a principle-based approach to recovery, healing, and inner peace, self-published manuscript, copyright Center for Change, Orem, UT
- Ref #18: Berrett, M.E., Hardman, R.K., P. Scott Richards, (2010) the role of spirituality in eating disorder treatment, book chapter in, treatment of eating disorders: bridging the research-practice gap, Maine, M., McGilley, B.H. & Bunnell, D. W., Academic Press/Elsevier, San Diego, CA
- Ref #19: Berrett, M.E., Crowton, S.A. & Richards, P.S. P. Scott (2019) finding self again: the dismantling of eating disorder and trauma identity, book chapter in Seubert, A. & Verdi, P. (Eds) trauma-informed approaches to eating disorders, Springer, New York

References and sources

- Ref #20: Berrett, M.B., (2016) Finding self again: the dismantling of eating disorder and trauma identity, clinical PowerPoint presentation at the 26th Annual Renfrew Center Conference for Professionals, November 11-16, Philadelphia, PA.
- Ref #21: Berrett, M.E., Crowton, S.A. & Richards, P.S. (2019) finding self again: the dismantling of eating disorder and trauma identity, book chapter in Seubert, A. & Verdi, P. (Eds) trauma-informed approaches to eating disorders, Springer, New York, pg. 348

#3 Listening to and following the heart

Basic Concepts:

- **The heart is a metaphor for an individual's spiritual identity**
- **The heart is a spiritual language which is both universal and ecumenical**
- Historically and universally in a sea of diversity **over several thousands of years of humanity - the heart** has been considered a source of courage, love, compassion, wisdom, connection, and spirituality
- **What is heart ?** the meaning of "heart" is individual and based on spiritual beliefs. For different individuals, listening to the heart might represent sensitivity, sensibility, following my gut, the unconscious mind, my best self, the real me, the wizard within, impression, intuition, inspiration, or God talking to me. (Ref #1: Berrett, et al)

Listening to and following the heart

Basic concepts:

- 1) We can **Teach** directly that there are thoughts, and feelings, and "the heart"
 - 2) Messages of "**the heart**" are **important pieces of information** which go beyond thoughts and feelings
 - 3) **Listening to the heart is a foundation stone to all the spiritual pathways to recovery**
 - 4) **An individuals' spiritual worth, goodness, and identity can be explored and affirmed through the metaphor of the heart.**
 - 5) It is a **non-threatening and generally universally accepted spiritual process**
- (Ref #2: Berrett, et al; Ref #3: Richards, et al)

Listening to and following the heart

Basic concepts:

- 5) **We can learn** to discern, recognize, listen to, and follow the **heart**
- 6) We know **it is NOT “the heart”** if the messages are **NOT** respectful, kind, uplifting, and encouraging. The heart always lifts us up, and never puts us down – even when the message is hard to hear
- 7) We can **learn to hear, but to refuse** to listen to, agree with, follow, believe, or obey negative mind. The voice of the heart can be a **replacement of “negative mind or voice”**
- 8) When clients attempt to control their mind through obsessive preoccupations, rumination, and distractions, their mind becomes complicated. **The heart, on the other hand, is uncomplicated.** The heart says **“yes” or “no”** – (Ref #4: Berrett, et al)
- 9) The **messages** of the heart are most **often frequent, common, simple, quiet**, clear, and important. The experience of understanding the one’s heart can be profound

Listening to and following the heart

Basic concepts:

- 10) **In mental illness and addiction**, clients often become disconnected from many important things in their lives – including **disconnection from the self and the heart.**
- 11) **Part of recovery in healing is re-connection**
- 12) Clients often **believe** that they are in the **trouble** they are in **because they trusted** and listened to themselves. **The truth is** – we were most often in trouble when we **stop** listening to, **trusting**, and **following** our **hearts**
- 13) **In shame**, we don’t believe, trust, or respect messages of the heart because we don’t respect ourselves
- 14) Listening to heart helps restore self trust and self respect and **it challenges shame**
- 15) **SLIDE: see next slide: an image of a healing heart** (Ref #5: Berrett)



Listening to and following the heart

“One sees clearly only with the heart. Anything essential is invisible to the eyes.”

- Antoine de Sainte-Exupery, (Ref #6:)

Listening to and following the heart

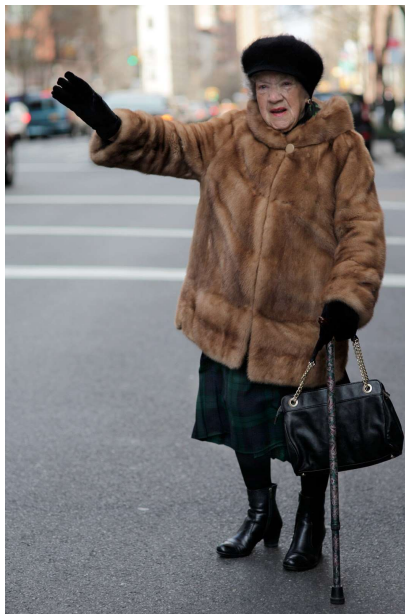
Basic concepts: findings from neuro-science

- 1) The **research of McCraty** and associates work suggests a bio-physiological understanding of the long called “intuition” and reveals that “**the heart**” has it’s own neural activity which processes information, learns, remembers, can influence the frontal cortex, and which can come to understandings and decisions independent of the brain (Ref #7: McCraty, et al)
- 2) **The heart is one of the spiritual sources of “knowing and understanding”** which is different from, and in addition to, scientific method, research findings, and cognitive process
- 3) **Growing evidence** suggests that the heart plays an important role in spiritual experiences, intuitive ways of knowing, and healthy physical and emotional functioning (Ref #8: McCraty, et al; Ref #9: Childre, et al; Ref #10: McCraty, et al)
- 4) **Lisa Miller** on the neuroscience of the developing child: the **innate spirituality of the child** – which can be nurtured - is a protective factor decreasing risk of drug abuse, unwanted pregnancy, and depression in our youth (Ref #11: Miller)

Listening to and following the heart

Basic concepts: stories

- 1) **PAPER/STORY: Richardson Bike Mart** (appx item #1: Berrett)
- 2) **STORY: SHS student and survival trip** (Ref #12: Berrett; appx item #2: Berrett)
- 3) **PAPER/STORY/: the taxi driver** (appx item #3: Allen)
- 4) **SLIDES X2: the taxi driver** (Ref #13)



Listening to and following the heart

Steps we can take / clinical guidelines / interventions: participants and clients

1) ACTIVITY/REFLECTION: What were some of your thoughts this morning as you prepared for the day before you arrived at this webinar? What were some of your emotions this morning? What did you know in your heart this morning?

2) ACTIVITY/IMAGERY: Place your hand on your heart, close your eyes, take a few deep breaths, and focus on and **get in touch with your heart. Ponder and reflect on this:** What it is that you know in your heart, right now, to be true about you, love, spirituality, what is important, or what you need to do in your life?

3) ACTIVITY: write down or share with your partner the message of your heart as you reflected in the activity above

4) ACTIVITY: Ask participant: What if we remembered throughout the day - what we knew in our hearts this morning? What if our clients remembered what they know in their hearts?

****note:** some of this part on principle #12 (heart) taken from (Ref #14: Berrett; Ref #15: Hardman)

Listening to and following the heart

Steps we can take / clinical guidelines / interventions:

- **Teach directly** that primary sources information which help us are **thoughts, feelings, and messages of heart**. Teach that the heart is not emotion. It is deeper. Help the client begin to differentiate heart from other information
- We can **help our clients begin to recognize in the past and notice in the present - impressions of the heart**
- **Help patients become symbolically connected to heart** by asking them to close their eyes, **put their hand over their heart** as they attend and become attuned to the heart
- **Ask clients questions in session such as “what does your heart say”, “what does your heart want you to do”, “what do you know in your heart that you need to do about this”** Challenge them and help them follow their understandings of heart with action.

Listening to and following the heart

Steps we can take / clinical guidelines / interventions

- **Help clients learn to act on the first impressions of their hearts** – rather than getting lost in the the over-analysis of the brain (getting lost in their heads)
- **Ask clients to write in their journals: impressions of the heart**, messages from the heart, heart felt understandings
- **Ask clients to share: a time they did not listen and follow** their heart and what the consequences of that choice was, and consider **a time they listened to and followed** the heart, and what the results of those decisions, and consequent learning

References and sources

Ref #1: Berrett, M.E., Hardman, R.K., P. Scott Richards, (2010) the role of spirituality in eating disorder treatment, book chapter in, Maine, M., McGilley, B.H. & Bunnell D.W.. (Eds) treatment of eating disorders: bridging the research-practice gap, Academic Press/Elsevier, San Diego, CA, pgs. 373-374

Ref #2: Berrett, M.E., Hardman, R.K., P. Scott Richards, (2010) the role of spirituality in eating disorder treatment, book chapter in Maine, M., McGilley, B.H. & Bunnell, D.W., treatment of eating disorders: bridging the research-practice gap, Academic Press/Elsevier, San Diego, pg. 373

Ref #3: Richards, P.S., Hardman, R.K. & Berrett, M.E. (2007) spiritual approaches in the treatment of women with eating disorders, American Psychological Association, Washington DC, pgs. 98-104

Ref #4: Berrett, M.E., Hardman, R.K., P. Scott Richards, (2010) the role of spirituality in eating disorder treatment, book chapter in Maine, M., McGilley, B.H. & Bunnell, D.W. treatment of eating disorders: bridging the research-practice gap, Academic Press/Elsevier, San Diego, pg. 373

References and sources

Ref #5: SLIDE - artwork: anonymous artist: a heart in healing, used with permission, Center for Change Archives

Ref #6: Antoine de Saint-Exupery, (1943) *The little prince*, Reynal & Hitchcock / Houton Mifflin Harcourt

Ref #7: McCraty, R., Atkinson, M., & Tomasino, D. (2001) *Science of the heart: exploring the role of the heart in human performance*. HeartMath Research Center. Boulder Creek, CA: Institute of HeartMath, Publication No. 01—001.

Ref #8: McCraty, R., Atkinson, M., & Bradley, R.T., (2004b) Electrophysiological evidence of intuition: Part 2. A system-wide process. *Journal of Alternative and Complementary Medicine*, 10(2), 325-336.

Ref #9: Childre, D., & McCraty, R. (2001) Psychophysiological correlates of spiritual experience. *Biofeedback*, 29(4), 13-17.

References and sources

- Ref #10: McCraty, R., Bradley, R.T., & Tomasino, D., (2004-2005) *The resonant heart. Shift: At the Frontiers of Consciousness*, 5, 15-19.
- Ref #11: Miller, Lisa. (2015) *The spiritual child: the new science on parenting for health and lifelong thriving*, St. Martin's Press, New York
- Ref #12: **Story**: high school survival student, in Berrett, M.E., (2015) *Listening to and following the heart: a spiritual cornerstone of recovery and well-being*, Gurze eNewsletter, September 2015
- Ref #13: **2 PICTURES**: 1) taxi driver, 2) little old lady. stock photos, internet, specific source unknown

References and sources

- Ref #14: Berrett, M.E. (2015) Listening to and following the heart: a spiritual cornerstone of recovery and well-being, Gurze e-Newsletter, September 2015
- Ref #15: Hardman, R.K. (2013) Recovery: a matter of the heart, article in Center for Change Clinical Newsletter, 2013, Orem, Utah

Appendix

Item #1: **Story:** Richardson bike mart in: Berrett, M.E., (revised 2009), Social support: the cradle in which recovery takes place, Center for Change Clinical Newsletter, Orem, Utah

Item #2: **Story:** High school survival student in: Berrett, M.E., (2015) Listening to and following the heart: a spiritual cornerstone of recovery and well-being, Gurze eNewsletter, September 2015

Item #3: **Story:** Great moments - the taxi-driver in: Roger K. Allen (2003) Life Strategies, Touchstone International, LLC, Waco, TX

#4 Receiving, giving, and deepening the good gifts of love

Basic concepts: love in psychotherapy

- 1) **Literature search 2018: Little found** on love and psychotherapy
- 2) **Love isn't enough alone for healing, but still, the most powerful source** of healing
- 3) Physical and emotional **boundaries between providers and clients** are **imperative**. In good intent, **however, we may have lost** some of willingness to experience and express our loving kindness.
- 4) **We can and must find appropriate ways to express love for and to** our clients – letting them know that we deeply care
- 5) **QUOTE:** “People don't care how much you know until they know how much you care” – source unknown

Receiving, giving, and deepening the good gifts of love

“The profession of psychology seems embarrassed, even apprehensive, about love being part of the therapeutic process. Yet the essence of treatment comes down to a single precept: Love is the healing principle”

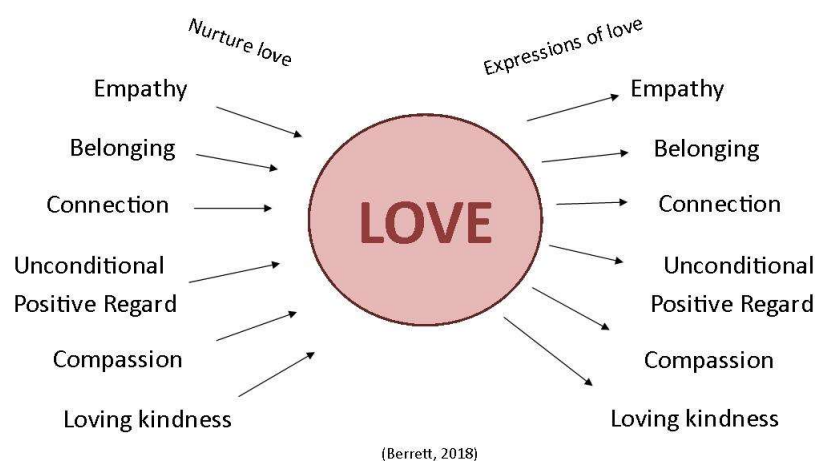
- Sleeth, D.B (Ref #1: Sleeth)

Receiving, giving, and deepening the good gifts of love

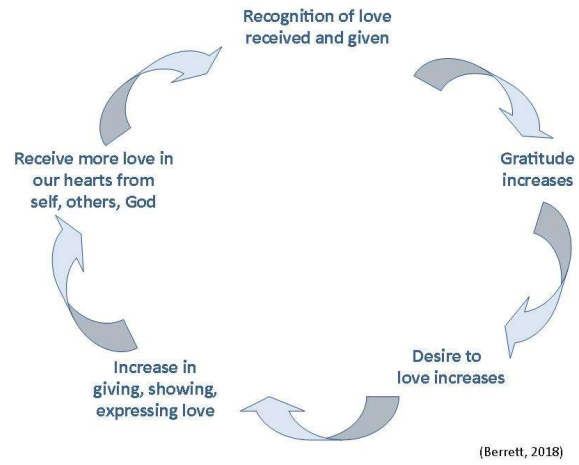
Basic concepts: love, spirituality, and our clients

- 5) **Love is a spiritual experience** – and possibly the most profound foundation stone of spirituality
- 6) **Our clients can often come to believe that approval is love and that love is approval.** This greatly hurts them
- 7) Our clients **often hold back** giving their love because they believe they have a defective gift to give
- 8) Our clients **resist receiving** love because they so often feel unworthy of it, fear they'll lose it, and so often make themselves "the exception" and won't let it in
- 9) **SLIDE/DIAGRAM: Love is strengthened by all loving attributes**, and all loving attributes come from and are expressions of love (Ref #2: Berrett)
- 10) **SLIDE/DIAGRAM: Love develops and grows in a never-ending circle:** loving others, receiving returning love, and gratitude (Ref #3: Berrett)

Love is at the Center of Related Attributes



The Circular Development and Growth of Love



Receiving, giving, and deepening the good gifts of love

SLIDE/PICTURE: the last slide shown tenderly teaches giving and receiving the gift of love (Ref #4: picture)

QUOTE:

“The things that matter most in our lives are not fantastic or grand. They are moments when we touch one another, when we are there in the most attentive or caring way. This simple and profound intimacy is the love that we all long for. These moments of touching and being touched can become a foundation for a path with heart, and they take place in the most immediate and direct way. Mother Teresa put it like this, “In this life we cannot do great things. We can only do small things with great love.” (Ref #5: Kornfield)

STORY/EXAMPLE: learning about love: the **apple and the boy** of Nairobi (appx item #1: Berrett)

Receiving, giving, and deepening the good gifts of love

Steps we can take / clinical guidelines / interventions: receiving love:

- **1) ACTIVITY: Ask participants/clients to share with partner in dyad “how do you resist or reject love?”** Help client discussion with examples: refusing to ask for help, saying “I can get it,” or “I’ll be alright” are ways to resist love
- **2) STORY: tell client story of the boy, father, and the big rock:** “you have not yet asked me to help you.” **Discuss meaning** with client (appx item #2: Berrett)
- **3) GROUP INTERVENTION: love and tissues:** Have members of the group kneel. In front of a few chosen group members, put tissues in clients hands on their lap as they tell them of their admiration, love, and gratitude, while making a pile of tissues on the clients’ lap which the client can feel, see, and experience as love (appx item #3: Richards, et al)
- **4) GROUP INTERVENTION: thank you - I know!:** group members kneel in front of chosen clients, one member at a time, and tell the client positive, wonderful, and sincere things noticed, appreciated, and well loved. After each sentence said by a group member, the client in focus is to say “thank you I know” to give them a chance at repeatedly **practicing accepting love** given

Receiving, giving, and deepening the good gifts of love

Steps we can take / clinical guidelines / interventions: deepening love:

- **1) Teach clients the truth that “we love those we serve”**
- **2) ASSIGNMENT/INTERVENTION: Ask client extend themselves for another** by choosing an individual whom they would like to serve, help, assist. Promise and predict that as they serve them – they will love them more following their service. After they extend themselves as assigned, discuss and discuss the impact of their service on their love for that individual (Ref #6: Berrett)
- **3) ENCOURAGE/ASSIGN client to express their love** for others in their life **more fully and deeply and vulnerably** than usual during the coming week, to write about their experience, and come back and discuss at next session example: a more-full expression versus “love ya” (Ref #7: Berrett)

Receiving, giving, and deepening the good gifts of love

Steps we can take / clinical guidelines / interventions: giving love to self

Give yourself the gift: acknowledging, embracing, internalizing the truth of your positive influence

- **STORY/PAPER: read to participant/client paper on client impact** (appx item #4: Berrett)
- **ACTIVITY / PAPER/ IMAGERY: The Recognition of Impact:** “When the music begins to play, I would ask you, invite you, to go inside of you, and meet the time, and the circumstance, and the person, where you touched and influenced their life for the better. Parent, child, client, student, friend - Look at them in the eyes, and beyond - into their heart, and hear and receive from them - their message of gratitude for what you have done for them (Ref #8: Berrett)
- ****Note:** this exercise can be well utilized with gentle soft music in the background

References and sources

Ref #1: Sleeth, D. (2010) Integral love: the role of love in clinical practice as a rite of passage. *Journal of Humanistic Psychology*, 50 (4), 471-494. quoted in, Berrett, M.E. (2018) treatment and recovery from eating disorders and related illness: what's love got to do with it! clinical training PowerPoint presentation, Center for Change Conference for Professionals, January 27, 2018, Orem, UT,

Ref #2: Berrett, M.E. (2018) treatment and recovery: what's love got to do with it? Clinical training PowerPoint presentation at Center for Change Conference for Eating Disorder Professionals, January 2018, Orem, UT

Ref #3: Berrett, M.E. (2018) treatment and recovery: what's love got to do with it? Clinical training PowerPoint presentation at Center for Change Conference for Eating Disorder Professionals, January 2018, Orem, UT

Ref #4: **SLIDE**: photograph on giving love: 2 children and the flower, stock photograph, internet, specific source unknown

References and sources

- Ref #5: quote: Jack Kornfield. source: a path with heart. cited in Berrett, M.E. (2018) treatment and recovery of eating disorders and related illness: what's love got to do with it! clinical training PowerPoint presentation, Center for Change Conference for Eating Disorder Professionals, January 2018, Orem, UT
- Ref #6: Berrett, M.E., Richards, P.S., Hardman, R.K., (2019) spiritual renewal: a principle-based approach to recovery, healing, and inner peace, published manuscript, copyright Center for Change, Orem, UT

References and sources

- Ref #7: Berrett, M.E., Richards, P.S., Hardman, R.K., (2019) spiritual renewal: a principle-based approach to recovery, healing, inner-peace, published manuscript, copyright Center for Change, Orem, UT
- Ref #8: Berrett, M.E. (2018) treatment and recovery: what's love got to do with it? Clinical training PowerPoint presentation at Center for Change Conference for Eating Disorder Professionals, January 2018, Orem, UT

Appendix

Item #1: **STORY:** Berrett, M.E., learning about love in Nairobi: **the boy and the apple**

Item #2: **STORY:** transcribed by Berrett, M.E., **the boy, his father and the big rock**, source unknown

Item #3: **Group exercise "love and tissues"** found in: Richards, P.S., Hardman, R.K. & Berrett, M.E. (2007) spiritual approaches in the treatment of women with eating disorders, American Psychological Association, Washington DC, pg. 148.

Item #4: **STORY: the influence and impact of fellow clients**, found in: Berrett, M.E., social support: the cradle in which growth and recovery take place, (revised 2009) Center for Change Clinical Newsletter, October 31, 2003, Vol. 8, No.3

Summary towards application

Summary towards application

- 1) **One process template for creating intervention is:** 1) Find the core concern or need of the client, 2) identify spiritual principles connected to that need, and 3) Identify themes and create specific interventions to address the concern, need, principle, and theme
- 2) **Where possible, make intervention experiential.** These therapies are powerful, since they require doing versus just talking. Action can create changes in perception, perspective, emotion, thoughts, behavior, mind, and heart
- See **1 ARTICLE & 2 HANDOUTS: experiential therapy, need for experiential, and group leader tips** (Ref # 1 and appx item #1: Hardman & Berrett; Ref #2 and appx item #2: Hardman & Berrett; Ref #3 and appx item #3: Hardman & Berrett)

Summary towards application

- 1) We can remember **to utilized the personal and unique spiritual principles and processes** which our clients teach us about.
- 2) Remember that **application of these ideas on spirituality** is not about doing what myself, my colleagues, or anyone else has done. This webinar presents simply a few examples of what can be done.
- 3) The primary point on application is that **we all can create our own spiritual approaches, pathways, principles, and interventions.** When we truly listen - **these** will come out of our own experiences, the spiritual beliefs of our clients, and from inspiration which will come to us.
- Michael E. Berrett

Summary towards application

ACTIVITY: for webinar participants: self reflection for self application

- 1) What have you learned about your own religious or spiritual biases or prejudices?
- 2) Can you work with individuals in a spiritual integrated approach?
- 3) What have you learned about your own weaknesses, obstacles, and needed cautions in working with others in their religious and spiritual lives?
- 4) In what ways can you further prepare and improve your abilities in this area of practice?
- 5) What have you noticed or learned about your own spirituality?
- 6) How does your spirituality help you manage or overcome your problems, illness, adversity?
- 7) How can you learn from your personal experience in spirituality which can help your clients in theirs?

Summary towards application

ACTIVITY: reflection for learning application:

- 1) What does your heart tell you will be an important spiritual principle or ingredient to your spiritually integrated approach with clients?
- 2) What role can “listening to your heart” play as you help clients use their spiritual beliefs in the process of recovery and healing?
- 3) So far – what do you know about the principles, themes, and interventions you will utilize in your own spiritually integrative approach?
- 4) **WRITE:** in a few short lines, what you know so far about you and spirituality in psychotherapy

References and sources

- Ref #1: Hardman, R.K. & Berrett, M.E., (2005) Therapeutic guidelines and experiential interventions for the treatment of eating disorders, published clinical article, Center for Change, Orem, UT
- Ref #2: Hardman, R.K., & Berrett, M.E., (2009) The need for structured and experiential activities and experiences in group therapy for eating disorders, clinical handout, copyright January 2009 Center for Change, Orem, UT
- Ref #3: Hardman, R.K., & Berrett, M.E., (2009) Tips for facilitating structured and experiential group activities for eating disorders, clinical handout, copyright January 2009, Center for Change, Orem, UT

Appendix

Item #1: **Article:** Hardman, R.K. & Berrett, M.E., (2005) Therapeutic guidelines and experiential interventions for the treatment of eating disorders, published clinical article, Center for Change, Orem, UT

Item #2: **Handout:** Hardman, R.K., & Berrett, M.E., (2009) The need for structured and experiential activities and experiences in group therapy for eating disorders, clinical handout, copyright January 2009, Center for Change, Orem, UT

Item #3: **Handout:** Hardman, R.K., & Berrett, M.E., (2009) Tips for facilitating structured and experiential group activities for eating disorders, clinical handout, copyright January 2009, Center for Change, Orem, UT

Thank You !

Thank you for “showing up,” for your time, your presence, and your participation

May you be well blessed in your noble efforts, and your competent and kind service, as you continue to bless the lives of family and friends, your clients, and the world, one life at a time