Finding Self Again: The Dismantling of Eating Disorder and Trauma Identity’’

aka “The Journey from Eating Disorder and Trauma Identity to Knowing, Strengthening, Valuing, Honoring, and Sharing Self’’

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I am a Psychologist, CEO, Managing Director, and Co-founder of Center for Change, in Orem, Utah, and an employee of Universal Health Services, Inc.

I am neither an owner or primary financial investor in any program, entity, or organization.
Introduction

- Friends and I founded and operate Center for Change ED Treatment Facility in Orem Utah
- Been doing psychotherapy for 37 years
- Involved in writing, research, speaking, and clinical training
- Special interests include: wilderness treatment, spirituality in treatment, identity formulation, social support, self-care as provider, compassion, and transcendence in psychotherapy
- Co-authored the APA book “Spiritual approaches in the treatment of women with eating disorders”
- Latest written works include chapters in Christine Curtois’ new book on spirituality and trauma, and Andrew Seuberts new book on trauma, eating disorders and identity
- Latest research published presents new evidence that eating disordered patients can become intuitive eaters and that use of personal spirituality on recovery’s path is important and helpful

On a personal note – I am married, have 8 children, 8 wonderful spouses of children, and 22 grandchildren
- I am 63 years old and clean and sober 33 years from drug and alcohol addiction
- I have a wonderful daughter who suffered serious eating disorder illness, who is now recovered
- I am humbled and honored to spend time with you today
My approach

- I believe that in our field we have not risen to the level of “expertise.” We still have 1/10 of those suffering with anorexia, dying from it. We don’t know enough.
- YET - We are specialists: armed with knowledge, experience, tools, talents, passion, and compassion.
- We are here in the spirit of learning – which is a humble stance – and I honor each of you for that.
- Eric Hoffer Quote: “In times of change, true learners.......”
- I know that there is much individual and collective knowledge and wisdom in this room. We can all learn from each other.
- I believe that our best teachers are our individual patients, who teach us what they need from us. If we will listen!
While we cannot cause or force healing. We can and must “dive in” “get engaged” and “Give our very best” as we influence healing.

I believe in parenting, teaching, counseling, influencing by example.

Our example, for better or for worse, is the primary intervention we give to our patients.

I believe that we must be willing to do what we ask our patients to do: be honesty, be vulnerable, take risks, and take steps.

I believe that love is the most powerful force for healing and goodness in the world.

In this presentation you can expect some research and information from the field.

You can expect a lot of “The world according to Michael Berrett”

If you have heard me speak – you will hear some repeats – I am so sorry – I only know so much!

I believe that the best model for learning is: Step 1) I hear or see, 2) I do it, apply it, live it, 3) I teach and share it with others, and 4) Over time I become – it becomes a part of who I am.

You can expect, therefore, in this presentation, some information, and a little discussion, reflection, sharing, interaction, experiential activity.

DESCRIBE HANDOUTS / NO PPT HANDOUT TODAY jill.lloyd@uhsinc.com
1. A brief case for “identity” as “spiritual identity.”
2. A brief case for the importance of spirituality in the treatment of eating disorders and trauma
3. A brief case for the importance of transcendence in treatment and recovery
4. Why this workshop
5. The essence of spiritual identity
6. Identity: terms, models, conceptual understanding
7. The process of identity development and formulation
8. Research on eating disorders, trauma, and identity
9. The impact of ED illness and Trauma on sense of worth and sense of self and identity
10. Assessment: first step of treatment. 10 areas for assessment for understanding a client’s eating disorder illness, trauma, consequent impact on life, relationships, sense of self, and spirituality
11. Assessment: understanding one’s worth, self, and identity
12. Treatment: pathways away from eating disorder and trauma identity and into knowing, strengthening, understanding, valuing, honoring and sharing real self
“Identity is not just a psychological construct, but rather, it is a spiritual reality, and can become a spiritual understanding”

- MEB
Spiritual Approaches in the Treatment of Women With Eating Disorders

P. Scott Richards, Randy K. Hardman, and Michael E. Berrett
“Treatment and recovery is not about spirituality versus Science, rather, it is about spirituality and science”
“There are ways of knowing and understanding in addition to primary cognition and the scientific method. These other ways of knowing include spiritual influences connected to an individual’s spiritual nature and identity. They include intuition, inspiration, and transcendent experiences and relationships.”

- Michael E. Berrett, PhD
Research on faith and spirituality as resources in treatment and recovery

1) 59% respondents with bulimia said “spiritual pursuits” had been instrumental in their recovery (Hall and Cohn, 1992)

2) Participants said that in the recovery process they experienced something “beyond the self” which they described as “spirituality, love, God, or nature” (Garrett, 1996)

3) There are positive correlations between spiritual well being and improvements in attitudes about eating, body shape, and psychological functioning (Smith et al, 2003)

4) Spirituality enhanced motivation and improved treatment adherence (Marsden, 2007)
5) Spiritual Maturation goes hand in hand with positive psychological changes (Marsden, 2007)

6) A clients spirituality gave them purpose and meaning, expanded their sense of identity and worth, and improved their relationships with God, family, and others (Richards et al, 2008)

7) The developed spirituality of a child is the strongest buffer against multiple stressors, societal ills, addictions, and emotional difficulties (Lisa Miller, 2015)

8) Spirituality is one of the top nine factors patients report as critical in their recovery from ED illness (N. Hawkins, 2012)
Clinical experience on faith and spirituality

1) 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.

2) Patients can learn to withdraw acquired faith in addictive illness and reinvest their faith in many other meaningful places. Where we put our faith is a choice.
“The transcendent person has all that is humbly available plus the energies of hope, faith, and belief in powers greater than him/herself”

- Richard H. Cox
“Transcendence shows up in our work in those therapeutic moments when we are most able to surrender what we think we know, inhabit our doubt, and await revelation.”

- Roy Barsness
Six tenants of transcendence

Ways to Soulfulness
1) Love of others
2) Love of work
3) Love of belonging

Ways to Spirituality
1) Belief in the sacred
2) Belief in unity
3) Belief in transformation

- T. Byram Karasu
Why transcendence and “transcendent relationship” are important

1) We have ignored and minimized the power of transcendence to create positive change
2) We have minimized “transcendence” and “internal peace” as indicators of and “the witnessing of” healing
3) We have minimized the importance of spiritual influences in the healing arts
4) We have minimized the most powerful change agent in the world – “love.” Graduate training is lean on this
5) We have focused too much on symptoms vs. well being
6) In the service of diagnosis and common language, we have focused too much on what is wrong, rather than what is right, with our patients
Why transcendence and “transcendent relationship” are important cont...

6) Living a life of internal peace is an island of shelter amidst the raging waters
7) We are treating individuals, not symptoms
8) We are treating people, not diagnoses
9) We are treating the whole person, not parts of them
10) A small transcendent experience can significantly impact a life:
11) STORY: Cassie, AN, Dietetics 101, 300 students, 1 listener, 1 phone call, 1 return call, “I now know why I stood and faced fear”
12) STORY: MEB, Portland, speak, discuss AN & ALC, woman after, forgiveness of mom, “I now know why I came”
13) STORY: After a yoga group “That was The first time in my 30 yr. life I have felt comfortable in my own skin...”
14) “There are hundreds of rigorous and elegant peer-review scientific articles that show spirituality is the root of wellness in the first two decades of life” (Lisa Miller, 2015)
“Spirituality and transcendence are important in treating trauma and eating disorders, because they are spiritual concerns, since those suffering can lose their sense of spiritual identity”
1) They are feeling an intense and utter desperation that has brought them to their knees.

2) They have practical and present reasons for recovery.

3) They have love for others who deeply desire them to get well.

4) They have profound reasons for recovery related to dreams and their deepest desires.

5) Because deep down inside, beyond all self-doubt and self-contempt, and well beyond their negative and false perceptions of self – they too have a small sliver of a glimpse of their worth. It is our honor to help them illuminate, believe, strengthen, and nurture it
What’s it to me?  identity....

1. In my opinion, all of our efforts distilled down into the core common denominator of importance, is that somehow it is our calling to reduce human suffering and help others become who they can and want to become.

2. STORY: me, wigs, drugs, socks & shoes, GPA, Mr. Monson “come in after school....”

3. I have a personal interest from my own experience and want to help other receive the same:
   STORY: me poor SE most of life, OB 321 final, group, painful awakening, language, concrete, decision to overcome

3) I am feel grateful and want to give back
The essence: spiritual identity

1. Self esteem, schema, self worth, self concept, identity, self identity, and spiritual identity are related and interwoven together
2. Spiritual identity is the all encompassing enclosure of them all
3. Constructs of self and identity are a part of “spiritual identity”
4. Spiritual Identity is encompasses the entirety of who we are and who we can become
5. QUOTE: “It’s never too late to become who we might have been” – George Eliot
6. 2 SLIDES: 1) who we are, on the path, being, 2) who we can be, who we are when we arrive at a future time. While there, our being becomes becoming and our becoming then becomes being
7. Being doesn’t last long – it quickly gives way to becoming, and then becoming quiets for a moment to give place for being
8. We are always both being and becoming
Spiritual identity: foundation stones

1. Children are born inherently spiritual
2. The spiritual nature and beliefs of a child are foundational for sense of identity and self
3. The spiritual in children can be influenced towards extinguishment or development. We can nurture it! EXAMPLE: “I saw gramma...” (Lisa Miller, 2015)
4. Spirituality and/or religious faith is important to the vast majority of human beings on our planet
5. Spiritual experiences, practices and identity ward against individual mental illness and self destructive patterns
6. Research has shown that spiritual and/or religious influences aid wellness, happiness, recovery and healing
Identity: terms, models, conceptual understanding

- TBA
- Terms from the research:
- Model: both linear and circular
The process of identity formulation

1) PICTURE #1: Lucy. I am born with a soon to fade sense of my worth and identity (ages birth to young years)

2) PICTURE #2: In the Mirror. I am the reflection of what others see in me with their eyes and their hearts. I need a mirror to see me. You are my mirror (ages 1-2 & 5-12)

3) I am me only as I am independent from them: rebellion, separation, opposition (ages 3-4 & 13-17)

4) I am me and “OK” when I am the same as my peers (ages 11-14)

5) I am me and “OK” when I am different from everyone else (ages 15-18)
We become the mirror of spiritual identity for another: a negative or positive mirror.
The process of identity formulation cont...

6) Identity conceptualized in knowing “what/who I am not” without knowing “what/who I am” (ages 15-18)

7) Identity conceptualized in questioning even abandoning legacy, yet not knowing where I am headed. A sense: separate & unique

8) I am me, whether I am the same, or different, matters not. I accept my uniqueness, yet care not about sameness or differentness. Principle versus approval driven. Beginning of mature sense of self (age 14-90)

9) I conceptualize self in terms of “who I am” and I don’t worry about “who or what I am not”

10) I stick with what I know about me and hold tight to that. I worry less about what I do not know about me

11) I accept who I am and gently strive towards who I can be

12) I go from spiritual exploration to individuation, from individuation to spiritual identity, I actively live my spiritual beliefs, and I am both “being” and “becoming”
Stuff happens: our sense of worth & identity suffers.
Recent research articles on inter-relations of eating disorders, trauma, and identity

- We have some research on the effects of identity on eating disorders, but not a lot on the effects of trauma on identity, and less on the effects of eating disorder on identity
1. Study on females in inpatient treatment with co-occurring eating disorder and trauma (Berrett, Hardman, O Grady, Richards, 2007)
2. Some believed ED, Trauma, and spiritual struggles were interconnected in some causal way
3. Majority believed both ED and Trauma negatively impacted their sense of spirituality
4. Many said they had “almost completely lost touch” with their spirituality in the developing ED
5. Their spiritual beliefs were often negatively affected through the influence of their developing eating disorder
6. Still - they felt that their faith and spirituality served as a resource and healing influence for them in their fight for recovery
7. They felt that faith and spirituality could be, and for them, was “rediscovered” and assisted them in recovery from both eating disorder and trauma
Brewerton’s research on trauma and eating disorders

- Trauma more common in BN than other ED’s
- CSA is a risk factor for ED’s and many other psychiatric illnesses
- CSA victims are more likely to have greater body dissatisfaction
- CSA is connected to purging in clinical and sub-clinical groups
- Trauma is not associated with greater ED severity (PTSD is)
- It is PTSD rather than trauma that best forecasts the emergence of bulimia

- T. Brewerton (2007)
Various studies show PTSD in anywhere from 47% to 74% of ED patients in RTC 24hr care (this is PTSD rates: abuse rates may be higher)

- T. Brewerton (2007)
Recent research articles on inter-relations of eating disorders, trauma, and identity

- Ison & Kent (2010) “A person’s social identity can change during the course of having an eating disorder”
- Stein & Corte (2007) 1) Women with AN and BN had fewer positive and more negative and highly interrelated self-schemas compared to controls, 2) Women with BN showed information processing evidence of a fat self-schema available in memory, 3) These self-concept properties predicted eating disordered attitudes and behavior, 4) Disturbances in the overall collection of identities— an impoverished self – is an important contributor to eating disorder symptomatology
Research: ED, Trauma, identity cont...

- Stein & Corte (2007) “Women with high levels of eating disorder symptoms have difficulty in maintaining normal levels of involvement in school, work, and other social activities....and consequently, social feedback necessary to develop new sources of identity or sustain established identities....”

- Demidenko & et al (2010) 1) Higher attachment avoidance was associated with lower identity differentiation indirectly through poorer self-concept, 2) Higher attachment anxiety was directly related to lower differentiation of self, 3) Individuals with eating disorders tend to have more insecure forms of attachment compared to non-clinical samples, 4) The results are consistent with a developmentally-based theory that suggest that attachment dimensions rooted in early family experiences have an impact upon the quality of one’s self-concept, which in turn, has direct impact on one’s self identity.
O’Shaughnessy & Dallos (2009) 1) The prevalence of the number of eating disordered women who have insecure attachment styles is likely between 70 and 100%, 2) Separation anxiety appears to be felt intensely by many women with eating disorders, 3) The relationship of attachment and trauma to eating disorders may be more about whether abuse or loss and consequent attachment problems existed, but rather, whether they are “resolved, ” 4) Levels of distress or “severity of symptoms” appears to be more important than differential ED diagnosis or types of symptoms in assessing severity of illness and related needs for treatment
Tagay & et al (2014) found: 1) Prevalence of traumatic events in ED patients has ranged from 37% to 100%, 2) Prevalence of PTSD in ED patients was 23% for AN and 25% for BN, 3) Lack of social support was found to be one of the most significant predictors of PDST in those who experienced a traumatic event, 4) In the face of trauma, a lower “sense of coherence” (SOC) is a strong predictor of ED symptomatology, 5) High PTSD symptomatology is associated with more severe ED symptoms, 6) Sexual assault is a significant predictor of ED symptomatology in BN but not in AN
Matos & et al (2014) Eating disorders, shame experiences, and social rank perceptions

Lejonclou & et al (2014) Variants of potentially traumatizing life events in ED patients

Franzoni & et el (2013) Alexithymia, shame, trauma, and body image disorders

Caslini & et al (2015) Distangling the association between child abuse and ED: systematic review and meta analysis


Ringer & et al (2007) ED and attachment

Key drivers in “illness or broken” (eating disorder or trauma) identity formulation

1) Abuse or neglect
2) Negative self Schema’s arising from abuse or neglect
3) Attachment avoidance or attachment anxiety
4) Physical, emotional, and sexual abuse drives an identity of object, illness, badness, brokenness, and “not enoughness”
5) Shaming experiences as a child open the door for a “broken identity”
6) The eating disorder illness itself formulates illness identity.
7) Roadblocks to spiritual identity formulation open the door to illness identity formulation
8) Common spiritual issues which develop with the ED illness fuel the development of “illness identity”
9) False beliefs and pursuits which develop as the illness develops, deepen the sense of the eating disorder illness itself as identity
10) Trauma leads to false beliefs about self and a false sense of identity
11) Western cultural model of self worth nurtures the development of “illness identity” or “broken identity” with external and perfectionistic pursuits to “make up for” perceived but false deficits

SLIDE: Western cultural and ED model of SE
Western cultural & ED model of self worth: damages healthy sense of self

In this an unfortunate and false model in which worth is dependent on a select few external evidences and on narrow definitions:

1) APPEARANCE – “and it better be the fashion industry thin ideal !”

2) ACHIEVEMENT – (important but has become too important) – “and it better be better than everyone else !”

3) APPROVAL – If others think I am acceptable or wonderful, only then, might I have value
Roadblocks to a healthy sense of self/spiritual identity

1) Lack of healthy attachments
2) Shame
3) Perfectionism
4) Making myself the exception on all good things
5) Avoidance
6) Aloneness, isolation, lack of close relationships
7) Seeking approval versus love
8) Incongruence in beliefs vs. living: damaged integrity
9) Disconnection with self, others, spiritual source, higher-power
10) Loss of “the present” or “presence”
11) Tiredness, overwhelm, hopelessness
12) Lack of support, kindness, love
13) Lack of understanding of illness
14) Lack of separation of illness from self
15) Lack of tools for recovery, wellness, and self care
16) PICTURE: With all these roadblocks.....SENSE OF WORTH IS NOT EASY !
Common spiritual issues of those suffering eating disorder and trauma

1) Loss of connection to higher power, nature, God, relationships with others, relationship with self, and sense of personal spirituality
2) Loss of sense of spiritual identity and worth
3) Loss of ability to see their own goodness
4) Tendency in severe stages of the eating disorder illness to see themselves exclusively as their illness
5) Intense feelings of being incapable, unworthy, and unlovable
6) Deteriorating relationships (disconnection) with self, others, and spiritual source
7) Increasing reliance on illness, illness identity, addictive substance or addictive process as ways of coping and as solutions to problems
8) Difficulty noticing and attending to spiritual feelings and messages of the heart
9) Negative images of self, others, and God
Common spiritual issues cont...

10) Guilt and Shame about any perceived weakness, about sexuality, and about who they are (identity)
11) Temporarily reduced capacity to love and serve
12) Dishonesty and consequent loss of self respect
Ten common illness generated false beliefs of those suffering with a serious eating disorder

1) My eating disorder will give me control of my emotions and my life
2) My eating disorder will effectively communicate my pain and suffering
3) My eating disorder will make me exceptional in some way
4) My eating disorder will prove that I am as bad and unworthy as I think I am
5) My eating disorder will help me become perfected at least in some way
Ten common illness generated false beliefs of those suffering a serious eating disorder (cont...)

6) My eating disorder will give me comfort and protection from pain
7) My eating disorder will give me a sense of identity
8) My eating disorder will compensate or atone for my past
9) My eating disorder will help me avoid frightening personal responsibility for my overwhelming life (it is overwhelming to be responsible when you have to be perfect)
10) My eating disorder controlled body will bring me approval from others
| 1) | I can’t or shouldn’t trust others |
| 2) | I can’t or shouldn’t trust myself and my own judgment/decisions |
| 3) | My body is not my own |
| 4) | My body is for others to use as they may |
| 5) | My body is broken, bad, dirty, and no good |
| 6) | I am unworthy of good things |
| 7) | Other people’s needs are more important than mine |
| 8) | Being vulnerable is both dangerous and stupid |
| 9) | I need to keep secrets |
| 10) | If people know what happened to me they won’t want me |
| 11) | It is my fault |
| 12) | I need to protect me by changing my body or hiding it |
| 13) | If I initiate unwanted sex I might at least have some control |
| 14) | I have no protection from others who want to hurt me |
| 15) | I have been, am, and will be abandoned |
| 16) | I am worthless |
Treatment begins with assessment and understanding: towards deeper understanding

1. Assessing the individual needs of the client
2. Assessing the eating disorder and related client beliefs
3. Assessing trauma: events, circumstances, impact, beliefs, decisions, coping, and meaning
4. Assessing the clients spiritual framework
5. Assessing spiritual nature, beliefs, and practices
6. Assessing the clients theory & model of change
7. Assessing the clients reasons to get well
8. Assessing the clients theory and model of self worth
9. Assessing the client’s sense of self worth and identity
10. Assessing the clients strengths, gifts, and offerings
Assessment of basic human developmental needs in their specific and individual situation

1) Their sense of acceptance and belonging in their social sphere
2) Their sense of being important and valued in their family
3) Their sense of spirituality, purpose, and meaning in life which gives hope
4) Their sense of self, and worth, and identity
5) Their growing set of principles in which their life is anchored

Assessment of the eating disorder and related client beliefs

1. Life History (autobio) THEIR SCHEMA, NARRATIVE History of ED illness (ED autobiography) THEIR STORY
2. DSM V diagnostic criterion and indicators
3. Symptoms of illness and consideration and application of APA treatment guidelines
4. Adaptive function of eating disorder in their life
5. Feelings toward and relationship with ED now
   EXAMPLE: (shrine of the holy ED)
1. What they have decided the illness means to them and about them
2. Their deeper fears about recovery from illness
3. Their true motives, desires, and intentions towards recovery from illness
Assessing trauma: events, circumstances, impacts, beliefs, decisions, coping, meaning

1. Understand the traumatic events which occurred
2. Understand the circumstances and context of the events
3. Understand the impacts it has had in the life of the abused
4. Understand the beliefs which developed as a consequence of the trauma
5. Understand the conscious and unconscious decisions made as a result of the trauma
6. Understand the ways in which the client survived, coped, and adapted to difficult realities at the time of the trauma and in the present
7. Understand what the client feels the trauma means about his/her body, worth, life, future, and relationships
Assessing the client’s spiritual framework and approach to Life

1. Assess spiritual background, history, wounds, caregivers frame, current viewpoint, confusion, concerns, and clarity

2. KEY: Help them focus on what they DO KNOW about their spirituality versus that which they do not know

3. Ask clients about the role they believe spirituality has, does, or will play in their recovery process – OR NOT

4. Ask clients about spiritual goals and desires for which they want help and support-OR NOT
Assessing clients spiritual nature, beliefs, and practices

1) ACTIVITY/ PAPER: Listen to the reading of spiritual quotes and identity which quote touched you or which you connected with.
SHARE: What is it about that quote that resonated with you and what is it about you that resonated with that quote?

2) ACTIVITY: ASK about one spiritual belief that you feel strongly about and that impacts your life on a daily basis?
SHARE

3) ACTIVITY: Ask about spiritual heroes in their life:
a) Choose one(icon or common), b) Who is it?, c) Why them – what is it about them, d) What commonalities draw you to them, e) What can you learn from this about your spiritual beliefs and who you are?
Assessing the client’s theory or model of change (assessment and intervention)

1) **ACTIVITY**: What is your model of change? What does it take for people to change? What are you going to have to do to change those things in your life for which you have sought help? What would you tell your little sister about how change works if she were in your spot?

SHARE

1) We want to join them and their model of change and then we might be able to quietly fill in any missing pieces.

2) **INTERVENTION**: Ask them about their model of change & tell them that’s what the two of you are going to be doing together: joining their wisdom and help.
Assessing reasons for recovery
(assessment and intervention)

1) “REASONS” are powerful in our lives
2) READ/QUOTE: “When we don’t understand the why, the what and the how become meaningless, lose power, get cloudy, and are forgotten. When we remember the why, the what and the how quickly becomes clear”
3) ASK/ACTIVITY/SHARING: Why did you come to this training today?
4) ASK/ACTIVITY/SHARE: Why did you begin & why do you continue to do the work of helping those who suffer so?
5) STORIES MEB: a) Help others avoid what I experienced and caused for others, b) Survival trip and aftermath “you’ve got to help the young people”
6) Assessing leads to helping clients find and remember reasons for recovery
Assessing the clients model of self worth (assessment and intervention)

1) Briefly review the Western Cultural and ED Model of self worth: a) appearance, b) Achievement, and c) Approval

2) ACTIVITY/ASK: What is your model of self worth? How do you know if you are alright – or even wonderful? How do you know if you are enough or good enough? What is your criterion? What is your way of knowing?

SHARE

3) INTERVENTION/CONSIDERATION: If your model were more internal than external, then what might it be? If you were helping your little sister understand how to know – what would you tell her?
Assessing the client’s sense of self, self worth, and identity (assessment and intervention)

1) ACTIVITY/SHARE: If you could change only one thing in the world today, what would you change?

2) If you had only 72 hours to live beginning now, what would you do?

3) ACTIVITY/SHARE: Share one of your highest hopes, deepest desires, or important dreams

4) ACTIVITY/SHARE: What do you know about the meaning and purpose of your life?

5) ACTIVITY/ASK: What do the above answers tell you about who you are – your spiritual identity?

6) ASK: What do the above answers tell you about who you are - your spiritual identity?

7) HANDOUT/PAPER: Assessment beyond assessment - questions of deeper assessment

ACTIVITY: Choose one, discuss SHARE partner
Assessing the clients strengths, gifts, and offerings (assessment and intervention)

1) Assessing “What do I have to offer?”

2) Research (Berrett, 1986) in Social Support: When it comes to a sense of self worth, what youth understand about what they have give (offer) in support is even more important than the support they feel they are receive.

3) HANDOUT/PAPER: Social Support Model (MEB) on what I have to offer

ACTIVITY: complete worksheet, discuss, SHARE
Treating trauma: general suggestions

- “Trauma is stored in the primitive part of the brain and you can’t talk your way out of it”
- “Yoga is more effective that any medication for treating trauma”
- “Dancing and movement have been very healing for many”
- “EMDR: The way you hold your body predicates what you can feel”
- Sensorimotor therapies are important
Treating trauma: general suggestions cont...

- “While the body is frozen or rigid – it is incapable of feeling a different emotion”
- “If you sit up and put your head up – you can change the way you feel”
- “Mindfulness is good when it is focused on self care”
- “EMDR sets up a new neural pathway in the brain”
- “neuro-feedback is a treatment of choice for severe dissociation and severe flashbacks”
- “Yoga is good for the treatment of trauma”
- “In therapy, put your voyeuristic tendencies on hold and think – who am I doing this for”

- Bessel Vander-Kolk MD (2015)

Separating the adult self from the abused child can be very helpful to help the client find self compassion
Research review: treatment suggestions for healing from ED & trauma and finding self again

- Stein & et al (2012) “Identity Intervention Programme (IIP), and... and supportive psychotherapy were equally effective in reducing eating disorder symptoms. The IIP was more effective in fostering development of positive self schemas, and the increase was stable over time”
- Stein & et al (2012) “A cognitive behavioral intervention that focuses on increasing the number of positive self-schemas may be central to improving emotional health in women with anorexia nervosa and bulimia nervosa”
- Stein & Corte (2007) “The development of new positive selves may be an important factor in recovery”
• Demidenko & et al (2010) suggest: 1) Therapy with an interpersonal and attachment focus may prove beneficial for eating disordered individuals with attachment, self-concept, and identity issues 2) A dual focus on self-concept and identity differentiation, 3) Identifying, experiencing, and expressing negative affects associated with self-criticism, 4) Reducing unrealistically high standards and accompanying self-criticism, 5) Improving interpersonal connectedness in order to indirectly promote healthy interdependence, 6) Emphasizing developing interpersonal boundaries
Tagay & et al (2014) Traumatized eating disorder individuals may benefit from a focus on personal resources such as (SOC), social support, and self-efficacy
Dismantling false identity and the building of self: treatment pathways and interventions

1) Understanding and addressing core components of identity
2) Truthful self image: telling the truth and your story
3) Giving and receiving the good gifts of love
4) Placing responsibility: replacing false guilt and self blame
5) Ending the cycle of self judgment
6) Overcoming feelings of powerlessness and helplessness
7) Seeking the therapeutic mirror which reflects spiritual identity
8) Nurture spiritual strengths & the transcendent relationship
9) Listen to and follow the heart
10) Principled Living
11) Make your journey an upward striving
12) Mindfulness and spiritual mindedness
13) The healing power of nature and it’s solitude and sanctuary

adapted from: spiritual pathways to recovery by Berrett, Hardman, Richards (2010)
Conceptualizing and strengthening spiritual identity through core component intervention

- **THE NINE P’S OF PERSONHOOD**

  1) **PHYSICAL SELF** - body, life vehicle, gender, gender identification, sexuality, genetics, ability to move and do, competencies (hike)
     EXAMPLES: body type, explore DNA heritage tests, family illness Hx

  2) **PROGENITORS** – biological and adoptive caretakers and ancestors (physical and spiritual)
     EXAMPLES: what they gave you want - don’t want, keep –not keep, assignments to spend time with progenitors with questions

  3) **PERSONALITY** – (temperament) accepting pluses and minuses
     EXAMPLES: objective tests, ask for group feedback, self description

  4) **PASSION** - find it and live it
     EXAMPLE: “what’s in your closet ?” JS, What do you get excited about ? What makes you want to get out of bed in the morning ? Design the doing of more of it !

  5) **PURPOSE** - meaning, calling, want most to accomplish, tied to dreams
     EXAMPLE: Just start with and stick with what you DO know, What do you know deep in your heart you were meant to do ?
Conceptualizing and strengthening spiritual identity through core component intervention

6) PERSPECTIVES – passion and purpose guide our viewpoint, opinion, beliefs,
EXAMPLES: DECLARATION, STORY: dhb family reunion political line

7) PRIORITIES - passion and purpose become our priorities
EXAMPLES: examine priorities vs. time, effort, decisions and realignment

8) PRINCIPLES - come from who we are, how we live, character, and create who we will be, our striving
EXAMPLES: top 5 principles you live by? Why those important to you?

9) POTENTIAL - who we can become (integrity is conscious becoming)
EXAMPLE: What do you want the unwritten eulogy to be?
   - M Berrett adapted from R. Allen
Reclaiming a real and truthful self image

1) Help clients recapture the innocence, good intention, tenderness, kindness, goodness – “the truth” about them as a younger child

2) Photographs in session, imagery and “being with” the child, bringing children into therapy, and having the client spend time with children can help in this

3) EXAMPLE: MEB our children in group

4) Help the client feel or learn to feel compassion for the child in their hurt, pain, fear, and suffering

INTERVENTION: letters, empty chair, imagery
For theistic clients:

1) Have clients consider, imagine, experience what God might think or feel about the innocence and goodness of an abused child.

2) Have client’s read writings from their spiritual or religious tradition about God’s view and feelings about children and others suffering abuse, neglect, illness, and other adversities of life.

3) Have clients consider who God is, the nature and character, and the possibility of loving kindness and compassion.

4) Encourage theistic clients to notice providence, positive experience, blessings, miracles, or the “hand of God” in their life.
5) Help them differentiate between appropriate guilt and inappropriate guilt and shame, worthiness, and deservingness
   BOOK: Shame and Grace, Lewis Smedes

6) Help them differentiate between feelings of inappropriate guilt and powerlessness and helplessness (We would rather feel guilt than powerlessness because it gives illusion of a pathway to change it by doing or being different)

7) ASK CLIENT: What if we shifted focus to powerlessness to change past and acceptance versus guilt?
1) Being responsible to you means that you tell the truth and you tell the truth about your story: “This is what happened”

2) Teach clients that healing comes from telling the truth to themselves and trusted others about their traumatic story

3) Clients need to learn to tell the truth to themselves about the choices they have in their lives now even when they are frightened to do so

4) Clinicians can help by creating an environment and relationship where patients feel loved, accepted, safe and secure

5) Clinicians can clarify their expectations and reasons for expectations of honesty in the therapeutic relationship

6) The Clinicians can pledge and commit their honesty in relationship with the client. “I will never lie to you”

7) Teach that Honesty is not about perfection, but rather, about self correction. When we notice anything less than honesty from ourselves and correct it quickly – then we are living an honest life
8) Telling the truth out loud now allows us to create boundaries in relationships, which is self respectful and empowering.

9) Telling the truth about trauma increases a sense of empowerment and a bolstering of self worth and identity because it is an act of liberation from the their own avoidance, and a step away from fear of perpetrator, and away from the dishonest world of the perpetrator.

10) Telling the truth always makes things more clear. Clients need to see themselves clearly and truthfully to have a good sense of their great worth and the grandness of their identity.
Giving self a kind gift: recognition of positive truths about self

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

- THERAPY INTERVENTION
- STORY/ PAPER: patients to fellow pilgrims
- DO-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 moment, and the person, where you touched and influenced a special persons life for the better – parent, child, client, student, friend - Look at them in the eyes, and beyond - into their heart, and hear and receive their message of gratitude for what you have done for them
- MUSIC:
Sudden Inspiration
Improving sense of self worth and identity by letting love in

1) Help the client separate love from approval, sex, and from abuse
2) Become comfortable with talking about love and help the client do the same
3) Help the client recognize and label love
   STORY: MEB & client “that was love”
4) Help the client become comfortable with the idea of giving and receiving love
5) Help the client recognizes primary sources of love: self, spiritual source, others
6) Hold up the mirror for clients by asking them to explore our prompts noticing what might have been or might be love in their lives (use tentativeness in this work “seems like love to me...but what was that for you ?) 

7) Help clients be their own mirror: to notice, and document it, and express gratitude for love they have received in their lives 

8) PICTURE: kneel down, drink from the pothole, and see ourselves at the same time. Double nourishment !
Improving sense of self worth and identity by giving your gift of love

1) When we give away our gift of love – we defy the belief that we have an “unworthy or shabby gift” to give
2) Teach them that they have much to give
   ALREADY DID ACTIVITY/HANDOUT: social support – what I have to offer
   3) Teach clients to give without “holding back” go for it!
      EXAMPLE: ceremonial experiential group rules
1) Hold up the mirror for clients to show them when we see them giving of love to others and the impact of that
2) Help clients become their own mirror by learning to notice and write down moments when the were loving, gave their gift, and the impact of it
Improving sense of self worth and identity by giving and receiving gifts of love

INTERVENTIONS: 1) have clients write down end of day when the noticed being loved, 2) group – love and tissues, 3) group – thank you I know, 4) You love those you serve assignments, 5) group – why and how and why I resist or reject love, 6) journaling or milling “something I am proud of myself about today is...,” 7) theistic clients – ask for specific help in prayer, 8) ask someone to do something for you assignment

ACTIVITY: “One thing I’m really proud of myself about right now is....” SHARE

DID ALREADY ACTIVITY/PAPER/IMAGERY: time, place, person in which you had a positive impact
“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.”

- Jack Kornfield from A Path with Heart
Receiving and giving good gifts of love: suggestions

1. Teach clients to directly and clearly ask for the gifts and support they need from others
2. Teach clients to give love to self through consistent attentiveness to needs and affirming, reassuring, and kind messages to themselves
3. Help clients notice and depart from their methods of refusing love in their lives
4. Help clients express their love for others more vulnerably and more fully
Deepening the gifts of loving relationships in your life

1) QUOTE: “If you want to make a friend for a lifetime, ask someone to do something for you”

2) STORY/ PAPER: “The boy and the rock”

3) Deepen connections with Johari window: emotional intimacy via feedback and self disclosure: vulnerability with failures, successes, fears, passions, purpose, dreams

4) EXAMPLE: Dear Ashley – book – Don Blackwell

5) Deepen connections by creating structured events which create opportunity for it

6) EXAMPLE: Daddy daughter dance – multiple family group

7) EXAMPLE: MEB Christmas/Holiday gratitude sharing meeting
Receiving and giving good gifts of love

1) ACTIVITY/ REFLECTION: How do you resist love? Refusal to ask for help, trashing compliments, turning down offers for help with “I got it”

2) QUESTION: What do you need to change now in your resistance of live in your life? SHARE

3) MUSIC: A true love story: Michael and Susan
I Can Hold On
When you love another person, you see the face of God

- Victor Hugo
Reclaiming self by replacing self blame and shame with understanding and responsibility

1) Help the client with trauma differentiate between what belongs to them as a victim and what belongs to the perpetrator of trauma (i.e. ASK what were their choices, and what were your choices? What do you think of how they responded to their choices, and how you responded to your choices?)

2) Help them know they don’t have to take responsibility for those things which do not belong to them

3) Point out and help them overcome tendencies for self blame, shame, false guilt, and self judgment

4) Help them see their options and their choices without self judgment, but with curiosity, awe, and understanding
Reclaiming self by replacing self blame and shame with understanding and responsibility

5) Help clients re-define and re-assign responsibility by looking honestly at choices made without attaching judgment, but with the option of understanding and compassion

6) help clients remember, learn, understand, honor, and appreciate what they did to cope with trauma looking in the past and present

7) Help clients explore, learn, and practice new choices for coping in the present and future
5) Teach that “giving responsibility” is an issue of appropriate boundaries
6) Teach that responsibility and blame are not the same. Blame brings with it judgment
7) Help clients learn to recognize, honor, and appreciate what they did to survive, deal with, and heal from trauma early on
8) Help clients explore new choices in the present
9) Teach 2 levels of responsibility: 1) “it was I...” and 2) I will change
10) Help clients recognize and accept their good intent in their less than healthy behaviors which helped them survive, cope, and move ahead
11) Help clients take ownership and acceptance of feelings, without judgment, as a mainstay of psychotherapy
12) ACTIVITY: group/pair: “can’t vs. won’t” “want vs. need” “have to vs. want to”
13) INTERVENTION: group/pair: “I take responsibility for ... and I give you responsibility for...”
1) Endless self judgment chips away at a sense of self worth and spiritual identity

2) Self judgment for the thoughts and feelings we have keeps us isolated and leads to us to avoid rather than embrace feelings. This is a disconnect from self

3) Help clients understand that they can be responsible without self judgment or self blame

4) Responsibility without self judgment closes the door for self contempt and opens the door for self compassion

5) Non-theistic clients can live without having a judge. Theistic clients can step back and allow God to be the judge of themselves rather than them
6) Help the client “walk in their own shoes” for a moment: ASK “In that moment – what were you thinking, wanting, hoping for, trying to do?”

7) Help clients thwart self judgment in increase self compassion by seeking to find “intention” which most often will be “good intent”

8) Help clients replace self judgment with the intention to learn from experience and with the idea of self correction. We “learn, self correct, and move on.”
1) Remember, human beings would rather feel guilt than powerlessness due to the illusion of control created by false guilt and the potential of changing the unchangeable.

2) Help patients learn to talk about feelings of helplessness and powerlessness. This focus will replace many feelings of false guilt.

3) Help client explore the realities of limits on control and focus on the things they can control versus the things they cannot control. SERENITY PRAYER.

4) Explore client the 12 step counsel to “Let go and let God” or simply let go and “let it be” Paul Mcartney.

5) ACTIVITY: What would you say: “Let go and let...” SHARE.

6) ACTIVITY/MUSIC: song “hand it over.”
Reclaiming a sense of self amidst feelings of powerlessness and helplessness cont...

7) Help clients explore the idea of “impact or influence” versus control, fix, save, micromanage

8) Help clients examine how perfectionism can rob one of sense of worth and identity and move the internal sense of self into the external realm of attempts to control outcomes

9) Help clients learn the value of “engagement”

10) Power comes from not knowing what will happen, but knowing what we will do no matter what happens feel the fear and do it anyway (S. Jeffers)

11) STORY/SLIDE: Patch Adams on engagement
Power can be found in making a stand, having a voice, standing up, and making declarations.

EXAMPLE: Standing on a chair and yelling out window in therapy.

EXAMPLE: We do hard things reunion.

EXAMPLE/STORY: on the line activity (Obama vs. Mitt).
We do hard things! You can do it!
Holding up another internal mirror of spiritual identity: the committee

17) MUSIC: “If You Believe”
18) DO-ACTIVITY / PAPER/ IMAGERY: The Committee (G Weaver)
   - As the MUSIC BEGINS I would like you to – I invite you to
   - Go to a safe place inside
   - Join and connect with a few of those who truly have your best interest at heart
   - Experience what each feels about and towards you
   - Experience what they see in you and know about who you are
   - Experience what you mean to them, and what they mean to you
   - Listen as they tell you what they want –not from you- but for you
   - Listen as they share their highest hopes for you
   - Listen as they give you guidance on what you need to do to best care for yourself and those you love
   - Tell them what is in your heart for them
   - Listen to what they have in their heart for you
Music placeholder: if you believe
Nurture spiritual individuation, exploration, strengths, and the transcendent relationship

Six spiritual strengths to be nurtured and which provide protection in adolescence and throughout life

1) A child’s spiritual compass: trustworthy and good for life (listen to heart)
2) Children are hardwired to hold family sacred and sustaining (commitment to family)
3) Spiritual community gives your child an expanded family of kindred spirits (sustaining unconditional love)
4) Spiritual multilingualism is your child’s passport (understanding universal goodness and unity)
5) Spiritual agency empowers children to create a culture of love (making choices daily that exercise beliefs and empower)
6) Transcendent knowing: dreams, mystical or spiritual experiences, other ways of knowing

- Lisa Miller, the Spiritual Child, 2015
“Mindful teens and religiously observant teens both were equally spiritual, equally connected with the transcendent relationship, felt a sense of spiritual discovery, and felt daily spiritual experience. The teens represented two different ways of arriving into personal spirituality. They both got these in equal measure”

“Beyond psychotherapy we can encourage spiritual engagement through contemplative practices, involvement in a spiritual community, community service, and open conversations about the moral issues and spiritual struggles that arise in everyday life for teens” (ask the questions and have the discussions)

- Lisa Miller, The Spiritual Child
Listening to and following the heart
“One sees clearly only with the heart. Anything essential is invisible to the eyes.”

- Antoine de Sainte-Exupery
  The Little Prince
Listening to and following heart (cont...)

1) Heart – symbol of love, light, life since beginning of humankind
2) Heart impacts decisions directly in influence on the brain (McCraty, et, al)
3) Thoughts, feelings, and heart are real yet different
4) Heart is something deeper – connected to deepest desires and truth
5) To each – individual interpretation: sensibility, sensitivity, real me, true self, wizard within, UC mind, intuition, inspiration, best self, God talking to me, attunement with the universe
Listening to and following the heart: guidelines and interventions

1) Directly teach clients the concept of listening to and following the heart
2) Adapt the language of “listening to the heart” to the spiritual framework of the individual client
3) Consider asking theistic clients to look for God’s hand in their lives
4) Consider asking non-theistic clients to look for providence and miracles in their lives
5) Teach them how to know if the message is from the heart
6) Encourage “quiet times” or “solos” and proper use of such opportunities to access heart
7) Encourage “writings of my heart” journal
Listening to and following the heart (cont...)
8) DO-ACTIVITY: First, sharing thoughts and feelings today, then, a little deeper: hand on heart, breathing, reflection, introspection, find what know in heart to be true, message from the heart to remember and follow, Understanding that transcends thoughts and feelings SHARE

9) MUSIC

10) ASSIGNMENT: Each night – write among other journal entries – impressions, messages from the heart to be honored and, embraced, followed
Music placeholder: if you believe
Principled living: clinical guidelines and interventions

1) Help clients notice their courage and bravery in living in harmony with their heartfelt convictions

2) In the striving for principled living, help clients learn the value of “self correction” versus the damaging impact of self judgment

3) Help clients once again make commitments and promises to self, higher power, and important others to increase motivation and progress by helping them use their integrity in their favor and in the process of recovery

4) Help patients examine this query: “What will it mean for me to be true to my heart?”
Integrity: a core principle of spiritual identity

1) The client’s integrity is important because it helps them learn to trust themselves again
2) Those who have been abused have a need to learn to trust others and to learn to trust themselves
3) Our integrity helps our clients in their desire to trust us
4) Clients are greatly benefitted when we are willing and do those things we expect and ask of our clients
5) Congruence, integrity, and example are woven together
6) Our example is our most powerful intervention we have
7) STORY/ PAPER: “The Wooden Dish,” Leo Tolstoy
Make your journey an “upward striving:” live up to your potential

1) The problem of ED becoming identity: “At least I have this…” Don’t settle for the consolation prize

2) QUOTE: “What I do today is important because I am trading one day of my life for it”

3) Live with congruence, honesty and integrity with an upward striving. This is the power to change and grow

4) Striving includes making commitments and promises to self and others

5) STORY: Power of promise: Frodo and Sam
Make your journey an upward striving (cont...)

6) **QUOTE: James Branch Cabell**
   “While it is well enough to leave foot prints on the sands of time, it is even more important to make sure they point in a commendable direction”

7) **QUOTE: George Elliot**
   “It is never too late to become who you might have been”

8) **QUOTE: “Growth may happen best not with incessant raising of a bar which is too high to reach, but rather, with the methodical witnessing of the good things we have done, and the good people that we are” MEB**

9) **DID TELL STORY: MEB – marathon, hot seat, beginning of voice/speaking. An upward striving (speaking)**
1) ACTIVITY/REFLECTION:
2) What would it/does it mean in your life to take the “high road?”
3) When have you taken the lower path and what were the consequences, and what did you learn?
4) When have you taken the higher pathway and what were the consequences and what did you learn?
5) SHARE
Mindfulness and spiritual mindedness
Mindfulness and spiritual mindedness: principles and interventions

1) Mindfulness is “the moment to moment non-judgmental awareness that is cultivated by paying attention” – JK Zinn

2) Attending leads to awareness and awareness leads to clarity and discernment, which decreases emotional reactivity

3) Spiritual mindedness is attending to and awareness of those things spiritual

4) Listening to and following the heart is one primary activity connected to spiritual mindedness

5) Help clients understand how pondering, meditating, reflecting, and praying are all practices that can promote both mindfulness and spiritual mindedness

6) Ask clients to write impressions of the heart in addition to writing feelings and thoughts in their journal, to learn to differentiate heart from thoughts or feelings
A mindful moment can be a deliberate attentiveness and awareness of the beautiful which influences spiritual harmony

1) Mindfulness, neuro-feedback, meditation are healing treatments for trauma and eating disorders

2) Stop and smell the roses

3) Take time for the beautiful: art, music, dance, story, written word, architecture, nature, wilderness, the human form
   - STORY/ PAPER: “The Violin”-we can miss it!
   - ART & NATURE: Be with it
   - ACTIVITY: Listen to a beautiful song
   - MUSIC/SLIDE
music placeholder: if you believe
The healing power of nature and it’s solitude and sanctuary

1) In nature we can become humble – in awe of beauty, greatness, grandness which transcends our own ego

2) In nature we escape the past pace of technology, external pressures of achievement and approval, and we leave behind our tools of distraction and busyness, which can separate us from the “important.” We enter a world of peace, quiet, solitude, and sanctuary in which we might ponder purpose, imperatives, relationships, gratitude, and become more acquainted with self, and we often can find needed healing

3) Nature is a place of healing for so many. Why don’t we spend more time there?

4) EXAMPLE: Client: “Nature is my spirituality” “When is the last time...”

5) QUOTE: “God speaks to us in moments of silence” – Mother Teresa
Music placeholder: inspiration
Places to start in building a truthful and positive sense of self-worth

1) HANDOUT: Self Worth
2) Be willing to be wrong about how worthless you think you are.
3) Start with the openness that “maybe” I am not as bad or worthless as I think I am.
4) Seek to see some of your identity and worth in the mirror of the faces of those who you know love you, care about you, know you well, and have your best interest in their heart.
5) Learn to become your own mirror and witness of your beauty, your wonder, your magnificent worth, and your goodness.
5) Learn to look for and notice the good things about you. The things you feel good about, the things you are proud of.

6) The Good Things: find them, tell the truth about them, document them in your journal, and read these journal entries often.

7) Treat yourself “as if” you are worth every-thing, until you know that you are worth everything.

8) Learn to leave behind the damaging external criterion for self-worth as sold in our modern Western Culture Marketplace.
9) Learn to look for internal evidences of self-worth including: talents, gifts, hard work, effort, deepest desires, principles, character, love, engagement, and the intentions of one’s heart.

10) Learn to listen, understand, and then follow your own heart, and understand that it is linked to self-identity and self-worth.

11) Set reasonable and modest goals, and then take small steps towards your goals.

12) Strive to live a life of congruence and integrity so that you can say to yourself “I strived to live the way I believe I need and want to live today.”
Places to start in building a truthful and positive sense of identity and worth cont...

13) Learn to self-correct when you make a mistake, rather than becoming a harsh judge and jury.

14) Ponder the truth that we are the artistry of the Creator, and a person of great beauty both inside and out.

15) Remember that a sense of identity and worth is both psychological and spiritual. Embrace your spirituality, honor your spiritual beliefs.

16) Remember that love of self and of others is the most powerful healing force available. Take steps to receive and give love in your life.
Last Interventions

- **HANDOUT/ACTIVITY:** Flower exercise – Kim Lampson-Reiff SHARE
- **Watch with your client the video:** The Butterfly Circus”
- This inspired piece of art helps describe what cannot be put into words – the incomparable worth of a human soul and their grand and immovable value, and their identity
Video placeholder: the butterfly circus
1) What did you feel towards others? SHARE
2) What did you feel towards yourself? SHARE
3) What did you learn about others? SHARE
4) What did you learn about yourself? SHARE
5) If you refused to make yourself the exception – what would you know? SHARE
6) The opportunity and task is not to change reality – which you cannot, rather, you can change how you feel, and you can change what you understand
7) We don’t force feelings or understandings, but we start with “allowing,” “maybe’s,” willingness, and opening the door
8) Are you willing to leave the door cracked open?
9) Make that commitment to yourself now, out loud? SHARE
Sincere thanks...

heartfelt gratitude to each and every one of you for being a part of this workshop today. I sincerely hope you received at least one thing of value for you, your family, or your clients.
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