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The Role of Spirituality in Treatment and Recovery from Eating Disorders

Carrie Caoili

A dissertation submitted to the faculty of  
Brigham Young University  
in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

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## ABSTRACT

### The Role of Spirituality in Treatment and Recovery from Eating Disorders

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Doctor of Philosophy

This study explored the use of spiritual counseling with patients with eating disorders (ED), with the goal of better understanding the relationship between spirituality and patient recovery. The researcher wanted to gain insight into how patients' spiritual practices and experiences may influence treatment processes and outcomes in eating disorder recovery. The researcher collected interview data at the Center for Change, a patient treatment center for women with eating disorders. Open-ended survey questions from forty seven respondents from a diverse range of clients with different religious and ethnic backgrounds, living in different national regions were qualitatively analyzed. The researcher also followed up with twelve of the women for in-depth interviews. Qualitative data analysis methods were used in an effort to extract patterns and themes from the interview transcripts.

It was discovered that some patients did believe that spirituality played a large role in their treatment and recovery. There was a small minority who believed that spirituality and religion should be left out of treatment and recovery. Some of the participants believed that spiritual practices, interventions and experiences do facilitate eating disorder treatment and recovery. Among the spiritual components that helped were praying, spiritual meditation, and connection with nature. Some participants also suggested that religion and spirituality were intertwined with eating disorder etiology, citing that their experience of perfectionism related to their religious and spiritual community in which they felt the need to be thin. Some also suggested that religious fasting fed into their eating disorder mentality. Findings also suggested that eating disorders can undermine religion and spirituality. Some participants suggested that the eating disorders became their religion. Some participants suggested that their eating disorder may have been fueled by a single or ongoing religious experience or activity where bullying took place. Others believed that religion and spirituality negatively impacted treatment and recovery.

The majority of participants believed that religion and spirituality had a positive impact on their healing. When used appropriately religion and spirituality in connection with eating disorder treatment and recovery can have a profound effect.

Keywords: spirituality, eating disorders, counseling, psychology, therapy, religion

## ACKNOWLEDGEMENTS

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I will never forget the interview day. The kindness and connection that I experienced here matched no other. Lane and Marleen, you both embraced me and made me feel like I belonged before I was even accepted. AJ, your comment about an ice cream social replacing a trip with the graduate students to the bar was priceless and brings a smile to my face to this day. Steve our countless trips to the reservation, the skunk ape, and deer on the road dead or alive greatly impacted my life and my view of the price of education at BYU. Scott, your endless guidance and patience were exactly what I needed to pull through. You have all believed in me and supported me through so much. Also, a huge thank you to Derek and Kawika for jumping on board. I wouldn't have been able to defend without you.

I would also like to thank all of my friends for their love and support and for standing by me even in times when I have had to put school before them. I want to give a special thanks to my wonderful cohort and all the other PhD/Master students for their empathy and understanding throughout this process. I also have to thank my mother for listening to my endless phone calls and being my rock. I want to thank my father for his silent support and admiration. I am truly grateful for my sister and brother. Not only are they my siblings, but they have proven time and again to be my best friends. To Leo, my wonderful husband, my soulmate, and up buddy I don't think you will ever know what you have done for me and my life, for you I am truly blessed. And last but not least, Fletcher you stole my heart the moment you came into this world and I thank

God every day for his precious gift. I love you all, and one day when I am president I will have you to thank for your tremendous guidance and wisdom.

May God bless us and keep us.

## TABLE OF CONTENTS

TITLE PAGE .....	i
ABSTRACT .....	ii
ACKNOWLEDGEMENTS .....	iii
TABLE OF CONTENTS.....	v
DESCRIPTION OF DISSERTATION STRUCTURE .....	viii
Background.....	1
Statement of Problem.....	5
Statement of Purpose .....	5
Research Questions.....	6
Methods.....	6
Overview of Grounded Theory.....	6
Procedure .....	8
Center for Change.....	9
Questionnaire .....	11
Informed Consent.....	12
Participants.....	12
Interview .....	13
Themes Analysis and Theory.....	14
Auditing .....	15
Foundational Research.....	15
Results.....	16
Themes for Research Question 1 .....	17

Positive experiences.....	17
Neutral experiences.....	19
Unhelpful experiences .....	23
Themes for Research Question 2 .....	25
Negative feelings or relationship towards God.....	25
Bullying from their religious community because of their ED.....	26
Church/ religion espousing perfectionism .....	26
Shame, guilt, or worthlessness because of religious views or values.....	27
Discussion.....	27
Discussion for Research Question 1 .....	28
Positive experience discussion.....	28
Neutral experience discussion.....	31
Unhelpful experience discussion .....	35
Discussion for Research Question 2 .....	37
Limitations .....	40
Implications for Future Research.....	41
Implications for Practitioners.....	41
Conclusions.....	43
References.....	45
APPENDIX A Literature Review .....	50
APPENDIX B Questionnaire/ Interview Questions .....	72
APPENDIX C Revised Themes.....	73
APPENDIX D Final Themes.....	74

APPENDIX E Informed Consent .....	75
APPENDIX F Definitions.....	78

## DESCRIPTION OF DISSERTATION STRUCTURE

This dissertation is written in a hybrid format that integrates current journal publication format with the traditional dissertation format. This dissertation includes updated university format requirements for submission. There are two reference lists in this dissertation. The first portion of the dissertation, a publication-ready journal article, has an associated reference section. Appendix A, an extended literature review also includes a reference section with citations specific to the literature review. Additional appendices contain the following content: Appendix B contains the questionnaire and interview questions utilized in this research study; Appendix C contains revised themes; Appendix D contains the research project's final themes; Appendix E contains the university's Institutional Review Board (IRB) approved informed consent; and Appendix F contains definitions relevant to this research study.

## Background

Whether or not he is called, God is present here... Carl Jung

From its beginnings, the field of psychology has taken an active stance against the involvement of religion in the field. Sigmund Freud's belief that, "the practice of religion or attention to the spiritual was a psychotic illusion" exerted a strong influence in the field of psychology (Turner, Center, & Kiser, 2004, p. 419). John Watson, the father of behavioral psychology, shared similar beliefs, which helped to increase the separation between religion/spirituality and psychology. Both Freud and Watson adopted principles that were largely antagonistic towards religion and spirituality. In fact, Watson (2007) believed that religion was "fear based and habitually learned" (p. 4). Such ideas still influence the field, and as a result, religion and spirituality continue to remain on the periphery of psychology.

B.F. Skinner (1987), a prominent behaviorist, was noted as saying that "current molecular theories of the origin of life seem to me more plausible than any of those said to have been revealed to us by a God" (p. 12). He went on to explain his thinking:

Scientists may someday construct groups of molecules that will reproduce themselves; and, if the molecules do so after undergoing variation, they could evolve into living things. I believe the human species is distinguished by one thing: through an extraordinary step in evolution, its vocal musculature came under operant control.  
(Skinner, 1987, p. 12)

Albert Ellis, another well-known behaviorist, also voiced many anti-religious sentiments. In highly publicized debates between Albert Ellis and Allen Bergin, Ellis (1980) argued that "religion, on the whole, is unhealthy and people would be better off to stop believing in such superstitions, especially the belief of any kind of certainty about God." Ellis took his point

further by suggesting that there is a great possibility that there is no God at all. Ellis believed that humans should not live their lives according to religious assumptions. Additionally, “probabilistic atheists, who constitute a large number of therapists, tend to believe that absolutistic thinking, inflexibility, and extreme religiosity can all be associated with emotional disturbance” (Ellis, 1980, p. 635).

The scientific method creates many complications for the union of psychology and religion/spirituality to be realized. The foremost problem with the scientific method in the human sciences is twofold: it leads researchers to distance themselves both from their objects of study and from the cultural and religious traditions that form them (Haque, 1996). Sadly, this has created a division between science and religion. Science has become mainstream, while religion and spirituality have become marginalized, viewed negatively because they are mythical and faith based. Throughout history, psychology has associated itself more closely with the former, creating a rift between itself and religion. Many people involved in this debate assert that scientific claims are subject to verification, whereas religious claims are subjective and cannot therefore be properly tested. Another common belief is that science is objective and clear, whereas religion is subjective and ambiguous (Haque, 1996).

Although there has historically been a strong divide between matters of psychology and spirituality, modern day psychologists are working hard to make changes in this regard. While such progress has been relatively gradual and slow, some remarkable advances regarding the connection between spirituality and psychology are being made. For example, “The *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (American Psychiatric Association [APA], 1994) includes a category—religious and spiritual problems—that focuses on problems, but separates spiritual issues from psychological problems for the first time” (Turner, Center, &

Kiser, 2004). Both the American Psychological Association and the American Counseling Association have begun to include religion and spirituality as an issue of diversity, requiring mental health professionals to understand the importance of religious and spiritual concerns when treating patients (Cheston, Piedmont, Eanes, & Lavin, 2003). Rose, Westfeld, and Ansley (2001) explored patients' feelings about the discussion of spiritual issues as well as patients' beliefs about the topic of spirituality in psychotherapy. Their study suggested that some patients believe that spiritual issues are important to discuss in therapy.

Bergin (1991) explored the issue and found that that 88% of therapists were interested in seeking spiritual understanding of one's place in the universe. Forty-four percent of the mental health professionals questioned actively associated with a religious affiliation. "We need to be honest and open about our views, collaborate with patients in setting goals that fit their needs, and then step aside to allow patients to exercise autonomy and face consequences" (Bergin, 1991). It seems that over time therapists are becoming more aware of the fact that religion/spirituality is something that their patients value, and therefore, they are becoming more open to discussing such matters in therapy.

By acknowledging that religion and spirituality are important factors in the lives of many individuals, counselors working with specific segments of the population have shown interest in determining how spirituality and religion can influence therapy. One set of psychologists that has shown particular interest in healing through spirituality and religion are those working with individuals with eating disorders. This interest has increased in part because the prevalence of eating disorders (ED) in Western nations has drastically risen, and sufferers have shown interest in finding treatment that is spiritually or religiously based. Currently, there are roughly five million Americans suffering with such disorders (Richards, Weinberger-Litman, Sarov, & Barret, 2011).

Eating disorders can be extremely complex and are often viewed as involving a variety of physical, psychological, spiritual, genetic and cultural issues (Richards et al., 2011). By looking at eating disorders from a spiritual perspective, it has been argued that traditional religious values have been replaced by the *religion of thinness* (Lelwica, 2010).

One aspect of eating disorders that seems specifically related to the spiritual is the feeling of disconnect from a higher power. Women suffering from eating disorders often feel distant and far removed from God's influence and love (Richards, 2010). Many feel unworthy, unlovable, and incapable. These individuals lose their ability to feel connected to family and friends. As their relationships with God, family, and friends deteriorate; they rely more exclusively on their eating disorder to cope with their pain and problems (Richards, Hardman, & Barrett, 2007).

Literature suggests that spirituality can be a source of healing during eating disorder treatment and recovery. It has been theorized that the pursuit of pathological thinness manifested in modern-day women with EDs represents a misguided quest to resolve spiritual hunger, or in other words, to satisfy unmet spiritual needs (Richards et al., 2007). Often times these individuals become so enveloped in the eating disorder that they withdraw from the people that could be their most valuable resource. The individual may pour energy into the eating disorder the way that they might place devotion in God or spirituality (Richards et al., 2011). If patients are substituting their eating disorder in place of an unmet spiritual need, spirituality may offer a valuable resource during eating disorder treatment.

Several questionnaire and interview studies with patients and former patients indicate that many women regard spirituality as a crucial resource in their treatment and recovery from EDs (Richards et al., 2011). A number of questionnaires conducted with individuals going through eating disorder treatment indicated that the most common write-in answers for what would be

helpful to treatment were pastoral counseling, praying, and faith (Mitchell, Erlander, Pyle, & Fletcher, 1989). In a questionnaire conducted by Richards et al. (2011), it was found that the use of spirituality in the treatment gave clients a purpose and helped them to find meaning in life. The study also found that it helped to increase a sense of self-worth. Furthermore, it helped with feelings of forgiveness toward the client and others. The use of spirituality also improved the participant's relationships with God, family and others.”

### **Statement of Problem**

The research that has been conducted thus far has furthered our understanding of the themes that emerge when working with eating disordered patients. Such studies provide a foundation for further research regarding themes related to eating disorders and treatment outcomes. However, more insight is needed into why and how spirituality may aid in patient recovery. The current research lacks sufficient data about the effects of spirituality and religion with diverse populations. Because the prevalence of eating disorders is growing rapidly, these insights could prove to be of great benefit for those seeking ways to appropriately deal with these disorders. The results of such research may not only prove useful on a national level, but on the international stage as well.

### **Statement of Purpose**

The purpose of this research study was to examine the role of spirituality in eating disorder etiology, treatment, and recovery. Specifically, I sought to understand whether religion and spirituality (or lack of spirituality), contributed to the development of eating disorders, and whether eating disorders undermine women's religious faith and spirituality. I explored the role of spiritual practices, interventions, and experiences in treatment and recovery for women with

eating disorders. Hopefully, the findings contribute to a richer understanding about the relationships between religion, spirituality, and eating disorders.

### **Research Questions**

The study addressed the following questions:

1. What are some of the perceptions patients have about the role spirituality played in their treatment and recovery? Do spiritual practices, interventions, and experiences facilitate eating disorder treatment and recovery?
2. Are religion and spirituality intertwined with eating disorder etiology? That is, do patients with eating disorders believe that religion and spirituality undermine, and/or contribute to the development of eating disorders?

### **Methods**

The following are the methods that were used to collect the data needed for the study. The data were then used to formulate themes and answer the research questions.

This study used qualitative research methods for data collection and data analysis. Data collection and analysis generally followed principles of Grounded Theory (Lincoln & Guba, 1985; Strauss & Corbin, 1998), a framework that outlines methods for discovering important themes and linking the themes into models or theories.

### **Overview of Grounded Theory**

Grounded Theory is a research paradigm that focuses on creating new theory or expanding and elaborating upon existing theories (Lincoln & Guba, 1985; Strauss & Corbin, 1998). This approach is not intended to test theories. In brief, the theory-building process inherent in Grounded Theory methods involves “conceiving or intuiting ideas...and formulating them into a logical, systematic, and explanatory scheme.” (Strauss & Corbin,

1998, p. 21). The process entails the interplay of collecting data, developing concepts, and suggesting relationships between concepts. Central to this methodological framework is the idea that theories should be tied closely (i.e., “grounded”) to the actual data rather than unchecked to the assumptions and loose interpretations of researchers.

Two major advocating groups of Grounded Theory present approaches that share similarities but that also diverge from each other in important ways. Strauss and Corbin (1998) present a detailed and rigorous analytic method that emphasizes deductive processes for identifying themes and theory. Lincoln and Guba (1985) present a more artful analytic method that emphasizes researchers’ intuitive capacities to interpret meaningful themes and theory. The former group seems focused on “discovering” the “right” or agreed upon themes, while the latter group appears to be more comfortable with believing they “create” theory by making interpretations based on data.

In the present study, Grounded Theory coding methods as described by Lincoln and Guba (1985) were generally followed. Lincoln and Guba (1985) emphasized the role of interpretation of data in Grounded Theory analyses. Theorizing involves developing deep understanding of persons without maintaining that a particular study has discovered the only “truth” for the persons. Lincoln and Guba (1985) advocate for an inductive rather than deductive analytic approach that allows for multiple interpretive possibilities. More flexible and open than the approach of Strauss and Corbin (1998), they suggest that tacit or intuitive knowledge of the researcher should shape data interpretation. The grounded theory researcher is viewed as “instrument” who should be both creative and systematic by being open to data while thinking conceptually and flexibly. The units of data upon which grounded theory is ultimately based may emerge because of the investigator’s implicit apprehension of their importance rather than

because a specific theoretical formulation brought them into focus. Admitting tacit knowledge not only widens the investigator's ability to apprehend and adjust to phenomena-in-context, it also enables the emergence of theory that could not otherwise have been articulated (p. 208).

### **Procedure**

In the study, subjects were selected through a careful screening process conducted by the staff at the Center for Change (CFC) (full description of CFC below) with help and input from the researchers. The participants were recruited through contact by the Center for Change. Each participant received, via email, a questionnaire about the role of spirituality in treatment and recovery. They were asked a series of seven questions about the role of spirituality in their lives and in treatment and recovery. The Brigham Young University (BYU) Institutional Review Board (IRB) office approved a proposal that was sent to them by the researcher. The researchers also requested permission from the administrative heads at the Center for Change to conduct the research at the facility. Once both parties gave approval, the researchers worked with the CFC staff to identify patients who had successfully completed or were close to successfully completing the program and for whom spirituality had an influence in their recovery. (However, it should be noted that during the interview some women did reveal that they were still struggling with and had not fully recovered from their eating disorder.) Individuals were given a brief questionnaire. As mentioned above, these individuals completed the questionnaire and were asked to participate in a follow up interview that was approximately 30-90 minutes in length to give the researcher a deeper understanding about the role that religion and spirituality played in relation to their eating disorder. Twelve women agreed to be interviewed by telephone.

## **Center for Change**

The following information is summarized from the Center for Change website (<http://centerforchange.com/>). Center for Change is an eating disorder treatment Center that specializes in the treatment of Anorexia, Bulimia and Binge Eating Disorders. The center has been treating patients since 1994. The Center focuses directly on recovery for adolescents and adults. The center uses a multimodal approach addressing many issues including: major depression, the panic and anxiety disorders, sexual abuse, trauma issues, family problems, substance abuse, educational and academic struggles, relationship and social difficulties, and the psychiatric and medical needs.

According to the Center every patient is involved in the following therapeutic processes and activities throughout her treatment stay:

- Meets individually with a medical professional six (6) days/week during the Inpatient program, and weekly for Residential care;
- Meets individually with a Psychiatrist or APRN daily on Inpatient, weekly for RTC;
- Works individually with a clinical therapist four times every week for therapy during the Inpatient program and a minimum of two times a week for Residential care;
- Works individually with a certified dietitian twice a week;
- Works individually with registered nurses every day;
- Works individually and as a group in specialized therapy groups with highly trained professionals every day. These therapy groups include open process and theme-based treatment groups, social and relationship groups, DBT groups,

substance abuse groups, body image groups, life-skills groups, family groups, accountability groups, dietary groups, commitment and feedback groups, and educational groups;

- Adolescents work individually and in very small classes with certified teachers five days a week;
- Works individually and in groups in experiential therapies, classes, and activities including music therapy, dance and movement therapy, art therapy, sand tray, yoga, RIMBA and recreational therapies every day of the week;
- Works individually and as a group in 12-step and spirituality classes twice a week to address the non-denominational spiritual aspects of recovery;
- Works weekly in family therapy and is involved in an extended family week (offered monthly) at least once during her treatment stay;
- Works every day with an individual care tech and with a group of care techs who provide support, encouragement, and structure;
- Works on goal setting, community and feedback meetings three times a week;
- Is engaged in weekly service activities, as well as weekly leisure, experiential and recreational activities;
- Is engaged individually, as appropriate, in therapeutic exercise under the care of a trained dietitian/exercise specialist;
- Participates in outdoor recreational and experiential activities in the beautiful mountains and deserts of Utah;
- Participates in ropes courses and adventure outings.

The Center's offers a holistic approach to treating the mind, body and spirit. The program

is designed for women of various religious faiths or spiritual frameworks. It is non-denominational. The center strives to provide a safe environment for spiritual self-awareness, spiritual renewal, and spiritual support. The Center also focuses on dietary plans that are healthy and sustainable. They are committed to manageable goals, long term improvement and plans that fit every lifestyle.

### **Questionnaire**

In order to answer the study's questions, the researcher and her chair came up with a number of different questions for a questionnaire and follow up interviews based on the grounded theory approach. It was their theory that spirituality would have some kind of impact on different aspects of an eating disorder. Therefore, they developed open-ended more in-depth questions to test their hypothesis. The researchers believed that the questions that they formulated would offer a better more in-depth understanding of about whether there was an impact and what that impact looked like. The questionnaire questions consist of ten research questions that covered issues and concerns that might come up in treatment and recovery related to spirituality. The researcher's also asked the women to provide a history about their eating disorders, specifically related to when their eating disorder was the most severe from the beginning of recovery until the present day. The questionnaire questions were approved by BYU's IRB and the Center for Change and was distributed via email to women who had completed the Center for Change treatment program. The women who received the questionnaire were known to be in or mostly in recovery from their ED. Forty-seven women responded to the questionnaire. The questionnaire answers that the researchers received were a great foundation for follow up during the interview.

## **Informed Consent**

All of the women that participated were given an informed consent form, a confidentiality clause, were informed of any risk or benefits they might encounter, and were asked for demographic information. The patients were informed that they were under no obligation to complete the interview and could pull out at any time. The Brigham Young University IRB office approved a proposal that was sent to them by the researcher. The researchers also requested permission from the administrative heads at the Center for Change to conduct the research at the facility.

## **Participants**

The women in the study came from a number of different religions including: Latter Day Saints (21), Judaism (1), Christianity (5), Buddhist (1), Protestant (2), Methodist (1), Roman Catholic (2), Pentecostal (1), Episcopal (1), and Seventh Day Adventist (1). Several of the women who participated were Spiritual (but did not identify with a specific religion) (7) and some were not religious/Atheist (4). The age range for the group of women was 13- 60. The mean age of the women was 28. Forty-three of the participants were White. Four of the participants were multiracial (White/Asian, White/African American, White/Native American). The education level of these women ranged from some high school to an advanced graduate degree. The women lived across the United States with the majority concentrated in the Midwest. One participant was from Canada. The participants reported a range of eating disorders including Anorexia Nervosa, Bulimia Nervosa, Eating Disorder NOS, and Binge Eating Disorder.

The researcher/interviewer, Carrie, is currently in her last year as a student in the Counseling Psychology PHD program at Brigham Young University. She has had an interest in religion and spirituality and their impact on counseling for a number of years. She presented a

paper at the New Jersey Counseling Association on religion and spirituality in counseling during her master's program. Carrie has had a number of different experiences in the field of mental health including: career counseling, inpatient treatment, homeless outreach, and college counseling centers. The researcher has realized through her involvement with clients that spirituality is a topic that is often important in a person's life, but is often overlooked by counselors. Currently, the researcher is also completing her pre-doctoral internship at Georgia Institute of Technology and takes every opportunity to do outreaches and presentations related to the topic as well as to help interested clients explore the role of religion and spirituality in their own life journey.

### **Interview**

The primary researcher contacted the first questionnaire participants who expressed interest in participating in an interview. Twelve women from across the country participated in a qualitative interview. The religious affiliations of the woman interviewed were: Latter Day Saint (7), Jewish (1), Catholic (1), Seven Day Adventist (1), Spiritual (1), and Atheist (1). The interviewer asked the women to share their story as it specifically related to their eating disorder. She also followed up with the questions that were asked in the questionnaire (Appendix B). The interviewer asked the women if they would be able to go into further detail about the questions they answered in the questionnaire. The interviewer specifically focused on questions one, two, three, five, seven, and eight. The interviewer asked follow up questions when necessary. Some of the women questioned whether the interviewer wanted them to share both positive and negative experiences. The interviewer explained that they should share both positive and negative experiences. The interviews were conducted over the phone and recorded on an audio recorder.

The researcher used the questionnaires and interviews to formulate themes that reflected both the positive and negative effects religion and spirituality had in relation to the individual's onset, maintenance, treatment, and recovery from their eating disorder.

### **Themes Analysis and Theory**

The researcher completed the interviews over a two-month span. She sent the audio recordings of the interviews to her dissertation chair. The chair transported the drive to the Center for Change, where the Center's transcriber transcribed the interviews. There were 149 pages of interviews. Once the interviews were transcribed, the researcher went through the manuscripts to look for themes. The researchers used the Grounded Theory approach (Lincoln & Guba, 1985; Strauss and Corbin, 1994). The researcher started by asking two research questions. These questions lead to the theory that Spiritual may have some effect on different aspects of an eating disorder including: creation, maintenance, treatment, and recovery. The formulation of questions led to the researchers choosing a theoretical sampling, or an initial sample of people from the Center for Change to question and interview (Charmaz, 2014).

After receiving the first round of questionnaires the counselor analyzed then and began developing a theory about her initial questions. Through this analysis the researcher decided to conduct more in-depth interviews to develop a more holistic view of her theory. The researcher chose to interview 12 individuals from the initial sample. This is an average number for interview and often the time when a theory reaches saturation, meaning no new ideas are formed (Charmaz, 2014). The researcher used open coding with her initial questionnaire and axial coding to refine her themes when she had data from the questionnaires and interviews (Charmaz, 2014). The researcher used cut and paste to take quotations from the manuscripts and put them under their appropriate themes. Approximately, 70 percent of the interviews fit into themes and

were coded by the researcher. There was some overlap between themes. Also, there was a lot of overlap between the interviews and questionnaires. Therefore, the examiner did not code information that was redundant. Information that was irrelevant to the study was also not coded (e.g., off-topic comments).

### **Auditing**

After the examiner finished developing the themes, she sent them, via email, to her chair. He forwarded them to an undergraduate auditor. The auditor read the transcripts and online questionnaire responses to verify the trustworthiness of the themes. Some of his comments were very helpful. Other comments did not pertain to this specific study and were discarded. The researcher's original themes are listed in Appendix D. The edited themes are listed in Appendix C.

The auditor's themes were very similar to the researcher's themes. However, he did change some of the themes to make them more clear and concise. One of the things that the auditor suggested be added, but the researcher decided not to use was "the purpose of the disorder." Some of the women had a reason to fall victim to an eating disorder. However, most of the reasons were not directly related to the study or were incorporated separately. The other reference that the auditor chose to add to the end of some of the themes was the words "in recovery." After looking through the themes again, the researcher decided that there was no indication that these women were talking only about recovery and because of the nature of the research, both treatment and recovery needed to be covered.

### **Foundational Research**

In previous research conducted by Scott Richards at the Center for Change, respondents responded to a questionnaire about the role that faith and spirituality played in treatment and

recovery. It was found that faith and spirituality have a great impact on treatment and recovery. Some things that the respondents reported were that eating disorders undermined spirituality, recovery of spirituality helped recovery from ED, and treatment staff helped facility recovery (Richards et al., 2008). It was the goal to follow up with this study to gain richer insight into some of the questions from the questionnaire.

After the data were transcribed, the researcher read each interview and used the cut and paste method to put together emergent themes. After the interviews were individually analyzed and themes were generated, an auditor examined the themes and gave feedback about whether he thought the researcher missed anything important in the analysis of the interviews.

After the data were transcribed, the researcher read each interview and used the cut and paste method to put together emergent themes. After the interviews were individually analyzed and themes were generated, an auditor examined the themes and gave feedback about whether he thought the researcher missed anything important in the analysis of the interviews.

## **Results**

Some of the participants believed that spirituality and a spiritual connection with God was pertinent to treatment and recovery. Others believed that spirituality could be useful to some, but that each individual needs to figure out what works best for them in treatment and recovery, and that it doesn't necessarily have to be spiritual. Some believed that spirituality was often detrimental to the treatment and recovery from eating disorders and should be left out of treatment entirely. There was substantial overlap in the participants' responses to the two open-ended questions.

The researcher also found that there were a number of non-spiritual themes that came up during the interviews and in the questionnaires. These themes seemed applicable to the study and

will be included and briefly reviewed in the discussion section. The main themes are included in Appendix D.

### **Themes for Research Question 1**

**Positive experiences.** Some respondents viewed spirituality as an important part of their treatment and recovery process and believed that practices, interventions, and experiences facilitated eating disorder treatment and recovery. There were 14 themes identified by the participants.

***Spiritual connection with a higher power.*** There was a substantial amount of overlap in the participants' responses to the two Research questions. Some of the participants stated that a spiritual connection with a higher power was extremely important in overcoming and staying in recovery. The participants spoke about being in the depth of their eating disorder and feeling disconnected from God. They stated that reconnecting with a higher power and using God as a support helped them to realize that they were not alone, that they had worth, and that there was something bigger than them helping them through the recovery process.

Two women shared their connection,

1. My faith and spirituality have played a huge role in recovery because with an eating disorder I feel extremely alone in the mental and physical pain. But I have always known I can turn to the priesthood and my Heavenly Father and he will always be there even through the darkest moments.
2. My relationship with God is the most important relationship I have in my life.

***Prayer/prayer books.*** Individuals stated that they were able to gain and maintain a connection with a higher power through prayer and using religious scripts. One young woman stated,

I had hit a really bad low, where I was having extremely negative thoughts. I prayed like I hadn't in a long time, and that night I received an answer to why I was there, that I would be ok, that I was important, and that I could recover. There are many times that I get down and want to give up, but I know that if I pray often and sincerely ask for help, I will feel that spirit and it will give me the strength to go on.

Some of the women suggested that praying to a higher power gave them a connection with God that they had missed for so long. Some of the participants suggested that prayer offered peace and calming during difficult times.

***Spiritual relationship with treatment team.*** Some of the participants stated that finding a therapist of the same faith, or one who was open to exploring ideas of religion/spirituality helped them make a strong spiritual connection. Having a therapist that was open to these ideas was extremely important. In fact, some participants felt inhibited and unable to make progress when they had therapists who were closed off to religion or held strong religious views that did not reflect the views of the patient. One participant stated,

I had a lot of peace about CFC, they were very helpful with finances, and most importantly, they accepted me into the most serious level of treatment. And last but not least, I was very impressed that they openly declared that they are relying on God and spirituality in their treatment approach. I had many encouraging talks about God with my counselor at CFC; I also thoroughly enjoyed our spirituality class as well.

***Role of religion, religious leaders, and spiritual community.*** A number of the participants indicated that relying on their religion really helped them to get through their hardest times. Having a spiritual community, such a temple or church, was also very helpful. Likewise,

participants stated that having a religious leader that was open, caring, and empathetic about their eating disorder offered great support. Two examples include,

1. My religion has been absolutely essential in recovery. With God's help I would still be extremely sick with no motivation to recover. I believe in an afterlife, and that is the SOLE REASON I did not commit suicide when I was deep into my eating disorder. My religious beliefs literally saved my life.
2. He (her ecclesiastical leader) told me when I was in the hospital that I hadn't done anything wrong. For him to even say that I didn't need to be called to repentance because I hadn't done anything wrong was really nice to hear. It was actually really comforting because then I felt like I could just focus on myself and healing myself instead of worrying about making it right with, you know, my Heavenly Father.

**Neutral experiences.** The participants who stated that it was a personal journey and that spirituality might work for some but not all often stated that the following were helpful in treatment,

***Connection with nature.*** Although connection with nature is not necessarily connected to spirituality, some of the women suggested that just being out in nature made them feel like there was something bigger than themselves. Some talked about how it helped them to continue moving forward and often helped to clear their heads. For example, one participant stated,

I don't pray, but at the same time, I feel like there is power within me that is connected to the power in the universe, or the earth, or something, I don't know, but it connects me with my next step sometimes.

***Spiritual meditation/ mindfulness in recovery.*** Some of the participants shared that being given the opportunity to open up about their own religion and spirituality through classes,

meditation, yoga and exercise helped them to stay focused and make connections with others. They stated that often others might be feeling the same way but are afraid to share. Offering a place where it was not only appropriate, but also expected for people to share their spiritual feelings, helped to alleviate some of the pressures of maintaining privacy about such matters. Several examples include,

1. Meditation. Sitting quietly and listening to the deepest parts of myself. There was always something deep inside me that knew the next right step. The only way to hear that was to stop and listen.
2. Through yoga and meditation, I found a way to let my own voice direct my decisions and I was able to find strength by opening up to the idea of the energy of the universe, and my connection to it.
3. In the Center we had a spirituality group and the very first time, it was in that group actually that I had, that I felt something for the first time in a long time.

***Supportive relationships.*** Some of the women mentioned supportive positive relationships as something that is imperative to treatment and recovery. In fact, the women that expressed that they did not believe spirituality to be an important part of treatment stated that one of the most difficult issues they were dealing with was a lack of positive relationships, or the presence of negative relationships. One woman shared her feeling about the positive influence of relationships,

I had several big influences in my life, like I'd say my parents were a huge influence, my therapist, my last therapist was a huge influence at the Center, my husband was a huge influence, and I think my daughter was the final turning point for me. And, and so, yeah, I mean since then, I've been doing super good.

**Creative work.** Some of the women stated that creative work was really helpful to them. They stated that these things allowed them to get their thoughts and feelings out. One woman stated that dancing provided a healing outlet when she was in the throes of her eating disorder. Other women stated that they found sand tray work and immersion in art to be very healing. Another woman stated

One way that I was able to stay spiritually connected was to journal. I continue to journal at least once a week so that I can write all my worries and frustrations down as well as recognizing the blessings in my life.

**Self-love.** One of the things that some of the women mentioned were realizing their own self-worth and value. They stated that it was not until they learned to love themselves that they realized what the disorder was doing to them. They needed to start recovering not only for their family, but for themselves as well. Two examples are

1. I may not remember every single day, but the acts, the things that I do, my fight. That is what reminds me and is proof to me that I love myself and that I have value and I have worth. And, I cannot look at someone and tell them recovery is easy. I've done treatment a long time and it doesn't matter the amount of time. The day that you decided for yourself, because I've tried doing it for others. You can try to do it for others as many times as you want. The moment that you decide to do it for yourself, that's when it sticks.
2. That moment when you're able, when you've been fed, that you're able to think clearly and you're able to see yourself as a person. You're able to look outside of yourself. That moment where you're able to look at yourself and see someone who has value, someone with potential. That moment when you can connect with yourself and realize that, you

know what, I love myself. I may not remember it every single day, but I know that it's the truth.

*Assisting others in their recovery and helping prevent relapse.* Helping others recover was also very important to some of the women. Several of the women also stated that this had become a role for them in their religious setting. They stated that when other women found out that they struggled with an eating disorder they would often open up about their own struggles and feelings. One woman stated,

I have had the opportunity since I have discharged from The Center to talk to groups of women and young women in my faith about the things that I learned and the struggles that I faced that are similar to many women in my faith and how, just some of the spiritual insights.

Although I do believe it was the best thing I could have ever gone through to eventually, to learn more about myself and to hopefully be an advocate for other girls going through this.

*Assertiveness.* Another theme that some of the women seemed adamant about was being assertive. Standing up for themselves and realizing that it was important to take care of themselves. Several of these women actually left organized religion because they felt like their religious culture often taught that women should be submissive and put others before themselves. One woman stated,

And, if I could say to this, especially this one little gal, I would say, "You need to learn to love yourself," and that's what I'm trying to do and I think that's what they all need to learn is that they need to love themselves because God loves them and I'm finally standing up and saying, "I'm not taking the abuse in my marriage anymore." And, I think

I've made great strides. Even though my weight is extremely low, I think I've made great strides in beating the eating disorder this time because I am willing to stand up for myself. I'm willing to say, "You're not in control of my life." And, so, if I could just tell them, you know, "Stand up for yourself and know that you are loved for who you are." They just want to be loved. They just want to be loved.

**Unhelpful experiences.** Some of the women felt that spirituality had a negative effect on treatment and should be separated from counseling and therapy. The reasons that these participants stated for believing that spirituality had a negative impact included.

*Negative relationship with a higher power/God.* Some women stated that they were angry with God for bad things that had happened to them in their lives. Some implied that because they could not understand why God would allow bad things to happen, they struggled to believe. Some of these women dealt with different types of abuse during childhood and began hating their bodies. These women suggested that they felt dirty and that they deserved to be punished for being impure.

Other women stated that their ED severed their relationship with God. The participants indicated that if you were "serving" an ED, you could not have a relationship with God. They also suggested that their ED produced shame that made them uncomfortable fostering a relationship with God. One example,

I think there are a lot of bad things that happen, like, in the world in general when if God's real then why would that stuff exist? I mean, I don't think it played any role into my eating disorder.

*Poor relationships with therapist and/or treatment team.* These participants talked specifically about the treatment team pushing their views on the patient. Several women stated

that having a negative relationship with the treatment team, specifically related to spirituality that impeded their progress. Several stated that it caused them to shut down and stop the healing process. One woman stated,

I felt like a lot of the therapists there shoved the Bible or religion down a lot of the girls' throats, especially one therapist, but I'm not going to say the name, but he was just, you know, saying that if you believe in God, he's going to cure you, when I don't think it's, it's not that simple. If it was that simple, then I mean, I don't know. It would just work for everybody and it just doesn't.

***Unhealthy relationships with family/friends.*** One of the things that these women stated was how difficult it was when they felt disconnected from family and friends. Often, such disconnect seemed to trigger or perpetuate the disorder. Some participants had long histories of poor family relations, abuse, and discord. Others stated that their eating disorder caused them to pull away from the ones they loved the most. Two women shared their feelings,

1. I'm sixty-one-years-old and I feel like I've never been loved. It started out with the depression that's hereditary on her side of the family and her aunt her mother and my aunt, her sister. And, she never got out of bed. I never saw her out of bed. She struggled with it so much and so by the time I came around in my family, my mom couldn't deal with it. She had too much to do and my dad was not the kind who would tell you that he loved you and with the abuse, I just. And, then I married a man who couldn't love me and can't. We've been married thirty-eight years and, um, I just, I just wanted to be loved and I think that's what these young girls are seeking is just to be loved because if you know you're loved, you can learn to love yourself. And, I know my girls love me. And, I know my grandbabies love me, but it's not the kind of love I needed.

2. My eating disorder closed me off to everything; to myself, to my desires and dreams, and to all of the relationships in my life (including my relationship to God). In my eating disorder, I had no understanding of anything other than the eating disorder, and the way I saw the world through its depressing fog.

### **Themes for Research Question 2**

Some of the women suggested that spirituality was intertwined with eating disorder etiology. They suggested that their eating disorders were preceded or succeeded by the following. There was great overlap in several of the answers.

**Negative feelings or relationship towards God.** As mentioned above, some women said that anger towards, or negative relationships with God often began or perpetuated their disorder. Some of the women mentioned feeling let down by God. Because God had not helped in their greatest times of need, maybe ED would. Several women stated that they turned to ED as a way of establishing a sense of control, a way of actively numbing emotional pain, something that a relationship with God did not provide. Some of the women stated that their ED became God. “You cannot serve God when you are serving an ED.” Two examples are,

1. As I struggled with my eating disorder, I felt somewhat abandoned by God, and the thought of going to synagogue made me panicky. I don't know if it was the feeling of abandonment or just that I was overwhelmed with everything that was going on, but I stopped attending synagogue.

2. I had no belief in God anymore. I was done believing that there was, ‘cause I just figured, everyone kept saying that God was so good. He was this wonderful person and I thought, all these times I’ve been praying for things to stop or for people to quit doing things to me and they weren’t stopping. And they just kept going on and so I completely

was just, became completely Atheist, or I considered myself completely Atheist. I wanted nothing to do with any religion period.

**Bullying from their religious community because of their ED.** Some of the interviewees stated that they would get teased or bullied by others in their religious community. They stated that the unwanted comments, often sexual in nature or about their eating disorders, made them want to engage more in the unhealthy behaviors. They stated that it was very painful because this was supposed to be a group and community that supported them. These women felt that if they could not get support in a religious setting then they probably would not be able to get the help they needed through counseling. It also made several of the women question their faith in God,

I had no friends. I got made fun of all the time. There were a lot of girls at my church who kind of made fun of me and they would, they kind of, they pranked me a lot and stuff, and so I hated, but then I had no support group at church and so I hated going to church. The guys all made fun of me too. There were a lot of comments about like, if I was late . . . “They’d be like, oh A. is in the bathroom throwing up her breakfast.” Or, even though I never told anyone I had an eating disorder, but they all just, just knew it or something. So, there was a lot of jokes like that. Which kind of made my eating disorder worse for some reason.

**Church/ religion espousing perfectionism.** Some of the women suggested that some of the teachings in their religion could be interpreted as telling a woman that she needed to be perfect. These participants stated that it created a lot of pressure to be perfect in every way. These women stated that the inability to be perfect perpetuated their feeling of inadequacy and their need to restrict, and/or binge and purge,

The (religious) culture impacted my eating disorder. I felt I had to be perfect and if I wasn't I was a failure. I hated myself because I could never be perfect. I felt like I was being judged by perfect people. I felt like because I was fat I was a failure and I couldn't do anything right in anyone's eyes. I wanted to do anything to get skinny because it would help me at least seem perfect on the outside.

**Shame, guilt, or worthlessness because of religious views or values.** Some of the participants believed that the idea of perfectionism embraced by the culture of their religion made them unworthy of God's love. They believed that it was shameful to have an eating disorder. They also felt guilt about many other areas of their lives. Some said they felt like they did not measure up, that they were not pretty enough, thin enough, or as good as others who were more devout and better people in general. One woman stated “With my eating disorder I have always carried a lot of unworthiness, guilt, shame and a feeling of worthless.”

The themes give insight into the ways that these eating disorder patients have experienced spirituality and religion in the counseling process. They provide information for rich discussion and ways in which helping professionals can facilitate treatment and help in recovery using spiritual and religious methods.

### **Discussion**

This study extends previous research by helping to elucidate the perceptions that patients have about the role of spirituality in their treatment of and recovery from eating disorders. The study also sheds light on different spiritual practices, interventions, and experiences that help facilitate eating disorder treatment and recovery. Furthermore, the researchers were able to look at some of the ways in which religion and spirituality are intertwined with eating disorder

etiology, ways in which eating disorders undermine religion and spirituality, and ways in which religion and spirituality contribute to the development of eating disorders.

The current data are consistent with the previous study conducted by Richards et al. (2008) at the Center for Change. There was also some evidence, as Madsen (2007) suggested, that lack of spirituality might be related to ED. However, a connection could not be based on the qualitative nature of this study. Still, this study reached a larger group of individuals using a questionnaire and was able to gather more in depth information by following up with interviews. Furthermore, this study specifically targeted individuals from a number of different faiths, ethnicities, demographics, and age groups. The strongest most salient themes will be discussed in this section.

### **Discussion for Research Question 1**

**Positive experience discussion.** As mentioned earlier, the respondents had different ideas about the role spirituality and religion played in recovery. Some participants seemed to believe that God, spirituality, and in many cases religion were extremely important to treatment and recovery and that they would not have been able to recover without the help of a higher power. These women also stated that at their lowest point their relationship with God was severed and the ED controlled them.

As the researcher looked at the differences between the themes, it was discovered that some participants tended to be part of more organized religions and often felt supported by their religious community. However, they often struggled with issues of perfection, shame, and guilt related to feeling like they did not measure up to their religious peers. These respondents and interviewees expressed attitudes similar to those uncovered in previous studies, indicating that spirituality was “a crucial resource in their treatment and recovery from ED” (Richards et al.,

2011). These women also suggested that having a relationship with God had been a major strength in helping them through treatment and recovery. One woman stated,

It helps me stay recovered. It helps me now, to get through rough days and trials. It has helped me to continue to love myself even though I am not perfect. I really hope other women (and men!) can find hope and healing through spirituality. It has made such a difference for me.

Women in the study stated that feeling like they had something outside of themselves for support that was bigger than themselves, family, and friends, gave them strength even at their weakest moment. Knowing that there was a higher power that was loving and forgiving and would accept them even if they were imperfect helped when dealing with feelings of guilt, shame and imperfection.

Results were also consistent with O'Grady and Richards' (2010) study. This study looked at the role of spirituality through the therapist perspective. The therapists in the study suggested that helping professionals need to be open and empathetic to their patients and to different ways of gaining insights, particularly insights from God. Some of the women in the study expressed "feeling inspired" when they sensed that something special and sacred had happened between themselves, the therapist, and God. One woman shared an inspirational story about the relationship with her therapist,

My therapist is the same religion, and we have had some sessions that have been so strong and the Spirit has been so strong in those sessions that they've touched me where nothing else ever could. At one time, my therapist even said, "You know, there are five angels in this room with us right now." You could feel it. That's how, through his sessions, almost every session I have with him, I'm feeling, I'm feeling the Spirit and that

keeps me going through the next week of knowing that I'm loved and He's hearing that and He's caring and He's trying to help me, and, and as I get urges or as I get, I don't have good body image, but as those thoughts come to me, I can work through them now.

These women also stated that prayer and religious scripts, such as prayer books and sacred texts, were beneficial during treatment and recovery. Prayer helped them to feel connected to a higher power. Additionally, the stories and different passages were helpful in guiding them and allowed for interpretation that they could relate to their own lives. One woman captured this when she stated,

I read that scripture a lot 'cause the whole chapter is like nine verses . . . and it seems like every time there is something different that I catch. I'm like oh, all these experiences that we have are going to be for a reason. And, I don't always know what that reason is right now, but I know that it's going to happen at some point in my life.

It was reported that people who pray state that prayer helps both physically and psychologically (Richards & Bergin, 2005). Their claims about choosing different passages and types of prayer to help with different areas of their life are also supported. Evidence suggests that different types of prayer may have different effects on peoples' emotional well-being and happiness (Richards et al., 2005). It makes sense that different individuals use different prayers and different interpretations to help with difficult life events. It is also understandable that the use of different types of prayer and different interpretations of prayer may be used by the same person at different times in their lives.

Another important aspect of treatment that the women in this study often mentioned was religion, religious beliefs, and spiritual community. This included having a spiritual connection,

attending spiritual meetings, and connection to spiritual leaders and members. One woman stated that her religion had been absolutely essential in recovery,

Without God's help I would still be extremely sick with no motivation to recover. I believe in an afterlife, and that is the SOLE REASON I did not commit suicide when I was deep into my eating disorder. My religious beliefs literally saved my life.

This idea was supported in Richards and Bergin's book (2005) that provides a spiritual strategy for counseling and psychotherapy. In their book, they state that it is important for patients to use spiritual resources to help them grow and change. They also encourage patients to obtain social, emotional, or spiritual support and guidance from their spiritual community.

One important thing that the researcher realized was that for women who had a positive experience with spirituality and religion use of these things in treatment and recovery were beneficial. However, some patients did not have a positive experience with one or both of these aspects and choose to leave religion and focus on a more spiritual avenue or avoid both facets completely.

**Neutral experience discussion.** For example, some of the women had previously been part of an organized religion, but stated that they felt for some reason that it was not for them. Their reasons included a feeling of bullying, feeling repressed by the religion, and bad experiences in a religious setting. It is also important to mention that some of these women found it empowering to leave organized religion. Some found that religion was oppressive and fed their ED, leaving gave them a voice and a different perspective that they would not have experienced in the "confines" of organized religion.

Although there was great overlap between these women and the women in the aforementioned group, these women tended to focus more strongly on the following areas:

spiritual meditation, spirituality class, yoga, and exercise. They stated that these practices kept them balanced and helped them clear their minds. They also suggested that these habits helped them feel a connection to nature and something bigger than themselves. However, many of them were not able to give a name to the greater connection. As one interviewee stated,

Through yoga and meditation, I found a way to let my own voice direct my decisions and I was able to find strength by opening up to the idea of the energy of the universe, and my connection to it.

Spiritual meditation provides more than just stress relief (Axner, Cetrez, & DeMarinis, 2013). It is a connection to a belief system that includes a spiritual view of oneself, along with the peace that arises during meditation. This allows for stress relief by helping to create meaning in one's life and in one's personal development (Axner et al., 2013). A connection to the universe can help individuals uncover meaning, create personal connections, and work through difficult life events and situations. This proved to be extremely helpful to many of the participants in the study. Some of the women suggested that different forms of exercise, including spiritual yoga and meditation, helped them to sort through issues and make connections that they would not have been able to otherwise.

Some of the women suggested that supportive relationships and creative work, like journaling, music, and art, were extremely helpful in treatment and recovery. These activities are important to mention and could be the great beginning for further research in the field. Individuals that mentioned supportive positive relationships as an important piece of recovery stated that having people that love and care about them in spite of their imperfections really changed the path of their illness. Some women were surprised to receive love and support when they opened up to family (specifically spouses) and friends about their eating disorders and

issues from their past. The women stated that they had expected to be rejected and shunned, but instead were given love and acceptance.

Opening up through creative work was also mentioned as a way to relieve stress and deal with negative urges related to eating disorders. These women mentioned things like journaling, music, reading, and art as ways of opening up and expressing themselves.

According to Brooke (2007), author of *The Creative Therapies and Eating Disorders*, the creative arts promote new insight and awareness for patients through the process of self-expression. This treatment approach also provides the individual with freedom of expression and the opportunity to develop a better understanding of his or her underlying psychological issues in a non-threatening environment. There are times when it can be hard to express oneself verbally. Creative work offers a different outlet that allows an individual to open up and share their feelings, emotions, and insights.

Some of the women in the study cited that helping other women to recover was also useful in helping them to maintain their own recovery. Participants mentioned that being able to make a difference in another person's life made them realize how important it was to stay healthy and in recovery. One interviewee shared what helped her and how it could help others,

I talked to them (women currently suffering from an eating disorder) about praying. I told them about when I was at The Center. I went on a trip and we went for a night hike in the snow and that was like the first time I pretended to play again. So, I told them that and how even though growing up, we still are children of God and you still need to find joy and have fun in life and find a balance in life.

Sharing one's own story of recovery often has a positive impact on the person in recovery. It allows them to rewrite their own story and provides benefits in a number of personal areas,

including: emotional, spiritual, social, and occupational (Moran, Russinova, Gidugu, Yim, & Sprague, 2012).

Another of the themes that seemed important was a need to be assertive. Some of the women that left their religious affiliations stated that one of the main reasons they left was because they felt like their voice was not being heard. They stated that as a member of an organized religion they felt pressure to attend to the needs of others before their own. They further stated that they always put themselves last and did not take care of their own needs. They felt like this was something that their religious culture had taught them. They stated that being able to have their own voice and learning to care for their own needs was an important part of recovery,

I just kind of feel like I've found me, a me that was hiding ... The me that hasn't been buried by abuse, and religion, and other's expectations of me and my expectations of myself, to the point that I just kind of feel like me. I am a really kind person. I'm very caring. I care about people. I'm very aware of other people. I also have a lot of strengths and a lot of passion, just like for causes, and I enjoy living.

Sjostrom's (2005) article that focused on the prevention of eating disorders examined how increasing self-esteem, promoting body acceptance, and using one's voice, helps young women resist maladaptive body preoccupation and unhealthy eating and dieting behaviors. Although this article talks more about prevention than recovery, it specifically states that promoting self-assuredness or assertiveness can help women resist negative feelings about their body and eating. This allows women to define themselves as important individuals with their own feelings, ideas, and innate value.

**Unhelpful experience discussion.** It seemed that the women who had a positive experience with religion and/or spirituality in coping with their ED tended to have a positive outlook on treatment and recovery. Some found their own ways of coping and unique paths in recovery. However, some of the women tended to be more cynical and often had a negative outlook on religion and spirituality in treatment and recovery. It should also be mentioned that a majority of the women with this attitude were still struggling with eating disorder tendencies. These women had negative experiences often with religion that precipitated or fueled their ED. They also had negative experiences during treatment that turned them against the use of these avenues in treatment and recovery.

The women who had a negative outlook on treatment and recovery listed two main reasons for the incompatibility of spirituality with treatment and recovery. The first area was a negative connection with God. Some of the women stated that they had backgrounds full of abuse. The abuse ranged from verbal to physical to sexual abuse. These women specifically stated that they did not understand how God could allow such terrible things to happen. Their view of God made it hard for them to make a connection between spirituality, treatment, and recovery. For example, one woman stated

I had no belief in God anymore. I was done believing that there was, 'cause I just figured, everyone kept saying that God was so good. He was this wonderful person and I thought, all these times I've been praying for things to stop or for people to quit doing things to me and they weren't stopping. And they just kept going on and so I completely was just, became completely Atheist, or I considered myself completely Atheist. I wanted nothing to do with any religion period.

Another theme that proved to be salient was that the participants found discussing

spirituality with their therapist to be counterproductive. They reported feeling attacked and judged when spirituality was discussed in sessions or during treatment. One woman shared her experience,

It was particularly difficult for me in treatment because they tried to incorporate spirituality and faith into recovery and as someone who is neither religious nor spiritual I felt a little left out, or more in the wrong than anything.

The women who expressed concerns about the use of spirituality in treatment raised an important concern that has been discussed in the professional literature on the ethical use of spirituality in treatment. As Bergin and Richards (1997) stated, therapists who use a spiritual strategy can face a number of ethical issues. If a therapist imposes their own religious values on a patient, engaging in a kind of dual relationship and practicing outside the ethical boundaries of therapy, the results could have negative consequences for the patient. In the women's quotations above, it seemed as though the women felt judged, left out, or inadequate because a therapist was overstepping his or her therapeutic boundaries. This would be an interesting topic for further examination.

Another interesting finding was that most of these women had extremely negative views about life, friends, family, and religion. As a whole, most of these women were struggling and still in the depths of their eating disorder. It would be interesting to follow up to see if there is a correlation between disconnection from spirituality and God and the maintenance of an eating disorder. It is also important to note that although religion and spirituality can be extremely supportive to individuals who have had positive experiences with one or both, religion and spiritual can also have deeply negative impacts when experienced in an adverse or detrimental

way. The experience of these women is a prime example of the damage a negative religious/spiritual experience can have.

Furthermore, it is important to acknowledge that women still struggling or in recovery all have different perspectives and experience that has led them to where they are, each one holds great weight for further exploration. The women in this study found unique ways that worked for them to help in treatment and recovery. The mind, body, spirit connection should not be overlooked not matter how the individual conveys it.

### **Discussion for Research Question 2**

Another insight that the researcher discovered through the questionnaire and interviews was that religion and spirituality are intertwined with eating disorder etiology. Some of the women stated that eating disorders undermine religion and spirituality. They also stated that religion and spirituality can contribute to the development of eating disorders. It is also important to note that there seems to be factors that not only contributed to the development of the eating disorder, but that contributed to the maintenance of the eating disorder once it was established.

Some of the women stated that at one time or another they were angry at or felt abandoned by God. Some of the women who were interviewed had experienced a traumatic event at some point in their lives. A common thread among the comments was the question of how a “good” God could allow such events to occur. Some of the participants subsequently found themselves turning away from God and toward eating disorders as a means of gaining control.

Some of the women also stated that bullying within their religious communities either created or perpetuated their symptoms. Several of the women who experienced bullying stated that it made them feel badly about themselves. They also stated that it made them question

religion and spirituality because they could not understand how people could be so mean in a place that was supposed to be so holy.

According to research done by Gaskill (2000), individuals suffering with body image and eating disorder related issues often attribute bullying by peers as a contributing factor to their problem. Another interesting piece of information the researcher came across was that bullying in childhood is associated with lower religious/spiritual well-being in adulthood (Sansone, Kelley & Forbis, 2013). While this research did not bring up a specific connection between religious bullying and eating disorder behavior, the thoughts mentioned above may make one wonder if bullying may have turned some of these women away from religion and towards their eating disorder. Religious bullying and its effect on eating disorders should be a topic for further research. Some women in this study even reported that they would use religious fasting as a way to justify their ED and maintain the perfectionism, a finding that is consistent with research by Banks (1992, 1997) who observed that woman with anorexia nervosa sometimes use the religious notion that fasting promotes holiness to give meaning to their self-starvation. Seeing others in their religious community as perfect and feeling like they did not measure up was another reason that some women began restricting. Some women stated that there was a feeling that one had to be perfect in order to go to heaven, find a husband, or be a good religious follower. One woman stated,

The only way that I think my faith has had any negative impacts were the fact that I felt like I always had to be perfect. I am a counselor in the Relief Society, and sitting up in front of the other sisters and having to teach them always made me feel inadequate. I think that I used my ED as a way to make myself look better in front of others, when inside I felt so much guilt and inadequacy.

According to the research, “perfectionism is a multidimensional construct that may play a significant role in the etiology and maintenance of anorexia and bulimia nervosa (Goldner, 2002).” Additionally, Chavez and Insel (2007) of the National Institute for Mental Health stated that perfectionistic attitudes in women amplify the risk of suffering from an eating disorder. Unfortunately, research on the connection between perfectionism, religion, and eating disorders is currently limited. However, if religion has an impact on perfectionistic behavior, there may also be a connection between all three factors.

Others factors that often prolonged the duration of an eating disorder were feelings of shame and guilt. Some of the women in the study stated that such feelings prompted them to keep their disorders hidden from others. One said, “I kept my eating disorder (and self-harm) secret for some years due to the shame associated with a belief that I was a "bad" Christian if I had struggles.”

Feelings that they had to be secretive about their disorders because of religious beliefs made these women delay getting help or deny that they had a problem. Research state that intrinsically religious and pro-religious individuals often score higher on guilt scales than less devout individuals (Chau, Johnson, Bowers, Darvill, & Danko, 1990). While it is unclear whether religious culture causes feelings of shame and guilt, it seems that something about their religious culture contributed to the feelings of guilt and embarrassment experienced by some of the women in this study. Because of this embarrassment and guilt, these women postponed getting help that could have quickened their recovery.

Lastly, some of the women also mentioned several non-religious themes. It should be noted that some of these themes had such a big influence and were indirectly correlated with religion/spirituality so they were mentioned in the results section. Other non-religious themes

were not mentioned as often and seemed to have less of an impact therefore were not mentioned above. Therefore, they are mentioned here. The themes that had a positive impact included: love and support from friends and family and self-love. The themes that had a negative influence included: abuse and trauma. Having a mother or sibling with a negative self-image also affected some of the patients in a negative way. Lastly, having a poor self-image had a negative impact on treatment and recovery.

Further research related to these themes would help to create a more holistic and well-rounded understanding of how spirituality paired with secular treatment approaches can be helpful. The current research was meant to focus specifically on the spirituality in treatment and recovery from eating disorders. However, treatment does not and should not exclude non-religious factors that could also be helpful to an individual's treatment and recovery (Richards et al., 2007).

### **Limitations**

There were several limitations to this study. One particular limitation was that the qualitative nature of study does not allow for generalizability to a larger population. Several other issues also occurred in working with this particular population. The sample was made up of only women. Furthermore, although a number of different religions were represented in the sample, because of the location in which the research was conducted (Utah), seven of the women interviewed were members of the Church of Jesus Christ of Latter-day Saints (LDS) and twenty-one of the women who responded to the questionnaire were LDS. Thus, this sample did not represent the religious demographics of the general population. It would be interesting to send out a questionnaire to reach a larger population in a different geographical location. This would help to relieve some of the bias due to the possible religious skew.

Lastly, although statistically the number of males suffering from eating disorders is lower than the number of women, having input from several males may have benefited the study. This could have helped the researcher understand if there were differences in thinking between the two genders, and perhaps provided additional avenues for future research. Nevertheless, given the fact that there are differences in the etiology and manifestations of eating disorders in men and women, including men in this relatively small interview sample may have introduced too much variability into the interview results, which could have made it more difficult to understand some of the unique ways that women experience eating disorders and spirituality.

### **Implications for Future Research**

This study provides a foundation for understanding different perspectives about the ways in which spirituality affects treatment and recovery from eating disorders. The research sparked further questions about the nature of this relationship, including:

1. How does spirituality affect treatment and recovery in a more general mental health population?
2. How do secular techniques work in connection with spiritual and religious techniques to create a more holistic treatment plan?
3. Are there any quantitative correlations between the spiritual techniques and treatment and recovery outcomes?
4. Is there a connection between negative perceptions about the use of spirituality in treatment and recovery and the maintenance of eating disorders?

### **Implications for Practitioners**

This research provides additional insight regarding possible ways to approach patients dealing with spirituality in the counseling process. The research specifically, sheds light on how

important it is for a mental health professional to be open and non-judgmental when examining the ways in which spirituality and religion have affected an individual's disorder. The study also gave insight into the ways that spirituality can help or hinder treatment and recovery. The analysis also serves as a good follow up reference to other information that is available about the topic. In addition, the study shares a unique viewpoint about feelings about spirituality in the counseling process. Plus, the study provides a perspective of the different attitudes and perceptions of different women about the topic.

We encourage practitioners to examine their own biases and judgments in relation to spirituality in the counseling process; particularly, in bridging the divide that many therapists create between spirituality and counseling. Having a study that shows that patients are interested in incorporating religion and spirituality into practice can help to further the dialogue and training. Many of the women in the study stated that they had trouble connecting with a counselor when they felt judged by or disconnected from the counselor on a spiritual level.

We further encourage practitioners to examine their own views of spirituality and how such views play into their own practice. Patients in this study stated that spiritual groups and discussions were helpful in treatment and recovery. Asking oneself whether spirituality in counseling might be helpful to one's patients can be a great starting point. Other questions a counselor might ask include:

1. Do I as a counselor have enough experience and scope of knowledge to be of help to patients who want to incorporate spirituality into treatment?
  - A. If so how can I utilize my experience and knowledge about spirituality?
  - B. If not, where can I get more training and resources?

2. If spirituality is not something I am interested in as a counselor and I do not feel comfortable using such interventions, when and where should I refer?

We also encourage practitioners to take time to educate themselves and their trainees about issues related to spirituality and counseling. This includes familiarizing themselves with different assessments and material that can help to capture the spiritual/religious experience and its effect on counseling.

This research helps to provoke thought about one's own practice by examining how spirituality, both positively and negatively, affects an individual's treatment and recovery. The researcher also hopes to assist practitioners working with eating disordered patients who would like to understand how spirituality might affect women during treatment and recovery.

## **Conclusions**

Through this study, the researcher was able to examine the role of spirituality in eating disorder etiology, treatment, and recovery. The analysis provided qualitative evidence that religion and spirituality can contribute to the development of eating disorders. Furthermore, the study provided qualitative evidence that eating disorders can undermine women's religious faith and spirituality. Even though spirituality and religion can have a negative impact on the development of eating disorders, spiritual practices, interventions, and experiences, it may also have an important place in treatment and recovery. When used in the correct manner, and with individuals who are open to incorporating spirituality as a part of their treatment, spirituality can have a profound effect on a person's treatment and recovery. However, it is important that we do not overlook the fact that it can have a negative impact if we as counselors do not use self-awareness and examine our biases before we use it with patients. Furthermore, it is important to realize that although religion and spirituality do offer protective and healing influences, the

messages that woman (and men) experience about religion can sometimes be hurtful and harmful. It is important to be aware of the impact that this might have on patients.

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## APPENDIX A

### Literature Review

Spirituality in the field of mental health has become a hot topic in recent years. Likewise, modern trends towards health, awareness, and spirituality are becoming more and more mainstream every day. These principles, however, are often at odds with other well-established ideals in our image driven society. In fact, America's obsession with beauty can sometimes cause individuals to lose sight of health, awareness and spirituality altogether. One need look no further than their local grocery store to find pictures of gaunt models whose airbrushed bodies create an ideal that is nearly impossible to attain. In pursuit of this ideal, each year, more and more individuals are being affected by a variety of eating disorders. This literature review will explore the connection between spirituality and psychology and try to uncover literature that will help us to better understand the role that spiritual healing and counseling may play in helping individuals to overcome such disorders.

In the past, behavioral leaders, such as Sigmund Freud, believed that human behavior could be explained outside the context of spirituality (O'Grady & Richards, 2010). However, in more recent times, therapists are becoming more aware of their patient's need for the use of spirituality in counseling. As a result, a number of therapeutic models have begun to incorporate both religion and spirituality. The theistic strategy, for example, is an integrative framework in which spiritual interventions can be coupled with traditional theoretical orientations to bring about psychological healing (Richards, Smith, O'Grady, Bartz, & Berrett, 2009). While the initial outcomes appear to be favorable, more research is needed to see exactly how patients are being influenced by these modern frameworks.

Over eighty percent of Americans are affiliated with one particular religious group or another (Turner, Center, & Kiser, 2004). Moreover, individuals who are not strictly affiliated with a particular religion will often have a strong spiritual dimension to their lives (Turner et al., 2004). In fact, researchers have found that religion and spirituality can be very helpful during stressful times. In one study, researchers found that patients who have recovered from eating disorders often state that faith and spirituality played a large role in their recovery (Richards, 2009).

Despite all the positive feedback, the fields of counseling and psychology have largely neglected to appreciate the role that spirituality can have in forming the belief systems of individuals (Turner et al., 2004). Unfortunately, many psychological training programs neglect to offer their students a sufficient amount of training about how to address spiritual issues, experiences, and findings with their patients. Additionally, many of the influential people that have guided psychological history have opposed the idea of incorporating spirituality into the field.

Sigmund Freud, probably the most widely known psychologist to ever live, fell into this category. “Freud (1927) strongly asserted that the practice of religion or attention to the spiritual was a psychotic illusion” (Turner et al., 2004). Similarly, John B. Watson also opposed the idea of incorporating spirituality into the field of psychology. Both Freud and Watson “were highly influential psychologists and each developed his own widely accepted approach to psychology” (Turner et al., 2004). Because their approaches were largely antagonistic to religion, it is not surprising that religion and spirituality remain on the periphery of psychology today (Turner et al., 2004).

Freud was one of the most influential men to ever enter the field of psychology; and although Freud laid the foundation for many aspects of discipline, many psychologists today view Freud’s work as somewhat extreme and misguided. While his original notions about

religion are now being challenged, the separation of religion and psycho-pathology (while much less than it used to be) continues to have a strong grip on the field.

Karl Marx, a German political philosopher and revolutionist, agreed that religion was suspicious. As Marx's commonly quoted remark suggests, he thought “that religion was “the opium of the people” and that it masked authentic engagement in the real spheres of human life—that is, the social and the political” (Turner et al., 2004). The comparison of religion to a drug is an interesting one and carries many implications. It appears that Marx is suggesting that religion has a numbing effect, or protective factor, that keeps individuals from truly recognizing the harsh realities of life. In other words, religion allows individuals to live in a fantasy world, protecting them from the “real sphere of human life.”

Behaviorism has also helped to further the gap between religion/spirituality and psychology. Prominent behaviorist B.F Skinner was even noted as saying that:

current molecular theories of the origin of life seem to me more plausible than any of those said to have been revealed to us by a God. Scientists may someday construct groups of molecules that will reproduce themselves; and, if the molecules do so after undergoing variation, they could evolve into living things. I believe the human species is distinguished by one thing: through an extraordinary step in evolution, its vocal musculature came under operant control (p. 12)...

He added, “if we are just ‘meat and hardware’ we cannot have a mind that is separate from our physiological processes. We are just physiological objects that amount to their parts. We are a product of evolution, strands of bacterial that have changed and evolved into walking talking beings. Such processes are not an act of God” (Skinner, 1987, p. 12). Skinner’s beliefs try to cut God out of the equation entirely.

Albert Ellis (1980), another well-known behaviorist, also voiced many anti-religious sentiments. In highly publicized debates between Albert Ellis and Allen Bergin, Ellis argued that “religion, on the whole, is unhealthy and people would be better off to stop believing in such superstitions, especially the belief of any kind of certainty about God.” Taking his point a step further, he even suggests that there is a great possibility that there is no God at all. Ellis (1980) believed that humans should not live their lives according to these kinds of assumptions. Additionally, probabilistic atheists, who constitute a large number of therapists, tend to believe that absolutistic thinking, inflexibility, and extreme religiosity can all be associated with emotional disturbance (Ellis, 1980). It is unclear whether Ellis’s statements are based on hard data or if he is only speaking boldly in order to captivate the reader. However, one thing is clear; Ellis’s statements have had a strong impact on the field of psychology. These widely publicized beliefs have helped to create an atmosphere where therapists tend to keep spirituality out of their therapy sessions

The scientific method creates many complications for the union of psychology and religion/spirituality to be realized. The foremost problem with the scientific method in the human sciences is twofold: "It leads researchers to distance themselves both from their objects of study and from the cultural and religious traditions that form them" (Haque, 1996). Sadly, this has created a division between science and religion. Science has become mainstream while religion and spirituality have become mythical and faith based. Throughout history, psychology has associated itself more closely with the former, creating a rift between itself and religion. Many people involved in this debate believe that scientific claims can be either verified or disproved; whereas religious claims, on the other hand, are subjective and cannot therefore be properly

tested (Haque, 1996). Another common belief is that science is objective and clear, whereas religion is subjective and ambiguous (Haque, 1996).

Although history has created a strong divide, psychologists in the field are working hard to bring about change. While there is still much work to be done, the field has made some slow, yet remarkable advances in recent years. In fact, “the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (American Psychiatric Association [APA], 1994) includes a category—religious and spiritual problems—that focuses on problems, but separates spiritual issues from psychological problems for the first time” (Turner et al., 2004).

Additionally, both the American Psychological Association and the American Counseling Association have begun to include religion and spirituality as an issue of diversity, requiring mental health professionals to understand the importance of religious and spiritual concerns when treating patients (Cheston et al., 2003).

In 2001, Rose, Westefeld, and Ansley (2001) explored patients' preferences for discussion of spiritual issues as well as patients' beliefs about the appropriateness of spiritual discussion in psychotherapy. The results of their study indicate that many patients believe that spiritual issues are acceptable and preferable for discussion in therapy and are important therapeutic factors. However, in a questionnaire of counseling students conducted shortly thereafter, the students reported that they were not yet comfortable talking to their patients about spirituality and suggested that they were not sure if it was appropriate to address issues of spirituality in therapy sessions (Souza, 2002).

“Interpersonal psychotherapy conducted from a spiritual perspective holds that psychological events serve as a barometer for a more fundamental spiritual reality” (Miller, 2007). This leads one to believe that psychotherapy has progressed rapidly since the days of

Sigmund Freud. Not only are therapists and researchers interested in spiritual healing, but many patients are actively seeking therapists who can foster their spiritual growth. This has become a problem for many mental health workers who have little to no training with spirituality in counseling sessions. This dilemma has the potential to put counselors, as well as patients, in awkward situations where both parties become uncomfortable breaching the subject because they are both unsure how the other will react. Therapists would be in a better position to deal with these types of dilemmas and implement spirituality into their counseling sessions if they knew that this was something their patients wanted. It would encourage them to seek this type of training while earning their degrees and throughout their entire career as well.

Questionnaires conducted in the 1970's and 1980's consistently found that American psychotherapists were less religious in relation to affiliation, attendance, belief, and values when compared to the general public (Bergin & Jensen, 1990). However, it does appear that the field of psychology is starting to make some progress. In recent years, the field has shown signs of a renewed interest in spirituality and religion (Richards & Bergin, 2005).

Revisiting the issue in 1991, Bergin (1991) found that that 88 % of therapists were interested in seeking spiritual understanding of one's place in the universe and forty-four percent of those questioned actively participated with a religious affiliation. We need to be honest and open about our views, collaborate with our patients in setting goals that fit their needs, and then step aside to allow our patients to exercise autonomy and face their own consequences (Bergin, 1991). It seems that over time, therapists are becoming more aware of the fact that religion/spirituality is something that their patients value and therefore find important in therapy as well.

An article titled *The Role of Inspiration in the Helping Profession* (O'Grady & Richards, 2010) further illustrates how the climate in psychology is changing. The authors found, through a sample of 333 respondents from the American Psychological Association and a random sampling of individuals who subscribe to a mailer of a monthly periodical about science and religion, that 86 percent of the people sampled believed that God may inspire helping professionals as they work with patients. Many individuals that were questioned also gave examples about how they empower themselves through spirituality. Examples included: engaging in spiritual practice, developing a relationship with God, living a virtuous life, and being present in a relationship with God (O'Grady et al., 2010). The authors did an excellent job of conducting the research and identifying the views of therapists in the field. However, more specific research is needed to see how spirituality in a counseling setting could be used to help patients with eating disorders.

Kellems, Hill, Crook-Lyon, and Freitas (2011) wrote an article titled *Working With Patients Who Have Religious/Spiritual Issues: A Questionnaire of University Counseling Center Therapists*. The researchers interviewed two hundred therapists who were involved with patients who had difficulties incorporating religion/spirituality (RS) into their lives. The issues that they encountered the most were questioning of childhood religious beliefs, and religion/spirituality as a source of strength.

The researchers were looking for information about issues that arise when therapists use religion/spirituality in a counseling setting.

More specifically, they wanted to know what types of RS issues are discussed in therapy, how often RS issues are addressed, the similarity of therapists and patients in terms of RS values (from the therapist perspective), what therapists' goals and interventions are for working with RS

issues, and what kinds of training therapists have in working with RS issues. (Kellems, Hills, Crook-Lyon, & Freitas, 2011)

The authors were also curious to see if religious differences between the patients and the counselors affected the therapeutic relationship. They examined the correlation between the therapist's own personal religious and spiritual beliefs in relationships to how important spiritual and religious issues were to them in the counseling setting. To obtain the information, the researchers questioned the therapists involved with the study.

The therapists that were questioned came from college counseling settings. The patient's came from a variety of different religious and ethnic backgrounds. The researchers found nine ways in which patients' religious and spiritual issues were conveyed in the counseling sessions. These issues included both sin and guilt caused by "incongruence between beliefs and behaviors related to sexual orientation, premarital sex, non-specific sexual behaviors, and divorce". Some of the patients were struggling with leaving their religion of origin. Others used religion as a source of strength. Still others were exploring their own beliefs about religion and spirituality. The counselors concluded that the college age population struggles with religious and spiritual issues in a number of ways. It was determined also that this population has a higher than average rate of individuals that suffer with eating disorders (Kellems et al., 2011).

Based on the study, it was determined that religious similarities between the patient and therapist were not necessary for the creation of a strong therapeutic relationship. Furthermore, through statistical analysis, it was also determined that the higher a therapist's commitment to religion and spirituality, the more importance they placed on the subject in the counseling setting ((Kellems et al., 2011). The researchers did an excellent job explaining how religion and spirituality can affect the counseling process and were able to look at the patients'

religious/spiritual issues through the therapist's eyes. However, because there was no direct contact with the patients, the patient's perspective was missing.

It has been shown, on multiple occasions, that religion and spirituality are issues that are constantly being discussed during the counseling process. It seems as though the two are becoming more and more intertwined. As the debate continues, the field also continues to make important advances.

However, the research on the subject continues to show only a limited perspective. It is important to not only understand the therapist's perspective, but to understand the patient's feelings and attitudes about religion and spirituality as it relates to the field of mental health as well. Open communication and therapeutic relationships allow therapists to access and explore their patient's feelings in relation to these issues. Often times, a third party perspective can miss or disregard important details.

Miller's (2007) chapter on *Interpersonal Psychotherapy from a Spiritual Perspective* professes that the psyche is the detector of spiritual truth. In this chapter, Miller examines *Interpersonal Psychotherapy*, which is defined as short term structured treatment for depression. She explains that it is used to "ameliorate suffering and improve spiritual clarity through understanding and renegotiating relationships." The central focus of the therapy session is to explore problems in interpersonal relationships. This particular therapy suggests that we are all social beings that need interpersonal relationships to function. Transitions occur throughout one's life that may bring about distress when their old role has changed but they have not yet transitioned into a new role.

According to the chapter, *Interpersonal Psychotherapy* outlines several stages. The first stage links personal issues to interpersonal situations. The second stage is about helping the

patient come up with techniques to negotiate their problems. The new skills are practiced and then evaluated. As mentioned in the article, Interpersonal Psychotherapy is not specifically linked to spirituality. It was the author's decision to incorporate spirituality into the Interpersonal Psychotherapy process. It was her belief that, for many patients, spirituality cannot be separated from the counseling process; and because the vast majority of Americans are either spiritual or religious, it may be highly beneficial to practice therapy with that in mind (Miller, 2007).

Therapy was conducted on a variety of patients from a number of different backgrounds, including ethnically, religiously, and socio-economically diverse groups. Though, many of the patients were female. The author emphasized that issues of spirituality are often times avoided and not openly discussed during counseling sessions. However, if the patient is made aware that the therapist is open to discussing such issues, they become more open to discussing these issues as well.

One particular patient that the therapist worked with was a young girl who was reaching the age of adolescence. Her father had been murdered in his convenience store. The girl was overcome by grief and decided to attend counseling. Along with her budding adolescence came her interest in boys. At a pivotal point in therapy, the girl said that she had met a boy and that he had been sent by her father (Miller, 2007). Obviously, there was a strong connection for this young woman and her deceased father. She believed that they were still connected even after his death, and that he was still watching over her. This is something a therapist might not have picked up on or allowed the patient to talk about if they were to overlook the spiritual implications involved. Luckily, the therapist in this case was able to provide her patient with a relationship that helped to foster her emotional and spiritual growth. As the author continued to describe case studies in which patients had some spiritual connection, it becomes obvious that

one of the main points she was trying to make was that relationships are one of the aspects that help individuals with spiritual growth.

The chapter also takes an in depth look at how therapy can help patients. It leaves you wondering what other forms of therapy and techniques could be used to help patients embrace spiritual healing. In my research, I am less interested in specific types of therapy and more interested in specific events that have helped patients to have inspirational experiences. It would be interesting to see how patients involved with a number of different therapists, each with different theoretical orientations, have found inspiration. I believe that this research will bring about more useful questions and research and enable therapists to continue to bring spirituality into counseling sessions when it is beneficial to their patients.

*Spirituality and Psychological Well-Being: A Mediator-Moderator Study* written by Fiorito and Ryan (2007) focuses on the connection between religiosity and spiritual wellbeing. The article discusses how an individual's happiness may be obtained through life goals. In order to understand the connection between mental health and religion, it is important to understand how religion and spirituality are connected to these goals (Fiorito & Ryan, 2007).

If, as the article suggests, religiosity is connected to psychological wellbeing, important implications are placed on the field of mental health. Unlike the beliefs of Freud and other early psychotherapists, Fiorito and Ryan (2007) suggest that there is little separation between psychology and spirituality after all. In fact, many other studies have also shown positive correlations between religious involvement and mental health (Richards et al., 2011). If these studies are correct, incorporating religion and spirituality into counseling sessions could have tremendous benefits for patients, as long as therapists are careful to respect patient boundaries and incorporate these elements at the patient's request.

Another article, *Uniting Spirituality and Sexual Counseling*, takes the idea of integrating spirituality into counseling a step further. Not only do the authors examine how spirituality can effectively aid counselors in helping patients deal with sexual issues and strengthen sexual relationships, but they also take a critical look at the process of uniting spirituality and sexual counseling. The researchers also consider how the mainstream psychological understanding that has been provided by Master's and Johnson neglects to examine how morals, values, and spirituality can affect an individual's sexual functioning. The authors believe that sexuality has been a part of theology and psychology for some time and by bringing spirituality in to the sexual realm of healthy monogamous relationships, couples can increase the feeling of "oneness, heightened senses, transcendence, love and partnership, increased energy, and ecstasy" (Turner, Center, & Kiser, 2004). The authors also address multicultural counseling and spirituality by explaining how spirituality can be significantly influenced by race/ethnicity, gender, and religious affiliation (Turner et al., 2004).

The article suggests that counselors should familiarize themselves with the most common mainstream religious and spiritual customs of their patients. Taking it a step further and understanding their patients own personal beliefs and feelings about spirituality, sexuality and counseling can also aid counselors in areas that have previously been avoided.

Cornish and Wade (2010) suggest that many patients in the United States are likely to have religious or spiritual obligations that play a huge part in their lives. When these individuals come in for counseling they often see their problems in relation to religion and spirituality.

Reconnecting with others and with God can really help to stop their feelings of isolation and help them make meaning of their issues. Furthermore, individuals who are religious/spiritual often benefit greatly from open discussion involving the use of spirituality and/or religion in relation to

topics related to their specific disorder (Cornish & Wade, 2010). Patients would also be able to address beneficial pieces of their religious and spiritual beliefs and community of therapists were willing to address these areas in counseling (Cornish & Wade, 2010).

### **Spirituality and Eating Disorders**

In acknowledging that religion and spirituality are important factors in the lives of many individuals within the general population, our next step is to explore the role that these factors play when working with members of a more specific population. In recent times, Western nations have reported a drastic increase in eating disorders. There are roughly five million American suffering with these devastating disorders (Richards, et al., 2011). The article also reports, throughout history, eating disorders have been glorified. Particularly in regards to religion; references have been made to the “holy faster” and the “starving saint” (Richards et al., 2011). Luckily, in more recent times, starving to the point of disease, or even death, has become less heroic and much more cause for concern.

Today, such actions have been classified as “disorders” according to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (2000; DSM-IV-TR). The DSM-IV defines eating disorders as primarily a preoccupation with weight and shape and an overvaluation of oneself based on one’s weight and shape. *Anorexia Nervosa* is defined as the intense fear of gaining weight, a refusal to maintain a minimally acceptable body weight (below 85% of ideal body weight), and amenorrhea in post pubertal women. *Bulimia Nervosa* is defined as recurrent episodes of eating objectively large quantities of food while feeling a loss of control over one’s eating (i.e., bingeing), followed by extreme weight loss behavior or purging, such as vomiting, laxative abuse, or excessive exercising (DSM-IV-TR, 2000).

Eating disorders can be extremely complex. They are often viewed as encompassing a variety of, physical, psychological, spiritual, genetic, and cultural issues (Richards et al., 2011). By looking at eating disorders from a spiritual perspective, it has been argued that traditional religious values have been replaced by the *religion of thinness* (Lelwica, 2010).

One characteristic that seems specifically related to the spiritual aspect of eating disorders is the feeling of disconnect from a higher power. Women suffering from eating disorders often feel distant and far removed from God's influence and love (Richards, 2010). Many feel unworthy, unlovable, and incapable. These individuals lose their ability to feel connected to family and friends. As their relationships with God, family, and friends deteriorate, they rely more exclusively on their eating disorder to cope with their pain and problems (Richards et al., 2007). They may also struggle with negative images of God, fear of abandonment by God, guilt and shame about sexuality, reduced capacity to love and serve, and dishonesty (Richards et al., 1997). If treatment helps to bring spirituality and relationships with family, friends, and God back into the equation, this could help to shift the power away from the disorder.

Richards, Smith, O'Grady, Bartz and Barret (2009) conducted research using a theistic approach with women with eating disorders. Therapists encouraged their patients to use a theistic framework to help them throughout the counseling process. The therapists adhered to specific guidelines in order to help themselves and their patients connect with the spiritual approach. They followed steps that were similar to the ones outlined in the Inspiration article. The guidelines encouraged the therapists to be open to a multicultural view of spirituality. The framework also encouraged the creation of a safe therapeutic environment in which the patients could express their own spiritual perspective. Under this framework, the patients and therapists set spiritual goals and conduct assessments to understand the patient's world-view, cultural

background, and presenting problems. After these things were examined, the therapist and patient worked to implement a spiritual intervention for therapeutic growth (Hardman et al., 2009).

The research found that many of the struggles that patients face are of a spiritual nature, including the lost connection with one's spiritual worth and identifying themselves only through their eating disorder (Richards et al., 2009). Although this article delves into the use of spirituality in counseling, the researchers do not go into great detail about whether the patient experiences inspiration, or the ways in which they experience it. The article focuses more on the feelings of inadequacy and the loss of spirituality in the patient's life that led to the eating disorder in the first place. It summarizes what the therapist did to help the patient reestablish her connection with God but focuses little on the patient's own spiritual perspective.

Another article, *Recurrent Binge Eating in Black American Women*, examines binge eating disorders in the African American female population. The article states that trauma is often correlated with different types of eating disorders. The article indicated that the idea of "the strong black woman" emerged during times of slavery in which black women were viewed as "stronger and more resilient" than White woman. This view is a prevalent theme throughout the article. With the label of strength and power come many stigmas. One such stigma includes these women not opening up about past trauma and feeling as though they must carry the burden by themselves. The article further suggests that such a stigma often forces these women to find other outlets for their anger, grief and sorrow. Often times, binge eating becomes a release (Stregel-More, 2000). Although the article explores the connection between the three aforementioned subjects, it does not discuss treatment. It's possible that mental health counseling with a focus on spirituality could be of great use for these individuals. Because there seems to be a strong

connection between the African American population and religion/spirituality, it would make sense that this population could benefit from such an intervention (Mattis, 2002).

A case study conducted by Richards, Smith, Michael Berret, Ogrady, and Bartz (2009) demonstrates this principle. The study follows the progress of a young woman named Amy on her journey through eating disorder recovery. Amy and her therapist work to incorporate spirituality into her treatment and healing. Throughout the treatment, Amy is able to come to terms with her religious and spiritual beliefs as well as her familial discord. The article does an excellent job capturing this young woman's amazing battle (Richards, et al., 2009). However, it only captures one perspective. As researchers, the next step would be to build upon this foundation by examining a larger group of individuals with eating disorders, studying their different stories, journeys, attitudes, and opinions about religion, spirituality, and the process of psychological healing as it relates to their disorders.

Another study that examines the effect that cognitive and emotional groups have on eating disorders is: Comparative efficacy of spirituality, cognitive, and emotional support groups for treating eating disorder inpatients (Richards, Hardman, Berrett and Eagert, 2006). This study found that individuals in the spirituality groups scored lower on the psychological disturbance and eating disorders symptoms at the end of treatment than patients that attended other groups (Richards et al., 2006).

According to Madsen et al., there is a strong connection between eating disorders and asceticism (Madsen et al., 2007). The authors suggest that eating disorders can sometimes take on a religious component, causing the sufferers to believe that they cannot beat their disorder without undermining their religion.

The article further suggests that incorporating spirituality into eating disorder treatment can bring about a more holistic approach to mental health and healing (Madsen et al., 2007). The researchers conducted interviews with nine women with anorexia nervosa and/or bulimia nervosa and found that several themes emerged. The themes include: locus of control, self-image (negative), sacrifice or self-denial, salvation, and maturation characterized by how they changed over the course of treatment (Madsen et al., 2007).

According to the previously mentioned article, comparative efficacy of spirituality, cognitive, and emotional support groups for treating eating disorder inpatients, women often engage in disordered eating behaviors because they have false beliefs about what the eating disorder can provide (Hardman, Barrett, & Richards, 2003). Some of the false beliefs that the article highlighted include: control, and communication of pain and suffering. Faulty ideas related to control, communication, pain and suffering include: the thought that the disorder will make them exceptional, expressions of unworthiness, and the idea that the eating disorder will protect them from pain and give them comfort and approval from others. Some even incorporate the idea of atonement and avoidance of responsibility. The pursuit of perfection can also be related to faulty beliefs (Hardman et al., 2003).

These articles take some excellent steps in understanding the themes that emerge when working with patients with eating disorders. They set a great foundation for further study of themes related to eating disorders and treatment outcomes.

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## APPENDIX B

## Questionnaire/ Interview Questions

1. Can you please tell me a little bit of history about your eating disorder, beginning from when it was at its worst up until recovery and where you are today?
2. What things helped you the most through your eating disorder and recovery?
3. What role has your faith and spirituality played in your treatment and recovery?
4. Did you engage in any spiritual practices in your recovery that helped with treatment?
5. Was there any ways that your faith/religious background negatively impacted your eating disorder?
6. Were there any ways that your eating disorder negatively impacted your faith and spirituality?
7. Did you have any specific experiences during counseling and therapy that affected your treatment and recovery?
8. What would you tell other girls or women going through a similar experience? Would you suggest that they turn to spirituality/religion and or a higher power? If so, how might you suggest they utilize such resources?
9. Pre eating disorder how would you describe you spiritual/religious life and experiences?
10. How has your eating disorder impacted your spirituality and religion?

## APPENDIX C

## Revised Themes

Positive Factors: (changed themes bolded)

1. **Supportive Relationships**
2. Spiritual connection with a higher power /God.
3. **Self Love**
4. **Prayer/ Prayer books.**
5. Connection with nature.
6. **Spiritual Meditation/ Mindfulness in Recovery**
7. **Creative Work.**
8. Relationship with treatment team (spiritual and non-spiritual)
9. **Role of religion, religious leaders, and spiritual community.**
10. **Assisting others in their recovery and helping prevent relapse.**
11. Assertiveness

Negative Factors:

12. **Abuse/ Traumatic event in either continuing cycle of addiction or starting it.**
13. **Negative experiences in religious/spiritual setting.**
14. Perfectionism.
15. Mothers (Sisters) with negative self image.
16. Poor relationships with therapist and/or treatment team (facility).
17. Negative Feelings about self.
18. **Unhealthy relationships with family/friends.**
19. Negative relationship with a higher power/ God.
20. Feelings of Shame, Guilt, & Worthlessness.

## APPENDIX D

## Final Themes

## Positive Factors:

1. Supportive/ positive relationships
2. Spiritual connection with a higher power /God.
3. Love and support (including self love)
4. Praying and reading prayers, scriptures and prayer books.
5. Connection with nature.
6. Spiritual Meditation/spirituality class/ yoga/ exercise.
7. Journaling, Writing, Music, Reading, Dancing, and Art (Creative Work)
8. Relationship with treatment team/ treatment (spiritual and non-spiritual)
9. Religion/spiritual community, church/temple/ leader.
10. Helping others to recover.
11. Assertiveness

## B. Negative Factors:

12. Abuse/ assault/ traumatic event
13. Negative comments from peers in religious/spiritual setting.
14. Perfectionism
15. Mothers (Sisters) with negative self image
16. Poor relationship with therapist/ treatment team/ facility
17. Negative Feelings about self.
18. Negative (no) relationship with family and friends
19. Negative relationship with a higher power/ God.
20. Feelings of Shame/ Guilt/ Worthlessness.

## APPENDIX E

### Informed Consent

#### **The Role of Spirituality in Etiology, Treatment, and Recovery from Eating Disorders** Consent to be a Research Participant

##### **Introduction**

This research study is being conducted by Carrie Fleischer a student in the Counseling Psychology PhD. Program at BYU and P. Scott Richards a Professor of Counseling Psychology at Brigham Young University to understand whether religion and spirituality contribute to the development of eating disorders. You were invited to participate because you have successfully completed or will be close to successfully completing treatment for an eating disorder.

##### **Procedures**

You will be asked to participate in a 30-60 minute interview at the Center for Change, over Skype or on the phone. The interviewer will take all precautions to maintain your confidentiality. The interviewer will ask you about how your faith and spirituality may have influenced your eating disorder treatment and recovery.

##### **Risks/Discomforts**

There are minimal risks for participation in this study. However, you may feel some emotional discomfort when discussing personal issues about your treatment and recovery. You have the right to terminate the interview at any time you wish. Members of the Center for Change treatment staff will be available to discuss any concerns you may have as a result of participating in the interview.

##### **Benefits**

There are no direct benefits to participants. However, it is hoped that through your participation researchers will better understand what role faith and spirituality may play in eating

disorder treatment and recovery.

### **Confidentiality**

All information provided will remain confidential. No identifying information will be included on the written interview transcripts, in any written manuscripts, or in any communications with those outside of the research team. If you agree to participate in the study, before completing your interview with the researcher, the Center for Change will provide basic demographic information about you with the researcher, including your age, religious affiliation (if any), state of residence, length of stay at Center for Change, educational level, and your diagnosis at time of admission to Center for Change. The investigators (listed above) and their research team will have access to the interview data for the duration of the study. All data, including questionnaires, demographic information, and tapes/transcriptions from the interview, will be kept in a storage cabinet behind a locked office door and only those directly involved with the research will have access to them. After the completion of the study the interview tapes will be erased.

### **Compensation**

No compensation will be given.

### **Participation**

Participation in this research study is voluntary. You have the right to withdraw at anytime or refuse to participate entirely without concern for any negative consequences.

### **Questions about the Research**

If you have questions regarding this study, you may contact P. Scott Richards, Ph.D. at (801) 422-4868, [scott\\_richards@byu.edu](mailto:scott_richards@byu.edu).

**Questions about your Rights as Research Participants**

If you have questions regarding your rights as a research participant, you may contact IRB Administrator, (801) 422-1461, A-285 ASB, Brigham Young, Provo, UT 84602, [irb@byu.edu](mailto:irb@byu.edu).

I have read, understood, and received a copy of the above consent and desire of my own free will to participate in this study.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX F

## Definitions

**Spirituality:** Invisible phenomenon associated with thoughts and feelings of enlightenment, vision, harmony with truth, transcendence, and oneness with God (Richards & Bergin, 2005, p. 22).

**Religion:** Theistic religious beliefs, practices, and feelings that are often though not always, expressed institutionally and denominationally (Richards and Bergin, 2005, p. 22).