Spiritual Cognitive Therapy (SCT)[1]

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INTRODUCTION

WHAT IS MISSING FROM TRADITIONAL THERAPIES?
- What are the limits of traditional therapies?
- Are traditional therapies too superficial?

LET'S GET A CLUE (to what really changes people)
- Religions
- Self-help movements
- Personal (non-group) "conversion experiences."

WHAT DO THESE ALL HAVE IN COMMON THAT WORKS?

WHAT IS "SPIRITUAL COGNITIVE THERAPY"?
- What do the words "spirit" and "spiritual" mean?
- What is "Spiritual Cognitive Therapy"?
- How does the concept "ultimate concern" relate to the concept of one's "faith"?
- How does the role of a psychological "spiritual cognitive therapist differ from what a preacher, prophet, or priest in helping people deal with faith/spiritual issues?
- How is spiritual cognitive therapy different from regular cognitive therapy?

SPIRITUAL HELPING APPROACHES IN THE PSYCHOLOGICAL COMMUNITY

SOME BASIC DEFINITIONS
- Philosophy, Religion, and Spirituality
- Philosophy of Life, Spiritual Center, Core Beliefs and Values–loosely defining as same for now.

TRADITIONAL NEGLECT AND HOSTILITY TOWARD SPIRITUAL APPROACHES TO HELPING
- Church–State Separation Issue
Pastoral Counseling versus Psychological ("State") Counseling (how to separate here or later–later?)
- Western Worldview Conflicts With Traditional Religious Beliefs (See RBp72)
- Freudian/Psychoanalytic Bias Against Spirituality

NEEDS FOR A SPIRITUAL APPROACH TO HELPING AND THERAPY
- Spiritual concerns of large numbers of helpees: (All "%"s mean percentage of *all persons in the U. S.)* R&Bergin, p8
  - U.S. 1995: 85.3% Christian; 8.7% Non-religious; 2.1% Jews; 1.9% Muslims; 0.3% Buddhist
  - Among Christians: Affiliated 68.6% (Catholic 21.0%, Protestant 30.6%)
  - Among Protestants: Evangelicals 27.5%, Black Christians 9.6%, Anglicans 2.1%, All other protestants 4.1%

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[1] Visit Tom's web site, http://front.csulb.edu/tstevens for free chapters from his book, **You Can Choose To Be Happy: "Rise Above" Anxiety, Anger, and Depression** and many other self-help materials. Also visit his web site at http://front.csulb.edu/success to take the free Success and Happiness Attributes Questionnaire (SHAQ). SHAQ is partially an SCT assessment and research tool.

☞ *Inference: 91.3% of the people who come for therapy may affiliate with some religion–85% of the all, Christian.*
- Changes in the beliefs of the helping community that are more favorable to overtly spiritual interventions
- Growing cultural and scientific recognition of importance of spirituality and meaning for physical and psychological health
- Causal effects of more specific spiritually-related issues on physical and psychological health

RESEARCH RELATING SPIRITUALITY TO PHYSICAL AND MENTAL HEALTH

REVIEWS OF STUDIES RELATING SPIRITUALITY AND RELIGION TO PHYSICAL AND MENTAL HEATH
- David Myers (1992) summary of results
- Batson, Schoenrade, and Ventis (1993)
- Richards and Bergin (1998)
- Wong (1998) *Spirituality, Meaning, and Successful Aging* WFp374ff
- Pargament (1997) *The Psychology of Religion and Coping*

REVIEWS OF STUDIES RELATING PSYCHOLOGICAL PROBLEMS AND PSYCHOPATHOLOGY TO CORE BELIEFS OR MEANINGLESSNESS
- Klinger (1998)
- Wong (1998)
- Debatts (1998)

POSTTRAUMATIC GROWTH
- Richard Tedeschi, Crystal Park, and Lawrence Calhoun (1998). *Posttraumatic Growth: Positive changes in the aftermath of crisis.* Mahwah, New Jersey: Lawrence Erlbaum Associates.

PERSONALITY CHANGE
- Heatherton, Todd F.& Weinberger, Joel L. (1994). *Can Personality Change?*

A COGNITIVE APPROACH TO UNDERSTANDING SPIRITUALITY

PARTS OF OURSELVES AS COGNITIVE SYSTEMS
- Major parts of our personality (and selves)
- Simple dynamics–a melding of cognitive, humanistic, and psychodynamic therapies

TYPES OF ISSUES AND SYSTEMS COMMONLY RELATED TO SPIRITUALITY AND RELIGION
- Metaphysical and Worldview Issues
  Eg. Nature of universe and/or God, Human nature and place in universe, existence beyond what is observed, nature of death/life after death, deepest causes in the universe, is the world improving or getting worse, etc.
- Epistemological/Methodological Issues (How is knowledge acquired and truth found?)
  Eg. Authority (Church, Bible, State, Professional assumptions and authority), Empirical Observations and Research, Revelation?, Reason?, Enlightened and/or Shared Reason?
- Ethical and Psychological Issues
  Eg. Nature of ultimate good(s)/evil(s), most functional or best values (truth?, love?, material?, accomplishment?, duty?, family?, nation?, all people? obedience to church or God?, daily/situational ethics, common issues such as self versus other or living for now versus future, etc.

WHAT IS A PERSON'S SPIRITUAL CORE?
- What do expressions like "Faith," "Philosophy of Life," "Core Values and Beliefs," and "Spiritual Core" have in common?
- Tillich's Concept of Ultimate Concern
- Concepts of the Higher Self

APPROACHES TO SPIRITUAL THERAPY

PASTORAL COUNSELING
- **Fundamentalistic Approaches**
- **"Mainstream" Christian Approaches**

TRADITIONAL PASTORAL COUNSELING SPIRITUAL TECHNIQUES
- **sacred books**
- **confession**
- **community of believer meetings**
- **counseling, educating, or converting others**
- **prayer and meditation**
- **forgiveness and repentance**
- **witnessing/role modeling**
- **worship and ritual**
- **education and self-help**
- **service to others**

COMMON CURRENT PRACTICES REPORTED BY PRACTICING CHRISTIAN PSYCHOLOGISTS--Richards and Potts (1995)
- **prayer (by therapist, client, or both)**
- **spiritual self-disclosure**
- **religious relaxation or imagery**
- **religious journal writing, meditation**
- **encouraging forgiveness (eg. laying on hands)**
- **teaching spiritual concepts**
- **spiritual confrontation**
- **therapist blessing or referral to priest**
- **religious bibliotherapy**
- **referral to religious authority or community**
- **reference to scripture**
- **spiritual assessment**
- **client confession**
- **scripture memorization**

=>Note relevance of therapist role issues for choice among the above techniques–some appropriate in "state" settings or for use with "general" clients and some are not.

12-STEP PROGRAMS
- **Alcoholics Anonymous 12 steps: 1-admit alcoholic; 2-believe in Higher Power (HP); 3-turn our will and lives over to HP; 4-moral inventory; 5-admit to HP, to selves, and to another human wrongs; 6-entirely ready for HP to remove shortcomings; 7-ask HP to remove shortcomings; 8-list of persons harmed; 9-make amends unless hurt them; 10-continue personal inventory/admit wrong promptly; 11-prayer and mediation pray for guidance and strength; 12-practice principles and carry message to other alcoholics.**

POPULAR SELF-HELP APPROACHES
- **Wayne Dyer**
- **Bernie Siegle**
- **James Redfield**
- **Depok Chopra**
- **Joan Borysenko**

COGNITIVE APPROACHES
- **Albert Ellis**
- **Aaron Beck**
- **George Kelly**

EXISTENTIAL/HUMANISTIC APPROACHES
- **Victor Frankl's Logotherapy**
- **Paul Wong (1998)**

SPIRITUAL HEALTH:
As measured by various spiritual and psychological experts or standardized instruments

WHAT IS SPIRITUAL HEALTH?
- **What are the dimensions of spiritual health?**
- **What are some validated ways of assessing spiritual health?**

(See appendix for list of several approaches)

WHAT IS SPIRITUAL COGNITIVE THERAPY (SCT)?

- How spiritual therapy is different from traditional therapy
- How the spiritual cognitive therapy is different from regular cognitive therapy
- How the role of a spiritual (non-religious/state) therapist varies from the role of a priest or pastoral counselor and other ethical Issues

Richards and Bergin (1998)

(1) Ecumenical versus Denominational Approaches

(2) Checklists of ethical recommendations for spiritual therapy
  - Avoiding dual relationships: therapist versus religious authority (especially in "state" settings)
  - Collaborating (avoiding conflict) with Religious Authorities (explain overlaps, role; not demean religion or authorities)
  - Respecting clients' values (clarify therapist & client views, accept clients right to hold different views, pursue religious goals only when clients give permission, not proselytize, refer if differences to great.)
  - Respecting church-state boundaries (laws and work policies, discuss with staff; work within client value framework, not promote particular religious viewpoint, obtain written consent with controversial interventions.)

(3) When to explicitly state own values
  - Background and Training Issues (read psychology and sociology of religion, attend workshop, study world religions, seek supervision)
  - Protecting Church-State boundaries while using spiritual therapy

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Richards and Bergin (1997):

Clinically Important Dimensions of Religiosity p175

1. Metaphysical Worldview
2. Religious Affiliation
3. Religious Orthodoxy
4. Religious Problem-Solving Style
5. Spiritual Identity
6. God Image
7. Value-Lifestyle Congruence
8. Doctrinal Knowledge
9. Religious and Spiritual Health and Maturity

Questions for Assessment p192

1. Client's worldview (Christian/denomination, eastern, atheistic, "postmodern"/relativistic, naturalistic/agnostic, etc)?
2. Childhood religious affiliation and experience?
3. Current religious affiliation and level of participation/devoutness?
4. Does client believe spiritual beliefs or lifestyle is contributing to presenting problems?
5. Spiritual concerns and needs of client?
6. Willingness to explore spirituality and participate in spiritual interventions?
7. Does client perceive spiritual beliefs and community as source of strength and assistance?

SAMPLE SPIRITUAL CORE ISSUES

(Note: the following issues are from Dr. Stevens' book, *You Can Choose To Be Happy: "Rise Above" Anxiety, Anger, and Depression*, 1998.)

CLIENT'S ULTIMATE CONCERNS   (Chapter 1)
  - **Introduction**
  - **What do great religious leaders and philosophers say our ultimate concern should be?**
    Religions: Hinduism–Nirvana, Buddha–happiness, Judism–10 Commandments, Jesus–2 great commandments
    Philosophers: Aristotle, Kant, Bertrand Russell–happiness
    Psychologists: Freud, Kohlberg, Humanism (Maslow, metavalues), Existentialism
  - Higher Power/God: God as *concept* and *source* of good

- **Spiritual, higher mental values versus externally-tied values.**
- **Desirable qualities of one's ultimate concern(s)**
- **Poor choices for UCs lead to Growing fragmentation, repression, or conflict within parts of the personality**
- **Common ultimate concern problems**

DEVELOPING OUR NATURAL "HIGHER SELF" (HS)   (Chapter 3)
- **A natural cognitive system that learns to unconditionally love self and others through empathy**
- **Like Maslow's inner voice? very different from Freud's Superego**
- **Completes with other cognitive systems–functional and dysfunctional ones. It strong HS causes personality integration.**
- **Develops through empathy, elaborating one's HS philosophy, choosing HS impulses over other impulses, reinforcement**
- **A strong HS becomes inner CEO, conductor, spiritual leader, psychologist, supreme court, hero** => self-actualization

WORLD VIEW ISSUES (SEE APPENDIX BELOW)   (Chapter 4)
- **Deficit versus Abundance thinking**
- **Overcoming worst fears**

SELF-ESTEEM-RELATED ISSUES   (Chapter 5)
- **Unconditional versus conditional self-worth**
- **How to love yourself despite past mistakes, deficiencies, and internalized negative subparts**

EXTERNAL VERSUS INTERNAL CONTROL ISSUES   (Chapter 6)
- **Core issues related to dependency, codependency, assertiveness, passivity, aggressiveness, communication, etc.**

HARMONIOUS FUNCTIONING–Creating peak learning, performance, and happiness   (Chapters 7, 8)
- **The Harmonious Functioning Model**
- **Six Mental Control Strategies for overcoming anger, anxiety, and depression:**
  CHUG-OF = Choice, Harmony, Understanding, Goals & Expectations, Optimism, and Focus

Additional issues–not from Tom's book:
ISSUES RELATED TO DOMINANT THEOLOGICAL/PHILOSOPHICAL TRADITIONS
- **Client's beliefs related to current dominant philosophical positions**
  Eastern Religions, Western Religions, Classical Modernism and Philosophy of Scientific, Postmodernism, and Western Humanistic Philosophy-Psycholog.
- **Key dimensions of conflict between these systems (and cause of client inner conflicts)–See appendix C:**

COMMON THERAPIST THEOLOGICAL/PHILOSOPHICAL BIASES
- **Richards and Bergin (1998)** *Responses by Mental Health Professionals to 10 Value Themes* **p132–See appendix B:**

SPIRITUAL COGNITIVE THERAPY (SCT) PROCESS

SCT GOALS
- **Identifying and resolving spiritual concerns relevant to their presenting problems and psychological wellbeing**
- **Priority of growth and wellbeing in their lives**
- **Identifying and using spiritual resources.**
- **Helping clients resolve spiritual identity issues.**
- **Make explicit that our primary goals are seeking values like truth, growth, health, and happiness for our clients and those whom they interact with.**
- **At appropriate times let clients know explicitly our beliefs (and relevant evidence) about how their various spiritual beliefs/values may affect their psychological functioning.**
- **Avoid trying to persuade/convert clients to any specific type of religious or spiritual approach.**
- **Help clients develop skills and habits that will help the implement their highest values in daily life**

SCT PRECONDITIONS
- **Unconditional acceptance/love of self and clients**
- **Understanding, acceptance, and appreciation of the benefits of a wide variety of religious and spiritual belief systems**
- **Psychologically healthy development and awareness of one's own spiritual beliefs and core**

SCT ASSESSMENT
- Basic Spiritual Background Factors
- Religious/spiritual affiliations of family and self
- Degree of involvement and knowledge of denominational beliefs and practices
- Value-lifestyle congruence

THE SCT PROCESS FOR RESOLVING CORE ISSUES
1. Explore presenting problem
2. Find underlying highest level/core issues
3. Clarify inner conflicts--between inner subparts, values, or with external sources
4. Use appropriate *cognitive techniques* such as:
   - Reframing with Higher Self-related values
   - Clarifying deep issue choices.
6. Align self with benefit to client and client's Higher Self-related values (avoid role of preacher/priest)
7. Help client apply higher values to daily thoughts and actions

KEY SCT TECHNIQUES
- Reframing
- Clarifying deep issue choices
- Conceptualizing the problem
- Attributional probing
- Relating spiritual issues/themes to history of client and current situations: defining alternatives
- What if (possibility thinking)
- Visualization techniques related to spiritual issues
- (Inner conflict) role-playing
- Training and rehearsal of effective interpersonal and self-related skills

BRIEF TRAINING IN REFRAMING AND VISUALIZATION TECHNIQUES

Mazon

DEALING WITH SPIRITUALLY-RELATED ETHICAL ISSUES
Types of situations and sample solutions
1. Non-value-related presenting problem
2. Non-religious, value-related
3. Implicitly religion-related
4. Explicitly religion-related

SUMMARY, REFERENCES, AND QUESTIONS

Appendix A:
Sample Research Results Relating Spiritual Variables and Religion to Mental and Physical Health

David Myers (1992)
- Gallup poll, series of questions, "highly spiritual' who agree with statements like, "God loves me even though I might no always please him," "My religious faith is the most important thing in my life" twice as likely to say they are "very happy." p183
- In US, church attenders less likely to become delinquent, abuse drugs/alcohol, divorce or be unhappily married, or commit suicide. They tend to be physically healthier and live longer.

Pergament (1997) Reviews of research related to following issues:
1. Proportion of people who involve religion in coping (with stress, serious life events, etc.)
   31 studies; 60-100%, 13 studies; 30-59%, 9 studies, 0-29%, 7 studies. (Others didn't use percentages.)
   Conclusions p142, Summary, appendix A, p409
2. Predictors of religious coping: Appendix B, p411
   a. Personal predictors of religious coping: less educated, Baptists, religiously active, personal religiousness, belief in divine influence, women, older, less hostile, more humble, more submissive, neuroticism, intrinsicness,

orthodoxy, loving God image, salience of religious cognition, etc.
b. Situational predictors of religious coping: threat of loss, personal danger, bereavement, physical suffering, unlikely events, mysticism related to lower anticipatory threat, catastrophic events, illness and death, greater number of stressors, negative events, more important events.
c. Contextual predictors of religious coping: organizational religiousness, frequent church attendance.

3. Surveys of people from stressful situation who found religion helpful in coping. (Eg. 7,000 WWII vets from 57-83% found religion helped them a lot "when the going was tough." In other studies reviewed by Pergament ranged from about 50-85% found religious coping helpful in dealing with stressful situations. In open-ended question studies, 18-69% spontaneously listed religious coping methods as helpful. Pp277-278.

4. Religious *orientation(s)* and outcomes of negative events (on physical and psychological health and solving immediate problem)–46 studies. Appendix C, p423ff, Summary table, p282

5. Religious *coping methods* and outcomes of negative events (on physical and psychological health and solving immediate problem)–40 studies. Appendix D, p439ff, Summary table, p285

Summary of helpful and harmful religious coping methods p288-300
Is religion more helpful to some people than others? p307
Pergament's Stress Moderator, Deterrent, and Combined Moderator-Deterrent Models p304
Studies; Appendix E, p458ff.

A Tally of the Results of Research on the Statistical Relationship between Measures of Religious Coping and Outcomes of Negative Events. Pergament (1997) p285.

Type of Religious Coping Variable	Subtypes	Significant Positive Rels	Significant Negative Rels	NS Rels
I. Spiritual Coping	**1) Spiritual support**	**46% (43)**	2% (2)	52% (48)
	2) Spiritual discontent	0% (0)	**56% (5)**	44% (4)
II. Congregational Coping	**1) Congr. support**	**37% (16)**	2% (1)	60% (26)
	2) Congr. discontent	0% (0)	**54% (26)**	46% (22)
III. Religious Reframing	**1) God's will and love**	**53% (19)**	0% (0)	47% (17)
	2) God's punishment	0% (0)	**52% (11)**	48% (10)
IV. Approaches to Rel. Control	**1) Self-directing**	4% (1)	**31% (7)**	65% (15)
	2) Collaborative	**46% (11)**	8% (2)	46% (11)
	3) Deferring	28% (9)	6% (2)	66% (21)
	4) Pleading	19% (7)	**59% (22)**	22% (8)
V. Rituals	**Religious rituals**	**40% (30)**	**23% (17)**	37% (28)
VI Patterns of Religious Coping		32% (151)	21% (98)	47% (219)
TOTALS		32% (151)	21% (98)	47% (219)

Batson, Schoenrade, and Ventis (1993)
- Mental health criteria p235-239
- Effects of religion on mental health studies p241-286;
  Summary of extrinsic, intrinsic, and quest dimensions on mental health p286-291
- Studies of prejudice and religious involvement p297-302 Summary p302.
- Studies of prejudice and extrinsic and intrinsic dimensions p305-310 Summary p310
- Studies of prejudice and extrinsic vs. intrinsic vs. quest p318-321; Overall Summary p329
- Studies of religion and concern for others and helping behavior p336-362; Overall Summary p362

Richards and Bergin (1998)
- Relation of intrinsic and extrinsic dimensions to various personality scales p81
- Physical health p86

Appendix B:
Spiritual Health Assessment Systems and Instruments

CLASSIFICATION SYSTEMS OF SPIRITUAL HEALTH and MATURITY
Kohlberg's Stages of Moral Development
Gordon Allport's Dimensions of religious maturity (especially extrinsic versus intrinsic) WFp160
Batson, Schoenrade, Ventis (1993) *Conceptions of Mental Health* BSVp235-238
Fowler (1996) Stages of Faith and Selfhood RBp184
Paloutzian and Ellison (1979) Two-Dimensional Model of Spiritual Well-Being RBp185
Clinebell (1965) Tests for Mentally Healthy Religion RBp188
Malony (1985), Eight-Dimensional Model of Christian Maturity RBp186
Bergin (1998) Religious-Spiritual Values, Lifestyles, and Mental Health RBp189
Richards and Bergin (1998) *Psychospiritual themes in a spiritually integrative personality theory* (inspired by Erikson,
    1963 stages of development
Wong *et al's Eight Factors o f Personal Meaning* WFp123-126
    102 Characteristics of an Ideally Meaningful Life WFp134-137
    From his series of empirical studies of people's conceptions of a meaningful life

ASSESSMENT INSTRUMENTS
Allport and Ross (1967) *Religious Orientation Scale* (Extrinsic and Intrinsic scales) BSVp162
C. Daniel Batson (1993) *Religious Life Inventory* (External, Internal, Quest scale) BSVp170
        (Christian) *Doctrinal Orthodoxy scale* BSVp171
Battista and Almond (1973) *Life Regard Index* (LRI-R WFp250–see results above)
Richards and Bergin (1998) *Religious-Spiritual Client Intake Assessment Questions* (Levels 1 and 2) RBp191-193
Gorsuch and McPherson (1989) *Intrinsic-Extrinsic Relgious Style* RBp196
Paloutzian and Ellison (1991) *Spiritual Well-Being Scale*   RBp197
Pergament, Ensing, et al. (1990) Religious Coping Items and Scales (for Christians) Pp184
    Scales:
    1.Purposes of religion in coping (spiritual, self-development, resolve problems, sharing/closeness with people,
        restraint of emotions and actions);
    2. Religious appraisals;
    3. Religious coping activities (spiritually based, good deeds, discontent with religion/God, social support, pleading
        with God, religious avoidance of problem).
Pergament (1997) RCOPE scales–Positive religious coping and Negative religious coping scales
        (used w/ survivors of OC bombing) Pp299

Wong (1998) *Personal Meaning Profile* (PMP)   WFp138-139

Assessment Instruments (PMP, LRI, Role-Reptest, Narratives, etc.))
Some other Meaning and Goal assessment instruments (FWp30 and (better)238ff):
    Purpose in Life (PIL) test, Crumbaugh and Maholick, 1969
    Seeking of Noetic Goals Test (SONG), Crumbaugh, 1977
    Meaning in Life Depth (MILD), DeVogler-Ebersole and Ebersole, 1985

Life Attitude Profile (LAP), **Reker, Peacock, and Wong, 1987**
Motivational Structure Questionnaire, **Cox and Klinger, 1988**
Work Concerns Inventory, **Roberson, 1989**
Interview Questionnaire **(to assess current goals), Klinger**

A. Antonovsky's (1979) Sense of Coherence (SOC) Construct:
Focus on cognitive response to stressors

DIMENSIONS of SOC
1. Meaningfulness (most important factor)
2. Comprehensibility
3. Manageability

RESEARCH on SOC
✏ **Positive correlations with scales of locus of control, hardiness, self-esteem, mastery, life regard, optimism, potency**
✏ **general well-being ,r=.63 to .70; trait anxiety, r=-.77; neuroticism, r=−.81; global stress, r=−.67; morale, .66 to .70**
✏ **Some negative results relating manageability to daily hassles, etc.**
    In David Korotkov (1998)
✏ **Kobasa: Involvement, Control, Optimism related research on hardiness and health.**

Roy F. Baumeister (1991): Four Needs For Meaning

1. Purpose: Objective goals and subjective fulfillments
2. Efficacy and control
3. Value and justification
4. Self-worth

Paul Wong (1998): Personal Meaning Profile (PMP) Questionnaire

102 items, scored 1-7 "not at all" to "a great deal"

SCALES
1. Achievement Striving (32% variance)
2. Religion (8.8% variance)
3. Relationship (4.6% variance)
4. Fulfillment (4.3% variance)**
5. Fairness-Respect (3.5% variance)
6. Self-confidence (2.7% variance)*
7. Self-integration (2.5% variance)*
8. Self-transcendence (2.5% variance)
9. Self-acceptance (2.3% variance)*
_____
*Scales related to self-related attitudes.
**Dropped for studies related to depression/happiness

SAMPLE CORRELATIONS
✏**"All PMP factors were positively correlated with psychological well-being, suggesting that meaning, regardless of its source, is an important mediator of psychological well-being. This finding confirms that happinesss is an inevitable by-product of meaningful living."**
✏**Correlation of *minus* .70 between total PMP and Beck Depression Inventory.**

Responses from by Mental Health Professionals to 10 Value Themes

Theme	% agree	% agree to guide all/many clients
Theme 1: Competent perception and expression of feelings	97	87
Theme 2: Freedom, autonomy, and responsibility	96	85
Theme 3: Integration, coping, and work	95	81
Theme 4: Self-awareness and growth	92	77
Theme 5: Human relatedness and interpersonal and family commitment	91	73
Theme 6: Self-maintenance and physical fitness	91	71
Theme 7: Mature values (sense of purpose, principles, etc)	84	68
Theme 8: Forgiveness	85	62
Theme 9: Regulated sexual fulfillment	63	49
Theme 10: Spirituality and religiosity	49	29

Appendix C:

Characteristics of Ultimate Concerns

DESIRABLE QUALITIES OF ONE'S ULTIMATE CONCERN(S):

- **Ultimate.** Highest value/goal in one's life. Will be chosen above all other (secondary) values. Tillich
- **Unconditional.** Is primary under any condition.Tillich
- **Simple and elegant.** Ideally, it would be a relatively simple statement–easily understood by many–that is at the same time so powerful that it can explain or encompass all life events.
- **Comprehensive.** Is at least tangentially relevant to any situation in life.
- **Unifying.** Is able to successfully resolve differences in conflicts between two or more competing lower values. Tillich.
- **Truthful-Valid.** Represents the true state of affairs in the universe–(not usually evaluated by therapist?) Tillich
It should no conflict with any other type of valid knowledge or truth (eg. Scientific knowledge, historical knowledge, personal knowledge, etc). This is a murky area for therapists.
- **High unconditional value of oneself and others.** All people's health, happiness, and general welfare are highly valued.
- **Identify with all people–not just a subgroup.**
- **High unconditional value for the environment and to some degree the entire universe.**
- **Universality.** Kant's cat imperative "act as if the maxim of your action were to become through your will a universal law of nature."
- **Adaptable.** Through it's nature is able to adequately deal with all possible changing conditions and conditions of life in ways that meet the other criteria.
- **Source of Security.** Trusting in this principle, being, whatever provides ultimate security for person.
- **Clear, Prescriptive.** It should include extremely general, implied guidelines for evaluating or recommending almost any behavior. Like one's personal supreme court.
- **Growth and integrity-oriented. Grows more elaborate and integrated. Causes integrity of personality.**
- **Promotes psychological and physical health.** It should become increasingly complex and integrated within itself and with the rest of the personality over time from interacting with many particular life events. Each new event should become integrated with the core. Eg. Maslow, Self-actualization, see other models of spiritual/psychological health.

COMMON ULTIMATE CONCERN PROBLEMS

1. Poorly developed Higher Self and Philosophy of Life. Causes lack meaning to life, depression, narcissism, addictions, dependency/external control.

2. Fragmented Ultimate Concerns. Cause inner conflict, anxiety, indecisiveness.

3. Sample of common poor choices of UC: (Also see Kohlberg's stages, but he lacks top stage of love/empathy).
According to Tillich, anything we pick as an UC that does not fully deserve to be UC will cause serious life problems. One of my more recent hypotheses, is that I believe they are at the heart of many psychological disorders.

- **Self-pleasure,** now: childlike selfishness, lack empathy, narcissim, sociopathic/anit-social "gimme", addictions.
- **Another person, family, or everyone** (love, parent, **acceptance)** as god. Dependency/ external control, codependency, addictive relationships, self-deprivation.**To be loved and accepted by all.**
- **Achievement/success** or over-identify with a role: Workaholic, feels worthless without success, may lead to depression, anxiety. May be aggressive, lack empathy, manipulative. Physical health problems. Unhappy.
- **Power, status, recognition, respect, pride.** "I am important" Manipulative, ruthless, conceited, self-serving decisions, status symbols. Fears:being weak, rejected, looked down on by others,
- **Nation, Church or other group or institution**: Must go to church and obey all rules or go to hell. Us vs Them.

- **Blind obedience to God or a Set of Rules= = >** **"Rule bound"** leads to OCD-like behavior.
  - **Health.** Hypochondriac.
4. **Ultimate Concern as source of greatest anxiety and fear.** Greatest fear is flip-side of ultimate concern.
5. **Fanaticism, extreme views, and repressing doubt.**
6. **People with inflexible UC s fear change.** May underly some sensitivity to criticism. If **value growth/progress,** welcome it.

Appendix D:

Sample World View Issues Affecting Psychological Functioning:
Issues for Cognitive Therapy and Personal Growth

- **WHO or WHAT IS IN CONTROL** (God, Nature, Chaos, Other People, Me, etc)? [U Don't believe in Higher Power]
  = = > You can often substitute *World, God, Others, Nature* below--depending upon this belief.

WORLD VIEW ISSUES

PERSONAL ISSUES

- **WORLD FRIENDLY OR NOT TO PEOPLE**

  Am I loved and cared for?

- **PROGRESS versus REGRESSION**

  Are things to get better or worse?

- **STRUCTURE/PLAN/ORDER versus CHAOS**

  Is God (or anyone/anything) in control?
  Can I understand it? Can my life be in control?

- **UNCONDITIONAL CARING versus CONDITIONAL**
      (authoritarian) "SHOULDS"

  Does God/Nature/People unconditionally care about
   me, my health, and my happiness? OR
  Ok fail, poor, alone, sinful, sick,?   Does he just want me to obey rules and reward me only
                              if I obey and punish me if I don't?

- **ZERO EXPECTATIONS/ABUNDANCE versus**
  ENTITLEMENT/DEFICIT Elaborate.
  *ex about receive * I am entitled to a good job, etc

  Do I view what I have as a gift or right?
  How fair is life?   [U-High Exp]

- THE REWARD STRUCTURE (Positive versus
  Punitive, Immediate versus Delayed, Certainty?)

  Do I focus on getting rewards or avoiding punishments?
      Do I focus on immediate gratification or long-term goals?
      Is there a heaven? Hell?
      How much consistency or fairness is there?

- FREE-CHOICE versus NO-CHOICE
      Versus Determinism or Fate

  How much potential control do I have of important
      events in my life (my own decisions? goals? actions?
      emotions? thoughts?)

- INTERNAL versus EXTERNAL CONTROL
      Versus   "Sacrifice for others"

- COMPLEX, MULTIPLE-CAUSATION versus
   SIMPLISTIC, SINGLE CAUSATION

  Are events multi-caused or is one person to blame?
      If one person, is it me (INTROJECTION) or
          someone else (PROJECTION)?

Remember, You Can Choose To Be Happy   OR   You Can Choose Be Miserable

World View Conflicts Classified by Major World View Systems

Eastern religions versus Western religions RBp72

Philosophical conflicts between *modernistic* science and religious traditions: RBp30-31
- Naturalism and atheism versus Theism
- Determinism versus Free will
- Universalism (of natural laws) versus conceptuality
- Reductionism and atomism versus Holism
- Materialism and mechanism versus Transcendent spirit and soul
- Ethical relativism versus Universals and absolutes
- Ethical hedonism versus Altruism
- Classical realism and positivism versus Theistic realism
    (Universe is only reality and science only valid source o f knowledge versus God ultimate creative force)
- Empiricism versus epistemological pluralism

Influence of Postmodernism Philosophy RBp37 + Cobb
- No metaphysical absolutes
- No fundamental or abstract laws or truths
- Anti-reductionism, anti-determinism, anti-positivism
- Human values and behavior meaningful only within its contexts (of relationships, culture, etc)–no absolute values
truth is only relative to cultural context and language–not absolute
observations and perceptions biased by values and context
uncertainty and chaos are more basic than order and certainty

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Appendix E: Additional Assessment Aides

Pergament (1997): Problems With Religious Belief Systems
(as they have negative impact on coping) p344

1. Undifferentiated beliefs: development proceeds from undifferentiated to differentiated.
- **Submit to God's will and all will go according to his plan** (eg. Muslin women who wouldn't have mastectomy because they thought cancer was God's will)
- **Preoccupation with negative events–self-contempt, dread, horrors of world. They lack grace, redemption, forgiveness, love, happiness aspects.**

2. Fragmented Religion
- **Fragmented religion: "religion a la carte," Bibby (1987) research on Canadian attitudes:**
    Egs: 20% knew and practiced some of most Christian common beliefs, 75% read horoscope vs 45% Bible.
- **Fragmentation between religion and other aspects of life: compartmentalized**
- **Fragmentation between religious belief and practice:**

3. Religious Rigidity

4. Insecure religious attachment: God as parental figure (loving, comforting, protective, forgiving, supportive versus punative, avenging, hard, severe, wrathful)
- Three styles of Attachment to God: Secure, Avoidant, Anxious/ambivalent

Pergament (1997): Religious red-flags in coping with negative life events p374

Problems of ends: Wrong Direction
    I have decided turn away from God and live life for myself alone.
    I have lost interest in God, other people, myself, and everything else.
    I have decided to stop taking care of myself (or the world) and focus only on what God wants for me
Problems of means: Wrong road
    I believe that God is punishing me for my sins.
    I know God will make the situation better if I just wait long enough.
    I pray that God will punish the real sinners.

Problem of fit: Against the wind
>My family or friends speak to me about religion in a way I do not agree with.
>I disagree with the church's view about why this event happened to me.
>I feel that God is not being fair to me.

Richards and Bergin (1998):

Psychospiritual themes in a spiritually integrative personality theory
(inspired by Erikson, 1963 stages of development)

1. Eternal identity versus mortal overlay
2. Free agency versus inefficacy
3. Inspired integrity versus deception
4. Faithful intimacy versus infidelity
   family kinship versus alienation and isolation
5. Benevolent power versus authoritarianism
   communal structure versus social integration
6. Health and human welfare values versus relativism and uncertainty
   growth and change versus stagnation
   good versus evil

LEVEL 1 MULTISYSTEMIC ASSESMENT
(Richards and Bergin, 1998)

SEEKING INSIGHT INTO THE FOLLOWING SEVEN GLOBAL ASSESSMENT QUESTIONS WILL HELP THERAPISTS MAKE SUCH A DETERMINATION:

1. What is the client's *metaphysical worldview* (e.g., Western (theistic), *Eastern, naturalistic-atheistic*, naturalistic-agnostic)?
2. What was the client's *childhood religious affiliation and experiences*?
3. What is the client's *current religious affiliation* and level of devoutness?
4. Does the *client believe* his or her spiritual beliefs and lifestyle *are contributing to his or her presenting problems* and concerns in any way?
5. Does the client have any *religious and spiritual concerns* and needs?
6. Is the client *willing to explore* his or her religious and spiritual issues and to participate in spiritual interventions?
7. Does the client perceive that his or her religious and spiritual beliefs and community *are a potential source of strength* and assistance?

CLINEBELL'S (1965) TESTS FOR MENTALLY HEALTHY RELIGION

Does a particular form of religious thought and practice
>1. Build bridges or barriers between people?
>2. Strengthen or weaken a basic sense of trust and relatedness to the universe?
>3. Stimulate or hamper the growth of inner freedom and personal responsibility?
>4. Provide effective or faulty means of helping people move from a sense of guilt to forgiveness? Does it provide well-defined significant ethical guidelines, or does it emphasize ethical trivia? Is its primary concern for surface behavior or for the underlying health of the personality?

5. Increase or lessen the enjoyment of life? Does it encourage a person to appreciate or depreciate the feeling dimension of life?

6. Handle the vital energies of sex and aggressiveness in constructive or repressive ways?

7. Encourage the acceptance or denial of reality? Does it foster magical or mature religious beliefs? Does it encourage intellectual honesty with respect to doubts? Does it oversimplify the human situation or face its tangled complexity?

8. Emphasize love (and growth) or fear?

9. Give its adherents a frame of orientation and object of devotion that is adequate in handling existential anxiety constructively?

10. Encourage the individual to relate to his or her unconscious through living symbols?

11. Accommodate itself to the neurotic patterns of the society or endeavor to change them?

12. Strengthen or weaken self-esteem?

Appendix F:

REFRAMING

REFRAMING METHOD:
✿ Reframe by taking the Higher Self point of view!

EXAMPLES:

FEELING NEGATIVE EMOTIONS
✘**"It's terrible to feel negative emotions like anxiety or depression."**

✔**"Negative emotions are feedback that something is wrong, and provide motivation to grow." (Ch-2)**

FEAR OF LOOKING INSIDE
✘**"If I look at myself too closely, I'm afraid that I'll find out that I'm sick."**

✔**"If you look inside closely, you'll find your Higher Self and the causes of your unhappiness. By understanding yourself, you will empower your Higher Self and can be happier and more productive." (Ch-2)**

OBEDIENCE/PLEASING OTHERS
✘**"I must obey (my church, parents, the law, etc.) or I am not a good Christian."**

✔**"Jesus said that the two great commandments are love God and love your neighbor *as* you love yourself. If any command or rule conflicts with the rule of love, then it is wrong. The protestant movement is based upon Luther's belief that each person must interpret what is right or wrong for him/herself."**

GENERAL PESSIMISM AND NEGATIVE WORLD VIEW
✘**"The future is bleak, the world is going to be polluted, overcrowded, and worse. The country is in decline. Life is miserable, then you die."**
✘**"There is too much suffering and injustice to believe that good forces or God control the world."**

✔**"There are creative forces inherent in all nature and that created humans from the primordial soup, that has created our technological wonders, that caused Nazism and Communism to fail. We have moved from physical evolution, to biological evolution, to spiritual evolution. Those creative forces and a Higher Self are inside every human being." (Ch-4)**

RESENTMENT, VICTIM OR DEFICIT THINKING
✘**"I resent the fact that I've worked so hard and been so good and received so little, while others have been evil and have received so much."**

✔"Life is not fair–that is a fact. If you expect it to be, you are doomed to unhappiness. If you want to choose to be happy (as ultimate concern), then you must have zero expectations and be grateful for all that you receive." (Ch-4)

GUILT, RESENTMENT, LACK OF FORGIVENESS, LOW SELF-ACCEPTANCE & SELF-ESTEEM
✗"I can never forgive myself for wasting all those years (failing, doing drugs, etc.)." OR
✗"I can't forgive another for the harm he/she did to me."

✔"If you are a Christian, you believe that God loves everyone unconditionally and will forgive anyone for whatever mistakes you have made."
✔"If you love yourself (and all humans) unconditionally, then that means your happiness (and others happiness) is valuable no matter what mistakes you have made. "
✔"You don't earn happiness, you choose that which makes you happy."
✔"If you cannot forgive, then it will undermine your happiness. Every moment of anger is one less moment of happiness."

MUTUAL MISERY--MARTYRDOM
✗"If others are in pain and misery, then I should suffer too if I care about them."

✔"If you care, it's natural to feel empathy. But if you "rise above" your suffering, then it can help them feel happier too. Your top goal is for both to feel happy–not for both to feel miserable."

CODEPENDENCY
✗"I should take care of those I love when they need me, no matter what I have to sacrifice myself."

✔"Your happiness is as important as theirs! To follow the second commandment (and avoid codependency), balance caring for your happiness with caring for theirs. Also remember that you can never make another person happy and you are therefore not *responsible* for their happiness. You can only make yourself happy."

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WHAT DO THE MAJOR RELIGIONS AND PSYCHOLOGICAL SCHOOLS SAY IS OUR SPIRITUAL CORE?

1. WHAT DO SOME MAJOR RELIGIONS SAY?
- **Judaism**
- **Christianity**
- **Buddhism**

2. WHAT DO PHILOSOPHERS SAY?
- **Aristotle**
- **Kant**
- **Russell**
- **Tillich**

3. WHAT DO MAJOR PSYCHOLOGICAL SCHOOLS SAY?
- **Psychoanalytic, Psychodynamic: 1-Freud; 2-Carl Jung; 3-Gordon Allport**
- **Humanistic Psychology 1-Maslow; 2-Rogers**
- **Existential Psychologies: 1-Victor Frankl, Logotherapy; 2-Salvatore Maddi Choosing Individualization, the Future, and Hardiness; 3-Paul Wong's PMP (1998)**
- **Cognitive and Learning Psychologies; 1-Albert Ellis; 2-Aaron Beck**

4. WHAT DO THESE HAVE IN COMMON?
- **Mental, spiritual values over materialistic, external values; advantage of more control, less anxiety**
- **Importance of love and happiness**
- **Universal values–*all* people are valuable--to be loved unconditionally**