

Exploring Psychotherapists' Spirituality: Influence of the Internal Family Systems
Model

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ABSTRACT

This qualitative study used grounded theory to understand the influence of the Internal Family Systems (“IFS”) model on psychotherapists’ spirituality and the way they address spirituality in their clinical practice. Semi-structured interviews were conducted with ten psychotherapists practicing IFS model and the data were analyzed using open, axial and selective coding. Themes were organized around the two areas of inquiry in the study. Limitations of this study as well as future research and clinical implications are also discussed.

Table of Contents

Abstract	ii
Table of contents	iii
Chapter 1: Introduction	1
The Problem and Its Setting	1
Significance	5
Rationale	6
Theoretical Framework	6
Purpose of the Study	7
Chapter 2: Literature Review	8
Therapeutic Alliance and Spirituality	8
Spirituality of Psychotherapists	11
Spirituality and Self-awareness	11
Spirituality as Self-care	13
Impact of Therapists' Spirituality on their Clinical Practice	14
Role of Spirituality in IFS	17
Chapter 3: Methods	21
Design of the Study	21
Research Participants	21
Procedures	21
Measures	22
Analysis	24
Chapter 4: Results	25
Participants	25
Definition of Spirituality by Participants	26
Influence of the IFS Model on Psychotherapists' Spirituality	26
Process Tools	27
Promotes Connection	28
Experience of Spirituality	28
Deepens Spirituality	29
Influence of the IFS Model on the Way Psychotherapists Address Spirituality in Their Work	30
Conceptualizing Cases through a Spiritual Lens	30
Process Tools	32
Promotes Connection	33
Facilitates Addressing Spiritual Issues	34
Chapter 5: Discussion	37
IFS Model as Framework	37
Effect of the IFS Model on Psychotherapists' Spirituality	37
Effect of the IFS Model on Way Psychotherapists Address Spirituality in Their Work	40
Limitations	41
Future Research	41

Clinical Implications	42
References	43
Appendix A: Preliminary Background Questionnaire	51
Appendix B: Ellison Spiritual Well-being Scale	52
Appendix C: Informed Consent	54
Appendix D: IRB Approval Letters	57

Chapter 1: Introduction

The Problem and Its Setting

In the last two decades, various scholars have addressed issues of spirituality in the psychotherapeutic relationship both from a client and therapist perspective. For example, researchers have explored the spirituality of clients (Gockel, 2011), the integration of spirituality into clinical practice (Lemkuil, 2007), spiritual assessments and interventions (Hodge, 2005), effects of spirituality-oriented therapy (Sperry, 2012) and how similarities and differences between the clients' and therapists' spirituality are negotiated (Keeling, Dolbin-MacNab, Ford & Perkins, 2010). Currently, there appears to be a consensus among scholars that the concept of spirituality is broader than religion (Carlson, Erickson & Seewald-Marquardt, 2002; Gockel, 2011; Zinnbauer & Pargament, 2005). Additionally, scholars suggest that spirituality may or may not include religion (Griffith & Griffith, 2002) and "can be found at the heart of great religions and in no religion" (Vaughan, 1991, p. 116). There are over 300 definitions of spirituality (Zinnbauer et al., 1997). For the purposes of this study spirituality is defined as the "innate, animating force in life that moves individuals toward love, knowledge, meaning, connectedness, and compassion" (Sperry, 2012, p. 5).

Historically, with the exception of pastoral counselors, psychotherapists were hesitant to focus on spirituality in their clinical practice for various reasons (Gockel, 2011). One, often cited, reason is that spirituality has mainly been associated with religion, where rules are more prescribed as it relates to values, and as such conflicted with the culture of therapy, which purports to create a judgment-free environment for clients (Martarella & Brock, 2008). Consequently, clients who sought spiritual advice or relied on spirituality to cope with life transitions were often referred to or sought help from pastoral counselors. As a result pastoral

counseling has developed into a sub-field, which is evident by increasing requirement for certification from the American Association of Pastoral Counselors (Gill-Austern, 2003).

Furthermore, some states even license the title of pastoral counselor.

Some scholars have suggested that Americans are seeking spirituality from sources outside of religious institutions (Sperry, 2012) and that therapists sometimes fill in the role of “secular priests”, such that psychotherapists are increasingly asked for spiritual advice (London, 1985). While psychotherapists began to pay more attention to spirituality in the therapeutic setting, not all models of psychotherapy have ways to address spirituality with the client. In this context, Internal Family Systems (“IFS”) model stands out as one of the models, which provides tools to address spirituality with clients regardless of their spiritual and religious orientation. The developer of IFS therapy views it as a psycho-spiritual model (Schwartz, 1999; Steege, 2010). Even though IFS therapy has spiritual components, it is not associated with any particular religion (Steege, 2010). This model allows for work with clients from different religious and spiritual backgrounds, without adhering to any religion. Unlike pastoral counseling, where there is more prescribed set of rules as it pertains to the role of the counselor and the scope of work, IFS model gives therapists more freedom in addressing spirituality in therapeutic relationship by virtue of using the concept of Self energy. The model postulates that at the core of each human being there is Self. Self possesses inherent goodness and is absolutely capable of knowing what is in the best interests of the person and can provide loving and compassionate leadership. Self possesses qualities such a connectedness, compassion, curiosity, confidence and creativity (Schwartz, 1995). Some people equate the notion of Self to God, spirit, soul or source of energy. The language of the model is not associated with any particular religious system and as such

lends itself to the clients' interpretations. Such freedom allows psychotherapists to explore and work with clients from different spiritual and non-spiritual backgrounds.

Some scholars attribute the heightened interest in spirituality to recent suppositions that spirituality is innate within all human beings (Chandler, Holden, & Kolander, 1992). Anderson and Worthen (1997) suggest that all human beings possess an innate capacity to experience it. More specifically, Anderson and Worthen define the meaning of innate as a capacity "found in all humans, albeit realized to different degrees by different people at different times" (p. 169). Sperry (2012) suggests that spirituality is "hardwired" in us in a sense that everyone has spirituality, which is reflected in various domains of our lives (Sperry, 2012). Miller and Thoresen (2003) argue that "a broader understanding of spirituality ... is one that can be used to characterize all individuals" (p.28). Additionally, Sperry (2012) suggests that spiritual awakening is currently taking place in America. Indeed, surveys confirm that spirituality and religion play an important role in the lives of Americans. Eighty-two percent of those surveyed in a 1998 Gallup poll acknowledged a personal need for spiritual growth (Gallup & Lindsay, 1999; Myers, 2000). According to another major survey conducted by the Pew Forum, 92% of Americans believe in the existence of God or a universal spirit (Pew Forum on Religion & Public Life, 2008). In their Holistic Wellness model Chandler et al. (1992) introduce spirituality as a component present in all five dimensions of human life - social, physical, emotional, intellectual and occupational. The developers of the model suggest that "without attention to spiritual health in each dimension, the individual remains incomplete" (p. 171). In the same way Myers, Sweeney and Witmer (2000) place spirituality at the core of their Wheel of Wellness model for all human beings. Young, Cashwell and Woolington (1998) describe recent research on the

position of spirituality in human life as the “core reciprocal component of the overall wellness of the individual rather than as a stand-alone or isolated dimension” (p.63).

Recent research has suggested that spirituality is a major resource in client’s life and as such should be an integral part of therapy (Gockel, 2011; Martarella & Brock, 2008). Some clients believe that they can find healing in therapy (Morrison, Clutter, Pritchett, & Demmitt, 2009), which may provide a “background for a rapprochement between psychotherapy and spirituality” (Steere, 1997, p.13). For some clients, issues such as life and death, family affairs and recovery from substance abuse, cannot be addressed in therapy without addressing spirituality (Cashwell & Young, 2005). Another study concludes that clients may develop a relationship with the therapist based on the therapist's spirituality. Clients reported that they connected well with the therapists who related to them as a “larger soul or spirit extending beyond the limitations of their circumstances, personality and struggles” (Gockel, 2011, p. 160). Further, Gockel suggests that such therapists who held clients in these larger perspective, helped clients to tap into their own spirituality for self-healing. Some scholars have suggested that therapeutic relationship in itself is spiritual (Gockel, 2011; West, 2000) and that psychotherapists inevitably share their spirituality on some level with clients (Prest & Keller, 1993; West, 2000).

Interestingly, several studies demonstrate that spirituality of therapists is also a major component of self-care that helps protect against vicarious traumatization, compassion fatigue and burn-out (Negash & Sahin, 2011; Pearlman, 1995). Moreover, scholars argue that spiritual life affects overall wellness of psychotherapists (Cashwell, Bentley & Bigbee, 2007). Barrett (1999) considers spirituality as one of the ways to replenish herself in therapeutic practice.

In this way, some scholars suggest that spirituality is a key aspect of the therapeutic alliance (Sperry, 2012), while others suggest that therapists’ unexplored attitudes and beliefs

about their own spirituality can negatively influence the therapeutic alliance (Cashwell & Young, 2005). Research consistently demonstrates that the therapeutic alliance is one of the predictors of therapeutic outcome (Horvath & Symonds, 1991). Some scholars encourage psychotherapists to look at their own spirituality as a resource that can be beneficial for their clients as they build and foster relationships with their therapists (Carlson, Erickson & Seewald-Marquardt, 2002; Cashwell & Young, 2005). In his interview, conducted as part of the study, Aponte argues that it will be hard for practitioners to understand a client's spirituality without understanding one's own: "you have to experience it yourself in order to recognize it in others" (Whittingham, 2004, p. 103). Mowrey (2005) suggests that the therapist's continual spiritual journey enhances the therapist's spiritual connection with the client. Maher and Hunt (1993) suggest that a deeper understanding of therapists' spirituality will help them and will help others: "it is the helper who must initially find, examine, understand, and then use in the name of counseling that helping factor independently defined as spirituality" (p.2).

A number of authors urged psychotherapists to examine the impact of their attitudes regarding spirituality on their psychotherapeutic practice (Gockel, 2011; McLennan, Rochow, & Arthur, 2001; Plante & Thomas, 2012). However, despite these findings we still lack in-depth knowledge about the process of how psychotherapists' spirituality informs their psychotherapy practice. To the best of this author's knowledge, there are no published empirical studies that address how the IFS model affects psychotherapists' spirituality and how the IFS model influences the way psychotherapists address spirituality in their clinical practice.

Significance

Spirituality appears to be an important resource in both therapists' and clients' lives. However, historically, with the exception of pastoral counseling, there were some constraints in

addressing spirituality in the field of psychotherapy. The IFS model, as a psycho-spiritual model, is one of the few psychotherapeutic models that may address spiritual questions without having any particular religious affiliation. Additionally, to the best of the author's knowledge, there appears to be no published empirical studies looking at the impact of the therapeutic model on psychotherapists' spirituality. This study will add to the current literature by examining the influence of the IFS model on psychotherapists' spirituality and the way they work with spirituality in their clinical practice.

Rationale

To understand how the IFS model impacts therapists' spirituality and the way they work with spirituality during therapeutic sessions, this qualitative study was conducted focusing on the process of such influence. Specifically, the research was focused on the process of how the IFS model affects the therapists' spirituality and how the model influences the way psychotherapists work with spirituality in their psychotherapy practice. The developer of this model describes IFS as a psycho-spiritual model (Schwartz, 1999; Steege, 2010) and as such it lends itself to research on spirituality.

Theoretical Framework

At present there appears to be no studies addressing the influence of the IFS model on psychotherapists' spirituality and the way they address spirituality in their work and there seems to be no theory that explains this process. Theory is needed to explain this process and the researcher hopes to provide such a general framework explaining the phenomenon. Better understanding is needed as to how participants (psychotherapists) experience this process and the steps of the process (impact of the model on psychotherapists' spirituality and the way they

address spirituality in their work). Grounded theory will include the collection of data, its analysis and the construction of theoretical model (Strauss & Corbin, 1998).

Purpose of the study

Recent studies confirmed that spirituality is a major resource in both clients' and therapists' lives and is intrinsically linked to the therapeutic process. By interviewing IFS practitioners, this study seeks to understand how the IFS model affects their spirituality and the way they address spirituality in their work.

Research questions

1. Whether and how the IFS model affects psychotherapists' spirituality?
2. Whether and how the IFS model influences the way psychotherapists address spirituality in their clinical practice?

Chapter 2: Literature Review

The following is a review of the current literature addressing therapeutic alliance and spirituality, spirituality of therapists, and role of spirituality in IFS.

Therapeutic alliance and spirituality

Even though there is no uniform definition for therapeutic alliance, scholars agree that it is a joint product of collaboration between therapist and client, which includes the bond between them and an agreement on therapeutic goals and tasks (Bordin, 1994; Del Re, Flückiger, Horvath, Symonds & Wampold; 2012; Sprenkle, Blow, 2004). Research consistently demonstrates that therapeutic alliance is one of the best predictors of therapeutic outcome (Horvath & Symonds, 1991; Sprenkle & Blow, 2004). Some scholars suggest that the relationship between alliance and therapy outcome has four dimensions: a) contribution of the client; b) contribution of the therapist; c) the interaction between therapist and client; and d) early change in functioning (Del Re et al., 2012). In their meta-analysis of therapist's effects in the therapeutic alliance-outcome relationship, Del Re et al. (2012), examined data from 69 studies and concluded that therapist variability in the therapeutic alliance appears to be more important than client variability for improved client outcomes.

Some studies found that certain therapists' personal qualities and attitudes such as warmth, empathy, openness and acceptance, significantly and positively impact the working alliance throughout the course of psychotherapy (Baldwin, Wampold & Imel, 2007; Nissen-Lie, Monsen & Rønnestad, 2010). While these qualities are important to recognize, Del Re et al. (2012) notes that such findings tell us little about *how* exactly they contribute to the therapeutic alliance. Similarly, Blow, Sprenkle and Davis (2007) suggest that there is considerable therapist variability, but little evidence as to *why* it exists.

Although limited, the role of spirituality in the therapeutic process has received some research attention. For example, Carlson, Kirkpatrick, Hecker and Killmer (2002) surveyed 153 clinical members of the American Association for Marriage and Family Therapy (AAMFT). Ninety-five percent of the respondents identified themselves as spiritual by agreeing with the statement “I consider myself a spiritual person” (p. 165). Sixty-two percent of those surveyed endorsed the belief that “every person has a spiritual dimension that should be considered in clinical practice” (p. 162). Forty-eight percent of respondents reported that they thought it was necessary to address clients’ spirituality in order to help them, which speaks to the necessity of addressing spirituality for building the relationship and alliance with clients.

In her qualitative study, Gockel (2011) interviewed 12 clients about their perspective of spirituality in therapeutic relationship. While the majority identified themselves as spiritual, but not religious, all identified themselves as drawing on spirituality to cope with their physical and mental health problems. Her thematic analysis indicated that participants thought of spirituality as integrally related to the process of psychotherapy and as a key aspect of the therapeutic alliance. Clients in her study reported their perception that “effective counselors understand and respond to the client’s spiritual needs” (p. 160). Clients identified therapists’ qualities, such as warmth, empathy, openness, acceptance, and genuineness as spiritual qualities. While these qualities have previously been identified as vital to effective therapy, they have not been directly cited as spiritual. In their analysis of quantitative research of spirituality’s potential relevance to physical and emotional health, Larson and Larson (2003) also concluded that clients rely on spiritual resources to sustain themselves during problems with their physical or mental health.

Using case example, Anderson and Worthen (1997) further explored how spirituality can serve as a resource for the work of the couple’s therapist. They proposed that therapist’s and

couple's spiritual resources can help the clients meet therapy goals, which is consistent with Bordin's (1994) definition of therapeutic alliance. They proposed that therapists may use their spirituality in the way they listen in the session and in the way they respond both verbally and nonverbally to their clients. "The therapist continually shares his or her spiritual self in therapy and creates the potential for both therapist and couple to use spirituality as a positive resource in the relational process" (p. 11). For example, in listening, the therapist may tap into his or her own view of spirituality (for example, "an acceptance of suffering as a natural response to life's transitions") to provide "hopeful and compassionate presence" (p. 7). The therapist also remains open and curious, which in turn helps the client feel accepted and understood. In responding, the therapist may exude compassion and unconditional acceptance as he or she relates to the client as they actually are. Verge (1992) illustrates this interaction beautifully: "To bring to bear on human suffering the compassionate heart together with the inner eye of grace may be the fine art of spiritually based psychotherapy".

In summary, recent research has demonstrated that spirituality is a major resource in client's life and as such should be an integral part of therapy (Gockel, 2011; Martarella & Brock, 2008). If therapists were to ignore such an important dimension of clients' lives, it may negatively affect the therapeutic alliance. Barber, Khalsa and Sharpless (2010) urge our community to examine the relative role of therapists in the development of alliance. Carlson, Erickson and Seewald-Marquardt (2002) suggest that even though the field of marriage and family therapy has already identified the need to address client's spirituality in the therapy, it still is not addressing therapists' own spirituality as a resource in building and fostering the relationships with clients. Due to this gap in literature, the purpose of this study is to contribute

to the understanding of how specific psychotherapeutic model impacts psychotherapists' spirituality and the way they address spirituality in their work.

Spirituality of psychotherapists

The bulk of literature on therapists' spirituality is centered on four themes: a) therapists' spiritual self-awareness; b) therapist's spirituality as self-care; c) the impact of therapists' spirituality on their clinical practice; and (d) lack of training in psychotherapists about the use of their spirituality in therapy. The first three themes will be addressed in this literature review, while the fourth theme is beyond the scope of this study.

Harry Aponte, who received distinguished awards for his contribution to the field of marriage and family therapy, was interviewed a number of times about his perspective on the role of spirituality in therapists' lives (Horsford, 2009), including as part of an unpublished qualitative study of ten expert family therapists, conducted by Wittingham (2004). In his interview, Aponte conceptualized the role of spirituality in therapists as a combination of being grounded in who they are (spiritual self-awareness), and recognizing their own vulnerability (self-care) while both maintaining boundaries and extending human connection. According to Aponte, this combination results in intimacy with the clients so that the therapist understands the client from within himself or herself (Horsford, 2009). Similarly, the unpublished studies, which will be referred to in the section on impact of therapists' spirituality on their work, directly or indirectly, echo these themes proposed by Aponte.

Spirituality and self-awareness. Many authors argue that spiritual self-awareness is vital for psychotherapists and serves as a gateway for them to understand spirituality in their clients (Carlson et al., 2002; Miller, 2011; West, 2000). As Jung eloquently put it: "the physician, then, is called upon himself to face the task which he wishes the patient to face"

(Jung, 1933, p. 50.). In a survey of 147 psychotherapists, 94% of participants agreed that self-awareness of spiritual beliefs is vital for the therapeutic process, while 90% agreed that such awareness is a powerful psychological change agent within therapy (Hickson, 2000). Carlson et al. (2002), and West (2000) also encourage psychotherapists to examine their own spirituality as a resource that can be beneficial for their clients when they build and foster relationships with their therapists. Chandler et al. (1992) echo this proposition in that “an axiom exists in the realm of spiritual development that one cannot help another past one’s own level of development” (p.174). Moreover, Carlson et al. further argue that it is therapists’ ethical obligation to take steps of identifying and reflecting on their spiritual preferences because of “the moral imperatives we are brought into by virtue of being called to help others” (p. 220). Such ethical obligation is supported by the clients’ perspective that therapist’s effectiveness is linked to his or her own spiritual integration and healing (Gockel, 2011).

Some authors argue that therapists’ lack of spiritual self-awareness can negatively affect the client-therapist bond. Miller (2003) defines self-exploration as one of the spiritual competencies of the psychotherapist and cautions that therapists cannot bond with clients without spiritual awareness. Cashwell and Young (2005) forewarn therapists to explore their own spirituality before they identify their belief system, before they show sensitivity to belief systems of others and even before they know the limits of their understanding. They further argue that education and supervision is not enough and that therapists need to have awareness of spiritual values because it is the only way they can facilitate discovery for clients. Moreover, if therapists fail to attend to self-exploration of their own understanding of spirituality they unwittingly may disregard clients’ experiences, which can be detrimental for the therapeutic relationship (Cashwell & Young, 2005). Griffith and Griffith (2002) urge therapists to employ “multichannel

listening” (p.61), defining it as an ability and openness to hear when client is talking about his or her spirituality.

Marterella and Brock (2008) suggest that an important part of the psychotherapeutic process is the willingness on behalf of therapist to create an open, collaborative and judgment-free environment for the client. In order for such environment to exist, therapist must be aware of his or her spiritual beliefs and how they could influence their interaction with clients. Again, there is a noticeable lack of published empirical research exploring the role of therapists’ spirituality in psychotherapeutic process.

Spirituality as self-care. Many authors consider therapists’ spirituality as part of their self-care to prevent vicarious traumatization, compassion fatigue and burn-out. Cashwell, Bentley and Bigbee (2007) are of the opinion that therapist’s wellness originates from therapist’s personal spiritual life. The authors consider psychotherapy a vessel, from which therapists continuously pour out a part of themselves. Spirituality, in their opinion, is one of the vital ways to refill that vessel. In their article about psychotherapists’ wellness, they point out that one of the main aspects of therapists’ spiritual life is the “recognition of self-care as essential to caring for others” (p. 70). Barrett (1999) called it rebuilding her spirit “so that I would be spiritually available to my clients” (p. 197). She also views spirituality in terms of input and output, such that she takes time to replenish her spiritual energy after she had given it away to clients and others. Negash and Sahin (2011) suggest that making time for spiritual practices for marriage and family therapists is part of self-care and a way to maintain emotional stability.

In their study of the relationship between substance abuse counselors’ spiritual well-being and their client’s well-being, Brooks and Clifford (2000) interviewed 94 patients in in-patient substance abuse treatment centers and 45 in-patient therapists. They found a significant

positive correlation between therapists' spiritual well-being and the spiritual well-being of patients in their clinical care. One of the clients in Brook's study called a therapist "a guide who is willing to use his or her whole self in relation to the client's process of healing" (p. 26).

In a study of 188 trauma therapists (Pearlman, 1995) found that 44% of the sample named developing spiritual life as one of the coping strategies in their work as trauma therapists. In their qualitative study of protective practices used by psychotherapists to prevent vicarious traumatization, Harrison and Westwood (2009) interviewed six therapists who self-identified as managing well in their work. These therapists reported that an integrated practice of spirituality sustained them in their clinical practice. In their responses, they indicated that mindful awareness, which they identified as spiritual practice, helps them to "embrace complexity", "tolerate ambiguity" and develop interpersonal presence with their clients (p. 209). In the analysis of different studies on vicarious trauma, Norcross and Drewes (2009) conclude a convergence on 12 self-care practices for psychotherapists. Cultivating spirituality and mission were identified as one of the practices that nourish therapists working with children and families. In an unpublished study of 28 therapists, Simpson (2006) found an inverse relationship between therapists' spirituality and compassion fatigue. Despite numerous articles suggesting spirituality as a protective practice against vicarious traumatization and compassion fatigue, we still have very little empirical data about how therapists' spirituality influences their self-care.

Impact of therapists' spirituality on their clinical practice. A number of authors urge psychotherapists to examine the impact of their attitudes regarding spirituality on their psychotherapeutic practice (Gockel, 2011; McLennan, Rochow & Arthur, 2001; Plante & Thomas, 2012). Several unpublished studies attempted to address this gap, but still little is

known about what impact a specific therapeutic model has on psychotherapists' spirituality and the way they work with spirituality.

In his unpublished qualitative study about impact of therapists' spirituality on their clinical practice, Sullivan (1996) interviewed six therapists about their experiences. He reported six core themes. The first theme that emerged from his research was that therapists' spirituality followed the developmental course, such that their spiritual lives were not static and that life events affected their spirituality. The second theme that emerged from the study was the connection between therapists' spirituality and their career choice, which these therapists viewed as integral to their spirituality. The third theme was that these therapists believed in an innate ability of human beings to be spiritual. The fourth theme was that participants respected the freedom of clients in addressing spiritual issues in psychotherapy, which manifested in the therapist following the lead of the clients before pursuing spiritual issues. The importance of prayer or meditation, as a way to enhance their clinical practice, was the fifth theme. The last theme that emerged was that these therapists spoke of their spirituality "as serving their capacity for compassion, to intuitively attune, and/or to be present with their clients" (p. 161). Of particular interest are the three themes that represent human connection (theme 3, 4 and 6), the one that represent self-awareness (theme 2), and the theme of self-care (theme 5). These themes seem to empirically support Aponte's view of spirituality in therapeutic relationship.

In her unpublished qualitative study, Wittingham (2004) explored the spirituality of ten widely published expert family therapists. Among them were Harry Aponte, Dorothy Becvar, Monica McGoldrick, Richard Schwartz and Froma Walsh. The investigator identified five themes, three of which are relevant to this study. These expert therapists emphasized the importance of interconnectedness between therapist and the client in their clinical practice. The

second theme encourages therapists to practice their spirituality as part of grounding and self-care, while the third calls for appropriate training, which includes self-awareness. While useful, this study does not shed light on the process of how therapists' spirituality affects the way they address it in their clinical practice.

In another unpublished qualitative study, Duty (1998) addressed therapists' spiritual development and its influence on how they do therapy. She identified two meta-themes from her interview of ten psychotherapists. The first one concerns the spiritual development of the therapists while the second addresses the question of how therapists' spirituality influences the way they do therapy. In the second meta-theme, the findings on influence of spirituality on therapy fell into three categories: a) who the therapist is (values and personal experiences of spirituality; b) what the therapist believes (with regards to self-care and spirituality in therapy); and c) what the therapist includes in therapy. These three categories also seem consistent with the categories of self-care, self-awareness and the need to connect with spiritual dimensions of the client.

Yet another unpublished study explored the relationship between six psychotherapists' personal spiritual formation and their clinical practice (Lulgjuray, 2003). Thirteen themes emerged from her research and the main conclusions of this study were that: a) therapists viewed their work as sacred; (b) therapists' self awareness facilitated their connection with clients; (c) participants were intentional about their spiritual practices; (d) therapists were willing to do their work in spiritual realm and make their own journey; and (e) therapists worked toward "developing their own soul", "soul-to-soul connection with clients", and "infusion of soul in therapy session" (p. 168). While the findings appear relevant to this study, they do not inform us exactly how psychotherapists' spirituality affects their clinical practice.

Mowrey (2005) interviewed ten psychotherapists in her unpublished work on experience of incorporating spirituality into the psychotherapeutic relationship. The major themes, relevant for this study, that emerged were: a) having a heightened awareness of oneness with clients; b) realizing that presence and intimacy are key ingredients in therapy; and c) therapist's continual spiritual journey enhances client's recovery. The first theme presented itself as therapists experienced a sense of oneness with the humanity in their clinical practice. The second theme was evident from participants' statements alluding to the connection between therapists' spiritual beliefs and therapeutic alliance. In the third theme, therapists' thought that their openness towards their own spiritual journey encouraged healing process in their clients.

The major finding of another unpublished qualitative study of the experience of six therapists' spirituality within psychotherapy (Fouch, 1997) was that therapist's own spiritual development assists clients with their spiritual issues. This, in turn, helps therapists facilitate spiritual connection between them and clients. The author also concluded that the therapists' presence with clients impacts the effectiveness of the therapeutic relationship.

The research that has been conducted on the impact of therapists' spirituality on their clinical practices is centered on the same themes as proposed by Aponte. However, we still lack in-depth knowledge about how psychotherapists' spirituality impacts the way they address spirituality in their clinical practice. Particularly, it remains unclear how self-of-the-therapist issues such as self-awareness and self-care relate to therapists' spirituality.

Role of spirituality in IFS

Internal family systems therapy is a theoretical model that combines intrapsychic and family systems concepts. The unique characteristic of this model is a multiplicity of mind, where a person is seen as containing an "ecological system of relatively discrete subminds" – so

called “parts” of an individual person (Schwartz, 1999, p. 224). Each of these parts has relatively independent pattern of emotions, thoughts and physiological responses. At the core of an individual IFS model sees *Self*, which possesses all the necessary qualities of loving and compassionate leadership (Schwartz, 1995). Self in this model is equated to spirit and it is not separate from the individual, but rather is the spiritual center of the human being. A core tenet of IFS is that every part of an individual has good intentions. However, traumatic events or life transitions sometimes force parts to take on extreme roles as a protective mechanism within an individual. In these extreme roles, parts take on strong emotions such as unworthiness, shame or guilt. Another tenet of this model is that as soon as the parts are “unburdened” from whatever extreme roles they are carrying, they will work in harmony with each other under *Self* leadership. IFS therapy provides a structured process of working with parts aimed at self-exploration. This process usually includes the following five steps: 1) finding part in a body and focusing on it – where do you feel it in your body? (e.g., heaviness in the chest, butterflies in the stomach); 2) asking how one feels *towards* the part (e.g., I want to get rid of it); 3) getting to know the part and understanding its role in the system (e.g., it protects me from feeling sad); 4) finding out concerns that the part has if it didn’t get perform it’s role (e.g., if you were not hypervigilant, you will be in danger); and 5) finding out what part wants you to know (e.g., it wants me to feel better).

The developer of this model, Richard Schwartz, suggests that differentiation of parts and Self is an important step of bringing spirituality into psychotherapy (Schwartz, 1999) because of the spiritual qualities of Self and its leadership within a system. An IFS therapist himself or herself is encouraged to maintain Self-leadership, which promotes spiritual connection with the

client (Schwartz, 1995). In summary, therapy in this model may be a spiritual practice due to the Self-to-Self connection with clients.

In his article about spirituality in systemic practice, Holmes (1994) also suggests that conceptualizing individuals as systems opens up the door for therapists to clients' spiritual lives. In his opinion, the IFS model is so accommodating that it further promotes and deepens clients' spiritual life. Therapists' ability to activate and join with spiritual resources of the client leads to the client's ability to activate it themselves. He concludes that the IFS model can serve as an important bridge between spirituality and psychotherapy.

In an interview with Steege (2010), Schwartz describes the relationship of the IFS model with spirituality in more detail. IFS, he explains, is not identified with any particular faith system. Nevertheless, according to Schwartz, there is an inherent spirituality in this model because the model postulates that there is an inherent goodness in each human being (Self) and healing lies within each person. He explains that he thinks of this model as psycho-spiritual because it helps people to be more open to spiritual presence. This spirituality comes into play in the relationship between therapist and the client. "Self energy is healing energy so any approach that fosters that will be spiritual even if it doesn't consider itself that (p. 323)". Spiritual presence in this relationship is what makes it healing. IFS seems to allow a unique way of exploring psychotherapists' spirituality and ways they address spirituality in their clinical practice because it is a psycho-spiritual model, yet not associated with any particular kind of faith.

In conclusion, the existing literature reveals that spirituality can be an important dimension of human experience. Mental health field has identified the need to address spirituality in the therapeutic setting. It appears that spirituality is a potentially important

resource for both clients and therapists. It may help clients weather the storms in their lives, and therapists to sustain themselves in their clinical practice. Studies demonstrated that both therapists and clients think that spirituality plays an important role in the therapeutic setting. While recent studies have been focused on integrating spirituality in psychotherapy, whether and how the IFS model influences the way psychotherapists address spirituality in their work and whether the IFS model affect therapists' spirituality has not yet been explored. Due to this lack of research, this study intends to examine the impact of the IFS model on psychotherapists' spirituality and the way they address spirituality in their clinical practice.

Chapter 3: Methods

Design of the Study

This study was qualitative in design and data were collected through interviews in an effort to present a description of how the IFS model impacts therapists' spirituality and the way IFS practitioners work with spirituality in therapeutic session. Personal interviews were conducted to understand such processes better. All participants have either completed Level I IFS training or were certified as an IFS therapist by the Center for Self Leadership, the primary provider of training and certification in the IFS model.

Research Participants

A purposeful sampling procedure was used to recruit ten therapists who met the following inclusion criteria: (a) trained at the masters or doctoral level in social work, marriage and family therapy, counseling, clinical psychology or psychiatry; (b) had at least three years post graduate clinical experience; (c) completed at least Level I IFS training or were certified as IFS therapists by the Center for Self Leadership; and (d) self-identified as spiritual in accordance with Ellison's Spiritual Well-being Scale (between 41 (moderate) and 120 (high) points of spiritual well-being). Potential participants were recruited through professional networking listservs with access to IFS practitioners and using word of mouth sampling.

Procedures

Before the collection of data, approval for the study was obtained from the Institutional Review Board of Virginia Polytechnic Institute and State University. An email message was sent to certified IFS practitioners who completed at least level I IFS training or were certified IFS practitioners through professional networking listservs with access to IFS practitioners. Initially about 30 potential participants who were interested in participating in the current study contacted

the author. The participants were asked to fill out the Preliminary Background Questionnaire (Appendix A) with Spiritual Well-being Scale (see Appendix B) attached to it and read and sign the Informed Consent (Appendix C). The Preliminary Background Questionnaire consisted of a demographic form including questions about name, age, ethnicity, sex, educational background, occupational background, years of practicing as a therapist, IFS trainings completed and what percentage of their work was the IFS model used in. About ten participants indicated scheduling difficulties preventing their participation in the study, about seven participants did not respond to the author's email with the Informed Consent and the Preliminary Background Questionnaire and three did not meet the inclusion criteria. Finally, a sample of ten qualified participants was selected for this study. They were sent the list of interview questions prior to the interview to provide them with extra time necessary to ponder the questions.

Interviews were conducted either by phone or by Skype. During the first portion of the interview the consent form was verbally discussed with the participants and they were asked if they had any questions about it. During the interview the author went over the interview questions. The topic of the interview was centered around two themes: whether and how the IFS model affects therapists' spirituality; and whether and how the IFS model influences the way therapists work with spirituality in the therapeutic session. The interviews were audio recorded to allow for transcribing. Upon completion of the interviews the recordings were transcribed verbatim and analyzed using open, axial and selective coding (Strauss & Corbin, 1998).

Measures

Prior to the interview the participants were screened using Spirituality Well-being Scale ("SWBS") (Paloutzian & Ellison, 1991). The SWBS, is one of the more widely used quantitative measures of spiritual well-being (Hodge, 2005). This scale explores both the

existential and religious dimensions of spirituality as part of an overall definition of spiritual well-being. It is important to note that if participants were uncomfortable with the term “God” they were encouraged to substitute “higher power” if it better reflected their belief system. The SWBS shows evidence of good reliability (Bufford, Paloutzian & Ellison, 1991) and high internal consistency (Gow, Watson, Whiteman & Deary, 2011). Each item is answered on a 6-point Likert scale (Appendix B). The total possible range of the SWBS is from 20 to 120, with scores in the range of 20-40 indicating low spiritual well-being, 41-99 indicating moderate spiritual well-being, and 100-120 indicating high spiritual well-being (Paloutzian & Ellison, 2009). Participants whose score range indicated moderate and high spiritual well-being were recruited for the study.

The interviews were conducted in a semi-structured manner asking the participants to describe how the process unfolds. The following is the list of questions that were asked of participants:

1. How do you define spirituality?
2. How would you describe spirituality in your life? How do you practice spirituality?
3. To what extent, if any, did the idea of a spiritual component to IFS attract you to this model?
4. How does, if at all, the IFS model affect your personal spirituality? Please provide examples. Has your view of spirituality shifted from the time you started practicing IFS? If so, to what extent, if any, do you credit your experience with IFS for the change? How did it influence this change?
5. What is your view of the relationship between IFS and spirituality?

6. How, if at all, has the IFS model influenced the way you work with spirituality in the therapeutic session? Please provide examples.
7. Is there anything else that you would like to add regarding the relationship between IFS and spirituality in your personal life and your clinical work?

Analyses

Once the data was collected a tape-based analysis with a word-for-word transcript was used to begin the process of open coding to get the major themes and information (Strauss & Corbin, 1990). The initial open coding was conducted by two researchers – the author and the committee chair, who coded the interviews independently of each other. The axial coding was conducted to explore central phenomenon, causal conditions, strategies, context and intervening conditions and consequences (Strauss & Corbin, 1990). The last step was to conduct selective coding to establish what is relevant to this study. The constant comparative method was used to analyze the data until saturation was reached and substantive level theory emerged (Strauss & Corbin, 1998). In the process of coding the researcher was memoing her thoughts. In this study reliability was established in several ways to achieve dependability and trustworthiness of the study (Creswell, 2007). The interviews were audio recorded and transcribed verbatim. An intercoder agreement was reached by having coders analyze the data to obtain “stability of responses” (Creswell, 2007, p. 210).

Chapter 4: Results

This study explored whether and how the IFS model affected therapists' spirituality and whether and how this model influenced the way therapists address spirituality in their clinical work.

Participants

Ten qualitative interviews were conducted. Two participants were male and eight were female with the mean age of 57.5 years. The mean number of years of clinical experience was 21 years. The table below shows the participants' demographic information.

Participant ID	Gender	Age	Licensed as	Years of practicing as a mental health professional	Percentage of work they use IFS model in
A	F	51	Marriage & Family Therapist; Clinical Social Worker	8	75%
B	M	53	Clinical Psychologist	27	90%
C	F	48	Clinical Social Worker	24	100%
D	F	52	Mental Health Counselor	27	60%
E	F	65	Professional Counselor	23	100%
F	F	65	Marriage & Family Therapist	30	90%
G	M	67	Clinical Psychologist	30	70%
H	F	52	Marriage & Family Therapist	15	50%
I	F	57	Marriage & Family Therapist	10	90%
J	F	47	Marriage & Family Therapist	13	95%

All participants recruited for this study scored as having either moderate or high spiritual well-being in accordance with SWBS. The participants' mean score on SWBS was 91.5 with the standard deviation of 12.89.

Definition of Spirituality by Participants

The majority of participants defined spirituality as connection to what was most important to them. Examples included nature, God, energy, higher power or consciousness, divinity, larger force, something transcendent that is bigger than them and other people. They also defined spirituality as having to do with finding meaning and purpose in their lives, which helped them connect to their highest, best and true self and made them feel alive. Here are some excerpts from participants' definitions of spirituality:

Participant B: *"...spirituality is being connected to ... things that we hold most dear and important and things that we value... it's about either being connected to other people or connected to or being in relationship with something that's bigger than us higher power, God, or whether that's nature, just something that feels like it kind of pulls us into something that's important in terms of finding meaning."*

Participant C: *"having to do with some sense of connection to kind of a larger force in the universe.. something that... provides some sort of meaning and connection beyond the day-to-day material world that we live in ... I think people can experience that through connection in the world, like through relationships with people or whatever, but that there's some sense of through that tapping into something that maybe is bigger or deeper."*

Participant J: *"anything that brings a person a sense of peace, a sense of deeper connection to their own heart, to fellow people, to nature."*

Participant I: *"best self - meaning that you operate from a place of acceptance, from a place of calm, from a place of compassion and connection."*

Influence of the IFS Model on Psychotherapists' Spirituality

Analyses revealed four ways that the IFS model seems to influence therapist's own spirituality by: (1) providing process tools; (2) promoting connection; (3) giving new ways to experience spirituality; and (4) deepening spirituality. Each will be explored in more depth below.

Process Tools. Participants said that IFS served as both a spiritual and a psychological tool because it gave them a way to think about the inherent goodness in people, starting with themselves. First, participants reported that the model's assumptions that "all Parts are welcome" and that "all Parts of a human being start off with having good intentions" provided them with a framework for thinking about their own internal experience. Participants used words like "language", "map", "pathway", "framework" and a "doorway" to describe the IFS model and associated process.

All of the participants talked about the fact that the IFS model gave them actual processes they could use to become more aware of their internal experience. One such process involves differentiating Self from a Part (i.e. asking a part to "step back" or "unblend"). When this occurred, participants reported that they were more able to remain curious about this Part's intentions and to invite Self-energy to their system, so that they could remain open, curious and compassionate about their internal experience, rather than critical or judgmental. Participant D described it as follows:

"I feel like IFS when you start to use it inside yourself, in terms of understanding when a Part is taking over or when you are grounded, I feel like it's helped me ... it's sort of deepened like a minute-by-minute practice of spirituality is a sense because I feel that the awareness of my own ability to get into Self-centered place was very useful all the time. I feel like it a self-soothing mechanism ... and kind of mood regulation in a way. So I just

feel like it's given me this way to kind of carry with me whenever I go. So anytime I feel myself, you know, sort of getting inflamed about something or triggered about something, I feel like I use the tools of IFS to ground myself and, you know, and remind myself that I have sort of infinite flexibility internally and that really just everything's okay."

Promotes Connection. Participants reported that the IFS model helped them to feel more connected to themselves and others. Participants indicated that through IFS they felt more connected to themselves via cultivation of Self-energy and exploration of their own parts, which some of them defined in and of itself as a spiritual practice. On the external level – participants reported that the practice of the IFS model (which helped them to be more present, open and compassionate) helped them achieve more connection with their clients, family, friends and other people. One of the participants said that for her the process of accessing Self or bringing Self-energy to Parts means “bringing spiritual quality from the model into the people’s lives” and helps her to be more connected to herself and others. Here is Participant B described this connection:

“And I think that when we have more capacity to be really present with our Parts in a compassionate, curious way, then our natural state is to feel... is to feel more connected with ourselves, with other Parts of ourselves, with other people. ... and we touch into something that's like a higher wisdom or knowing or joy or peace or any of those things.”

Experience of Spirituality. The overarching theme in participants’ interviews was that the IFS processes helped them to have actual felt experiences of being calm, open, compassionate and curious about themselves and others. Many described this felt sense of Self as inherently spiritual. One participant said that for her, Self is the place where she meets God or

God meets her. Another said that the model enhanced her belief that each person has “something very divine inside” of them that “transcends humanity”. Another participant said that she noticed that when she was in Self she was “tuned into” the people around her and more able to stay calm and centered in her communication. Another credited IFS for giving her the ability to “get offline from left brain stuff” and immerse herself in the “right brain experience of the body”, which she described as serving as a “doorway to a spiritual experience”.

In describing Self-energy, Participant A stated:

“It’s more of the experience... it’s something that you feel. It’s not something that you really understand cognitively, but when you have Self-energy present – and that’s always identified by having ... curiosity, compassion, all that – and you bring that energy to your exiled parts in yourself - the healing and transformation that takes place is experienced – so it’s almost got a magical quality to it that really can’t be clearly defined. ... A part of my brain tries to understand it, but it’s, it’s really not about understanding – it’s about experiencing it and the part being unburdened.”

Participant B noted:

“I think that the model is so great at being able... to access one Part at a time, and to really be with that Part in a way that facilitates a really deep kind of spiritual experience.”

Deepens Spirituality. Overall, participants in this study were clear that their practice of the IFS model deepened their already existing spiritual practices. Most were clear that they did not seek out IFS because they thought it was an inherently spiritual model; rather that the spirituality dimension ended up being a “bonus.” One participant reported that her spirituality deepened because the IFS model helped her to deepen her connection to herself, has made her

“incredibly open to others” and completely changed her “sense of honesty” both within herself and with others. The majority of the participants noted that their spirituality has deepened in part because they felt more integrated internally and externally. Internally, they felt more connected to themselves and, externally, with other human beings. Participant F said:

“It has, you know, IFS has definitely helped me, aided me to become more me... it’s affected me internally in every way - has brought out more of my Self-energy which is... a way to open up connection to beyond self, which... is how I ... sense and perceive spirituality... it’s shifted my whole... a deeper understanding of myself and others ... has helped me so much to really be more connected... less judgmental about myself at times and others... having more compassion and just feeling more open... it goes hand in hand with the deepening of ... spirituality.”

Influence of the IFS Model on the Way Psychotherapists Address Spirituality in Their Work

Analyses revealed four ways that the IFS model seems to influence the way therapists work with spirituality in the therapeutic session: (1) conceptualizing cases through a spiritual lens; (2) providing process tools; (3) promoting connection; and (4) facilitating addressing spiritual issues. Each will be explored in more depth below.

Conceptualizing Cases Through a Spiritual Lens. Most participants noted that their clients do not typically come to therapy citing a “spiritual crisis” as the impetus or expressly seeking spiritual guidance. However, according to some participants when their clients came in feeling hopeless, sad, depressed, lost or disconnected from something important in their lives, these participants assumed that clients were talking about spiritual issues. As Participant A stated: *“what I do experience is when people come in experiencing hopelessness in their lives...*

whenever I see hopelessness – I assume the spiritual crisis, but they don't come in saying that... They just come in and tell me they are sad, depressed, alone, lacking hope, "I'm just miserable." Two of the participants also expressed that the IFS model helped them recognize the *"lack of spirituality"* in some of their clients' lives, *"total unfamiliarity with what they really believe or feel"* or *"if they feel limited in their own ... spiritual goals."* She indicated that her introducing IFS to these clients helped them think about their own spiritual questions.

As mentioned previously, these IFS therapists tended to equate the qualities experienced in Self – of being calm, open, compassionate, curious, confident, creative, courageous, having clarity and feeling connected - as spiritual. Most of the participants thought of the main tenets of the model that *"all parts are welcome"* and that *"all parts start off with good intentions"* as spiritual. All participants also saw healing process within the model as spiritual. One of the participants illustrated it by saying that *"we look at Self Leadership as... highest and best, core wisdom. That to me is spiritual."* As a result, for these participants IFS therapy became a spiritual process between their clients and themselves, even if the word *"spirituality"* was never used or when spirituality was not explicitly brought into the therapy room. It is as though *"spiritual"* is the lens through which the therapists viewed their experiences of working with clients. According to the participants, all the clients knew was that they felt better after treatment. Participant F said that when clients get into Self-energy by embracing all Parts of them and becoming more curious about themselves, the energy in the room shifts and that she experiences it as a spiritual act: *"...just watching them and ... getting this sense of... their body language and just everything as softening. It feels that way. Do I know if they're aware of it? I know they're aware that ... there is shift in them. I don't know if they're aware that it ... has to do with also ... some kind of spirituality."* One of the participants saw the process of helping

clients' Parts to have faith in Self as spiritual. She drew a parallel between helping Parts to have faith in Self and people having faith in God. However, she indicated that in her sessions she doesn't invoke God, but rather "core wisdom" of Self-leadership.

Process Tools. Participants reported that the IFS model gave them tools to assist their clients in getting *felt* experiences of having more Self-energy, which, all participants perceived as spiritual. These IFS therapists perceived that they were able to "give" those tools to their clients because they first accessed their own Self-energy. As a result they reported that they were able to be more present with clients and "open up" and "hold" space for addressing whatever the clients experiencing. According to the participants, this opened the possibilities for clients to get in touch with their own Self-energy. Particularly, one of the participants reported that getting in Self-energy before the sessions helped him to become more open and centered before the sessions with his clients. Another participant indicated that the IFS model gave her tools to heal herself and to have access to Self-energy during her sessions, which helped her create a sense of calm, gentleness and kindness into the therapy room. Participant B described the nature of helping clients to get the Self-energy through being in Self-energy himself: "*it was something happening through me as opposed to me making something happen.*" Participant D indicated that the IFS model gave her a framework to be "*fully present to another human being*", which she perceived as a spiritual practice in and of itself. Here is how Participant J summarized this process:

"It gave me tools how to help people find their own sense of Self, how to be yourself, but how to not necessarily come at it from a religious perspective. But really just be one with themselves, and I think that's the deepest sense of spirit that we can find in our own human spirit."

Experiential nature of tools. The majority of them stated that the IFS model has helped them to assist clients with getting more *felt* experiences of Self-energy as opposed to cognitive insights. Participant B demonstrated it by saying that:

“IFS and actually spirituality for me tends to be much more about experience rather than beliefs, and so I do feel like IFS has ...has led to having more ...in some ways more spiritual experiences with people within sessions and within myself.”

Participant D talked about actually helping clients to experience Self-energy as opposed to be talking about it:

“I feel like it’s more experiential rather than intellectual, so I see when someone has that experience of feeling like they’re in Self to a Part and the difference, I feel like it’s the proof is in the pudding. Like let someone have that experience, and then I think that leads them to their own spiritual path.”

Here is how Participant B described the tools the IFS model provided him with to address spirituality with clients:

“I do have a... more of a confidence that really hanging in there and finding ways to be with these Parts will lead them to have a spiritual life that feels more congruent with who they want to be...I might be a little less likely to get into intellectual conversations about spirituality with people ... I’m a little more sensitive to not wanting to talk about spirituality as opposed to being experiencing spiritual kinds of things.”

Promotes Connection. Therapists reported that the IFS model helped them deepen their connections to clients and helped clients feel more connected to their own Parts and Self.

Overall, the participants perceived the clients getting more connection to themselves as spiritual. Here is how Participant F described it:

“...clients connected to their extreme parts and getting them to be with them... It’s very spiritual and I would hope that it is for them too on some level. They may not be aware of it, but it feels that way to me when I get connected to some of my Parts that get extreme.”

Participant C thought that with the help of the model the clients were able to connect to a *“deeper part of themselves or see things from a broader vantage point.”* That, in turn, helped them to have more wisdom and feel more compassion and empathy towards themselves, which all participants considered healing. Here is how Participant A experienced the spiritual quality of her connection to herself and her clients:

“I’m connected by Self Energy with each and every one of my clients. So we’re not really separate; we’re connected on some level. The Self that exists in me - exists in my clients. So that’s that commonality, that connection. That’s where the compassion can come in. It’s real hard to hate your client if you believe you’re connected.”

Facilitates Addressing Spiritual Issues. Several of the participants reported that when the clients did discuss spiritual issues in therapy, the IFS model helped them to be more open in addressing spirituality with their clients. Three of the participants noted that the model gave them more confidence in addressing spiritual issues with clients, while prior to IFS trainings they were less likely to address spirituality with clients. Two participants noted that the IFS model opened up space for spirituality in the therapy sessions. Participant E said that the IFS model “legitimized” her work with spirituality. Here is how she describes it:

“... and almost like the license to do it ... I think we are just emerging out of some dark ages in psychotherapy ourselves, and that the spirituality was just considered off limits in a lot of clinical operations... But it’s almost like when it came through IFS, then it’s well all right, you

know, let's just make this legal in the therapy session... so I would say that IFS legitimized spirituality in psychotherapy for many people ... And you know, it legitimized me then putting it in my case notes for example."

The majority of the participants noted that the IFS model gave them a language for working with spirituality in therapeutic sessions. Participant D stated that spirituality for her became more "nameable":

"I wasn't able to name it in the same way as I am when someone has that experience in a session of feeling like oh wow, I get it. I feel totally open. I feel expansive. I feel... So I think it's allowed me to name a spiritual state in a client, and have them be able to label it and hold onto it, and I think that opens something up for them spiritually."

Some of the participants also expressed that they found that the model made it easier to recognize when clients brought spiritual issues into the psychotherapy. Here is how Participant H illustrated how the IFS model helped her be more open about spirituality in her work:

"I think I'm being a lot more open about it and a lot more direct about what people's experience of their spirituality.... I think IFS has given... spirituality has like a role in the therapy room now...it feels also more acceptable to talk about it ... it's not closely associated with any one particular religion So I feel like I'm hearing a lot more from people about what their experiences are. Somehow I'm opening a door to whatever your experience is."

All participants reported that the IFS model was accommodating to the various spiritual and non-spiritual paths of clients. Because the participants perceived that the IFS model was congruent with various belief systems of clients, they reported that it worked with or without spiritual language, even if the therapists themselves perceived their work as spiritual. Participant J described it as follows:

“I think that’s a really good model that can encompass any spiritual practice, whether it’s me - the atheist - or my very, very, very Christian intern who’s in Christian counseling. I’ve worked with this with Muslims, with Hindus, with Christians, with atheists, with Jews. I’ve worked with it pretty much with everybody, and no one has a problem with it. It all just kind of flows usually.”

In summary, it appears that the process by which the IFS model affected therapists’ spirituality is isomorphic to the way by which it influenced the way therapists address spirituality in their work because it gave participants the tools to feel more centered and promoted internal and external connection both between and within clients and therapists.

Chapter 5: Discussion

IFS Model as Framework

The purpose of this qualitative study was to examine (a) whether and how the IFS model affects psychotherapists' spirituality and (b) whether and how the IFS model influences the way psychotherapists address spirituality in their clinical practice. The current study suggests that IFS seemed to deepen psychotherapists' experience of spirituality. It also suggests that, for the most part, the interviewed IFS therapists viewed their IFS work with clients as spiritual, even if spirituality was not explicitly discussed during their psychotherapy sessions. Additionally, the participants indicated that IFS therapy helped them to be more able to address spirituality with clients in their practice. Based on the review of relevant literature and to the author's best knowledge, this is the first empirical study to explore such issues.

Effect of the IFS Model on Psychotherapists' Spirituality

Overall, all of the participants reported that the IFS model deepened or enriched their experience of spirituality. The major theme in participants' view/definition of spirituality was a feeling of being connected – to themselves, to other people, including their clients, and to something bigger than they are. They perceived that their spirituality was enriched or deepened through the internal and external connection and that IFS gave them new ways to experience spirituality. Internally, they felt more connected to themselves through the healing they experienced with the help of this model. Externally, they felt more connected to others, including their clients. Participants reported that the IFS model facilitated this shift in their spirituality by giving them tools to be more present and connected to themselves and others, including their clients. With the help of the model the participants were able to have better connection between their personal and professional lives – they reported that there was more

consistency between who they are as a person and as a professional - which resulted in their experience of spirituality becoming deeper or enriched.

It appears that the effect of the IFS model on therapists' spirituality had an indirect effect on therapeutic alliance. Del Re et al. (2012) found that therapist variability in the therapeutic alliance appears to be more important than client variability. Additionally some studies found that warmth, empathy, openness and acceptance significantly and positively impact therapeutic alliance (Baldwin, Wampold & Imel, 2007; Nissen-Lie, Monsen & Rønnestad, 2010). As Bordin (1994) suggested therapeutic alliance consists of joint collaboration between the therapist and the client, which includes the bond between them and an agreement on therapeutic goals and tasks. All participants practicing the IFS model confirmed that with the help of the model they were able to provide clients with unconditional acceptance. They reported that when they were Self-led they remained open, curious and accepting of their clients. It appears that the contribution of the IFS model is in enhancement of connection between clients and therapists. Sperry (2012) and Gockel (2011) suggest that spirituality is a key aspect to the therapeutic alliance. Perhaps, when spirituality manifests itself in having better connection with one's clients, it is relevant to the therapeutic alliance. Anderson and Worthen (1997) suggest that when therapists' spirituality manifests itself in "hopeful and compassionate presence" and unconditional acceptance, it can contribute to the therapeutic alliance.

It appears that the uniqueness of the model is that it helps therapists move from a cognitive notion that the therapist should remain open, curious and non-judgmental to providing the tools to actually experience it, which makes it really applicable in work. Indeed, several participants said that they knew that they should have unconditional acceptance for their clients, but were not sure how to actually achieve it emotionally. The participants reported that the IFS

gave them actual *felt* experiences of how to remain open and curious with their clients without judging them. They were able to get those *felt* experiences because they had felt it themselves through their own internal IFS work. Participants reported that they were encouraged by the model to do their own healing. In their internal IFS work they were able to connect with the “goodness” inside of them and to be accepting of their own flaws and limitations. Again, the basic tenet of the model is that all parts start off with good intentions and it is just with time because of the traumatic life experiences these parts acquire “burdens” (negative thoughts, beliefs, behaviors, etc.). In their own internal work therapists remained open to “hearing” stories of their parts and not trying to get rid of anything within themselves. These parts, in turn, were able to relax and become more flexible, which paved the way to self-kindness. These IFS therapists were able to recognize the goodness inside of themselves and actually feel Self-energy, which provides for strong, yet compassionate leadership of their internal system.

Since participants, themselves, were able to get to such compassionate place, they knew that such place exists in their clients. This message was then verbally and non-verbally communicated to their clients. Therapists seemed equipped to create an open space without judgment to work with clients. When the therapists knew that the clients lacked hope they became their “hope merchants” and were holding the space for clients so the clients could tap into that hope. Such therapeutic presence might have contributed to the perceived alliance between psychotherapists and clients.

It seems that IFS raises many self-of-the-therapist issues. What is a good psychotherapist? Harry Aponte conceptualizes the role of spirituality in therapists as a combination of being grounded in who they are and recognizing their own vulnerability while both maintaining boundaries and extending human connection (Horsford, 2009). “What every

therapists has to do is to make a human connection with the client” (p. 369). According to him, this combination results in intimacy with the clients so that the therapist understands the client from within himself or herself (Horsford, 2009). The IFS model encouraged them to do their own work of healing. By doing their own IFS work, the participants seemed to acquire tools to come back to a place of self-kindness and non-judgment if they get triggered in session, and this way they were able to be more present with their clients. They didn’t have an agenda, they were just holding the hope that the client has all the strength inside of themselves that they need to heal.

Effect of the IFS Model on the Way Psychotherapists Work with Spirituality

Most participants reiterated that the basic tenets of the model that “all parts are welcome”, “all parts start off with good intentions” and that healing is within each person – are spiritual, even when no spiritual language is used in their work. Cultivating spirituality and mission were identified as one of the practices that nourish therapists (Norcross & Drewes, 2009). It appears that the IFS model helped participants to enhance their professional satisfaction by giving them meaning and purpose in what they do and contributed to their self-care. Perhaps this model helped participants blur the lines between personal and professional and in that way also contributed to their self-care practices, such that both become just a “way” of being in the world. Pearlman found that satisfactory spiritual life is one of the coping strategies of trauma therapists (1995). The congruence the participants reported between what they feel inside and how it translates into their work may have contributed to the quality of their spiritual life.

When it came to actually discussing spirituality with clients, participants thought that the IFS model provided inclusive language and tools to address spirituality with clients from various

spiritual paths. The participants also expressed that the model gave them tools to help clients experience curiosity, compassion and connectedness within themselves and with others around them. The IFS model helped participants to create judgment-free attitude, which again may help clients address their spiritual concerns. Additionally, some participants thought that the model lends itself nicely to spirituality because the basic tenets of the model are also used in different religions. In summary, the IFS model appears to be very flexible in addressing spirituality in different clients and adaptable to clients' language. In that way, it seems that the IFS model may occupy a niche between secular psychotherapy models and pastoral counseling.

Limitations

There are several important limitations to this study that should be considered. The sample size included only those IFS practitioners who identified themselves as spiritual. It is not clear how, if at all, IFS therapists who do not identify themselves as spiritual, address spirituality in their work. Another important limitation of this study is the subjective nature of experience of spirituality and that language to express it can be limiting. It is unclear if those IFS therapists who do not identify themselves as spiritual still experience the same effects of the model on their work, but label it differently.

Additionally, this study was only focused on the experience of psychotherapists. There is a possibility that clients have different opinion about the effectiveness of addressing spirituality in IFS sessions.

Future Research

The implications for future research are numerous considering the limitations of this study. One of the purposes of this study was to provide an empirical foundation upon which future research could be built. A next step for the IFS research may be to explore the clients'

perception of spirituality in the IFS model to see if their perception is different from that of psychotherapists’.

Another suggestion for future research would be to explore the similarities and differences in psychotherapists’ and clients’ perspective on how the IFS model affects the therapeutic alliance.

Future research should consider a study design to compare ways in which spirituality is addressed in the IFS model and other psychotherapeutic models to see whether the IFS model is unique in its approach to spirituality. To the best of the author’s knowledge there appears to be no published empirical studies comparing the effectiveness of the IFS model to other psychotherapeutic models.

Finally, maintaining a spiritual life for marriage and family therapists is considered part of their protective practices to prevent vicarious trauma and burn-out (Negash & Sahin, 2011). With most interviewed participants indicating that they perceive their work within the model as spiritual, it would be interesting to verify whether that notion contributes to self-care and burn-out prevention of the IFS therapists.

Clinical Implications

In summary, the IFS model appears to have an effect on the overall experience of the therapists who utilize it, including in case conceptualization. It appears that the IFS model encourages psychotherapists’ own healing. Additionally, it seems that the IFS model enhances psychotherapists’ professional satisfaction by providing a new meaning to their work. The utilization of the IFS tools and concepts were described as helpful to in assisting psychotherapists to achieve the desired therapeutic presence.

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APPENDIX A

Preliminary Background Questionnaire

ID Number _____ (Internal Use)

I. Please provide your responses to the following questions:

- 1) What is your age?
- 2) What is your gender?
- 3) What is your ethnicity?
- 4) When did you get masters or doctoral degree in social work, counseling, marriage and family therapy, clinical psychology or psychiatry?
- 5) How many years have you been practicing as a mental health professional?
- 6) Have you completed at least Level I IFS training?
- 7) Do you currently use IFS in your clinical work? In what percentage of your clinical work do you use the IFS model?

APPENDIX B

Ellison Spiritual Well-being Scale*

For each of the following choices, select the choice that best indicates the extent of your agreement or disagreement as it describes your personal experience:

SA = Strongly Agree

D = Disagree

MA = Moderately Agree

MD = Moderately Disagree

A = Agree

SD = Strongly Disagree

-
- | | | | | | | | |
|----|---|----|----|---|---|----|----|
| 1. | I don't find much satisfaction in private prayer with God | SA | MA | A | D | MD | SD |
| 2. | I don't know who I am, where I came from, or where I am going. | SA | MA | A | D | MD | SD |
| 3. | I believe that God loves me and cares about me. | SA | MA | A | D | MD | SD |
| 4. | I feel that life is a positive experience. | SA | MA | A | D | MD | SD |
| 5. | I believe that God is impersonal and not interested in my daily situations. | SA | MA | A | D | MD | SD |
| 6. | I feel unsettled about my future. | SA | MA | A | D | MD | SD |
| 7. | I have personally meaningful relationship with God. | SA | MA | A | D | MD | SD |
| 8. | I feel very fulfilled and satisfied with life. | SA | MA | A | D | MD | SD |

- | | | | | | | | |
|-----|--|----|----|---|---|----|----|
| 9. | I don't get much personal strength and support from my God. | SA | MA | A | D | MD | SD |
| 10. | I feel a sense of well-being about the direction my life is headed in. | SA | MA | A | D | MD | SD |
| 11. | I believe that God is concerned about my problems. | SA | MA | A | D | MD | SD |
| 12. | I don't enjoy much about life. | SA | MA | A | D | MD | SD |
| 13. | I don't have a personally satisfying relationship with God. | SA | MA | A | D | MD | SD |
| 14. | I feel good about my future. | SA | MA | A | D | MD | SD |
| 15. | My relationship with God helps me not to feel lonely. | SA | MA | A | D | MD | SD |
| 16. | I feel that life is full of conflict and unhappiness. | SA | MA | A | D | MD | SD |
| 17. | I feel most fulfilled when I'm in close communion with God. | SA | MA | A | D | MD | SD |
| 18. | Life doesn't have much meaning. | SA | MA | A | D | MD | SD |
| 19. | My relationship with God contributes to my sense of well-being. | SA | MA | A | D | MD | SD |
| 20. | I believe there is some real purpose for my life. | SA | MA | A | D | MD | SD |

*The scale was purchased from the authors from www.lifeadvance.com.

APPENDIX C

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY
**Informed Consent for Participants
in Research Projects Involving Human Subjects**

Influence of the IFS model on psychotherapists' spirituality

Dr. Angela Huebner, *principal investigator* ahuebner@vt.edu; (703) 538-8491
Olya Borghesani, *Co-Investigator and Interviewer* Olya@vt.edu; (703) 473-5441

I. Purpose of this Research Project

The purpose of this study is to gain an understanding of the influence of the Internal Family Systems (“IFS”) model on spirituality of mental health clinicians, who practice from this model. The study will also investigate how the practice of this model affects IFS practitioners work with spirituality during psychotherapy sessions. It is the hope of the researchers that the information collected in this study will add to the current body of research on the practical use of IFS model and shed light on the relationship between the IFS model and spirituality. The results of this study may be used for publication, but your identity will remain confidential. This project will involve interviewing about 20 IFS practitioners about their experiences of spirituality.

II. Procedures

As a participant in this study:

- a. You agree to participate in audio-recorded interview about the influence of the IFS model on your spirituality and the way you work with spirituality during psychotherapy sessions. The interview will be conducted either in person, by phone or via Skype. If you are located in Northern Virginia, Washington, DC or Maryland, personal interview is preferable.
- b. You can expect the interview to last approximately 30-60 minutes.

III. Risks

- a. There is some potential risk of emotional discomfort for study participants as you will be asked to reflect on your personal experiences.
- b. The researcher will have referral information for mental health resources should participants wish to further process any difficult thoughts or emotions evoked during the interview process. Payments associated with counseling referrals will be the responsibility of the subject, not the research team or Virginia Tech.

IV. Benefits

- a. It may be considered a benefit to discuss your experiences with the interviewer as a way to enhance your thoughts and experiences around the subject matter.

- b. You will be helping add to the body of research regarding the use of the IFS model.
- c. No promise or guarantee of benefits has been made to encourage you to participate.

V. Extent of Anonymity and Confidentiality

- a. All of the information provided during the interview and over-the-phone or email screening is confidential.
- b. At no time will the researchers release identifiable results of the study to anyone other than individuals working on the project without your written consent.
- c. All identifying information provided during the audio-recorded interview will be removed and replaced with aliases in the typed transcript and study report. Any identifiable information will be stored separately and securely from coded data.
- d. The only individuals with access to the audio recording and original transcript will be the Principal Investigator and the Co-Investigator. If an outside transcriber services are used, the Co-Investigator will request that the transcriber signs a confidentiality agreement.
- e. The audio tapes will be destroyed as soon as they have been transcribed and checked.
- f. Portions of your interview text may be used verbatim in the report of the project and/or in subsequent publications. No identifying information will be associated with any part of your interview that may be used.
- g. The Virginia Tech Institutional Review Board (IRB) may view the study's data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research.

VI. Compensation

- a. There is no compensation for participating in this interview.

VII. Subject's Consent

I have read the Consent Form and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent:

_____ Date _____
Subject signature

Subject printed name

VIII. Freedom to Withdraw

It is important for you to know that you are free to withdraw from this study at any time without penalty. You are free not to answer any questions that you choose or respond to what is being asked of you without penalty.

IX. Questions or Concerns

Should you have any questions about this study, you may contact one of the research investigators whose contact information is included at the beginning of this document.

Should you have any questions or concerns about the study's conduct or your rights as a research subject, or need to report a research-related injury or event, you may contact the VT IRB Chair, Dr. David M. Moore at moored@vt.edu or (540) 231-4991.

APPENDIX D



Office of Research Compliance
 Institutional Review Board
 2000 Kraft Drive, Suite 2000 (0497)
 Blacksburg, VA 24060
 540/231-4606 Fax 540/231-0959
 email irb@vt.edu
 website <http://www.irb.vt.edu>

MEMORANDUM

DATE: March 20, 2013
TO: Angela J Huebner, Olga Borghesani
FROM: Virginia Tech Institutional Review Board (FWA00000572, expires May 31, 2014)
PROTOCOL TITLE: Influence of the IFS model on psychotherapists's spirituality
IRB NUMBER: 13-267

Effective March 20, 2013, the Virginia Tech Institution Review Board (IRB) Chair, David M Moore, approved the New Application request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report within 5 business days to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at:

<http://www.irb.vt.edu/pages/responsibilities.htm>

(Please review responsibilities before the commencement of your research.)

PROTOCOL INFORMATION:

Approved As: **Expedited, under 45 CFR 46.110 category(ies) 6,7**
 Protocol Approval Date: **March 20, 2013**
 Protocol Expiration Date: **March 19, 2014**
 Continuing Review Due Date*: **March 5, 2014**

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals/work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.

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Office of Research Compliance
 Institutional Review Board
 2000 Kraft Drive, Suite 2000 (0497)
 Blacksburg, VA 24060
 540/231-4606 Fax 540/231-0959
 email irb@vt.edu
 website <http://www.irb.vt.edu>

MEMORANDUM

DATE: March 27, 2013
TO: Angela J Huebner, Olga Borghesani
FROM: Virginia Tech Institutional Review Board (FWA00000572, expires May 31, 2014)
PROTOCOL TITLE: Influence of the IFS model on psychotherapists's spirituality
IRB NUMBER: 13-267

Effective March 26, 2013, the Virginia Tech Institution Review Board (IRB) Chair, David M Moore, approved the Amendment request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report within 5 business days to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at:

<http://www.irb.vt.edu/pages/responsibilities.htm>

(Please review responsibilities before the commencement of your research.)

PROTOCOL INFORMATION:

Approved As: **Expedited, under 45 CFR 46.110 category(ies) 6,7**
 Protocol Approval Date: **March 20, 2013**
 Protocol Expiration Date: **March 19, 2014**
 Continuing Review Due Date*: **March 5, 2014**

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals/work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

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