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2

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5

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7

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9

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11

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12

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Editor's Introduction

The theme of this issue, **Sacred Moments in the Therapeutic Process**, emerged upon finding an unusual article, "Perspectives on 'Sacred Moments' in Psychotherapy" by Dr. Kenneth I. Pargament:

"Sacred moments in psychotherapy ... may represent an aspect of the clinical encounter that is rarely mentioned by theorists and researchers but is a vital ingredient of the psychotherapy process and relationship."



Inasmuch as the results of therapy are seldom related to the type of treatment provided, Pargament raises the issue: then what might account for treatment outcomes. The answer, he proposes, "seems to lie in part in the relationship between the patient and therapist. Some have estimated that as much as 50% of the variance in treatment effects can be attributed to the therapist-patient alliance." Moreover, "sacred moments may be one important marker of an effective therapeutic alliance."

Considering that sacred moments may be such a "vital ingredient" in the healing process and one that is rarely the focus of research, we decided that this issue would explore this important, yet neglected theme. Our invitation asked clinicians to focus on several framing questions, reflecting the scope of commentaries we hoped to receive:

- What is your understanding of or how do you think about sacred moments in therapy?
- Can you describe a sacred moment and what may have prompted it?
- How does a sacred moment differ from other important moments in the therapeutic process?
- What impact did the sacred moment have on the therapy?
- Did both you and your client experience the sacred moment?

Our six contributors provide considerably different perspectives. We think you'll find them not only insightful, but also filled with self-disclosure, as each writer has included clinical examples. In many instances, the risk to act upon a sacred prompting paid off, while in some cases it may not have.

We begin with **Mary Tantillo's** intriguing essay in which she experiences sacred moments as transformative. "We become more of who we are in this sacred moment in connection with one another. We are in a sacred dance ... all dancing together in that moment in the beauty of knowing we are not alone – not alone in pain, not alone in joy."

Orit Waisman, a dance movement therapist, relates an embodied sacred moment when her client "began sprinting and spreading her arms and swirling around the room like a free spirited, beautiful, colored feathered, bird." At that moment, Orit felt a strong connection with Debora as her own heavy feelings prior to the session also began to dissipate. Subsequently, these "parallel experiences became part of our narrative," while also a vivid reminder to Debora of her unique strengths.

In contrast, **Ann Saffi Biasseti** writes about “a moment that was born from the dark, the heavy and the uncomfortable. It emerged from a vulnerable moment when there was more uncertainty and confusion than light. And through it, I learned that the sacred could also live in the dense forest when we cannot see a clearing. However, if we take a pause, we may open up enough to see.”

Karen Erlichman writes that, “Some sacred moments catch us by surprise. Other times, sacredness does not just happen spontaneously; we invoke it. We set the stage for it using tools, rituals, intentions and our own presence, just as a priest, rabbi, imam or even a magician sets the table or altar with holy objects and intentions.” She relates how a healing ritual emerged during several sessions with Teresa, a woman in her mid-40s who experienced a twin pregnancy loss at 19 weeks gestation.

Trish Lieberman, a registered dietitian, describes a sacred moment in her work with Julie who acknowledged: “I ate a brownie for snack today. I liked the taste...and I was okay.” In this moment, according to Trish, “there was a deeper mutual understanding between the two of us — she seemed to know that I understood that eating a brownie wasn’t just about eating a brownie. No words were required to explain or explore what had just taken place.”

To conclude, we present an essay from **Michael Berrett**, who offers “four principles which nourish potential for ‘sacred moments’ in clinical work.” One principle involves creating opportunities for a client’s connection to a spiritual source. He relates a sacred moment when talking with an adolescent girl during a wilderness trip. She was about to take her own life when Michael called her about the trip. The transcendence of that moment he attributes to both of them having learned “to listen carefully, and then to follow messages from a source of understanding which is beyond thought and emotion.”

We are extremely appreciative to Mary, Orit, Ann, Karen, Trish and Michael not only for their effort and insights, but also for their enthusiastic responses to this challenge. Indeed, their essays, individually and collectively, highlight Pargament’s view that sacred moments in therapy can become vital resources. And as such, they may “serve as pivotal points in time that lead to fundamental, life-changing transformations” (p.16).

MARJORIE FEINSON, PH.D.

EDITOR

We Are All One: Sacred Moments in Therapy

MARY TANTILLO, Ph.D., PMHCNS-BC, FAED

Sacred moments in therapy, for me, are experiences wherein I am simultaneously in relationship with patients AND feeling a strong connection with *The Spirit* (i.e., God, an alternate higher power, the universe, something bigger than myself). These moments are inspirational, transformative, and holy. They are characterized by an intense feeling of wholeness and completeness, reminding me that what is secular and finite (us and the world we live in) and what is divine and infinite are one. During these sacred moments, I experience that every “I” in the room has joined together to form a diverse and deeply connected “We.” These moments feel riveting;

a sense of safety and peacefulness coexists with an overwhelming sense of positive, healing energy. At these times, I am happy to remain exactly where I am/we are — in the present moment — while simultaneously feeling that if we were to harness the positive energy fueling our connection, we could overcome any fear,

accomplish almost anything together.

These sacred moments are transformative; we will not be the same afterward. We become more of who we are in this sacred moment in connection with one another. We are in a sacred dance characterized by relational movement between us, a dance that extends out

beyond us to something bigger. We are all dancing together in that moment in the beauty of knowing we are not alone — not alone in pain, not alone in joy. This realization interrupts the eating disorder which breeds and lives on denial, deceit, distortion, division —
(continued on page 4)



FEMINIST RELATIONAL
PERSPECTIVES AND BEYOND:

Eating Disorders Across the Lifespan and In Diverse Populations

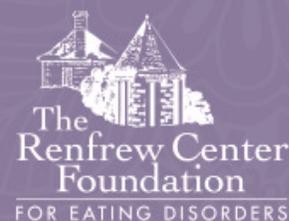
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disconnection in all its forms — disconnection that makes things fragmented, ruptures relationships, plays on our brokenness, amplifies our human vulnerabilities, makes us forget who we are, why we are here and what difference we make in this world (which more than ever is desperate for our help).

In my career, I have experienced sacred moments in varied settings, during every day, ordinary experiences as well as during some extraordinary events that have occurred in therapy. I will briefly describe one experience using pseudonyms for patient and family member names.

I received a phone call from a father, Mr. Thomas, whose emotional pain was palpable in the voicemail he left. He asked me for a family consultation because his older son's (Jason, age 32) responses to his sister's (Kelly, age 27) eating disorder was destroying the family. Jason was so angry with his sister and mother that he was reportedly now restricting Mr. and Mrs. Thomas's access to their grandchildren. The therapist seeing Kelly also called me to ask if I could see the family. She believed that this consultation would help them identify relational patterns and disconnections in the family that the eating disorder was capitalizing on and amplifying. I remember the moment during the first therapy session when I asked for some help from *The Spirit* — to listen carefully and say something helpful to this family.

After listening to Kelly, John (younger son, age 30), and Mr. and Mrs. Thomas, I turned to Kelly and asked if she had ever considered how her older brother, Jason, might be similar to her. I suggested that based on everyone's description of Jason that he, similar to her, seemed very anxious and shame-sensitive. I wondered if Jason tended to externalize his shame,

while she learned to internalize it with her eating disorder. Jason's anger and bullying seemed to protect him from his feelings of anxiety and helplessness. I suggested that Jason might feel his mother was "overprotective" of Kelly because she was, at times, uncertain about the best way to support Kelly. John turned to me, as did Mr. and Mrs. Thomas. They agreed with these impressions and stated that no one had ever thought about it this way. Kelly agreed that it made sense and was surprised to see how Jason's anger and bullying behavior were similar to her eating disorder and the internal bullying she did to herself.

I remember that during this moment, time stood still with all of us connected in the circle, almost as if a thread was running through each of us, pulling us together. The meeting had begun with all family members sitting back in their seats (in fact, I had to invite Kelly to move her seat and join our circle), highly anxious, eyes down, already feeling defeated about what would be shared. We were now leaning into our circle, looking at each other directly, having discovered something new. While Jason (who could not attend today's first meeting) was the seeming agent of disconnection and rage, blaming the patient and her mother for enabling the illness, in fact, he was also suffering. He reportedly had his own history of anxiety, depression and substance abuse. Kelly's struggles resembled some of his past struggles. He wanted her to take control of her life and move ahead, as he did. Kelly's struggles seemed to trigger old feelings for Jason, who as the older brother, usually prided himself as the consummate problem solver and protector. Today, we discovered that Kelly, in fact, was probably the one person in the family who could really understand Jason's experience because it

was similar to but different from hers.

In this shared sacred moment, where I felt connected with *The Spirit*, a force which was very active in the session (moving through me and others), I felt a transformation was occurring. Not only was the family able to reframe Jason's behaviors, but Kelly could feel more empowered; John could ask his mother not to be the 'go-between' for him, his sister, and older brother; Mrs. Thomas could show her love for her children by encouraging them to be direct with one another; and Mr. Thomas could support John's request and see his family move out of disconnection into new and better connection. This experience helped prepare us for the second meeting with Jason, who, though cast as the 'prodigal son, (self-absorbed and extravagant with his anger) was actually expressing the disconnections the illness was creating and the need for a change in family relationships.

In reflecting on what transpired during these family meetings, I was reminded again of how *The Spirit* speaks to me and through me during my work with patients and families. *The Spirit* is connected to what is Divine or Holy and through this connection, makes what is disconnected whole. It allows me to embrace what seems different or fragmented in a session (e.g., thoughts, feelings, actions) and to see how this difference or fragmentation fits into something bigger. It helped me to hear and see how Jason was different from AND similar to Kelly. It allowed me to help the family reframe how they thought about Jason's behavior and how they could be in connection with one another.

Connecting with *The Spirit* allows me to move momentarily beyond the human tendency to compartmentalize, categorize, and objectify into a place that unifies, integrates, and incorporates.

It empowers me to help others stop seeing what is different and disconnected as ‘other.’ Instead, it helps me help patients and families build a sense of ‘we’ that is strengthened, not weakened, because of differences and intermittent disconnections, often fueled by the eating disorder.

As I sat and listened and observed all that happened in the Thomas family meeting, I felt like I was home. I felt a

rush of energy several times during that meeting and a deep spiritual connection to everyone in the room. These are moments of intense delight



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and joy, my communion for the week — the patients and families reminding me again, that we are all one.

Timeless (embodied) moments, encounters by the river

Le corps est le vehicule de l'etre au monde...mon corps est le pivot du monde”
(Merleau-Ponty, 1945/2003;97)¹

ORIT WAISMAN, Ph.D.

I have been practicing dance movement therapy (henceforth DMT) for about twenty years and as my body changes over time, so does the way I meet my clients. There are a few moments of interaction with clients that my body remembers clearly. Such moments encompass a whole lifetime in no time at all. My body is present when I meet my clients’ movements, thoughts, feelings, longings, even as I note that it is no longer as agile or rapid as when I was in my thirties. Now, as I supervise my students, I can visualize and feel the vibrations of their bodily interactions with their clients, and the marks of time talk to me as my life and DMT proceed.

One mark of a sacred moment is that it remains with me throughout time. Susan Kleinman, a Dance movement therapist who works extensively with those who suffer from eating disorders, wrote the following: “the therapists’ own experience of embodiment, ability to access unconscious material, and way of being with their bodies, is part of their sense of self, and plays an important role in the healing process.” (Kleinman, 2009; 131). The therapeutic process with Debora provided several sacred moments and I would like to tell you about one of them.

My clinic has always been a place that invites clients to rest as well as to dance. On one warm day in March, as I was waiting for the arrival of Debora, I was aware of the fact that I was in the space that was soon to be hers. As I stretched, I was conscious of my own body’s sensations, and it brought up feelings that I felt during interactions with Debora, in previous meetings. I usually allow myself a period of about twenty minutes to move\contemplate\think about the patient before the knock on the door is heard. This time is precious to me, as I need to attend to myself before attending others.

However, on that day, I felt a reluctance to move. My body felt heavy and the vision I had was of soil, dirt. I laid down and felt some kind of weight on my body. The pressure was mild, but I found myself reacting in an unexpected way. I got up and spread my arms wide; my legs carried me and I started to swirl. For a moment, I felt as if I lost the notion of space and time, as if I were inside the earth. I spun like that for a few minutes; then the pace slowed down. I sat and wrote a few words in my notebook as I sipped my warm, comforting tea.

¹ the body is the vehicle of being in the world...my body is the pivot of the world (my translation)

Debora arrived a bit late; ‘traffic’ she whispered as she entered the room. She is a 53 year old married woman with two kids in their twenties who were starting lives on their own. Her bodily presence was robust as well as agile, and she complained of having anxiety attacks and binge episodes. She felt at ease working with symbols and we concentrated mainly on dancing and active imagination. Debora used to share her dreams that often became part of therapeutic exploratory work. She came to weekly sessions for two and a half years and it soon became clear that her body was lively and strong, a good point to rely on in times of distress.

Eight months into therapy, the session began with some warm ups, during which Debora talked about her husband and her previous therapist. It became obvious to me that she was feeling ambivalent as her body moved in contradictory ways, convulsive movements, repetitive, rapid movements of the joints, as if throwing something out of herself. The music I introduced provided solid rhythmic structure, contrasting with the unpredictability of her movements. After a few minutes, Debora’s movements started to become more cohesive. As she closed her eyes, I was there, attentive to her movements and moving with her. I lowered the volume of the music and noticed that her shoulders were dropping as if her arms were gradually pulling her downwards.

At some point, she let her head down, and her knees bent as her body lowered to a crouch. I joined her as an image of a river emerged. Debora told me she could see herself part of a group of women who went down to the river to do some washing. Conversations between them streamed flowingly, resembling the minute

swirling movements of the water. She was fascinated as she talked and I listened to her flowing words and movements, her joyful laugh, as she imagined a joke told by one of the women. She was at home with herself and I was with her. It was a sacred moment.

Following this experience, Debora remained crouched, but got up on her toes as an image of a bird came to her. Leaning slightly on her hands, she vividly recalled how she had been a champion in running short distances when she was about 11. From this position, the burden of her present life with worries about food, relationships and work had all vanished as she insisted on sprinting and spreading her arms and swirling around the room like a free spirited, beautiful, colored feathered, bird. At that moment, I was able to connect to the powerful experience I had before the start of the meeting, of being burdened by soil and dirt. I realized that the image of the bird brought us both to a sensation of fresh, light, wild air! The bird often symbolizes the human soul, it stands for freedom, creativity and joy. In subsequent months and years, these parallel experiences became part of our narrative, either verbally or bodily and served to remind Debora of her unique strengths.

Debora’s problems might possibly be attributed to the fact that she had forgotten the girl she had been. She ignored how strong she was when she was in her pre-puberty years. Life as a grown woman always involved giving up her power to someone else; it always involved being weak in relation to others. Metaphorically, the sacred moment functioned like a bridge, connecting the vital child she used to be with the woman she is today.

Once, about six months after this meeting, Debora was facing a difficulty

concerning her relationship with her boss. She was crying, and unexpectedly recalled the scene by the river. She then allowed herself to take a deep breath and her body relaxed in a gentle movement. She realized that while she could not change her boss, she could change her expectations of her.

Sacred moments such as these provide a connection to deep layers of existence, which enhance healing processes. The importance of embodiment in therapy is stressed by Kleinman: “The sufferers’ way of being in their bodies and willingness to access their own unconscious material is part of their sense of self, and plays an important role in the degree to which they will be able to heal.” (Kleinman, 2009; 126).

The nature of a sacred experience is explored in the work of Lomax and his colleagues (Lomax et.al, 2011) who maintain that this is a basic of human experience that lies well outside any scientific method of explaining the world. They assert that sacred moments have significant power for many people as was so evident in the case of Debora. The sacred moment we shared was pivotal for her healing process.

Our journey to grasp how sacred moments differ in quality from other moments may lead us to further questions. One of the questions I have been exploring concerns the concept of mismatches between word and gesture and the implications of these to the work of DMTs (Waisman 2010, 2014). I ask myself whether moments leading to the ‘sacred moment’ and those following it include more mismatching than the sacred moment itself. In other words, is the sacred moment characterized as a time of matching, in comparison with the moments that precede and follow it? My encounter with Debora was a sacred

moment that took place at the margins of a flowing river, where laughter and joy prevailed. It remained as a timeless experience. And I suspect that our encounter by the river invited a kind of matching.

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Finding the Sacred in the Pause

ANN SAFFI BIASETTI, Ph.D.

Once heard Tara Brach describe the sacred as a moment that comes from the pause.

That is, when we take a pause, we allow the light of a sacred moment to come through. The pause offers a clearing in the dense forest, and the ability to be with the vulnerability that lies there.

As I contemplated the topic of sacred moments in the therapeutic process, I was reminded of Brach's words. I felt excited and delighted to write about the topic. As a transpersonal psychologist, I like to believe that I often have these moments in my work with clients. I excitedly sat down to write and noticed I was drawing a blank. I started to wrack my brain in coming up with a poignant case example that would reflect one of those beautiful moments in time, one of those feel good, shifting moments for both myself and my client. I continued to reflect, and reflect, and noticed that I was still blank. It was in that very moment that I also recalled Brach mentioning that sacred moments are not just born in the moments that feel good. It was with that statement

that I felt a pit in my stomach. I paused and tuned in to the sensation in my stomach and through this embodied door, I recalled a moment that was not so pleasant, and certainly did not feel so good. Pausing and attuning to my body's direct experience allowed for this recall, and offered the reminder that the sacred often lives beneath our conscious knowing minds.

I was reminded, once again, of what I really do know about sacred moments in the therapeutic process. I realize that I know very little. In fact, I do not know at all, as there have been moments that have come more from not knowing than knowing. They were unplanned, unsought, and *unthought*. They were moments that lived in the numinous realm, and came from, what a teacher

once told me, the unthought thought. They reflect a deeper knowing that sometimes may not even have words to describe it, yet both therapist and client know it. They often were vulnerable, co-created moments between my client and myself that I deeply felt within my body.

I have had many of these sacred moments with my clients throughout the years, and most of these have been heartfelt moments of deep connection, or what I call the moments when the heart comes alive. There is often lightness in the air and the session ends on a note of hope and change. However, I have chosen to write about a very different moment, a moment that was born from the dark, the heavy and the uncomfortable. It emerged from a

vulnerable moment when there was more uncertainty and confusion than light. And through it, I learned that the sacred could also live in the dense forest when we cannot see a clearing.

However, if we take a pause, we may open up enough to see. If, in these vulnerable moments, we drop in and attend to our own direct experience, especially through the body's knowledge and wisdom, we may create the space and the pause necessary to move beyond words and open into these sacred moments.

I was working with 'Mary' for a few months. She was 17 and struggling with recovery from anorexia. She was at the edge and knew that if she lost more weight, she would most likely need more intensive treatment. At home and school, she was an obedient and bright young woman. She often reported that anorexia was the first thing she ever did 'wrong,' and she held great shame about it.

Mary's parents also struggled with shame and misunderstanding of the disorder. Out of fear, they attempted to 'hide' her suffering from others, including her brother and her friends. They wanted anorexia to disappear. In individual sessions, Mary and I started to work with her feelings of shame and self-criticism. Despite the individual and familial shame, she was making strides by reaching out to her brother and friends for support and revealing her struggle. In one session, she reported contemplating writing her college essay about her journey with recovery and the strength it has taken her. I supported her in this breakthrough.

Although frightened, Mary agreed that the time seemed right for a family session designed to provide education and elicit support. On the day of the family session, Mary's head hung low.

The energy in the room was tense. I could feel the tension and fear from all, myself included. Her parents acknowledged how angry they were feeling toward the disorder and Mary. Mary reported feeling ashamed and guilty. They were divided and I could clearly feel I was in the middle. My anxiety rose as I quickly contemplated the fine line of whether to first support Mary's shame and guilt or her parent's anger and frustration. The forest was getting dense.

Mary decided to share her idea about writing her college essay on her recovery. It was obvious she was searching for approval and support. Unfortunately, her sharing was not met the way we both had hoped. Her mother reacted immediately in fear and laughed at her daughter's idea, calling it "ridiculous." She told her no college would ever want her if they knew she was anorexic. Mary began to cry and her body sank. I could feel mine doing the same. We were both lost in the forest. I could feel all hope fade from Mary as she hid her face in her hands. I had no words. Rather, I followed my deepest instinct and turned my body toward her and paused. I knew the best I could do to support her in that moment was to create our own moment. In earlier sessions, I taught Mary the simple act of placing a hand or two on her heart as an act of self-compassion when things got rough. When she looked up from her hands and tears and our eyes met, I sat facing her with my hands on my heart. I knew she knew what I meant and what was needed in that moment — a pause and a moment of compassion. It was a moment of sacred connection in the midst of the dense forest. It did not feel good or comfortable. It was vulnerable and scary, but still a moment of mutual knowing and understanding.

I wish I could say the session ended well, but it did not. I chose to turn toward my client, knowing I risked losing and possibly unintentionally shaming her parents in that moment. But it was a chance I had to take. Rather, it was a chance I was led to take — led by my embodied reaction and deeper knowing. It was a choice made from the heartfelt response. This particular moment lived in the silent relational field, the pause, as sometimes words are needed and sometimes they are not.

I do not know what happened with Mary after this session. Her mother called to cancel her regularly scheduled appointments and neither mother nor Mary responded to my outreach. I spent a long time in healing my own guilt and therapeutic regrets. Should I have not held that family session? Would perhaps meeting with them alone have been best? These were some of the doubts and questions that lingered.

However, the one moment I never doubted was that sacred moment of my hands to my heart and looking Mary in the eyes. I will never fully know what it meant to her, but I can rest in knowing what it meant to me. It was a simple sacred moment of connection and compassion that grew in the midst of the dark that I was lucky enough to see.

Sometimes these moments are clearly defined between therapist and client, whereby we each know it, feel it, and discuss it. Sometimes, as in this example, it is not. Mary and I did not have the opportunity to explore what the impact, if any, was for her. I had to find a way to rest in the unknown and come back to what it meant to me.

As a therapist, I have come to recognize that when I pause, listen within, and respond from a place of

compassion, I cultivate the potential for a sacred moment, starting with myself. These moments often require risk, as I do not know how they will land. However, I often tell my clients that growth comes from the uncomfortable. Therefore, I must also be willing to be uncomfortable. Although the session with Mary and her family was one of

the most uncomfortable I have had, I continue to allow for moments of pause to attend to the wisdom from

my body, and compassion from the heart to guide me into the dense forest with my clients.



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The Felt Sense of the Sacred

KAREN LEE ERLICHMAN, D.MIN, LCSW

define the sacred as the felt sense of mystery, connection and awe. Within the context of therapy, sacredness is often, but not always, a shared (i.e. mutual) experience between therapist and client. It is a palpable feeling of “meaningful-ness” internally and in the room. That **felt sense** (to borrow a phrase from psychologist Eugene Gendlin) includes internal sensations, awareness and feelings, as well as the sensory experience of what is said, heard, tasted, seen and touched.

A recent sacred moment occurred during a phone session with Liza, a client in her mid-20s who has multiple chronic disabilities and complex PTSD. She is neither religious nor spiritual and adamantly identifies as atheist. She was overwhelmed with anxiety because she was struggling to make a list of daily tasks/action steps she could actually do. My intention was to help her recognize the regular tasks in which she is already engaged as a parent and a spouse, as well as her own self-care and activities of daily living.

I consciously maintained a light, gentle tone of wonder and ease in my voice, carefully attending to prosody and pace. “Hey, I wonder...[pause] maybe there are some things you already do that we hadn’t even thought of.” I mentioned a few daily tasks such as helping her son with his homework and putting medical appointments in the family calendar. As the conversation

continued, she generated some additional tasks on her own, and there was a shift in the tone and flow of our exchange. Her voice was a little louder and the pace of her speech resumed a more typical pattern. There was mutuality and shared discourse between us.

At one point, she took an audible deep breath, exhaled fully, and said, “You make something scary feel a lot less scary.” Although this brief moment was not overtly spiritual in content, from my clinical perspective and theoretical orientation, I experienced it as a sacred moment. Although this client is very secular and does not use words like ‘sacred,’ she did express a sense of awe about this shift in the conversation and in her own affect and awareness.

A process of meaning-making was taking place. In this case, Liza was verbalizing her own internal experience of the shift, the energy. Attuning to the sacred acknowledges the intersubjective

exchange and ripe potential for transformation that exists within the therapeutic relationship. This felt sense of the sacred happens before our conscious minds jump in to interpret or clinically reframe the experience.

A sacred moment is unique in several ways, occurring both within and outside of ourselves. There are spontaneous experiences of sacredness, as well as intentionally evoked sacred moments. Yet there is also a mysterious, ineffable quality of the therapeutic experience. Some sacred moments catch us by surprise. We aren’t even thinking about it and unexpectedly, there is an experience of grace. Other times, sacredness does not just happen spontaneously; we invoke it. We set the stage for it using tools, rituals, intentions and our own presence, just as a priest, rabbi, imam or even a magician sets the table or altar with holy objects and intentions.

Therapists have innumerable rituals as part of our practice, both conscious and unconscious. These can include secular and ordinary rituals such as how we greet clients at the beginning of an appointment, how the session begins and ends, placement of objects in the therapy office, to name a few. For many clients who are secular by birth or by choice, intentional rituals may seem nonexistent or outside their conscious awareness. White Western mainstream society (including psychotherapy) has excised spiritual rituals from many people's daily lives, although non-religious ritual behaviors are quite prevalent. Some minor examples of these include tailgating and dressing up for sporting events, morning coffee rituals, going to the gym, and even coming to weekly therapy appointments.

I keep a small ceramic bowl on my desk with 'kavanah cards,' small business-size, laminated and painted cards containing words such as generosity, loving kindness and equanimity. When I arrive at work each day, I pull a random card from the bowl, reflect on it briefly, and set it out on the card holder. That simple meditative act sets the tone and signifies the beginning of my work day. The last thing I do when I leave at the end of the day, before turning out the lights, is to place the card back in the bowl, signifying the completion of my day. This simple ritual adds a meditative element to my daily work life. My clients don't see these cards; it's a personal ritual practice.

A clinical example related to the use of ritual occurred in my work with Teresa, a woman in her mid-40s who experienced a twin pregnancy loss at 19 weeks gestation. She had been offered a visit with a hospital chaplain, but she declined the offer because the chaplain was an ordained clergy person and she

was not interested in traditional prayer. She also said she was cautious about the risk of having any theological or religious beliefs imposed on her. She was not religious, nor did she belong to a spiritual community, although she did have a regular yoga practice at a studio in her neighborhood. Her OB/GYN provider referred her to me for therapy.

In addition to processing and understanding her grief, Teresa was also wrestling with existential and philosophical questions about the meaning of her loss, and expressed a desire for some kind of ritual to honor her grief. We discussed her feelings and ideas about this, and I was careful not to impose my own beliefs or practices. We explored ideas for possible rituals in a very open, curious way. Ultimately, she created a ritual involving planting two flowers in her garden at home to honor the pregnancy, one for each fetus. She wrote a poem and read it aloud when she brought the flowers to our session on the day she intended to plant them in the garden. She reported that this very personal grief ritual evoked a connection to mystery for her, and engendered feelings of hope and optimism about healing from this profound loss. In particular, she described reconnecting with the earth and with a living object like a plant as "reconnecting with the source of life itself."

Sacred moments are imbued with these qualities of mystery, connection

and awe. There is a dimension of countertransference here, in that, as the therapist, I need to attend to my own feelings, reactions, boundaries, sensations and experiences. As someone who identifies as both religious and spiritual, my personal and professional daily rituals are very meaningful to me. At the same time, I am mindful of not imposing these beliefs or practices on my clients. This awareness is integral to my ethical commitment regarding boundaries in psychotherapy.

Since my website content makes it explicitly clear that I have a transpersonal orientation in my work as a therapist, many of my clients are a self-selected population who are, at minimum, tolerant of spirituality, and in many cases, actively seeking to integrate spirituality and sacredness into psychotherapy. My initial assessment always includes questions about whether clients were raised with a particular religion and if they currently have a spiritual practice.

How will I recognize these sacred moments and mindfully make good use of them therapeutically? In spiritual direction, the word 'savor' is often used to describe the capacity to be fully present to a sacred moment, to linger in the experience and allow it to unfold naturally. There is an experience of flow that occurs with sacred moments. Savoring implies a slower, gentler attunement to this undercurrent, like relishing the sound of the ocean at the beach or the taste of summer fruit.



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Fostering Sacred Moments in Nutrition Therapy

TRISH LIEBERMAN, MS, R.D, LDN

When I first heard that the topic of this essay was ‘sacred moments’, I felt somewhat intimidated and decided to do some reading in order to more fully understand its meaning. A recent study from Bowling Green State University explores sacred moments and their impact on the psychotherapeutic process between therapist and client. Sacred moments are described as “experiences apart from ordinary day-to-day interactions, involving a deep truth and mutual understanding, beyond the limit of ordinary time and space, with feelings of uplift, gratitude, joy and peace.” The study suggests that sacred moments that occur between therapists and clients may improve the therapeutic relationship and therefore, the progress that is made in treatment. (Pargament et al. 2014)

Upon reading the article, I pondered how sacred moments in the therapeutic process apply to my role as a registered dietitian. Over the last 6 years, I’ve worked in both residential and outpatient levels of care with women who suffer from eating disorders. In these settings, I am often considered a *nutrition therapist* because of the psychological aspects of an eating disorder. As such, I have a unique role as part of the multidisciplinary team: working with clients to provide nutrition knowledge and education about food and food science. I also teach how food contributes to health and recovery, evaluate meal plans which incorporate cultural and religious food beliefs — all while acknowledging the complex relationship the client maintains with food. Clients who suffer with eating disorders are often much more guarded toward me, as their dietitian, than with their therapist as I represent all the fears they have around calories, fat, sugar, weight and body image. Clients often see me as the bearer of what seems to be bad news because of the necessary conversations that take place regarding meal plan increases. This added

complexity presents a barrier to the formation of a beneficial alliance which therefore, requires a nutrition counseling approach far beyond practical instruction. As a registered dietitian, I help clients disentangle their emotions from food, develop mindfulness and coping skills, view food as nourishment and develop motivation for change. This in-depth work requires paying close attention to the whole experience of a patient’s treatment and is the place where sacred moments may be cultivated.

I recall such a moment during my first few months at The Renfrew Center of Philadelphia. It was following afternoon snack time when Julie, my patient, approached me, smiling and said: “I ate a brownie for snack today. I liked the taste...and I was okay.” For her, this was an experience apart from the ordinary because she had struggled for so long using food (or avoiding food) to cope with uncomfortable emotions. Previously, she would have avoided a brownie at all costs because it was so difficult for her to separate her negative thoughts and harsh judgment toward food from her self. It took hard work, commitment

and awareness in her treatment process to be able to sit and eat a fear food for enjoyment without experiencing feelings of guilt or shame. For Julie, that sacred moment of hope represented the first time in years she had been able to have a pleasurable experience with food. It opened the gateway for her to consider the possibility that she might eventually be able to enjoy, not only food, but life itself. As she moved forward, this experience formed a lasting memory that helped Julie to be more open to participating in additional challenges outside of her comfort zone. The negative thoughts about food weren’t gone, but the memory of her experience with the brownie allowed her trust that she could tolerate pushing herself beyond the comfort zone.

In this moment, there was a deeper mutual understanding between the two of us — she seemed to know that I understood that eating a brownie wasn’t just about eating a brownie. No words were required to explain or explore what had just taken place. It was a moment when, despite all my previous attempts to reassure her about her food fears had failed, this time the message finally

clicked. For her, it was a moment of clarity in which she was able to acknowledge and experience the pleasure of food in the present. It was a moment in which a brownie no longer represented weight or shame, but, instead, was experienced for what it really was — chocolate and chewy and, well, pleasurable.

As for me, I felt elated that the nutrition work we had done together was being played out in the client's real life. I was hopeful and happy for her that this just might be the beginning of a shift in her relationship with food. The situation no longer was “me versus her eating disorder” — she was now experiencing for herself the message I had been reinforcing in our sessions about what food can be — fun, joyful, pleasurable. I felt thankful that she trusted me enough to include me in her experience. That one sacred connection opened a new door to building our relationship one step ahead of the next, allowing us to work more collaboratively on her recovery. Over time, she practiced “leaning-in” to her emotions, that is, being present while eating, sitting with uncomfortable feelings and allowing those feelings to rise and fall naturally on their own. This practice helped her make the connection between food and feelings.

This was an experience that was new to her and unlike any she had experienced over the last several years of being entrenched in her eating disorder.

I believe it is essential that dietitians understand how to set the stage to foster growth and enlightenment in order to increase the likelihood of sacred moments happening. It takes a long time to gain the trust and respect of the client. Once that occurs, a door is opened. Ironically, some of the most successful sessions I've had are the ones where I've actually said very little and instead just *listened and validated* the patient's experience. I've found that asking open-ended questions encourages patients to elaborate on their feelings around food and how these feelings relate to or affect other aspects of their life. Nutrition education is always part of the process, but as a registered dietitian, I make it a point to take it further and explore all that food and weight represent to a patient. I've found that when I have a greater understanding

of the patients core issues, then they are more likely to trust me.

These skills have helped me provide a setting that supports the meaningful and inspirational work in which patients engage throughout their recovery. As trust and mutual understanding is established, the client often feels safe enough to explore core issues and ultimately work toward peace within her mind and body. These are the moments that allow me to persevere in my role as a registered dietitian in the field of eating disorders and give me hope for the recovery of my clients.

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Reflections on Sacred Moments in the Therapeutic Process

MICHAEL E. BERRETT, Ph.D.

This article is written primarily for clinicians, but has application for any living soul who will reach out to another. I suggest four principles which nourish potential for “sacred moments” in clinical work, and through a “lens of reflection,” I briefly share a few related experiences which have been “sacred” to myself and my clients.

TRULY UNDERSTAND AND REMEMBER WHO IT IS THAT WE ARE WORKING WITH: EACH ONE IS HOLY.

Sacred experience in psychotherapy begins with a belief in, and understanding of the incomparable worth of each human soul. We are not treating symptoms and diagnoses — we are treating a ‘whole’ person. We are working with not only ‘who they are,’ but also, ‘who they can become.’ George Eliot said “It’s never too late to become who you might have been.” Since the value of a human soul is beyond our comprehension and is sacred, then the work of reducing human suffering and of improving the human condition is also sacred. Mother Teresa said it this way, “I help them, not because they are suffering, but because they are holy.”

This work is a ‘sacred privilege,’ an ‘honor,’ and even a ‘calling.’ As such, we can expect that there will be sacred experiences for both clinician and client. Sacred moments can come in the very moment of ‘the witnessing of transcendence’ of our clients — the moment when suffering souls ‘see’ or ‘know,’ even if only briefly, their power, greatness, beauty, majesty, their grand success, and of their goodness and incomprehensible worth. We have the opportunity to ‘hold up the mirror of spiritual identity’ for our clients. It is a sacred honor to witness these moments of clarity, when both we and they, understand. One 17 year old teenage client told me that she was the most unloving, selfish, and evil girl in the world. Much later that evening, I passed through our in-patient unit and observed her from a distance, as she comforted with attentive tenderness, another young woman who was re-living past sexual trauma. The next morning, I found this self-proclaimed ‘unloving one’ and said: “I saw you last

night, comforting your suffering friend. By the way — that was love.” She got the message, and her tears and her heart witnessed in the moment, her understanding of her goodness.

EXPERIENCE LOVE AND HELP THE CLIENT TO DO LIKEWISE: LOVE IS SACRED.

Love opens the door and is the center of spirituality; love itself IS a sacred experience. Victor Hugo wrote: “When you love another person, you see the face of God.” The sacredness of love comes from genuine human connection, intention to serve, and a passion for another’s best interest. Experiencing love can occur when clients give love without holding back, share loving feelings more fully, and deepen connections. A sacred moment can occur when clinicians do the same. I remember a group sessions I did with a friend about 20 years ago: a 55 year old woman suffering with bulimia, multiple illnesses, and a high dose of shame and loneliness, sat in the circle while each group member kneeled before her and put clean tissues out of a box onto her lap as they spoke of their love, respect, high hopes and gratitude for her. After each one in the group shared their love, both symbolically and with heartfelt expression, she had a pile of white tissues on her lap about 2 feet tall. There was a flooding of love from these wonderful women, her ‘sisters.’ After collecting herself, she said in response: “That was the first time I ever remember feeling loved in my entire life.” This moment was sacred.

HONOR THE SPIRITUAL BELIEFS OF THE CLIENT: SACRED MOMENTS OCCUR IN THE CONTEXT OF INDIVIDUAL BELIEFS.

Most clinicians understand that spirituality and religiosity are not the same thing. There those who are non-spiritual and non-

religious, spiritual and non-religious, religious and non-spiritual, and those who are both religious and spiritual. We have gone through the social tides and turns when religion was the only accepted brand of spirituality, followed by a chapter in psychotherapy in which all spirituality was acceptable as long as it was not theistic. Finally, there is some movement towards being inclusive of all. Attending to and respecting the individual client’s spiritual beliefs is important. Religious or non-religious, theistic or non-theistic, organized or individual, Western philosophy or Eastern, faith based or nature enhanced, we can ‘join’ and even ‘embrace’ clients in their spiritual place.

In this environment, both clinician and client are more open to possibilities of sacred moments. One such moment came as personal instruction for me. In a therapy session, I was encouraging a client to refuse addictive behaviors and instead, to do something self-respectful. Needing to take a ‘next step’ in my own recovery, in that moment, I received deep in my heart, a precise and clear message: “You gave this woman good counsel, and now it is past time you started living that counsel yourself!” I also understood the bigger message: “I need you to have more integrity.” While I am continuing to work on me and my character, I gratefully share that I have not engaged in that addiction since that “sacred moment” of understanding.

CREATE OPPORTUNITIES FOR A CLIENT’S CONNECTION TO A SPIRITUAL SOURCE.

We are not in the healing arts to prove to anyone that we are true healers. It is, however, our sacred opportunity to help our clients become aligned, connected to, and nurtured by their source of spiritual healing. Whether that source is God,

higher power, best self, real self, higher self, guru within, listening to heart, attunement with nature, mindfulness, awareness of beauty, gratitude, connection to loved ones, attunement with purpose, or following personally known truths. Understanding and honoring the spiritual source of each client opens the door for giving encouragement, extending assignments, and creating and carrying out wise, intuitive, and even inspired interventions which may create opportunities for ‘connection to the spiritual.’

One sacred moment came as I was sitting in the dirt, talking with an adolescent girl on a wilderness trip in the Escalante desert outback of Southern Utah. She said “You know, when you

called the other night to invite me on this wilderness trip, I was in the middle of taking my own life. If you had not called, I would not be here — I would not be alive right now.” The transcendence of that moment came in an understanding for both of us — that a power ‘higher than ourselves’ influenced both the making of a phone call and the answering of a phone call. We both learned to listen carefully, and then to follow messages from a source of understanding which is beyond thought and emotion.

Sacred moments include all of these and more: moments in which we recognize what is true, we realize why we do this work, we understand what is important, we realize what we are worth, we accept what we must do, we realize the worth of another, we listen to and follow the heart, we embrace love itself, and we feel gratitude for blessings. We all have more sacred moments than we realize. In this field of treatment, recovery, and healing, how blessed we are to be with these individuals, and immersed in works that are by nature, sacred.



Michael E. Berrett, Ph.D., is a psychologist, CEO, and Co-founder of Center for Change, in Orem, Utah. He is co-author of the APA bestseller “Spiritual Approaches in the Treatment of Women with Eating Disorders.” He is a nationally known clinical trainer, and has dedicated his professional life to helping young people navigate life’s journey with wisdom and self-respect.

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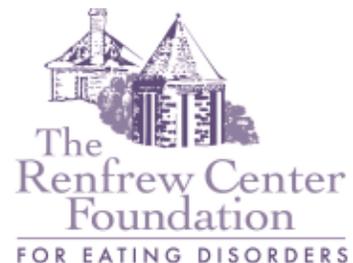
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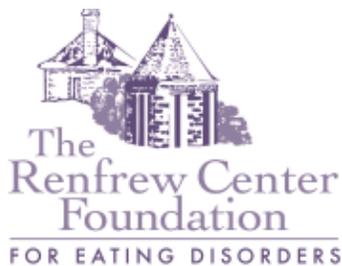
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