

*Using spiritually modified cognitive behavioral therapy in practice:
An evidenced-based perspective*



David R. Hodge, Ph.D.

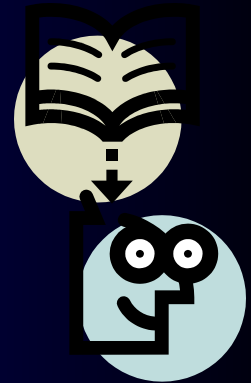
Assistant Professor

Arizona State University

Senior Nonresident Fellow

University of Pennsylvania-

Program for Research on Religion and Urban Civil Society



Presentation Overview



- Use of spiritual interventions in practice
- Evidence-based framework to assess effectiveness
- Research on spiritually modified CBT from EB
- Potentially enhanced outcomes spiritually modified CBT may engender w. spiritually motivated clients
- Modifying secular CBT self-statements to conform to clients' spiritual belief systems
- Practice constructing spiritually modified CBT

Definitions

– spirituality

– religion

– the relationship between the two concepts



Defining Spirituality and Religion

No agreement among scholars or practitioners



Definitions of Spirituality among NASW Graduate Students (N = 303)

- 33% -- Personally constructed (with no mention of the transcendent)
- 23% -- Belief in/experience of a higher power
- 13% -- Belief in/experience of God
- 11% -- something beyond the individual
- 9% -- Don't know/no answer
- 5% -- Connection to others/world/universe
- 6% -- Other

(Hodge & McGrew, 2006)

Definitions of Religion among NASW graduate students (N = 303)

- 25% -- Organized beliefs or doctrines
- 23% -- Practice of spirituality/faith
- 13% -- Personally constructed
- 12% -- Belief in/experience of God
- 11% -- Belief in/experience of a Higher Power
- 10% -- Community
- 9% -- Institution
- 7% -- Humanly constructed
- 17% -- Other

The relationship between Spirituality & Religion among NASW graduate students (N = 303)

- 47% -- A relationship exists between S and R
- 26% -- S & R can be related, but necessarily related
- 8% -- Don't know/no answer
- 6% -- S is x, R is y, relationship unknown
- 6% -- No relationship exists between S and R
- 3% -- S and R are identical
- 3% -- Unclassifiable

Definitions of Spirituality among the general public (N = 100)

Approximately 70%

- Belief in God/seeking to grow close to God
- Belief in a higher power or something beyond oneself/sense of awe and mystery in the universe

Approximately 30%

- No mention of the transcendent

(Gallup & Jones, 2000)



Defining Spirituality and Religion

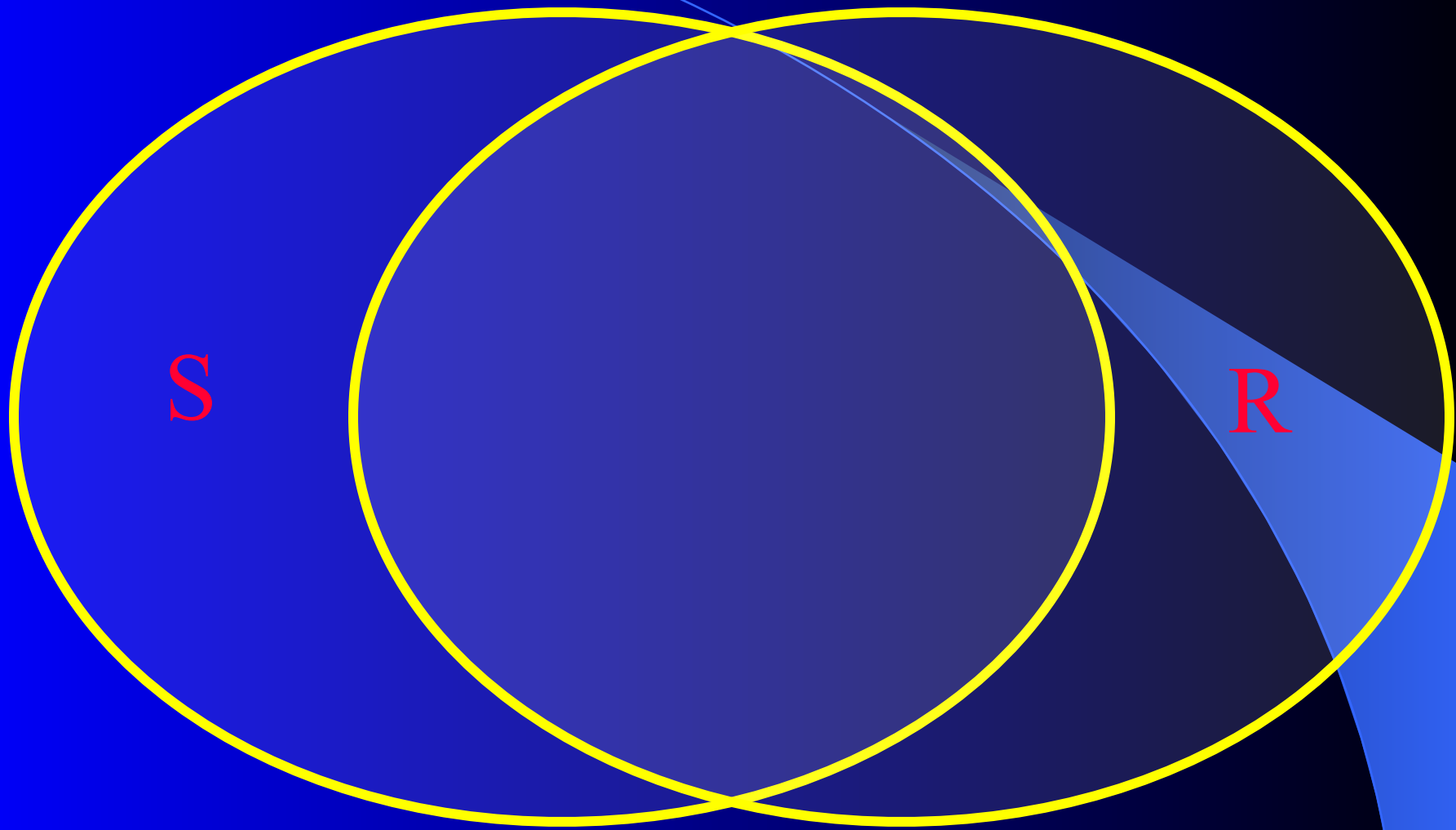
- Spirituality—an individual's existential relationship with God (or Transcendent Reality)

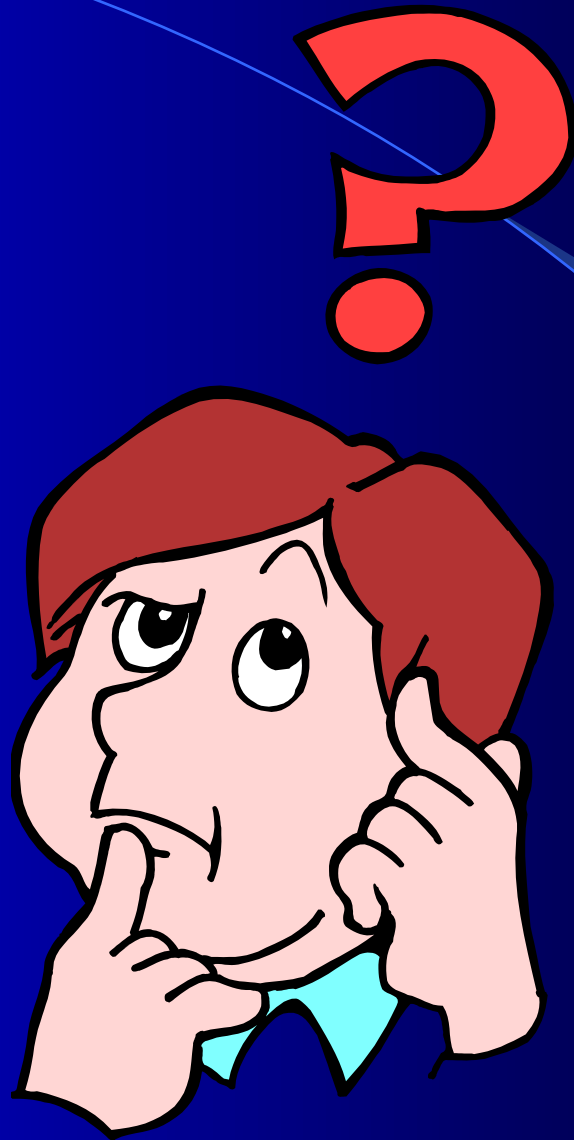


Defining Spirituality and Religion

- Religion flows from spirituality, expressing the spiritual relationship in particular forms, beliefs, and practices that have been developed—in community—with others who share similar experiences of transcendent reality







The use of spiritual interventions in practice settings



Definitions

Intervention:

a process designed to change an individual's cognition, behavior, or emotional state

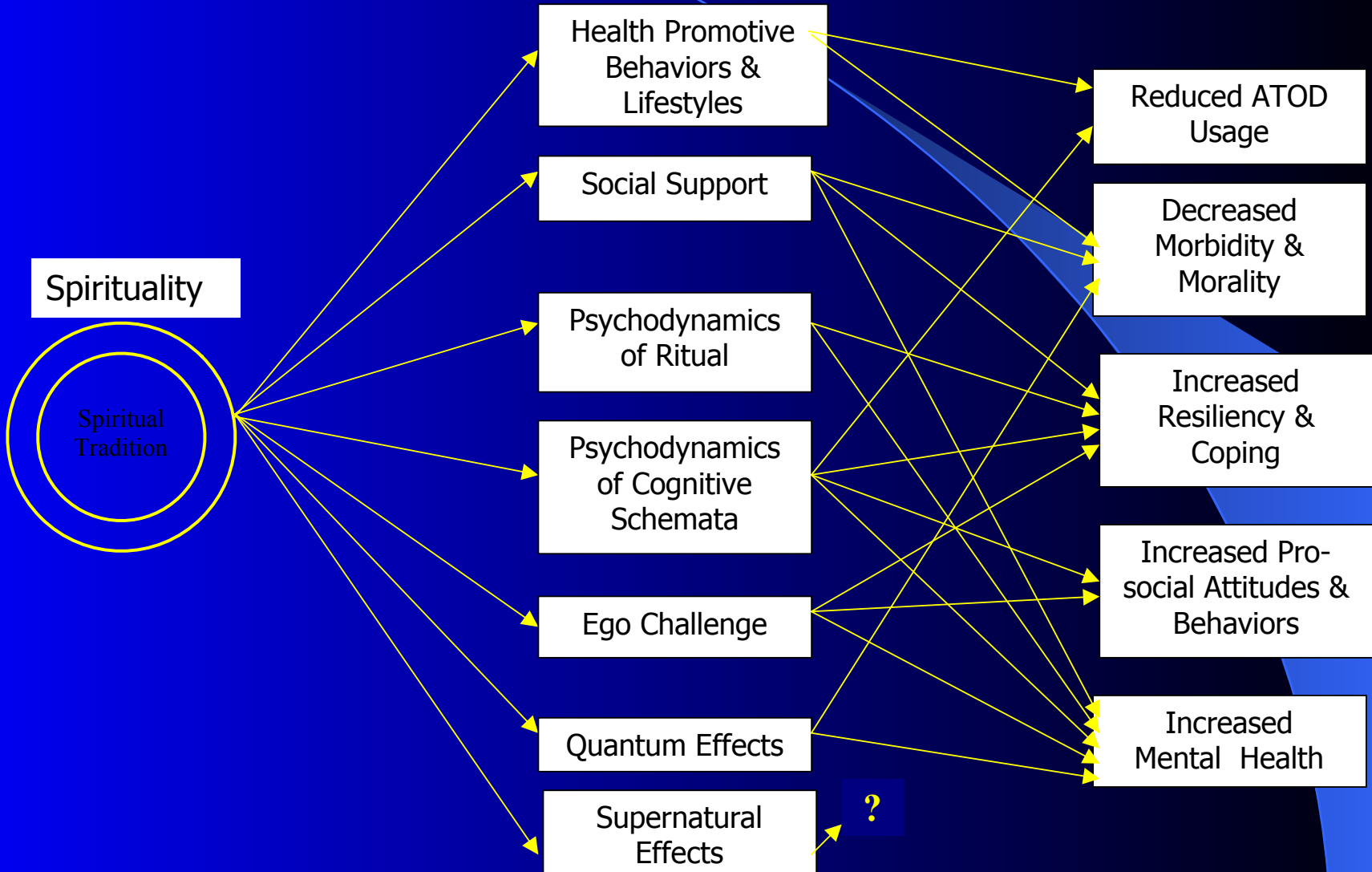


Spiritual Intervention:

therapeutic strategy that incorporate a spiritual or religious dimension as a central component of the intervention

(Hodge, 2006)

The Relationship between Discrete Pathways and Mediating Outcomes



National sample of direct practitioners (N = 2,069) affiliated with NASW

- 87% use non-sectarian spiritual language/concepts
- 81% recommend participation in religious / spiritual support system
- 68% use religious language/concepts
- 63% help clients develop religious/spiritual rituals as a clinical intervention

- Response rate (26%)

(Canda & Furman, 1999)

National sample of gerontological social workers (N = 299) drawn from the NASW Section on Aging and the Gerontological Society of America (GSA)

	Often	Sometimes	Never
Use S/R language	10%	72%	18%
Recommend support grp	14%	67%	18%
Reflect upon death	15%	64%	21%
Develop rituals	7%	44%	49%

- Response rate (34.5%)

(Murdock, 2004)

LCSWs (N = 202) in a mid-Atlantic state

- 82% use r/s language or concepts
- 81% recommend participation in r/s program
- 67% help clients develop religious/spiritual rituals as a practice intervention
- 75% help clients consider spiritual meaning of current life situation
- 98% help clients reflect on beliefs about loss or other difficult life situations
- 93% help clients consider the ways r/s beliefs or practices are helpful
- Response rate (43%) (Sheridan, 2004)

Social workers (N = 221) affiliated with a regional (southeastern) chapter of NASW

- 69% use r/s language or concepts
- 55% recommend participation in r/s program
- 25% help clients develop ritual as a practice intervention

- Response rate (84%)

(Stewart, Koeske & Koeske, 2006)

**Direct practitioners (N = 200) affiliated with
the New York state chapter of NASW,
(excluding those residing in NYC)**

- 77% use spiritual language or concepts
- 57% recommend participation in spiritual program
- Response rate (59%)

(Heyman, Buchanan, Musgrave & Menz, 2006)

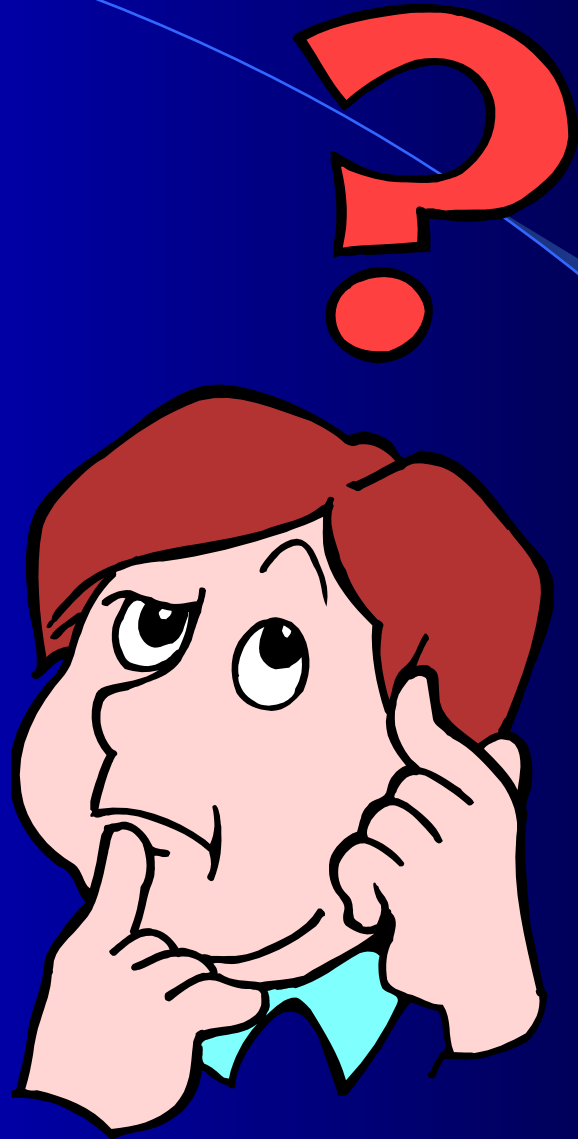
National sample of board certified clinical social workers (N = 283) who work with youth

- 54% use r/s language or concepts
- 61% recommend participation in r/s support system, program, or activity
- 44% help children/youth develop r/s rituals as a practice intervention
- 48% help c/y consider spiritual meaning of current life situation
- 92% help c/y reflect on beliefs about loss or other difficult life situations
- 60% help c/y reflect upon what happens after death
- 56% teach or recommend meditation
- Response rate (42%) (Kvarfort & Sheridan, 2007)

To summarize

- Many practitioners use spiritual interventions
- Few guidelines have emerged regarding the use of spiritual interventions
- Most social workers report receiving little/no training in s/r during their graduate education

(Sheridan , 2009)



Evidence-based practice frameworks for assessing the effectiveness of spiritual (and other) interventions



Evidence based practice



- Controversial
- No agreement about what EBP is
- Growing support for the concept of EBP
- EBP movement is international in scope

Two EBP frameworks

- APA's Division 12
- APA Presidential Task Force on Evidence-based Practice

APA Division 12 Task Force: Classifications

- **Well Established** = empirically valid intervention
- **Probably Efficacious** = likely effective, but more research is needed
- **Experimental** = still not proven

Well Established Intervention: Criteria

- Treatment manuals must be used
- Sample characteristics must be described
- Effectiveness demonstrated in 1 of 2 ways:
 - At least 2 good studies (e.g., RCT), conducted by different investigators, demonstrating equivalence to a well established treatment using adequate samples (30 per group), or superiority to a placebo or another treatment.
 - Many studies using single case designs with good experimental designs & comparing the intervention to another treatment.

APA's Presidential Task Force on Evidence-based Practice

- The APA's Presidential Task Force on Evidence-based Practice (2006, p. 273) has defined evidenced-based practice as:

“the integration of the **best available research** with **clinical expertise** in the context of **patient characteristics, culture** and **preferences**”

Client preference

- Many clients, but not all, want to integrate their spiritual beliefs and values into the therapeutic dialogue
- According to Gallup data reported by Bart (1998), 66% of the public would prefer to see a professional counselor with spiritual values and beliefs, while 81% wanted to have their own values and beliefs integrated into the counseling process
- Studies of client populations

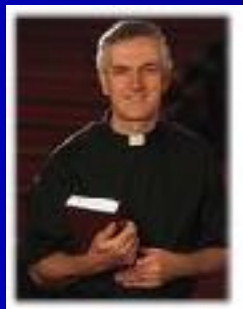


Clinical expertise

- The NASW Code of Ethics (1999) requires practitioners to provide services within the boundaries of their areas of competence (1.04a)
- Familiarity with modality before using
 - CBT
 - Spiritually modified CBT
- Network with clergy

Collaboration with Clergy

- Use clergy as a resource when difficult issues arise or where spiritual expertise is needed
- Important that clergy share similar worldview with the client



Cultural competency

- Knowledge of one's own worldview and associated values, beliefs, & biases
- Empathic understanding of a culturally different, faith-based worldview
- The development of intervention strategies that are relevant and sensitive to the client's worldview

(Hodge, 2004)

The Continuum of Spiritual Competency

Spiritually

Destructive

Insensitive

Blind

Sensitive

Competent



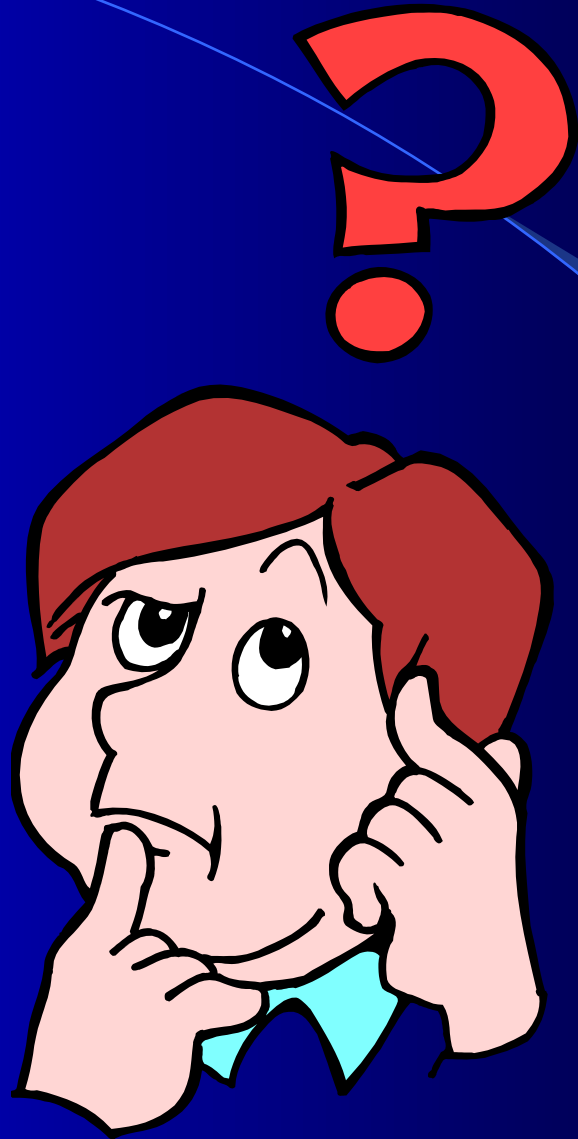
Evaluation of relevant research

- Best available research defined broadly (meta-analysis, epidemiological studies, qualitative)
- Hierarchy of research methods is typically used:
 1. systematic reviews or meta-analyses
 2. random controlled trials
 3. quasi-experiments
 4. case-controlled or cohort studies
 5. cross-sectional research
 6. case studies

To summarize

Two EBP frameworks:

- APA's Division 12
 - Overreliance upon RCTs
 - Formulaic
- APA Presidential Task Force
 - Holistic
 - Integrates concern for research, clinical expertise, client's desires, and cultural considerations



Research on spiritually modified CBT from an EBP perspective

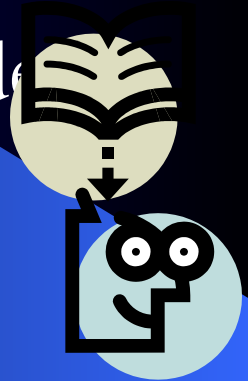


Background: Cognitive Therapy/Cognitive Behavioral Therapy

Widely used therapeutic modality (Beck; Ellis)

1. Identify unhealthy thought patterns that underlie unproductive behaviors
 2. Replace unhealthy schema with health-promoting self-statements
- A substantial body of empirical evidence attests to effectiveness

(Beck, 1995; Chambless & Ollendick, 2001; Hepworth, et al., 2002)



SMCBT

- Spiritually modified cognitive therapy is similar to traditional cognitive therapy
- Identify unproductive thoughts
- But the unproductive thought patterns are replaced with positive self-statements drawn from the client's spiritual worldview



Research Method

- *Social Work Abstracts, Medline, PsycInfo and Dissertation Abstracts* searched
- Keyword searches conducted using the terms: (*spirituality or religion*) and (*cognitive therapy or cognitive behavioral therapy*)
- Recent empirical reviews of spirituality and religion examined
- Several experts in the field of spirituality and mental health contacted

Inclusion Criteria



- Integrate spiritual beliefs into traditional cognitive or cognitive behavioral therapy
- Feature clients who were wrestling with a specific type of psychological problem (e.g., depression)
- Test the effectiveness of the intervention (e.g., using pre-post tests to document clinical effectiveness or the lack thereof)

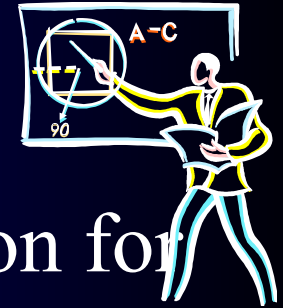
Exclusion Criteria

- Addressed medically oriented problems
- Emphasized meditation
- Used spiritually oriented interventions that required specialized training
- Applied only in faith-based agency settings

14 studies identified

- In Saudi Arabia, Muslims wrestling with schizophrenia
- In Malaysia, Muslims dealing with anxiety disorders, depression & bereavement
- In China, Taoists coping with neurosis
- In New Zealand, a Christian struggling with obsessive compulsive disorder
- In US, Mormons dealing with perfectionism
- In US, Christians struggling with depression
- In US, a generic SMCBT with stress
- In Australia (?), a generic SMCBT used with depression and bipolar disorder

APA' Division 12' Criteria



Spiritually modified CBT

- Classified as “**well established**” intervention for devout Christians coping with depression
 - Appears to be at least as effective as traditional cognitive therapy

Significant because:

- Christians = the largest faith community in the US
- Depression is one of the most significant mental health problems in the US
- Prevalence rate for depression appear to be increasing

APA' Division 12' Criteria

Spiritually modified cognitive therapy

- Borders on being classified as “**probably efficacious**” intervention with Muslims coping with depression



APA' Division 12' Criteria

Spiritually modified cognitive therapy should be classified as “*experimental*” with:

- Anxiety
- Obsessive compulsive disorder
- Schizophrenia
- Stress
- Neurosis disorder
- Perfectionism

The APA's Presidential Task Force on Evidence-based Practice

“Best available research”:

defined broadly

Most Exhaustive Empirical Review of the Literature to Date

Koenig, McCullough & Larson
(2001) examined over 1600 studies
on religion and spirituality

Spirituality and Physical Health Outcomes

(Koenig, McCullough & Larson 2001)

Spirituality/religion is associated with lower levels of:

- Hypertension
- Heart disease
- Cancer
- Mortality rates
- Immune system dysfunction
- Stroke



Spirituality and Physical Health Outcomes

(Koenig, McCullough & Larson 2001)

- Fewer negative health behaviors like:

- smoking
- drug and alcohol abuse
- risky sexual behavior
- sedentary lifestyle



However, some studies have associated some religious variables with increased weight and inattention to diet



It is also important to note that these are aggregate relationships

Spirituality and Mental Health Outcomes

(Koenig, McCullough & Larson 2001)

Spirituality/religion is associated with higher levels of:

- Well-being, happiness, and life satisfaction
- Hope and optimism
- Purpose and meaning in life



Positive Mental Health Outcomes

- Self-esteem
- Adaptation to bereavement
- marital stability and satisfaction
- social support



- Faster recovery from depression and lower rates of depression



- Lower rates of suicide and fewer positive attitudes toward suicide



- Less anxiety

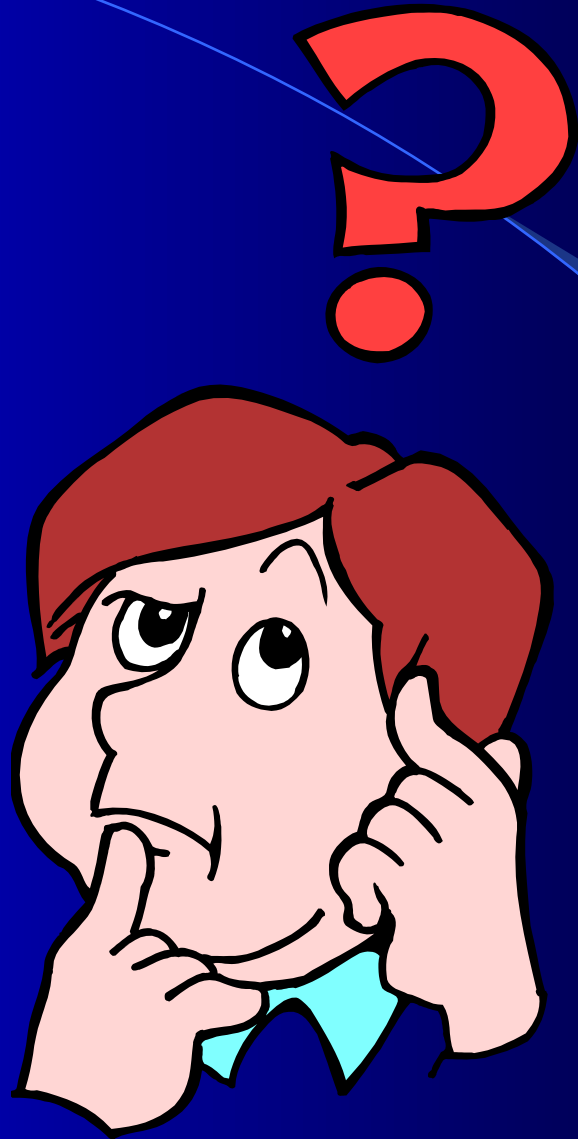
Positive Mental Health Outcomes

- Less psychosis and fewer psychotic tendencies
- Lower rates of alcohol and drug use or abuse
- Less delinquency and criminal activity
- Less loneliness



To summarize

- Regardless of which EBP framework one affirms, sufficient evidence exists to warrant the use of spiritually modified CBT with at least some clients

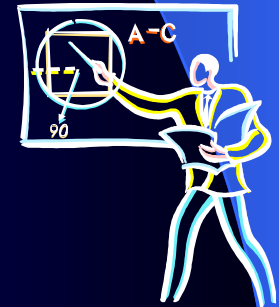


Outcomes that potentially may be enhanced by using spiritually modified CBT (with spiritually motivated clients)



Four outcomes may be improved with spiritually motivated clients

- Spiritually modified CBT may:
 - speed recovery
 - enhance treatment compliance
 - prevent relapse
 - reduce treatment disparities



Faster recovery

- Clients typically motivated to change by lack of satisfaction with their present circumstances
- Incorporating spirituality into CBT can tap clients' spiritual motivation
- Tapping two “motivational engines” may lead to faster recovery

Enhance treatment compliance

- Treatment retention often problematic, especially for minority clients
- Integrating spirituality into therapy may increase client “buy-in” among clients who prioritize spirituality
- Less attrition may also occur due to added support from family members and spiritual communities

Lower post-treatment relapse

- Relapse is common after successful treatment
- Secular motivation (pain) is no longer operative
- If CBT protocols are constructed to resonate with clients' spirituality, spirituality motivated clients have an on-going rationale to implement the protocols
- Ideally, cognitive self-statements double as a form of spiritual practice
- In such cases, clients who desire to grow spiritually have a reason to continue to implement the self-statements, long after treatment ends

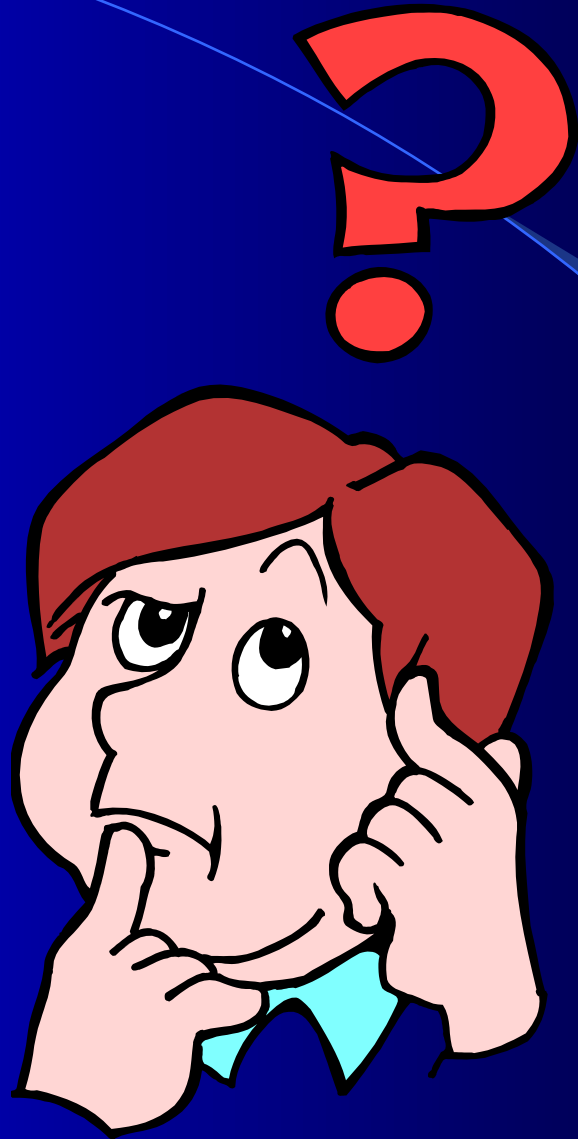
Reduce treatment disparities

- Under-utilization of mental health services a problem (lower class, Latinos, African Americans)
 - By making treatment more culturally relevant, some individuals may be willing to receive assistance
- Some avoid seeking assistance due to concerns about being stigmatized in their communities
 - Framing therapeutic interventions as a form of spiritual practice may help mitigate concerns about stigmatization by normalizing the treatment in the eyes of both clients and community members

To summarize

- speed recovery
- enhance treatment compliance
- prevent relapse
- reduce treatment disparities

Important to emphasize the “MAY”



Modifying traditional secular CBT self-statements to resonate with clients' spiritual belief systems



Background

- Traditional CBT focuses on identifying unhealthy self-statements and replacing them with health-promoting self-statements
- Ellis = father of CBT
 - Beck influenced by Ellis

Constructing Spiritually Modified CBT self-statements is a 3-step process

- Unpacking the European Enlightenment values from the underlying therapeutic concept(s) in the statement
- Evaluating the basic concepts to ensure their congruence with the client's spiritual narrative
- Repackaging key concepts in values drawn from the client's spiritual value system

Separate underlying therapeutic concept from the secular values in which the concept is packaged

- Ellis is a committed atheist
 - Devout belief = pathology
- Health-promoting self-statements reflect Ellis' worldview (larger therapeutic worldview)
- Self-statements reflect Enlightenment values
 - Secular
 - Human-centric
- Look beyond the words to grasp the fundamental ideas the vocabulary is designed to convey
 - What is the healing concept?

Ensure the underlying therapeutic concept is congruent with the client's spiritual value system

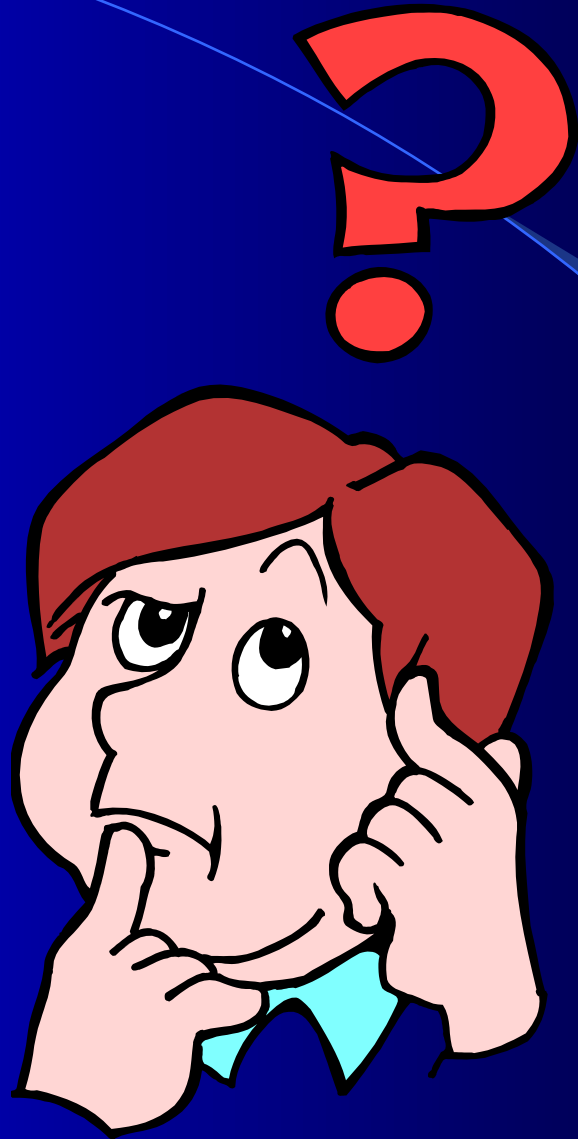
- Indicators of mental health/pathology are not universal
- DSM-TR (2000) indicators can vary from culture to culture
 - Hearing voices external to one's self = schizophrenia
 - Normative in some cultures
- Must ensure the underlying concept is consistent with the client's worldview
 - Discard when incongruent

Repackage the therapeutic concept is terminology drawn from the client's spiritual narrative

- Work with the client to express the concept in a new self-statement that makes sense within the context of the client's spiritual narrative
- Expressed as a form of spiritual practice is ideal
- Clergy are often helpful in the process

To summarize

1. The underlying therapeutic concept is identified
 2. Discussed with the client to ensure congruence with the client's belief system
 3. Re-articulated in language drawn from the client's spiritual narrative
- In practice, more circular than linear
 - Familiarity with norms in spiritual traditions
 - Clergy



Constructing spiritually modified CBT self-statements

- 2 examples from Islam
- Examples from Christianity



Problem:
Undisciplined life-style/instant gratification

- ‘Since I often make myself undisciplined and self-defeating by demanding that I absolutely must have immediate gratifications, I can give up my short-range “needs”—look for the pleasure of today and tomorrow—and seek life satisfactions in a disciplined way.’

(Ellis, 2000)

- What is the underlying therapeutic precept?

Self-control

- ‘Since I often make myself undisciplined and self-defeating by demanding that I absolutely must have immediate gratifications, I can give up my short-range “needs”—look for the pleasure of today and tomorrow—and seek life satisfactions in a disciplined way.’

(Ellis, 2000)

- Underlying therapeutic precept:
 - *Healthy functioning can be achieved by adopting the belief that it is possible to change and live in a measured and controlled manner*
- Is the concept congruent with Islam?

Concept “repacked” in Islamic phraseology

- *Allah* (God) gave us free will, including the ability to control our *nafs* (self). In addition, Allah has also given us many opportunities to practice self-control through fasting during Ramadan and weekly *sunna* (traditional) fasting on Mondays and Thursdays. These are ways, with the help of Allah, we can enhance our self-discipline and change for the better.

(Hodge & Nadir, 2008)

Concept “repacked” in Islamic phraseology

- “*Allah* (God) gave us free will, including the ability to control our *nafs* (self). In addition, Allah has also given us many opportunities to practice self-control through fasting during Ramadan and weekly *sunna* (traditional) fasting on Mondays and Thursdays. These are ways, with the help of Allah, we can enhance our self-discipline and change for the better.”
(Hodge & Nadir, 2008)
- Incorporates reference to:
 - God
 - activities that may help Muslims practice self-restraint fasting during Ramadan traditional (*sunna*) fasting on Monday and Thursday
- This may remind Muslims of practices within their tradition that can help to develop self-control.

Problem: Dependent upon/needing a stronger “other”

- “I prefer to have some caring and reliable people to depend upon, but I do not need to be dependent and do not have to find someone stronger than me to rely on”

(Ellis, 2000)

- What is the underlying therapeutic precept?

Accepting self-direction

- “I prefer to have some caring and reliable people to depend upon, but I do not need to be dependent and do not have to find someone stronger than me to rely on”

(Ellis, 2000)

- Underlying therapeutic precept:
 - *Healthy individuals are, in some sense, self-sufficient—they do not need to rely upon others for direction*
- Is this concept congruent with Islam?

Many Muslims would say “No”

- Understanding of humans as autonomous, self-directed beings conflicts with Islamic worldview in which people are understood to need someone stronger than themselves on whom they can rely—most notably God
- The concept conflicts with the Islamic view that dependence upon first, God, and second, the broader Islamic community, reflects appropriate human functioning
- Discard this therapeutic concept

Problem: “trapped by my past”

- “No matter how bad and handicapping my past was, I can change my early thoughts, feelings, and behaviors today. I do not have to keep repeating and reenacting my past.”

(Ellis, 2000)

- What is the underlying therapeutic precept?

Ability to change, regardless of one's past

- “No matter how bad and handicapping my past was, I can change my early thoughts, feelings, and behaviors today. I do not have to keep repeating and reenacting my past.”

(Ellis, 2000)

- Underlying therapeutic precepts:
 - *the possibility of change, regardless of one's past*
 - *personal agency*
- Therapeutic concepts congruent with Christianity?

Ability to change, regardless of one's past

- “I am united with the Messiah and, consequently, I have been given a fresh start by God. My old life has passed away. My new life has begun.”

(2nd Corinthians 5:17)

- Theological or spiritual tenet doubles as a therapeutic self-statement

Problem:

Overwhelmed by uncomfortable emotions such as anxiety

- “My disturbed feelings, such as anxiety or depression, are quite uncomfortable but they are not awful and do not make me a stupid person for indulging in them. If I see them as hassles rather than horrors, I can live with them more effectively and give myself a much better chance to minimize them”

(Ellis, 2000)

- What is the underlying therapeutic precept?

Accepting emotional disturbance

- “My disturbed feelings, such as anxiety or depression, are quite uncomfortable but they are not awful and do not make me a stupid person for indulging in them. If I see them as hassles rather than horrors, I can live with them more effectively and give myself a much better chance to minimize them.”

(Ellis, 2000)

- Underlying therapeutic precept:
 - emotionally difficult feelings are not intolerable but rather unpleasant entities that can be managed
- Therapeutic concept congruent with Christianity?

Accepting emotional disturbance

- “God promises never to let me experience more than I can bear. Although feelings such as anxiety or depression are uncomfortable, I can manage them by turning to God. I am not bad, stupid, or a sinner, for having such feelings, rather I have unique dignity, worth, and strengths because I am a child of God, created in His image.”

Accepting emotional disturbance

- “God promises never to let me experience more than I can bear. Although feelings such as anxiety or depression are uncomfortable, I can manage them by turning to God. I am not bad, stupid, or a sinner, for having such feelings, rather I have unique dignity, worth, and strengths because I am a child of God, created in His image.”
- Human agency is supplemented by:
 - God’s control of the universe
 - His promise of victory
 - His desire to help his struggling children overcome

Accepting emotional disturbance

- “God promises never to let me experience more than I can bear. Although feelings such as anxiety or depression are uncomfortable, I can manage them by turning to God. I am not bad, stupid, or a sinner, for having such feelings, rather I have unique dignity, worth, and strengths because I am a child of God, created in His image.”
- In addition to the client’s verbal declaration of worth, arguments against feelings of unworthiness are anchored in the client’s status as a person created in the image of God
 - Increase the statement’s cultural relevance
 - Additional arguments (2 rather than 1)
 - Arguments are revealed truth for devout believers

Problem:

Depression caused by self-berating cognitions

- “I can always choose to give myself unconditional self-acceptance, and see myself as a “good person” just because I am alive and human—whether or not I act well and whether or not I am lovable. Better yet, I can choose to rate and evaluate only my thoughts, feelings, and behaviors but not give myself, my essence, or my total being a global rating. When I fulfill my personal and social goals and purposes, *that is good*, but I am never a *good* or *bad* person ”

(Ellis, 2000)

- What is the underlying therapeutic precept?

Unconditional self-acceptance

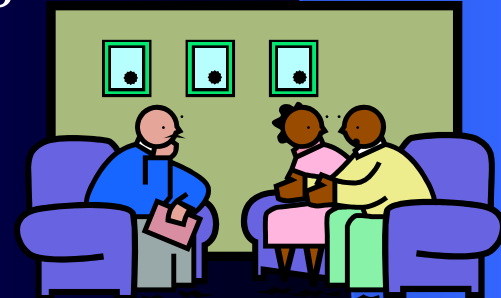
- “I can always choose to give myself unconditional self-acceptance, and see myself as a “good person” just because I am alive and human—whether or not I act well and whether or not I am lovable. Better yet, I can choose to rate and evaluate only my thoughts, feelings, and behaviors but not give myself, my essence, or my total being a global rating. When I fulfill my personal and social goals and purposes, *that* is good, but I am never a *good* or *bad* person .”

(Ellis, 2000)

- Underlying therapeutic precept:
 - **At some fundamental level, people are worthy of unconditional acceptance**
- Therapeutic concept congruent with Christianity?

Unconditional self-acceptance

- “Regardless of my actions or feelings, I always have dignity, worth, and value as a person created in your image. While it is appropriate to evaluate my actions, my actions do not impact my value as one of your children. Even when I sin, you still accept me and love me. As your child, I always have intrinsic worth. Thank you Father God!”
- One of many possible self-statements



Unconditional self-acceptance

- “Regardless of my actions or feelings, I always have dignity, worth, and value as a person created in your image. While it is appropriate to evaluate my actions, my actions do not impact my value as one of your children. Even when I sin, you still accept me and love me. As your child, I always have intrinsic worth. Thank you Father God!”
- Acceptance based in the client’s relationship to God
- More logical force for devout clients
- Carries the weight of revealed, theological truth
- Constructed in the form of a prayer
- Incorporate into spiritual routines
- Better outcomes by tapping 2 motivational engines

What we have covered

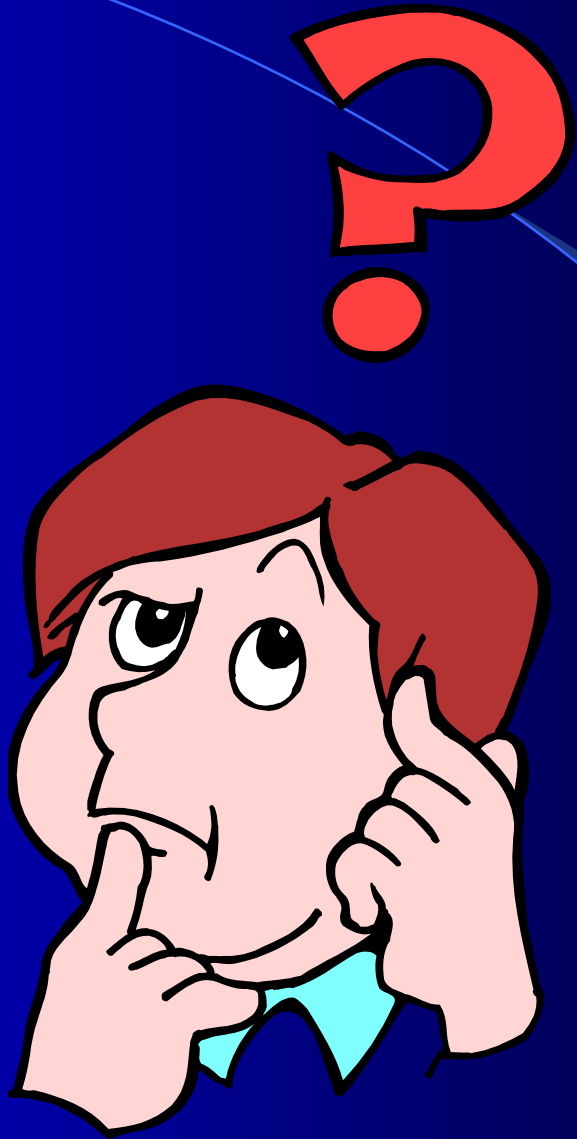


- Widespread use of spiritual interventions
- 2 EBP frameworks to assess effectiveness
 - APA Division 12
 - APA President Task Force on EBP
- Research on spiritually modified CBT from EBP
- 4 outcomes that may be enhanced
 - Faster recovery
 - Enhance treatment compliance
 - Prevent relapse
 - Reduce treatment disparities

What we have covered



- 3 steps to modify secular CBT self-statements
 - Separate underlying therapeutic concept from the secular values in which the concept is packaged
 - Ensure the underlying therapeutic concept is congruent with the client's spiritual value system
 - Repackage the therapeutic concept is terminology drawn from the client's spiritual narrative
- Practice constructing spiritually modified CBT





for your participation!

**One must be the change one wishes to see
in the world**

-- Gandhi



Practice constructing spiritually modified CBT statements

- Pair up
- Work together to co-construct some CBT statements using content drawn from your partner's spiritual worldview
- Switch roles



Practice constructing spiritually modified CBT statements

- List:
 - problem the secular self-statement is designed to address
 - underlying therapeutic concept
 - spiritually modified self-statement

1. Self-control and change

Since I often make myself undisciplined and self-defeating by demanding that I absolutely must have immediate gratifications, I can give up my short-range “needs”—look for the pleasure of today and tomorrow—and seek life satisfactions in a disciplined way.

2. Self-worth

I am a worthwhile person with positive and negative traits.

3. High frustration tolerance

Nothing is terrible or awful, only—at worst—highly inconvenient. I can stand serious frustrations and adversity, even though I never have to like them.

4. Acceptance of others

All humans beings are fallible, and therefore I can accept that people will make mistakes and do wrong acts. I can accept them with their mistakes and poor behaviors and refuse to denigrate them as human beings.

5. Achievement

I prefer to perform well and win approval of significant others, but I never have to do so to prove that I am a worthwhile person.

6. Needing approval and love

It is highly preferable to be approved of, to be loved by significant people, and to have good social skills. But if I am disapproved of, I can still fully accept myself and lead an enjoyable life.

7. Accepting responsibility

It is hard to face and deal with life’s difficulties and responsibilities, but ignoring them and copping out is—in the long run—much harder. Biting the bullet and facing the problems of life usually becomes easier and more rewarding if I keep working at it

