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Introducing Structured Spiritual Assessment in Eating Disorder Care

A SPIRIT-Based Implementation Proposal for Italy

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BACKGROUND

A Critical Blind Spot in Italian Multidisciplinary Care

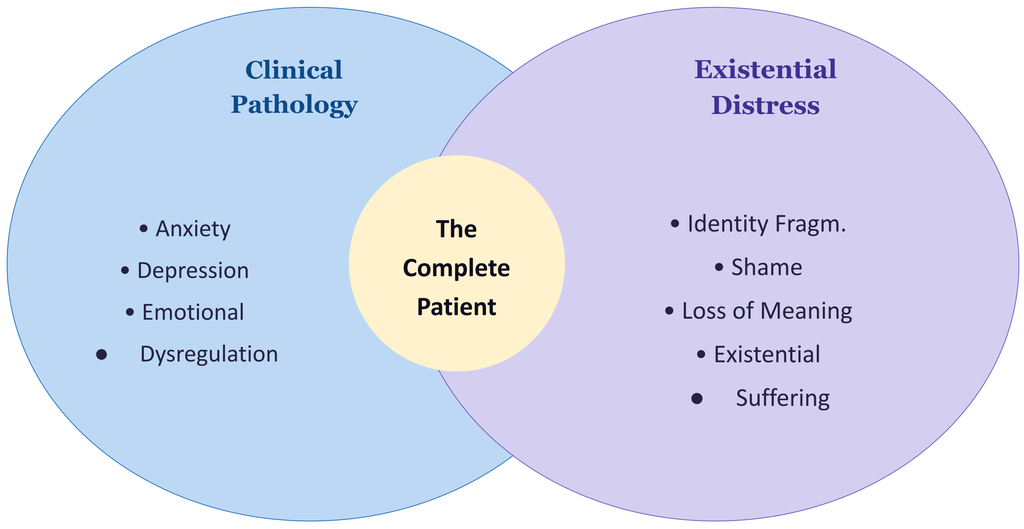
The Evidence	The Reality in Italy
Systematic reviews demonstrate that spiritually-oriented interventions consistently improve emotional regulation, anxiety, depressive symptoms, and quality of life in clinical populations. Spiritual health emerges as a distinct and measurable therapeutic domain with significant clinical relevance.	Structured spiritual assessment is largely absent across Italian healthcare. No formally recognised, dedicated spiritual care role exists within multidisciplinary eating disorder teams , leaving a clinically significant dimension entirely unaddressed.

⚠️ The Insight: A critical, evidence-backed dimension of healing is currently unassessed and unaddressed in Italian eating disorder services.

CONCEPTUAL FRAMEWORK

The Dual Nature of Eating Disorder Suffering

Parallel research consistently identifies identity fragmentation, shame, loss of meaning, and existential distress as core components of patient suffering, alongside clinical pathology.



Treating only clinical symptoms ignores the core existential suffering inherent in Eating Disorders.

PRIMARY AIM · ITALIAN ADAPTATION OF THE SPIRIT FRAMEWORK

To evaluate the feasibility and clinical relevance of adapting the Dutch SPIRIT implementation model to Italian Eating Disorder services.

The primary objective is to permanently address the absence of structured spiritual assessment within multidisciplinary care teams, drawing on the SPIRIT framework developed by David H. Rosmarin and successfully piloted in Dutch mental health services.

METHODS — DESIGN

A 5-Step Translational Blueprint

A translational design bridging the Dutch SPIRIT model into the Italian clinical and cultural context through five coordinated implementation phases:

1	2	3	4	5
Training	**Assessment**	**Adaptation**	**Pilot**	**Evaluation**
Educating clinical teams in the SPIRIT framework and its evidence base	Deploying the two-step patient pathway in clinical practice	Cultural & linguistic alignment to Italian norms and ED-specific needs	Live implementation in a dedicated eating disorder treatment service	Mixed-method evaluation: qualitative interviews + validated measures of spiritual wellbeing and distress

METHODS — DETAIL

Zoom-In: The Two-Step Assessment Pathway

Step 1 — Initial Screening

Conducted by standard multidisciplinary clinicians. Acts as a baseline filter for spiritual or existential distress without overloading clinical schedules. Compatible with existing intake procedures.

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Step 2 — The Deep Dive

A full SPIRIT conversation conducted by a specifically-trained spiritual care provider, reserved for patients flagged at screening.

PRELIMINARY RESULTS

Expected Clinical & Systemic Impact

Preliminary conceptual analysis and early stakeholder feedback suggest that introducing the SPIRIT framework into Italian eating disorder care may generate four interconnected clinical outcomes:

Recognition

Enhanced identification of existential and meaning-related distress — a dimension currently overlooked in standard Italian ED assessment protocols.

Therapeutic Alliance

Strengthens the bond between patient and care team by validating the full spectrum of the patient's inner experience, including non-clinical suffering.

Patient Articulation

Provides patients a structured space to voice concerns frequently overlooked or unarticulated in routine treatment, reducing existential isolation.

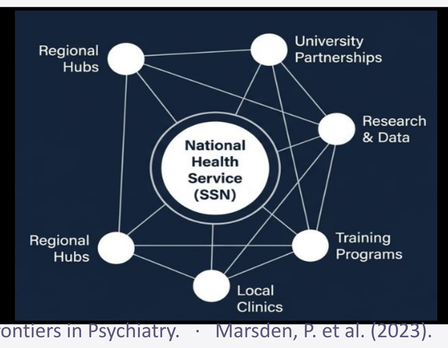
System Integration

Compatible with existing Italian clinical pathways. Provides a structured entry point for non-religious spiritual care providers in multidisciplinary teams.

CONCLUSIONS

A Culturally Grounded Blueprint for Italy

Adapting Rosmarin's SPIRIT model fills a vital gap in Italian eating disorder care. Building on the successful Dutch implementation, this proposal outlines a feasible and culturally grounded pathway — serving as a scalable model for broader implementation across Italian healthcare, integrating structured spiritual assessment into person-centred multidisciplinary care.



KEY REFERENCES Rosmarin, D.H. et al. (2020). Spiritual Assessment and Spiritual Care in Clinical Practice. Spiritual Care. · van der Spek, N. et al. (2023). Dutch SPIRIT implementation in mental health settings. Frontiers in Psychiatry. · Marsden, P. et al. (2023). Spiritual care in eating disorders: systematic review. BJPsych Open. · Koenig, H.G. (2012). Religion, spirituality and health: The research and clinical implications. ISRN Psychiatry.