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Research Article

The Efficacy of Health Realization/Innate Health Psycho-education For Individuals With Eating Disorders: Pilot Study*

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Abstract
Eating disorders are associated with high rates of mortality, disability, and poor motivation for change. Psychological therapies are the first line treatment, yet outcomes are poor, and drop-out rates high. Health Realization/Innate Health (HR/IH) psycho-education offers an alternative intervention which can be delivered in groups engaging participants' innate capacity for well-being and resilience. Eight female participants with anorexia nervosa (mean age 27.75, SD 14.34) from the CONNECT Eating Disorders Service, United Kingdom attended and completed a 15 session HR/IH psycho-educational group facilitated by two HR/IH trained therapists in this pre-experimental, multiple single-case design pilot study. Standard general psychiatric and eating disorders clinical outcome measures were administered immediately before and after the group, and the quantitative data compared using SPSS. Qualitative feedback was gathered using a feedback questionnaire immediately after the group. Comparison of quantitative data indicated statistically significant improvement in participants' weight ($p=0.04$), body mass index (BMI; $p=0.04$), and Eating Disorder Examination Questionnaire (EDEQ) global mean score ($p=0.04$). Clinically significant positive changes were also noted for Rosenberg's Self-Esteem Scale (pre-mean=8.8; post-mean=11.9), Clinical Outcomes in Routine Evaluation (CORE; pre-mean=1.6; post-mean=1.4), and Eating Disorders Quality of Life Scale (EDQLS; pre-mean=2.0; post-mean=1.4). High levels of participant and carer satisfaction and acceptability were also demonstrated. The HR/IH psycho-educational approach warrants further study as a brief intervention for adults with eating disorders.

Keywords:
Innate Health • Three Principles • Health Realization • Eating Disorders • Anorexia Nervosa

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Eating disorders are biologically based, serious mental illnesses which individuals typically acquire in mid-adolescence at a developmentally sensitive time (Klump, Bulik, Kaye, Treasure, & Tyson, 2009). About 90% of those affected are female. Lifetime prevalence for DSM-5 anorexia nervosa is estimated at 1.42% for adult females while DSM-5 bulimia nervosa is estimated at 0.46% (Udo & Grilo, 2018). The overall incidence and prevalence of anorexia nervosa and bulimia nervosa is stabilising in Western countries (Currin, Schmidt, Treasure, & Hershel, 2005; van Son, van Hoeken, Bartelds, van Furth, & Hoek, 2006) but increasingly younger people are affected.

Eating disorders have major psychological, physical and social sequelae (Hjern, Lindberg, & Lindblad, 2006) with poor quality of life (De La Rie, Noordenbos, Donker, & van Furth, 2007; Pohjolainen et al., 2009) and high health burden (Mond, Hay, Rodgers, & Owen, 2009). The adverse physical consequences of dieting, weight loss and purging behaviours can sometimes prove fatal and anorexia nervosa has one of the highest mortality rates of any psychiatric disorder (Arcelus, Mitchell, Wales, & Nielsen, 2011; Button, Chadalavada, & Palmer, 2010; Jones, Morgan, & Arcelus, 2013; Papadopoulos, Ekbom, Brandt, & Ekselius, 2009), although the introduction of specialist eating disorders services appears to have improved survival rates (Lindblad, Lindberg, & Hjern, 2006). Despite favourable outcomes in recent years, one in five adolescent onset illness go on to develop chronic eating disorders (Dobrescu et al., 2020). Less is known about the mortality rates of bulimia nervosa and 'other specified feeding and eating disorders' (OSFED), although evidence suggests that rates may be as high as that of anorexia nervosa (Crow et al., 2009). Eating disorders also exert a high burden on families and other carers (Haigh & Treasure, 2003; Winn et al., 2007).

Psychological therapies, including Cognitive Behavioural Therapy (CBT) and the 'Maudsley Model of Anorexia Treatment in Adults' (MANTRA), are the first line treatment for eating disorders; however, eating disorders remain some of the most difficult psychiatric disorders to treat (Fairburn et al., 2013; Halmi et al., 2005) and are associated with poor motivation for change (Arcelus et al., 2011; Treasure, Duarte, & Schmidt, 2020). Furthermore, clinical outcomes are modest at best, drop-out rates are high, and the evidence base regarding treatment remains limited (Solmi et al., 2021) emphasizing the need for new interventions to be developed.

Health Realization/Innate Health and The Three Principles

Health Realization/Innate Health (HR/IH) is a simple and accessible psycho-educational intervention which can be delivered on an individual or group basis that helps individuals better understand the principle of thought and how it affects one's experience of the world. The HR/IH model teaches individuals that they can change how they react to their circumstances by becoming aware that they themselves are

creating their own experience as they respond to their thoughts and by connecting to their "innate health" and "inner wisdom". HR/IH is grounded in the insights and writings of Banks (1998, 2001, 2005) and a psycho-educational approach derived from Banks's work by Mills (1995) and Pransky (1998) which posits that people's psychological life experiences (e.g., feelings, perceptions, moods, and symptoms) are created by three fundamental, universal principles known as "The Three Principles". The Three Principles are described in detail elsewhere (Banks, 1998, 2001, 2005; Kelley, Hollows, & Savard, 2019; Kelley, Pransky, & Lambert, 2015; Pransky & Kelley, 2014) Here is a summary of them:

i. Mind: the formless energy or intelligent life force that powers people's psychological functioning.

ii. Consciousness: the ability to be conscious and the agency that enlivens people's thoughts through their senses giving them the appearance of reality.

iii. Thought: the power to form the thoughts that enter people's consciousness and become their psychological experiences.

In summary, Banks (1998, 2001, 2005) posited that people's use of Thought and Consciousness gives them the only experience they can have. In turn, people's behavior occurs in exact alignment with their continually evolving personal realities created from the "inside-out" via their use of the Three Principles. Banks (1998) stated:

> There is nothing in the world that can come to pass without Thought and Consciousness… there would be no reality without Consciousness and Thought…Consciousness gives our five senses the ability to react to life: our seeing, our smelling, our touching…This is what brings it (all) to life. But it (reality) can't come in by itself. It has to have a thought…Our thoughts in turn create our character, our behavior, and the behavior of all humanity. (p. 43)

HR/IH does not fall within the typical continuum of psychological treatment or therapy approaches. HR/IH does not target people's cognitions, affect, or behavior. Nor does it attempt to teach people various skills or techniques. Rather, HR/IH attempts to educate people about the generic nature of human psychological functioning. The efficacy of the HR/IH intervention is realized when people, as a result of awareness and sufficient understanding of the Three Principles, experience new insights regarding the following realms to which the Three Principles point simultaneously: thought recognition (TR) and innate health via a clear mind (IH/CM).

Thought Recognition

Thought recognition (TR) refers to the realization that thought is the only "reality" people can ever know and that people have the ability to see this and be conscious of it in the moment. For example, it is common for people to think that their stress

comes from external circumstances and how they are treated by others. In the HR/IH intervention, learners are assisted to understand how they can only feel stress if they are thinking thoughts that cause stress, no matter what the external situation. Instead of giving up their power to the outside world, learners realize they have autonomy over their own mental health via their understanding and use of the power of Thought. It is also common for people to learn and identify with cognitive schemas of self, others, and the environment that can obscure their innate health, generate chronic mental stress, and spawn and sustain dysfunctional coping strategies. HR/IH recognizes the innocence of people's adherence to these schemata and that everyone is doing the best they can in the moment based on how their thinking makes their lives appear to them. HR/IH intervention assists people to grasp that these "internal working models" are simply stories, abstractions, or mental structures they don't have to believe and act on.

In contrast to traditional cognitive and narrative therapies which tend to focus on an individuals' dysfunctional thinking, HR/IH focuses on "innate health" and the role of "mind, thought and consciousness" in creating an individual's experience of life (Mills, 1995; Pransky, 2003). HR/IH does not set out to change an individual's thoughts by encouraging "positive thinking" or "reframing" negative thoughts into positive ones. In contrast HR/IH recognises that one's ability to control one's thoughts is limited and the effort to do so can itself be a source of stress. Instead, individuals are encouraged to consider that their "minds are using thought to continuously determine personal reality at each moment" (Mills, 1995; Pransky, 2003). Furthermore, HR/IH holds that the therapeutic "working through" of personal issues from the past to achieve wholeness is unnecessary as people are already "whole and healthy" (Mills, 1995). According to HR/IH, one's "issues" and memories are just thoughts and an individual can react to them or not (Pransky, 2011). Therefore HR/IH addresses personal insecurities and dysfunctional patterns "en masse", aiming for an understanding of the "key role of thought", an understanding that ideally allows the individual to step free at once from a large number of different patterns all connected by insecure thinking (Mills, 1995). With this approach, it is rare for the HR/IH practitioner to delve into the specific content of thought beyond the identification of limiting thoughts and when such thoughts are considered to be limiting or based on insecurity, the counsellor simply encourages the individual to disengage from them (Pransky, 2003).

Innate Health via a Clear Mind

Innate health via a clear mind (IH/CM) captures the realization that people have all the mental well-being, common sense and resilience they need already inside them and that this health surfaces whenever the personal mind quietens. In other words, when the personal mind quietens, the default setting of innate health engages.

Furthermore, HR/IH psycho-education assists people to realize they have a built-in self-monitoring system; a reliable way of knowing whether they are using the power of Thought in their best interest or against themselves; their feelings. Using the signal of a discomforting feeling to see that their thoughts are not serving them well in that moment, people can get back on track, so to speak, and rekindle their innate health as the personal mind quietens.

HR/IH and eating disorders

As eating disorders are characterized by persistent and pervasive content-focused thinking patterns (i.e., misuses of the power of Thought), HR/IH psycho-education offers an alternative approach to traditional therapies and provides hope particularly where standard first line interventions may have been unsuccessful in promoting recovery or where there is limited motivation for change. In addressing eating disorders, HR/IH does not attempt to access health and recovery through traditional behavioral methods, coping strategies, or by changing or controlling people's thinking. HR/IH focuses instead on assisting people with eating disorders to grasp an insight-based understanding of the "inside-out" creation of psychological experiences and the nature of healthy psychological functioning. The goal of HR/IH is to help people realize how their unawareness or limited understanding of the Three Principles, TR, and IH/CM makes them prone to misusing the power of Thought which can generate chronic mental stress, obscure their innate health, and maintain eating disorder symptoms and behaviors. With sufficient understanding of the Three Principles, TR, and IH/CM people are empowered to use the Three Principles in their best interest and, in turn, free up their own inner well-being, resilience and their body's innate intelligence to return them to health.

HR/IH in other cohorts

The benefits of HR/IH have been described in a number of other at risk cohorts including at risk youths (Green, Ferrante, Boaz, Kutash, & Wheeldon-Reece, 2021; Kelley, 2003a; Kelley, 2003b; Kelley, Alexander, & Pransky, 2017; Kelley, Pransky, & Sedgeman, 2014; Kelley, Wheeldon-Reece, & Lambert, 2021), prisoners and offenders (Kelley & Lambert, 2012; Kelley et al., 2017; Kelley, Hollows, Lambert, Savard, & Pransky, 2018; Kelley et al., 2019) and refugees (Halcon, Robertson, & Monsen, 2010; Halcón, Robertson, Monsen, & Claypatch, 2007). HR/IH also appears beneficial in maximising effectiveness in schools, business and prospective criminal justice professionals (Kelley et al., 2015; Polsfuss & Ardichvili, 2008; Rees-Evans & Pevalin, 2017).

The evidence bases regarding the use of HR/IH in individuals from healthcare settings, however, remains limited. Banerjee, Howard, Manheim, and Beattie (2007)

evaluated the use of HR/IH as a therapeutic option for substance misuse treatment for adult women in a residential treatment setting comparing it to a standard 12-step treatment program. In this relatively large study sample (n=333) participants who were allocated to the HR/IH program showed significant improvements in substance abuse, general positive affect, anxiety and depression equivalent to clients who received standard 12-step substance misuse treatment although these findings could possibly have been explained by cross-contamination between the two therapeutic approaches. Sedgeman and Sarwari (2006) examined the effect of an HR/IH psycho-educational seminar on stress and anxiety in HIV-positive patients which showed improvements in stress and anxiety levels which were maintained at 1-month follow-up. El-Mokadem, DiMarco, Kelley, and Duffield (2020) examined the efficacy of HR/IH mental health education for improving the mental and physical health for people diagnosed with chronic fatigue syndrome. Compared with a waiting list control group, participants exposed to HR/IH showed a significant increase in mental and physical wellbeing and a significant decrease in fatigue, depression, anxiety and pain interference. Following their exposure to HR/IH, control participants showed a significant increase in well-being and a significant decrease in fatigue, anxiety and pain interference. Post-intervention improvements for participants in both groups were maintained at six month follow-up.

The study that follows is the first to test the efficacy of HR/IH for improving the mental and physical health of people diagnosed with eating disorders. The aim of this study was to evaluate the efficacy and acceptability of the use of a HR/IH psycho-educational intervention in a group setting in individuals with eating disorders.

Materials and Methods

The study was conducted at the CONNECT eating disorders service in the United Kingdom which offers specialist treatment to adults with eating disorders across the West Yorkshire and Harrogate region covering a population of 2.6 million people. The study was approved by the Leeds and York Partnership NHS Foundation Trust Clinical Effectiveness Team.

Participants

This was a pre-experimental, multiple single-case design pilot study (Vlaeyen, Onghena, Vannest, & Kratochwill, 2021) utilising purposive sampling due to limited resources (Palinkas et al., 2015), for which all service users accessing the CONNECT community service during the recruitment period (June-August 2018) were eligible to participate. Inclusion criteria for the study were that the participants had a diagnosis of an eating disorder, were currently engaged in community treatment with the CONNECT service, were willing to attend all the group sessions and complete pre-

and post-group outcome measures. A study information sheet containing information about the study was sent to all service users accessing community treatment during the recruitment period and those who expressed an interest in joining the group were contacted by the group facilitators to arrange a telephone or face-to-face contact to provide further information on the group, answer any questions and seek consent.

In total, 8 female patients took part in the intervention and all eight completed all 15 sessions. All participants described themselves as "White British" and their mean age was 27.75 years (SD 14.43). Duration of illness ranged from 1 to 40 years with a mean illness duration of 8.5 years (SD 11.96).

Materials

Participants who agreed to take part in the study were provided with an information pack developed by the research team. This pack included a summary of the principles underpinning HR/IH and two HR/IH related books (Johnson, 2016; Neil, 2013) which they were encouraged to read prior to the commencement of the group. The group was delivered in parallel to the service user's standard treatment pathway with the CONNECT service.

The group was facilitated by two members of the CONNECT service, one a drama therapist and the other a psychological therapist, both of whom were certified HR/IH practitioners and together had over 10 years of experience in the HR/IH approach. The group programme consisted of 15 sessions delivered on a 1-2 weekly basis

Table 1.
HR/IH Group Programme

Session Number	Session Content
1	Introduction – What is Innate Health? In what ways is this similar/different to what you already know? Why will it be useful?
2	What are the Three principles? Inside out vs outside in. How is this understanding relevant to me and my eating disorder?
3	Story of recovery from anorexia nervosa (expert patient) and how this understanding has changed their life – group discussion.
4	Where our experience of life is coming from, including our experience of our eating disorder.
5	Understanding the true source of all overwhelm/stress.
6	Feelings and our psychological Immune system.
7	Innate Resilience and how to access it
8	Carer's session: Recovered anorexia nervosa patient and her mother: Group discussion.
9	Human beings not human doings.
10	Guest speaker: Group discussion.
11	Trusting the guide inside.
12	Understanding the Eating disorder as a habitual coping strategy.
13	Relapse and what that really means.
14	Relationships with our selves and others.
15	Check in and refresher session.

over the course of three months between September and December 2018. Sessions were interactive in nature each lasting 2 ½ hours and covered a wide range of HR/IH related topics including an overview of HR/IH, the Three Principles, an HR/IH model of stress, resilience, feelings and the psychological immune system and an HR/IH model of understanding eating disorders, relationships, relapse and family and carers. Detailed content of each session is available in Table 1. Participants were also asked to read and watch specific resources from the HR/IH online portal at www.realchange.info in-between sessions.

Measures

The following clinical outcome measures were administered immediately before the first group session and immediately after the final group session:

Weight and body mass index (BMI). Weight (kg) and height (m) were measured by the group facilitators which were used to calculate the participants body mass index (BMI) (weight/height^2).

Eating Disorders Examination Questionnaire (EDEQ). The Eating Disorder Examination Questionnaire (EDEQ) (Fairburn & Beglin, 1994) is a brief and widely-used, self-report measure of eating disorder psychopathology (Mond, Hay, Rodgers, & Owen, 2007; Mond, Hay, Rodgers, Owen, & Beumont, 2004a; Mond, Hay, Rodgers, Owen, & Beumont, 2004b). Derived from the Eating Disorder Examination (EDE) interview (Fairburn & Cooper, 1993), which is well-recognised as the gold-standard assessment tool for eating disorders, it has four subscales (dietary restraint, eating concerns, shape concerns and weight concerns), which measure the frequency of eating disorder behaviours and attitudes and reflects the severity of the psychopathology of the eating disorder, and a global score which is an overall measure of eating disorder psychopathology. The EDEQ assesses both severity and diagnostic items over the previous 28 days and has been shown to perform well in its ability to detect cases and exclude non-cases of the more commonly occurring eating disorders in a community setting (Mond et al., 2008). The psychometric properties of the EDEQ have been extensively investigated in various study populations, including individuals with eating disorders receiving specialist treatment, and the measure has been found to have strong psychometric properties, including total internal consistency of 0.9 and test-retest reliability ranging from 0.81-0.94 across four domains of eating disorder psychopathology (concerns about dietary restraint; concerns about eating; concerns about weight; concerns about shape) (Gideon et al., 2018; Luce & Crowther, 1999; Mond et al., 2004a; Mond et al., 2004b; Peterson et al., 2007). Strong convergent validity between the EDEQ and EDE has also been demonstrated in both clinical and general population samples (Berg, Peterson, Frazier, & Crow, 2012; Fairburn & Beglin, 1994; Mond et al., 2004a; Mond et al., 2004b).

Clinical Outcomes in Routine Evaluation (CORE). The Clinical Outcomes in Routine Evaluation (CORE) (Evans et al., 2002) is a 34 item scale self-report questionnaire designed to measure change in the mental health of adults in the context of psychotherapy service delivery and assesses a number of domains including client well-being, problems and symptoms, functioning and risk. Psychometric validation studies have reported good reliability ratings, with internal consistency for the subscales ranging from 0.75-0.94 (Barkham, Gilbert, Connell, Marshall, & Twigg, 2005; Evans et al., 2002; Jenkins & Turner, 2014).

Rosenberg's Self–Esteem Scale. The Rosenberg self-esteem scale (Rosenberg, 1965) is used to assess global self-esteem and is one of the most widely used self-esteem tests among psychologists and sociologists. The scale is a 10 item Likert scale with items answered on a four point scale and has presented with high ratings in reliability areas; internal consistency 0.77, minimum coefficient of reproducibility >0.90, test-retest reliability 0.85 (Rosenberg, 1965; Silber & Tippett, 1965).

Eating Disorders Quality of Life Scale (EDQOL). The Eating Disorders Quality of Life Scale (EDQOL) (Engel et al., 2006) is a 25 item Likert scale self-report questionnaire designed to measure health related quality of life (HRQoL) in individuals with eating disorders which contributes to four subscales (psychological, physical/cognitive, work/school, and financial) which combine to produce an overall quality of life score. Higher scores indicate lower eating disorders related HRQoL and measures of both reliability (internal consistency 0.94; test re-test reliability 0.93) and validity appear to be in the range of adequate to very good (Engel et al., 2006).

Qualitative feedback questionnaire. At the end of the group, participants were invited to complete a feedback questionnaire, designed by the authors and completed with the group facilitators, to gather qualitative data relating to the effectiveness and acceptability of the intervention. Items included in the qualitative feedback questionnaire is detailed below:

i. What did you think about the structure and delivery of the HR/IH group?

ii. What could have been better/different regarding the structure and delivery of the group?

iii. Did you find learning about HR/IH interesting?

iv. In your own words what do you believe is the main message that the HR/IH group tried to communicate to you?

v. Has learning about HR/IH helped you see anything fresh/new about your eating disorder? If so, in what ways?

vi. What do you think was the most helpful thing that you have learned?

vii. Has learning about HR/IH impacted your sense of hope for recovery? Increased / decreased/stayed the same

viii. Have you found anything unhelpful in learning about HR/IH?

ix. If you had a friend who was suffering with an eating disorder would you recommend the HR/IH group to them?

x. Has this intervention changed/impacted your feelings about opting into formal treatment with CONNECT? If so, in what ways?

xi. Has the HR/IH group changed/impacted your sense of identity? If so, in what ways?

xii. Is there anything else you would like to say about the HR/IH group?

Findings

Table 2:
Descriptive statistics for the participants

Test Statistics

		Age	Pre-Weight (kg)	Post-Weight (kg)	Pre-BMI	Post-BMI	Pre-EDEQ Score	Post-EDEQ Score	Pre-CORE Score	Post-CORE Score	Pre-Rosenberg Score	Post-Rosenberg Score	Pre-Quality of Life Score	Post-Quality of Life Score
N	Valid	8	8	8	8	8	7	6	7	6	6	7	5	6
	Missing	0	0	0	0	0	1	2	1	2	2	1	3	2
Mean		27.7500	46.4250	48.2500	17.5125	17.9888	3.1000	2.2833	1.6014	1.3467	8.8333	11.8571	2.0320	1.3900
Median		22.0000	48.4000	50.4000	17.5500	18.3000	3.3000	2.1000	1.6800	1.4400	9.5000	12.0000	1.6000	1.3800
Mode		20.00	39.50	40.20[a]	17.10	18.40	1.10[a]	1.20[a]	.80[a]	.41[a]	1.00[a]	1.00[a]	1.44[a]	.32[a]
Std. Deviation		14.34025	4.60458	4.66935	.48237	.88794	1.33417	.94110	.62208	.62513	5.38207	7.19788	.71744	.78707
Range		42.00	12.10	12.80	1.30	2.79	3.70	2.40	1.79	1.68	14.00	21.00	1.56	2.38

a. Multiple modes exist. The smallest value is shown

Table 3*:*
Results of the Wilcoxon Signed Rank t-test

Test Statistics[a]

	Post-Weight (kg) - Pre-Weight (kg)	Post-BMI - Pre-BMI	Post-EDEQ Score - Pre-EDEQ Score	Post-CORE Score - Pre-CORE Score	Post-Rosenberg Score - Pre-Rosenberg Score	Post-Quality of Life Score - Pre-Quality of Life Score
Z	-2.100[b]	-2.100[b]	-2.023[c]	-1.483[c]	-1.604[b]	-1.604[c]
Asymp. Sig. (2-tailed)	.036	.036	.043	.138	.109	.109

a. Wilcoxon Signed Ranks Test
b. Based on negative ranks.
c. Based on positive ranks.

Eight females diagnosed with anorexia nervosa participated in this intervention and completed all 15 sessions. A summary of their pre- and post-intervention data can be found in Table 2. The results show that, on average, participants' weight increased by 2.2kg over the course of the intervention, which had a positive impact on their BMI. For two of the eight participants, BMI increased from below 18.5 to above 18.5, and one participant's BMI increased to 19.3. Furthermore, positive changes were observed in the EDEQ global mean score, the CORE, the EDQOL and the Rosenberg Self-Esteem Scale.

Given the small number of participants, non-parametric t-tests (Wilcoxon Rank) were conducted. The results indicated a statistically significant difference in the participants' weight, BMI and EDEQ global mean score. However, the results for the CORE, Rosenberg Self-Esteem Scale and EDQOL were not statistically significant (Table 3). Further review of the data indicated that for the pre-intervention EDEQ global mean score, two participants had a score within the clinical range (≥4). The post-intervention score was missing for one of these participants and the other participant's score dropped to within the normal range (3.1). For the pre-intervention Rosenberg Self-Esteem Scale, five participants scored below the clinical cut-off (<15) whilst post-intervention three participants were within the normal range and two showed no change.

Post-intervention participant feedback revealed that all eight participants felt that the duration and frequency of the HR/IH sessions were appropriate. Only one participant did not feel that their aims of the HR/IH group had been met whilst six reported that HR/IH gave them a new perspective of their eating disorder. Six participants reported an increased feeling of hope with regards to their eating disorder following the group. All 8 participants and 6 family members who attended the family and carers HR/IH session reported that this specific aspect of the intervention had been helpful. Suggestions for areas of improvement included the use of more "real life case scenarios" during the HR/IH sessions and for facilitators to allow more time for group discussions.

Discussion

This preliminary study is the first to examine the use of HR/IH for individuals diagnosed with eating disorders. The results of this study suggest that the HR/IH group intervention should be further studied as a potential intervention for eating disorders. Our results show an overall improvement in specific eating disorder and general psychiatric pathology measures in a relatively brief time period (three months) compared to other standard eating disorder interventions and appeared to be acceptable and beneficial to patients as well as family and carers. HR/IH is therefore an especially significant option at this time, where no clear superior or inferior psychological treatments exist in the race to treat people with eating disorders (Solmi et al., 2021).

HR/IH attempts to point people with eating disorders to new insights regarding the Three Principles, TR, and IH/CM. HR/IH posits that once these insights are grasped, people can begin to use the power of Thought in their best interest, their innate health, resilience and healing processes will be released (Kelley, Pettit, Pransky, & Sedgeman, 2019; Sedgeman, 2005). Our findings suggest that HR/IH may offer an alternative framework to understanding and challenging the typical core eating disorder psychopathology and thinking patterns that underlie conditions such as anorexia nervosa and bulimia nervosa. Shifting the therapeutic focus towards understanding the "nature" of Thought and its unrecognized misuse as a root cause of disordered eating and distress as opposed to a more traditional thought "content" centered approach, as adopted by standard first line interventions such as CBT and MANTRA, offers a new paradigm in addressing the often chronic ruminative thinking styles of people with eating disorders.

Clinicians have agreed that sustaining hope for recovery is an important aspect of treatment (Webb et al., 2022). Most participants in this study described increased feelings of hope following the group which appears to be an important prognostic factor in the outcome of eating disorders with hopelessness hampering both motivations to change and engagement with treatment (Siegfried & Bartlett, 2015). HR/IH elicits hope via the recognition that each person has within themselves the capacity to regain a healthy psychological perspective. With hope, comes specific and achievable goals, and this in turn opens the road to recovery (Hannon, Eunson, & Munro, 2017). If hope can be transmitted as seen in this relatively brief psycho-educational group intervention, then it offers promise as a cost-effective treatment for a large number of patients that might otherwise not be reached by traditional therapeutic models.

Despite the positives, our findings should be considered in the context of some important limitations. Firstly, as this was a pre-experimental, multi single-case design pilot study and all participants were receiving standard eating disorder treatment

alongside the HR/IH intervention, the validity of our findings remains unclear. Secondly, the small sample size and single-centre study design increases the risk of type II error and the generalizability of our findings (Faber & Fonseca, 2014).

The authors however posit that a well-designed small research studies can be a valuable contribution to the literature; as long they are carefully interpreted. There are many fields where small studies with sample size n<10 is commonplace, and the benefits include ethical and resource considerations, where new interventions are tested (Morgan, 2017). The aim of this study was to evaluate the efficacy and acceptability of the use of a HR/IH psycho-educational intervention in a group setting, and this would include the consideration of ethical risk. Small samples are often necessary when the hypotheses and/or interventions being investigated relate to chronic illnesses in vulnerable populations. Furthermore, The current state of statistical analysis is highly dependent on large samples, which can greatly inhibit research regarding new interventions for people with chronic illnesses such as anorexia nervosa. Compared to the general population, the number of people with anorexia nervosa is relatively small and therefore it is difficult to recruit large numbers of individuals willing to participate in a new, non-medical, intervention. As we have now considered the efficacy and acceptability of this new intervention, the limitations of this study could now be addressed in future studies by including a larger sample size and a matched control group to allow for between-group and within-group comparisons.

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Declaration of Interest Statement

The authors declare that they have no known competing interests or personal relationships that could have appeared to influence the work reported in this paper.

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Research Article

The Moderator Role of Spirituality on the Relationship between Fear of COVID-19 and Psychological Well-Being

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Abstract
This study aims to investigate the relationship between fear of the COVID-19 Pandemic and psychological well-being in Turkey, by concentrating on spirituality as a moderator role. Keeping in mind Turkey's religious and spiritual beliefs, and with the pandemic, the relationship between spirituality, fear of COVID-19 and well-being, needs to be discussed. It is hypothesized that the relationship between fear of COVID-19 and psychological well-being will be moderated by individuals' spirituality. The survey method was used, and online data was gathered by a snowballing sample. The total of the sampling group consisted of 473 participants. In the analysis process, Process Macro v3.5 was used for moderation analysis. The findings indicate that spirituality has a moderator role on the model, especially when the spiritality of individuals' was at a high or medium level. The results indicate that there is a moderator role of spiritualty between the relationship of fear of COVID-19 and well-being, and it was so among individuals who have medium to high spirituality. The importance of the findings are discussed.

Keywords:
pandemic • COVID-19 • spirituality • psychological well-being • COVID-19 fear

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The Coronavirus disease (COVID-19) is a dangerously infectious disease, which was caused by SARS-CoV-2 (Li et al., 2020; Zu et al., 2020). It was previously called 2019-nCoV, since it shared an identity to two-bat-derived SARS-l*ik*e Corona Viruses (Weston & Frieman, 2020; Zu et al., 2020), but is far more severe than acute Respiratory Syndrome Coronavirus (Velavan & Meyer, 2020; Zu et al., 2020;). There were six coronaviruses before COVID-19 (Weston & Frieman, 2020), which infected both humans and animals (Velavan & Meyer, 2020). Four of these captured less interest at a public health level, and the other two, SARS-CoV (severe acute respiratory coronavirus) and MERS-CoV (Middle East respiratory syndrome coronavirus) resulted in fatality ratios of 10% and 35%, respectively (Weston & Frieman, 2020). Though it spreads rapidly worldwide with a high degree of lethality (Weston & Frieman, 2020), and is not yet controlled (Arpaci et al., 2020), it is not lethal as SARS-CoV or MERS-CoV, with a fatality ratio of two to four percent (Weston & Frieman, 2020). According to a recent report (World Health Organization, [WHO], 2022), there were 450,229,635 confirmed cases and 6,019,085 deaths worldwide by 10 March, 2022. In Turkey there have been 14,457,990 confirmed cases of COVID-19, with 95,954 deaths by 10 March, 2022 (WHO, 2022). The first case of COVID-19 was reported in China, Wuhan city, Hubei Province, on 31 December, 2019, (Gralinski & Menachery, 2020; Qiu et al., 2020; Velavan & Meyer, 2020; Weston & Frieman, 2020) and by 9 January, this new 2019-nCoV sequence had been definitively detected (Gralinski & Menachery, 2020). The first sign of the disease was pneumonia, which occurs at the second or third week of the infection (Velavan & Meyer, 2020). Individuals who become infected with COVID-19 exhibit fever, coughing, upper respiratory tract infections, difficulty breathing, and fatigue (Gralinski & Menachery, 2020; Velavan & Meyer, 2020) similar to SARS-CoV and MERS-CoV. Since both public and health care workers have been infected, it is easily and rapidly spread (Weston & Frieman, 2020). Though the source of the disease is yet unknown, the first cases were linked with the Huanan South China Seafood Market, which involves bats, snakes, birds and others creatures in it (Gralinski & Menachery, 2020). On the other hand, as it is widely spread, it affects 'normal' life and restricts the behavior/movements of people (Sahin, 2020). In Turkey, for instance, citizens are prohibited from going outside and entering specific cities unless there is a mandatory situation (Sahin, 2020). It not only endangers physical health, but also impacts mental health as well (Li et al., 2020; Zhang et al., 2020). It causes stress, depression, psycho-social disorders, panic disorder, and anxiety (Arpaci, et al., 2020; Qiu et al., 2020). Similarly, it was found that there is an increased level of depression in individuals who experienced COVID-19 infection, and also in the general public, and those people show more depressed moods, somatic symptoms, and anxiety-like behavior (Zhang et al., 2020), just as previous epidemics caused fear, panic or anxiety (Arpaci et al., 2020). Moreover, Qiu et al. (2020) found that 35% of the participants reported psychological distress, and it was reported more between the ages of 18 to 30, and 60 and above. After

COVID-19, individuals' negative emotions, such as anxiety and depression increased, while positive emotions, such as happiness and life satisfaction, decreased (Li et al., 2020). Moreover, Li et al. (2020) found that, as opposed to their expectations, positive emotions increased after January, with words, such as faith and blessing. It was further discussed that religion can ease the tense moods and bring out positive emotions. Therefore, this research explores the moderating role of spirituality, and its relationship with well-being and fear, during COVID-19 pandemic.

As Keyes et al. (2002) propose, well-being can be defined by two forms, subjective and psychological well-being, for defining psychological functioning. Subjective well-being involves 'more global evaluations of affect and life quality' (Keyes et al., 2002, p.1007), while psychological well-being examines 'perceived thriving vis-a`-vis the existential challenges of life (for example, pursuing meaningful goals, establishing quality ties to others)' (Keyes et al., 2002, p.1007). Subjective well-being, also expressed as 'happiness', is one's assessment of his life (Diener & Diener, 1996) and psychological well-being, on the other hand, is managing existential challenges faced in life (Keyes et al., 2002). Since its association with challenges, the current study will investigate the psychological well-being of the participants during the pandemic. Psychological well-being serves as an umbrella construct involving positive and negative affect, life satisfaction, life goals and so on. (Levin & Chatters, 1998; Lucas & Diener, 2010). Since people are experiencing stress, anxiety and other negativities (Arpaci, et al., 2020; Qiu et al., 2020) it can be assumed that their psychological well-being will be affected by these negativities as well. Interestingly, one study, mentioned above (Li et al., 2020), found that individuals' positive emotions increased with encountering words such as faith and blessing, which are connected to the studies of religion and well-being. Petersen and Roy (1985) explain religion as a function that serves a meaning and purpose for individuals, making life understandable, which leads to well-being and health being positive (Emmons et al., 1998). Since people are experiencing fear and anxiety, they can decrease the severity of it with religion, Koenig (2020) suggests, and Christianity, Buddhism, Judaism, and Islam encourage their followers to believe in happiness, peace, security and hope. However, caution must be made here in that though religion can help to cope with negative events, if individuals take religion too seriously, that is they put too much value on it, it may also result in poorer mental health and negative feelings (Greenway et al., 2007) since religion 'can be judgmental, alienating and exclusive' (Williams & Sternthal, 2007, p. 48). Indeed, religiosity and spirituality are related to better health, life satisfaction, happiness and psychological well-being (Greeley & Hout, 2006; Haslam et al., 2009; Ivtzan et al., 2011; Mishra et al., 2017) and religious involvement, such as church attendance and prayer, is positively associated with happiness, lack of distress, recovery from illness, mental health and depressive symptoms, life satisfaction, optimism and anxiety (Emmons et al., 1998; Levin

& Chatters, 1998; Petersen & Roy, 1985; Tiliouine et al., 2009) as well as with a healthy immune system (see for instance Koenig et al., 1997) or having better results from the viral infection hepatitis C (Raghavan et al., 2013). Another study (Gillum & Ingram, 2006) found that religious commitment has a blood pressure-lowering effect. Though the effect sizes between religiosity and well-being ranges, overall, it was concluded that religion is positively associated with subjective well-being, and with increased age the relationship increase as well; that is, this relationship increases with older individuals (Chamberlain & Zika, 1988; Witter et al., 1985). Moreover, as a superior authority's support (here God's) is an understanding in the religious side of spirituality, the more spiritual people are, the less they feel hopeless in negative situations (Abdollahi, & Talib, 2015) and their resilience is boosted by spirituality when faced with burdensomeness (Gülerce & Maraj, 2021).

Furthermore, until the mid-1900s spirituality and religion was used interchangeably and inseparably. Then, with the rise of secularism, the two separated, yet both constructs share some overlapping characteristics; spirituality meant more positive light, and religion being related to theology and certain rituals (Ivtzan et al., 2011). Spirituality resembles an inner experience in the understanding of life, whereas religion involves practices by its members, such as worship (Ivtzan et al., 2011). Although spirituality was considered as a personal and philosophical structure in the past, it has been concluded in recent academic studies that spirituality includes a sense of integrity (Milliman et al., 2003), and can be explained as one's beliefs about a higher being, which has an impact on decisions, personality and even health, while religiosity is the construct that informs those beliefs (Mishra et al., 2017). Spirituality is associated with positive aspects of subjective well-being (Emmons et al., 1998), and with psychological well-being (Kim et al., 2011). Interestingly, one study measuring both religiosity and spirituality (Ivtzan et al., 2011) shows that spirituality is better at explaining well-being. The researchers measured spirituality and religiosity and their relationship with well-being. There were four groups, but the first group (a high level of religious involvement and spirituality) and the second group (a low level of religious involvement with a high level of spirituality) got higher scores on well-being, which indicates that spirituality plays an important role in well-being, regardless of religious participation. Moreover, fear of the pandemic has been related to low levels of well-being (Turska & Stepien-Lampa, 2021). The negative relationship between a fear of the pandemic and psychological well-being was also found among pregnant women as well, when fear increases, well-being decreases (Mortazavi et al., 2021). In Turkey, Durmuş and Durar (2021) examine the relationship between spiritual well-being levels and COVID-19 fear levels. They investigate this relationship on individuals over sixty-five years. They used the Spiritual Well-Being Scale and found a moderate relationship between spiritual well-being and coronavirus fear in individuals over sixty-five. Moreover, their

study indicates that there is a negative relationship between spirituality and fear of COVID-19; that is, as individuals' spirituality increases, their fear of coronavirus levels decreases. Another study conducted regarding spirituality and the COVID-19 pandemic was by Gülerce and Maraj (2021). The researchers investigated the mediator role of spirituality between resilience and hopelessness in Turkey. Just as expected, there was positive relationship between resilience and spirituality and a negative between hopelessness and spirituality. There was also an inverse relationship between resilience and hopelessness, and eventually there was a mediating role of spirituality between the variables, which led authors to conclude that individuals who are more spiritual are less prone to have an anxiety and depression (Gülerce & Maraj, 2021). A similar study by Maraj et al. (2020) was also conducted in Pakistan. The researchers investigated spirituality's mediator role between resilience and hopelessness during the COVID-19 pandemic in Pakistan. The mediator effect was again also found; therefore, we can say that spirituality boosts resilient behavior, which in turn lessens hopelessness (Maraj et al., 2020).

In the light of these findings, and the increase of spiritual and religious practices during the pandemic in Turkey (Gülerce & Maraj, 2021) the question, 'Does spirituality have an effect on the relationship between fear of COVID-19 and psychological well-being' arises. Acccordingly, the current study aims to investigate the relationship between fear of the current pandemic and psychological well-being in Turkey, as well as looking for the moderator role of spirituality. It is hypothesized that the relationship between fear of COVID-19 and psychological well-being will be moderated by individuals' spirituality. The reason moderation analysis was chosen is that spirituality will moderate the direction or strength of the relationship between COVID-19 phobia and psychological well-being. Spirituality is worth researching in Turkey as it may be protective against fear of the pandemic's effects on psychological well-being. Furthermore, if the results meet the expentency, interventions can be made, not only for Turkey, but also around the world.

Method

Participants

A correlational study design was used to conduct the research in Turkey during the COVID-19 pandemic. The current research was carried out during May and June, 2020. Doing a priori analysis of linear multiple regressionfrom G*Power Software (installed from www.gpower.hhu.de), with a power of .95 and with an effect size of .15, resulted at least 119 participants being required. Therefore, according to G*Power, this number was set as a minimum participant number and, in total, 473 participants participated for the research. However, twenty of the participants were excluded. The

age range of the participants was not restricted, but a requirement was that they should be 18 and above because of spirituality. The survey method was used and snowballing sample was conducted, meaning that the participants were recruited from the social media and such networks, and the participants were encouraged to share the study's link through the use of those networks. Age, educational level and accommodation status was asked from the participants. The average age of the participants was thirty-four, with the educational level being, primary school (21 participants), high school (55 participants), and university (377 participants). The accommodation status of the participants was also asked, and with whom they were staying during the COVID-19 pandemic. Twenty-eight of the participants stated that they were staying on their own, 399 with their family or relatives, 18 with friends, and 8 with someone else. The table of demographics can be seen below (see Results Section, Table 1).

Measures

The Fear of COVID-19 Scale. To measure fear concerning COVID-19, the *Fear of COVID-19 Scale* developed by Arpaci et al. (2020) was used. The scale has 20-items, and is a self-reporting instrument with a 5-point Likert-scale (1-strongly disagree, 5-strongly agree) to measure COVID-19 phobia (abbreviated to C19P). The 20-item scale has four factors; psychological, psycho-somatic, economic and social. The internal consistency coefficients for the sub-scales range between 0.85 and 0.90 and the Cronbach alpha for the overall scale is 0.92, and is .95 for this study. High scores indicate high levels of fear of COVID-19. It has items such as, 'The fear of coming down with corona virus makes me very anxious', and 'The possibility of food supply shortages due to the corona virus pandemic causes me anxiety'.

The Psychological Well-Being Scale. To assess the participants' well-being, the Turkish version of the Warwick-Edinburgh Mental Well-Being Scale, translated and validated by Keldal (2015) was used. The scale is a one-factor, 14-item, self-report instrument with a 5-point Likert-scale (1-strongly disagree, 5-strongly agree) to measure mental well-being. The Cronbach alpha for the overall scale is 0.92, and is .96 for this study. The scale has items such as, 'I am optimistic about the future' and 'I can cope well with problems'.

Spirituality. The participants' spirituality was assessed using the *Spituality Scale* developed by Karaırmak and Korkut-Owen (2009). The scale is a three-factor, 15-item, self-reporting instrument with a 5-point Likert-scale (1-strongly disagree, 5-strongly agree) to measure the spirituality of the individuals. High scores on the scale indicate higher levels of spirituality. The Cronbach alpha for the overall scale is 0.82, and is .94 for this study. Later, by Ozturk (2013), the Cronbach alpha was found to be 0.88. The scale has items such as, 'I haven't found my purpose in life yet' and 'I feel the presence of a protective and comforting power within me'.

Procedure

Before conducting the participation call, ethical committee approval was obtained from the Ministry of Health in May, 2020, and from Yasar University. After getting the necessary permission, the participation call was made through social media and networking sites (WhatsApp, Twitter, and Instagram), and the participants were also encouraged to share this participation call. The call was made informing that it concerns the relationship between COVID-19 and psychological well-being, and that only those who were eighteen years old and above could participate. The participants were encouraged to share the study link through social media networks to get more participants, with the proviso that an individual could participate in the study only once. Clicking on the study link, the participants first read the aim of the study and information relating to it. The participants were assured that their answers would be used only for research purposes and not shared with any third party. They read the informed consent and clicked on the statement which stated that s/he was over eighteen, understood the study and the information, voluntarily participated, and could withdraw from the study whenever s/he wanted to. Unless pressing this statement, the participants were not be allowed to skip onto the next page. On the next page, they answered demographic information, such as sex, age, educational level, and living situation (who, if any, that they lived with). After this, they were asked to fill in the Fear of COVID-19 Scale (Arpaci et al., 2020). No blank statements were accepted. On the next page, they completed the Warwick-Edinburgh Mental Well-Being Scale (Keldal, 2015). Lastly, they filled in the Spirituality Scale (Karaırmak & Korkut-Owen, 2009) and were thanked for their involvement.

Statistical Analysis

Twenty items of data were excluded from the overall data, since more than one option on the scale answers had been chosen. As a result the data from 453 participants was analyzed in the study. Using SPSS 21 and Process Macro v3.5, moderation analysis will be conducted to imvestigate the relationship between fear of COVID-19 and psychological well-being. The independent variable will be fear of COVID-19, the dependent variable will be psychological well-being, and the moderating variable will be spirituality.

Results

It was expected that therelationship between fear of COVID-19 and psychological well-being will be moderated by spirituality, and among people who are high on spiritualty the relationship will be weaker or neutral.To test this hypothesis, a moderation analysis was used by Process Macro v3.5. Table 1 shows the demographic statistics, and Table 2 shows the summary of the model of moderation analysis for variables predicting psychological well-being.

Table 1
Descriptive statistics

Sample Characteristics		*n*	*%*	*M*	*SD*
Sex					
	Female	314	69.3		
	Male	139	30.7		
Education					
	Primary school	21	4.6		
	High school	55	12.1		
	University	377	83.2		
Accomodation					
	On my own	28	6.2		
	With my family/relatives	399	88.1		
	With my friends	18	4		
	Other	8	1.8		
Age				33.61	13.469

Note. N=453

Table 2
Summary of Moderation Analysis for Variables Predicting Psychological Well-Being

	b	***SE***	***t***	***p***	***LLCI***	***ULCI***
Constant	13.37	5.58	2.40	0.02	2.41	24.33
C19P	0.19	0.11	1.70	0.09	-0.03	0.41
SPI	0.74	0.09	7.50	0.00	0.55	0.94
Interaction	0.00	0.00	-2.44	0.01	-0.01	-0.0009

Note: R^2 = .31

The moderation analysis was conducted using Process Macro v3.5. Figure 1 shows the relationship between COVID-19 phobia and well-being, under the influence of spirituality; overall, model $F(3, 449) = 68.11$, $p < .001$, $R^2 = .31$. Moderation is shown by a significant interaction effect, and in this case the interaction is highly significant, $b = -0.0047$, 95% CI[-0.0085, -0.0009], $t = -2.44$, $p = .015$, indicating that the relationship between the fear of COVID-19 and psychological well-being is moderated by spirituality. When we look at the conditional effects, when spirituality is low, the relationship between fear of COVID-19 and psychological well-being was not statistically significant, $b = -0.0145$, 95% CI [-.0862, .0572], $t = -0.4$, $p = .7$. When spirituality is medium, the relationship between fear of COVID-19 and psychological well-being was statistically significant, $b = -.0807$, 95% CI [-.1337, -.0276], $t = -2.99$, $p = .003$. Lastly, when spirituality is high, the relationship between fear of COVID-19 and psychological well-being was also statistically significant, $b = -0.1279$, 95% CI [-.1959, -.0600], $t = -3.70$, $p = .0002$.

Figure 1
Relationship between COVID-19 phobia and well-being under the influence of spirituality

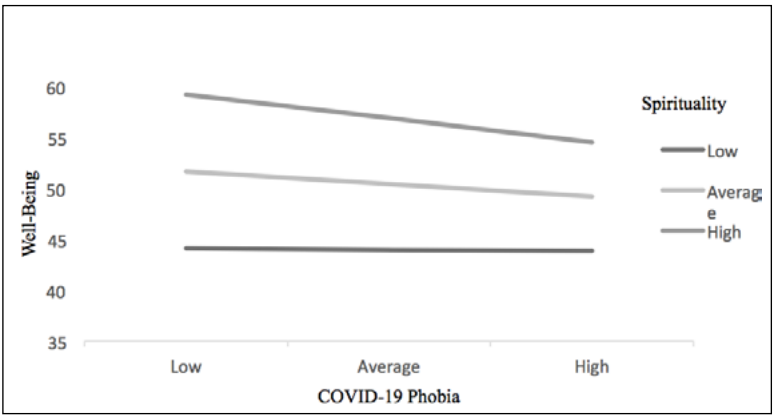

Table 3
Conditional Effects of the Focal Predictor at Values of the Moderator(s)

SPI	*Effect*	*SE*	*t*	*p*	*LLCI*	*ULCI*
43.0000	-.0145	.0365	-.3969	.6917	-.0862	.0572
57.0000	-.0807	.0270	-2.9898	.0029	-.1337	-.0276
67.0000	-.1279	.0346	-3.6995	.0002	-.1959	-.0600

When we look at the conditional effects, when spirituality is low the relationship between fear of COVID-19 and psychological well-being was not statistically significant, b = -0.0145, 95% CI [-.0862, .0572], t = -0.4, p = .7. When spirituality is medium, the relationship between fear of COVID-19 and psychological well-being was statistically significant, b = -.0807, 95% CI [-.1337, -.0276], t = -2.99, p = .003. Lastly, when spirituality is high, the relationship between fear of COVID-19 and psychological well-being was also statistically significant, b = -0.1279, 95% CI [-.1959, -.0600], t = -3.70, p = .0002

Discussion and Limitations

The aim of the current study is to investigate the relationship between fear of the Covid-19 pandemic and psychological well-being in Turkey, as well as to look for the moderator role of spirituality. It is indeed about the relationship between psychological well-being, fear of the pandemic and spirituality as people are affected by the Covid-19 pandemic. The study hypothesizes that the relationship between fear of COVID-19 and psychological well-being will be moderated by individuals' spirituality, making this study the first to investigate it. This study is one of the earliest studies, based on its start date, to investigate the relationship of spirituality to fear of the Covid-19 pandemic and psychological well-being among Turkish people, during the pandemic period.

The literature shows that spirituality is linked to a person's well-being and is used to cope with illnesses and other stressful events (Koenig, 2012). For instance, in a study by Prazeres et al. (2020), they investigated the role of spiritual-religious coping's relationship between fear and anxiety of COVID-19 with healthcare workers. They found that religiosity is not related to coronavirus-related anxiety of fear, however, spirituality was found to be related with lower levels of coronavirus-related anxiety. Therefore, it can be stated that belief/spirituality may lead to a positive pschological state (Del Castillo, 2020). Moreover, Lucchetti et al. (2020) investigated the relationship between religiosity and spirituality and the consequences of mental health during the pandemic in Brazil. They found that high religious, in contrast to Prazeres et al. (2020), and spiritual beliefs are associated with high levels of hope and low levels of fear, worry and sadness. More interesting findings from Turkey were also conducted recently. Similar to our research, Durmuş and Durar (2021) and Kasapoğlu (2020) examined the relationship between spiritual well-being levels and COVID-19 fear levels. Durmuş and Durar (2021) investigated this relationship on individuals aged above 65 years. They used the Spiritual Well-Being Scale, the same as Kasapoğlu (2020), which differs from our study, and found a moderate relationship between spiritual well-being and coronavirus fear in individuals above 65 years of age. Moreover, their study indicates that there is a negative relationship between spirituality and COVID-19 fear, that is, as individuals' spirituality increases, their fear of coronavirus levels decreases. Similarly, Kasapoğlu (2020) found that as spiritual well-being and transcendence increase, the fear of COVID-19 decrease.

This study's main strength is investigating spirituality as a moderator between a fear of the pandemic and psychological well-being. The results are indeed explanatory, since there has been no study in the literature regarding COVID-19 and psychological well-being together before, or while our study was being conducted. Moreover, the results show that when there is a medium or high level of spirituality, the relationship between fear and well-being is negative. This may be related with people's faith. People who have medium to high levels of spirituality may have more faith, and their beliefs may lead them to be less afraid of the virus. This may be because of fate or a belief in God's power; this will be investigated. The age range of the participants did not have an effect on this relationship. Nonetheless, this study has certain limitations. One significant limitation is that it was conducted through the use of a online Google form. Since the study was conducted during the pandemic, we could not control the participants' environment, and it may have had an effect on them while completing the questionnaire, or if they had the slightest idea about what the study was actually testing, they may have chosen the answers accordingly. In addition, the actual location of the participants was not tracked, which raises the issue of true representation of the Turkish community. Therefore, more appropriate testing conditions should be used in future studies. In addition, since the data was collected at

the end of May to June, people may have lost their fear of the Coronavirus, because, during these months the weather became warmer, people got bored quickly and started to think less about the virus. This will be investigated in further research when the second, third or more waves of the illness affect the country. Further studies may also use an experimental design to assess the relationship between fear of Covid-19, psychological well-being and spirituality. Moreover, one may think that spirituality is generally high in Turkey, since it is considered to be a religious country. Therefore, for future studies, any differences with another country, or would the situation be the same, could be investigated. Researchers could investigate whether it is only the case for Turkey or for a muslim country, or is it the same for everyone, regardless of religious view? The current study suggests that increased spirituality may reduce the possibility of a negative relationship between fear of the pandemic and psychological well-being among Turkish people.

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Original Article

Spirituality as Part of the Whole: Gestalt Therapy's View of Spirituality

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Abstract
In contrast to the positivist perspective, which disregards the individual's spiritual beliefs and needs, many contemporary psychological counseling approaches view spirituality as an essential part of the individual. Rather than ignoring these religious and spiritual dimensions, psychological counseling approaches now include them as part of the integrity of the individual and therapeutic processes. Gestalt therapy, whose development was pioneered by figures like Fritz Perls, Laura Perls, and Paul Goodman, aims to help clients achieve wholeness by gaining awareness of the here and now. Influenced by psychoanalysis, Gestalt psychology, existential philosophy, phenomenology, field theory, psychodrama, Eastern religions, and spirituality, Gestalt therapy evaluates the client as a whole on the premise that the whole is not the sum of its parts, but rather the fine coordination of all of them. This study assesses Gestalt therapy's perspective on spirituality, the relationship between the basic concepts of Gestalt therapy and spirituality, and the application of spirituality in Gestalt therapy within this holistic framework.
Keywords:
Gestalt • Holism • Spirituality • Counselling • Psychotherapy.

Bütünün Bir Parçası Olarak Maneviyat: Gestalt Terapinin Maneviyata Bakışı

Öz
Bireyin manevi inançları ve ihtiyaçlarını göz ardı eden pozitivist anlayışın aksine günümüzde psikolojik danışma yaklaşımlarının önemli bir bölümü, maneviyatı bireyin önemli bir parçası olarak değerlendirmektedir. Psikolojik danışma yaklaşımları, bireyin dini ve manevi boyutlarını görmezden gelmek yerine artık bunları bireyin bütünselliğinin bir parçası olarak kabul etmekte ve terapötik süreçlere dahil etmektedir. Gelişmesinde Fritz Perls, Laura Perls ve Paul Goodman gibi isimlerin öncülük yaptığı Gestalt terapi, danışanların şimdi ve buradaya dair farkındalık kazanarak bütünlüğe ulaşmasını amaçlayan bir yaklaşımdır. Psikanaliz, Gestalt psikolojisi, varoluşçu felsefe, fenomenoloji, alan kuramı, psikodrama, Doğu dinleri ve maneviyattan etkilenen Gestalt terapi, bütünün parçaların bir toplamı değil; tüm bu farklı parçaların ince bir koordinasyonu olduğu görüşünü esas alarak danışanı bir bütün olarak değerlendirmektedir. İnsanı bir bütün olarak anlamanın onun tüm yönlerinin kabul edilmesiyle gerçekleşebileceği fikrini vurgulayan bu yaklaşımda, insanın önemli bir yönü olduğu düşüncesiyle maneviyat ele alınacak konulardan biri olarak görülmektedir. Bu çalışmanın amacı, sözü edilen bu bütünsellik çerçevesi içerisinde Gestalt terapinin maneviyata bakış açısını, Gestalt terapinin temel kavramlarının maneviyatla ilişkisini ve maneviyatın Gestalt terapide uygulama sürecini değerlendirmektir.
Anahtar Kelimeler:
Gestalt • Bütünsellik • Maneviyat • Danışmanlık • Psikoterapi.

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The mid-20th century is seen as a critical time in the transformation of psychotherapy. Especially after the Second World War, structural transformations took place in many political, economic, and social areas. This also affected psychology as new approaches emerged in the discipline. The psychoanalytic approach, which was effective at the turn of the 20th century, became less so over the following decades while the behaviorist approach, which reduced human behavior to stimulus-response links and focused on measurable behaviors, could not provide a holistic understanding of human beings. Consequently, new psychotherapy models began to emerge around the middle of the 20th century. One of these was Gestalt therapy, which views the person holistically and is still used effectively today.

"Gestalt", a German word, is used in this form in many languages because it is a difficult word to find the exact equivalent. The verb "gestalten" in German means to shape or give a meaningful structure while its derivative, Gestalt, means "is a complete shape or figure which has structure and meaning" (Ginger, 2007). Perls et al. (1994, p. 26) claim that achieving a strong "gestalt" is itself the therapy. According to Seligman and Reichenberg (2014), who argue that psychological problems are caused by individuals becoming detached from important parts, such as their emotions, bodies, or contacts with others, Gestalt therapy aims to enable individuals to become aware of these neglected parts, gain integrity, and establish a balance.

Frager (2009) emphasizes that traditional psychology has no interest in spirituality and transpersonal issues, so spirituality is ignored in research and clinical trials. In contrast to this positivist understanding that disregards clients' spiritual beliefs and needs, a significant number of psychotherapy approaches today consider spirituality an important part of the human being and attempt to comprehend its psychological significance. The Society for the Psychology of Religion and Spirituality, the 36th division of the American Psychological Association (APA), supports psychological theorizing, research, and clinical practice to understand the significance of religion and spirituality in people's lives and within psychology (APA, n.d.)., According to the American Counseling Association's (ACA) professional ethical rules (ACA, 2014), counselors should be sensitive to their clients' spiritual dimensions.

Since the end of the 20th century, studies on spirituality have clearly increased in the psychology literature. These studies emphasize the importance of not ignoring the religious and spiritual dimensions of the individual in psychotherapy, considering the wholeness of the individual (Miller, 2003; Pargament, 2007; Post & Wade, 2009). Rose et al. (2001) found that a significant proportion of clients find it appropriate to discuss religious and spiritual issues in therapy. In Gestalt therapy, the client's spiritual processes are viewed as an important factor in understanding them. Given that one can understand the human being as a whole by accepting all their aspects,

and that spirituality is an important aspect of the human being, a Gestalt therapist cannot ignore the client's spirituality.

In fact, those who have contributed to the development of Gestalt therapy are also affected by spirituality. Fritz Perls is known to have studied Zen Buddhism in Kyoto, Japan, and worked on Zen Buddhism and existential philosophy while Laura Perls and Paul Goodman had an interest in Taoism. At one point in her career, Laura Perls worked with the existentialist philosopher Martin Buber and the existentialist theologian Paul Tillich (Shane, 1999; Seligman & Reichenberg, 2014; Serlin & Shane, 1999). Perls was able to adapt some parts of Zen Buddhism to Gestalt therapy because Zen Buddhism does not evaluate behaviors as right or wrong, employs the paradoxical theory of change, and includes awareness exercises (Ayaz Başımoğlu, 2020).

Gestalt therapy has been influenced by psychoanalysis, Gestalt psychology, existential philosophy, phenomenology, field theory, psychodrama, spirituality, and Zen Buddhism (Voltan Acar, 2012). The influence of psychoanalysis is due to its emphasis on the importance of past experiences while Gestalt psychology similarly focuses on unfinished business and the figure-ground relationship. It is influenced by phenomenology in terms of its consideration of subjective facts and perceptions in experiences, by existentialism in terms of the use of responsibility and the here/now principle in therapy, and by field theory for its view of the importance of the environmental field and the study of the individual as a whole. It shares many techniques with psychodrama, such as the empty chair and role play, and shares spiritual elements Zen Buddhism and Eastern spirituality.

Gestalt therapy aims to ensure that the client takes responsibility, gains awareness, and integrates emotions, thoughts, perceptions, and bodily processes (Voltan Acar, 2012). According to Perls et al. (1994), therapy consists of analyzing the internal structure of real experience, whatever the degree of contact. What they mean is that rather than what is experienced, remembered, done, or said, as the importance lies in how what is being remembered is remembered, how what is said is said, with what facial expression, what tone of voice, what syntax, what stance, what emotion is present, and what is important in the expression or what is neglected.

Few studies have addressed spirituality in Gestalt therapy. Killoran (1993) studied 52 clients and concluded that they experienced spiritual awakenings and religious experiences during the therapeutic process. In addition, the participants valued those moments when therapists made a spiritual intervention. Other studies have shown that it is appropriate to include spirituality in Gestalt therapy (Crocker, 1998; Gürdil Birinci, 2017; Naranjo, 1978; Williams, 2006). Accordingly, the present study examines Gestalt therapy's perspective on spirituality within the framework of holism and explains the spiritual elements in Gestalt therapy. In doing so, it evaluates

the relationship between Gestalt therapy and spirituality, how Gestalt therapy deals with spirituality within the principle of holism, some techniques that can be used in Gestalt therapy about spiritual issues, the application process, and ethical elements.

Spirituality and Gestalt Therapy

There are various definitions of spirituality in the literature. What stands out in these definitions is the emphasis on the search for meaning and awareness of the transcendent. According to Pargament (1999), spirituality is the process of seeking meaning, unity, commitment, love, and the highest human potential. Koenig et al. (2011) define it as the individual's search to comprehend the answers to questions about life, its meaning, and the transcendent. Hodge (2001) defines spirituality as a relationship with God, or whatever is considered Ultimate, which fosters a sense of meaning, purpose, and mission in life. Contrary to the assumption that spirituality may only develop in conjunction with religion, spirituality can grow both in conjunction with and independently of religion (Fry, 2003; Koenig et al., 2011). In other words, non-religious people can also be spiritual, so spirituality is not exclusive to religious people (Breitbart, 2002). That is, spirituality is a universal trait.

A sense of connection with the universe or spiritual experiences can provide support and healing for many people and help them make sense of their lives. However, psychotherapy techniques have frequently avoided considering the position of transpersonal and spiritual concerns in their theories and avoided addressing or exploring clients' spiritual beliefs or needs during counseling (Mackewn, 1951, p. 150). This exclusion of spirituality from psychotherapy in the positivist paradigm was abandoned following a paradigm shift in science, which led to spirituality being regarded as a strength in psychotherapy. Gestalt therapy incorporates spirituality, which is an aspect of the client's personality, into the therapy process in order to understand the human being as a whole by accepting all their aspects while acknowledging that spirituality is an important aspect of the human being.

Joyce and Sills (2014, p. 284) emphasize that spirituality must be included in Gestalt therapy for three important reasons. The first is that clients' spiritual paths are inseparable from their individual lives. Second, clients may have spiritual problems that may require spiritual interventions. If these interventions are beyond the individual's competency, they may need to see to a professional in this field. Third, Eastern spirituality has played an important role in the development of Gestalt therapy since its inception. These factors illustrate the importance of incorporating spirituality into Gestalt therapy.

Spiritually Oriented Psychotherapy and Gestalt Therapy

Spirituality is regarded as one of the most essential aspects of human existence (Pargament, 2007). In spiritually oriented psychotherapy, which takes into account the individual's spiritual aspect, the client's belief perspectives should be investigated to promote a healthy and meaningful integration while supporting the transformation of these perspectives (Shafranske & Sperry, 2007, cited in Ekşi et al., 2016). Spiritually oriented psychotherapists, according to Lines (2006), are practitioners who feel confident and competent working with religion and broader spiritual themes.

The specific spiritual practices or interventions that may be used during spiritually oriented psychotherapy include conducting spiritual assessments, consulting or referring to spiritual leaders, teaching spiritual concepts, encouraging forgiveness, discussing scriptures, teaching mindfulness meditation, encouraging contemplative meditation and prayer, and praying specifically for the client are (Richards & Worthington, 2010). Because spiritually oriented approaches are inclusive, they can be applied to a wide range of spiritual beliefs and religious traditions (Sperry, 2012).

Spiritually oriented psychotherapy is integrated with Jungian, transpersonal, psychodynamic, cognitive, rational emotive behavior therapy, interpersonal, humanistic, and multicultural psychotherapies (Richards & Worthington, 2010). Flexibility is one of the most essential features of Gestalt therapy. This flexibility enables it to be integrated other therapies, including cognitive-behavioral therapy, person-centered therapy, transactional analysis, mindfulness-based therapy, and brief psychotherapy (Seligman & Reichenberg, 2014). This integrative characteristic of Gestalt therapy suggests that it may be combined with a spiritually oriented counseling approach. The spiritual components that Gestalt therapy includes are believed to facilitate this integration.

Spirituality From a Holistic Perspective

According to Fritz Perls (1969, p. 16), holism is critical in understanding Gestalt therapy because once a "gestalt" is broken up, it is no longer a "gestalt". Therefore, it is critical in Gestalt therapy to evaluate the client as a whole. According to Daş (2017), humans must be considered as a whole, both with themselves and with their environment, to be understood. That is, dealing with the person apart from their emotions, thoughts, bodily processes, perception, and environment provides insufficient information about them. Gestalt therapy therefore views the client a whole. As Perls (1969, p. 5) puts it, "we are not a sum of parts but a very subtle coordination of all these different parts."

The client's spirituality is one of the elements based on this holistic principle that must be addressed in therapy (Clarkson, 1991; Voltan Acar, 2012). One of

the assumptions in Gestalt therapy is that the human being is a whole organism comprised of intertwined physical, psychological, and social dimensions. Perls et al. (1994, p. 30) contend that these phenomena's integrity must be respected; they can only be broken down analytically at the cost of destroying what is being investigated. This indicates the importance that Gestalt therapy attaches to integrity. According to Clarkson (1991), the client's behavioral, physiological, emotional, cognitive, symbolic, and spiritual characteristics can be emphasized at different times during therapy to help integrate numerous aspects of the client. The Gestalt therapy approach is founded on the absolute inseparability of bodily experience, emotions, language, ethics, rationality, meaning-making, and spirituality. Consequently, it is very difficult to consider the individual as a whole in a therapy that disregards spirituality. Voltan Acar (2012) emphasizes the need to expand the closed circle of emotions, thoughts, and body to include spirituality, and thereby express the individual's integrity.

Regarding the inclusion of spirituality in Gestalt therapy, there seems to be some controversy in the literature. Feder (2001) argues that it is not necessary to evaluate spirituality separately. Mackewn (1997, pp. 150-151) asserts that the majority of Gestalt therapists initially had negative or neutral attitudes towards including spirituality in therapy. However, she then criticizes therapists for disregarding spiritual issues: "*Yet can Gestalt claim to be holistic unless it encompasses attention to spiritual beliefs and needs and to care of the sacred in people's lives and in the world?*". That is, in principle, it would be a wrong to ignore spirituality in therapy as it is one of the most important aspects of the individual in terms of Gestalt therapy's holistic principle. Finally, Joyce and Sills (2014, p. 284) note that spirituality has recently been given greater importance in Gestalt therapy under the influence of field theory and the dialogic method.

Gestalt therapy is founded on numerous fundamental concepts for integrating the personality, including awareness, here and now, polarities, contact, dialogue, unfinished business, organismic self-regulation, paradoxical theory of change, and peak experiences. By studying these concepts, the spiritual aspects of clients, which are part of their integrity, can be understood. This study examines the ways in which these concepts relate to spirituality.

Awareness

Awareness, which is an important concept in Gestalt therapy, is a process of holistic contact and meaning-making that occurs throughout our entire personality. It is about experiencing and being in touch with ourselves and our existence in the world from moment to moment (Mackewn, 1997). Naranjo (1978) emphasizes the importance that Buddhism and Sufism place on awareness, explaining that awareness is a spiritual element. Indeed, both Buddhism and Gestalt theory draw attention

to awareness of the here and now. Although awareness practices are frequently associated with Buddhist meditation traditions, they are included in most spiritual traditions and practices in various forms (Kabat-Zinn, 2005, p. 365). Awareness is considered a major element in most religious worship since focusing on the moment during worship increases individuals' self-awareness and enhances their awareness skills (Kara, 2020). According to Williams (2006), raising awareness is recognized in the major spiritual traditions as an important tool for change, as it is in Gestalt therapy. Similarly, Joyce and Sills (2014, p. 289) emphasize that both spiritual traditions and Gestalt therapy can contribute to life-changing transformations.

According to Crocker (1998), every human being is a mysterious being. The Gestalt therapist uses the phenomenological method to assist the client reveal their own awareness, patterns of thought, and behavior. He thus believes that spirituality can deal with facts that are not fully known, controllable, or predictable, i.e., inner mysteries. Furthermore, Gestalt therapy requires the therapist to develop and apply their own spirituality in a similar sense as the Sufi concept of self-knowledge. Hence, despite some differences in their perspectives, self-knowledge in Sufism and psychology complement each other (Sayın, 2012). The Sufi expression "Whoever knows himself, he knows his Lord," expresses how the individuals' self-awareness is crucial. Given that self-awareness in both client and therapist is an important condition for success in Gestalt therapy, Gestalt therapy and Sufism support awareness in similar ways.

Here and Now

Living in the moment is crucial and encouraged in Gestalt therapy, as it is in various spiritual traditions (Joyce & Sills, 2014, p. 289). In Sufism, living in the moment is expressed mostly through "ibn al-wakt," defined as the ability to not bring past problems and concerns about the future into the present moment. It is considered a prerequisite for mental health (Sayın, 2012). In Sufism, a person must be ibn al-wakt to be free of the fear and sadness caused by the past and future (Yıldız, 2021). Similar to this Sufi perspective, Perls (1969, p. 3) asserts that individuals who live in the moment will not experience anxiety since excitement will flow into spontaneously experienced activities. Some clients may have concerns about the future in spiritual or religious matters. For example, when a religious client who believes in the afterlife has strong worries about their future day of reckoning, they may have difficulty focusing on the present and achieving harmony in daily life. Gestalt therapists can help their clients live in the present moment while respecting their beliefs, and can assist them in focusing on their current feelings and thoughts in relation to their spiritual issues.

Brownell (2011) explains that engaging in spirituality in therapy can help clients to be in the here and now and feel the close support of divine power. He suggests that, by praying for the guidance of this transcendent power (God, Cosmic force,

etc.) alongside the client, a Gestalt therapist can contribute to the therapeutic process. Accordingly, a Gestalt therapist may refer to the feeling that the transcendent power is with them and the client in the here and now (e.g., "I feel God is with us here and now."). Addressing these inner dialogues in a psychotherapy setting is crucial to understanding the client's internalized image of God and the impact of that image on their thoughts, behavior, and feelings, especially if clients feel the voice of the spiritual power in which they believe. This understanding also helps to comprehend the client's wholeness. Based on their literature review on the use of spirituality in psychotherapy, Post and Wade (2009) conclude that discussing religious or spiritual issues in psychotherapy helps the therapeutic process.

Polarities

As people become more self-aware, they realize that there are many polarities within them (O'Leary, 2013). According to polarities theory, opposite aspects of our traits may be contained within us. Yin Yang philosophy, which claims that everything in the universe has two inseparable poles, is one tradition that seeks to explain this. Joyce and Sills (2014, p. 119) emphasize that all poles are potentially necessary, so labeling either end as bad, weak, or undesirable is incorrect. For example, violence in the home may be disapproved of but required to combat an aggressive threat.

Of the many poles in Gestalt therapy, the best-known top-dog and under-dog. The top-dog pole includes evaluative, judgmental, and authoritative traits whereas the under-dog pole includes oppressed, docile, and apologetic traits (O'Leary, 2013). Poles cannot be evaluated apart from one another (Daş, 2017), so Gestalt therapy attempts to integrate the client's personality by integrating and reconciling opposing poles (Voltan Acar, 2012). To achieve wholeness, people must become aware of and integrate their own polarities. Individuals who can integrate their poles are more likely to exhibit creative behaviors (Daş, 2017) since neglected or rejected poles tend to stymie our efforts to grow (Seligman and Reichenberg, 2014).

According to Latner (1986), poles can emerge in any subject and at any time (as cited in Daş, 2017, p. 277). Gestalt therapists must be able to work with poles that can arise in spiritual or religious issues. In a religious dispute, for example, one side of the client may be accusatory and judgmental while the other may be passive and constantly asking for forgiveness. The goal of therapy is for the client to be able to express and integrate these two poles.

Taoism, particularly Ying Yang philosophy, and Sufism, particularly within its literature (Yıldırım, 2003), agree that opposites and polarities exist inside the human being. According to Gürdil Birinci (2017), the Sufi perspective is very similar to the way Gestalt therapy handles these poles. She claims that both approaches emphasize

that all human characteristics are present in each individual, so humans can integrate and grow through the dynamic relationships of these opposite characteristics. Sufism assumes that humans contain contrasting and complementary viewpoints. However, these opposites can coexist and work in harmony within the structure of a person who has reached the pinnacle of spiritual development (Uyar, 2021).

Figure-Ground

Perls integrated the concept of figure-ground with Lewin's field theory while Seligman and Reichenberg (2014) emphasize the importance of figure-ground in terms of how best to respond to life's changing needs and to live in the here and now. When the figure is incomplete or unresolved, it is referred to in Gestalt therapy as "unfinished business. In emerging from the ground, the figure manifests with emotions like anger, resentment, hatred, anxiety, guilt, pain, and grief. Because these emotions are experienced without awareness, they linger in the ground. This in turn prevents individuals from establishing an active relationship with themselves and sometimes with their environment, leading them to carry these emotions into the present (Corey, 2008). Unfinished business often causes the individual to live in the past, hence hindering them from focusing on the here and now, which creates tension within them and prevents the completion of the Gestalt (Tagay & Voltan Acar, 2020). As a result of the Zeigarnik effect, unfinished business demands completion and keeps resurfacing until completion (Skottun & Krüger, 2022, pp. 76-77). Failure to complete unfinished business may result in some contact barriers (Voltan Acar, 2012).

Joyce and Sills (2014) argue that discovering the client's spirituality is very useful in Gestalt therapy when the spiritual dimensions become figurative as it becomes possible to work on the spiritual themes in the figure during therapy. In addition, therapists can support clients to frame grounded and unfinished or unresolved spiritual issues and bring closure to unfinished business.

Contact

Contact, which concerns the individual's interaction with self and others, is an important concept in Gestalt therapy and one of the spiritual issues that therapy can address. Indeed, Gestalt therapy is based on contact, contact disturbances, and awareness of them (Voltan Acar, 2012). Contact refers to an individual's interaction with things both within and outside of themselves. Contact in Gestalt therapy refers to the conscious encounter with others, which necessitates awareness of the non-self (Brownell, 2010).

Contact styles begin to form in childhood, and certain negative attitudes in the family reflect contact disturbances (Tagay & Voltan Acar, 2012). Contact disturbances, which can be both healthy and unhealthy, are defined as relationship distortions that occur when

I and others attempt to make contact (Voltan Acar, 2012). The most common contact disturbances are confluence, withdrawal, isolation, introjection, projection, deflection, desensitization, and retroflection. Some clients can maintain their relationships with contact disturbances. For example, messages, rules, and models presented from outside are absorbed in introjection whereas expressions of necessities (must/should) that are dictated from outside reflect unhealthy introjection (Voltan Acar, 2012).

Most religious rules and doctrines are learned during childhood. Both parents and teachers can transfer information that causes anxiety during this process. People who introject these rules unhealthily are more likely to exhibit maladaptive behaviors in daily life. For example, compelling and non-internalized rules or superstitious beliefs that can cause negative reactions can be transferred to individuals from childhood. The individual may also introject these rules or beliefs. For example, a client who believes that making a mistake while reading a religious text or praying will have serious negative consequences will try to be perfect, which then makes them afraid. This person has so introjected the strict rules presented to them from the outside that they now feel anxiety and fear when praying rather than spiritual relief. In addition, they cannot be present in the moment during worship. A Gestalt therapist should make the client aware of these contact disturbances and encourage them to experience the here and now. In spiritual matters, various contact disturbances may also occur, such as withdrawal, confluence, or retroflection. In some cases, these are beneficial, for example, if the individual needs to withdraw after an intense situation to process what has happened (Voltan Acar, 2012). This state of withdrawal, also known as seclusion, can support spiritual development. Gestalt therapists should make clients aware of such contact disturbances.

Dialogue

In Gestalt therapy, the relationship between therapist and client is seen as a meeting of two people with different existences, that is, as a dialogue. This concept of dialogue is based on Martin Buber's I-Thou and I-It studies. Therapeutic communication can also be called a dialogue. Generally, communication is referred to as a dialogue when the therapist is referred to as I and the client is referred to as Thou (Tagay & Voltan Acar, 2020). According to Buber, an individual has two modes of existence: I-Thou and I-It. In an I-Thou style dialogue, I does not see Thou as an object to be defined, measured, or controlled whereas in an I-It style dialogue, I looks at It as an object to be explored, classified, measured, and compared with others. In an I-Thou dialogue, the two sides show themselves with their whole being, respecting each other's uniqueness, freedom, and spontaneity whereas in an I-It dialogue It is not unique but rather anything that I wishes to use (Tüzer, 2009).

Dialogue, which is the basis for growth and development (Daş, 2017), can take place between one person and another, or between a human and a Divine Person. This situation

forms the basis of therapeutic work with many spiritual/religious clients in Gestalt therapy (Brownell, 2010). Buber (2000) emphasizes that the only relationship that allows for a full encounter with God is the I-Thou relationship since the objective appearance of God, unlike all other beings, cannot be achieved. Mann (2010, p. 266) claims that experiencing the I-Thou moment provides the deepest form of human connection and explains that spirituality can also be valued within the context of this relationship, which can be formed between the individual and a person, a landscape, a work of art, or God.

Buber's I-Thou relationship is also found in Sufism. Hemşinli (2014) notes that Rumî uses a similar approach to Buber's I-Thou dialogue in the relationship between God and humans. However, Buber does not adopt Sufism's idea of giving up or getting rid of the I (self); rather, he believes that the I will inevitably exist in dialogue. Buber's expression "*Of course, he is the mysterium tremendum that appears and overwhelms; but he is also the mystery of the obvious that is closer to me than my own I*" (Buber, 1970, p.135) has a closely similar meaning to the Qur'anic verse "*and We are nearer to him than his life-vein (Quran 50:16)*" (Hemşinli, 2014). By helping their clients to have more I-Thou experiences, Gestalt therapists offer an important means for clients to have deeper spiritual and relational experiences.

Organismic Self-Regulation

According to Corey (2008), one of the principles of Gestalt therapy is organismic self-regulation, defined as a process in which the organism's balance is disturbed and then restored with the emergence of a need, emotion, or other information. Organismic self-regulation is realized with full awareness, according to Perls (1969, p. 17). People achieve balance by regulating themselves using environmental resources and their own abilities (Corey, 2008). Self-regulation and self-control are important in many spiritual traditions. For example, meditation is an effective method for developing self-regulation skills, which is one of the goals of psychotherapy, and helps clients relax and expand their awareness (Simpkins & Simpkins, 2016). In religious texts, self-regulation and self-control are usually associated with willpower. In the Qur'an, for example, willpower is mentioned 139 times, and attributed both to God and human beings (Çağrıcı & Hökelekli, 2000).

Kılıçoğlu (2021), emphasizing the relationship between willpower and religion, argues that religion helps individuals strengthen their willpower by organizing life through various rules and criteria. In Islam, prayer and fasting are believed to strengthen willpower. Likewise, from their evaluation of the relationship between religious practices and psychotherapy, Şeker and Karakurt (2018) conclude that prayer and fasting increase willpower. Thus, a connection can be made between organismic self-regulation in Gestalt therapy and willpower in spiritual and religious teachings.

The Paradoxical Theory of Change

One of the most important concepts in Gestalt therapy is the paradoxical theory of change. That is, in order to change, we must first become who we are (Beisser, 1970). In other words, change does not occur when individuals try to be like someone they are not but when they actually are who they are. This actually provides a good summary of Gestalt theory (Philippson, 2012). The paradoxical theory of change requires the individual to be in touch with the moment they are in. Gestalt therapy assumes that transformation occurs through realizing the existential reality of the moment the individual is in, which is also found in Eastern traditions and spiritual teachings (Gürdil Birinci, 2017). For example, Zen Buddhism, Tantric Buddhism, and Islamic Sufism all emphasize focusing on and noticing feelings and thoughts in the moment. In Sufism, it is believed that what is perceived should be observed and accepted without judging, evaluating, or controlling. In this way, everything good and beautiful will come by itself (Gürbüz, 2010, as cited in Gürdil Birinci, 2017). The paradoxical theory of change is considered one way to help clients achieve wholeness.

Peak Experiences

Williams (2006) states that Gestalt therapy promotes spirituality through the inclusion of peak experiences, also called spiritual, transpersonal, or mystical experiences. Depending on our personal orientation or tradition, peak experiences may reflect realization, being, or merging with something within or beyond us. Gestalt therapy values these experiences for the individual. What Perls calls peak experiences, Williams (2006) labels "mini-Satoris."

Gestalt therapists can help a person have more peak experiences, which in turn supports their spiritual development. Clients can be assisted in becoming aware of the rituals they can use to have peak experiences in accordance with their religious/spiritual orientations. One of the goals within the framework of spiritual development is to transform clients' temporary peak experiences into more permanent states of awareness and/or experience; that is, to elevate the mini-Satoris to the level of the ultimate Satori (Williams, 2006).

Gestalt Therapy Techniques for Spiritual Issues

Gestalt therapy uses a diverse range of techniques to raise the client's awareness and ensure their integrity (Daş, 2017). Many of these techniques can also support the client's spiritual growth, such as those based on dreamwork, awareness, and holism (Au, 1991). The use of spiritual techniques can encourage clients who care about spirituality in their lives to participate in the therapy and prevent resistance. Ekşi and Keskinoğlu (2020) argue that solving problems through the client's spirituality improve the effectiveness of the process. However, before employing these techniques, therapists should obtain

informed consent from clients, take into account the client's religious/spiritual orientation, and explain the purpose and known effectiveness of the technique (Hathaway, 2011). Some spirituality techniques that can be used in Gestalt therapy include meditation, dream work, the empty chair, I take responsibility, and metaphor.

Meditation

Influenced by Eastern religions like Zen Buddhism, Gestalt therapy uses meditation to support the client's awareness and being in the moment (Voltan Acar, 2012). Meditation, which comes in many forms, such as classical, Zen, and transcendental, is one of the spiritual practices that can be used in therapy (Nelson, 2009). It is known that meditation and similar practices exist in many religions. Acknowledging that meditation is rooted in spiritual and religious traditions, Kristeller (2011) asserts that Hinduism, Zen Buddhism, Vipassana, and Tibetan practices tend to come to mind first, although Christianity, Judaism, and Sufi mystical traditions also include meditative practices.

Although meditation can help many clients reduce anxiety, clients from conservative religious traditions may find some forms, such as transcendental meditation, foreign (Pargament, 2007). Therapists should therefore first consider the client's religious/spiritual beliefs when choosing which form to use to avoid resistance. That is, therapists should help their clients benefit from meditative rituals within their religious/spiritual traditions.

Dreamwork

According to Perls, dreamwork is crucial for the understanding of personality. Perls (1969, p. 71) describes dreams as the royal road to wholeness. By providing the most spontaneous expression of human existence, he argues, dreams allow access into people's inner world. In Gestalt therapy, dreams are considered an existential message provider and creative means of expression (Fantz & Roberts, 1998). Mackewn (1997, p. 145) explains that we have many different kinds of dreams, including dreams about everyday things. Some reflect the meaning of our lives or our spiritual aspirations. Others help answer questions about life, guide actions, or make sense of the world (Elliott, 2013). The existential message of the dream becomes more understandable to the client if the parts of the dream are understood and assimilated (Corey, 2008). When working with their client's spiritual dreams, Gestalt therapists pay particular attention to several important points. Since elements like uncovering polarities and focusing on unfinished business are important in dream work, they focus on these in the client's spiritual dreams. They also ensure the expression of dreams in the here and now by giving importance to the client's feelings when describing the dream in the session. Finally, they treat dreams in accordance with the client's goal of integration.

Empty Chair

The empty chair technique provides a simple way to bring outside problems into the here and now of the therapy room. In this technique, a character from the client's current or previous life is imagined to be sitting in an empty chair, and the client is invited to converse with this character in the present tense (Mann, 2010). This technique attempts to recognize and make contact with the sides of the client that they have not adopted (Voltan Acar, 2012). When the client has spiritual aspects that they did not adopt, the technique can be used to try to contact and integrate these aspects by allowing the client to engage in dialogue with the spiritual aspects that represent the two polarities.

The empty chair technique can be used when working with clients' dreams as they can express during the session how they felt about the dream. In this case, the therapist asks the clients to sit in the empty chair and respond like the dream so that they can enter into a dialogue with it (Mackewn, 1997, p. 148). The dreamer addresses the empty chair as if part of the dream (the non-possessive aspect of the personality) were sitting in the chair opposite (Alban & Groman, 1975). Gestalt therapists can use the empty chair technique when working with their clients' spiritual dreams to help them better understand their spirituality and integrate it into their personalities.

I Take Responsibility

Gestalt therapy has been influenced in some ways by the existential approach. One of the most important common aspects is the assumption of responsibility by the individual. Gestalt therapists consider that all actions, thoughts, and feelings are one's own responsibility. In the I take responsibility technique, the therapist takes care to ensure that the client's language acknowledges responsibility, for example by asking them to add the phrase "I take responsibility for this" at the end of each sentence (Harman, 1974). Thus, clients who say they are angry about a particular situation may be asked to use the phrase "I am angry, and I take responsibility for it." It may be difficult for clients to form such sentences at first. If the client's philosophy of life or moral value system includes elements of taking responsibility, then therapists can focus primarily on raising the client's awareness of this. For example, their spiritual/religious beliefs can be considered as a resource to help them take responsibility. The client may be asked to collect information about the sections related to responsibility from their religion's sacred texts or examples may be given. The goal is for the client to develop an awareness of responsibility. By practicing the technique, the client can learn to use responsibility statements.

Using Metaphors

Gestalt therapy places great emphasis on metaphors and pays close attention to what metaphors clients use because metaphors are considered to provide clues to

clients' inner conflicts and unfinished business (Voltan Acar, 2012, p. 113). Thus, the metaphors that the client uses in therapy can provide important data their spirituality and make certain aspects more vivid (Griffith & Griffith, 2002, p. 64). Gestalt therapists should therefore pay attention to metaphors to better understand the client's spiritual dimension.

According to Ahammed (2010), the Qur'an contains many metaphors embedded in figurative language and mystical symbolism for Muslim clients. He therefore emphasizes the importance of metaphorical interventions for Muslim clients for positive therapeutic outcomes. Examples include the following: "*That no bearer of burdens will bear the burden of another*" (Qur'an 53:38); "*Allah is the light of the heavens and the earth. A likeness of His light is as a pillar on which is a lamp — the lamp is in a glass, the glass is as it were a brightly shining star — lit from a blessed olive-tree, neither eastern nor western, the oil whereof gives light, though fire touch it not — light upon light. Allah guides to His light whom He pleases. And Allah sets forth parables for men, and Allah is Knower of all things.*" (Qur'an 24:35). Similarly, therapists can use metaphors in other sacred texts (Bible, Torah, etc.) or even secular metaphors depending on the client's spiritual orientation. Examples include "*Spirituality is a key that unlocks my life*" and "*Spiritual experience is a light that illuminates my soul*." When using these metaphors, therapists should consider the client's religious/spiritual sensitivities and use them for a therapeutic purpose.

Practice and Ethics

Gestalt therapy takes a phenomenological approach to people and events, meaning that therapists avoid interpretations that explain client dynamics. Instead, as active participants, clients create their own interpretations and meanings (Corey, 2008). Considering that spirituality is also a subjective experience for each individual, it is the clients who do the interpreting and meaning-making process here too. Gestalt therapists should not question the client's spirituality or explain their spiritual dynamics. Instead, they should help the client to better comprehend their spirituality.

According to Joyce and Sills (2014), discovering clients' spirituality is very useful in Gestalt therapy when the spiritual dimensions become figurative. Spiritual evaluation is critical to incorporating the client's strengths into the therapeutic process (Hodge, 2001). Thus, spiritual evaluation is an important element in understanding how the client's spiritual dimension contributes to the problem or solution. It may therefore be useful to ask questions about the client's spiritual and religious orientation during the initial evaluation session. Some of the questions that can be asked for this purpose are as follows (Joyce & Sills, 2014):

- "What was your parents' or caregivers' religious or spiritual orientation? How did this affect you while you were growing up?"
- "What are your current religious or spiritual beliefs?"
- "How important are spiritual beliefs in your life?"
- "What spiritual elements support you, for example meditation, prayer, worship, spiritual communities, church, mosque, temple, etc.?"
- "How does your spirituality affect your current challenges or problems?"

In Gestalt therapy, the language used by the therapist and the client plays a significant role in therapeutic change because language is very important in creating an environment that supports change (Seligman & Reichenberg, 2014). The language used in Gestalt therapy includes I language, omitting qualifying expressions, changing verbs, turning questions into expressions, changing the form of questions, specificity, making demands, and being present tense-centered (O'Leary, 2013, p. 63). Clients can use language to experience and actively discover how they actually perform actions in life (Crocker, 2005, p. 75). In Gestalt therapy, clients are also helped to take personal responsibility for the language they use, given that one of the goals of Gestalt therapy is for clients to become responsible for themselves and to take responsibility for the present. Voltan Acar (2012) explains how clients learn to make choices and take responsibility for those choices. Spiritual traditions and religious teachings emphasize that individuals should be responsible for their own behavior. Thus, religious/spiritual clients can find support from their beliefs in taking personal responsibility for the language they use. Responsible, present-centered language can help clients take a supportive and solution-oriented stance on spiritual matters, rather than an accusatory and judgmental one.

Clients seek psychotherapy for many reasons, including their spiritual problems. Joyce and Sills (2014) explain that various spiritual problems can be the subject of Gestalt therapy, such as an existential crisis of meaning, questioning one's traditional religious beliefs, or dissatisfaction with what life has given by feeling that something spiritual is missing in one's life. In such cases, it is critical to identify the client's spiritual/religious belief system, understand how the crisis is viewed within that belief system, collect data on what kind of spiritual or religious support the client is receiving and why the unhelpful support is not working, and create alternatives solutions within the client's belief system.

Gestalt therapists should pay attention to ethical factors when working on the client's spirituality or applying spiritual interventions. In particular, care should be taken to gain informed consent from the client, cooperate with the client's religious

leaders, avoid relationships outside the therapist-client relationship, make referrals or directions when needed, respect the client's spiritual values, and be competent (Ekşi & İme, 2020). Therapists should inform the client of the spiritual/religious techniques they will be using, establish a trusting relationship with the client, assess the client's spiritual and religious background, take into account the values that have sacred meanings for the client, ensure that the interventions used are compatible with the client's religious beliefs, avoid imposing their own values and beliefs on the client, and be flexible in the techniques they use (Richards & Bergin, 1997; Ekşi & İme, 2020). The techniques used should only be employed to achieve therapeutic change in accordance with the client's needs.

Conclusion

Gestalt therapy is an approach that incorporates spiritual elements. Given that spirituality is one of the most important aspects of the individual in terms of Gestalt therapy's holistic principle, it should not be ignored in therapy. Indeed, the leading names in Gestalt therapy, which deals with the human as a whole, were influenced by spiritual traditions. Although some Gestalt therapists do not agree with including spirituality (Feder, 2001), most studies in the literature emphasize the need to include it, given that clients' spiritual aspects are inseparable from their personal lives, their problems may be spiritual, and Eastern spirituality has strongly influenced Gestalt therapy (Joyce & Sills, 2014; Mann, 2010; Voltan Acar, 2012).

This study examined Gestalt therapy's perspective on spirituality in terms of its principle of holism. Spirituality is also related to some fundamental concepts in Gestalt therapy, including awareness, here and now, polarities, contact, dialogue, unfinished business, organismic self-regulation, paradoxical theory of change, and peak experiences. These concepts are key to understanding the client as a whole within the spiritual framework.

According to Seligman and Reichenberg (2014), Gestalt therapy offers a flexible approach that can be successfully integrated with various psychotherapy approaches. Similarly, spiritually oriented psychotherapy can be integrated with many psychotherapy approaches (Richards & Worthington, 2010). Given Gestalt therapy's integrative nature and the spiritual elements it contains, Gestalt therapy and spiritually oriented counseling can be successfully integrated.

Gestalt therapy's many techniques can be used to increase the client's awareness and ensure their integrity (Daş, 2017) while some techniques can support the client spiritually and can contribute to their spiritual development (Au, 1991), such as dream work, meditation, the empty chair, I take responsibility, and using metaphors.

Therapists who make spiritual interventions in Gestalt therapy or work with the client's spiritual problems must be competent in both Gestalt therapy and spiritual practices. Therapists should inform their clients about the techniques used while not imposing their own worldview on them. It is crucial to adapt the spiritual techniques used to the needs of the client. Furthermore, if there is resistance, the client's religious and spiritual values should be respected. Thus, it is important to evaluate the client's spirituality at the start of the therapeutic process.

This study evaluated the place and importance of spirituality in therapy within the holistic framework of Gestalt therapy. In particular, it discussed the relationship between Gestalt therapy and spirituality, how Gestalt therapy evaluates spirituality in terms of holism, its techniques for therapy on spiritual issues, the application process, and ethical elements. According to Gestalt therapists, if the client is considered independently of their emotions, thoughts, bodily processes, perception, environment, and spirituality, therapy will provide incomplete data about that person. Thus, because it accepts the individual as a whole in all aspects, Gestalt therapy does not ignore the individual's spiritual needs, the things they see as sacred in their lives, the spirituality they have in making sense of life, and their connection with the transcendent. The relationship of Gestalt therapy's basic concepts with spirituality and its holistic approach to human beings makes it clear that the client's integration critically depends on the therapist dealing with spirituality during the therapeutic process. This result is also supported by the literature. The study contributes to the literature by revealing the relationship between Gestalt therapy and spirituality, as well as presenting the application process and techniques for spiritual content to therapists who wish to deal with spirituality in therapy.

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Original Article

Building a Bridge Between Spirituality/Religion with Acceptance and Commitment Therapy

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Abstract
This study provides a framework for acceptance and commitment therapy (ACT) and draws attention to the points that ACT shares with spiritual/religious traditions. The paper first presents the history of the theory, its view of human nature, its basic concepts, and the emergence of ACT while ACT's theoretical foundations, functional analysis of behavior theory, relational framework theory, and functional contextualism theory are presented as tables. The paper then explains the shared points between ACT and spiritual/religious approaches and dicusses how basic processes of the two can be combined. It then considers the spiritual/religious-oriented methods and techniques that can be used in ACT. The conclusion highlights the differences between ACT and other therapy approaches and the themes it shares with spiritual/religious approaches. Drawing on this study and ACT philosophy, new models could be developed that take into account the Islamic belief system specific to Turkish culture.
Keywords:
Acceptance and Commitment Therapy • Spiritually-Oriented Psychological Counseling/Therapy • Integrative Approach • Spirituality

Kabul ve Kararlılık Terapisiyle Maneviyat/Din Arasında Köprü Kurmak

Öz
Bu çalışmanın amacı Kabul ve Karalılık Terapisi (Acceptance And Commitment Therapy-ACT) ile ilgili bir çerçeve sunmak ve ACT'ın manevi/dini gelenekler ile ortak olan noktalarına dikkat çekmektir. Çalışmada ilk olarak sırasıyla kuramın tarihçesine, insan doğasına bakışına, kullandığı temel kavramlara, ACT'ın ortaya çıkışına yer verilmiştir. Devamında ACT'ın kuramsal temellerini oluşturan; Davranışın İşlevsel Analizi, İlişkisel Çerçeve kuramı ve İşlevsel Bağlamsalcılık kuramları tablo halinde sunulmuştur. Ardından ACT'ın manevi/dini yaklaşımlarla ortak noktalarına değinilmiştir. ACT ile Manevi/dini geleneklerin ortak yönleri arasında ilişkiler kurulduktan sonra ACT temel süreçleriyle manevi/dini uygulamalar birleştirilip sunulmuştur. Devamında ACT'ta kullanılabilecek manevi/dini yönelimli yöntem ve tekniklerden bahsedilmiştir. Sonuç kısmında ACT'ın diğer terapi yaklaşımlarından farklılaşan noktalarına, manevi/dini yaklaşımlarla olan ortak temalarına değinilmiştir. Bu çalışmanın devamında ACT temel felsefesinden yola çıkılarak kültürümüze özgü İslam inanç sistemini dikkate alan yeni modellerin geliştirilebileceği düşünülmektedir.
Anahtar Kelimeler:
Kabul ve Kararlılık Terapisi • Manevi Yönelimli Psikolojik Danışma/Terapi • Bütüncül Yaklaşım • Maneviyat

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Cognitive behavioral therapies (CBTs) are classified into three waves or generations. Here, "wave" means a set or formulation of dominant assumptions, methods, and goals, some of which are implicit, that help to organize theory, research, and practice (Hayes, 2016). The first wave included classical behavioral therapies (Schultz & Schultz, 2007) while the second-wave included cognitive and behavioral therapies (Digiuseppe et al., 2017; Köroğlu, 2017; Türkçapar et al., 2011). CBT has been criticized for the priority is given to controlling and restructuring thoughts and beliefs while emotions remain at the forefront. Another criticism is that the CBT neglects the individual's inner experiences in the interaction of dysfunctional thoughts, feelings, and behaviors. Therefore, new techniques have been developed to understand individuals' inner experiences for use in treatment.

This paved the way for third-wave therapies (Brown et al., 2011; Herbert & Forman, 2011), based on the assumption that a third person cannot evaluate an individual's inner experiences. This makes it important for that individual to develop self-mindfulness and participate in their assessment. In addition, the acceptance process is more important than other approaches, such as creating alternative thoughts or cognitive structuring with dysfunctional thoughts (Herbert & Forman, 2011). Overall, third-wave therapies emphasize mindfulness, feelings, acceptance, relationships, values, goals, and metacognition (Hayes & Hofmann, 2017).

Of these third-wave therapies, acceptance and commitment therapy (ACT) has attracted the most attention, both experimentally and clinically. The way ACT theorists and therapists say the abbreviation is interesting, with some saying the initials separately while others say them as a word, "act". This second form is preferable because it refers to action, movement, and committed action, which are essential elements of the therapeutic process (Harris, 2018). Originally developed by Steven Hayes, Kelly Wilson, and Kirk Strosahl, ACT is based on the assumption that the usual thought processes of the healthy human mind naturally lead to spiritual suffering. Thus, ACT does not consider suffering people. Rather, the main aim is to show how a person can use their mind more effectively (Hayes et al., 2012).

The ACT has a strong and comprehensive foundation, based on functional analysis of behavior, functional contextualism, relational frame theory (RFT), and the psychological flexibility and inflexibility models (Table 1). Drawing on these three theories and especially the psychological resilience model, ACT is related to both positive and abnormal psychology (Bach & Moran, 2008; Hayes et al., 2012; Levin et al., 2014; Ramnerö & Törneke, 2020; Törneke, 2010).

Table 1.
Fundamental Philosophy and Concepts of Acceptance and Commitment Therapy

Functional analysis of behavior	Functional contextualism	Relative frame theory	Psychological flexibility and inflexibility models
It identifies connections between a behavior and the co-occuring environment and stimuli, and the behavior's outcomes. Through these connections, mutual interactions are observed between the behavior's precursors and results.	This is a pragmatic philosophical worldview focusing on and using things that are functional and useful in life.	This focuses on the role of language and cognition in explaining human success and suffering.	**Inflexibility Model** This includes cognitive fusion, experiential avoidance, loss of flexible contact with the present, attachment to a conceptualized self, values problems, inaction, impulsivity, and avoidant persistence **Flexibility Model** This includes cognitive defusion, acceptance, being present, self as context, values, and committed action.

ACT is naturally optimistic in assuming that even in an extraordinary moment of pain or suffering, there is an opportunity to find meaning, purpose, or will to live. ACT is therefore not just about relieving people's suffering. Rather, it tries to help people learn and grow as a result of suffering, to use their pain as a stepping stone towards having a richer and more meaningful life. According to ACT, suffering people are not impaired or malfunctioning but just clogged up. This blockage results from a psychological rigidity caused by "cognitive fusion, experiential avoidance, loss of flexible contact with the present, attachment to a conceptualized self, values problems, inaction, impulsivity, or avoidant persistence" (Hayes et al., 2012; Levin et al., 2014).

ACT therefore aims to reduce attempts to control, eliminate, or avoid dysfunctional thoughts, feelings, and physical sensations and to improve function by increasing participation in worthwhile, meaningful activities. To achieve these goals, ACT uses six basic processes: "cognitive defusion, acceptance, being present, self as context, values, committed action." These are specifically designed to reduce maladaptive behaviors and unhealthy attempts to avoid internal experiences by focusing on increasing behavioral and psychological resilience (Walser et al., 2016). They include helping clients to (1) learn to be more open to and accept their experiences rather than engaging in ineffective struggles; (2) make them more aware of their experiences and focus on the here and now rather than the past or worrying about the future; and (3) committing to doing things guided by what is truly important to them rather than what they want to avoid (Hayes et al., 1999).

Shared Features of Acceptance and Commitment Therapy and Spiritual/ Religious Approaches

Some aspects of ACT overlap with spiritual/religious teachings in Judaism, Christianity, Islam, and Buddhism. For example, spiritual/religious leaders treat

forgiveness, acceptance, the meaning of life, values, action, etc., as positive signs of spiritual life. Spiritual/religious practices can be designed to encourage the experiences and actions included in the psychological resilience model (Hayes et al., 2016).

ACT provides a unique set of processes and intervention techniques for addressing issues related to the meaning and purpose of life, which is work done by spiritual/religious advisors. This behavior-oriented psychotherapy deals with the relationship of individuals to their cognitions, feelings, sensations, and memories, and aims to encourage vitality and meaningful participation in life by creating psychological flexibility. Every intervention should be carried out with warmth, sincerity, and true compassion for the human condition (Walser, 2016). Both ACT therapists and spiritual/religious counselors focus on issues related to existence, purpose, and meaning. ACT's focus on value-oriented living guides the therapeutic process. Values and value-oriented actions are one of the most important parts of ACT interventions aimed at finding meaning in life and allowing this purpose to guide choices and actions. This is often part of the larger plan for spiritual/religious growth. Values can be used both to improve psychological flexibility and to perform spiritual/religious practices (Walser et al., 2016).

Given that ACT's emphasis on values and value-oriented action closely agrees with many spiritual/religious traditions, it seems natural and useful to integrate religion and spirituality with ACT (Tan, 2016). In general, religious belief and spiritual contexts are crucial for many people in developing well-defined values. When the focus is on living according to one's own values, individuals interact with spiritual/religious approaches both openly and secretly. Many value lists and worksheets have been developed for use in ACT, often including spiritual/religious values. These encourage individuals to identify and explain the spiritual/religious values that are important to them for these values to guide their life choices and behaviors (Nieuwsma, 2016).

ACT and spiritual/religious approaches also intersect in relation to pain. ACT helps people to find meaning in pain by not seeing their suffering solely through the lens of a psychiatric diagnosis because of their existence. Many ACT exercises in include emotional pain, revealing values, and continuing one's life with committed action. ACT emphasizes the acceptance of human experiences, including pain, and places importance on people to act in accordance with their values. In doing so, ACT can also use calls for wisdom, action, and the unity of spiritual/religious approaches (Nieuwsma, 2016). ACT can offer theological integrity for those experiencing psychological pain and also respects pain more strongly than many contemporary therapeutic strategies and techniques. Therefore, individuals from various faith traditions can be offered integrative models that will help them effectively blend action in the external world with acceptance of the inner world for optimal functioning

instead of seeking happiness. By accepting psychological suffering while following the teachings of the sacred texts, many religiously dedicated people achieve satisfaction and develop a meaningful life (Knabb & Meador, 2016).

Another important shared concept between ACT and spiritual/religious practices is awareness. From an ACT perspective developing mindfulness is an important goal for living fully in the present and connecting to the ongoing flow of experiences. Awareness is the basis of acceptance and, more importantly, supports psychological and behavioral resilience (Hayes et al., 2012). ACT therapists therefore ensure that their clients observe cognitive fusion and experiential avoidance without being caught up in an uncomfortable thought flow and without any intervention in these experiences in order to cope with the cognitive fusion and experiential avoidance. In addition, therapy focuses on conscious mindfulness exercises to develop an open, flexible, and curious relationship with them. Among other components, mindfulness includes anchoring to the present moment, constantly developing attention, and maintaining a non-judgmental attitude to thoughts, feelings, and sensations. In this way, clients are helped to clarify a number of values that can guide their life. In short, during therapy clients can balance acceptance of the inner world with values-based action in the outer world. Thus, clients can take advantage of ACT to recognize their deepest aspirations, desires, and wishes that come from the heart (Nieuwsma, 2016).

In many spiritual practices, conscious mindfulness also refers to the relationship between the mind and the Creator or the relationship between the mind and deeper truths. For example, as a way to develop spirituality, religions use practices like prayer are (Walser, 2016). Hence, various components of spiritual/religious teachings can enrich the approaches to mindfulness and acceptance-based therapy (Thomas et al., 2017). In particular, many of the religious practices of Muslim clients, such as prayer, ablution, fasting, dhikr, murakab, and contemplation, provide focus, mindfulness, and staying in the moment (Isgandarova, 2019; Tanhan, 2019; Yavuz, 2016). Likewise, mindfulness meditation in Buddhism also relates to being in the moment, mindfulness, and especially acceptance (Kumano & Naradevo, 2016). In both the Jewish and Christian traditions, nothing is more valuable or meaningful than being right here, right now. All opportunities for both spiritual and behavioral connection begin with the ability to be present. In this way, mindful mindfulness is formed. It is concerned with being aware of and being in contact with the worlds inside and outside of us right now, without getting caught up in thoughts about the past and the future (Kohlenberg, 2016; Ord, 2016). ACT applications can be integrated with new methods and techniques developed from many applications in spiritual/religious traditions (Isgandarova, 2019).

From a spiritual/religious perspective, ACT practices reduce human suffering through elements like transcendence, immensity, and interconnectedness. In a

spiritual/religious context, relying on a transcendent being to relieve pain can be an important resource. In ACT, acceptance and mindfulness, based on a transcendent sense of self, allow for an unlimited encounter with ongoing experience in a state of flux. In ACT, immensity and connectedness are encouraged as part of the study of psychological resilience. These concepts are also reflected in the ACT model of the therapeutic relationship (Walser et al., 2016). Immensity is an experience of vastness, a sense of self that is not limited to space and time. Connectedness, on the other hand, expresses an underlying sense of unity with others and the world (Pargament, 2007). The client and the therapist discover the prevalence of suffering – that it is one of those mindfulness experiences of all humanity. Thus, the problem is not that people suffer but that we have a relationship with the pain we experience. Life includes change, loss, and death while pain is an inevitable part of these experiences. However, the way we relate to pain is not inevitable. Observing experience from a contextual and transcendent perspective, and guiding the client to relate flexibly to internal events, fosters a sense of infinity and interconnectedness (Walser et al., 2016). ACT attaches great importance to positive psychology, contextual perspective, spirituality, social justice, and multiculturalism. For this reason, ACT is an important approach that can be used for various spiritual/religious groups to address biopsychosocial and spiritual problems and/or improve well-being (Tanhan, 2014).

A Spiritual/Religious Look at the Basic Processes of ACT

Cognitive Defusion Versus Cognitive Fusion

Cognitive fusion occurs when thoughts appear as absolute truths or commands we must obey, threats to be dismissed, or things we must pay our full attention to (Harris, 2020). An example of this is when somebody reacts to the sentence "I am a useless person" as if he is a useless person, and to the sentence "I will not succeed" as if failing to succeed is inevitable for them (Köroğlu, 2011). Cognitive defusion, on the other hand, is to look at thoughts from one step back and see them as just words. Rather than controlling thought and changing it, the emphasis is on changing our relationship with it. In this way, thoughts are allowed to come and go through our minds, and a distance is put between us and the thought (Harris, 2018). Let's consider a client who is fused with the idea that they are a sinner. Here, we can see that there is no distinction between the clients thinking and him/herself whereas someone who says, "I have the thought that I am a sinner" or "I realize that I have the thought that I am a sinner" distances themesleves from their thoughts and sees them only as thoughts.

When considering cognitive defusion from a spiritual/religious perspective, most spiritual/religious teachings focus on the importance of performing actions (Hayes et al., 2016). For example, Islam helps people gain perspective on their

behavior after thinking and suggests acting in accordance with a meaningful life rather than suggesting new ways of thinking (Yavuz, 2016), as stated in the Qur'an: "We created man, and of course, we know what is passing through him, and we are closer to him than the jugular vein, while two receivers sitting on his right and left take and record what they are doing" (Qur'an, 50:16). Similarly, the hadith is expressed as follows: "*Allah Ta'ala will not call my ummah to account for this thing unless he does something bad that is going through them or speaks about it."* (Bukhari, Talaq: 11; al-Ayman, wa'n-nuzur: 15). Keeping a distance between thought and humans in both the Qur'an and hadith supports cognitive defusion (Yavuz, 2016). In this way, it becomes easier to let dysfunctional thoughts come and go (Kara, 2020). It may also be important for spiritual/religious counselors whatever their background to use cognitive defusion in their counseling if they often often work with issues like anger, forgiveness, and reconciliation (Robb, 2016). In summary, spiritual/religious activities (prayers, sacred texts, stories, and rituals) help a person overcome cognitive fusion and develop new perspectives (Tanhan, 2019).

Experiential Avoidance Versus -Acceptance-

Experiential avoidance is the avoidance of unwanted thoughts, feelings, and personal experiences or trying to get rid of them altogether (Harris, 2018). ACT is based on the assumption that the main problem faced by most clients is life aversion, which is the avoidance of one's own unwanted thoughts, feelings, sensations, and other special events (Bach & Moran, 2008; Yavuz & Nalbant, 2021). Conversely, acceptance is to adopt a deliberately open, receptive, flexible, and willing stance towards life at any moment. Acceptance is not passive tolerance or submission. On the contrary, it is a deliberate and willing stance as part of living a worthwhile life that transforms the function of inner experiences from events to be avoided into a focus of interest, curiosity, and observation (Hayes et al., 2013). Acceptance mainly entails making space for all events, thoughts, feelings, and behaviors that occur, and approaching them with an observant self without interfering with them. This allows more time and effort for activities that make life meaningful (Hayes, 2016).

In spiritual/religious teaching applications, tolerance, patience, gratitude, repentance, consent, trust, forgiveness, etc. lead to acceptance. In Buddhist teaching, acceptance is achieved through the five faculties of disillusionment, willingness, commitment, receptivity, and insight (Kumano & Naradevo, 2016). In Judaism, the process of acceptance after a loss is shortened in Judaism, especially through mourning rituals (Kohlenberg, 2016). Christians believe that the expulsion of humas from heaven, a kind of fall and division, brought separation whereas acceptance can bring integration (Knabb et al., 2010). Islam, which emphasizes the need for people to take contemplative actions, assumes that the emotions and thoughts that arise from

contemplating our own creation and life can guide our meaning in life (Sözen, 2018; Yiğit, 2011). By making a place for thoughts, contemplation enables them to come together, thereby eliminating escaping and avoidance behaviors. Muslims perform daily rituals of gratitude, consent, trust, and tolerance, although some Muslim clients do so from a rules-based rather than an authentic, internalized perspective. Hence, their acceptance may be what ACT describes as passive acceptance. It may therefore be useful for the therapist to be aware of the spiritual resources that help the client transition to active, productive acceptance (Tanhan, 2019).

Loss of Flexible Contact With the Present Versus -Being Present-

According to ACT, cognitive fusion and experiential avoidance can easily disconnect us from our here-and-now experiences. Most of us can easily get caught up in the predominance of the conceptual past and future anxiety by remembering our negative memories, thinking about what we are going through, imagining what awaits us in the future, and worrying about what has not yet happened (Harris, 2018; Hayes, 2016). Being in the moment does not mean completely devaluing the past. We need our past. However, instead of being stuck with our past thoughts or concepts, it is important to possess the only moment that we really have; that is, the present moment. If we can be aware of the present moment, it the next moment may be drastically and creatively different because we are aware yet do not impose anything in advance on the next moment (Kabat-zınn, 2019). The benefit of this is to be able to see everything about life, whatever we like or dislike, as it is now (Atalay, 2020).

The experience of being in the moment is found in many spiritual/religious teachings. In particular, Buddhism's methods to achieve mindfulness overlap with ACT's concept of being in the moment (Fung, 2015; Hayes, 2002). In Buddhism, wisdom is achieved along with the four noble truths and eight layered paths. Thanks to wisdom, the ignorance that leads to desire and devotion will disappear to achieve salvation from pain. The key to achieving salvation is meditation (Nhat-Hanh, 2006). As one of the eight ways, right mindfulness techniques are applied to reduce the impact of thoughts without changing their content, for example treating a thought as if it were an object, by giving it shape, size, color, texture, and form. Buddhism's techniques align with current ACT techniques (Hayes, 2002). Similarly, many Islamic practices involve being in the moment as advocated in ACT, such as being Ibn al-vakt in the Sufi tradition, which is defined as not bringing the troubles of the past and the concerns of the future into the present moment (Sayın, 2012). This Sufi concept represents just an initial level and state of mindfulness (Günaydın, 2020) while a person who knows the value of the moment they are living in will experience inner peace and rise up the levels in their soul (Sayın, 2012). Islamic religious rituals of ablution, prayer, and post-prayer actions require attention and being in the moment (Tanhan, 2019). Likewise, it is very important

to be present in the Jewish and Christian faith to perform religious rituals and perform worthwhile actions. These are intended to achieve conscious mindfulness without being stuck in thoughts about the past and the future. With conscious mindfulness, people can establish connections with themselves, their environment, and the Creator (Kohlenberg, 2016; Ord, 2016; Rosmarin, 2021).

Attachment to Conceptualized Self Versus -Self as Context-

A person with a conceptualized defines and restricts themselves with limited concepts (Terzi & Tekinalp, 2013), such as considering themselves ugly, smart, stupid, beautiful, rich, strong, shy, or aggressive. Self as context, on the other hand, is not related to thoughts and feelings but provides a vantage point from which we observe our thoughts and feelings. It is an area where these feelings and thoughts can move. We can access this psychological space by realizing what we have noticed or by becoming aware of our consciousness. Here, we can watch our own feelings and thoughts without getting caught up in life. A good alternative term for this is pure mindfulness. In ACT, self as context is used to facilitate acceptance when the client is afraid of being harmed by their inner life. It can provide separation when they are overly attached to their conceptual self, help them make conscious choices by creating a space where thoughts and feelings do not control behavior, and lead to dedicated actions (Harris, 2018).

Both Eastern traditions and Islam have self as context aspects. In the Qur'an, the basic concept that refers to the self is the nafs, which are expressed in the form of seven stages: "nafs-i emmare, nafs-i levvame, nafs-i mülhime, nafs-i mutmainne, nafs-i raziyye, nafs-i merdiyye, and nafs-i kamile" (Tanhan, 2017). A person can experience these stages both linearly and recursively. However, moving forward to the final stage and staying on track requires constant effort to handle any experience with a mindful, conscious, open, and accepting mind. Here, the idea that people see that they can switch between stages and define themselves differently at each stage coincides with the contextual self-concept of ACT. For example, if a Muslim client consistently identifies themselves only with nafs-i emmare (I am all bad; I am all good; I am a sinner) because of various thoughts, feelings, experiences, or actions, then the client is classified as "conceptually self." If a Muslim client is aware of their good and bad behavior and strives to be open to them, and identify and treat them with caution, they are classified in ACT as "self as a process". This corresponds to nafs-i levvame (accusing self) and nafs-i mülhime'ye (inspired self) (Tanhan, 2017). Finally, the transition to the "contextual self" in ACT coincides with the fourth stage of the nafs (Yavuz, 2016).

In Islam, murakabe techniques are also important in the transition through these stages. These techniques, such as observation, contemplation, accounting, and

tedebbur, are similar to the self as context in ACT (Isgandarova, 2019). An important concept in Islam is rabita, which means connection, relationship, and being a member of a larger entity that transcends one's self, which is very similar to self as context (Tanhan, 2017). Finally, repentance is important in Islam, Christianity, and Judaism to eliminate the consequences of bad actions through fasting, sacrificing, purification rituals, charity activities, etc. Similar beliefs are found in Eastern traditions, especially Confucianism, Hinduism, and Buddhism (Katar, 2012). These support the escape from the conceptual self by making a person reverse their past wrong behavior. By performing these practices, individuals can establish contact with the self as context.

Weakening of the Bond Established With Values Versus -Values-

Values are often confused with goals. While there is a list of our goals and every goal achieved can be recorded, there is no end to realizing values. For example, spending quality time with our children is a value that can last a lifetime. Having children is a goal. It is done and finished. While wanting to be a doctor is a goal, helping people is a value (İzgiman, 2021). While each client may have quite a limited number of basic values, each can be approached with numerous goals, thereby increasing psychological flexibility. If necessary, active efforts can be made to uncover values that have remained unnoticed for some time (most likely reflecting some kind of experiential avoidance) by forcing clients to express what they want their lives to represent (Zettle, 2007). Conversely, loss of contact with the principles that people consider important and meaningful for them and that could enrich their livesweakens the bond established with values (LeJeune & Luoma, 2019). To make life more meaningful, an individual needs to be aware of the problems in their value judgments, clarify the uncertainty, and be in contact with their values (Köroğlu, 2011).

Many people position their most meaningful values within a spiritual/religious framework (Park & Edmondson, 2011). In Judaism, for example, the ethical will and the understanding of repairing the world are consistent with ACT's view of values. Judaism considers the value of restoring the world as obligatory for every person to make the world a livable place. By combining the sensitivity and skills offered by ACT in therapy and the sensitivity of the Jewish faith, studies have developed effective applications (Kohlenberg, 2016). Christians organize their lives by focusing on values llike love, non-judgmentalism, forgiveness, and giving to the needy, based on the life and teachings of Jesus (Knabb et al., 2010). Similarly, Islamic spirituality plays an important role in developing interpersonal relationships and shaping values, such as "[h]ealthy interpersonal relationships, justice, respect for differences, humility, tolerance, benevolence, forgiveness, responsibility, getting along with neighbors, attending funerals, love, showing compassion, honesty, respect for the elderly, gratitude to the Creator, philanthropy, hospitality" (Tekke, 2019).

Indeed, values are the most compatible dimension between Islam and ACT because, it Muslims take long-term actions consistent with values without being stuck on the short-term goals of daily life (Yavuz, 2016).

Dysfunctional Behavior Versus -Committed Action-

Dysfunctional behaviors are basic actions that prevent us from living in mindfulness and in line with values. They prevent us from continuing our lives fully and richly or cause us to be stuck in a problem when we encounter difficulties (Harris, 2018). People who engage in dysfunctional behaviors exhibit behavioral repertoires (substance abuse, self-harm, etc.) to escape or avoid the environments they have determined to get rid of their negative internal experiences or reduce their intensity. This narrow repertoire of behaviors toward inner experiences leads to a lifestyle based on negative reinforcement and weaker meaning rather than a lifestyle based on values (Yavuz, 2015). Conversely, committed action means committing to do what is really important; that is, to engage in personally meaningful activities that support what the person values (Hayes et al., 1999). In short, these are the behaviors people that exhibit according to their values. The action that can be taken for a value is evaluated according to whether it serves this value in a particular context. An example would be an individual's decision to undergo surgery to achieve a health value (Bilgen, 2021). Once values have been identified and clarified, rules that determine the relevant goals and the behavior necessary to achieve them can be formulated and followed. Changes in overt behavior play an important role in ACT, provided they are linked to and driven by values (Zettle, 2007).

Unfortunately, clients' feelings of guilt, shame, or embarrassment prevent them from participating in valuable spiritual/religious activities, such as religious ceremonies, confession, or reconciliation. In addition, some clients' emotional bonds towards spiritual/religious practices may weaken or move away from them. Here, it is most effective for an ACT counselor to pay attention to the process of building values, encourage value-oriented action related to spiritual/religious values, and take into account the client's experiences and current context. In this way, counselors learn how clients have previously conceptualized their spiritual/religious values and whether they currently have any spiritual/religious practices that they think will reflect their values. ACT also uses the step-by-step principle and concretization to help identify repeatable action steps. Many spiritual/religious traditions also have similar practices (Farnsworth, 2016).

In Islam, after faith itself, an individual's most important duty is to perform committed actions in accordance with their values (Tanhan, 2019). Islam also encourages adherence to values, as seen in verses in the Qur'an encouraging Muslims in this direction (Qur'an, 3:57). This verse illustrates how the principles of believing

and doing righteous deeds often coexist in the Qur'an. Indeed, performing righteous deeds is mentioned over a hundred times, covering all areas of human life (Tanhan, 2019). Another issue is to perform value-oriented actions step by step. For example, the Qur'an says that "Allah does not burden a nafs with anything but its capacity" (Qur'an, 2:286). It is a principle in Islam to plan actions by starting with the easy ones before gradually focusing on meaningful actions. That is, it is important to take action in small steps at the right time and place. Furthermore, the Qur'an emphasizes permanent values over temporary goals: "*good deeds that are permanent are better for reward and more worthy of hope in the sight of your Lord." (Qur'an, 18:46*). These principles coincide with ACT's philosophy of creating committed action patterns (Yavuz, 2016).

Spiritual/Religiously Oriented Methods and Techniques in ACT Applications:

Methods and Techniques of Cognitive Defusion

ACT suggests three main methods of defusion: noticing, naming, and neutralizing. Noticing is the first step of dissociation. We can observe how often and in what way we immerse ourselves in our thoughts during the day. This will enable us to identigfy the kinds of thoughts we are stuck with and what kinds of events trigger them. These triggers can be a failure, rejection, good news, bad news, an approaching deadline, or failure to fulfill spiritual/religious duties. ACT offers many activities in response, such as naming a thought, writing that name somewhere, and repeating it to put a distance between us and the thought. When a bothersome thought, emotion, or memory arises, we can first notice it before naming it. For example, we can say, "Here! It appeared again as the story that I am a sinner." Noticing thoughts and giving them names is often effective for dissociation. However, in these cases, inactivation techniques are also used to increase the effectiveness. These thoughts can be neutralized by using various techniques, such as drawing or painting a thought, writing in different colors, sculpting a thought with clay, or voicing a thought through the mouths of characters (Harris, 2018, 2020). Here, the techniques of realizing the thought that I am a sinner, naming it, and neutralizing it can be applied. Clients can practice drawing a picture of the thought, writing a story about it, or repeating the thought. Finally, the experiences of the thought can be observed using the technique of watching leaves and thoughts passing in a stream (Stoddard & Afari, 2014; Törneke, 2017; Yavuz, 2022).

Acceptance Techniques

In order for the client to understand acceptance initially, the therapist or consultant should make the definition clear and understandable. It should be emphasized here that acceptance is not passive resignation or submission but an active choice. It should also

be explained that acceptance is not an emotion but an action. Finally, the client needs to understand that although experiential avoidance strategies work in the short term, they lead to problems in the long term (Harris, 2018; Hayes et al., 2012; Hayes, 2016).

A number of spiritual/religiously oriented techniques coincide with ACT's acceptance philosophy, such as trust, consent, patience, repentance, forgiveness, reconciliation with uncertainty, and emotion regulation (Isgandarova, 2019; Kara, 2020; Tanhan, 2019; Yavuz, 2016). Herewe focus on the technique of realizing our limited control capacity. This technique can be applied by considering trust, consent, patience, reconciliation with uncertainty, and emotion regulation. The counselor/therapist asks the client to draw two nested circles on an empty space, which may be A4 paper or a blackboard. The inner circle represents the area that we can control while the outer circle represents the area that we cannot. Next, the clients are provided with sticky papers on which they write down what they can and cannot control before sticking into the relevant circles. The consultant then asks the client if there is anything they want to change when they look at it right now before pointing out how limited our control can be and focuses on what this limited area is related to. Afterwards, the counselor/therapist shows a video (https://www.youtube.com/watch?v=lLjov8a76dA) to clarify what we can control. Finally, the therapist can emphasize the use of trust, consent, and patience in situations that we cannot control.

Methods and Techniques for Being Present

ACT techniques, such as the raisin exercise, awareness of sounds, thoughts, and feelings, breath monitoring, eating awareness, body scanning, and awareness of pure consciousness, can be conducted together with the therapist and as home exercises (Atalay, 2020; Kabat-zınn, 2019). Other possible techniques used in spiritual/religious teachings include keeping a gratitude journal, prayer ties, prayer circles, contemplation with questions, visiting spiritual/religious places, basic, guided, or zen meditation, and charitable service activities. The rest day in the three monotheistic religions (e.g., the Jewish Sabbath) can also be used as a mindfulness-raising method since all work is stopped so that people can focus on their relationships with themselves, their environment (especially the family), and their Creator (Rosmarin, 2021).

Here is a brief introduction to the prayer circle technique. The following eight areas are specified, each of which requires five minutes of practice: "*To realize and thank for the blessings that you have, to sing hymns, to ask for protection and guidance, to forgive themselves and others, to take care of the needs of yourself and others, to be filled with love and inspiration, to listen, to surrender."* This technique ensures that the client focuses on different types of prayers, is motivated to pray, and uses different dynamics to enrich the prayers' content (Rossiter-Thornton, 2002). When the stages of this technique are fully implemented, the client will experience being in the moment.

Methods and Techniques for Self as Context

The first stage in moving towards self as context is to create a metaphor that will allow the client to see themselves without interfering with their inner experience. The frequently used sky/weather metaphor emphasizes that the sky always remains constant although weather condition can change constantly. That is, the sky is always the same sky even if rain, storms, dark clouds, etc. pass by. The sky is used here instead of the self as context. The aim of using the metaphor is to help the client establish a relationship with their inner experiences through the metaphor and begin to develop a separation between the thinker and the thought. This activity allows the therapist to help the client observe and label the content of their thoughts, their relationship with this content, and the impact of this relationship on taking valuable actions.

In the second stage, the client is helped to gain deictic flexibility by looking around with concepts like "I am here and now" to acquire new perspectives. This also strengthens the client's framing relationship. For example, when a client says, "The story I tell myself about me is just a part of me", it indicates that they have not integrated themselves with a concept like shyness. That is, they consider shyness to be only a part of their personality. Otherwise, many people around them will have distanced themselves from the environment and the event. By controlling the behavior, the client also sees how much the content has affected their life.

In the last stage, the client is helped to distinguish between behaviors created with internal content and value-oriented behaviors (Bennett & Oliver, 2019; Harris, 2018). Using Islamic murakabe techniques (observation, imagination, contemplation, reflection, and accounting), together with ACT methods, can lead to self as context (Isgandarova, 2019). In addition, six-M model can also improve the contextual self (Keshavarzi & Nsour, 2021).

Techniques for Values

Values can be identified using spiritual/religiously oriented techniques, such as clarifying values, and taking action for one's strengths and spiritual values. In the technique of clarifying values, the consultant/therapist draws up a value list form before the session containing spiritual/religious and basic human values. After defining the concept of value and explaining the difference between goals and objectives, the consultant/therapist gives the form to the client to examine the values in the client's value list and identify which are suitable. While there is no limit, the client's list usually includes five to seven values . In addition, the client indicates any missing values that are worth adding. The client then ranks the identified values by their importance. The activity ends with discussing the client's feelings and thoughts about these values. Clients can be given the following post-session home exercise: *"Where do you see yourself at the end of ten years lived in line with these values?*

If you could send a message to yourself ten years from now, what would you like to say? What would you tell your future self to do differently? I want you to write a letter thinking about all this."

In the my strengths technique, the counselor/therapist explains to the client that we are also influenced by our personal characteristics and skills while clarifying our values. The counselor/therapist then gives the client a strength form created before the session. The client is asked to identify the strengths that they think are in them. Here, it is emphasized that the client can specify as many strengths as they want. They can also add other strengths that they think they possess but are not on the list. The client is then asked to identify any relationship between the values they listed before and their own strengths, and discuss these relationships, including what role their strengths play in achieving their values. The therapist then asks, "What could our spiritual/religious resources be?" and emphasizes their role in achieving values. The activity ends with recording the client's feelings and thoughts about it (Yavuz & Ekşi, 2022).

Methods and Techniques for Committed Action

During the action phase, various behavioral approaches can be used, such as goal setting, exposure, behavioral activation, and ability development. Others include negotiation, time management, assertiveness, problem-solving, crisis management without self-suggestion, life-enhancing and enriching skills training (Harris, 2018). ACT protocols almost always include homework assignments linked to short, medium, and long-term behavior change goals in the therapy study. Behavior change efforts in turn lead to contact with psychological barriers that are addressed through other ACT processes (Hayes et al., 2006).

From an ACT perspective, Islam includes various value-oriented acts, especially acts of worship like praying, fasting, hajj and umrah, zakat and charity, and reading the Qur'an. Qur'anic stories often mention the world's transience, emphasizing that we should perform value-oriented actions should so that the afterlife will be beautiful. Conversely, the Qur'an warns about the consequences of deviating from these values, such as the people of Nuh (Qur'an, 11: 25-48), AAD (Qur'an, 11: 50-60), the people of Thamud (Qur'an, 11: 61-68), the people of Lut (Qur'an, 11: 77-83), and the people of Lut (Qur'an, 11: 84-95), the Sabbath (Qur'an, 2: 65-66), Prophet Musa's people (Qur'an, 20: 83-94), and the Battle of Uhud (Qur'an, 3:121-122). There are also many examples of the Prophet Muhammad's devotion to values (Qur'an, 16:89; 33:21; 34:28), being known as al-Amin (reliable) by his people before he became a prophet, the Prophet Ibrahim (Qur'an, 11: 75; 16: 120; 19: 41-58; 37: 84-111), Surah Yusuf, the issue of Talut and Goliath (Qur'an, 2: 247-251), and Ashab al-Kahf (Qur'an, 18: 9-26). Many events in the Qur'an and the characteristics of believers' servants show how important values are for Islam. Thus, counselors/therapists can work with Muslim

clients by evaluating their spiritual/religious backgrounds through Qur'anic verses about taking action. Techniques can be developed based on concepts that coincide with the ACT contained in the teachings of other spiritual/religious traditions.

The Method of Metaphorical Expression

Metaphor, which is formed from the Greek words meta (on) and phrein (to transfer), is a mental/linguistic process that expresses one idea using some aspects of another. Metaphorical expression enables difficult concepts to be explained in concrete, surprising, and expressive language though implicit symbolic analogies (Cebeci, 2019). Ancient philosophy used metaphorical expressions, such as Pythagoras's association between seasons and human life, or between sports competition and earthly life, Plato's allegory of the cave, and Aristotle's description of old age as the evening of life. Islamic philosophy has also made much use of metaphor, such as Farabi's comparison of a good state to a healthy body, Gazzali's likening of the human body to a city, and Ibn'ul Arabi's metaphor of all existence as a circle (Keklik, 1990). Likewise, psychological couselors have long used metaphorical expression to communicate thoughts and feelings to ensure client change and development (Martin et al., 1992). For example, Freud and Jung initially gave metaphors an important place in interpreting the client's subconscious while Milton H. Later, Erikson refered to metaphor as a tool that makes it easier to relate to the subconscious (Long & Lepper, 2008). In cognitive behavioral therapies, various metaphors are used to explain the characteristics and concepts of therapy (Piştof & Şanlı, 2013).

ACT often uses metaphor to understand both psychological rigidity and the factors leading to psychological flexibility. The following metaphors are often used to explain cognitive fusion and dissociation: leaves in the stream and fairy-tale grandfather; walking in the swamp for life avoidance and acceptance; hands for being in the moment; sky and weather, and the theater scene for conceptual self and the contextual (observing) self (https://www.youtube.com/watch?v=GSrZ_nmF9_s); compass for values; and alien zorg for value-oriented action (Harris, 2018; Stoddard & Afari, 2014; Törneke, 2017).

Metaphorical spiritual/religious practices could also be integrated into ACT processes (Hayes, 2016). Metaphors are also used extensively in spiritual/religious teachings, apart from philosophy, literary texts, and psychotherapy (Ögke, 2007). Given that spiritual/religious metaphors provide important information about the client's spiritual/religious world, the counselor/therapist needs to understand the client's metaphors (Griffith & Griffith, 2002) and in return can offer metaphors related to the client's spiritual/religious faith during the counseling/therapy process. For example, the sacred Lotus Sutra text, revered for its effective use of metaphor and narration, played an important role in the development of Japanese Buddhism. Its seven parables and metaphorical narratives

provide good examples in terms of their orientation to personal development (Akbay, 2021). The Christian Bible also often uses metaphorical narrative methods when presenting the requirements of the Christian faith while there are examples of metaphors in counseling processes in teaching the connections paradigm, which is important in Judaism (Rosmarin, 2021). For Muslim clients, the metaphorical narratives contained in the Qur'an can also help them reframe their problems (Ahammed, 2010). Likewise, the stories in Mesnevi are some of the best examples of metaphorical expression, particularly the ney metaphor, which depicts a person who is detached from heaven. The metaphor shows that, in order for a person to get to heaven, they must be a Kamil person, and for this, they must go through certain stages. Thus, such metaphors can be used to assist clients in self-realization (Doğan, 2022).

Conclusion

As one of the third-wave therapies, ACT considers the important theoretical foundations ignored by second-wave approaches. These include evaluating the context in which the client has lived, revealing the value in their life, and making mindfulness-based behavioral interventions showing the role of language in shaping our lives. ACT never aims to eliminate symptoms or change feelings and thoughts. Instead, it examines the relationship between a person's feelings and thoughts. By using experiential experiences and metaphors, ACT concretizes many concepts that are abstract for the client and facilitates the therapy's use for clients of all ages. In addition to its use with individuals, as ACT has also been effective for group therapies, especially with children and adolescents. ACT can be used for clinical trials and for everyone to gain a philosophy of life.

As explained in this paper, ACT aligns with various cultures, local practices, and spiritual/religious traditions in emphasizing meaning in life, pain, acceptance, awareness, values, and committed action. These common points enable integration in therapy practices. Accordingly, this study identified the common points shared by ACT processes and spiritual /religious traditions, and considered their joint use. It discussed various methods and techniques that have been applied for millennia and are widely accepted, especially those in spiritual/religious traditions. The work of various experts has inspired the integration of these methods and techniques with ACT (Hayes, 2016; Isgandarova, 2019; Keshavarzi & Nsour, 2021; Rosmarin, 2021; Tanhan, 2019; Yavuz, 2016). Regarding Turkey specifically as a majority Muslim country, this study suggests that new models can be developed that take into account Islamic belief systems, based on the basic philosophy of ACT.

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Original Article

Religion and Spirituality in Solution-Focused Brief Therapy

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Abstract
Solution-focused brief therapy, developed in the late 1970s by Steve de Shazer and Insoo Kim Berg with their colleagues, is a forward-looking approach to therapy that focuses on solutions rather than problems and aims to bring about a remarkable change in people's lives in a short period of time. There are indications that the spiritual/religious dimension of people can be taken seriously in solution-focused brief therapy, which is based on the social constructivist approach in which knowledge is constructed through interaction with others and the postmodernist view that knowledge is a subjective phenomenon. The flexible and deeply respectful perspective that the approach takes, based on the client's point of view and the therapist's position, encourages gaining a comprehensive understanding of the client's worldview. Based on its content, the client's spirituality can be understood and integrated into the therapy rather than biasing it, thereby creating a favorable environment for intercultural and spiritual counseling practices. This paper examines solution-focused brief therapy, particularly its postmodernist philosophical foundations, assumptions, and principles, and the therapeutic process and techniques based on these in terms of spirituality.
Keywords:
Solution-Focused Brief Therapy (SFBT) • Religion • Spirituality • Postmodernism • Social Constructivism

Çözüm Odaklı Kısa Süreli Terapide Din ve Maneviyat

Öz
1970'lerin sonlarına doğru Steve de Shazer ve Insoo Kim Berg'in meslektaşlarıyla yapmış oldukları çalışmalar ile geliştirilen Çözüm Odaklı Kısa Süreli Terapi, problemlerden ziyade çözümlere odaklanan, insanların yaşamında kısa sürede kayda değer bir değişim yaratmayı hedefleyen ve gelecek odaklı bir terapi yaklaşımıdır. Bilginin, başkalarıyla etkileşim yoluyla yapılandırıldığı sosyal yapılandırmacı yaklaşıma ve öznel bir fenomen olduğunu savunan postmodernist bir görüşe göre yapılandırılan Çözüm Odaklı Kısa Süreli Terapide, insanların manevi/dini boyutunun ciddi bir şekilde ele alınabileceğine dair göstergeler dikkat çekmektedir. Yaklaşımın, danışan hakkındaki görüşleri ve terapistin üstlendiği pozisyon gereği sahip olduğu esnek ve derin saygı içeren bakış açısı; danışanın dünya görüşü ve içerikleri hakkında kapsamlı bir anlayış kazanmayı ve bu içerikleri esas almayı, dolayısıyla danışanın maneviyatına önyargılı yaklaşmaktan ziyade içeriğini anlamayı ve terapiye entegre etmeyi teşvik eder. Bu kapsamda kültürlerarası ve manevi danışmanlık uygulamaları için elverişli bir ortam yaratılabilir. Bu araştırmada postmodernist bir yaklaşım olan Çözüm Odaklı Kısa Süreli Terapinin, özellikle felsefi temelleri, varsayımları ve ilkeleri ile bu zeminde oluşturulan terapi süreci ve terapide kullanılan tekniklerin maneviyat ekseninde incelenmesi amaçlanmıştır.
Anahtar Kelimeler:
Çözüm Odaklı Kısa Süreli Terapi (ÇOKST) • Din • Maneviyat • Postmodernizm • Sosyal Yapılandırmacılık

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As in all science subjects, the concept of mental health is influenced by the contemporary worldview and its associated characteristics. Particularly in the West, modernism and postmodernism, two successive major worldviews, have greatly influenced and guided many aspects of mental health, such as its management, scope, and goals, over time. This is because epistemological assumptions about mental health lie at the heart of almost all theories. More specifically, given that mental health professionals recognize spirituality as a fundamental component of well-being (Myers et al., 2000), the relationship between spirituality and mental health has been influenced and formed by these perspectives.

Most traditional psychological theories have emerged under the influence of experimental, positivist, rationalist, or realist thinking, which asserts that it is possible to obtain objective knowledge about reality (Guterman, 2014). Accordingly, psychological knowledge has been subjected to reasoning processes, especially in rationalism, and to experiments and observations in empiricism. With the treatment of psychology as a science and in the era when this modernist paradigm was prevalent in science, the normality of human behavior, mental health well-being, assumptions about treatments, and human spirituality were often excluded from experimentation, observation, and logic, or else restructured integrate them. However, the adoption of therapy models based on assumptions that contradict clients' spiritual narratives can damage the therapeutic relationship or the client (Reddy & Hanna, 1998).

For instance, Hodge and Nadir (2008) emphasize that certain cognitive behavioral therapy (CBT) concepts must be modified while working with Muslim individuals while Beshai et al. (2012) stress that there may be disparities that therapists should consider between CBT's philosophical assumptions and the worldviews of Muslim clients. From their analysis of traditional psychotherapies, Carter and Rashidi (2003) built a holistic psychotherapy model for East Asian Muslim women. They reported that prominent cognitive, emotional, and behavioral psychotherapies contain statements that contradict the life perspectives of Muslim clients. That is, there are significant cultural distinctions between Islamic culture and the cultures within which traditional psychotherapies were developed, which illustrates how the modernist perspective in psychotherapies has tended to restrict religious/spiritual diversity.

With postmodernism, however, there has been a reaction in many fields, including therapy and counseling, to information being defined as definitive, real, or objective (Guterman, 2014). The supposedly universal realities and definitive evidence of experiments and observations in the humanities and natural sciences have become less important in our time (Sözen, 2017). The resulting philosophical response has created a field of inquiry on individuals' unique spiritual dimensions. Consequently, contemporary postmodernist approaches to therapy now regard spiritual content, which Freud treated with a reductionist approach, as an effective coping strategy and unique resource (Guterman & Leite, 2006; Ekşi, 2017).

One postmodern approach, solution-focused brief therapy (SFBT), has been successfully applied to various issues in schools, boarding health centers, care centers, counseling centers, etc. in many parts of the world for intensive and active mental health practices, such as therapy, counseling, coaching, and supervision. (Dierolf et al., 2020). This has demonstrated the importance of considering spirituality within SFBT for improving mental health. Indeed, many studies and eclectic models suggest that SFBT is particularly appropriate for religious/spiritual clients (Bidwell, 1999; Guterman & Leite, 2006; Crockett & Prosek, 2013; Kelly & Maynard, 2014; Chaudhry & Li, 2014; Guterman, 2014; Santich, 2020; Alton, 2020). Accordingly, the remainder of this paper will discuss the philosophical foundations, assumptions, and principles of SFBT, as well as the therapeutic process and techniques based on these ideas in terms of spirituality.

Solution-Focused Brief Therapy

Solution-focused brief therapy adopts a future-oriented approach to therapy. That is, it focuses on solutions rather than problems and aims to quickly bring about a remarkable change in people's lives. To do so, it tries to identify the client's existing resources and future hopes rather than current problems and their past causes (Iveson, 2002). It was developed in the late 1970s by de Shazer (1940-2005) and Insoo Kim Berg (1934-2007) with their colleagues at the Milwaukee Brief Family Therapy Center and the Mental Research Institute (Corey, 2012). The groundbreaking ideas and minimalist philosophy of de Shazer, who was already recognized as a pioneer in family therapy, played an important role in the emergence of SFBT and the shaking of traditional psychotherapy patterns (Trepper et al., 2006). Other important influences in SFBT included the philosophy of Wittgenstein, the ideas and therapeutic style of Milton Erickson, the structural family therapy of Minuchin, and the strategic family therapy, and systemic family therapy of Milan, which were also influenced by Erickson (Hawkes et al., 1998; de Shazer et al., 2007). By drawing on these diverse influences, SFBT was able to go beyond traditional approaches by giving the client the authority to define the problem they brought to the counseling process (by accepting the client's worldview), breaking the cycle of unsuccessful attempts to solve the client's problems, and structuring the process to enable incremental problem-solving (Kim, 2014).

Philosophical Foundations

SFBT's approach and practices were developed based on both social constructivism, which assumes that knowledge is constructed through interaction with others, and postmodernism, which claims that knowledge is a subjective phenomenon. Simply put, a therapist following the SFBT approach knows that they lack objective criteria for evaluating the story presented in the process by the client as problematic, abnormal,

wrong, not real, etc. Therefore, the only person who can define these criteria is the client themselves. The SFBT therapist is also aware that the client's worldview and realities are constructed through the use of language within a social structure. Based on these philosophical principles, the therapist respects the client's definitions of reality and pays particular attention to the words they use to describe their problem. That is, the therapist accepts that their clients are experts, with detailed information about their own worldviews, definitions of reality, and experiences related to their problems (Berg & de Jong, 1996). Consequently, the therapy process is structured and conducted collaboratively by client and therapist to enable reconstruction of realities and meanings (Guterman and Leite, 2006; Guterman, 2014). Within the therapeutic alliance, this co-creation of meaning entails taking into account the client's larger context or community, which may include ethnic, religious/spiritual, and family factors (de Jong et al., 2013). This context provides a favorable environment for intercultural and spiritual counseling practices.

The use of language and Socratic questioning are critical to SFBT, which is premised on the notion that language is a tool for creating meaning and reality. The outcome of therapy is determined by the use of words that can create, guide, and reinforce realities specific to the individual (Froerer et al., 2018). By using speech as an artistic tool, the therapist establishes goals that assist the client in recognizing and using their own strengths and resources. Through speech, the therapist can portray a problem-free future, identify the resources that the client can use to reach the desired future, and work cooperatively with the (Berg and de Jong, 1996). SFBT assumes that the language used in this context can shift the client's focus (Froerer et al., 2018). Therapist-directed questions focus the client's attention on their strengths as opposed to their problem areas, as well as their wishes and requirements to support and develop these strengths.

SFBT can therefore be considered a structured art of speaking about the specifics of the client's desired future. According to Guterman (2014), this makes it more of a narrative model than a scientific discipline and perhaps more appropriately associated with literary disciplines like linguistics, rhetoric, and hermeneutics, given its linguistic emphasis. In summary, SFBT is based on the following four philosophical foundations: (i) the assumption that reality is socially constructed rather than an objective phenomenon; (ii) the participant-observer role of therapists; (iii) the use of language; and (iv) a collaborative rather than educational approach (Guterman, 2010).

These foundations regarding language, meaning, and realities provide an important opportunity for including and valuing the spiritual dimension in psychological counseling. Instead of deeply investigating the origins of the client's problem in the counseling process, talking about the future where there is no problem can

increase the client's self-disclosure to the level that they want and are comfortable with, shorten the therapy period, and reduce the risk of cultural conflict. According to Chaudhry and Li (2011), this may particularly benefit religious/spiritual clients (especially Muslim clients). Thus, it is possible to conclude that SFBT is appropriate for intercultural counseling and can incorporate religious/spiritual sensitivity.

Basic Assumptions and Principles

Although SFBT has no theoretical basis (Ratner et al., 2012), it has been strongly influenced by the above-mentioned philosophical views. Based on these foundations, SFBT therapists share certain pragmatic and solution-oriented assumptions and principles about clients and therapy, which they draw on to help the client resolve their problem more quickly. Wheeler and Vinnicombe (2011) show that these shared assumptions are very valuable in clarifying the ideas and intentions underlying the approach's components. Furthermore, SFBT's assumptions and principles are quite compatible with the various problems of religious/spiritual clients (Kelly & Maynard, 2014). Accordingly, this section first examines the assumptions and principles of SFBT in terms of brief therapy, social constructivism, and postmodernism. It then describes the benefits that these assumptions and principles can offer when working with religious/spiritual clients.

Selekman (2005) suggests ten pragmatic and solution-focused assumptions to help SFBT therapists adopt a solution-focused perspective with their clients.

The concept of resistance is not useful in therapy: According to Selekman, the concept of resistance, which is commonly used in traditional therapy, is useless because it is actually a symptom that indicates the client's unwillingness to change and the therapist's inability to establish a therapeutic alliance. The therapist should therefore approach the client from a collaborative perspective based on the client's worldview rather than one related to resistance, power, or control. An important component in establishing the therapeutic alliance at this stage is collecting clues about the client's worldview through solution-focused questions.

Collaboration is inevitable: SFBT assumes that if the right steps are taken during the therapy process, then collaboration between the client and the therapist becomes inevitable. The approach provides numerous opportunities for the therapist to foster collaboration. Therapists can create a powerful resource for collaboration by using the client's own strengths, resources, key phrases, belief systems, actions for change, readiness for change, metaphors, and family themes. Other effective and commonly used strategies for enhancing collaboration include reframing, self-disclosure, humor, and compliments.

Change is inevitable: The SFBT approach assumes that change is continuous and that the therapist's belief that their clients will change influences the therapy's outcome. Consequently, therapists first initiate the change in their conversations with the client by focusing on when rather than whether the change will occur. In short, they work with their clients to create self-fulfilling positive prophecies. Given the importance of language in SFBT, these conversations about change mediate the creation of a hypothetical future without problematic situations.

Only minor change is needed: SFBT strongly emphasizes minor changes on the assumption that these will snowball into larger ones. That is, once clients begin to notice and appreciate small changes, they will believe that more changes will follow.

Clients have the resources and strengths for change: SFBT relies on the client's own strengths and the resources to help solve the client's problems. Any successes that clients have had in the past serve as models for current and future success, thereby emphasizing the client's strengths and capabilities rather than focusing on their problems. It important for the therapist to establish a relationship between the client and their success stories by asking questions like, "How did you decide to do this?" and "How did you manage to do that?"

Problems are failed attempts to overcome challenges: SFBT defines the client's problem in terms of their previous unsuccessful attempts to solve it, which have created an endless loop. Hence, clients are frequently stuck in a cycle of unsuccessful solution attempts.

You do not need to know much about the problem to solve it: SFBT assumes that the problem cannot remain with the client in every moment of life because there are bound to be times when the client is not challenged by the problem. Accordingly, the therapist should explore what the client did differently when the problem was not present or present to a lesser degree, or what was different when there was no problem for a time. The exceptions discovered by the therapist can then be used to construct solutions with the client.

Clients determine the purpose of therapy: In SFBT, it is crucial that the client determines the therapy's purpose because they gain a clear sense of responsibility while the therapist demonstrates respect for the client's worldview. Moreover, clients who set their own goals are more loyal to the change process. Indeed, this can reinforce the client's sense of being in control of their own destiny, which can motivate them. According to de Shazer et al. (2007), clients often provide a list of problems at the start of the therapy process. However, if therapists explore this list of problems in depth, clients can become lost and confused, making it difficult for them to set goals and heal. Here, it is important for therapists to orient clients toward a

future without the problems they present because SFBT views goals as the beginning of something new rather than the end of something.

The observer creates the reality. Consequently, the therapist is a participant who helps create the reality of the therapy system, not the one who knows the truth: In contrast to many other theories and in line with social constructivism and postmodern thinking, SFBT considers the client as the creator of all kinds of reality during therapy. Therefore, therapists do not seek precise and predefined "facts" about the client, such as the origin of the problem, unconscious conflicts, or erroneous thoughts. Instead, SFBT therapists assist their clients in rewriting their problematic story based on their own definition within the reality created in the therapeutic relationship.

There are several ways to consider a situation, and none is more accurate than the others: Therapeutic flexibility is a very important concept in SFBT that influences the understanding of both the problem and the solution. Together with the idea that there can be more than one explanation for any event, the approach assumes that it can be dangerous to have only one idea about a situation.

Based on these assumptions, Guterman (2014) identified seven basic principles as the defining foundation of SFBT: solution focus, collaborative approach, small changes can lead to big results, emphasis on process, strategic approach to eclecticism, brief by design, but not always, and responsiveness to multiculturalism and diversity. These are now described in more detail.

Solution focus: As in many of the principles outlined above, SFBT asserts that clients already have the resources they need to solve the problems that have brought them to therapy. Consequently, the approach focuses on what works in clients' lives rather than what does not. Accordingly, SFBT aims to determine the exceptions when the problem is not experienced or experienced less frequently, identify the solution-focused behaviors performed in these exceptional circumstances, and help clients perform these behaviors more often.

Collaborative approach: Influenced by postmodernism and social constructivism, SFBT prioritizes the client-therapist relationship and cooperation in conceptualizing the problem and setting goals. In other words, therapist and client work together to identify the problems and goals that arise during therapy. The therapist embraces the idea that SFBT is not based on any single, unchanging truth, so they do not impose their own truths or the truths of psychological theories on the client. The therapist does, however, acknowledge that they are an active participant in the therapy process. Hence, therapy becomes a collaborative negotiation in which the client is considered as an expert.

Small changes can lead to big results: SFBT places a high value on small changes because these often lead to bigger ones. Many clients find it difficult to make changes.

In addition, the difficulty of taking large steps to find a solution can create a sense of hopelessness. Rather than making big changes abruptly and with great effort, small changes can create positive feelings and results to give the client hope that their goal will be achieved. Once they can make small changes, clients can experience the rewards of their talents and efforts.

Emphasis on process: SFBT is distinct in emphasizing the processes of change more than changing the content. Rather than focusing on the history, frequency, distinguishing factors, etc. of clients' problems, about which they are already experts, the therapist focuses on identifying and expanding the exceptions when clients do not experience problems. That is, the SFBT therapist's role is process-oriented not content-oriented in guiding and supporting change rather than determining what will change.

Strategic approach to eclecticism: SFBT takes a strategic approach to eclecticism to provide therapists with opportunities for diversity in dealing with problems, applying techniques, and respecting clients' worldviews to successfully find solutions. Thus, a particular theoretical background or technique may be preferred because it is more appropriate for that client's worldview or because the client requests it. Thanks to SFBT's strategic eclecticism, therapists can apply different theories and techniques coherently, systematically, and effectively to help find solutions.

Brief by design, but not always: SFBT assumes that long-term therapy can prevent clients from achieving their therapeutic goals for various technical and economic reasons (Guterman, 2014). Therefore, each SFBT session is evaluated as if it were the last one so that the client does not experience financial problems, negative feelings about the process, getting lost in the problem history, or wasting time. If both client and therapist internalize this concept then motivation increases, making it easier to focus on therapy goals.

Responsiveness to multiculturalism and diversity: Because of its fundamental philosophy, SFBT views clients as experts in their own world, so it assumes that the therapist and client co-create the therapy process. Therapists should therefore approach the process from a multicultural standpoint to understand the client's worldview and how it affects them (problems and solutions). Therapists must also acknowledge that their worldview affects their clients and strive to contribute to co-creating change. SFBT therefore incorporates extreme sensitivity to various factors, including gender, sexual orientation, disability, ethnicity, race, socioeconomic status, age, spirituality, religion, and family structure.

Principles, Assumptions, and Spirituality

This section reviews evidence that people's spiritual/religious dimension can be seriously addressed within the SBFT framework and explains the assumptions and

principles based on the approach's basic philosophy. Because SFBT views clients as experts on their own lives, the therapist prefers to remain in the "unknown position" (de Shazer et al., 2007) and rely on the client's strengths and resources to help them find their solution (Guterman, 2014). That is, the client is the one who is competent in establishing goals for their own therapy, so therapists do not reinterpret the client's problems or draw their own conclusions about their needs and deficiencies; instead, they accept the client's problems as they are and assist them in resolving them in a brief and structured therapeutic intervention (Chaudhry & Li, 2011). By adopting a flexible and deeply respectful perspective based on their view of the client and the position they take, the therapist are more likely to gain a comprehensive understanding of the client's worldview, which can then be used as a basis for understanding the client's spirituality and integrating it into therapy rather than biasing it. This approach to the client and therapy is critical because, according to the literature, religion/spirituality has long been viewed as an important resource for many clients that is associated with positive mental health, although it can be experienced negatively (Kelly & Maynard, 2014). Consequently, by taking a strategic approach toward eclecticism, SFBT can be effective with religious/spiritual clients by drawing on many theories and techniques, rituals, cultures, or books, provided they fit the client's worldview (Guterman & Leite, 2006). As mentioned in many places, one of the main goals of SFBT is to help clients develop and maintain their cultural resources and strengths (Berg & Miller, 1992).

In addition to the flexible understanding of SFBT, it emphasizes collaboration as an important area for religious/spiritual content. According to research, religious/spiritual sensitivity and the therapeutic alliance can mutually benefit each other during the therapeutic process. Santich (2020), for instance, emphasizes the significance of therapists' self-awareness, development of a multicultural understanding and awareness, and consideration of clients' religious/spiritual identities in establishing a constructive and dependable therapeutic alliance. Guterman and Leite (2006) prioritize therapeutic cooperation over guiding or educating clients because this enables them to reveal their religious/spiritual abilities.

As already mentioned, SFBT neither addresses the underlying causes of the client's problem nor insists that the solution should be related to the problem. This can increase cultural sensitivity and the processing of religious/spiritual issues. It can also avoid discussion of the client's personal history and associated negative experiences and emotions, thereby minimizing the potential for cultural conflict and prejudice. As Chaudhry and Li (2011) note, regardless of the problem, talking can facilitate the inclusion of religious/spiritual issues in therapy because it can minimize the risk of cultural conflict. In short, SFBT provides a flexible approach that focuses on the client in all of their dimensions while emphasizing their strengths and resources to create a solution and achieve the therapeutic goal as quickly as possible, without being judgmental and with sensitivity to cultural diversity and religious/spiritual issues.

The Therapeutic Process

One of the main focuses of the therapeutic process is client change as SFBT therapists are more concerned with this than with diagnosing and treating problems. They achieve this by exchanging language, paying attention to the clients' words and the meanings they assign to them, and maintaining change by asking the right questions (Trepper et al., 2010). Another important aspect of the process is developing solutions and identifying the resources required to implement them (Iveson, 2002). Sharry (2004) defines SFBT therapists as detectives searching for strengths and solutions rather than problems and pathologies. Hence, before the session even begins, these "detectives" begin looking for traces of the exceptions and resources that will lead to the solution. Whatever the reason, when someone seeks psychological help, their case is usually unique, and the person is ready for change (Guterman, 2014). Some therefore introduce the therapeutic process to the client before the three sessions (Iveson, 2002; Ratner et al., 2012; Guterman, 2014). Others describe the therapeutic process in terms of focal points that require attention (Walter & Peller, 1992; Guterman & Leite, 2006).

Guterman and Leite (2006) identify five focused phases in the complete therapeutic process. Each has similar goals and covers areas to those mentioned above, but differentiated by focus rather than session. The five foci are (i) co-construction of problem and goal, (ii) identifying and amplifying exceptions, (iii) assigning tasks designed to identify and amplify exceptions, (iv) evaluating the effectiveness of tasks, and (v) reevaluating the problem and goal.

In contrast, Walter and Peller (1992) focus on another dimension of the process by defining four simple tasks that therapists should pay attention to throughout the therapeutic process. More specifically, they should focus on what the client wants (the solution) rather than what is bothering them (the problem), avoid delving deeply into the problem, encourage and empower the client to discover new behaviors and solutions, and treat each session as if it were the client's last. As can be deduced from the entire treatment process, SFBT therapists relinquish their role as experts and view clients as experts in their own lives.

1. Pre-session. Clients decide to seek help before the first session for a variety of reasons. This decision implies that the dissatisfied situation has been defined, although the situation may also be one for which no problem has been defined (even if it is not possible to reach that situation under the current circumstances). Given that one of SFBT's main goals is to assist clients identify and develop exceptions to their problems, therapists may typically ask, "What changes have you noticed or begun to occur since you called to schedule an appointment?" This will provide information about the client's previous solutions and exceptions (de Shazer et al., 2007). Pre-session interviews can also allow therapists to establish relationships, make an initial assessment, and apply an intervention prior to the first session (Guterman, 2014).

2. The first session. Ratner et al. (2012) describe a typical first SFBT session in five stages: (a) opening, (b) contracting, (c) defining the preferred future, (d) identifying existing examples of success, and (e) closing. As in other approaches, the *opening* phase involves meeting with the client and is frequently conducted using the problem-free speaking technique whereby the therapist expresses their interest in the client rather than the problem. In the *contracting* phase, the therapist focuses on what the client wants to achieve while in the phase of *defining the preferred future*, the client is encouraged to identify and define in detail specifically what they will do once the goal is achieved. An attempt is then made to identify *existing examples of success* that can serve that future. Scaling questions, explained below among the techniques, are frequently used in this phase. Finally, in the *closing*, the therapist highlights and praises any content said by the client that will help them progress. The session concludes by summarizing.

Rather than explain to therapists using the SFBT approach how the first session should proceed, Iveson (2002) proposed four areas of research regarding what clients learn that should be thoroughly investigated, namely (1) what they hope to get out of the therapy process; (2) how the small, everyday details of their lives will change if their hopes are realized; (3) what they have done in the past or what they are currently doing that may contribute to realizing these hopes; and (4) what might be different if they took one small step toward realizing these hopes.

3. Subsequent sessions. After establishing the relationship indicated in the first session and defining the client's goals, resources, and exceptions, it is crucial that the second and subsequent sessions maintain this focus. Change may not occur if therapists lose this focus after the first session and are unable to help strengthen the client (Guterman, 2014). Therefore, it is essential to maintain the focal points established with the client in the first session and monitor their progress towards the desired future in subsequent sessions. Therapists often uses rating scale to identify client progress and ways to strengthen and reinforce it (Ratner et al., 2012). Guterman (2014) emphasizes the importance of subsequent sessions, citing two main goals: to verify that the tasks assigned to the client are effective and to reassess problems and goals. In subsequent sessions, therapists demonstrate to the client that they remember and care about what was said previously, identify how and to what extent progress has been made since the previous session, and encourage a conversation to reevaluate the problem and goals in terms of the client's actual progress.

This SFBT process can usefully be evaluated from a religious/spiritual perspective. First, the approach clearly places importance on pre-session gains. Chaudhry and Li (2011) investigated the applicability of SFBT to American Muslim clients because needing assistance from outside the family or community can embarrass and disappoint them. They found that SFBT can help overcome this due to the importance

it attaches to the pre-session. Given the basic principles of SFBT, including the therapist's role, the solution focus, discovery, expansion of exceptions, and minimal disclosure, therapists are encouraged to consider religious/spiritual content as a source that shapes the client's narratives, rather than subjecting them to pathological examination that can provoke cultural conflict.

Techniques

SFBT is very rich therapeutic techniques. While some are specific to this approach, others come from other theories and models. Therapists who take a strategic eclecticism approach to the process can use different theories and techniques in a harmonious, systematic, and effective way to support the solution-finding process if this fits better with the client's worldview or if the client prefers this content. Guterman (2014) argues that applying techniques with imagination and flexibility is key to the therapeutic process and encourages therapists to develop their own innovative techniques. This flexible perspective also provides an important resource regarding the religious/spiritual field. Various studies have evaluated basic SFBT techniques from a spirituality perspective as well as spiritual SFBT models that include religious/spiritual-oriented techniques (Crockett and Prosek, 2013; Rassoul, 2016; Kayrouz and Hansen, 2020; Santich, 2020). The following section evaluates some of these common techniques in SFBT in terms of approach and spirituality.

The miracle question. One of the most widely used basic SFBT techniques is the miracle question, developed by Shazer (2000) in the early 1980s. It uses future-oriented questions to allow clients to imagine the future they desire and to initiate the process of taking action (de Jong & Berg, 2008). Setting clear, concrete, specific, and solution-oriented goals in the therapeutic process is, as is well known, one of the most crucial aspects of SFBT. Nevertheless, some clients may have difficulty articulating any aims, let alone one that is solution-oriented (Trepper et al., 2010). The miracle question asks about the client's goals in a way that respects the magnitude of the problem while helping the client find smaller, more manageable goals (de Shazer et al., 2007). A detailed description of what they want their life to be like, along with the answers to the miracle question, helps create expanded meanings about exceptions and past resolution behaviors that may be useful in achieving their preferred future (Trepper et al., 2010). In addition, this type of question helps clients think about and explore new possibilities and implications for the future (Rassoul, 2016).

Various studies have discussed the issue of working with religious/spiritual clients on the miracle question. For example, Kelly and Maynard (2014), who work with religious/spiritual clients within the SFBT framework, report that their clients perceive the miracle question in religious terms while Alton (2014; p. 163) also claims that the miracle question can be a spiritual technique:

When a client is asked a miracle question, they are asked to imagine a future that is very different from the one they are currently in. In order for the client to find the answer, they must leave the existing difficult reality and consider another possibility. This process, which can be called contemplation, allows the mind to detach from its psychic structure for a short time, expanding the soul and allowing the client to pay attention to new content that may arise.

Rassoul (2016), who brings a different perspective to the use of the miracle question with religious/spiritual clients, notes that the terminology of the miracle question may sometimes not fit the client's worldview. A miracle question that is not adapted to the client's preferences and characteristics could break the therapeutic alliance. In support of this interpretation, Kayrouz and Hansen (2020) found that some clients had difficulty with the term "miracle but could answer by saying they do not believe in miracles, so they struggled to answer it. The miracle question and religious/spiritual orientations may also conflict (Özkapu, 2022). Therefore, the language and expression of the miracle question may need to be adapted to the client's culture without losing its purpose, although this is typically not viewed as an issue (Trepper et al., 2010). Various studies have investigated examples of miracle questions adapted to different cultures and religious/spiritual content (Lambert, 2008; Kayrouz & Hansen, 2020; Özkapu, 2022). Studies examining the efficacy of the miracle question in relation to culture and thus religious/spiritual orientation show that it has various effects and is effective after treatment for children, adolescents, and adults from various ethnic groups who are experiencing anxiety, depression, and stress (Kayrouz & Hansen, 2020).

Scaling Questions. According to de Shazer (1994), clients are typically conceptualized as having or not having problems, although a problem's impact on the client is not always the same. At the extremes, it can be devastating or non-existent. Although some clients may claim that their problem always persists, it may diminish, or the client may feel that it has diminished. Here, scaling questions are very appropriate for clients who have difficulty identifying small differences and exceptions between yes and no (Guterman, 2010). SFBT therapists are advised to use scaling questions at least once by asking clients to rate their subjective experiences on a scale of 0 to 10, such as how they feel or how they are coping with their problems (Guterman, 2014). According to Lutz (2014), scaling questions are adaptive and can provide information regarding the client's perceptions of almost anything: coping techniques, priorities, goals, achievements, self-confidence, hopes, motives, how the therapy is developing, etc. Scaling questions can be used to track and confirm the changes that the client has experienced during the process, especially in the following sessions (Iveson, 2002). A typical rating question to ask immediately after the miracle question is (de Shazer et al., 2007; p. 61):

On a scale of 0 to 10, where would you say you are right now if 0 means the moment you decided to seek help and 10 means the day after the miracle happened?

Scaling questions are short, simple, and very functional as they are infinitely customizable. They are flexible because they are client-oriented, unlike standard scales. That is, the client, not the therapist, determines what 3, 7, or 10 means on the scale (Lutz, 2014), which makes scaling questions a more sensitive and appropriate technique than standard scales for culturally or subjectively experienced religious/spiritual issues. In addition to the cultural appropriateness of scaling questions, Alton (2020) also notes that rating questions can lead to a spiritual experience because they encourage keeping track of the small details of subjective experience.

Looking for exceptions. When people turn to a therapist, they often describe what problems, conflicts, or dilemmas led them to therapy and what led to their decision to seek help. The stories they tell are frequently interconnected in sequences that develop according to a theme or storyline. These themes often represent loss, failure, inadequacy, hopelessness, or meaninglessness (White, 2007). Hidden in every story, however, are exceptional examples of these problems (de Shazer et al., 2007). No matter how severe or chronic the described problem is, there are always exceptions that provide clues about the client's own solution (Iveson, 2002). In fact, the problem described may not have occurred at all, have diminished or been managed already, had no effect, or been noticed by the client. While exceptions provide meaningful clues about the absence of the problem, they are mostly out of focus, meaningless, and worthless to the client. The therapist therefore spends the majority of each session discussing the client's previous solutions, exceptions, and goals, as well as carefully listening to their responses (Trepper et al., 2010).

Exceptions present an event from the client's world that feeds on every aspect of it. The client possesses all information about the problem and its solution. In this case, exceptions may apply to issues in the client's relationship with their family as well as the transcendent power that they believe in. As a result, the search for exceptions occurs in the same way in the religious/spiritual-oriented SFBT process.

Coping questions. As previously stated, identifying the client's strengths and resources is one of the most critical components of SFBT. What the client has experienced and brought to therapy can sometimes be so intense that they cannot imagine what it was like when the problem did not occur, so they see nothing of value (resources) in their current situation (Iveson, 2002). The most significant resource for therapists when such situations arise in SFBT is coping questions. These questions not only empathize with the difficulty of the situation but also point the client towards small elements of coping with difficult situations (Lutz, 2014). Discussing how the client has handled the difficult situation so far or what the client has done to keep

the difficult situation from getting worse can very likely help uncover the client's strengths and resources. In fact, these questions are designed to reveal the client's awareness of when they were able to overcome their problems, their strengths, and possible strategies they may have used to cope with the difficulties they faced in the past (Berg, 1994; Lee, 2003).

Undoubtedly, the society and culture in which we live influence and shape all aspects of human behavior and experience, hence how people perceive, experience, and resolve difficult situations (Lee, 1996). Religion/spirituality can be an important reference point for most human behaviors as religious/spiritual content occupies an indispensable place in cultures and societies worldwide, especially those cultures created by human communities sharing the same religion. Indeed, studies in this field show that religion/spirituality has long been accepted as a source of strength for people, as demonstrated by increasing research on the protective aspects of religion/spirituality (Kelly & Maynard, 2014). This indicates that religion/spirituality may be part of the solution for some people and shape clients' coping strategies (Pargament, 2007). One of the main focuses of SFBT is to help clients identify, build on, and use their strengths that arise from their own cultural context (Lee, 2003). Thus, therapists using SFBT are expected to be able to fully recognize these cultural strengths and resources and assist clients to strengthen and maintain them (Berg & Miller, 1992). Effective use and development of cultural strengths and resources help clients find solutions that are relevant and applicable to their specific socio-cultural environment (Lee, 2003). The coping questions used within the approach also have significant potential to uncover a person's cultural and religious/spiritual resources, strengths, and coping strategies.

Problem-free talk. The SBFT approach attempts to structure a solution-oriented therapy process from the very first session. Problem-free talk, which is the first stage of this structure, aims to discover the strengths and resources of the client and their environment (Lutz, 2014). Problem-free talk typically asks about the client's skills, interests, hobbies, positive attributes, and hopes (Lethem, 2002). The technique aims to get clients to talk about the issues that are not part of the problems that the client brings to therapy and to make the client realize that there is more than their problems (Ratner et al., 2012). Beginning the first session with the technique of problem-free talk ensures a good relationship and collaboration with the client while helping to reveal useful resources for the client in overcoming their problems (Lutz, 2014).

Talking about the positive aspects of clients' lives, uncovering their resources and strengths, having good communication with them, and conducting the therapy process collaboratively are undoubtedly important factors of a religiously/spiritually oriented therapy process. According to Chaudhry and Li (2011), problem-free talk may be a particularly appropriate technique for Muslim clients.

Compliments. Giving compliments, which are common in all cultures and strengthen social relationships, is another technique commonly used in the SFBT approach to strengthen the therapeutic alliance (Campbell et al., 1999; Lutz, 2014). It is important for clients to receive compliments to validate and acknowledge the difficulty of their problem, their concerns, progress, and successes, as well as to demonstrate that the therapist listens to and cares about them (Berg & Dolan, 2001; Nelson, 2019). The complimenting technique, which is a disciplined and thoughtful process, must have certain characteristics; otherwise it may do more harm than good to both the client and the therapeutic process. Compliments must first be accurate and evidence-based. If questioned by the client, the therapist should be able to refer to behavior previously defined by the client. Compliments should also be related to the client's goals. The therapist may compliment the client's accomplishments and efforts towards these goals. Finally, compliments should never be conditional or used to coerce the client into the behavior that the therapist would like to see (Ratner et al., 2012).

As mentioned earlier, compliments are useful so long as they possess certain characteristics, most notably a reference from the client that deserves compliment. Compliments should be a part of the client's life, so compliments in therapy should be guided by the client's worldview. From this perspective, complimenting is sensitive to the client's subjective world and culture, and thus to their religious/spiritual content. For example, Kollar (1997) claims that Christians form a loving, supportive community while complimenting in the therapy process encourages them and motivates them to achieve their goal.

Discussion and Conclusion

This paper discussed how SFBT addresses religious/spiritual issues, which are an important protective factor for the well-being of many people, using a postmodern and solution-focused approach. Postmodern approaches to psychology, have stopped making high-level definitions and interpretations about the normality of clients' behavior, their mental well-being, and their assumptions about treatments. Instead, they have accepted clients as experts and introduced a multidimensional structure into the therapy process.

SFBT, specifically, is a postmodern therapy that accepts that there are no objective criteria for evaluating the stories and content that clients bring to the process. Thus, the only person who possesses the relevant criteria is the client themselves about what is problematic, abnormal, wrong, unreal, etc. SFBT therefore attempts to reveal all aspects of the client's strengths and resources and adopts a collaborative rather than an educational approach. This creates a unique opportunity to use religious/spiritual content in the therapy process while the client's religious/spiritual issues provide an important therapeutic resource.

The extensive literature review reported here makes clear that SFBT can effectively help clients with religious and spiritual issues. The approach's religious/spiritual sensitivity becomes even more apparent after examining its basic assumptions and principles, therapy process, and techniques. The therapy process is conducted within the framework formed by the basic principles of the SFBT approach. These include the therapist's role, a focus on solutions, the discovery and expansion of exceptions, and minimal self-revelation. Accordingly, SFBT treats religious/spiritual content as a valuable resource that shapes the client's narratives rather than a pathological issue that can provoke cultural conflicts. Various SFBT techniques can easily be used in the same way with religious/spiritual clients, such as a suitably adapted miracle question, scaling questions, looking for exceptions, coping questions, problem-free talk, and giving compliments. In short, SFBT is a very suitable approach for working with religious/spiritual content because of its cultural sensitivity and diverse multidimensionality.

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Original Article

A Review of the Relationship Between Individual Psychology and Spirituality

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Abstract
Individual psychology is a theory developed by Alfred Adler that significantly contributed to the psychology literature both in theory and practice. Spirituality, on the other hand, is an area that cannot be ignored in human life. This article reviews the perspective of individual psychology on spirituality, its relationship with spirituality, how it makes spiritual assessments, and how it can be used with clients with a spiritual/religious orientation. The review considers both Adler's own texts and articles by later researchers who adopted his theoretical orientation. Individual psychology evaluates each individual by considering their own phenomenological field. It therefore does not ignore clients' spiritual/religious dimensions in the counseling process and accepts that spirituality has an important place in the life of individuals. Given that spirituality has a structure that supports well-being, hope, and insight while providing an important coping mechanism, Adler's inclusion of spirituality in his theory is clearly important. The case examples included in the article also support this and reveal in general terms how individual psychology handles and assesses spirituality during counseling.
Keywords:
Individual Psychology • spirituality • review study

Bireysel Psikoloji'nin Maneviyatla İlişkisi Üzerine Bir Derleme Çalışması

Öz
Bireysel psikoloji, Alfred Adler tarafından geliştirilmiş ve psikoloji literatürüne hem teorik hem de pratik olarak önemli katkılar sağlamış bir teoridir. Maneviyat ise insan hayatında göz ardı edilemeyecek bir alandır. Bu makale, bireysel psikolojinin maneviyata yönelik bakış açısını, maneviyatla ilişkisini, manevi değerlendirmeleri nasıl yaptığını ve manevi/dini yönelimli danışanlarla nasıl kullanılabileceğini içeren bir derleme çalışmasıdır. Derleme, hem Adler'in kendi metinlerini hem de onun teorik yönelimini benimseyen daha sonraki araştırmacıların makalelerini ele almaktadır. Bireysel psikoloji, her bireyi kendi fenomenolojik alanını dikkate alarak değerlendirmektedir. Bu nedenle danışma sürecinde danışanların manevi/dini boyutlarını göz ardı etmez ve maneviyatın bireylerin hayatında önemli bir yere sahip olduğunu kabul eder. Maneviyatın önemli bir başa çıkma mekanizması sağlarken iyilik, umut ve içgörüyü destekleyen bir yapıya sahip olduğu düşünüldüğünde, Adler'in teorisine maneviyatı dahil etmesi önemli görünmektedir. Makalede yer alan vaka örnekleri de bunu desteklemekte ve bireysel psikolojinin psikolojik danışma sürecinde maneviyatı nasıl ele aldığını ve değerlendirdiğini genel hatlarıyla ortaya koymaktadır.
Anahtar Kelimeler:
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The theory of Individual psychology, developed by Alfred Adler, has a significant place in the psychological counseling and psychotherapy literature. Adler, who signaled his break from Freud in 1911 with his article "The Masculine Protest", argued that cultural rather than biological and psychological factors affected masculine behaviors seen in men and women. He argued that women behave like men because they have fewer political and social opportunities in society. Adler's interest in social issues and related separation from Freud provide clues about his theoretical approach in that he identified with the common people and did not remain indifferent to those who were oppressed in society (Sommers-Flanagan & Sommers-Flanagan, 2004). Moreover, and perhaps most importantly, he focused on the impact of culture and society on human behavior and developed one of the most important concepts in individual psychology, social interest (Sharf, 2011; Sommers-Flanagan & Sommers-Flanagan, 2004). The cultural sensitivity of individual psychology is indicated by its attention to the effects of society and culture on human psychology, and its holistic evaluation of people by considering their cultural characteristics. Since spirituality is part of every client's subjective life and cultural structure, it was not ignored in individual psychology. Indeed, later Adlerian researchers suggested that spirituality is a life task (Mosak & Dreikurs, 1967).

This article discusses theoretical perspective of individual psychology by focusing on spirituality. It presents the individual psychology's perspective on human nature, its basic concepts, how it advances the counseling/therapy process, the process of spiritual assessment, and case examples. Adler covered spirituality in his texts, albeit implicitly, while later researchers have discussed spirituality in terms of individual psychology. This has enabled the theory to make a significant contribution to the literature on the relationship between spirituality and psychology.

Individual Psychology's View of Human Nature

Individual psychology deals with the conscious aspects of human behavior and assumes that every individual tries to be the best they can and maintain integrity in their life (Gladding, 2022). However, each individual implements this tendency in a unique way. Given that each individual adopts a unique attitude towards life, their behavior should be evaluated holistically within the framework of this attitude towards life (Adler, 2012). Individual Psychology therefore adopts a phenomenological and idiographic approach that deals with the psychology of the single, unique, whole individual (Sommers-Flanagan & Sommers-Flanagan, 2004). Another important aspect of individual psychology's view of human nature is that it does not see people as inherently good or bad, but adopts a neutral attitude. According to Adler, people are born with a potential that includes both good and bad. It is our choices that make use good or bad (Sommers-Flanagan & Sommers-Flanagan, 2004).

Basic Concepts

Before considering how individual psychology relates to spirituality, it is important to present the following basic concepts from the theory: the whole person, striving toward a goal, inferiority and superiority complex, social interest, lifestyle, life tasks, and birth order.

The Whole Person

The quickest way to understand individual psychology is to examine the Latin origin (individuus) of the word "individual". Individuus means "indivisible" (Online Etymology Dictionary, n.d.) and individual psychology does not divide the individual into various parts. Rather, it considers individuals as wholes with their particular thoughts, feelings, values, attitudes, behaviors, and conscious and unconscious minds. This perspective, which is called holism and differs from Freud's reductionist approach, is one of the most basic concepts in Adler's theory (Sommers-Flanagan & Sommers-Flanagan, 2004).

The concept of the whole person gains more meaning when considered together with the concept of striving toward a goal. Every individual has a final goal that they want to reach in life, and their behaviors are not independent of this goal. This final goal or ideal is an important driving force throughout a person's life. The differences in each individual's ultimate purposes reveals their individuality. Individuals also exhibit quite consistent and stable behaviors within themselves. All psychological processes, both conscious and unconscious, are more meaningful when looked at holistically (Ansbacher & Ansbacher, 1956). Regarding spirituality specifically, by providing a purpose in life (Delgado, 2005; Greenway, 2006; Young et al., 1998;), it can affect the individual's personality and exert a holistic power over their psychological processes.

Striving Towards a Goal

Individual psychology's view of human nature and striving towards a goal, already mentioned in relation to personality integrity, stems from the idea that people are active beings who shape themselves and their environment. They are not passive in the face of their biological structure and environmental factors but live purposeful lives based on their individual choices and goals. Everything that a person does, including their daily behavior, is developed for this purpose (Sommers-Flanagan & Sommers-Flanagan, 2004) because every action belongs within a framework, which is that person's life purpose, determined in early childhood. That is, people lead lives in line with the goals determined during childhood (Adler, 2012).

Religion and spirituality are important in individual psychology because they bring purpose to human life (Delgado, 2005; Young et al., 1998). Every religion

tries to convey its believers to an ultimate goal, such as God, Nirvana, or eternal salvation. In particular, belief in God is an important area that individual psychology addresses regarding an individual's life goals. This is because, for the believer, God is the embodiment of the ultimate purpose and perfection in life (Johansen, 2005).

The way that religious beliefs give a sense of purpose to an individual's life can be exemplified by the following case. A woman in her twenties complains that she is not assertive and cannot say no to people. She also cannot feel that she is loved and valued. She is constantly trying to please others and work hard. Evaluated in terms of Adlerian psychology, these behaviors do not reflect a childhood trauma or an effort to fill a gap; rather, her behavior reflects her aim to be good in the eyes of God and attain religious salvation. In the words of the client, life is all about being good and she can feel her devotion to God thanks to these behaviors (Johansen, 2005).

Inferiority and Superiority Complex

Adler suggested that one of the most basic motives of human beings is the innate and inherent striving for superiority (Adler, 2001; Sommers-Flanagan & Sommers-Flanagan, 2004). Superiority means one's advancement from a perceived low position to a perceived higher position; it is not an advantage gained over someone else (Adler, 2009). The so-called complexes refer to an extreme sense of inferiority or superiority. However, these two feelings complement each other. Individuals strive for superiority and success when they feel something is lacking; they use the feeling of superiority while striving towards their life purpose and coping with the feeling of inferiority. Consequently, the striving for superiority never ends as it provides support in reaching one's ideal. The feeling of inferiority acquires a pathological quality when the person catches is trapped by his feeling to such a degree that they cannot develop and become depressed. In such cases, the superiority complex is thought to be a way of getting rid of the inferiority complex (Adler, 2001).

Social Interest

One of the most important contributions of Individual psychology is social interest. According to Adler, the individual is born in an interpersonal context and personality is shaped by interpersonal factors. Social interest is essentially a sense of community turned into action. The aim of Adlerian psychotherapy is to develop this sense of social responsibility on the assumption that empathy and altruism will increase when the sense of social responsibility increases (Sommers-Flanagan & Sommers-Flanagan, 2004).

Social interest is one of the most important reasons for individual psychology's relatively positive and optimistic attitude towards religion. This is because religions

generally have the power to increase social interest by holding people socially responsible for each other. In fact, according to Adler, the main purpose of religions is to provide social cooperation (Johansen, 2005). Similarly, Polanski (2002) argues that Christianity and Buddhism have some relations with Adlerian theory, based on Adler's views, and that these relations are mostly because these belief systems prioritize sociality and give importance to the individual's development. When considered independently of religions, the relationship of spirituality with virtues like altruism and empathy supports Adler's positive view of spirituality (Giardano et al., 2014; Huber & MacDonald, 2011).

From his examination of social interest in Islam, Alizadeh (2012) concludes that Islam includes the same components as Adlerian social interest, such as sense of community, equality, unity, and spirituality. For example, the thirteenth verse of Surah Hucurat says, "O humanity! Indeed, We created you from a male and a female, and made you into peoples and tribes so that you may get to know one another. Surely the most noble of you in the sight of Allah is the most righteous among you. Allah is truly All-Knowing, All-Aware" (Quran, 49:13). Various hadiths mention the value of being a community. For example, one hadith says, "He is not a believer whose stomach is filled while his neighbor goes hungry" (Ibn Abu Shayba, Musannaf, îmân ve rü'yâ: 6), highlighting the importance of one's relationship with one's society. Regarding equality, Islam advocates both individual and ethnic equality, as in the following hadith: "People are as equal as the teeth of a comb" (Kudai, Müsnedü'ş-şihâb, I:145). Some of the characteristics by which Islam defines true believers are also similar to some of the behaviors Adler suggested to increase social interest, as exemplified in the following verses:

i. "Cooperate with one another in goodness and righteousness." (Qur'an, 5:2)

ii. "And hold firmly to the rope of Allah and do not be divided." (Qur'an, 3:103)

iii. "And be mindful of Allah—in Whose Name you appeal to one another—and honor family ties." (Qur'an, 4:1)

iv. "O believers! Do not let some men ridicule others, they may be better than them, nor let some women ridicule other women, they may be better than them. Do not defame one another, nor call each other by offensive nicknames. How evil it is to act rebelliously after having faith! And whoever does not repent, it is they who are the ˹true˺ wrongdoers." (Qur'an, 49:11)

Johansen (2005) similarly argues that the principles of individual psychology are appropriate for working with Muslim clients. One of the most important reasons is that Islam gives importance to social peace, social responsibility, family, and close relationships.

Life Style

Life style, a subjective cognitive map of how the world works (Sommers-Flanagan & Sommers-Flanagan, 2004), determines how the individual adapts to life events, solves the problems they encounter, and copes with the feeling of inferiority (Sharf, 2011). Lifestyle, which can also be defined as self, individuality, and a way of facing problems, is very important for understanding the individual as it influences their feelings, thoughts, instincts, impulses, behaviors, and attitudes. In short, it affects all parts of an individual's life, which is also related to individual psychology's holistic treatment of individuals (Ansbacher & Ansbacher, 1956).

To understand a person's lifestyle, which is formed in the first years of life, it is important to look at what that person is doing with their life tasks. For example, someone who chose to be a doctor in adulthood may have faced death in their early years, lost a family member, or somehow been seriously affected by death. Thus, they may have become a doctor to protect themselves and others against death. However, an individual's lifestyle becomes most evident when they encounter a challenge. In particular, a person's reaction to difficulties encountered in a new life event can shed light on their life style (Ansbacher & Ansbacher, 1956).

Birth Order

Every child grows up in a unique atmosphere, even if they are born in the same family. One of the most important reasons for this, according to Adler, is birth order. Being an only child initially, the eldest sibling attracts attention and becomes the focus of the family. The arrival of the second child threatens the first child's throne, which may lead to a lifelong desire to rebel due to losing this power. Meanwhile, the second-born child is always aware that there is someone ahead of them, which makes them competitive. The last-born child is aware of their power because they usually play a leading role in the family. Thus, the children's family position due to their birth order plays an important role in forming their life styles and provides useful information to better understand the individual based on their early memories (Adler, 2001).

Life Tasks

Adler talked about three life tasks that each individual has to complete: love, work, and social relations. These tasks constitute the reality of humans, so individuals reveal their what they understand from life through the ways they complete these tasks. Individual psychology therefore evaluates people who face difficulties in their life by in terms of these three basic tasks. However, success in each task is closely related to success in the other two, so tasks cannot be considered independently of each other (Adler, 2012).

Work: The best way to fulfill this task, according to Adler, is for the individual to act with a sense of community and cooperation. Thanks to the division of labor and cooperation, many skills can be combined to contribute greatly to the well-being of humanity. Hence, it is important to monitor and guide children from the first years of their lives for their vocational education according to their interests and abilities (Adler, 2012). The main purpose of an individual in having a job or a profession is to contribute to humanity, and add value to society and other people in line with their own interests and abilities. This will enable the individual to experience both the pleasure of producing and giving something of themselves to other people. A shoemaker, for example, positions themselves as benefitting other people in the society while maintaining their own life and their family's. In short, if everyone in the society has a job to contribute to others within the limits of their interests and abilities and to sustain their own life, then this will form a solid ground for the welfare of both individuals and the society (Ansbacher & Ansbacher, 1956).

Love: The way for people to survive is love between the two sexes, resulting in marriage. Marriage results from the physical attraction, friendship, and desire of the two parties for each other. Because it requires both parties to think about the other rather than themselves and to be self-sacrificing, marriage is a life task that is too important to be considered only as satisfying the sexual drive. Rather, love between two people contributes to the well-being of all humanity (Adler, 2012).

Social relations: One of the most important reasons for humanity's progress and development is the human instinct to establish relations and share with other people. Being a family and belonging to a tribe are frequently encountered in human history. For the well-being of humanity, it is necessary to fight against tendencies like selfishness and the pursuit of personal superiority (Adler, 2012).

In addition to these three life tasks that Adler explicitly discussed in his works, two researchers who worked closely with Adler suggest two more life tasks (Dreikurs & Mosak, 1967; Mosak & Dreikurs, 1967), which they claim Adler implied. The first is the self, which can also be called the relationship of the person with themselves while the other is spirituality.

Fourth life task – the self: According to Dreikurs and Mosak (1967), success or failure in life is related to living in peace with oneself and others. Lack of social interest or sense of belonging and feelings of inferiority and inadequacy prevent people from accepting themselves as they are. Rather than judging themselves and believing that their good and bad sides conflict, people benefit from considering themselves as a whole, comprised of their physical and mental abilities, logic and emotions, and what they know and not know.

Fifth life task – spirituality: According to Mosak and Dreikurs (1967), Adler implicitly addressed spirituality in many places. This life task can be described as spiritual, existential, search for meaning, ontological, metaphysical, and metapsychological. In this study, the "spirituality" is the preferred term.

Psychologists avoided the subject of spirituality for many years as they considered it to be the concern of philosophy or theology. However, existential tasks are perhaps the most important that people have to complete. Considering that faith-related issues arise during counseling, it would be wrong to ignore this life task. Indeed, existential movements in the history of psychology show that psychotherapists are also interested in metaphysical and philosophical issues (Mosak & Dreikurs, 1967). Although handling spiritual issues in counseling requires detailed discussion, it is worth emphasizing at this point that the counselor should understand and accept their own spiritual and religious beliefs, and do so based on the school of therapy they follow (Polanski, 2002). For example, Polanski (2002) tried to understand his own religious and spiritual beliefs within the framework of individual psychology theory.

Linden (2020) suggests that, considered as a life task along with the self, spirituality is deeper than Adler's three tasks associated with daily life. This is because spirituality is less connected with daily life than work, love, and social relationships. Although spirituality is compatible with them, its structure goes beyond them and it appears as an existential issue.

The spiritual or existential life task can be considered in more detail in terms of relationship with God, relationship with religion, humanity's place in the universe, and the meaning of life and death – immortality (Mosak & Dreikurs, 1967).

***Relationship with God**:* This task essentially involves the individual making a choice to believe or not believe in God. At first sight, this decision may be thought of as entirely related to religion and not linked to psychology. However, the individual's belief in God, or rather what kind of God to believe in, is closely related to that individual's psychology. For example, do they see God as a constant punisher or do they have a more compassionate vision of God? What is their relationship with God? Do they believe that praying once a week will suffice or should they worship constantly? Do they believe that they should proselytize? If they believe they should proselytize, this is closely related to the task of social interest, so explaining God to people will be an important endeavor. If they do not believe in God, do they feel the need to share their atheistic point of view with others? If they are agnostic, what does this mean for them? Are they ignoring their spirituality or revealing a problem with their life task?

All these questions can be evaluated within this Adlerian life task and included within individual psychology. Indeed, individual psychology has long been asking and

answering these questions. For example, several studies have demonstrated relationship between mental health and various aspects of spirituality like God attachment style and conception of God (Kimball et al., 2013; Koohsar & Bonab, 2011; Leman et al., 2018; Pirutinsky et al., 2019; Silton et al., 2014; Tung et al., 2018).

Relationship with religion: This involves addressing the following questions (Mosak & Dreikurs, 1967): Does the individual belong to a religion? Do they accept a religion? Are they rebelling against religion? Do they have a religious identity? If so, are they ashamed of it? Do they have a history of religious conversion? What do they understand by religion? If they are not religious, are they oriented towards other beliefs like Marxism or an atheism?

In addition to these questions, how religion manifests in one's life is also important, such as attending church regularly and worshiping (Mosak & Dreikurs, 1967). Studies have shown that mental health is affected by a person's religion, spirituality-based behaviors, and participation in religious and spiritual-based activities (Abu-Rayya & Abu-Rayya, 2009; Davis & Kiang, 2016; Horozcu, 2010; Hintikka et al., 2000; Kasapoğlu, 2022; Keyes & Reitzes, 2007; Strawbridge et al., 2001). Completing this life task also relates to the purpose of religion. Is it to get closer to God? Is it to worship God? Is it do good to others? Is it to achieve self-transcendence? It seems important to find answers to these questions to understand each individual's psychology (Mosak & Dreikurs, 1967).

The place of man in the universe: How should the individual relate to the rest of the world and the universe? Is human nature good or bad? What kind of being is a human? Each person may have different answers to these questions, which in turn affects how they regulate their relationships with themselves, with God, with other people, and with the universe. For example, the self-perception and human relationship of a person who thinks that people are inherently sinful and bad will be different from someone who does not (Mosak & Dreikurs, 1967).

The meaning of life and death – immortality: One of the questions that every person must find answers to concerns death, including whether to believe in life after death and the nature of the soul. Another important question concerns how one tries to achieve immortality. For example, some people believe they can achieve immortality by having children and transferring their values to them across the generations (Mosak & Dreikurs, 1967).

Meaning of Life: In his book *What Life Should Mean to You,* Adler claims that one cannot live without finding a meaning in life. Furthermore, this meaning is unique to the individual, so no one can say that the meaning they find in someone else's life is wrong. Although people may not be able to answer when asked about the meaning

they ascribe to life, they reveal it through their actions because the meaning that a person finds in life is an important factor directing their behavior (Adler, 2012).

According to Mosak and Dreikurs (1967), every person must find answers to the following questions: Does life have a meaning? Does it have a meaning in itself or do we give it a meaning? The process of finding or creating the meaning of life of an individual gives important information about that person. For example, most people find meaning through the pain they experience in life while others find it more hedonistically to the extent that they enjoy life. However, all the temporary pleasures taken from life may not be enough to give meaning to one's life because more permanent pleasures may be preferred to temporary pleasures, such as contributing to society or serving God (Mosak & Dreikurs, 1967). Studies have demonstrated the positive effects on physical and psychological health of finding meaning in life (Kim et al., 2020; Kim et al., 2021; Reker et al., 1987).

Psychological Counseling Process

Goals of the Psychological Counseling Process

Individual psychology-based counseling has the following four main aims (Gladding, 2022):

i. Increasing social interest

ii. Developing a more functional lifestyle

iii. Changing thoughts and behaviors that interfere with the client's well-being

iv. Enabling the client to achieve self-understanding

Counselor-Client Relationship

Individual psychology-based psychological counseling prioritizes the client-counselor relationship throughout the process. The counselor should display a friendly, supportive attitude, adopt an encouraging approach to increase the client's self-belief, and try to encourage the client's self-insights so that they can find their lifestyle. While clients should experience a soothing, comforting, and restorative relationship with the counselor, interventions aimed at changing the lifestyle patterns may be threatening. Therefore, it is important for the counselor to monitor the dynamics of the relationship with the client throughout the process (Oberst & Stewart, 2003).

Stages of Psychological Counseling

Establishing the therapeutic relationship

As in many psychological counseling schools, the first step in Adlerian counseling is establishing a therapeutic relationship between client and counselor. Indeed, Adler's first rule of counseling was to "win" the client. In Adlerian counseling, the client and the counselor have equal status while the counselor adopts a friendly teacher attitude and tries to conduct the process in cooperation with the client whereby the client is as active as the counselor (Oberst & Stewart, 2003; Sommers-Flanagan & Sommers-Flanagan, 2004). Ways of making the client active and responsible include deciding the frequency, day, and time of sessions together with the client, and charging the client directly for the session (Oberst & Stewart, 2003).

One of the most important parts of the therapeutic relationship is setting common counseling goals. A few common goals may be set in the first meeting but these are temporary and may change in subsequent sessions. This is because the client may be reluctant or not yet ready to talk about their dysfunctional lifestyle in early sessions, so it is appropriate to only set the related goals after the client has become ready. The counselor can ask the following types of questions to determine the counseling objectives: "What brought you here today?" "What kind of person would you like to be in six months?" "How will we know that our sessions are about to be completed?" The final question reveals the criteria for ending the counseling process (Oberst & Stewart, 2003).

Lifestyle analysis

The client's personality is shaped by their problems in daily life while past difficulties determine their lifestyle. (Oberst & Stewart, 2003). Adlerian therapy proposes various strategies to determine the client's lifestyle, including the family constellation interview, asking questions, identifying first memories, dream interpretation, and identifying basic mistakes (Sommers-Flanagan & Sommers-Flanagan, 2004).

Family Constellation Interview: The client is asked to describe each family member and their relationships with each other (Sommers-Flanagan & Sommers-Flanagan, 2004). Detailed information that can be gained from this interview includes the client's birth order, memories of their relations with siblings, and any groupings within the family. The interview can also discuss topics like the family's values and the parents' interaction with their children and each other. These could address the following questions (Sharf, 2011): How did the parents together and separately discipline their children? Did the relationship between the parents change periodically? If so, at what stages did this take place? If the parents divorced, what kind of family arrangements did they make during the transition?

Asking Questions: To understand the purpose of the client's symptoms, the client is asked questions like the following: "How would your life be different if you were well?" "What would you be doing if you did not have these problems?" These questions are valuable as they can reveal the client's secondary gains (Sommers-Flanagan & Sommers-Flanagan, 2004).

First Memories: One of the important techniques is identifying which of client's earliest memories are still active in their life and still affect their lifestyle and goals. A client's first memories usually appear before the age of 8 or 9 years and concern a clear specific event. These memories can explain what obstacles a person has overcome and why they are more interested in certain aspects of life (Adler, 2001). According to Adler, there is no such thing as an "accidental memory" because every memory creates the client's life story (Adler, 2012).

While examining these memories, the counselor asks the client direct, clear, and precise questions (Sharf, 2011), such as "What is the earliest memory you can remember?" While evaluating these memories, the counselor should try to answer questions like the following to determine the memory's content and quality (Sommers-Flanagan & Sommers-Flanagan, 2004). Is the client active or passive in this memory? What emotion do they have? Are they a receiver or a giver? Do they see themselves as being in a superior or inferior position? What kind of patterns does the memory have? Who else is in these memories? Which part of the recalled event does the client highlight?

Dream Interpretation: Because individual psychology sees the human being as a whole with their conscious and unconscious aspects, dreams cannot be considered apart from the person's individual integrity and lifestyle (Adler, 2001). According to Adler, dreams are an effort to solve current life problems, so there is a connection between dreamer and dream; they are not independent of each other and each dream is unique and purposeful for that client, just like any other behavior. The counselor therefore needs to determine how this dream functions in the client's life (Sommers-Flanagan & Sommers-Flanagan, 2004). Dreams can also reflect a client's wishes and fears for the future (Sharf, 2011), for example by rehearsing their possible behavior.

Identifying Basic Mistakes: Towards the end of the evaluation stage, the counselor can identify the client's basic mistakes. These are self-defeating features of the client's lifestyle that generally reflect behaviors like avoidance of others or lack of interest in others or oneself. These in turn prevent the client from developing social interest (Sharf, 2011). Although the client may have started the counseling process because of one basic mistake, they may have other related mistakes. During the counseling process, the counselor makes the client aware of these basic mistakes and strives to develop an understanding so that the client can avoid them in future. However, basic mistakes are very difficult to change (as cited in Sharf, 2011).

Sommers-Flanagan and Sommers-Flanagan (2004) identify the following five basic mistakes:

i. Overgeneralization (e.g., "The world is not fair.")

ii. Impossible goals (e.g., "Others should always meet my needs.")

iii. Misunderstanding life (e.g., "All the world is against me.")

iv. Denying one's self-value (e.g., "Nobody could love me.")

v. Mistaken values (e.g., "I should always win although it damages others.")

Overholser (2022) said that Adler was one of the pioneers of cognitive restructuring because he recognized that neurosis stems from one's beliefs and attitudes. Reflecting his earlier profession as an ophthalmologist, Adler suggested that everyone looks at the world through their own glasses – that is, in terms of their own lifestyle. Perceptions and interpretations determine how we see life. Hence, individual psychology considers basic mistakes as the precursors of cognitive errors.

Interpretation and insight

Insight is central to Adlerian therapy. The client gains insight by recognizing their maladaptive and dysfunctional lifestyle patterns through the counselor's interpretations. However, simply gaining insight is not enough because insight entails action. It is therefore important that the client acts on the insights gained during the process (Oberst & Stewart, 2003).

Reorientation

At this stage, the client's learning process is supported by various techniques related to doing different things and taking action to enable a different, more satisfying life. Indeed, counseling is a process of re-learning, as reflected in the following techniques used at this stage:

i. Future autobiography

ii. Creating new images

iii. Acting "as if"

iv. The push-button technique

v. Spitting the client's soup

vi. Catching oneself

vii. Goal setting and indirect suggestion

viii. Paradoxical strategies

ix. Suggestions and guidelines

Individual Psychology Based Spiritual Assessment

Craig (2006) developed an activity for assessing the spirituality of adult and adolescent clients within the framework of Adlerian counseling. The activity aims to reveal how early memories affect the client's views on spirituality and improve the counselor's understanding of the client's spirituality. According to Craig (2006), this activity is especially beneficial for clients experiencing an important transition period, such as loss, divorce, or career change. The activity has the following broad purposes:

i. Reveal the spiritual dimensions of the issues that the client has brought to the counseling process

ii. Understand the causes underlying the client's perspective towards spirituality

iii. Make the client aware how spirituality affects their perspective towards themselves, other people, and the world by understanding their causes and confronting the client with these

iv. Show that the client can use spirituality as an alternative resource in challenging times.

Before performing a spiritual assessment of the client, the Adlerian counselor should consider the following four important issues:

i. The counselor should first talk to the client about their perspective on spirituality and try to understand the client's general opinion.

ii. The counselor should develop an understanding of how early memories have shaped the client's perspective on spirituality, particularly how these spiritual beliefs and values were formed by observations and subjective interpretations during early childhood. Consequently, the client's interpretations may be far from reality, thereby constituting basic mistakes in terms of individual psychology.

iii. Early memories help the client gain insight by providing important information about their personality and lifestyle. However, such insight is not enough for change in itself but needs to cause behavior change.

iv. The counselor should only conduct a spiritual assessment once a good counselor-client relationship has been established.

Based on these four points, spiritual assessment of a client include the following three steps:

i. The counselor informs the client that they can use their spiritual views as a resource, especially during transitions in life (job change, marriage, etc.).

ii. The counselor retrieves the client's early memories of spirituality.

iii. These early memories are first interpreted by the client before the counselor adds their own comments.

That is, the counselor cooperates with the client to jointly seek answers to the following five questions.

i. How has the client's current spiritual perspective been influenced by their early views?

ii. How can the client use spirituality in their current life transitions?

iii. If the client were to change one of their current views on spirituality, which would it be?

iv. How does spirituality affect the client's ability to cope with difficulties in their life?

v. How does the client's current ideas about spirituality differ from or resemble those of their parents?

Case Example of Spiritual Assessment

Craig (2006) offers the following case of Adlerian counseling-oriented spiritual assessment. The client is a 16-year-old girl who applied to a psychological counselor on the advice of her grandmother because of the losses she had experienced. More specifically, she was abandoned by her father, her mother abused substances, and her grandfather died. She then isolated herself from her friends, began to have sleep problems, and lost her appetite.

After the counselor and client established a good therapeutic relationship, the client started to give information about her family and her own personality. This revealed that she sees the world as unpredictable, which is normal considering the sudden losses she had experienced.

The counselor also wanted to discuss spirituality with the client and thought that going through the church would be less threatening. He therefore asked about the client's experience with the church. She stated that she regularly went to church at her grandmother's insistence. The counselor tried to understand why the client listened

to her grandmother's advice by stating that most of her peers would easily say if there was something they did not want to do. Thereupon, the client said that her grandmother left her alone when she went to church, and that she had some friends who went to church. At this point, the counselor highlighted that going to church gave her the opportunity to be with friends. The purpose here was to convey to the client the idea that spirituality can be a helpful resource for her. However, while doing this, he did not refer to spirituality directly, but used a religious element introduced by the client herself, namely the church.

In the second stage, the counselor focused more on the idea that spirituality can be a helpful resource in coping with difficulties in life by collaborating with the client. He therefore asked the client whether going to church would help her solve her problems and whether she went to church to find answers to some of her questions. The client then gave an example of her difficult childhood. The counselor, confirming that finding meaning in her childhood difficulties could be a good example, asked if she could use the church and spirituality as a tool to deal with the difficulties she experienced.

In the third stage, the counselor asked if the client wanted to describe her first memory of the church, spirituality, or religion. If she was willing and could remember, he asked her to describe it in detail. The client recounted the following memory: "It was before my mother went to prison; I was 5-6 years old. I was at the funeral of a relative, everyone was crying. I did not feel any emotion like sadness, maybe I just felt a little left out. I did not know what to do, I was numb." The counselor commented about how the client did not feel that she belonged there and then asked what specifically caught her attention now about this memory. The client drew attention to the feeling of emptiness she felt in her stomach. The counselor asked how important this feeling was to her, and the client noted that it was interesting to remember this feeling from ten years ago. The counselor then commented that she was caught off guard by these feelings and added: "You are left out right now. You do not know what to do and you do not know how to adapt from now on." Thus, the counselor also tried to make sense of the client's problems by using her first memory. In this way, he helped her gain insight.

The following three conclusions can be drawn from this case:

i. Counselors should integrate spirituality into counseling by taking into account the client's own understanding of spirituality and staying true to their phenomenological domains.

ii. The counselor's assessment of how the client's perceptions and understanding of spirituality are reflected in other areas of their lives, such as self-perceptions and human relations, may contribute to the process.

iii. Counselors should avoid transmitting their own values to the client, although they can integrate it into the process when clients themselves talk about spirituality.

Spiritual Assessment Based on Individual Psychology for Pre-Marital Couples

Another area where spiritual assessment can draw on the Adlerian counseling perspective is pre-marital counseling. The Adlerian counselor takes into account the unique lifestyle of the client during the assessment process. If religion/spirituality is important for the client in their life, it is taken into consideration in Adlerian counseling (Duba Sauerheber & Bitter, 2013). The technique includes the following four stages:

Forming the relationship with the pre-marital religious couple

At this stage, the counselor establishes a therapeutic relationship with the couple and gets information about the meaning of religion and belief for them, the role of religion in their marriage, the important aspects of their religious beliefs and practices, and the effect of religion on their choice of each other.

Relationship assessment

At this stage, an assessment is made regarding the compatibility of the partners' lifestyles. This involves discussing their families, the effects on their current lives of religious and spiritual messages they received during their childhoods, and the effects of religion on their social interest.

Insight and shared meaning

At this stage, the counselor aims for the couple to get to know each other better and realize how their religious life and religious teachings could threaten their marriage. The counselor also tries to understand how open the couple is to change. Thus, the couple is expected to gain insights into each other's religious life and the possible effects of their individual lives on their marriage.

Reorientation to the marriage

At this stage, the couple makes an action plan that includes themes, such as how they will build their future lives together, how they will treat each other when they see each other's weaknesses, and which religious texts will guide them in their marriage.

Case Examples

This section discusses two individual psychology-oriented cases with clients with a spiritual/religious orientation. The examples are adapted from Johansen (2009).

Case Example 1

The client is a 24-year-old male who went to the United States from Turkey to study for his master's degree in economics. He applied for psychotherapy due to recent intense anxiety and constant negative thoughts when interacting with other people. The client thinks that people are constantly criticizing him, which makes him tense all the time. Although the client describes himself as a devout Muslim, he has not been to the mosque for a long time and cannot be sure whether he will be accepted if he goes.

The counselor obtained the following information about the client. He is the middle child of three in a family that prioritizes education. He describes himself as religious, but admits to experiencing difficulties in fulfilling his religious duties since arriving in the USA and behaving in ways that contradict his values. The counselor started by getting this information and informing the client about the counseling and the role of the counselor. Throughout the process, the counselor emphasized that the client is an expert on his own religion and life, which helped the client become more open to discussing his religious belief.

In the first sessions, the counselor assessed the client's lifestyle. From the client's earliest memories, the counselor deduced that he wants to be a good person, attaches importance to other people's opinions about him, tries to do what is expected of him, and obeys the rules. He sees other people as more knowledgeable, critical, and demanding than himself. In short, his lifestyle is more other-oriented. Accordingly, once he arrived in the USA, he started to drink alcohol and neglected his own religion to adapt to American culture and the people, which made him feel guilty. The reason for his anxiety is that he is afraid that Allah will punish him and that his father will realize what he has done. Because of these concerns and thoughts, he violated his own standards and distanced himself from people, thinking that they would not accept him. Likewise, he distanced himself from Allah because he thought that he would not forgive him.

The counselor tried to show the client how his other-oriented lifestyle was affecting his feelings and emotions, and to make him realize that he is responsible for his own feelings and has the power to change them. The client showed the reasons for his behavior, which he saw as sins, and for which he felt guilty, through his lifestyle analysis. The client was contradicting his values to adapt to the country, but this does not make him happy. Rather, the behaviors that he hopes will make him good make him feel worse. During the counseling, the client faced these and began to seek ways to reconnect with God by noticing the reasons for his behavior and feelings, and taking into account the possibility of forgiveness.

Thus, the counselor's conversation with the client on spiritual and religious issues occurred after the client himself brought these issues to the session and indicated

their importance in his life. From the perspective of individual psychology, religion is an important factor determining the client's life style. Consequently, conducting counseling without addressing this area would not be effective.

Case Example 2

The other case example concerns a 29-year-old male client who has been showing depressive symptoms since adolescence. These have increased in the last year after he lost his job as a result of his mistakes and customer complaints. He decided to seek psychological counseling on the advice of his roommate, but thinks that he cannot get rid of his depression, which he believes depression will not leave him until the end of his life.

The client worked for an insurance company for four years until being dismissed recently. He liked his friends at work but did not socialize with them outside of work. He especially avoids his male friends because he thinks they were much more critical than his female friends, with whom he feels more comfortable. His romantic relationships, which he often finds difficult, are generally ended by the other party, and he does not know why. Although he does not describe himself as a very religious person, he believes in God. However, he thinks that there is no need to go to church to see him. He finds Buddhists less judgmental than Christians. The client was diagnosed with major depression due to depressive symptoms, weight gain, sleep problems, chronic fatigue, and feeling guilty. He also shows some dependent personality traits, such as a fear of being alone and constantly wanting someone to pay attention to him.

He gave the following information about his family. He is the youngest of two children in a rich family. His father is a businessman while his mother is a doctor. When his older sister left home to specialize in medicine, he felt bad. Then, when he was sixteen, his parents unexpectedly divorced and he realized for the first time that his parents did not love each other very much. He believes that women's role in the family is looking pretty, being nice, and doing what's right whereas men are supposed to do whatever is right and prevent things from going wrong. The client experienced some difficulties during his transition to adulthood due to the events mentioned earlier. He felt worried about a life that he was not ready for.

After eliciting the client's first memories, the counselor came to the following conclusions. The client sees himself as a bad and inadequate person. If something goes wrong in his life, it is because of him. Moreover, he thinks that people will realize how inadequate he is once they really know him. Therefore, he tries to act in such a way that others do not see his inadequacy. He always tries to act the way people want because he wants to be known as someone who is loved and seen enough.

The counselor's formulation of the case was as follows. The client, despite feeling inadequate, was able to graduate from university, get a job, and achieve professional success. His dismissal from his most recent job almost "supported" his feelings of inadequacy and not being loved by other. After losing his job, he lost all hope of success. Most importantly, although he complains of depression, he does not actually want to get rid of it because it provides an excuse for his failures. However, he feels himself punished by God, which prevents him from socializing, when it is actually just an excuse.

Initially, the client's complained that counseling would not be effective while the counselor tried to establish a therapeutic relationship. The process, which continued with conversations about trying to get along with his roommate, evolved into the process of getting to know himself and returning to God. The client recalled that his connection with God had helped him with his college life, his relationship with his parents, and when he thought his sister had abandoned him. This enabled the counselor to integrate religious and spiritual issues into the counseling process, particularly regarding the following topics.

The client stated that he had distanced himself from God and religion, which made him very sinful, so he thought that God would not forgive him. The counselor challenged and tried to change these irrational beliefs. For example, he asked following questions: "What makes you so unfortunate that prevents God from forgiving you? There are people who are more sinful than you." These questions aimed to reveal the client's secondary gains from thinking that God would not forgive him. It turned out that these thoughts made him feel depressed, which prevented him from returning to work and "risking" failure.

The turning point in the counseling process was when the client realized that he wanted to be sure that he would not be abandoned by anyone again, that everyone would respect him and accept him as he is, and that he acted in line with this purpose. At this point, the counselor told the client that although God is perfect and most deserving of respect, he is not respected by everyone. This made the client question how realistic it is for him to expect everyone to accept and respect him.

At the point of behavior change, the client decided to talk about forgiveness with a priest. He also intended to go to a Buddhist temple, meditate, and help people. Finally, he looked for a job and started a business. Despite some unsuccessful attempts and eventually found that he was successful in his job, which made him feel that God loves him no matter what, from which he developed a renewed sense of faith.

The following inferences can be made from this case regarding the inclusion of religion and spirituality in the individual psychology-based counseling. Psychology and religious/spiritual issues interact and cannot be separated from each other in

this particular case. A client's psychological state is affected by their misperceptions and irrational beliefs regarding God, being a sinner, and being forgiven for sin. It is important to assess religious/spiritual issues during counseling and make appropriate interventions. Each client's religious beliefs are unique. For example, in this case, the client had traces of both Christian and Buddhist beliefs, which he had combined into a unique belief system. Adlerian therapy has also shown how clients are oriented to community service through religious and spiritual beliefs, participation in religious communities, and increased social interest. Most importantly, in this case the client's beliefs about religious/spiritual issues were very much in line with his lifestyle. That is, the client, who believed that he would not be forgiven or accepted by God, also believed that people would not accept him.

Conclusion

Individual psychology's understanding of counseling is sensitive to the client's subjective and phenomenological field. This is exemplified by the effort of each individual to understand their own life style and the counselor's evaluation of the client as a whole, including their thoughts, feelings, beliefs, and all their life. As the case examples described above demonstrate, spirituality and religion affect the whole life of clients with a spiritual/religious orientation and are therefore an important component in psychological assessments and interventions. Consequently, individual psychology can enable effective counseling by addressing the client's lifestyle, including spirituality and religion. The theorists who came after Adler argued that spirituality and its related components are another life task, thereby showing individual psychology's relationship with religion and spirituality. This relatively optimistic and positive attitude towards spirituality, which involves evaluating and using the client's spiritual/religious aspects in therapy sessions, may enable counselors to evaluate clients more holistically and provide more comprehensive interventions. In addition, these features can provide an example to psychological counselors who adopt different theoretical approaches of working with clients with a spiritual/religious orientation.

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Original Article

A Culturally Informed Trauma Therapy Approach for Muslim Refugee Families

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Abstract
Refugees arriving in western countries from predominantly Muslim countries, who have already been exposed to severe traumatic experiences in their country of origin, experience further stress during the resettlement process in the host country. Although the number of Muslim refugees is increasing in the U.S. and Europe, the existing literature is not yet adequate to determine which treatments are effective for traumatized Muslim refugee families. Since inappropriate treatment approaches for this population may result cause ineffective or even negative therapy outcomes, this study aimed to develop a culturally responsive treatment model. Specifically, it offers an integrated family-based therapy approach for refugee families, which is influenced by narrative, art, and narrative exposure approaches. This integrated family therapy model consists of 12 weekly sessions in four phases: a) diagnostic interview; b) narration of the life story; c) exposure to the trauma; and d) re-narration and reprocessing of the traumatic events. Future studies should test the feasibility and effectiveness of this integrated model with randomized controlled trials as the implementation of such treatment models is essential for developing a culturally sensitive treatment model for Muslim refugees.
Keywords:
family therapy • Muslim refugees • narrative exposure therapy • refugee trauma • trauma treatment.

Müslüman Mülteci Aileler için Kültürel Olarak Bilgilendirilmiş Bir Travma Terapi Yaklaşımı

Öz
Ağırlıklı olarak Müslüman ülkelerden gelen mülteciler, ülkelerinde ciddi travmatik deneyimlere maruz kalmaktadırlar. Ayrıca göç ettikleri ev sahibi statüsündeki ülkelerde yeniden yerleşim sürecinde yaşadıkları stres devam etmektedir. Amerika Birleşik Devletleri ve Avrupa'da, Müslüman mültecilerin sayısı artsa da, mevcut alanyazın, travma deneyimi olan Müslüman mülteci ailelere yönelik tedavinin etkinliği hakkında bir sonuca varmak için yeterli değildir. Bu popülasyon için yetersiz ruh sağlığı desteği yaklaşımı, olumsuz veya etkisiz ruh sağlığı hizmetleri ile sonuçlanabilir. Bu nedenle, bu çalışmanın amacı Müslüman mülteci ailelere yönelik kültürel olarak duyarlı bir tedavi modeli geliştirmektir. Bu amaçla, bu çalışma mülteci aileler için öyküsel, sanat ve öyküsel maruz bırakma yaklaşımlarından etkilenen sistematik bir aile temelli terapi yaklaşım modeli sunmaktadır. Önerilen bu aile terapisi modeli, haftalık 12 seans ve 4 aşamadan oluşmaktadır: a) tanısal görüşme, b) yaşam öyküsünün anlatılması, c) travmaya maruz kalma ve d) travmatik olayların yeniden anlatılması ve yeniden işlenmesi. Müslüman mültecilere yönelik kültürel açıdan duyarlı tedavi modellerinin geliştirilmesi onların travma tedavilerinde ve ruh sağlığını ele almak gerekli olduğundan, gelecekteki çalışmalar randomize kontrollü denemeleri kullanarak bu çalışmada önerilen entegre modelin etkinliğini test etmelidir.
Anahtar Kelimeler:
aile terapisi • Müslüman mülteciler • mülteci travması • öyküsel maruz bırakma • travma tedavisi.

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Refugees are groups of people forced to flee from their countries to escape human rights abuses and physical and emotional distress (United Nations High Commissioner for Refugees [UNHCR], 2006). There is an increasing number of refugees who have experienced traumatic incidents during persecution within their country of origin, migration, and resettlement process in the host countries. Refugees' basic rights are violated in several countries, and many refugees have been exposed to one or more horrific traumas, such as rape, war, terrorism, persecution, political repression, ethnic cleansing, abject poverty, starvation, and genocide (Lies et al., 2020). Currently, more than 35 million displaced and stateless people are seeking asylum (UNHCR, 2019). These include many asylum seekers from predominantly Muslim countries fleeing from civil war or persecution. Currently, there are 25.8 million Muslim refugees in Europe, and this number is expected to grow in future years (Pew Research Center Report, 2017).

Muslim refugees from non-western countries like Iraq, Syria, Afghanistan, and Palestine suffer from prolonged trauma as a result of exposure to warfare, political torture, displacement, and separations from family members before migrating (Matos et al., 2022; Spaas et al., 2022). Although resettlement seems the best option to provide a safe environment, many refugees pay high costs, including the stress of adjusting to a new country, discrimination, financial insecurity, and educational and occupational struggles (Shedlin et al., 2014; Spaas et al., 2022). Refugees also face loneliness and a lack of social support, which may lead to mental health issues (Liang et al., 2019). Moreover, in most western countries, refugees are not always treated with respect. Instead, they may be confronted with racial prejudice, xenophobia, or islamophobia (Cratsley et al., 2021; Fozdar, 2012). Due to such stressors, Muslim refugees often suffer mental health disorders, including sleeping problems, stress-related disorders, anxiety, depression, substance abuse, paranoia, and personality change (Lies et al., 2020; Müller et al., 2019; Shedlin et al., 2014). These psychological problems are usually compounded by the challenges of acculturation and adjustment to the host country (Tonui & Mitschke, 2022), as well as the added trauma of discrimination, racism, and Islamophobia (Fozdar, 2012). In short, all these factors can add to the stress of migration to make refugees more vulnerable to mental health issues.

Various treatment models have been developed to work with PTDS in refugees. Several qualitative and single-case research studies confirm the effectiveness of these models. However, not enough studies have focused on Muslim refugee families. Therefore, although some evidence-based treatment models have been culturally adapted for this population, there is not yet enough evidence to determine whether such treatments are effective for traumatized Muslim refugees. While working with this population, a lack of information about their beliefs, culture, and values may lead to ineffective or even negative therapy outcomes and increased stress or severity of trauma (Tanhan, 2019). Thus, there is an urgent need to develop effective culturally sensitive treatment models for Muslim refugees that integrate their cultural values and past experiences with their present reality.

Treatment of Refugee Trauma

Many trauma interventions have been developed to reduce post-traumatic stress symptoms, such as trauma-focused cognitive behavioral treatment (TF-CBT), narrative exposure therapy (NET), eye movement desensitization and reprocessing (EMDR), and testimony therapy (e.g., Nocon et al., 2017; Pfeiffer et al., 2019). However, these approaches are not specifically developed for refugees and do not overtly discuss the role of culture during trauma treatments (Genç, 2022). This is problematic because refugees seeking asylum in western countries encounter not just trauma but also problems due to their legal status, such as uncertainty, discrimination, struggles with acculturation, loss of social status, and language obstacles (El Baba & Colucci, 2018; Dhalimi et al., 2018; Schmitt et al., 2014). These treatment modalities also fail to include the client's families or communities in the therapy (Voulgaridou et al., 2006). Therefore, new and more effective integrative services are needed for refugees to provide for their unique needs. Effective treatment models should incorporate relevant cultural features while new intervention programs should be developed to meet the specific needs of refugees by including the family and/or community in therapy.

In response to the lack of effective trauma models for refugee families, this study proposes an integrated family-based therapy approach, influenced by narrative, art, and narrative exposure (NET) approaches. These therapy modalities are driven by a cognitive-behavioral, testimony, and social constructionist theoretical framework. Specifically, NET draws on the trauma-focused cognitive-behavioral and testimony therapy model, specifically traumatic stress disorders (Schauer et al., 2011). NET aims to construct a detailed autobiographical demonstration of traumatic incidents to lessen trauma symptoms by confronting the traumatic memories and facilitating the emotional processing of traumatic memories. NET enables individuals to reconstruct their traumatic memories by developing a new narrative of past events. NET was developed by White and Epston (1990) from the social constructionist assumption that people construct knowledge and reality based on their experience, values, and culture. Accordingly, NET insists on exploring clients' subjective realities, meanings, and cultural discourse. Through this exploration, people reconstruct oppressive realities and formulate alternative stories. This gives individuals a chance to share their experiences and thoughts while others are listening, which allows all family members to be included in a family narrative. They can then construct a new narrative of their life story together.

The integrated family-based therapy for refugees proposed here includes the following themes: current conditions, previous life conditions before experiencing trauma in the country of origin, and escape from the home country. In the session, the clients discuss each family member's point of view, role changes, social network, and thoughts of the future, and coping strategies in the family. Such family sessions enable all family members to participate and share their experiences and thoughts in front of

the whole family. Another goal of therapy is to help the family construct a narrative of their life story. Considering the increasing number of refugees, their living conditions, and the challenges of being Muslim in non-Muslim host countries, a culturally adapted treatment approach is a need for this population. To provide a guide and help mental health workers working with Muslim refugee families, the current study proposes a culturally informed trauma therapy approach for this population.

Integrated Therapy Approach Phases

Phase 1 (Establishing therapeutic alliance and assessment). This phase focuses on the diagnostic interview, psychoeducation and developing a working relationship, and helping the family feel safe. The therapist's role in this phase is to establish rapport and be effective (Bemak et al., 2002).

This phase also includes psychoeducation, normalization of the family's experience, and explaining the therapy process. In psychoeducation, the therapist explains normal common reactions to trauma, the nature of PTSD, and the reasons for the symptoms. The therapist then describes the therapy process and what the client should expect. This phase prepares the clients for the stress and arousal that they may encounter during the treatment.

Several gender-based cultural issues affect treatment with this population. First, Muslims, particularly males, generally act to maintain a positive family identity. Thus, displaying fragility or vulnerability may be seen as a sign of profound personal weakness (Genc & Baptist, 2019). Second, Muslim families are often patriarchal, so the father is seen as the leading authority figure in the family. Accordingly, it is critical to gain his trust and support to treat family members in sessions. If the father becomes withdrawn or feels isolated, he may withdraw therapy for the whole family. Therefore, the therapist must treat the father or oldest male in the family with respect and include them in all family discussions.

In this session, the therapist could apply the *Naming and validating the effects of trauma* technique with the family. Internalizing trauma narratives can lead to feelings of inadequacy, inability to cope, and incompetence. Naming and affirming the physiological and psychological impacts of trauma can help to combat these sentiments. It is a relief for people to understand that supposedly 'abnormal' feelings like frustration, irritability, numbness, being easily startled, over-protectiveness, nervousness, agitation, or specific concerns are associated with a trauma-stress response (van der Kolk, 2000). This factor influences how therapists approach the interpreting process by identifying the significance of particular words. The family reconstructs their own past while in the host-country environment by recounting unpleasant situations, events, thoughts, worries, and expectations with well-chosen

words and phrases. Various words can be used as cultural keys, particularly names that explain certain situations, life events, conventions, and behaviors. These elements may elicit emotional and linguistic responses from family members, which can help with therapeutic communication.

While doing therapy with Muslim families, the therapist should consider that Allah is the final arbiter of truth and wisdom, so it is to Him that one should turn for help and guidance. That is, Allah is seen as the ultimate helper (Sabry & Vohra, 2013). In Islamic cultures, individuals struggling with their parents or spouse can benefit from consulting a sheikh, so a mullah or imam (Islamic scholar) can be invited to the therapy session. The Islamic scholar's presence can help families construct their narrative by expanding family members' perceptions of reality in helpful ways (Genc & Baptist, 2020). Hadiths (i.e., religious statements, actions, and traditions of the prophet Muhammed) can also facilitate a shift in the family's epistemology. However, before integrating religious teaching into therapy, the therapist should learn how religious the family is, how they practice their religion, and whether the family believes there is a link between the presenting problem and their sinfulness or lack of faith (Hedayat-Diba, 2000).

Therapist role. It is important to note that the therapist should build a consistently warm, trusting, and positive relationship with family members before starting treatment (Genc, 2021). When working with Muslim families, the therapist may need to spend extra time and energy creating a therapeutic alliance with each family member. Therefore, before asking about family and personal problems, the therapist should first build a rapport. As Abi-Hashem puts it, ''Inquire gently! Be patient. Do not demand information or put pressure on them to quickly disclose their issues or to completely describe their pain, needs, etc." (Abi-Hashem, 2011, p. 165).

Phase 2 (Focusing on trauma and autobiography). This phase begins the narration of the life story, which begins at birth and continues through the earliest traumatic incident to further sessions dealing with subsequent events. The goal is to learn about the different types of traumatic incidents and gain an overview of the family's life, which provides sufficient distance and space to reflect on both happy and terrible times. During this phase, the therapist uses the NET-based "Lifeline" exercise (Schauer et al., 2011). According to NET, survivors of complex trauma usually seem lost and have difficulty remembering traumatic events. The lifeline tool enables them to talk about distressing content.

For this exercise, the therapist rolls out a long piece of rope, ribbon, or string for each family member, with one end representing each family member's birth and the other end representing their future life. Each family members place two kinds of objects (stones and flowers) on the table to symbolize various moments in their lives. The flowers represent happy memories whereas the stones reflect humiliating,

challenging, and especially traumatic memories. By completing the lifeline exercise, family members symbolically present the emotional highlights of their life. They then write and read aloud a biographical and chronological overview of the timeline to the other family members**.**

Therapists must understand that although Muslim clients generally have a strong sense of family connectedness and unity, family members may feel embarrassed and uncomfortable expressing their concerns with other members of the family present in the counseling session due to fear of confrontation. Hence, Daneshpour (1998) suggests having individual sessions with each family member before family sessions in which the therapist can serve as a mediator.

Phase 3 (Telling the trauma story and creating new stories). This phase focuses on telling the trauma story, creating re-exposure to the trauma, and restructuring the story through narrative, art, and NET techniques. Once family members separate the trauma from themselves, the therapist can assist them to reconstruct and author their new story.

For traumatic cases, it is important to process the traumatic memories. NET therefore follows two main strategies. Firstly, the therapist guides the clients in imaginal exposure to the traumatic events and tries to active the associated fearful memories. This aims to alter emotional and cognitive process through detailed investigations of traumatic events. Secondly, the clients re-evaluate and re-interpret the meanings and patterns of traumatic, negative, and fearful events. In exposure-based interventions, the therapist's role is critical at this point. Therapists must guide and assist the clients to remain emotionally engaged with the traumatic memories through positive regard, validation, encouragement, and emphatic understanding (Bragesjö et al., 2021).

During this phase, family members re-read the preliminary narrations of their life stories to activate traumatic memories and fears related to their trauma. In activating these memories and emotions, the major goal of the narrative and exposure model is to help the clients build new autobiographical memories about the past traumatic events (i.e., cold memories). In this phase, the clients also label and place the fragments of the networks of physical sensations, thoughts, and emotions (i.e., hot memories) until they are able to construct a new autobiographical image of the traumatic event that fits within the larger narrative of their entire life. While new autobiographical memories permeate further contextual information into hot memories, the fearful or traumatic memories progressively cool down. This allows family members to adjust the triggers linked with the hot memories (Schauer et al., 2011) and ultimately process the problematic stories so as to formulate a new story.

In further sessions, the therapist thickens the family's narration with more detail by asking more specific questions about the traumatic experiences. In this way, the

therapist helps the family members turn their memory fragments into words. This generally includes narrating traumatic incidents, re-experiencing emotions and trauma in greater depth, and labeling in more detail. The family members then integrate these details into their narratives. To activate hot memories the therapist uses various NET strategies, including telling stories, using metaphors, or asking direct questions about the client's sensory, cognitive, and emotional experiences during trauma as well as providing feedback on the clients' reactions and responses as they narrate their stories.

The therapist can use various *externalizing the problem* techniques (White & Epston, 1990) with refugee families, particularly art therapy techniques, such as drawing, coloring, and sculpting. Art therapy can also help the family to separate themselves from the problem. For example, directives such as "Draw how the problem looks to you" can encourage sufficient emotional separation for the family to observe and rethink the problem. Once family members can externalize the problem and consider it as a separate entity, they can start to redefine it as well as re-author their life story (White & Epston, 1990). For re-authoring, the family members firstly recognize the influence of their culture on their stories. They then reveal their dominant narratives that explain certain behaviors and thoughts within their culture. After this recognition of the dominant narratives in the family's culture, simple directives may help the family to find alternative meanings, such as "Draw your past, present, and future" or "Draw your ideal world".

Narrative therapists generally use questions to access alternative meanings and information (Kiser et al., 2010). Through such questions, they how the problem has affected the family subsystems (e.g., couples, parents, and siblings/children) and the relationships and behaviors toward each other. Therapeutic questions also allow the family members to separate themselves from the impact of the traumatic events and form trauma narratives by reconstructing their dominant stories. Nichols and Schwartz (1998) use the following set of therapeutic questions:

- *Deconstruction question:* "What does trauma/stress whisper in your ear?"
- *Opening space questions:* "Has there ever been a time when that stress could have taken control of your relationship, but didn't?"
- *Preference questions:* "Was this way of handling thing better or worse?"
- *Story development questions:* "How is this different from what you would you have done before? "Who will be the first person to notice this positive change in you?"
- *Meaning questions:* "What does it say about you that you were able to do that"
- *Questions to extend the story into the future:* "What do you predict for the coming year?"

These therapeutic questions can be continued through drawing a 'progressive story' on the wall or a poster, or by mapping. Through these techniques, the family can visualize the problem, discover unique outcomes, develop a new story from these outcomes, produce negative images of the self and create alternative positive images, and highlight positive changes.

Cultural components of phase 3. While *Storytelling* is a common technique in narrative therapy, it is a particularly characteristic tradition in Islamic culture (Voulgaridou et al., 2006). Muslim refugee families usually recall their homelands with nostalgia while extended family members assemble to tell each other traditional stories. The subjects of these stories are generally people who have led remarkable or instructive lives. That is, they present outstanding life histories as models for overcoming difficult situations and circumstances in life. By using such stories, the therapist may access and activate the family's resilience and belief that they have the knowledge and ability to control the worries and fears stemming from their own hard times. The therapist can then use *story development questions.* These ask the family members to explain the process and aspects of their experiences and relate them to a timeframe. Through this practice, the family may gain a better understanding of how to challenge the constraints of the chosen story.

Another commonly used technique in narrative therapy sessions is *family-generated metaphor* (Methieson et al., 2018) as a nonthreatening way to talk about emotionally complex issues with Muslim refugee families. The metaphor is a unique linguistic expression that conceals an interior meaning under the surface of language and represents a certain culture. It can represent a request, a plea for sympathy, or listening to a fear or conviction that deepens therapeutic conversation (Kornhaber et al., 2006). Thus, the therapist should be careful not only of the meaning of the metaphors but also of the style in which they are communicated as the problems that families bring into treatment cannot be understood without consideration of their cultural trials.

Therapist role. Throughout the process of reconstructing a narrative, family members must feel supported while re-experiencing and reporting their traumatic experiences. The therapist provides an audience and witness to the family's ordeals (Schauer et al. 2011) and helps the family to write and/or draw their story, but without developing a new story for them.

Phase 4 (Termination, relapse presentation, and future orientation). The aim of this phase is to narrate and reprocess the events in chronological order by rereading and signing the family members' narrative documents by discussing their future. The therapists also assist the family members to identify and discuss their present and future worries, hopes, goals, and expectations to create new meanings for their stories while recreating and reframing their past.

While working on future hopes and goals with Muslims, therapists should explore whether future expectations are linked to Islam. Since each expectation or hope has both an enduring inclination and future inspiration, the metaphysical element of the will of Allah is involved in this particular form of imagination. Many Muslims have a fatalistic interpretation of life, based on the belief that everything happens because Allah wills it, as in the Arabic saying "Inshallah" (God willing). The family may thus consider that one must accept life as it is since Allah is in responsible for everything. Hence, some clients may think that only Allah can make a difference, and that they are powerless and incapable of making changes to benefit themselves. In this case, the therapist may then question the concept of free choice and self-determination with the family, using the following saying in the Holy Qur'an:"God does not change people until they change themselves".

In the last session, *Audiencing* (White & Epston, 1990) can be applied, which aims to acknowledge and encourage the family's efforts. The therapist plays a critical role as an enthusiastic audience, applauding the family members' efforts, and enacting a preferred story. The therapist also writes letters to each family member, which predict their outcomes, list their accomplishments, and encourage them to take further action. These letters also be used as letters of reference that clients can show to others who are interested. Letters also have a symbolic purpose. That is, they not only record the re-authoring assignment but also provide physical evidence of support and interest.

After giving each family member a copy of their narrative letter, the therapist processes their reactions as well as any feelings about termination. Lastly, the therapist must confirm that the family has achieved closure and that the trauma narrative no longer causes acute emotional arousal.

Implications

The increasing presence of Muslim refugees worldwide requires religious leaders, policymakers, trainers, and mental health providers to respond by designing and implementing appropriate services for this population. The development of culturally adapted evidence-based practice treatment models would help to facilitate healing and trauma recovery. Thus, more practice in the field and experimental studies are needed to evaluate the effectiveness of new models. In addition, it is important to train mental health providers to improve their knowledge about Islam and Muslim culture as well as gain cultural awareness. Relatedly, providing supervision to mental health providers would reduce their anxiety and increase confidence while working with this population. Religious leaders, including imams, priests, or clergy, can play an important role in making this particular population feel accepted into their host society. Specifically, religious leaders and scholars could use the khutbah (the sermon) to draw local people's

attention to the refugees' problems and inform them about how they treat refugees based on Islamic rules. Lastly, policymakers could introduce more humanitarian policies for this population to improve their living conditions. Finally, laws should protect Muslim refugees from hate crimes, including Islamophobia and xenophobia.

Limitations and Future Directions

While this study provided a model to guide mental health providers while working with Muslim refugee families, there are some limitations. First, the proposed model has not been tested and may not work effectively in practice. Thus, randomized control studies are needed to assess the effectiveness of the proposed model. The second limitation is that the current needs of Muslim refugees were not analyzed before developing the model. Thus, qualitative research using in-depth interviews is needed to explore the unique needs and expectations of Muslim refugees regarding mental health treatment. This would provide more appropriate interventions and better alternative treatment models for this population. Lastly, research is needed to determine the long-term effects and sustainability of the proposed treatment model's interventions. Therefore, future studies should include follow-up sessions.

Conclusion

Trauma therapies have been proven to be effective and expressive therapies have become popular among refugee populations, specifically. However, these existing therapy models should be adapted to Islamic culture to ensure that traumatized Muslim refugees are treated effectively. Within the proposed integrated approach, the family therapist is interested in how the family forms and conceives reality, as well as how family members communicate in their narratives. The therapeutic interventions are also sensitive to the family members' perceptions and beliefs about their own refugee experience. To grasp the complexity of the family system and tie together the family stories, it is vital that the therapist acquires a complete picture of the family and listens to each member's point of view. This can help increase the family members' ability both to cope with their past trauma and adapt to their host society. While we believe this model can usefully be applied in treating refugee families, further studies are needed, specifically randomized controlled trials, to fully investigate the model's effectiveness.

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Book Review

Towards a Christian Psychology or Cure of Souls

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A Catholic Christian Meta-Model of the Person: Integration with Psychology and Mental Health Practice
Edited by Paul C. Vitz, William J. Nordling, and Craig Steven Titus
Sterling, VA: Divine Mercy University Press, 2020, PP. 736,
Paperback: $45.00; Hardcover: $93.00.

The Enlightenment project took root in the modern West. It was not a natural outgrowth of Christianity but, rather, a repudiation of its sacred tenets. Prior to the gradual secular trajectory of the West, the Christian tradition shared a common metaphysical understanding of reality with other spiritual traditions of the world. It is this sacred epistemology that provides a unitive understanding of the human being and a psychology or "science of the soul" that integrally connects the person to the Divine. The development of modern Western psychology as a distinct discipline is due to the European Enlightenment and its desacralization and reductionism, which is its inescapable legacy that it still has not come to terms with. Paradoxically, psychology is the study of the psyche or soul, yet its science denies the existence of Spirit and therefore it cannot be an authentic psychology. In fact, in the Middle Ages we find the Latin expression *cura animarum*, or "cure of souls," which conveys the integration of spirituality and psychology, always situating the human psyche within the spiritual domain that transcends and includes it.

To perpetually modify the understand of the person according to an ever-expanding index of psychological theories and practices based on the current whims and fashions of the discipline is to miss the mark and inevitably leads to confusion and misunderstanding, due to the

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limitations of not only what is included, but more importantly what is excluded. The human being escapes all attempts to be reduced to a mental health theory or diagnosis. A basic postulate of this work under review is that: "our understanding of the nature of the person is fundamental to all aspects of mental health practice. Such a vision of the person defines the scope of what we see as human problems, our understanding of how such problems develop, and what is to be done to promote healing, growth, and even flourishing" (p. xi). Furthermore, "an understanding of the person based solely on psychological perspectives of the person and the collective wisdom of the mental health field is itself still too reductionistic to fully express the complexity of human nature" (p. xi). For this reason, the discipline of psychology and the field of mental health need a transpersonal dimension in order to facilitate a multidimensional framework by which one can understand the depths and heights of what it means to be human.

This book consists of twenty-six chapters that are divided into five parts: *Part I: The Meta-Model of Integration*, consists of two chapters introducing the Catholic Christian Meta-Model of the Person (CCMMP) and its implications for the field of mental health, along with the understanding of the human being according to the Christian tradition. *Part II: Psychological Support*, contains four chapters identifying the benefits of integrating a spiritually based understanding of the person into contemporary psychology and psychotherapy and provides a critique of personality theories established on secular and reductionistic principles of mainstream psychology. *Part III: Philosophical Support*, has ten chapters articulating the underlying assumptions of the human being within the Christian tradition and how they fundamentally differ from the secular assumptions of modern science, the focus on a holistic understanding the human being as a tripartite structure of Spirit, soul, and body, the relationship between man and woman, the notion of vocation and human flourishing, and the psycho-spiritual importance of virtue. *Part IV: Theological Support*, consists of three chapters addressing the human being created in the image of the Divine and what this means given our fallen condition, the ways of redemption, and its implications for mental health treatment. *Part V: Theoretical and Clinical Applications of the Meta-Model*, contains seven chapters that cover the principles for training in this comprehensive multidisciplinary and faith-based approach for mental health professionals and offering case conceptualizations, group therapy in light of the Christian tradition, a critical overview of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and the *International Classification of Diseases* (ICD), and a case for the need to include the spiritual dimension to address the fullness of the human being in psychological assessment and diagnosis.

The editors of this work have advanced the following framework, entitled "the Catholic Christian Meta-Model of the Person" (CCMMP). Its aim is outlined here:

> The Meta-Model is an overarching comprehensive view of the person, which provides a framework for integrating the rich understandings about various dimensions of the person

> that are explored in existing personality theories, while avoiding the reductionism that results when a vision of the person is based on one or only a few of these personalities theories. (p. 6)

An imperative point to understand about this book is that "the Meta-Model does not replace existing therapeutic models in the field, but instead provides a framework for the thoughtful selection of one or more interventions based on its comprehensive view of the person" (p. 6). The objective of the CCMMP framework is to provide a more comprehensive vision of the human being in order to support sound psychological theory and research for mental health practitioners and individuals utilizing services.

Within modern Western psychology, there has been a wide acknowledgment that the field is in crisis due to its dehumanized and reductionistic science, its eclecticism devoid of an integrative framework, and its lack of consensus on important facets of the discipline; some even question its efficacy altogether. The editors hold that modern psychology has developed myriad "partial" theories for understanding the human being. Although correct, this assessment underestimates and minimizes the negative impact that modern psychology and its secularizing tendency have had by attempting to substitute itself for the role that religion and the spiritual traditions have played. We must not forget that modern psychology viewed religion as a mass neurosis and pathologized it.

Partial theories cannot be piecemealed together to establish a complete theory. Due to the lack of an integrative theory, the editors recommend that "There is a need for a unifying framework" (p. 9). With this noted, again "partial" theories cannot be amalgamated to establish an integral or complete psychology of the human being. What is needed is an integrative and nonreductionist model established on metaphysics to access the spiritual dimension. Psychology, when understood as a "science of the soul" as found within all of the spiritual traditions, consists of a wholeness that cannot be reduced to the sum of its parts. Just as religion cannot be reduced to the sum of its parts, the same is true for the sacred psychologies found within all of the religions.

A distinct qualifier for therapists who embrace a spiritually informed approach is the recognition of the sacred and the way that it permeates the whole of human existence. The theological vision of the Christian tradition is based on the idea that human beings are created in the "image of God" (Genesis 1:27) and we are all called to be "partakers of the divine nature" (2 Peter 1:4). To fail to view the person in the here-in-now as someone struggling with whatever problem that they are trying to remedy and at the same time in full possession of their theomorphic identity is to miss the person or to only see a fragment.

Those who take up the practice of Christian psychology do not see it as a vocation among many, but rather as a calling. As noted, "Christian mental health professionals view professional work as a calling from God and not simply a job" (p. 15). This

viewpoint greatly differs from that of secular psychotherapists, who likely do not hold that "Service to their clients is seen as a way of loving both God and neighbor" (p. 15). Another distinction between Christian and secular therapists is that "Christian mental health professionals pray for and work to develop the supernatural virtues of faith, hope, and charity" (p. 15). Therapists utilizing this approach need to apply this spiritual medicine to themselves before attempting to apply it to others and take heed of the important injunction: "Physician, heal thyself" (Luke 4:23). A spiritually based therapy recognizes that human behavior is connected to ethical norms and the development of virtues of a given spiritual tradition. This is observed here: "Well-regulated emotions, along with the contributions of reasons, volition, and other people, are necessary for virtuous moral action" (p. 39).

The editors of this volume make an attempt at "integrating a Christian understanding of the person with modern psychology" (p. 47). While this is commendable and one can certainly find common ground between the spiritual psychologies and mainstream psychology, no integration between the two is possible without first examining their foundations for inherent conflicts. Because of the exclusion of the sacred, one must ask how the modern discipline of psychology can ever be a true "science of the soul." It cannot be ignored that the emergence of modern science and its psychology was an all-out assault on the metaphysical roots known across the sapiential traditions and their own integral psychologies.

Christian psychology does not deny that in some cases psychological problems are associated with genetic, biochemical, or other factors outside the agency of the individual. The meaning given to a person's suffering and the behaviors enacted can facilitate therapeutic well-being or reduce the possibilities of the onset of psychopathology. From the perspective of religious and spiritual traditions, "morality is for the benefit and flourishing of the person" (p. 65), which can support the integrity of the human psyche as "it is understood that some psychological problems can arise from violating the moral law and ... many aspects of psychological flourishing develop from keeping the moral law" (pp. 65–66).

References made to the threefold constitution of the human being can be found in St Paul's first epistle to the Thessalonians: "May the God of peace Himself sanctify you wholly; and may your *spirit and soul and body* be kept sound and blameless at the coming of our Lord Jesus Christ" (1 Thessalonians 5:23). As human beings have both a body and a mind, it is important to first turn to the body and investigate with the individual their physical health prior to determining a mental health diagnosis. Once a physical health problem has been ruled out, a person's mental health can be further assessed. At the same time, maintaining awareness of the fundamental mind-body unity and its relationship to the tripartite structure of Spirit, soul, and body at all times is central to any spiritually-informed therapeutic approach.

The human being is always seeking to transcend itself in order to find wholeness and healing but cannot do so without access to an agency beyond itself. The empirical ego or separate self, because of its fallen condition, is unable to accomplish this. It is in the restoration of the primacy of our essential nature or the "image of God" (*imago Dei*) within us that we can transcend our limited self-concepts and beliefs. The Divine is both transcendent and immanent; however, mainstream psychology and its "secular approaches all neglect transcendence and assume only immanence" (p. 80). This is problematic, as there can be no immanence without a prior transcendence; in the same way that the vertical dimension informs the horizontal, everything proceeds from the spiritual dimension and its metaphysical roots. It is in abiding in both the Divine transcendence and immanence that we can obtain wholeness and healing: "Be anxious for nothing; but in every thing by prayer and supplication with thanksgiving let your requests be made known unto God. And the peace of God, which passeth all understanding, shall keep your hearts and minds through Christ Jesus" (Philippians 4:6–7).

Contemporary psychology, although divorced from the sacred, is itself not free of its own metaphysical assertions. The discipline appears to be oblivious that it has constructed its own pseudo-metaphysics that end in *psychologism*, the attempt to reduce all of reality to psychological criteria. Reductionism can take on many forms, and the discipline of psychology is often unaware of them. Mainstream psychology "reduce[s] the soul to the mind and the mind to an epiphenomenon of the brain, which itself is the product of environmental factors" (p. 153). As Christian psychology has a spiritual basis, it can provide a holistic understanding of the human being. The editors write, "there is each person's basic *call to flourishing or goodness* as a human person" (p. 214).

Present-day psychology and psychotherapy not only produce what could be viewed as "partial" theories and applications but offer a fragmented understanding of the human being and the nature of reality. This predicament will remain as long as psychology does not acknowledge the centrality of metaphysics and the spiritual dimension within the discipline. The human being's connection to the Divine needs to be at the front and center of all treatment approaches as is affirmed in Christian psychology (see Larchet, 2011; Tan, 2011) and all other spiritually based therapies.

Mental health professionals will benefit from this comprehensive manual that has been extensively researched, as it provides a way forward in the direct application of the Christian tradition in a therapeutic context. This book restores the authority within psychology back to the spiritual dimension rather than the empiricism and rationalism that is the legacy of the Enlightenment project and consequently of mainstream psychology. An important matter not addressed in this study are the arguably deleterious impacts of the Second Vatican Council (1962–1965) on the hearts and minds of the faithful, not to mention the crisis in religious vocations

to which it has led. Therefore, references to the doctrinal teachings of Vatican II (and the contemporary church) should be considered with discernment so that a clear distinction can be maintained between traditional Catholicism and some of its modern aberrations (Coomaraswamy, 2006). Notwithstanding, the book has many strengths that will benefit therapists who are interested in Christian psychology, or the "science of the soul" found within all of the world's religions. It is by adhering to one of the divinely revealed spiritual traditions that we can gain access to a liberating discernment—"Ye shall know the truth and the truth shall make you free" (John 8:32)—which is essential for any integral therapy and healing.

References

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