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Original Article

Religion and Spirituality in Solution-Focused Brief Therapy

Yakup Özkapu[1]
Ministry of National Education

[1] Ph.D. Candidate, Psychological Counselor, Ministry of National Education. E-mail: yakupozkapu@gmail.com

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

Corresponding author:
Yakup Özkapu
E-mail:
yakupozkapu@gmail.com

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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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References

Alton, G. (2020). Toward an integrative model of psychospiritual therapy: Bringing spirituality and psychotherapy together. *Journal of Pastoral Care & Counseling*, *74*(3), 159-165. https://doi.org/10.1177%2F1542305020946282

Berg, I. K. (1994). *Family-based services*. W. W. Norton.

Berg, I. K., & de Jong, P. (1996). Solution-building conversation: Co-constructing a sense of competence with clients. *Families in Society, 77*, 376–391. https://doi.org/10.1606%2F1044-3894.934

Berg, I. K., & Dolan, Y. (2001). *Tales of solutions: A collection of hope inspiring stories*. Norton.

Berg, I. K., & Miller, S. (1992). *Working with the problem drinker: A solution focused approach*. Norton.

Bidwell, D. R. (1999). Hope and possibility: the theology of culture inherent to solution-focused brief therapy. *American Journal of Pastoral Counseling, 3*(1), 3–21. https://doi.org/10.1300/J062v03n01_02

Carter, D. J., & Rashidi, A. (2003). Theoretical model of psychotherapy: Eastern Asian-Islamic women with mental illness. *Health Care for Women International, 24*, 399–413. https://doi.org/10.1080/07399330390212180

Chaudhry, S., & Li, C. (2011). Is solution-focused brief therapy culturally appropriate for Muslim American counselees?. *Journal of Contemporary Psychotherapy*, *41*(2), 109-113. http://dx.doi.org/10.1007/s10879-010-9153-1

Corey, G. (2012). Theory and practice of counseling and psychotherapy. Cengage learning.

Crockett, S. A., & Prosek, E. A. (2013). Promoting cognitive, emotional, and spiritual client change: The infusion of solution-focused counseling and ritual therapy. *Counseling and Values*, *58*(2), 237-253. https://doi.org/10.1002/j.2161-007X.2013.00036.x

de Jong, P., & Berg, I. K. (2008). *Interviewing for solutions* (2nd ed.). Brooks/Cole.

de Jong, P., Bavelas, J. B., & Korman, H. (2013). An introduction to using microanalysis to observe co-construction in psychotherapy. *Journal of Systemic Therapies, 32*(3), 17-30. https://doi.org/10.1521/jsyt.2013.32.3.17

de Shazer, S. (1985). *Keys to solution in brief therapy.* Norton.

de Shazer, S. (1994). *Words were originally magic*. Norton.

de Shazer, S., Dolan, Y., & Korman, H. (2007). *More than miracles: The state of the art of solution-focused brief therapy.* Routledge. https://doi.org/10.4324/9780203836484

Dierolf, K., Hogan, D., van der Hoorn, S., & Wignaraja, S. (Eds.) (2020). *Solution focused practice around the world.* Routledge.

Ekşi, H. (2017). *Psikoterapi ve psikolojik danışmada maneviyat kuramlar ve uygulamalar.* Kaknüs Yayınları.

Franklin, C., Trepper, T. S., McCollum, E. E., & Gingerich, W. J. (Eds.). (2012). *Solution-focused brief therapy: A handbook of evidence-based practice*. Oxford University Press.

Frederick, T. V. (2008). Solution-focused brief therapy and the kingdom of God: A cosmological integration. *Pastoral Psychology*, *56*(4), 413-419. https://doi.org/10.1007/s11089-008-0123-4

Froerer, A. S., Walker, C. R., Kim, J. S., Connie, E. E., & von Cziffra-Bergs, J. (2018). Language creates a new reality. In A. S. Froerer, J. von Cziffra-Bergs, J. S. Kim & E. E. Connie (Eds.) *Solution-focused brief therapy with clients managing trauma* (pp. 24-47). Oxford University Press

Guterman, J. T. (1994). A social constructionist position for mental health counseling. *Journal of Mental Health Counseling, 16,* 226–244.

Guterman, J. T. (2010, March). *Advanced techniques for solution-focused counseling*. Workshop presented at the American Counseling Association's annual convention, Pittsburgh, PA.

Guterman, J. T. (2014). *Mastering the art of solution-focused counseling*. John Wiley & Sons.

Guterman, J. T., & Leite, N. (2006). Solution-focused counseling for clients with religious and spiritual concerns. *Counseling and Values*, *51*, 39-52. https://doi.org/10.1002/j.2161-007X.2006.tb00064.x

Hawkes, D., Marsh, T. I., & Wilgosh, R. (1998). *Solution focused therapy: A handbook for health care professionals*. Butterworth Heinemann.

Hodge, D. R., & Nadir, A. (2008). Moving toward culturally competent practice with Muslims: Modifying cognitive therapy with Islamic tenets. *Social Work*, *53*(1), 31-41. https://doi.org/10.1093/sw/53.1.31

Iveson, C. (2002). Solution-focused brief therapy. *Advances in Psychiatric Treatment, 8*(2), 149-156.

Kayrouz, R., & Hansen, S. (2020). I don't believe in miracles: Using the ecological validity model to adapt the miracle question to match the client's cultural preferences and characteristics. *Professional Psychology: Research and Practice*, *51*(3), 223.

Kelly, M. S., & Maynard, B. R. (2014). Solution-focused approach with spiritual or religious clients. In J. S. Kim (Ed.), *Solution-focused brief therapy: A multicultural approach*. Sage.

Kim, J. S. (2014). Solution-focused brief therapy and cultural competency. In J. S. Kim (Ed.), *Solution-focused brief therapy: A multicultural approach*. Sage.

Kollar, C. A. (1997). *Solution-focused pastoral counseling: An effective short-term approach for getting people back on track*. Zondervan.

Langer, S. M. (2018). SBFT with survivors of war and international conflict. In A. S. Froerer, J. von Cziffra-Bergs, J. S. Kim & E. E. Connie (Eds.) *Solution-focused brief therapy with clients managing trauma* (pp. 24-47). Oxford University Press.

Lee, M. Y. (1996). A constructivist approach to the help-seeking process of clients: A response to cultural diversity. *Clinical Social Work Journal, 24*(2), 187–202. https://doi.org/10.1007/BF02189731

Lee, M. Y. (2003). A solution-focused approach to cross-cultural clinical social work practice: Utilizing cultural strengths. *Families in Society, 84*(3), 385–395. https://doi.org/10.1606%2F1044-3894.118

Lethem, J. (2002). Brief solution focused therapy. *Child and Adolescent Mental Health, 7*(4), 189–192. https://doi.org/10.1111/1475-3588.00033

Lutz, A. B. (2014). *Learning solution-focused therapy: An illustrated guide.* American Psychiatric Publising.

Murdock, N. L. (2012). *Psikolojik danışma ve psikoterapi kuramları: Olgu sunumu yaklaşımıyla [Theories of counseling and psychotherapy: A case approach.]*. (*Çev. F. Akkoyun). Nobel Akademik Yayıncılık*.

Myers, J. E., Sweeney, T. J., & Witmer, J. M. (2000). The wheel of wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling & Development, 78*(3)*,* 251-266. https://doi.org/10.1002/j.1556-6676.2000.tb01906.x

Nelson, T. S. (2019). *Solution-focused brief therapy with families*. Routledge.

O'Hanlon, W. H., & Weiner-Davis, M. (1989). *In search of solutions: A new direction in psychotherapy*. Norton.

Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. The Guilford Press.

Rassoul, G. H. (2016). *Islamic counselling: An introduction to theory and practice.* Routledge.

Ratner, H., George, E., & Iveson, C. (2012). *Solution focused brief therapy: 100 key points and techniques*. Routledge.

Reddy, I., & Hanna, F. J. (1998). The lifestyle of the Hindu woman: Conceptualizing female clients of Indian origin. *Journal of Individual Psychology, 54*, 384–398.

Santich, R. (2020). *An exploration of broaching and integrating religion and spirituality within a solution-focused counselling practice* (Master thesis, University of Canterbury). http://dx.doi.org/10.26021/10116

Sharry, J. (2004). *Counselling children, adolescents and families: A strengths-based approach*. Sage.

Solution Focused Brief Therapy Association. (2013). *Solution focused therapy treatment manual for working with individuals* (2d ed.). Retrieved from www.sfbta.org

Sözen, E. (2017). *Söylem - Belirsizlik, mübadele, bilgi/güç ve refleksivite.* Profil Kitap.

Trepper, T. S., Dolan, Y., McCollum, E. E., & Nelson, T. (2006). Steve de Shazer and the future of solution−focused therapy. *Journal of Marital and Family Therapy*, *32*(2), 133-139. https://doi.org/10.1111/j.1752-0606.2006.tb01595.x

Trepper, T. S., McCollum, E. E., de Jong, P., Korman, H., Gingerich, W., & Franklin, C. (2010). Solution-focused therapy treatment manual for working with individuals, J. S. Kim (Ed.), in *Solution-focused brief therapy: A multicultural approach*. Sage.

Walter, J. L., & Peller, J. E. (1992). *Becoming solution-focused in brief therapy*. Brunner.

White, M. K. (2007). *Maps of narrative practice*. WW Norton & Company.