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EDAM (Educational Consultancy & Research Center)

Phone: +90 (216) 481-3023 **Web:** www.edam.com.tr **Email:** editor@edam.com.tr

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Correspondence

Prof. Dr. Halil Ekşi

Marmara University, Atatürk Faculty of Education Goztepe Campus 34722 / Kadıköy - Istanbul Turkey

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Original Article

Spiritually Oriented Couple, Marriage and Family Therapies

Şeyda Çetintaş¹

Fatih Sultan Mehmet Vakıf University

Halil Eksiş²

Marmara University

¹ Şeyda Çetintaş, Ph.D., Graduate Research Assistant at Fatih Sultan Mehmet Vakıf University, Department of Guidance and Psychological Counseling, Turkey. E-mail: scetintas@fsm.edu.tr.

² Department of Educational Sciences, Guidance and Psychological Counseling, Marmara University, Istanbul, Turkey. E-mail: halileksi@marmara.edu.tr

Abstract

In this review, it is aimed to focus on the integration of spirituality into family-oriented psychological help processes. To conceptualize the reflection of spirituality on the family system more clearly and to make sense of the spirituality-family relationship, the issue of spirituality was examined in specific processes such as in the relationship between parents and children, between spouses and in the transition process from adolescence to late age. The paradoxical nature of spirituality in family relationships was emphasized. For this purpose, spirituality was discussed both as a source of problems and as a source for solutions in family relations. Spiritually oriented psychological clinical help is an emerging field in Turkey. Seeing that spirituality is such an important issue in family relations and marriage, it is aimed to bring a family-focused approach to the spiritually oriented psychological help process. So, by addressing ethical issues, this review aims to offer a new perspective to field practitioners working with couples and families in clinical practice.

Keywords: Spirituality, Couple, Marriage, and Family Therapies, Psychological Counseling

Corresponding author:

Şeyda Çetintaş

E-mail:

scetintas@fsm.edu.tr

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Manevi Yönelimli Çift, Evlilik ve Aile Terapileri

Öz

Bu çalışmada, maneviyat konusunun aile odaklı psikolojik yardım süreçlerine entegre edilmesine odaklanılmıştır. Maneviyatın aile sistemine yansımaları daha net bir şekilde kavramsallaştırılabilmek ve maneviyat-aile ilişkisini anlamlandırabilmek için bu konu ebeveyn-çocuk ilişkisi, eşler arası ilişki, yaşlılık dönemine geçiş gibi spesifik süreçler içerisinde incelenmiştir. Maneviyatın, bu süreçlerdeki paradoksal doğası vurgulanmış ve maneviyat konusu hem sorunların kaynağı olabilme hem de sorunlara çözüm olabilme özelliğiyle tartışılmıştır. Manevi yönelimli psikolojik danışma ve terapi Türkiye’de son zamanlarda çalışılan, güncel bir alandır. Maneviyatın, aile ve evlilik ilişkilerindeki önemi göz önünde bulundurularak, bu bölümde manevi yönelimli psikolojik yardım süreçlerinde, aile odaklı bir yaklaşımın tanıtılması hedeflenmiştir. Bu nedenle, etik konulara değinilerek, klinik uygulamada çiftler ve ailelerle çalışan alan uygulayıcılarına yeni bir bakış açısının sunulması amaçlanmıştır.

Anahtar Kelimeler: Maneviyat, Çift, Evlilik ve Aile Terapileri, Psikolojik Danışmanlık

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Spiritually Oriented Couple, Marriage and Family Therapies

For professionals, it is more difficult for some subjects to be included in the psychological help process than for other subjects that are discussed in the counseling session. Spirituality and religion seem to be one of these challenging areas and many professionals do not know what to do when the phenomenon of spirituality manifests itself in the psychological help process (Helmeke & Bischof, 2002). Although spirituality is a highly related area to the individual, spiritual issues are often overlooked or avoided in marriage and family therapy and, even spirituality may be considered as more taboo than death (Prest & Keller, 1993). It would not be wrong to say that psychological counselors and therapists have various reasons for their hesitation about spirituality. As a part of the training that the professionals received, not imposing their values and beliefs on their clients and respecting the clients have been accepted as basic principles (American Association for Marriage and Family Therapy (AAMFT), 2015). Some professionals may be hesitant because they have difficulty in distinguishing religion from spirituality and defining these two concepts (Marterella & Brock, 2008). For some professionals, this hesitation is due to the lack of training on how to integrate spiritual issues into the psychological help process properly and the lack of counselors' self-confidence in this matter (Helmeke & Bischof, 2002).

In today's society, the vast majority of individuals and families, whether they are part of any religion or not, have adopted personal experiences, in which they can express their spiritual values. These spiritual beliefs that individuals possess may affect their experience of suffering, the meaning of the symptoms they experience, their ways of talking about their problems and sufferings, the causes of their suffering and their belief in sufferings' future course, their ways of dealing with their troubles, their attitudes towards the psychological counselor and therapist, the treatments they seek, and their preferred ways to solve problems (Walsh, 2009c). In addition to all these, the individuals' spiritual experiences can be the source of the troubles they live. In other words, stress factors of spiritual origin may lie under the emotional and physical problems experienced by the clients (Smith & Harkness, 2002). In this case, it seems meaningful for professionals to consider clients' spiritual belief systems to better understand the people they work with (Prest & Keller, 1993). Considering that many of the individuals seeking help for their physical, emotional and interpersonal problems are also in spiritual distress, it seems to be a necessity to participate in the spiritual dimension of the human experience to understand the needs and suffering of the clients, to help them recover, and to grow (Walsh, 2009c). Since the spirituality is an important part of human experience and has indirect and direct effects on the counseling process, this review aims to address the issue of spirituality within the family system and in the process of couple and family therapy.

Spirituality in Family Life

Spirituality is a powerful dimension of human experience, which includes transcendental beliefs and practices and promotes human prosperity, commitment, and search for meaning (Walsh, 2009b). The fastest expression of spirituality, which is relational in nature, manifests itself in family bonds (Walsh, 2012). Family process research has shown that transcendental values support healthy family functioning (Abbott, Berry, & Meredith, 1990). Family members need a value system that goes beyond the limits of their knowledge and experience in order to accept the risks and losses they will experience as an inevitable part of their closeness and love they share (Walsh, 2006). Having a spiritual world view guides the individual and the family unit throughout the course of life and generations, provides greater values and goals, guides daily actions and relationships, and strengthens the potential to overcome troubles (Walsh, 2009b). The individuals can thus see things from a broader perspective, which makes things more meaningful, which increases their hopes, and which strengthens their bonds with other people and common humanity (Walsh, 2006, 2012).

Recent studies have shown that spirituality has a significant impact on family functioning and satisfaction with family life (Abbott et al., 1990; Bailey, 2002). A meaningful relationship with God may positively affect relationships with family members (Dollahite, Marks, & Goodman, 2004) and these individuals may feel closer to their families and look to the future with more hope (Walsh, 2009c). Research on religious rituals and practices reveals that the family's religious activities are "a potentially unique pathway to facilitate family cohesiveness" (Mahoney, Pargament, Tarakeshwar, & Swank, 2008, p. 590). For example, regular involvement in family prayer and participation in religious services offer parents the opportunity to convey issues such as apology, hope, and shared goals in a context controlled by an authority that has a power even over parents (Mahoney et al., 2008). In their research on how religious beliefs and practices affect family satisfaction, Abbott et al. (1990) explained that religiousness contributed to family life in five different ways. These ways were defined as "(i) by enhancing the family's social support network, (ii) by sponsoring family activities and recreation, (iii) indoctrination in supportive family teachings and values, (iv) by providing family social and welfare services, and (v) by encouraging families to seek divine assistance with personal and family problems" (p. 443). In this research, while divine intervention and social support were found to be the best determinants of family satisfaction for the parents of children in preschool and school-age, a different scheme was found for the parents of adolescents. For adolescents, family teachings, activities, social support services were found to be more important for satisfaction with family life. The religious beliefs and activities of the participants reinforced the perception that religion was important in promoting

social support and sacred intervention, as a result of which social support and divine intervention increased family satisfaction. Social support was found to be the most important factor in family satisfaction. The participants stated that most of their friends were also connected to the same religion with them and that they often socialize with them and receive support. The other important factor, divine intervention, was found meaningful because, in participants, it created the perception that “God is a reality and that this divine being is interested in the family well-being and is effective in facilitating it” (Abbott, 2001, p. 447).

The family is at the center of events attributed to sacred values that include events such as the birth of a new individual, stepping into the adult society, marriage, loss of a loved one (Walsh, 2012). Experiences such as stepping into marriage in the presence of the divine power, sharing the birth of a baby that is a symbol of mutual love, and confronting an eternal separation with death are things that many people attribute sacred and spiritual values. In this respect, the family has a spiritual dimension due to the nature of being a family (Walsh, 2012). When we consider the family as a system, it is important to conceive the members within this system and the different dynamics that will arise between these members. In order to conceptualize the reflection of spirituality on the family system and to make sense of the spirituality-family relationship, this issue will be examined in specific processes such as in (i) parent-child relationship, (ii) relationship between spouses, (iii) transition process from adolescence to late age.

Spirituality in Parent-Child Relationship Processes

In recent years, a lot of research has been done to examine the effects of spiritual beliefs, practices and being part of religious communities on parenting styles and parent-child relationship (Mahoney et al., 2008; Marks, 2004; Snarey & Dollahite, 2001; Snider, Clements, & Vazsonyi, 2004). In these studies, religiosity was found to be associated with positive parenting and better child adjustment (Mahoney et al., 2008), and increased parental involvement (especially father involvement) (Marks, 2004). For example, a study with adolescent mothers showed that mothers with high participation in religious activities had higher self-confidence, lower depression scores, lower risk of child abuse, and higher occupational and educational accomplishment (Carothers, Borkowski, Lefever, & Whitman, 2005). In the same study, the frequency of internalization and externalization behavioral disorders observed at the age of 10 was found lower in children whose mothers were more religious (Carothers et al., 2005). It was also shown that religious parents had a closer relationship with their children, paid attention to the child supervision, and they were perceived by their children as having effective parent characteristics (Snider et al., 2004). Similarly, in a meta-analysis study, parental religiosity was found to improve the effective parenting

skills, which in turn indicated a low risk of behavioral disorders in childhood and low alcohol/drug use risk in adolescence (Mahoney et al., 2008).

Contrary to these findings, there have also been studies indicating that religious families tend to have a more positive attitude towards physical punishment and tend to punish their children through physical means (Mahoney et al., 2008; Snider et al., 2004). For example, it was observed that parents who had connections with conservative Christian groups were closer to authoritarian parenting attitudes and tended to hit their children by believing in the importance of physical punishment (Mahoney et al., 2008). It was also seen that religious parents were perceived by their children as more authoritarian/oppressive parents (Snider et al., 2004). For children to internalize similar values with their parents, it seems important for families to display their spiritual values and religious beliefs consistently in family life and their interactions with children (Marks, 2004). In other words, it is important for parents to practice religious teachings that they advise and share common spiritual experiences with their children to increase family intimacy and loyalty (Marks, 2004). However, family prayer considered an obligation can sometimes have adverse effects. In this case, internal resistance can occur in children against religious family practices and tensions may arise between children and families (Marks, 2004). Based on these studies, it can be said that spirituality is an important issue in the relationship between parents and children.

Spirituality in the Relationship Between Spouses

Religiosity and spirituality have been found to be factors that reduce the risk of divorce and facilitate the marriage process (Mahoney et al., 2008). For this reason, it seems important to discuss religiosity and spirituality in the processes of the relationship between spouses. In this respect, it is striking that many studies are examining the role of religiousness in conflicts between spouses (Dudley & Kosinski, 1990; Myers, 2006). For spouses, having similar religious belief systems and practices were found to be associated with high marital satisfaction and low risk of divorce (Myers, 2006). Also, research shows that couples' religious tendencies help them to develop virtues preventing conflicts. For example, in their study on the effect of religiosity on marriage, Dudley and Kosinski (1990) emphasized that religiousness reinforced ideas such as "think of the needs of others, be more loving, be more forgiving, treat each other with respect, and resolve", which in turn made couples more tolerant to each other and strengthened their marriage (p. 82). Considering the importance of virtues examined in this study, it might be evaluated as a constructive option for professionals to help couples develop such virtues that can prevent conflict in their relationships.

Another issue that can be addressed at this point is infidelity. Since religious marriage ceremonies accept sexual monogamy as a sacred promise and forbid extramarital affairs, such religious messages can trigger a sense of prohibition and

guilt, and prevent sexual relations out of marriage (Mahoney et al., 2008). Also, individuals may be more willing to explore sexuality within a marriage relationship and enjoy sexuality (Mahoney et al., 2008). On the other hand, religious individuals who see sexual activity as an essential component of a well-functioning marriage can seriously worry if their sexual activity is reduced (Mahoney et al., 2008). Another issue that can be addressed in the context of the relationship between the spouses and spirituality is interfaith couples. Until recently, marriage between individuals of different religions has been a highly controversial subject. Parents have been prevented their children from marrying individuals of different religions. Recently, with the weakening of the strict boundaries between religious groups, marriage, which can be described as a voluntary social agreement between two people, has also begun to move to a cross-religious dimension, and in recent years there has been an increase in the number of interfaith marriages (marriage between couples with different religions) (Waite & Lewin, 2010). Yet, some situations pose a risk for marriage to fail for interfaith couples, such as different religious beliefs which make the relationship difficult and cause conflicts, belief that one religion is superior to other, less tolerance to differences, and family disapproval (Walsh, 2009c).

Spirituality in the Process of Transition from Adolescence to Late Age

Families are interconnected, holistic, and dynamic systems (Klein & White, 1996). That is, each member of the family has its system, which is shaped by different dynamics, and these systems are linked to the systems of other family members and interact with each other and affect each other. Within the family system, each member who is part of the system with advancing age steps into a different period and systematically all individuals are affected by this situation. For example, with the advancing age, the so-called little ones of the family take steps towards adolescence and young adulthood. Especially young adults, those who go to university, can move away from their family's religious upbringing and begin to question their family's religious traditions more actively, or abandon their family's religious traditions altogether (Walsh, 2009c). Marcia (1966) defines 4 types of identity for the formation of ego identity for youth seeking an identity: (i) identity achievement, (ii) moratorium, (iii) identity foreclosure, (iv) identity diffusion. In this model, the most important criterion taken into consideration in placing the individual in a certain identity category is the degree of crises and commitment experienced (Kacerguis & Adams, 1980). "Crisis refers to the adolescent's period of engagement in choosing among meaningful alternatives; commitment refers to the degree of personal investment the individual exhibit" (Marcia, 1966, p. 551). According to these criteria, the acquisition of identity involves going through a crisis period and developing commitment to a profession and ideology (eg., religion) based on one's evaluations (Marcia, 1966). Various quests accompany the crisis period until a commitment is gained. Many

young adults explore other spiritual pathways in search of meaning, belief, and commitment (Walsh, 2009c). It is quite an expected result that other members of the family will be affected by this period which is experienced by young people who are members of the family system. Choices made by children can be interpreted by parents as the rejection of family and their family inheritance (Walsh, 2009c), which in turn results in conflict between family members.

The period from middle age to late ages is a period in which a remarkable growth occurs in spirituality, with family members' struggles about the meaning of life, the need for protection from the painful feeling of uncertainty and insecurity, and the death of their loved ones (Erikson, Erikson, & Kivnick, 1986; Lyons, 2005). In parents' chronic illnesses, despite the increased physical regression and care burdens, a deeper sincerity and spiritual bond may develop between parents and children who care for them (Walsh, 2009c). For example, in a study conducted with individuals responsible for the care of elderly people with dementia, the vast majority of caregivers stressed that spiritual resources are particularly important in their experience during this process (Smith & Harkness, 2002). During the therapy, family therapists can provide caregivers with the opportunity to make sense of the positive or negative spiritual experiences, which may contribute to the well-being of their clients; and spirituality can open new resources for the caregiver and therapist to use if the disease progresses and demand for care increases (Smith & Harkness, 2002). With advancing age and retirement, active participation in the faith community, prayer, meditation, spending time in nature, and serving others can become increasingly important, so individuals can change their priorities and devote more time to spiritual life (Walsh, 2009c). Undoubtedly, the wisdom of the elderly deepens with increasing spirituality (Walsh, 2009c).

Spirituality in the Couple, Marriage, and Family Therapy Process

Dynamic Nature of Spirituality on Family Life

According to the system perspective, there is a mutual interaction process between spirituality and the family. Each family forms its spiritual structure that will continue by being transferred to the next generations in its own way (Walsh, 2012). Meaningful spiritual beliefs and practices strengthen family unity and the bond between members. With this empowerment, shared spiritual experiences further increase the faith of family members. On the contrary, harsh and oppressive spiritual beliefs and practices can injure family members, family spirit and family relationships, and family members who are damaged as a result of this injury may move further away from the family and their beliefs (Walsh, 2012). For example, parents who define themselves as religious may not consider the use of physical punishment appropriate for the form of parenting defined by their belief system and may refuse to use such

a disciplinary strategy. On the contrary, different parents, who also define themselves as religious, can see child discipline as a spiritual task and use physical punishment considering that it is necessary to draw strict limits on unacceptable child behavior. In such a situation, the child, who sees the consistency of the families' discipline attitude, maybe more obedient and adapt the situation (Mahoney et al., 2008). Also, adolescents, who evaluate their parents' physical punishment in a larger religious system, may consider the situation fair and accept the use of punishment (Mahoney et al., 2008). On the other hand, parents who impose heavy punishments because of their religious beliefs may experience difficulties in negotiating and communicating with their children, especially during adolescence; and may have children who will experience severe feelings of shame, guilt, fear, and be at risk of internalization disorders such as depression and anxiety (Mahoney et al., 2008). In this case, while the spiritual and religious values of family members affect the entire family system, the affected system also affects the spiritual values of its members.

For many of the clients, their spiritual stress may be a source of physical, emotional, and relational problems they experience (Walsh, 2009a). Given this dynamic relationship between family and spirituality, it seems inevitable to encounter such scenarios: *“the religious and spiritual values of the client as a source of problems in the family system, the use of the client's spirituality as a source in dealing with problems in the family system, the family system affected by the client's spiritual crises, and crises in the client's spiritual belief system caused by problems in the family system”*. In this case, excluding spirituality from the client's system during the psychological help process can provide an incomplete picture of the client.

Inclusion of Spirituality in the Clinical Practice Process

“Most families and couples who come for therapy or counseling are seeking more than symptom reduction, problem solving, or communication skills; they are seeking deeper meaning and connections in their lives” (Walsh, 2009a, p. 31). In this search for meaning, trying to understand the clients' spiritual belief systems will help to gather more effective information about the forces that enable their current problems to arise and persist (Prest & Keller, 1993). The reservations experienced by professionals about the inclusion of spirituality in the psychological help process are quite possible. While some professionals may be afraid that discussing spiritual issues with the client may disturb the client or make the client feel under pressure to admit to the principles of religion, for some therapists who have not yet defined what spirituality means to their lives, spiritual discussions with the client may trigger their spiritual questions (Smith & Harkness, 2002). However, at this point it is important to realize that exploring the clients' relationship with their spiritual beliefs does not mean that they should speak about religious preferences, on the contrary, the process

is about the beliefs and meanings that the clients place on their spiritual experiences (Smith & Harkness, 2002).

Until recently, the concept of spirituality has been considered as off-limits in clinical training and practice, leaving many therapists uncertain about how to approach the client if the issue of spirituality comes to fore (Walsh, 2009b). However, spiritual difficulties and gaps in an individual's life and relationships may constitute to suffering and restrain positive growth (Walsh, 2009b). Thanks to the therapist's awareness of the importance of spirituality for spiritually inclined clients, many healing resources may become available for the therapy process (Griffith & Griffith, 2008). In this case, it would not be wrong to say that the acceptance of spirituality as off-limits in the therapy process may result in ignoring many resources that can be used for the well-being of the client and presenting the therapist with a poor perspective in understanding the source of the problem.

The actual success in the therapy process depends on the therapist's ability to understand the client's belief and thinking system (Harris, 1998). The therapist's awareness of the problems caused by the destructive expression of spirituality is as important as the awareness that spirituality provides many healing resources for the therapy process (Griffith & Griffith, 2008). The therapist should act in harmony with the client's belief systems, but should also challenge certain aspects of this system (Prest & Keller, 1993). In doing so, the therapist's attempt to understand how spirituality will be the source for the solution is as important as understanding how the client's belief system provides resources to the problem (Prest & Keller, 1993). At this point, the recent literature, with increasing spiritually oriented case examples, methods, and techniques, provides a rich resource to assist therapists and psychological counselors working with families or couples who want to bring their spiritual belief systems into the psychological help process.

Discovering the Spiritual Dimension in Clinical Evaluation

In recent studies, a spiritual perspective has been brought to the psychological help process in couple, family and marriage therapy and evaluation methods have been developed that can assist therapists in the clinical evaluation process (Anderson & Worthen, 1997; Helmeke & Bischof, 2002; Hodge, 2000; Prest & Keller, 1993; Tanyi, 2006). Prest and Keller (1993) proposed various strategies to therapists for the purposeful use of myths and metaphors in the psychological counseling process, which belong to traditional and non-traditional spiritual belief systems, and presented these strategies on case examples. In one of these cases, the problems experienced by a couple trapped in a dysfunctional system due to their religious beliefs were redefined with a spiritual perspective and solutions were proposed within a spiritually oriented perspective (see Table 1).

Table 1*Case Example*

Ross (34) and Mary (33) came to therapy presenting his depression as the problem. Further assessment uncovered a number of problems, including Mary's compulsive overeating, drug abuse, recent suicidal gesture, and general depression; Ross's status as a dry alcoholic and unemployed iron worker; their 17-year-old son's heavy abuse of drugs and alcohol for the last year; Ross's and Mary's unresolved family-of-origin issues related to having grown up in alcoholic homes; and couple relationship issues, including painful pursuing and distancing patterns, control issues, and difficulty with sexuality. The spiritual solutions utilized by this couple had become part of their current problem. For example, Ross and Mary felt that her depression and unresolved family-of-origin issues were affecting her ability to function well as a parent and wife. They agreed that it would be helpful for her to become involved in a women's Bible Study group which would help support and encourage her in becoming more of a "woman of God." Instead, Mary experienced the group and its teachings as keeping her from overtly expressing her anger, discomfort, and emotional pain. She was told that she ought to be submissive, which included expressing only positive feelings. She increasingly suppressed troubling emotions related to past physical and sexual abuse, as well as those related to Ross's alcoholism, for fear of feeling guilt and shame at not being "God's Woman" and of being rejected and judged by family, friends, and fellow parishioners. Similarly, Ross placed a great deal of emphasis on the control-oriented, patriarchal aspects of their church's teachings. Although he saw these as supporting his controlling stance within the family and his belief that his "unmanageable" life was under control, they served only to reinforce the problems within the couple relationship. The therapist explored these solutions (which seemed to have become part of the problems) with Ross and Mary in individual and conjoint sessions. Both husband and wife agreed that these beliefs and practices did not seem to be helpful and became increasingly open to exploring other possibilities within their belief system.

Dialogues regarding incongruent spiritual maps. This process involves discussions in which the therapist conceptualizes the situation as being exacerbated by a lack of fit between the person's spiritual map and his/her present situation.

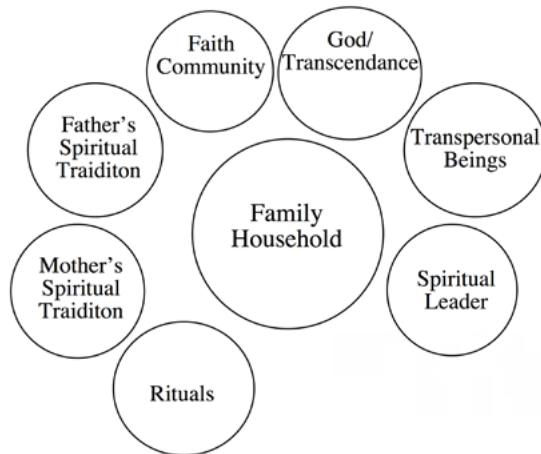
Clinical utility: This strategy is characterized by (a) underscoring the influence that thinking and languaging have on personal problems and (b) overtly challenging the clients to reexamine old beliefs and generate change from within.

Clinical example: Ross and Mary (see above) seemed to have become stuck in a dysfunctional pattern because of their religious beliefs. Consequently, they were challenged to reconsider their outmoded Biblical maps for living. These maps included their definitions of submission, authority, forgiveness, and repentance. The therapist emphasized the sacrificial-love quality of husband as head of home so that Ross could begin to let go of control. This seemed to be helpful because according to their spiritual and religious traditions, the male should be in control of the household, including his wife. The Biblical view of husband-wife relationships regarding co-parenting and sexuality was discussed. The therapist and the couple also explored the concept of grace, which facilitated a process of forgiving themselves (especially Mary regarding her drug abuse and past sexual abuses), each other, and eventually their families of origin. In other sessions, the metaphors of death, resurrection, and new life were utilized to encourage them to allow their old relationships and selves to "die" in order to gain new lives.

Note. The table is retrieved from Prest and Keller (1993), pp.142-144.

As an alternative to Prest and Keller's (1993) strategies based on the use of myth and metaphor, Hodge (2000) proposed the concept of "*spiritual ecomap*" that can be used in the evaluation, planning, and intervention process (see Figure 1). Hodge (2000) stated that the process of completing the spiritual map would provide the therapist with an opportunity to recognize the family's spiritual tradition before beginning any intervention. According to Hodge (2000), with the spiritual map, the illustrated representation of the family's existing spiritual relationships facilitates the transition from assessment to planning, spiritual powers can be clearly defined and used to overcome problems in other areas. Besides, the visual depiction of critical relationships in spiritual maps makes it easier to recommend various intervention methods (Hodge, 2000).

Figure 1
Spiritual Ecomap



Note. The figure is retrieved from Hodge (2000), p. 222.

Similarly, Smith, and Harkness (2002) provided family therapists with several suggestions to help them incorporate spirituality into the process of structuring and delivering psychological services and interventions. Information suggested by them is summarized in the following:

- (1) First of all, the therapist needs to reflect on his/her spiritual and religious understanding and prejudices, because the therapist must be aware of how his/her belief system affects or differentiates from the client's system.
- (2) For the client's spiritual concerns to be properly addressed during the therapy process, it may be necessary to ask the client for permission to talk to the religious leader or spiritual counselor of the group to which he/she is a member. Religious leaders and spiritual counselors have often disregarded as a resource in family therapy practices, but it is important to note that many families may request spiritual guidance in addition to family therapy.
- (3) Therapeutic progress may be decelerated or prevented if the leader in question and therapist provide conflicting information. Collaborating with the spiritual and religious leaders can strengthen the client's reliance on the therapeutic process. It also helps the therapists to demonstrate their knowledge of the client's support systems.
- (4) Sometimes, clients may be worried about being evaluated by others due to their low commitment to spiritual or religious practices and poor belief systems. At this point, evaluating the religion or secular spirituality of the client with empathy and understanding is important in encouraging the client to share his/her spiritual stories.

- (5) The therapist’s awareness that certain spiritual issues are beyond their expertise is important. For example, a family therapist is not the person who interprets scriptures or forgives sins for the client.

The main objectives of the spiritual assessment are to support and improve the spiritual well-being and development of families, to distinguish spiritual distress and its impact on overall family health, and to identify ways to include family spirituality while providing care (Tanyi, 2006). Accordingly, Walsh (2009a, p. 39) has proposed some questions that can be used to explore the spiritual dimension of the individual, couple and family experience within a more systematic structure. These questions specifically emphasize the focus on exploring ways in which spiritual beliefs and experiences may cause current distress and exploring ways in which past, current or potential spiritual resources can be used to alleviate distress, solve problems, and strengthen resistance (see Table 2).

Table 2

Exploring the Spiritual Dimension: Sources of Distress and Resources for Well-being, Healing, and Resilience

Start by grounding in individual, couple, and family experience of religion/spirituality:

1. *Religious identification, affiliation*—Organized, institutionalized faith tradition: Beliefs, practices, congregational involvement

2. *Spirituality*: Personal faith, transcendent values, practices within and/or outside religion (e.g., through prayer, meditation, nature, creative arts, service/activism). Include cultural influences (e.g., indigenous spiritual beliefs and practices)

- What role do religion and/or spirituality play in your life?
 - Importance in daily living; shared in couple/family practices?
 - In dealing with life challenges?
 - In the past? In family of origin?
 - Desire for greater spiritual dimension in life?
 - How are couple or family religious/spiritual differences handled and accepted?
-

Explore religious/spiritual sources of distress:

- Is there couple or family conflict or cutoff over spiritual matters (e.g., with interfaith marriage and/or conversion; marriage and family standards; divorce, abortion or end-of-life decisions)?
 - Have religious/spiritual convictions contributed to suffering (e.g., concerns about sin, punishment, afterlife) or been experienced as oppressive, harmful (e.g., sexist or heterosexist dogma, devaluation, abuse, or condemnation)?
 - Have adversity, trauma, or injustice wounded the spirit?
 - Has a spiritual void or cutoff from spiritual roots increased suffering or isolation?
-

Identify spiritual resources (religious and/or nonreligious):

- How do you find spiritual nourishment, connection, strength, meaning, inspiration? How might current, past, or potential spiritual resources support personal and relational well-being, healing, and resilience?

Consider:

- Personal faith
 - Relationship with God, Higher Power, Universal Spirit, Creator
 - Contemplative practices (e.g., prayer, meditation, rituals)
 - Faith community—connection, involvement (worship, activities), support
 - Spiritual guidance, counsel (by clergy, pastoral counselor, chaplain)
 - Communion with nature
 - Creative arts, music, literature (expression, appreciation)
 - Service to others, activism
-

Therapists' Beliefs in the Role of Spirituality in Their Personal and Professional Life

Spirituality is a matter of issue not only for clients but also for therapists working in cooperation with the client during the psychological help process. It is possible to see various studies in the literature emphasizing the importance of spirituality in the personal and professional lives of therapists (Bergin & Jensen, 1990; Carlson, Kirkpatrick, Hecker, & Killmer, 2002; Prest, Russel, & D'Souza, 1999). For example, in a study conducted by Bergin and Jensen (1990) with clinical psychologists, psychiatrists, social workers, and marriage/family therapists, researchers found that the majority of field specialists had certain religious tendencies (80%) and 41% of them regularly participated in religious activities. Besides, professionals' level of religious participation and lifestyle was surprisingly similar to the profile of the laypeople. Although the religious tendency and participation of the professionals represented a very high rate, it was found interesting that only 29% of the participants reported that spirituality and religion were important in clinical work. Bergin and Jensen (1990) described the discrepancy between the high ratio of religious participation in private lives and the low percentage of involvement of spirituality and religion in clinical practice as "the discrepancy..... may be due to the fact that training, education and practice currently provide little place for such considerations" (p. 6).

In order to investigate the attitudes toward spirituality in clinical practice, Prest et al. (1999) studied with 66 masters or doctoral level students taking classes in marriage and family therapy (MFT) programs accredited by AAMFT. The vast majority of the respondents stated that both spirituality and religion were important in their personal lives. All of the participants defined themselves as a spiritual person, and 72.6% stated that they strongly felt their spirituality. Similarly, about 66% of respondents reported regular participation in practices that help them to communicate with their spirituality. Prest et al. (1999) found that spirituality was an effective force for 76.5% of the participants in guiding them towards a career in MFT. Most of the graduate students (75%) accepted the statement that "every person has a spiritual dimension that should be considered in clinical practice" and 60.7% accepted that "almost every kind of psychosocial problem has a spiritual dimension to it" (p. 71). However, the majority (78.4%) disagreed with the statement that "if people followed God's will they would not have so many psychosocial problems" (p. 71). When students were asked about their clinical practice in which they integrated therapy and spirituality, they reported that they used a wide variety of practices to include spiritual concepts in the evaluation and intervention process, such as: using the spirituality of the clients in the development of coping skills (68.8%), using the spiritual language or concepts (56.9%), discussing the client's spiritual symbols (80.3%), discussing the meaning of life and death with the client (80.5%) and using spiritual issues to connect the client to others in the context of the community (64.7%) (Prest et al., 1999).

Similar to the study conducted by Prest et al. (1999) with graduate students, Carlson et al. (2002) investigated the therapists' beliefs about the role of spirituality in their personal and professional lives with 153 therapists who were members of AAMFT. 95% of therapists considered themselves a spiritual person, 94% stated to believe that spirituality is an important aspect of their personal life, and 96% stated to believe that there is a relationship between spiritual health and mental health. Regarding the importance of integrating spirituality into clinical practice, 48% of the participants stated to agree with the statement "it is usually necessary to work with a client's spirituality if you expect to help them" (p. 162). 62% of respondents stated to believe that "every person has a spiritual dimension that should be considered in clinical practice", 84% stated to agree that it is appropriate to talk about spirituality in a professional context (p. 162). About incorporating spirituality into the therapist's training process, 60% of the participants stated to believe that marriage and family therapists should receive training and supervision on spiritual matters, and 53% said to believe that spirituality classes should be given as part of marriage and family therapy training.

More up-to-date research on the study of views on integrating spirituality into the MFT training process was conducted by Grams, Carlson, and McGeorge (2007) with 93 faculty members working in the undergraduate and graduate programs accredited by the Commission on Accreditation of Marriage and Family Therapy Education. Research findings revealed that faculty members of the MFT department agreed that spirituality has a role in their clinical work and professional life. 88.2% of the participants stated that it is appropriate for a family therapist to ask questions about client's spirituality, 92.5% of them found it appropriate for a family therapist to discuss the meaning of life, and 80% of them found it appropriate for a family therapist to discuss the spiritual experiences of a client. The vast majority of faculty members (86.4%) reported that it is important for students to learn how to integrate spirituality into the clinical assessment process. In addition, 81.3% of the academicians expressed their wish that students should receive supervision and training on spiritual matters and 78% stated that spirituality should be included in the standard MFT training curriculum. Grams et al. (2007) also stated that some of the faculty members (66.7%) had already integrated spirituality into the classes they taught.

Findings from various studies have shown that spirituality has considered as an important subject in both personal and professional life by students, faculty members and clinical practitioners working in the field of couple, marriage and family therapy. However, it would not be wrong to say that there are uncertainties regarding the integration of this issue into the clinical practice and training process. In a study comparing the beliefs of the couple and family therapists (CFT) accredited by AAMFT and CFT faculty members, both groups agreed on the importance of spirituality in their personal and professional lives (Carlson, McGeorge, & Anderson, 2011). However,

they shared hesitation to refer to the topic of spirituality in the therapy process directly and to teach students to integrate spirituality into their therapy process (Carlson et al., 2011). Researchers have stated that this hesitation about directly dealing with spiritual issues in the therapy and training process may be due to the participants' belief that personal values should be separated from professional life (Carlson et al., 2011). At this point, the therapists need to have ethical consideration when integrating their spiritual values and the client's spiritual values into the psychological help process.

Ethical Dimension in the Inclusion of Spirituality in the Clinical Process

In family therapy, to use spirituality as an effective resource in the help process and provide a certain approach for the practitioners in the therapy process, it is important to consider several ethical issues at the point of dealing with the spiritual and religious issues that concern the client's belief system. Therefore, considering ethical issues in the inclusion of spirituality in the couple, marriage and family therapy training process will be beneficial for students to feel safe during the therapy process and to use the therapeutic skills effectively. For example, therapists who improperly share their beliefs with their clients because of their commitment to their spiritual and religious values may constitute some ethical problems (Prest & Keller, 1993).

In some cases, the therapist and client can share similar religious backgrounds and the therapist can make too many assumptions about what the religious beliefs, practices, and scriptures mean for the client, which in turn result in problem (Helmeke & Bischof, 2002). According to the AAMFT Code of Ethics (2015) "marriage and family therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons". If the therapists use their effective positions in such a way, this situation can constitute an ethical problem. In the study conducted by Grams et al. (2007), faculty members of MFT declared their preferences for fewer interventionist practices if spirituality was integrated into the psychological assistance process. For example, although they considered that it was appropriate to ask clients about their spirituality or discover the spirituality of their clients, they did not find it appropriate for professionals to help clients to find and develop their spiritual way or to discuss the therapist's spirituality (Grams et al., 2007). Another ethical issue that can be addressed is the professionals who try to impose spiritual and religious beliefs on their clients. These psychological counselors or therapists may face the violation of the requirement of "*non-discrimination*" of the AAMFT Code of Ethics (2015), since a client's "*religion*" is considered as a protected category, just like sexual identity and race categories. At this point, therapists need to be in contact with their beliefs, to avoid imposing their values and individual agendas to the client (Harris, 1998).

Spirituality can provide a positive effect on the therapy process by helping the client to understand the source of the problem better, to know the client better or to provide various resources for solving the client's problems (Prest & Keller, 1993). However, it is also important for a therapist to consider the possible negative and harmful effects of the spiritual and religious beliefs that clients have in the process of making sense of self and struggles for life (Griffith & Griffith, 2002; Walsh, 2009c). For example, even though a client should seek medical help, he/she may refuse to take medication to prove that he/she did not doubt God's power and he/she may want to honor his/her beliefs that he/she should only leave the healing process to God's hands (Griffith & Griffith, 2002). This situation may result in both emotional and physical harm (Griffith & Griffith, 2002). Another client who felt darkness spread in his life after his wife's death may think that "*I thought God never brought anything on us that we cannot bear*" and he may interpret his situation as "*God abandoned me*" (Prest & Keller, 1993). In another case, a father, because of his spiritual and religious beliefs about sexual orientation, may reject his child who identifies himself as lesbian, gay or bisexual (Carlson, McGeorge, & Toomey, 2014). In each of the situations above, it is important for the therapist, together with the clients, to investigate to what extent the clients' interpretation of their spiritual and religious beliefs contribute to the emergence of the problems they face (Carlson et al., 2014). In addition to the client, professionals should also consider ways to protect themselves during this process. By monitoring, organizing, and improving their subjective experiences, they can prevent potential personal and professional risks (Coffey, 2002). Also, practitioners can have training on spirituality to help a wider diversity of clients and support their potential levels of competence, so they can gain new perspectives on how to develop and regulate their own lives (Coffey, 2002).

Conclusion

Spirituality is an important aspect of human life. Recent studies have shown that spirituality has a significant impact on family functioning and family life satisfaction. In this section, dynamics between family members (the relationship between spouses, parent-child relationship, etc.) are examined within a spiritual context. At this point, the paradoxical effect of spirituality in family relationships draws attention. In other words, while spirituality can be a source of problems in family relations, it can also offer alternative options for solving problems. Seeing that spirituality is such an important issue in family relations, this chapter focuses on the integration of spirituality into family-oriented psychological help processes. Spiritually oriented psychological counseling and therapy are emerging fields in Turkey. By bringing a family-oriented approach to the spiritually oriented psychological help process, it is aimed to offer a new perspective to field practitioners working with couples and families. In the following sections of the book, various issues related to the family

system in psychological counseling and therapy processes will be reviewed with a spiritually oriented approach.

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Original Article

The Spiritual Approach to Systemic Family Therapies

Hasan Kütük¹
Ph.D. Candidate

¹ Ph.D. Candidate, Marmara University, İstanbul, 34722, Turkey. E-mail: hasankutuk28@gmail.com

Abstract

The concept of spirituality has started being included in therapy settings due to the new paradigms showing developments in the world of psychology in the late 20th century and in the 21st century. When examining the literature, many articles and books are seen to have been published related to the topic, and most of the studies have been carried out abroad. These performed studies have contributed new concepts and information to the literature by revealing how the concept of spirituality can be integrated with family therapies. This study has been prepared for the purposes of drawing the attention of researchers who conduct studies in Turkey based on systemic family therapy and of specialists who plan therapy sessions based the relevant theory to the topic and to provide the literature with a topic that finds no examples in the literature of Turkey. How the concept of spirituality can be used in harmony with the systemic family therapy approach and what the techniques of the spirituality-based systemic family therapy are have been prepared by being based on the many studies that have been published abroad. Before beginning the study, theoretical information and basic concepts primarily about systemic family therapies are provided, and then it moves on to spirituality-oriented systemic family therapy by briefly mentioning the concept of spirituality. How the concept of spirituality can be applied to systemic family therapy and the points and ethical situations to which counselors need to pay attention are also mentioned. Lastly, sample cases are shared by providing information about the techniques of using religious stories and spiritual dialogue, these techniques being used in spirituality-oriented systemic family therapies.

Keywords: Systemic family therapy • Spirituality • Family counseling • Religious stories usage • Spiritual dialogue

Sistemik Aile Terapileri 'ne Manevi Yaklaşım

Öz

Yirminci yüzyılın sonlarında ve yirmi birinci yüzyılda psikoloji dünyasında gelişme gösteren yeni paradigmlar sayesinde maneviyat kavramı terapi ortamlarına dahil edilmeye başlamıştır. Alan yazın incelendiğinde yapılan çalışmaların çoğunlukla yurtdışında gerçekleştirildiği ve konuyla ilgili birçok makale ve kitap yayımlandığı görülmektedir. Yapılan bu çalışmalar sayesinde maneviyat kavramının aile terapilerine nasıl entegre edilebileceği ortaya konularak, yeni kavram ve bilgilerle literatüre katkı sağlanmıştır. Bu çalışma ülkemizde sistemik aile terapisi kuramına dayalı çalışmalar yapan araştırmacıların ya da ilgili kurama dayalı olarak terapi seanslarını planlayan uzmanların ilgililerinin konuya çekilmesi ve ülkemiz alan yazınında örnekleri bulunmayan bir konuyu literatüre kazandırmak amacıyla hazırlanmıştır. Maneviyat kavramının sistemik aile terapisi yaklaşımına uygun olarak nasıl kullanılabilirliği ve manevi yaklaşımli sistemik aile terapisi tekniklerinin neler olduğu yurt dışında yayınlanmış pek çok çalışma temel alınarak hazırlanmıştır. Çalışmadan öncelikle sistemik aile terapileri hakkında kuramsal bilgiler ve temel kavramlar verilmiş, daha sonra maneviyat kavramından kısaca bahsedilerek manevi yönelimli sistemik aile terapisine geçilmiştir. Sistemik aile terapisine maneviyat kavramının nasıl uyarlanabileceği, danışmanların dikkat etmeleri gereken noktalar ve etik durumlara değinilmiştir. Son manevi yönelimli sistemik aile terapilerinde kullanılan "Dini Hikayelerin Kullanımı" ve "Manevi Diyalog" tekniklerin hakkında bilgi verilerek örnek vakalar paylaşılmıştır.

Anahtar Kelimeler: Sistemik Aile Terapisi • Maneviyat • Aile Danışmanlığı • Dini Hikâyelerin Kullanımı • Manevi Diyalog

Corresponding author:
Hasan Kütük
E-mail:
hasankutuk28@gmail.com

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Systemic Family Therapy

The first studies related to systemic family therapy began to appear in the 1950s. The systemic family therapy studies that were put forth, which began with the study by Gregory Bateson, Don D. Jackson, Jay Haley, and John Weakland (1956) on the communication patterns of schizophrenic patients, gained speed with the psychotherapy studies that Carl Whitaker did with schizophrenic patients and their families. Whitaker, who reached the conviction as a result of his studies that a healthy family continues to grow and develop despite almost all the types of problems that they can encounter, put forth that the family consists of processes that operate systematically. Bowen, another researcher who did studies with schizophrenic patients, mentioned the need for family members to individualize in order to protect mental health. Ackerman referred to the importance of sociality upon mental health in the studies he did with families that had different problems. As a result of the therapy processes he did with children, he detected the parents or other family members of the children who had recovered to show various neurotic symptoms. Researchers who had carried out studies on family systems, such as Virginia Satir, Salvador Minuchin, Jay Haley, and Cloe Madanes, brought new perspectives to family therapies by also developing their own models. Together with this, Gianfranco Cecchin, Selvini-Palazzoli, Guliana Prata, and Luigi Boscolo, who labeled themselves as the Milan Group, focused on the concept of balance within the family by introducing the concepts of paradox and counterparadox (Dallos & Draper, 2010).

Issues addressed in the systemic approach, such as unexpected losses and traumatic experiences, difficulties experienced in the internal communications of the family, or sensitive points related to the care of parents can be assessed among the main issues studied (Mert, 2014). According to the systemic approach, the most significant factors forming the system are the interactions and communications of the parts with one another. Isolations that may occur among the parts can lead to problems that deeply affect the system. Thus in systemic family therapy, the process gains functionality through the whole family being together. Meeting and looking for solutions with a family where the father is not included is not considered very meaningful in this respect (Nichols & Schwartz, 2004).

In systemic family therapies, a state of wellness that will occur in other family members is caused by all family members supporting each other within the process. The active participation in the consultation process of all family members located within the family system will positively affect the system. According to systemic family therapists, planning sessions where the whole family is together is very important in terms of determining the family's internal communication patterns and being able to establish interactive relationships. During these sessions, the people who are seen by family members as problematic and who are claimed to disrupt the

balance of the system are observed to not be treated with enough flexibility; conflicts and resistances exist in the relationships. The state of balance and awareness that will be created among the family members' communication patterns allows the entire system to stay on its feet (Kesici, Bayrakçı, Mert, & Kiper, 2013).

Systemic theory aims to create flexibility in behaviors and increase the number of acceptable behaviors within the consultation process. Every family is a unique system. Therefore, the intervention methods that can be performed with families also vary. A method that is functional in family can feed problems even more in another family. Therefore, the competence of the advisor applying the systemic family therapy additionally has importance. The advisor should support the family in determining and changing the dysfunctional behavior patterns in the family. While doing this, the advisor should refrain from assigning tasks in a style that will directly interfere with this process. The advisor's job is to raise awareness among family members. Family members should decide together which steps will be thrown out. The basis of the systemic approach lies in discovering the connections that cause the problem and detecting blockages within the system rather than directly eliminating what has been identified (Özabacı & Erkan, 2013).

The new schools that have emerged as postmodern approaches focus on individual differences. Each individual having a unique story is argued to come forth from the self-formations of a living system (Nichols & Schwartz, 2004). Alongside psychotherapy schools' tendency toward postmodern approaches in the late 20th century, systemic family therapy researchers sped up their research on ruptures in emotional bonds and social family systems. In this way, the focus of therapies is directed at the family members and social circle that have relations with the client rather than the client. People have been suggested to be influenced by the systems that are formed in the context of their social environment and by culture they live in (Krause, 2002).

Family systems theory is also essentially addressed as an emotional systems theory. This is because the theory is based on an understanding that suggests the need for understanding the emotional ties of the family that are experienced throughout their lives and to attempt to detect emotional distortions (Bowen, 1978). Family members are connected to one another psychologically throughout life, even if they experience separations during periods of their life. A healthy family system is formed when these members provide balance on the issue of being independent as well as dependent on one another and are able to control their emotions (Walsh & Harrigan, 2003).

Developing different perspectives on the current problem is important in the systemic approach. Instead of looking at events from within a cause-and-effect relationship, developing different perspectives protects both the client as well as the other individuals who have a relationship with the client from seeing themselves as

the source of the problem and from feeling ashamed. Restructuring the problem in more logical ways prepares the groundwork for recovery by trying to understand the impact of the problem on the client and the client's surroundings instead of getting to the root of the problem (Hedges, 2005).

The systemic approach's greatest contribution to the field of psychotherapy is its focus on family and friend systems the client interacts with rather than focusing on the client as the source of the problem. This case plays a developmental role in cooperation in the therapeutic relationship by protecting clients from seeing and accusing themselves as the root of the problem. According to this approach, success can be provided in therapy by changing the structure of the relationship one has with family members. Where the defects experienced in family relationship lie is emphasized in the source of child clients' problems. Therefore, the family is addressed as a whole and family experiences are worked on. Almost every behavior is believed to have a function within the family system. Emphasis is placed on which points are nurtured in the family and which things cause distortions while addressing the problem. For this reason, the family is addressed as a whole by planning efforts directed at the whole family in the therapeutic process (Dallos & Draper, 2010).

The Basic Concepts of Systemic Family Therapy

Impartiality

As in most psychotherapy theories, impartiality has an important place in systemic family therapy. When family members receiving therapeutic help end the therapy, the therapist not making an impression about taking sides is very important in the context of systemic family therapy. The therapist needs to approach events objectively and conduct the process in this manner. The assumption exists at the base of this concept that each individual found within the family system will do the best they can at hand. A high level of communication should be established between the therapist and all family members (Hedges, 2005; Storms, 2011).

Wholeness

The concept of the system is a structure that emerges with many of the concepts coming together that are related to each other. Any changes that will occur in the structures found within the system also affect the system as a whole. Almost every system cannot be explained without examining the sub factors that form its self. The concept of family is also addressed as a system that the family members form by coming together. This system forms a whole that functions differently than the individuals who form it themselves. The concept of integrity in systemic family therapy is formed by combining almost all the types of relationships that can be addressed among family

members. The behaviors of each family member are connected to the other family members' behaviors, and the family system works through the affect of these behaviors (Dallos & Draper, 2010; Goldenberg & Goldenberg, 1991; Hedges, 2005).

Feedback

Systems work attempt to maintain their existence by preserving their current balances. Feedback works with the aim of preserving this existing balance. Systems are constantly in flux for the purpose of achieving specific goals and not being affected by the events occurring within the family. Specific goals are set for this change, and feedback is considered necessary for the purpose of achieving them. The obtained feedback assists the current system on the issue of whether or not to re-include the previously experienced situations in the system. A cyclical process operates between the past experiences and their results in order to be able to understand the functionality of the system. This cycle works in order for the required information to be changed, corrected, and re-included in the system. The system maintains or changes the existing balance by reviewing the negative or positive feedback at the end point. While negative feedback allows the system to preserve its balance, positive feedback prevents transitioning to the previous order by forcing change in the system. The experiences, social relationships, and rituals within the family form and continue due to the feedback. Focusing on the process of change among family members instead of focusing on how the events that happened in the family laid the groundwork for other events is used as a more effective method in the therapeutic process (Dallos & Draper, 2010; Goldenberg & Goldenberg, 1991; Hedges, 2005).

Life Cycle Stages

Families go through many foreseeable and unpredictable stages throughout their lives. Events such as divorce, remarriage, starting a new job, retirement, death, and children leaving home can be given as examples of these stages. The family system may require an adjustment process in order to be able to adapt to these experienced life stages. This process may occur suddenly or may take place slowly and gradually depending on the stage. The crises experienced in these periods can damage the relationships among family members by harming the family system. Family therapists consider a glitch exists that emerges in these kinds of life stages based on many of the family members' problematic behaviors (Dallos & Draper, 2010; Goldenberg & Goldenberg, 1991).

Rules

Almost all systems are shaped within the framework of certain rules. Families are also systems that function according to specific rules. Each member learns what

is and is not expected of them based on their experiences within the family. Certain rules are formed within the family system as a result of these learned behaviors and interactions. Repetitive cycles begin to form among family members through these rules. Communication patterns within the family can also be determined by revealing these rules and patterns. Instead of the needs within the family or the members' personality traits, these rules began to be effective. These rules can differ with respect to member's age, gender, or parentage. These rules that emerge within the family allow the system to maintain its balance by determining the family's boundaries. The functioning of the system can be differentiated by changing these rules at different life stages. Family therapists focus on the rules that generally upset the system and negatively affect family members. Interviews take place for the purposes of becoming aware of the emotions that these rules cause and having the rules become beneficial by restructuring them. The aim for new solutions is to create a new balance in the system by bending or reorganizing the old rules that caused harm (Goldenberg & Goldenberg, 1991; Minuchin, 1974).

Sub-Systems and Boundaries

Systems may also be classified as open and closed systems. In open systems, information flow is in the form that will be both from outside to within the system and from inside the system outward. It contains no strict rules. Closed systems can be defined as more unproductive systems with strict rules and no information flow. The family system must be predisposed to working as an open system in order to work functionally. Family members' awareness increases toward information from outside due to the system being open. Adaptation skills develop. Closed systems don't allow change by keeping the systems of pathological families in balance. Problems cyclically and constantly repeat in families possessing this type of system. Adaptation cannot be provided and awareness does not develop in relation to the problems (Dallos & Draper, 2010).

The concept of boundaries is the lines that separate the system and sub-systems from the outer world, such as the rules for communication and interactions within the family. Boundaries decide what will stay out of the system and what is included in the system by preserving the integrity of the family system. Limits prevent one sub-system from being included in another while at the same time allowing them to be separated from one another (Goldenberg & Goldenberg, 1991; Minuchin et al., 1978).

Families are a large meta-system that host many sub-systems. The systems that have continuity within the family and include constant change and development are the parent, sibling, and spouse systems. Among these systems, the sub-system that most affects the family system is the spouse sub-system. A victim can be chosen from the other sub-systems in the disorders that may occur in this sub-system, and

the problem can be debated over the victim. For example, the child sub-system is a beautiful example of this. Generally the problems between spouses affect the children, troubles show up behaviorally in the affected child, and the family begins to seek help in connection with this. Or, children can be forced to choose a side in a conflict between parents, or in simplest terms, the children are exposed to manipulations. The relationship model developed between parents is a role model to the children regarding male-female relations and can cause the children to repeat the same mistakes in their future lives (Goldenberg & Goldenberg, 1991).

The sibling sub-system is a significant system in terms of children being able to socialize. Due to this system, children get their first ideas about what togetherness, agreement, competition, support, and social ties are. The first things learned in this system also impact the other systems that children will encounter in life, from school life to work life and social relations. The parent sub-system is important in terms of providing for, raising, and feeding children and allowing them to adapt to the values of the culture in which they live. Children learn the concept of authority and concepts such as decision-making skills, management, and possessing power thanks to their parents. A problem that forms in this system may be the main cause of a pathology that passes from generation to generation. Children who internalize a problematic behavior by observing it from the mother or father chronically continues the problematic behavior because they will raise children with the same rules when becoming a parent (Goldenberg & Goldenberg, 1991).

Cybernetics

The concept of cybernetics constitutes one of the fundamental assumptions of the systemic approach. Systemic therapy has occurred and developed due to cybernetics. Thanks to cybernetics, therapists focus on the relationships clients have with those around them instead of on their inner world and produce solutions to these people's problems. Illuminating problematic schisms in communication by detecting repetitive communication patterns prepares the groundwork for the solution. According to systemic therapy, individuals affect and are affected by one another. The concept of cybernetics was developed by Norbert Wiener for the purpose of explaining how this interaction is organized between systems. According to Wiener, the body translates and uses feedback by processing the information that comes from the outside in order to be able to create balance. People produce new meanings as long as they are in communication with one another. When they enter into wrong relationships, misunderstandings emerge and disruptions occur in the system (Goldenberg & Goldenberg, 1991; Hedges, 2005). Thanks to cybernetics and feedback, systemic family therapists tend to ask questions instead of techniques such as summarizing and interpreting. By asking the right questions, therapists attempt to learn the client's

feelings, thoughts, and behaviors and have their clients find the mistakes on these points. Clients' communication systems are learned due to the questions. Solutions to the clients' problems are produced by detecting the schism points in communication as mentioned above (Hedges, 2005).

Structuring Sessions in Systemic Family Therapies

Systemic family therapies are a process that attempts discovery by looking for the source of the problem and stressor. It attempts to eliminate the problem by arriving at its source rather than using techniques. While structuring the process, the current problems, troubles, and relationships with people important in the client's life are focused on instead of the client's inner world. Due to functioning of the system and sub-systems being based on each other, a problem that emerges in any system or subsystem will also affect the others. The first stage of the therapy attempts to discover this point creating dysfunction within the family. The next step focuses on the interventions that are able to eliminate this dysfunction. Dallos and Draper (2010) explained the first stages of systemic therapy under four headings:

Looking for the sources of the problem. Problems within family systems emerge from communication problems or individuals' own internal problems. This problem can also work as a variable that forces and endangers the system, such as being able to prepare the groundwork for ensuring balance within the system. Individuals within the family can cause the continuity of the problem through their thoughts, behaviors, and assumptions. Therefore the entry to structuring the sessions can be done within the therapy by focusing on subsystems or working upon the individual.

Finding the solution paths. Some solution paths manufactured as solutions to the problem can prepare the groundwork for different problems to appear within the system. In such a situation, discovering the existing problems should be enabled, solutions developed for dealing with this problem should be talked about, and what kind of troubles in the system the solution will be able to open the path to should be discussed. The configuration performed at this point also resembles the functional analysis section that takes place in the cognitive behavioral therapy approach. The configuration begins by first examining when the problem started, how was it noticed, and by whom. The malfunctions that the problem causes should be determined. In order to be able to find the solution to this problem, discussions should be had about what is produced, what the feelings and thoughts about the problem are, and which of the produced solution paths are functional.

Forming the hypotheses. Hypotheses work as a basic starting point on the topics of where to start the therapy from and how the process will continue based on the problem the family is experiencing. Hypotheses may change as the information obtained about the family system increases. By means of the acquired information,

new hypotheses are formed in place of the old ones. Because both the therapist and the family are active within the process, the hypotheses have a structure that nurtures the therapeutic relationship.

Exploring the meanings the individuals within the family system attribute to one another. This stage is conducted by examining the basic mindset of the family and the family members' views on the other members' behaviors. This stage focuses on the communication patterns, emotional affinities, and ways of thinking among family members.

Spirituality

Spirituality, being as old as human history, has been a part of individual experiences even when we look at the first remnants of human history and is a concept that maintains its impact at almost every level of life. This concept, which is seen as a part of individuals' inner worlds, at the same time possesses a structure that also has external reflections and impacts the individual in every aspect. Traces of spirituality can be encountered in existential questions about why humans were created or about the meaning of life (Pargament, 2002).

When examining the literature on what this concept is that holds an important place in our daily life, no clear definition is observed to have been made. The reason for this may be that spirituality and religion mainly have a unique structure in the individual's inner world. Spirituality is a significant sensation that is specific to the individual. While for some people this feeling is a part of the religion in which they believe, for others it is a transcendent experience that doesn't originate from any religion or religious practice (Polanski, 2003).

The concept of spirituality in English sources carries a meaning that is associated with the soul. That which is beyond the five senses and that which is incorporeal are used in its meanings. The Turkish Language Association (TDK, 2019) has definitions such as "intangible incorporeal things" and "strength of heart, morals."

According to TDK (2019), the concept of religion, which is used as a term in connection with spirituality, can be defined as "the universal phenomenon belonging to a group of sacred practices and rituals that is born due to beliefs in visible and invisible supernatural forces, objects, or beings." Sacredness is the thing that forms the common point of definitions related to spirituality. At the center of the sacred lays the concepts of God, divine power, or transcendental reality. A quest on reaching what is sacred is the central function that spirituality essentially intends (Pargament, 2007).

Spirituality is a concept that can be formed without religion. Although some people reject religion, they may tend to define themselves as having a spiritual personality.

Even when rejecting religion, individuals are in fact on a sacred quest. This quest plays an important role in people's lives. Although the concepts of religion and spirituality are used separately, they are basically very close concepts to one another. The concept of spirituality is a phenomenon that, just as it largely overlaps with religion, can also exist without religion. For this reason, instead of dealing with religiousness and spirituality separately, the following sections will use the concept of spirituality, which covers each of the two (D'Souza & Rodrigo, 2004; Pargament, 2007).

In the most general sense, spirituality means being connected to what is sacred or the desire to feel close to it. According to Worthinton and Aten (2009), four types of spirituality can be mentioned: *Religious spirituality* is the sense of devotion to the sacred presence that religious societies have determined. *Humanist spirituality* is the belief in the sacredness of humanity. Generally it is feeling close to a group of people and the state of making sacrifices for them. *Nature spirituality* is defined as believing in the sacredness of nature and having the tendency to establish connections with it. The feelings of astonishment that are experienced in the face of natural events or the feelings of admiration felt by one being affected by an exquisite view can be given as examples. *Universal spirituality* is the feelings related to creation. It consists of the thoughts that are on the topic of humans' search for their place in the universe, the struggle for self-discovery within the endlessness of the universe, or the splendor of the universe (Worthinton & Aten, 2009).

While helping people in terms of allowing them to be able to make sense of the difficulties they experience, spirituality at the same time also improves coping skills. In Pargament's studies (as cited in Horozcu, 2010), spirituality is seen to have a healing role in struggling with coping skills and general health problems. Humans use spirituality as a buffer in the difficulties they face and in the stressful events they experience. In this way, the effects of problems decrease and spirituality plays a protective role. Spirituality is seen to be used as a force for coping in difficult periods of life such as the despair that can be experienced as a result of the meaning of life, its purposes, and experienced events. Individuals with high levels of spiritual characteristics are known to try to solve problems by means of their problem-solving skills and searching for social support (Krook, 2008).

Systemic Family Therapy and Spirituality

Adapting the concept of spirituality to the therapeutic setting is based on a holistic perspective. According to Frame (2003), spirituality is an internal resource that includes the individual's beliefs, values, awareness, and subjectivity. Cognitive, emotional, behavioral, and relational functioning is affected by spirituality. A complex relationship is assumed to exist among body, soul, and mind where physical, mental,

and relational health are concerned. Americans, 90% of whom define themselves as highly religious or spiritual individuals, believe the topic of spirituality is a concept that needs to be addressed within therapy (Frame, 2003; Walsh, 2009).

While working with clients who see spirituality as an important value in their own lives, taking this person's situation into consideration and conforming to the language used and the client's spiritual nature may be necessary. Together with the increasing their awareness in the field of spirituality, therapists have developed their ability to display an effective approach to clients on these issues. A therapist may be expected to pay attention to the client's spiritual point of view and show respect despite not adopting the use of the concept of spirituality in the therapy. This attention nourishes the therapeutic relationship by preventing the client's problems from being ignored and underestimated or undermining their religious or spiritual views (Sperry & Mansager, 2007).

A study done by Carlson, Fitzpatrick, Hecker, and Killmer (2002) expressed that two out of three people who've received training as a marriage/family therapist have stated spirituality to be a concept that needs to be included in the process of the therapeutic relationship. When compared to previously performed studies, this case is considered as a serious increase on the topic of including spirituality in the treatment process in the field of psychotherapy. Additionally, the vast majority of therapists have been determined to define themselves as having a spiritual personality. These therapists stated a strong relationship to exist between the concept of spirituality and mental health.

In the literature on psychology, the answer to two basic questions has been sought for the sake of understanding the relationship between spirituality and psychology. The first question is about if psychology and spirituality have independent structures from each other or, if not, do the concepts basically serve the same purpose; the second question is about which one should be given priority in the therapy process. Five different models were developed by Sperry and Mansager (2007) on this relationship; these models summarize the views of the academic community on the issue.

According to the first relational model, spirituality and psychology are basically the same in the process of individual development, but psychology is one step ahead. Spiritual development is assessed within psychological development. As a result of a successful therapy process, individuals feel better and completed. Their spirituality is also impacted and improved by this holistic development. The psychoanalytic approach can be given as an example of this model.

In the second relational model, spirituality and psychology are basically the same in the individual's development, but spirituality is one step ahead. Psychological development is assessed within spiritual development. If the individual develops spiritually, the dominant view is that one's psychological development will be affected and improved by this. Those who adopt the pastoral counseling approach

can be given as an example of this model, which is not considered so valid by the world of science.

With respect to the third relational model, even if spirituality and psychology sometimes overlap in the individual's developmental process, they have fundamentally different structures from one another. The psychological field has priority within the process. From time to time developments in the fields of psychology and spirituality may run parallel to each other. A change that can occur in either the spiritual field or the psychological field may affect the other even if they are different from one another. In this relational model, spiritual development advances based on psychological development. In other words, for a client to be able to benefit from a spiritually oriented psychological counseling process, they must reach a sufficient level of psychological maturity. Humanistic psychotherapy or the existentialist approach can be given as examples of this relational model.

With respect to the fourth relational model, spirituality and psychology are fundamentally different from one another even if they sometimes overlap each other in the process of individual development. Spiritual development is given priority in the process. The two can affect each other in the development process, but spiritual development is not a process that advances due to psychological development. Transpersonal psychology and theistic therapies can be given as examples of this approach.

The fifth relational model makes its interpretation from a holistic perspective. According to this model, psychology and spirituality are development processes that run separately from one another. One has no effect on the other, nor do they possess a primary impact on each other. Which area has priority during the therapy process should be determined according to the client's needs. Spirituality being primarily used would be more suitable if the story the client brings contains problems such as transcendental struggles, internal dialogues, the search for meaning, and answers to the basic questions of life. The use of spiritually oriented intervention techniques has greater priority for this client. However, the primary use of the psychological field would be more appropriate if the story the client brings covers problem such as worries, personality problems, or psychological depression. Using psychotherapy-oriented interventions has priority in determining strategies suitable to the problem.

In the psychological counseling and psychotherapy literature, therapists are seen to approach spirituality as taboo and to not address it in therapy sessions, even though the importance of spirituality has been documented with research (Walsh, 2009). Research done in the 21st century has shown awareness toward spirituality in the world of psychotherapy to have risen in recent years. When examining the literature, many articles and books are found on this subject in both individual and

family counseling practices (Aponte, 2002; Carlson & Erickson, 2009; Coffey, 2002; Hodge, 2005; Hoogestraat & Trammel, 2003; Marterella & Brock, 2008; Moules, 2000; Nedumaruthumchalil, 2009; Prest & Keller, 1993; Walsh, 2009; Yeo Jin, & Miller, 2010). Many family therapists consider discovering spiritual aspects to have significant value in the therapeutic relationship.

The concept of family is a structure that many religious systems view as important. When looking at the large religious communities accepted around the world, family life is seen to be given great importance. When looking at the teachings of religions such as Islam, Christianity, Judaism, and Hinduism, the importance of the family is seen to be emphasized (Griffith & Rotter, 1999). Spirituality has recently gained importance in therapy approaches involved with families. Previously, therapists were thought to prefer staying away from issues like spirituality and religion due to the effect of the positivist paradigm. At the end of the 20th century and in the first years of the 21st, family therapists began to integrate spirituality into therapies by keeping up with the changing scientific paradigm (Bentheim, 2005; Helmeke & Bischof, 2007).

Therapists who started using spirituality in family therapies were particularly interested in topics such as intra-marital roles, forgiveness from the parties in the marriage, caring for elderly parents, and coping with children's problems. Directly impacting the problems specified under the therapists focus on these issues lay the family system's religious and spiritual orientations. Differences between couples related to spirituality and belief are able to cause conflicts, and family therapies are actively used in order to overcome this. Families who come to therapy enter the sessions complaining about a wide variety of problems. A competent spiritually oriented therapist should open the door to reflective dialogue on the family's spiritual orientations by noticing the points that are clogged within the family system. Having family members be more productive when determining alternative behaviors can be enabled by increasing family members' awareness in this way. When the therapy environment is appropriate to the couple's beliefs and values, they become more accepting and active by feeling more comfortable, and this has positive consequences in the therapy (Duba & Watts, 2009).

The main question in spiritually oriented family therapy is the therapist's own spiritual orientation and the family system's views on spirituality. To be able to perform spiritually oriented family therapy, therapists need to possess specific criteria related to their own spiritual world. The points that spirituality touches and are considered important should be determined within the family system and in the subsystems that will be studied after providing this. In this way, the therapist obtains important data for the therapeutic process by discovering the sensitive points in the client's internal experience (Swington, 2001).

By studying the topic of spirituality, systemic family therapists draw a road map in accordance with how clients identify themselves on the issue of spirituality. The client is given the decision about whether or not to include the concept of spirituality in accordance with their views on it. Discovering clients' spiritual aspects in the relational context facilitates the work of many therapists. The significant relationships established with individuals in the family system, with friends in the social circle, or with spiritual communities supply importance in terms of understanding the client's coping strategies or discovering their distorted thoughts. The use of spirituality in dealing with difficulties or the use of relationships established in the spiritual environment indicates the beneficial aspect of using these concepts in the therapy. Taking about these relationships within the therapy process works as a good resource for the therapist as this will speed up recovery (Kerr & Bowen, 1998).

Spiritually Oriented Systemic Family Therapy

Benefitting from Religious Stories

Discovering the effects of the current family system and subsystems on their understanding of life is important in systemic family therapy. When clients learn how the system functions, where the points are that clog the system, and which points need to be changed for regulating the system, the most important problem in front of recovery means overcoming. Practices that are incompatible with the culture one lives in compared to the culture one grew up with, observed especially in immigrants, pressures within the family system, and social expectations can lead to problems in people's inner worlds. These individuals, who exhibit behaviors contrary to the religious and spiritual values in which they believe, begin to question themselves over time. The use of religious stories is important for dealing with this conflict that has emerged between one's spiritual world and social life and for determining the points that are clogged within the family system (Malik, 2018). In this way, the impact of religious stories is benefitted from while discovering the meaning of life within the family system. How discovering the meaning is provided in the therapy is explained by using the technique of benefitting from the religious stories in the section of the book Malik (2018) published. The use of this technique is described in Table 1 by benefitting from the case stated in the author's article.

Spiritual Dialogue

Spiritual dialogues are based on talking about the situations that extend beyond clients' selves and daily experiences. Using the spiritual dialogue technique within systemic work encourages the client and therapist to be curious, ask questions, and look beyond the self to consider the meaning of life. In systemic family therapy, spirituality encompasses the environment, God, and the person's inner world. By using this technique, it attempts to have the therapists' and clients' dreams related to change be embodied through scrutiny (Larner, 2017).

Table 1.
A Case Regarding The Use of Religious Stories Using the Example from Malik (2018).

Selime, who applied for counseling due to the relational problem she has with her son Shadid, has a 23-year-old daughter and the 21-year-old son. The family is of Pakistani origin but grew up in England. Selime stated she had just ended her 25-year marriage due to her spouse's mental health problems. Although the children see their father, their relationship with him is quite limited. The basic problem Selime is experiencing with Shadid is that he is unemployed and she suspects he is using cannabis. This issue has caused repeated arguments between the mother and the child. Upon learning of the situation, Selime and Shadid were called to the therapy together. In the next meeting, Shadid stated he had been a musician for some time and had a music group that would begin recording soon. He also confirmed that he used cannabis from time to time with his group of friends. According to Shadid, however, the real problem was that his mom was oppressing him because music is considered haram in Islam. He stated that, unable to withstand the pressure from his mom, he had later left the group in order to please her. Shadid began showing symptoms of depression when the band continued on its way successfully. He also increased his cannabis use in this period. When Shadid, whose depressive state continued for a while, became interested in photography, he also gave up that interest as his mother stated that photography is haram. Shadid stated that his mood was completely depressed currently and that his relationship with his mother was very broken. The therapist conducted studies with the family on communication structures for a while. After Selime left her husband, Shadid was seen to take on the role of the only man in the house and to begin generalizing some expectations in this framework. Along with the family system that had gone to pieces on Shadid, new duties and responsibilities had been forced on him. The therapist began seeing Selime and Shadid separately from time to time in the following sessions. During one session, Shadid expressed to the therapist that he thought he couldn't be a good son unless he submits to his mother to the degree to which Ismael had submitted to Abraham in the Qur'an. From this point on, the therapist began focusing on the stories in the Qur'an and the meanings they reveal. The therapist searched for a relevant meaning with Shadid through Abraham's characteristics of fatherhood, what kind of relationship Abraham and Ismael had, and what kind of a relationship they had with Allah (swt). Assessments were made over the meaning of the relationship with his mother in terms of Ismail's sacrifice. The sacrifices he made for his mother were emphasized in the continuation of the therapeutic relationship. Shadid, realizing he had not done research on whether music and photography were haram, began searching for proper information by researching the topic. He acknowledged that cannabis use is forbidden and that it impacts his future life.

In the later sessions, the therapist, taking the family together, emphasized the meanings obtained from this story and the concept of obedience that the mother expects from her son. During the interviews, Selime, while stating that she had not doubt the drug use was forbidden and that she also found the music and lifestyle that formed together with this use meaningless, admitted that she wasn't so sure about photography. Selime was discovered to see the separation from her husband as a loss underlay her desire to keep Shadid under constant control and her perception that she feared losing him. While working on her anxiety, Selime talked about how she had been raised by her father and stepmother. Selime here is understood to also have deeper losses. At the end of the process, the problems within the family system had been fixed by reworking Selime's expectations in accordance with the commands from Allah. This is because Selime had in fact been using her own expectations as if they were Allah's. Selime in fact wanted her son's interest in photography to not be harmful, but he needed to change his cannabis use and the lifestyle that occurred around it.

In most of the therapies conducted with Muslim families, parents are seen to reflect their views onto God and in this way create a focus of social control. The use of religious stories in therapy is an important method in enabling sessions that will be performed for understanding them, the meanings that will be extracted, and the discovery of these types of impediments within the family system. The experiences of the Prophet, the experiences of his companions, and stories included in Sufi works like Rumi and Yunus Emre can be benefitted from while applying the technique. Kakar (1992) states that legends, myths, and stories feed from a common cultural consciousness. These texts are a rich source of psychological information. They can help us organize the experiences we have with our inner world with the outer world by impacting our emotions and thoughts.

When considering Bateson's (1979) studies on systemic family therapy, every systemic dialogue can be assumed to evoke some spiritual things. In this context, systemic family therapy forms a spiritual therapeutic field because in this school of thought the client is encouraged to ponder over the world, over the self, and over the other patterns that connect the person to life. This is what precisely exists at the center of the practices systemic family therapists perform. In other words, being systemic also naturally means focusing on spirituality.

The healing power of a therapeutic dialogue comes from the empathy, trust, and sense of love that is housed within it. The spiritual dialogue technique used in systemic family therapy also gets its power from here. Larner's (2017) article discusses how spiritual dialogue can be used in therapy session made with youths experiencing existential despair who are depressed and suicidal. The use of this technique is described in Table 2 by benefitting from the case mentioned in the author's article.

Table 2.

Describing the Use of Spiritual Dialogue Using a Case Study (Larner, 2017)

13-year-old David applied to therapy together with his mother with the complaint that he had harmful behaviors toward himself and his surroundings due to the emotional problems he experiences. To the questions in the first interview related to the content of the harmful behavior, he said he had tried to jump in front of a bus to kill himself but he couldn't make this happen because a friend had intervened. David, who had recently learned that he had lost his father and grandmother, experienced an emotional catharsis by crying at the first interview. The therapist commented that he had attempted suicide due to the impact of still being unable to get through the mourning process. Alongside all these, David stated that he occasionally injured his arms with scissors and often made plans to jump off the school's balcony. When the therapist asked whether or not he had shared this with his mother when he feels this way, David stated that he did not share with her because he didn't want to worry her.

Upon David's declarations, the therapist formed a security plan with David. He was interviewed on the issue of what would be able to prevent him if he feels he will again attempt suicide. The day after this interview, the mother called the therapist, saying David had cut his arms with a pair of scissors. The therapist wanted to have a few individual sessions with David regarding this. These sessions went to the root of David's behaviors. David stated that, despite losing his father three years ago, he still couldn't get over the mourning process, and his emotional problems became stronger at Christmas and on his birthday in particular. After discussing the steps of the grieving process, the therapist asked David, "What are the reasons for living?" to which David gave answers such as, "Going on holidays with my mom. Going to church. Being Christian." After the interview, David, who accepted that he was angry with God for ultimately having taken his father from him and who showed this anger by harming himself and his surroundings, was directed to an internal questioning using Socratic methods. His views on God were discussed. At the end of the process the spiritual inquiry continued for David, who had ended his suicidal thoughts with the decision that leaving the world through suicide would just be leaving his memories of his father. The therapist drew David's attention to a new point by asking questions about what benefits being Christian had provided in coping with mourning up to this time. David stated that when he prayed for preserving the memories of his father, God was helpful at being able to access these memories when he wished. An in-depth dialogue was entered on this topic; as a result, David judged that he could continue his life without mourning. The therapist realized that spiritual experiences had had a big impact on David making this judgment.

In the session two weeks later, David came to therapy stating that his life was getting better. He stated that his belief in God had helped him a lot in the mourning process and that he would be able to continue his life without these feelings anymore. Thanks to his belief in God, David ended the grieving process related to his father without succumbing to depression or suicidal phenomena; he now began to focus on his memories about his father. At the end of the process, discussions were held with David about his responsibilities at school and how to be able to handle stress. In the control interviews made a month after the end of the process, everything was seen to be on its way for David and his thoughts on harming himself and on suicide had been eliminated.

Results

Therapists working to integrate spirituality into family therapies in the late 20th century brought new concepts and information to the literature by performing much research on the areas of spiritually oriented family therapies thanks to the changing paradigm together with the 21st century. Systemic family counseling theory also comes at the top of the family counseling theories that have been researched on the issue of spirituality. The purpose in spiritually oriented systemic family therapy is to

provide the use of spirituality as a tool while creating harmony and balance among the systems. In order for a therapist who adopts the systematic approach to be able to touch upon spirituality during the session, the client needs to consider their views on this concept. Aside from the therapist fostering themselves on the issue of spirituality, the client also must approve of including spirituality into the session. After providing these conditions, the therapist plans the sessions by determining the points within the family system where the concept of spirituality contacts.

By discovering the communication judgments and distorted relationships that have been molded into the family system, a good family therapist should be able to use spirituality in resolving these relationships and communications. The effective use of the spiritual dialogue technique can be beneficial by creating new communication patterns due to spirituality. In this way, family members' being more productive in terms of developing alternative relationships can be enabled by increasing their awareness.

Therapists should plan the sessions and process by taking into account clients' approaches to the concept of spirituality. Clients should be allowed to decide whether or not to include spirituality in the process by taking their thoughts on this concept into consideration. While doing this, asking appropriate questions and exploring the client's inner world comes at the top of systemic therapists' most frequently used methods. When clients' approaches to spirituality are detected in a sound manner during the therapeutic relationship process, the therapist's work gets much easier. Therapists can actively use it among their coping skills by revealing the power of spirituality and the healing power of social relationships that can be established in the spiritual environment during the sessions.

A large portion of the scientific research made on spiritually oriented systemic family therapy and discussed in this section is research that has been performed outside of Turkey. The concept of spirituality has started to gain importance in the psychology literature together with the changing paradigm. Many studies related to the concept of spirituality are known to have been done in the field of positive psychology in particular. When examining the literature, studies related to the use of spirituality in systemic family counseling are seen to be limited both abroad as well as in Turkey. Through the research made in the last century, the concept of spirituality, whose effect has emerged in human life, is believed to assume a role that supports individuals in the family counseling process. Through this study, pioneering the research done on the effect of spirituality in family systems is aimed by drawing the attention of the researchers and therapists who work on systemic family therapy in Turkey to the subject. Converting the cases where family counselors interested in the subject have worked into publications in the form of case reports and having academicians who perform research on family issues give importance to the related field may be useful in terms of filling in the deficiency in the literature.

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Original Article

Satir Transformational Systemic Therapy and Spirituality

Sinan Okur¹ 

National Defense University

¹ Instructor, National Defense University, Air Force Academy, Department of Educational Sciences, Yesilköy, İstanbul, Turkey. E-mail: okursinan8@gmail.com

Abstract

This study addresses the topic of integrating spirituality into the Satir method, which was pioneered by Virginia Star and is included within experiential family therapies. The concept of spirituality, which had been included in individual therapies after the 1950s, also found room particularly after 1990 in family therapies together with the Satir method. The goal in the spirituality-based Satir method is to increase the client's adaptability and communication skills by integrating spirituality in the psychological counseling process. In addition, this approach also aims to have families notice their emotions using spiritual techniques. Satir, who does not limit her approach to any single religious tradition, can be said to have adopted the concept of universal spirituality. While the concept of spirituality has newly been included in individual psychological counseling in Turkey, it still has no place in the dimensions of family therapy. Little research has been encountered on this topic in the literature as well, and because new studies are felt needed, this work is being carried out. This study is believed to provide an important contribution to the literature. This study makes mention primarily of the Satir method as a representative of experiential family therapy, the Satir method's views on spirituality, how spirituality can be applied in this approach, and how necessary the therapeutic process is in the spirituality-based approach. Afterward, the role and responsibilities of the psychological counselor in the spirituality-integrated Satir method are explained, and the techniques included in Satir's spirituality-based approach are mentioned. Lastly, a case study founded on Satir's spirituality-based family therapy approach has been included, and the issue has been generally summarized.

Keywords: Spirituality • Spiritual counseling • Satir transformational systemic therapy • Spirituality-based therapy

Satir Dönüşümsel Sistemik Terapi ve Maneviyat

Öz

Bu çalışma, Yaşantısal Aile Terapisi içinde yer alan Virginia Satir'in öncülüğünü yaptığı Satir Aile Terapisinin içine maneviyatın entegre edilmesini konu edinmektedir. 1950'lerden sonra bireysel terapilerde yer edinen maneviyat kavramı, 1990 sonrasında özellikle Satir ile birlikte aile terapilerinde de yer bulmuştur. Manevi Temelli Satir Aile Terapisinde amaç, maneviyatı psikolojik danışma sürecine entegre ederek danışanların uyum ve iletişim becerilerini artırmaktır. Ayrıca bu yaklaşımda, manevi tekniklerin kullanılması ile aile üyelerine duyguların fark ettirilmesi de amaçlanmaktadır. Yaklaşımda öncelikle Satir'in de temsilcisi olduğu Yaşantısal Aile Terapisinden, Satir Aile Terapisinin maneviyata bakışından, bu yaklaşımda maneviyatın nasıl uygulanabileceğinden ve manevi temelli yaklaşımda terapötik sürecin nasıl olması gerektiğinden söz edilmiştir. Ardından maneviyatın entegre edildiği Satir Aile Terapisinde psikolojik danışmanın rol ve sorumlulukları anlatılmış, Satir'in manevi temelli yaklaşımında yer alan tekniklerden bahsedilmiştir. En son, Satir'in manevi temelli aile terapisi yaklaşımına dayanan bir vaka örneğine yer verilmiş ve konu genel olarak özetlenmiştir.

Anahtar Kelimeler: Maneviyat • Manevi danışmanlık • Satir dönüşümsel sistemik terapi • Manevi temelli terapi

Corresponding author:

Sinan Okur

E-mail:

okursinan8@gmail.com

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Family therapy is in particular an approach that emerged after World War II; it attempts to help families psychologically by addressing the family with a system. In line with this approach, effects from the surroundings are not ignored while searching for solutions to the emotional problems people experience; this approach has begun to help not just individuals themselves but also their families. With the signing of the National Mental Health Agreement in 1946, studies started being done on family's mental health (Gladding, 1998). These studies have been concerned with what can be done for families to have healthier dispositions. The approaches used frequently today emerged through the many therapy approaches that appeared after the 1950s. Psychoanalytical family therapy, Adler family therapy, Bowen family therapy, structural family therapy, experiential family therapy, strategic family therapy, systemic family therapy, cognitive behavioral family therapy, solution-focused family therapy, and narrative family therapy can be listed as the family therapy approaches used frequently today. Each of these approaches is a therapy that has a theoretical basis and includes techniques/intervention.

The great religions state in their scriptures that both spirituality and religion have important places within family life. Almost every religious book can be said to place importance on the concept of family and to command that giving family its required importance is necessary. Griffith and Rotter (1999) determined that spirituality affects family well-being and the functionality of individuals in the family. Spiritually, which is considered to have an impact on having a healthy family structure, has been explained by Summermatter and Kaya (2017) as establishing connections with and being close to things that are sacred. According to another definition by Pargament, Murray-Swank, and Tarakeshwar (2005), spirituality is explained as the quest done for the purpose of reaching the sacred. When looking at the definitions that have been made, spirituality can generally be said to have been around since the day humans came into existence. The main point of the concept of spirituality, which has no clear definition, is the desire to reach the sacred (Ahmed & Amer, 2015; Ekşi, Kaya, & Çiftçi, 2016; Pargament, 2007). Worthington and Aten (2009) explained the concept of spirituality under four sub-headings: (1) religious spirituality, (2) humanistic spirituality, (3) nature spirituality, and (4) universal spirituality.

The holistic view is highlighted when integrating spirituality into the psychological counseling process by taking into consideration individuals' beliefs, values, feelings, and thoughts (Frame, 2003). According to Walsh and Harrigan (2003), the concept of spirituality should be included in the psychological counseling process. When examining the both the Turkish and international literature in this regard, people are seen to solve and cope with their problems through the mediation of spirituality; these people's psychological well-being is seen to increase (Horozcu, 2010; Krook, 2008). Apart from this, in the research Carlson, Fitzpatrick, Hecker, & Killmer (2002) did,

two thirds of those receiving marriage and family therapy training specified that the concept of spirituality was required in the psychological counseling process. Another research that was done showed spirituality to have an important place not just in individual counseling but also in family therapy, and spirituality must be used in family therapy (Breen, 1996; Haber, 2002; Tam, 2006).

The concept of spirituality started occurring in family therapy after the 1990s. In order to be able to solve the problems present in family life, discovering the basic dimensions of spirituality was considered necessary, and discussions were made in line with this (Haug, 1998; Helmeke & Bischof, 2007). The spread of the concept of spirituality into family therapy is stated in the literature to have occurred in three waves. While including spirituality in family therapy was discussed in the first wave, whether or not spirituality would harm the nature of therapy was mentioned in the second wave, and finally in the third wave, how much did should the therapy contain spirituality was discussed (Akça-Koca, 2017a; Ko & Kim, 2010). When looking at the historical process, the first discussions that were made enabled the spiritually-oriented family therapy approaches to develop by looking at the previous use of spirituality in family therapy in the beginning (Cook & Kelly, 1998). Virginia Satir played a significant role in developing spiritually-oriented family therapies in this process (Akça-Koca, 2017a).

This section will respectively address the experiential family therapy where Virginia Satir made her representation, the Satir method's view toward spirituality, how spirituality can be applied in this approach, and how the therapeutic process should go in the spirituality-based approach. Afterward, the psychological counselor's role and responsibilities in the spirituality-based Satir method will be explained, the techniques located in Satir's spirituality-based approach will be mentioned, and case examples that support Satir's spirituality-based family therapy approach will be included. The fact that, when examining the literature in Turkey in particular, studies using the concepts of spirituality and religion with family therapy approaches are limited (Akça-Koca, 2017a) makes doing this study necessary. By doing this study, a significant gap in the literature is believed will be filled. The most basic goals in writing this section are to address the spirituality-based Satir method more comprehensively and to explain what needs to be done in the therapeutic process.

Experiential Family Therapy and Satir

Experiential family therapy is an approach based on humanistic and phenomenological roots. Experiential family therapy is essentially based on family members no being aware of the feelings they experience or suppressing these feelings (Gladding, 2015). Not experiencing emotions distances family members from one another and creates communication barriers within the family (Nazlı, 2016).

Problematic behaviors are stated to be solved as a result of expressing emotions in this approach that Satir also represented. Carl Whitaker (1990), being another important pioneer of the therapeutic approach, included emotions in the process while working with families and observed changes in the behaviors afterward. In line with this, experiential family therapy sees gaining insight into family members by having them realize what they are doing here and now to be the basic goal. Satir (2001) stated that dysfunctional behaviors are maintained because family members aren't aware of their emotions. She stated being aware of emotions and expressing them as experienced in the moment to be necessary for solving these.

According to Satir, Banmen, Gerber, and Gomori (1991), families who listen to each other, show affection/value, and behave respectfully are healthy families. In this type of family, unhappiness as well as disappointments are also spoken as frankly and openly as happiness (Nichols & Schwartz, 1998). Families that are not happy have been studied in therapeutic processes based on this approach generally by addressing the subjects of "little or no communication" and "not expressing emotions clearly" (Murdock, 2013). The main points in this approach are addressing the unhealthy communication present within the family and sharing feelings.

The basic concepts of the Satir method are expressed as self-value, the self-mandala, communication, family rules, the iceberg metaphor, and the triangle. Some of these basic concepts are not just contained in Satir's approach but are found in all family systems theories. Explanations for these basic concepts are given as follows:

- 1. *Self-Value.*** The most basic concept of the Satir method, self-value is explained as the value individuals give themselves without worrying about what others think of them (Satir & Baldwin, 1983). This concept emphasizes the need for individuals to love themselves first (Satir, 1988). Caring a lot about what others say shows the individual to have low self-value. This type of individual can be said to have high levels of anxiety and low self-confidence (Murdock, 2013). When considered from the perspective of family therapy, individuals with low self-value can be considered to marry individuals who resemble themselves, and their children also have low self-esteem (Nazlı, 2016). Satir (2001) Satir stated that every person is unique and the individual with low self-value needs to be supported on this topic in the therapeutic process.
- 2. *The Self-Mandala.*** Satir (2008) explained this fundamental concept through eight sub-dimensions: physical, spiritual/psychological, mental, nutritional, emotional, sensitive, and interactional, in order. Each of these eight sub-dimensions can be said to be interconnected; they should not be considered independently and have psychological effects on the individual's well-being. These eight sub-dimensions are the structures that make up the individual's

ego (Akça-Koca, 2017a). Each of these interrelated sub-dimensions affects healthiness and general well-being, and therefore are considered important in terms of experiential family theory.

3. **Communication.** While the importance of internal family communications is emphasized in Satir's approach, it explains the need to establish communication as a life requirement (Murdock, 2013). Consistency and harmony are important in both verbal and non-verbal communication. According to Nazlı (2016), the gestures and mimicry of individuals who establish healthy communication are consistent with what they say. Satir (2001), who emphasized the necessity for family members to establish harmonious communication with one another, stated that family members use one of four basic behaviors when experiencing a problem with communication. These behaviors are placating, blaming, computing, distracting, and leveling (Murdock, 2013; Satir, 2001). Those who placate don't want to have a problem with the person confronting them and assume a humble position even if they are right. These people generally put themselves to the side and in their desire to not be contrary attempt to agree with others on almost every issue. Those who blame act tough and jittery; they raise their voices. These people constantly see themselves as right and look for flaws in others. Those who compute do not show their emotions and act with logic. These people can be said to implement their cognitive control. Those who distract are confusing and their words don't make sense. In general, these people are stated to no deal with events very much (Brothers, 2000; Nazlı, 2016). In summary, people who exhibit these four behaviors can be said to have low self-esteem.
4. **Rules of the Family.** According to Satir and Baldwin (1983), the rules specified in the family should be realistic and feasible. For example, in a home where the rule is to be constantly happy, people will start hiding their emotions and emotional distance will form among family members. Satir emphasized that the determined rules need to be flexible and to vary according to maturity (Murdock, 2013). A child who might have a bedtime that is early when younger but then is allowed to go to bed later as they grow up can be shown as the best example to give for this situation.
5. **The Iceberg Metaphor.** This metaphor suggests that individuals have a multi-dimensional structure and shows that these dimensions affect one another (Satir et al., 1991). Satir stated that, part of a person appears as an iceberg and a large portion of person is in fact unseen (Akça-Koca, 2017a). While people are specified as having three dimensions (i.e., interpersonal, intrapsychic, and universal spirituality), these three dimensions are explained in seven stages.

While the visible part is said to have the communication attitudes in the scope of the interpersonal dimension, the unseen part expressed as having the intrapsychic and universal spirituality dimensions (Lee, 2002; Wai-Lan, 2015). The stages located in these unseen sections in the intrapsychic dimension are emotions, feeling emotions, perceptions through expectations, and beliefs. The stages in the universal spirituality dimension are individuals' aspirations and personalities. The concept that can facilitate or complicate these three dimensions is explained as harmony (Satir, 1988). Harmony, being one of the most fundamental issues studied in the Satir method, plays a role in revealing family members' three dimensions and in healthy expression. Banmen and Banmen (1991), explained Satir's concept of harmony as the bond one established with God or one's source of life energy.

6. *The Triangle.* Satir stated the concept of the triangle, which occurs in almost every family systems theory, as the structure that is formed between the parents and child (Murdock, 2013). When talking about the communication between two people in established triangles, the third person is said to be left out, and cases where the child is left out have been emphasized to be able to cause low self-worth. Satir and Baldwin (1983) stated that how children see themselves in the triangle is important and can have lifelong effects. Family members with an established healthy triangle have been emphasized to be able to have high self-respect.

Satir did not specify a fundamental personality theory in experiential family therapy. She spoke of life as a journey and an adventure from inception to death (Murdock, 2013). Satir, who emphasized that everyone is open to development in this adventure, took a humanistic approach and also emphasized that all people can establish harmonious relationships both in the family as well as in one's surroundings while establishing communication (Nazlı, 2016). In summary, in the Satir method, family members' noticing both their own feelings as well as others' and expression of these feelings in a health manner facilitates harmony. After the 1990s, Satir emphasized the need for including the concept of spirituality in the therapeutic process in order to increase individuals' harmony. How spirituality has been integrated into the Satir method and how Satir viewed spirituality are given below.

The Satir Method's View on Spirituality

Satir, who gave weight to the concept of spirituality shortly before her death, talked about a universal spiritual approach in the therapeutic process. Satir (1988), who believed that universal spirituality needs to generally be present in the therapeutic process, stated seeing it as the basis of our existence and the bond we establish with the world. Satir, who possessed a humanistic perspective, thought everyone to be able to possess a more spiritual bond by exhibiting a positive approach (Bentheim, 2009; Ruhl,

2013). Advocating the human spirit to be inherently good, she stated that people turn to evil as a result of the difficulties and pressures they face and that they can find well-being again through the mediation of spirituality (Lee, 2001; Wretman, 2016; Yang-Li & Lou, 2013). Satir believed in realizing the relationship between Humans and God using the spiritual bond that will be established and based this idea in her approach. Akça-Koca (2017a) stated that Satir focused on healthy development and growth based on spirituality rather than disease or pathology in her therapeutic approach.

The fundamentals of Satir’s family therapy are based on three different theories: Gestalt therapy, existential therapy, and humanistic therapy. Taking the concepts of “here and now” from Gestalt therapy, “meaning” from existential therapy, and “acceptance” from humanistic therapy, Satir aimed to have family members differentiate their own feeling from others’ by allowing them to be in “the here and now” in the therapeutic process, thought family members would be able to see the realities of life by way of spirituality with the search for “meaning,” and lastly believed that family members would be able to solve their problems together through “acceptance” (Akça-Koca, 2017b). According to Woods and Martin (1984), Satir took spirituality in hand in the family therapy approach and formed a new model by benefitting from these three approaches. Satir’s purpose in creating this model was to allow spirituality to be used in the therapeutic process as a tool for harmony. In other words, Satir used spirituality in the model not as a goal but as a tool for increasing harmony. Lee (2001) explained this harmony as a spiritual reconstruction process that enables individuals to establish a connection with themselves and their past. Satir’s main goal in the therapeutic process is to enable family members to reveal their spirituality-based thoughts and to openly express their feelings by increasing family members’ harmony levels toward each other through the mediation of spirituality. When family members exhibit these behaviors sincerely and candidly toward each other, the therapeutic goals are seen to have been reached and the therapy process can end (Mook, 1997).

Lastly, the concept of universal spirituality, which is found among the types of spirituality Worthington and Aten (2009) have addressed under four headings, can be said to be in harmony with Satir’s model. When considering that different concepts exist on spirituality, Satir, who believed that humanity is a “life force” that comes from all living things, didn’t give any name to this life force that she called the foundation of human existence and did not limit this to any one religious tradition.

Spirituality-Based Satir Transformation Systemic Therapy and Its Application

The first interview carried out with the family is considered very important in Satir’s approach, as in all family therapy systems (Satir, 2001). In the Satir Transformation Systemic Therapy in which spirituality has been integrated, Satir expressed the first interview conducted with the family as “souls meeting with souls” (as cited

in Akça-Koca, 2017a, p. 396). When considering that using spiritual methods will not be appropriate for every family in a therapeutic approach, the first interview with the family can be said to be quite important. The decision is made in the first performed interview as to how much and to what degree spirituality will be used in the therapeutic process. Satir's spirituality-based family therapy can be applied after making the necessary adjustments and forming an environment of trust.

Different steps are seen to have been applied in the therapeutic process in the literature. Carlson, Sperry, and Lewis (1997) implemented Satir's spirituality-based family therapy in four steps:

1st Step. Family members gain awareness toward their own spirituality and experiences.

2nd Step. Family members develop new spiritual understandings starting from the awareness of what they have gained.

3rd Step. Reflecting the newly developed understandings onto real life is attempted, and the relationships are reorganized based on the recognized spiritual approach.

4th Step. The spiritual understandings that are noticed and developed are used not just toward family members but toward everyone in their surroundings.

The most basic goal in these four steps is to notice the spiritual reasons underlying the problems experienced by family members and to use spirituality in solving the problems. The literature states Satir to have focused on the process rather than the content in the therapy (Woods & Martin, 1984). In Satir's therapy, family members are stipulate not to focus on what they say to one another but on how they say it (Murdock, 2013). In line with this, Satir and Baldwin (1983) summarized the therapeutic process in three stages:

1. Contact (Stage 1). Families who come to psychological counseling are considered to have many difficulties that they are unable to cope with. Accordingly, trust needs to be given in a therapeutic environment intended for families. The family needs to be made aware of the importance of every member and the family structure should be observed while establishing a sincere environment. In this stage, every family member's perspective on spirituality should be addressed, and after this the decision should be made as to how often spirituality should be used in the sessions. In Satir's (2001) approach, even the first encounter with the family members is important. The decision on whether or not to use spirituality for the problem the family brings is made in this encounter. This is because applying a spirituality-oriented family therapy does not appear

possible for every problem. The contact stage is important as establishing a good relationship at first and the evaluation will reflect throughout the therapy.

2. ***Chaos (Stage 2).*** This is the stage where the problems experienced among family members begin to slowly emerge and these problems begin to be expressed in the consultation process. This stage requires careful consideration because this is where the family reveals why it came to the therapy. The ability to benefit from discussing the problem by starting with each family member's spiritual thoughts is considerable. In this stage, being able to stay in "the here and now" is important.
3. ***Integration (Stage 3).*** This last stage is when the moment emerges where the family overcomes the chaos. The integration stage is where the family notices their spiritual problems and finds solutions by using spirituality for these problems. Because in the chaos stage the family members had revealed their thoughts based on spirituality, in this stage they are able to solve their problems more easily and the sessions come to a finish when they reach this stage.

Another method wherein the therapy process is explained in the scope of experiential family therapy in the literature is described in brief as follows (Fenell & Weinhold, 1989, as cited in Nazlı, 2016). In the stages below, the literature is scanned on how spirituality has been integrated into experiential family therapy, and how spirituality can be used is explained in these stages (Pidcocke, 2010; Tam, 2006; Thickens, 2012; Yang, 2000):

1. ***Going around.*** Both because family members are in the stage of recognizing the process and also because sufficient trust has not been formed, the problem goes around without clear information being shared about it. Because of generally being the recognition/introduction phase, the psychological counselor can ask the family members questions about spirituality.
2. ***Resistance to counseling.*** When the trust environment has not been fully established, family members may have reservations about sharing information. Establishing a good therapeutic environment is essential at this stage because talking about religion and spirituality will be difficult, particularly as some see this as taboo.
3. ***Talking about the past.*** Family members can talk about their past experiences on behalf of getting away from this moment. In this stage, the psychological counselor needs to follow the process and allow the family to be in the "here and now."
4. ***Negative feelings.*** They can begin to talk about their negative feelings toward the problem they experienced through the formation of trust in the therapeutic

environment. From this stage onward, all information, from family members' spiritual experiences to their daily lives, needs to be received and their experiences about the problem they've witnessed must be listened to carefully.

5. ***Expressing and explaining personal issues.*** Because trust has formed between the psychological counselor and the family members, they start to discuss the problems, and in this stage the psychological counselor must be able to comfortably receive spiritual ideas from the family members.
6. ***Completely expressing what they are feeling in the here and now.*** In this stage, permission is given to family members to experience the feelings related to the problem they've brought to the consultation environment. At this stage, the client should be focused on what they feel in that moment, and the client should be enabled to notice these feelings.
7. ***Family members' ability to heal.*** Accepting and understanding within the environment of trust makes embracing family members' hurts easier. At this stage, the problems of the family member or members who have a spiritual issue are discussed.
8. ***Self-acceptance and change.*** In this stage, family members realize the process of accepting themselves and others. Accepting priority for solving the experienced problems is stated, and family members are prompted to take responsibility for changing.
9. ***Gradually weakening the external view.*** This stage is where real feelings and thoughts are discussed. Family members' spiritual thoughts and feelings have strong influence in this stage.
10. ***Giving feedback.*** Family members are prompted to give feedback about the process for developing one another. In this way, each family will observe their behaviors from the outside.
11. ***Forming confrontation.*** This is done for the purpose of having family members become aware of the problem they don't see. The purpose in this stage is to raise awareness and insight. Accordingly, if one of the family members has a problem in terms of spirituality, noticing this falls on the other family members.
12. ***Assisting family development.*** Family members are requested to start applying the exercises done in the therapy process to real life. In line with this, family members are seen to observe each other's behaviors and assist on the outside too.
13. ***Family interactions.*** The family starts to feel like a group. In this way, all family members possess a boundary.

14. Fully expressing sincerity. All the feelings family members hadn't been aware of or couldn't say appear, and family members are able to express their sincere feelings toward one another at this stage. Sharing feelings in terms of spirituality will help family members relax.

15. The changed family. This is the last stage and is seen as the stage where the problem the family had brought has been solved. In this stage, each family member is seen to notice and recognize their feelings.

Different stages are applied in the therapy process within the scope of Satir's method, as seen in the literature. Each therapist can be said to develop their own method and to try and help their clients in the light of this method. When looked at generally, even though different paths are observed, the common goal of the scientists has been to provide benefit to the clients through the Spirituality-based Satir Transformation Systemic Therapy.

The Therapeutic Process in the Spirituality-Based Satir Transformation Systemic Therapy

As in all family therapy systems, the therapeutic process is also important in the spirituality-based approach of Satir Transformation Systemic Therapy. Within the scope of this approach, the most fundamental goal in the therapeutic process is to ensure family members' development emotionally (Gladding, 2015; Lee, 2001; Nazlı, 2016). Another basic aim in the spirituality-based Satir family therapy approach is to provide awareness spiritually and to provide the family members' development (Ko & Kim, 2010; Srikosai, 2008). One of the main goals in this approach is to ensure transparency among the family members' external behaviors using their internal experiences (Murdock, 2013). Accordingly, family members talking about their spirituality-based inner experiences and discussions on how much spirituality reflects onto behaviors are seen important (Dawson, 2008; Srikosai, Thapinta, Kittirattanapaiboon, & Piyavhatkul, 2014).

According to Satir (1988), everyone sees change somewhere in life. In other words, Satir's view of human behavior is optimistic and hopeful. As a result of reflecting this optimistic approach in the therapeutic process, family members feeling comfortable and safe is seen important in this approach (Loeschen, 1998; Morrison & Ferris, 2002). Aside from this, one of the most important elements of the therapeutic process in the spirituality-based Satir family therapy is authenticity (Satir et al., 1991). According to İlhan and Özdemir (2013), authenticity is explained as the individual being one's self and acting in this way. Both the psychological counselor and the counseling environment are thought to facilitate spirituality being addressed (Murdock, 2013). Family members increasing their awareness spiritually and raising their self-worth is able to ensure their being much more authentic.

According to Satir and Baldwin (1983), The psychological counselor must be accepting while discussing spirituality and needs to also pay attention to not being judgmental. When considering that spiritual concepts are a private issue, are still seen as taboo in some societies, and are not often mentioned, the reason for this understandably needs attention. The fact that some clients think that they will be judged or excluded due to their religious views (Haque, 2018) is evidence of the necessity for sensitivity in this matter.

The Role and Responsibilities of the Psychological Counselor in the Spirituality-Based Satir Transformation Systemic Therapy

According to Gladding (2015), the psychological counselor is active in Satir's approach and plays a facilitating role within the process. Apart from this, both the literature in and outside of Turkey has expressed the necessity of the psychological counselor to also have the role of researcher (Nazlı, 2016; Nichols & Schwartz, 1998). Therapists or psychological counselors who adopt this role are able to be considered as attempting to discover the family members' abilities and feelings. The main task of psychological counselors within the therapeutic process is to enable family members' identification of both their own and other family members' feelings (Satir, 2001). In line with this, Satir family therapists should adopt a warm, sincere, and accepting approach and encourage family members by acting energetically and applying the techniques.

The literature states that some family members view therapists as experts on every subject, and therefore want therapists to make the decision about what they have experienced (Murdock, 2013). The therapist or psychological counselor needs to be careful on this point and show diligence in not making judgments about the family members' ways of life. In addition, psychological counselors who adopt this approach should have a teaching role in order to allow family members to establish effective communication and realize their feelings (Kang, 2010; Nazlı, 2016). These days, the literature has determined that psychological counselors who adopt the Satir approach have four duties (Woods & Martin, 1984). These tasks are briefly listed as follows:

1. They should take on Carl Roger's sincere, transparent, and accepting role.
2. They should use Perl's method of the here and now.
3. They should apply Satir's search for clues like a detective.
4. They should take Satir's humanistic aspect as an example.

While some therapists use structured techniques in this approach, others are said to let the therapeutic process flow (Carlson et al., 1997). The literature has specified behaving spontaneously, acting together with the family in the process, and preferring

interventions in the moment rather than structured techniques to be important in Satir's family therapy (Mitten & Connell, 2004; Nazlı, 2016). Rather than whether the technique being used is structured or not, providing benefit to family members and using the therapy for its intended purpose are considered important.

In addition to the roles and responsibilities expressed above, all psychological counselors are expected in general to not judge their clients, to be accepting, and to be sincere and candid (Rogers, 2003). Psychological counselors in the spirituality-based Satir family therapy need to know their roles and responsibilities starting with all these roles and responsibilities. No matter what the theoretical approach is, the psychological counselor has universal roles and responsibilities. However, apart from these roles and responsibilities, psychological counselors' skills in addressing spiritual issues together with family members are also important (Akça-Koca, 2017b). The first task of psychological counselors who practice the spirituality-based Satir Transformation Systemic Therapy is to learn in the first interview done with the family how the family members view spirituality (Satir et al., 1991). After determining whether or not family members are willing to discuss spiritual issues, knowing the family's attitudes toward spirituality is important as this will determine the degree to which spirituality will be addressed in the sessions to be performed.

The Techniques Used in the Scope of the Spirituality-Based Satir Transformation Systemic Therapy

Many different techniques are used in Satir family therapy, such as family life chronology, family maps, family sculptures, touch, play therapy, metaphor, role play, me speech, humor, family restructuring, meditation, and awareness (Gladding, 2015; Murdock, 2013; Nazlı, 2016; Nichols & Schwartz, 1998). However, adapting each of these techniques that have been used to spirituality, or in other words, using all of these techniques in the spirituality-based Satir family therapy approach is not considered possible. In addition to techniques such as meditation, worship, self-respect, the iceberg metaphor, family maps, family restructuring, and humor, awareness efforts such as imagination power, breathing exercises, and relaxation techniques are used more in spirituality-based Satir family therapy. Family harmony can be said to increase through the use of these techniques. Akça-Koca (2017b) determined that the clients' intuitive behaviors are important while using these spiritual techniques. Spiritual techniques that have been applied are mentioned below in detail:

1. **Family maps.** The aim in this technique, which is planned similarly to a genogram, is to examine family members' inter-generational structure and determine their spiritual views. The family map technique shows the structure of family relationships, the strong and weak ties, and the triangles that exist within the family. Each family member's identity is defined with an adjective

on this map (Gladding, 2015). This technique deals with how the family addresses spirituality from generation to generation (Nazlı, 2016). Evaluating the spirituality that occurred in both the mother's and father's past life can also be achieved with this technique.

2. ***Humor.*** Aside from being a risky technique, it is also considered effective. In this technique, which is believed to sometimes be useful for change, tension in the family can be decreased. In handling this technique in spirituality-based Satir family therapy, humor should be used in times when spirituality is exaggerated and at a troubling level. The point that must be noted in this technique, which is used on spiritual matters for exhibiting family members' strict attitudes, is that the therapeutic relationship needs to have been established. One should not forget that when this technique is applied without providing the adequate therapeutic environment, family members will grow apart from one another as well as from the psychological counselor. This technique allows the cognitive distortions present in family members to emerge, alongside allowing family members to notice their hard and strict attitudes. Satir generally used this technique in her approach in order to enable change and facilitate taking a step toward change. This technique can also be said to be useful for the purpose of revealing a very absurd situation among family members or noticing a situation that is being taken too seriously (Gladding, 2015).
3. ***Family restructuring.*** Satir put forth this technique. Together with being a creative technique, it also aims to have individuals discover the things they have learned spiritually that are distorted. The technique is applied in three steps. The first step determines what the family has learned spiritually from past to present. The second step enables family members to notice what kind of personality they have as a result of their spiritual learning. In the third step, paths are found that will help family members discover a realistic personality that also doesn't ignore their spirituality (Griffith & Rotter, 1999).
4. ***The iceberg metaphor.*** This technique, frequently used in the spirituality-based Satir family therapy approach, examines the clients' iceberg metaphors and, after being evaluated, attempts to eliminate the imbalances present that prevent harmony (Akça-Koca, 2017b). As a result of the effect of the part of the iceberg that is unseen, the problems that family members experience in communication are addressed through this technique (Satir et al., 1991). Family members possessing a strong spiritual belief also facilitates the use of this technique. In this oft used technique, family members are made to notice how the interpersonal dimension is affective at reaching the intra-psyche and universal dimensions of spirituality. Because what the sources of the problems

experienced among family members are is detected this way, the solution is more comfortably reached.

5. ***The self-mandala.*** The self-mandala, like the iceberg metaphor, is another technique frequently addressed. In this technique, family members must create their own mandalas. Role playing or verbal activities can be done in the process of creating this self-mandala. The main purpose of this technique is for family members to notice the personal pieces found in the self-mandala, the pieces that form the self (Satir, 1988). In accordance with this purpose, each family member creates a self-mandala, and these mandalas, which have eight sub-dimensions, are discussed together with the psychological counselor (Satir, 2008). If freedom is granted to the family members to express their thoughts and beliefs in the counseling session, the spiritual dimension in this technique can be benefitted from. Thanks to this technique, family members with a strong spiritual side are seen to be accelerated in the therapy process and to show improvement. Research showing this technique to be effective is found in the literature (Caston, 2009; Yang, 2000). In these studies, families have been said to improve in the relationships by noticing themselves.
6. ***Meditation.*** This is a technique Satir often used for the purpose of having family members look at the inner life experiences relax internally. This technique basically aims to have family members find the wisdom contained within their selves. In line with this, having family members focus on their inner selves will help them later to develop self-respect (Nesbitt, 2010).
7. ***Imagination power, breathing exercises, and relaxation techniques (Awareness).*** The common aim in these techniques is to allow family members to gain awareness (Satir, 1988). These techniques are considered necessary for reaching the family's spiritual aspect and for working on their problems by addressing the spiritual aspect. This technique, which is required for having families relax by doing exercises and later gaining awareness, emphasizes the concept of energy. The literature has expressed the importance of radiating the existing energy to people (Akça-Koca, 2017a). Research showing these techniques to be effective is available in the literature (Dawson, 2008; Ruhl, 2013). These techniques can generally be used in all family therapy approaches.

Case Studies Within the Scope of the Spirituality-Based Satir Transformation Systemic Therapy

The fact that not many case studies are present in the literature within the scope of the spirituality-based Satir family therapy is striking. When examining the literature, one case is encountered in Morrison and Ferris's (2002) study; Satir's spirituality-

based approach was determined to have been used in the group counseling session. In this case, techniques were determined to have been used that are in harmony with the spirituality included in the Satir approach. In this case, both the iceberg metaphor and self-worth have been mentioned, and how spirituality is addressed in Satir's family therapy is briefly mentioned. This case is presented in Table 1:

Table 1.

Case Study of Spirituality-Based Satir Family Therapy

Carol is a client, 29 years old, and married 11 years. Carol has a 19-month-old daughter. She's gotten help from individual therapy two times both in childhood and in adolescence due to being sexually abused by her father. She is currently participating in support group sessions where Satir's techniques are used. The support group therapy she participates in is related to sexual abuse. The leader in this therapy process uses Satir's spiritual techniques and is very supportive of Carol. In this way, these group sessions have provided Carol with awareness and she sees benefit. Additionally, Satir's spirituality-based approach has been benefitted from for the purpose of ensuring that they absorb the process of abuse in the group session. For example, the group members were first explained the iceberg metaphor, and this enabled them to understand the spiritual experiences they live within themselves and to gain self-awareness. Through the mediation of the iceberg metaphor, having group members notice the chaos they experienced becomes easier and their anxieties have decreased. In the iceberg method, the spiritual aspects that the group members had not noticed were strengthened, and the women were determined to have started perceiving both themselves and the world more realistically. The different perceptions of the world that had come because of the abuse was seen to start changing. Carol, who had previously thought of the world as a dangerous place, through the sessions that were held opened the way straight to the thought that the world is a reliable place. The leaders in the group had formed both a reliable therapeutic environment and one where members felt their self-worth. The group members were seen to learn new ways of drawing borders for themselves and others. The group members, who had increased their awareness as a result of the iceberg metaphor, have been able to feel that they are not a permanent victim of life. They feel stronger anymore, have found spiritual sources of support, and because of this, have stated that the self-worth has increased. The sessions that were held had enabled group members to construct their self identities, and the eight stages determined in Satir's spirituality-based approach showed what each one had gained. The group members understood that they in fact needed to live their lives for fulfilling their own expectations rather than the expectations of others. Carol now feels greater self-worth anymore and less anger towards her abused through this group experience. At the end of the sessions, Carol understood she needed to face her father in order to regain her peace of mind. Carol, who thought it would be proper to receive individual counseling assistance to complete her psychological well-being after the group sessions, was interviewed once every three weeks over nine months, for a total of 10 sessions. One last session was done with Carol, who had reached a positive and hopeful place in her life as a result of these sessions, for celebrating her individual healing and spiritual inner peace. The most important point in Satir's spirituality-based family therapy is that it increased the harmony present in the client's life. Carol was also seen to have captured this harmony and the sessions ended.

Results

The hard attitude that exists toward spirituality has been broken through the new paradigms in both the process of individual counseling and in family therapies. The concept of spirituality began to enter more into the family therapy literature after the debates on family therapy that had begun in the 1990s in particular and has found a place for itself in almost all the approaches. The concept of spirituality has also entered experiential family therapy, which is based on a humanistic and phenomenological approach and had been pioneered by Carl Whitaker and Virginia Satir. Experiential family therapy aims at having family members notice the feelings the experience and to have them reveal their suppressed emotions (Gladding, 2015). In line with this, the concept of spirituality has been started being effectively used

in the therapeutic approach for the purpose of becoming aware of and revealing emotions. Satir in particular gave importance to spirituality in her family therapy approach and provided many contributions to the literature through the research she did on this subject. Another purpose in using spirituality in Satir's approach is to increase the harmony in clients' lives (Satir et al., 1991). Many techniques are found used in accordance with this purpose, and clients' senses of self-worth have been raised through these techniques, and enabling harmony in their lives has been facilitated. Satir, who felt humans possess a life force that comes from all living things, handled her approach without limiting it to any one religious tradition; her approach is based on the concept of universal spirituality.

While the research that mentions spirituality-based Satir family therapy is usually done outside of Turkey, when examining research done in Turkey, one research emphasizing the spiritual aspect of the Satir method was done by Akça-Koca (2017a). When looked at from this angle, not enough studies are seen on this subject in Turkey. Therefore, different types of studies based on Satir's spirituality-based approach are able to be performed by researchers. Apart from this, the effectiveness of Satir's spirituality-based approach can be researched by adopting a psycho-educational-based approach; group sessions can be planned in line with the obtained findings. In planning these group sessions, the case applications from abroad can be utilized, and similar studies can be performed in Turkey. In addition, by noting the client's needs and expectation in the therapeutic process, interventions/techniques can be developed toward Satir's spirituality-based approach, and this therapy approach can be benefitted from more effectively. Lastly, this study is believed to make a serious contribution to the literature. This study is also considered important and to facilitate other researchers for studies done after this.

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Original Article

The Religious and Spiritual Dimensions of Bowen Family Therapy

Özlem Acar Bulut¹

Ministry of National Education

¹ Psychological Counseling Specialist, Ministry of National Education, Ataşehir, İstanbul, TURKEY.
E-mail: ozlemacarpdr@gmail.com

Abstract

The topic of spirituality stands out in recent years as being heavily addressed in the field of psychological counseling and guidance. A similar picture also stands out when looked at from the angle of family therapies. When looking at studies made in the field of family therapy, studies addressing the aspect of family spirituality are seen to continue increasing. Bowen's Family Systems Theory is one of these approaches. Bowen Family Theory handles the family as a system and attempts to solve the individuals' problems by considering the environment within which they are found. The individual's surroundings contain many situations, from family to culture, siblings to religious beliefs, from traditions to customs, and from relationships to spirituality. According to Bowen, spirituality is the reflection of the topic of God in relationships, and located foremost within the theory, a spiritual aspect is found in all important concepts, including ego differentiation and triangulations. Encountering religious and spiritual elements is possible in many of the concepts of Bowen Family Systems. This study handles the perspective of spirituality in the Bowen Family Systems Theory as one of the theories of family systems and the place of spirituality within Bowen Family Systems. In this context, first the Bowen Family Systems Theory is briefly introduced, then the study attempts to explain the spiritual dimension of the theory in light of some of its basic concepts. In addition, the Bowen approach is addressed from the Islamic perspective, and a case sample has been presented related to the intervention methods that can be used in this situation.

Keywords: Family Systems, Bowen, Spirituality, Religious Dimension, Triangulation, Ego Differentiation

Bowen Aile Terapisi'nin Dini ve Manevi Boyutu

Öz

Son yıllarda maneviyat konusunun psikolojik danışma ve rehberlik alanında yoğun bir şekilde ele alındığı göze çarpmaktadır. Aile terapileri açısından bakıldığında da benzer bir tablo karşımıza çıkmaktadır. Aile terapisi alanında yapılan çalışmalara bakıldığında ailenin manevi yönünü ele alan çalışmaların artarak devam ettiği görülmektedir. Bowen Aile Sistemleri Teorisi bu yaklaşımlardan biridir. Bowen Aile Teorisi aileyi bir sistem olarak ele alır ve bireyin problemlerini içinde bulunduğu çevreyi göz önüne alarak çözümlenmeye çalışır. Bireyin bu çevresi aileden, kültüre, kardeşlerden dini inançlara, gelenek göreneklere, ilişkilerden maneviyata kadar birçok durumu içinde barındırır. Bowen'a göre maneviyat Tanrı konusunun ilişkilerdeki yansımasıdır ve teori içinde yer alan başta benlik farklılaşması ve üçgenlemeler olmak üzere tüm önemli kavramlarda manevi bir yön bulunmaktadır. Bowen Aile Sistemlerinin birçok kavramında dini ve manevi öğelere rastlamak mümkündür. Bu çalışmada Aile sistemleri kuramlarından biri olan Bowen Aile Sistemleri Teorisi'nin maneviyata bakış açısı ve maneviyatın Bowen Aile Sistemlerindeki yeri ele alınmıştır. Bu çerçevede öncelikle Bowen Aile Sistemleri Teorisi kısaca tanıtılmış, ardından kuramın temel kavramları doğrultusunda teorisinin manevi boyutu açıklanmaya çalışılmıştır. Ayrıca Bowen yaklaşımı İslami açıdan ele alınmış ve bu durumda kullanılabilecek müdahale yöntemleri ile ilgili de bir vaka örneği sunulmuştur.

Anahtar Kelimeler: Aile Sistemleri, Bowen, Maneviyat, Dini Boyut, Üçgenleme, Benlik Farklılaşması

Corresponding author:

Özlem Acar Bulut

E-mail:

ozlemacarpdr@gmail.com

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Individuals come to the world as part of a family. Throughout their lives, everything about life is learned within the family where they are born. The family's culture, life philosophy, perspective on life, religious beliefs, and spirituality are transferred to the new generations. Because of the important role family has in an individual's life, addressing one's surroundings together with the family is important while assessing the individual.

Spirituality and faith occur within parts of the family system and have an important place in individuals' lives. Spirituality appears in many places, from the individuals' daily routines up to their coping methods. When addressing the family system together with spirituality from this perspective, the two can be said to be intertwined. Spiritual values, like many things learned from the family here in an individual's life, are also learned from the family and taught to the next generations. From this perspective, addressing the two concepts together, which hold such a significant place in the life of the individual, and looking at family systems in terms of spirituality are important. When looking at the literature, the number of studies addressing spirituality in family systems stands out as being quite limited (Acar & Voltan-Acar, 2013; Asamarai et al., 2006; Berensen, 1990; Butler & Harper 1994; Daneshpour, 2017; Jensen & Min, 2003). This situation is also valid for the Bowen Family Systems approach, as it is one that addresses family systems. The number of studies that have looked at the Bowen approach in terms of spirituality and religion is quite small. The lack of studies related to the approach of this system's ability to be addressed in many ways in terms of spirituality forms the starting point of the current study. This study has been performed with the aim of addressing the dimension of spirituality in the Bowen Family Systems approach within the framework of the theory's basic concepts. The study is thought to fill the gap present in the related literature and to contribute to future research.

Most people are born, grow up, and develop within a family system. Individuals get support from their family throughout their lives and are support for other family members. Approaches that address family systems handle the individual's problems by starting off from this point of view (Corey, 2008). Many approaches are found within family systems theories. The Bowen Family Therapy approach is also one of these theories.

Murray Bowen's (1966) family systems therapy, also known as multi-generational family therapy, is an approach that addresses the functioning of family systems comprehensively. Bowen's theory is a clinical model that differs from psychoanalytical theories and practices. Bowen and his colleagues brought the family system to the focal point of therapy by developing an innovative perspective while working with patients with schizophrenia (Corey, 2008). Bowen (1985) advocated that values, belief systems, patterns of behavior, and anxieties are a system with an emotional dimension that conveyed over at least three generations from one to another. By utilizing generalizations about the theory (Varol, 2015), the basic principles of Bowen Family Therapy can be listed as follows:

- The family is a whole that consists of systems that are interconnected or dependent on one another.
- The path to understanding the individual is by understanding the family system within which the individual is found.
- Each individual, being part of a system, is connected with the others.
- The individuals in the system affect one another.

The family patterns that are conveyed from generation to generation hold an important position in Bowen's family systems theory. According to this theory, when the relationship patterns occurring in the family infrastructure are understood and changed in a way that will not constitute an issue, the problems one experiences with the family disappear. In order to be able to understand the family in the best way in Bowen's approach, at least three generations of the family need to be assessed because the relationship structure is experienced as a pre-existing condition in the family dynamics and carries the personality traits of the family members from the previous generations (Corey, 2008). In this sense, Bowen Family Therapy emerged as a theory that conveys upon the traces of the past. This emphasis that Bowen Family Theory makes on the relationship patterns from the past constitutes the psychoanalytical side of the theory. Yet in the therapy process, by benefitting from the power of what has happened in the past over what is being experienced now does not just predict what change will take place; the here and now is also believed to have quite a significant place in the change. The therapist both focuses on the family's past and cares about today (Gladding, 2012).

Another important point of Bowen Family Systems Therapy is anxiety. Here anxiety sources from life and is emotional and physical. The intensity of this anxiety, which is also experienced within the family, differs from person to person. In order to soothe and eliminate the anxiety experienced in the family, one needs to utilize the family patterns. Bowen advocated that either excessive closeness or distance causes anxiety by affecting the family relationships. The anxiety level the family experiences is measured through the reactions they generally give to stress and their sensitivity to the special issues conveyed from generation to generation; anxiety is conveyed from the previous generations to the later ones (Bowen, 1966).

When considering the reactions family members give when facing relationship problems, the reactions given to these emotional problems can cause chronic anxiety. Family therapy should attempt to decrease the chronic anxiety experienced as an assistant in reaching awareness of family members' emotional systems and increase the level of differentiation in order to emphasize self-transformation instead of changing others (Kerr & Bowen, 1988).

Differentiation levels also emerge in individual relationships with God. According to Bowen, spirituality is the issue of God reflected in relationships. As such, teaching about God and spirituality in a unique way can help resolve the systems that take place within the family. Mankind's relationship with God starts with the divine, continues and develops through stages of differentiation, and proceeds towards a reintegration where God is understood in terms of the relationship. This concept of God, beyond both the traditionally religious view of God outside the ego as well as the psychological view of God as the ego has vital importance for understanding healthy human and family relations (Berensen, 1990). Because of the style of approach in evaluating concern and anxiety in the family, its handling of the level of family differentiation, the various intervention techniques offered in this direction, and the intertwined history and interconnected family dynamics, Bowen Family Systems Theory is a significant model that can be used for working with spiritual and religious families (Daneshpour, 2017).

The Basic Concepts of Bowen Family Therapy

Bowen Family Therapy has eight basic concepts that are used for the purpose of describing the anxiety experienced within the family and the family's emotional processes related logically and linked to other concepts within the self. These concepts are: differentiation of self, triangles/triangulations, the nuclear family's emotional system, multigenerational transmission process, family projection process, emotional cut-off, sibling position, and societal regression (Goldenberg & Goldenberg, 2008). Bowen Family Systems Theory by nature also contains a spiritual dimension. In this sense, considering the spiritual aspects is also important when addressing these concepts. Aside from these concepts, the concept of religious inquiry, which has a spiritual aspect in the Bowen approach, will also be addressed under this heading in the scope of the study. Information related to detailed descriptions of these concepts and their spiritual dimensions is given below.

The Spiritual Dimension of Differentiation of Self

The concept of differentiation of self is one of the most important in Bowen Family Systems Theory (Polat, 2014). Aside from awareness of one's emotions and thoughts, differentiation is maintaining existence independent of others (Corey, 2008). According to Bowen (1985), differentiation of self is "The psychologically distinction of the self from the internal intellectual and emotional systems, and as a result, the simultaneous distinction and freeing of the self from the family's origins and other individuals within the social structures to which one is linked." Meanwhile, differentiation is the ability to work independently in personal choices while still being emotionally connected through the concentration of important relationships in the family system (Kerr & Bowen, 1988).

The level of differentiation between spouses in the family has an important place in developing family functions. While the developmental levels of nuclear family functions are low for couples and families with low levels of differentiation, the tendencies to develop nuclear family functions is at a higher level for couples with high levels of differentiation (Klever, 2009). Self-differentiated individuals are under no one's influence while making choices, have a strong sense of self, and see themselves as valuable (Kerr & Bowen, 1988). Alongside this, self-distinguished individuals are aware of themselves, can recognize their feelings and thoughts, take responsibility for their choices, and abide by these choices (Kesici et al., 2014).

Differentiation has two dimensions: the individual's ability to emotionally and cognitively distinguish the self from the family and the ability to distinguish one's own emotional cognitive processes from one another (Bowen, 1978). The first dimension is the balance of unity and individuality. Individuals at the highest level regarding differentiation both maintain their own individuality and establish flexible relationships with others (Klever, 2009). These individuals possess the ability to distinguish feelings and thoughts from one another, don't allow their emotions to get in the way of their logic, have a clear stance, and easily tolerate and adapt to changes (Goldenberg & Goldenberg, 2008). In the second dimension, individuals with low levels of differentiation cannot distinguish real life from their feelings, make decisions with their emotions and implement these decisions, block their cognitive abilities due to their excitement, and are vulnerable. All these cause individuals like this to remain in dilemmas within the family (Kerr & Bowen, 1988).

The spiritual individual is connected with the sacred and with what is transcendental, and this aspect distinguishes it from other concepts (Koenig, 2012). Spirituality expresses the faith related to the presence of a transcendental reality beyond the physical existence that is generally seen (Worthington et al., 1996). Spirituality is a concept often confused with religiousness. Religion is generally addressed as an inclusive concept and has a close relationship with spirituality (Zinbauer & Pargament, 2013). Religion is a method in which spirituality can be expressed where individuals come together in line with specific beliefs and has a sectarian dimension (Young, Wiggins-Frame, & Cashwell, 2007). While religiousness is often addressed at the level of social or group analysis, spirituality occurs at a more individual level, and this is the point that distinguishes it from religion. Spirituality and individuality are relatable to differentiating the self, which is based on keeping logic in the foreground when making decisions and choices in the dimension of differentiating the thoughts and emotions of the individual (Mert & Topal, 2018). Spirituality involves great deep change throughout the human developmental process, and many ways exist for conceptualizing this change or maturation process, which comes to mean spiritual development. When addressing differentiation as a precursor of the holistic

perspective, greater differentiation is considered to bring more spiritual maturity (Rızkallah & Hudson, 2019).

Differentiation in the spiritual dimension of self-differentiation is seen to have positive or negative impacts on spiritual orientations. Individuals with high levels of differentiation have high spirituality, and individuals with low levels of differentiation have low spirituality. In addition, the relationship between individualism and spiritual orientation has a negative aspect. In other words, those who are too individualistic have low spiritual orientations (Mert & Topal, 2018). Barbel and Horing (1999) emphasized the differentiation of self in healthy personality development to positively impact spiritual, psychological, and physical health. Accordingly, one's spirituality contributes to one's differentiation. While differentiation of self impacts one's spirituality, this also contributes to the individual's holistic health.

Bowen stated that evaluating the differentiation levels of each family member depends on many factors, such as individual stress levels, how each individual reacts to various stressors, and the frequency of interactions an individual has with extended family members. A hypothetical differentiation exists for a person who can resolve the emotional bond with the family and can see functioning easily without emotional fusion in the family system. The process of differentiation lasts all life long, and individuals don't always differentiate. When looking at this issue from a spiritual or religious perspective, families in traditional cultures, especially Islamic-oriented lifestyles, are seen to have highly intertwined ancestral relational dynamics and many families take responsibility for problems in the extended family. In this respect, teaching how to differentiate from one another while maintaining bonds with family members can be extremely useful and can change many functional interaction networks (Danesphour, 2017).

The Spiritual Dimension of Triangulation

Triangulation is the smallest, most basic relationship form in Bowen Family Systems Theory, and triangulations have a key role in making sense of Bowen Theory. Triangulations are the dynamic balance in a three-person system. Triangulation occurs when, in order to reduce the anxiety between two people and the pressure or tension that results from this anxiety, a third person becomes involved in the relationship (Kerr & Bowen, 1988). Triangulation is used much more as a way of dealing with the anxiety in the family and has an important place in family therapy (Acar & Voltan-Acar, 2013). A fixed structure and social environment are located at the base of the triangle. The triangle is the building block of the family's emotional system and is the smallest, fixed, and stationary interaction system. As long as the triangle remains constant, the two-person system also remains constant. However, if anxiety arises, someone from outside enters the family to form the triangle. This person exposes

the tension by entering into conflict with the family (Bowen, 1976). Although the presence of a third person is acceptable in a healthy triangulation where each one is inter-related, the emotional dimension of the triangulation perceives the third person as a source causing boundaries to be violated. This situation creates anxiety and distress for each sub-system in the family (Minuchin, 1981).

Bowen presented his theory where families who possess more differentiation use triangulation as the way for dealing with anxiety within the system. Differentiation is a process that involves interpersonal and personal capacities (Kerr & Bowen, 1988). In contrast, triangulation is the example of a potentially disruptive relationship. The process of managing relational anxiety involves a third person in the process for preventing conflict; triangulation may become dysfunctional when it involves minimizing responsibility and placing people against one another. For example, parents can triangulate a child in order to change the focus of conflict in their marriage relationship. This also can have the shape of a parent-child coalition against the other parent. For example, if the father is very strict, a mother-child coalition can form. Triangulation is a response to anxiety in the system. Therefore, while triangulation reflects the lack of differentiation within the individuals and the system, it also inhibits the differentiation that occurs in all or part of the system formations. As such, in the clinical context, a large part of the therapist's attention is focused on helping clients remove themselves from the triangulations within their relationships; the therapist simultaneously self monitors for ways to be able to become included in a type of triangulation in the therapeutic relationship. Differentiating functions develop by having the client gain awareness with regard to the client's anxiety of how it manages the system. The client then finds concrete ways on how to be able to establish different relationships with each person in the system and is encouraged to use these ways. Many times, the different ways of establishing relationships with the various people in the system cannot be realized until the client calms down or their anxiety is soothed; this situation forces the client to reluctantly establish non-reactive relationships (Bowen, 1966).

Despite generally being accepted as dysfunctional within relationships, some triangulations can serve productive purposes. Triangulation may also occur in religious couples who see God as a member of their own relationship. As a different member of the relational system, God has been able to be considered as an aid in studies on couples' marriage conflicts and problems. The destructive triangular relationship in the God-couple relationship emerges when God is blamed, chosen as a side in a fight, or used to relieve the couple's pain. This situation later on causes the conflict process the couple is found in to continue uninterruptedly. Here, however, incorporating a third person into the system can be functional as an assistive role in managing the anxiety the couple is experiencing (Rootes et al., 2009). In fact, Butler

et al., (2002) revealed that the god triangulation in the relationship of a couple can be a basic support that is able to have important contributions in the relationship. For example, according to Butler et al. (2002), establishing a relationship with God through prayer facilitates resolving conflicts in the couple's relationship. As a dimension of the god triangulation in the couple's relationship, prayer is a ritual that unites the differentiation and allows for more interpersonal differentiation by developing relational functions.

Additionally, in the parent-child coalition where they are afflicted with abuse, triangulation helps the family member who is a victim of violence, and thus allows the severity of abuse to be reduced. Even in such a chaotic environment, this method can provide the sense of a safe place for family members who have been exposed to abuse. Although this situation does not eliminate the devastating effect the child has witnessed between the mother and father, it does no harm to the mother-child coalition because the problem is about the exploiter's abuse of power and the structure of inequality rather than the lack of the mother's level of differentiation (Kerr & Bowen, 1978).

The following can be said when looking at triangulations from the perspective of Christianity: Christians have such a strong sense of belonging and meaning toward marriage that they regard marriage as "sacred" (Sheen 2004). Christian traditions regarding marriage involve the couple promising to stay connected to each other for life before society and God, so even if the marriage has problems, marriage still has religious and moral significance for them. Couples who experience problems in their marriage generally use triangulation as a means of managing conflict and anxiety (Minuchin, 1981). This situation is also valid for Christian couples. Triangulation in marriages arises in order to eliminate the problem in the couple's relationship without resolving it or in order to avoid conflict (Butler & Harper 1994). Triangulation damages the boundaries that separate marriage from other structures. Although defining boundaries is important for the therapist of any couple, if the therapist wants to include the triangulation of God in the marriage, the couple's religious values and thoughts need to be given importance (Rızkallah & Hudson, 2019).

Triangulation can also appear between the client, therapist, and God. God and the self-relationship can have an important position in the client's problems. The therapist wants the God-and-client relationship to be interconnected positively, emotionally, and intensely interrelated. Clients' certainty of their stance on God is important for the therapy process (Jensen & Min, 2003).

Religious Queries in Bowenian Family Systems

The religious quest is an individual's state of expression and living oriented toward the sacred. The quest contains the characteristics of "the mature concept of religion,"

and signifies the dimension of “open-ended, existential questions.” The religious quest has been suggested to reflect a mature and developed spiritual understanding. As a religious quest, spirituality involves being open to facing existential questions, accepting the complexity and uncertainty of life, constantly feeling doubt about unknown facts, and tolerating temporary understandings. The extent to which religion and spirituality are intertwined or the degree to which they are independent of one another is constantly being debated. As mentioned in the previous sections, spirituality and religion sometimes intertwine, and sometimes are far removed from one another. Spirituality is sometimes connected with traditions, and sometimes is independent of them. Even in this situation, the issue is a query. Questioning is a part of human development and maturation. Questioning is seen to increase when faced with a traumatic situation (Batson & Ventis, 1982).

Genia’s (1996) study detected a positive relationship between anxiety and religious conflict with questioning. According to this, individuals who are in more of a quest have lower self-confidence and higher susceptibility to depression. If considering the fact that querying itself will cause anxiety, internal questioning can allow one to experience and tolerate this anxiety; in this way one can initiate change. Contrary to internal querying, anxiety-focused questioning reveals itself by being doubtful or interrogative. These doubts do not permit transformation and plunge one into a dead end. The result of decreased triangulation together with drops occurring in differentiation functions can increase religious inquiry. This has two bases: the first contains optimal human development, openness to experiences, resistance to pain, and healthy boundaries. Self-differentiation involves the doubts felt towards the spiritual and religious and conditionally also has the ability to both lighten and face anxieties. Similarly, interpersonal differentiation in the family of origin should allow the necessary space and support for one to discover one’s spirituality. The second basis embodies spirituality maturity and taking charge. Accordingly, the functions of differentiation are related to the measure of spiritual maturity. Because taking charge can be considered as a measure of spiritual maturity, the function of differentiation is expected to be related to increased inquiry, at least in the form of a self-initiated quest (Jankowski & Vaughn, 2009).

The greater the intergenerational triangulation is, the more spiritual inquiry also increases. Triangulations bring together more existential questioning. This situation is seen more when the individual experiences moderate triangulation. In other words, while high-level inquiry can have an overwhelming and intense effect on one’s efforts at differentiating, low-level inquiry can show the need for differentiation to be less when existential inquiry is used as a means for doing this. Religious inquiry has a multi-dimensional structure and has relationships with many functions in the family. Whether or not religious research has been done deliberately and whether or not change in the family dynamics has occurred as a result of the inquiries is important

in terms of determining the nature of the queries. Queries often focus on seeing triangulation as an answer to developing adults' self-defining behaviors (Rootes et al., 2010). Querying can also have a variety of functions in the family. If we are to give an example, querying can allow the individual to earn their place in the family. Despite having a self-perspective that opposes the family structure, individuals in this way are able to feel belonging with a family that lets them see themselves still related to the family, a family that chooses for itself. Here, having a relationship with the self or being related to others at the same time as being unique and different on one's own comes across as a situation identical to Bowen's concept of differentiation. This decision may be a conscious and sincere decision that one gives or it may be given through obligations arising from other relationships. In both cases, this situation causes the individual to mature (Burriss et al., 1996).

Existential questioning reaches its highest level when triangulation is at a medium level. While questioning increases with increased existential concerns within the family system, decreased questioning occurs with lower levels of anxiety. When looked at in terms of religious questioning, mid-level triangulation can be representative of family systems that try to find balance when met with a young adult who is questioning a new spiritual or existential entry arising in the family or in one's own life. Parental triangulation can be viewed as an answer given by the family system to the steps the developing adult throws out while in the face of this one's attempts to separate from the system. As a result, querying is the result of an adult's effort to differentiate (Rootes et al., 2010).

The Emotional System in the Nuclear Family

The most important point in the concept of the nuclear family's emotional system is evaluating the individual within the emotional system of the family in which they grew up and focusing on the individual's past experiences and the current moment. This concept is an intergenerational concept (Acar & Voltan-Acar, 2013). The family system has an important place in determining the individual's emotions, behaviors, thoughts, and symptoms. For this reason, individuals should be evaluated with the family in which they are found, because as individuals are impacted by the emotional system of the nuclear family within which they are raised through the intergenerational transfer process, they gain specific behavior patterns and transfer these patterns to their current family. According to Bowen Family Theory, individuals are argued to affect their marriages and other relationships by what they bring from their own families, and this effect reflects itself onto their own families, children, and new generations. According to this, the best way to solve individuals' current problems is to change the patterns of dysfunctional interactions that are brought from their own family. Thus other family members can also change (Goldenberg & Goldenberg, 2008).

Three different situations arise as a result of intense intertwining that occurs between couples: emotional or physical disorder in one of the spouses, chronic and unresolved marital conflict, and one or more of the children suffering psychologically (Kerr & Bowen, 1988). When a spouse suffers emotionally or physically and this somehow manifests itself, the anxiety this spouse experiences is felt by all other family members. Chronic and unresolved marital conflict is seen to go back and forth between emotional distance and emotional intimacy. Sudden fluctuations are found between positive and negative emotions. When the emotional distance is intense, the emotions in the family atmosphere are negative, and when emotional closeness is intense, positive feelings dominate the family environment. Anxiety that forms in the family is experienced by the spouses. When one or more than one child suffers psychologically, the parents pay attention to the child/children, and the low level of differentiation they have is reflected onto the children. Anxiety that forms in the family is reflected by the child/children (Goldenberg & Goldenberg, 2008).

In an undifferentiated relationship, each spouse communicates with the other's relational qualities and wants to comply with these. For this reason, a model can appear wherein the role of each spouse takes place on three points. Bowen defined this fusion as the equivalent of the spouses' transference (Kerr & Bowen, 1988). For example, an extremely responsible and very social Muslim man wants to establish a relationship with an obedient woman who doesn't work and relies on him for everything. While no problem exists in the early relationship, this situation becomes a relationship between a controlling man and a desperate woman who provides no contribution emotionally to the relationship. Here both sides also have the same level of differentiation because they express themselves by identifying with the other party. However, emotional symptoms appearing within the woman is an expected situation because she makes too many attempts to maintain balance in the relationship. Moreover, she becomes polarized as a person who works inadequately and becomes prone to showing signs of helplessness, such as the chronic pain, depression, or psychotic symptoms that are often seen between Muslim couples. Symptoms can also appear in men who are extremely functional within the relationship because the man in this case is at the same time firmly situated in an effort to conduct tasks properly for the other family members (Danesphour, 2017).

Emotional Rupturing

Emotional ruptures are a result of emotional rigidity. When intense relationships that source from tolerating others too much makes the individual uncomfortable or causes anxiety, the individual reacts to this situation by moving away from emotions. The behavioral indicators of emotional rupture may be self-isolation, physical separation from others, or depression (Titelman, 2003). On the other hand, people

with high differentiation can remain physically separated from others in order to increase their own autonomy; this situation brings honest and strong communication together (Sauerheber et al., 2014).

Bowen made a clear distinction between “leaving” the family and “growing up.” Growing up is accepted as an aspect of healthy differentiation. While this shows effort on the issue of reaching the goals adults set and has one maintaining experiences independently, at the same time, this means they continue to see themselves as part of the family systems. Rupture (in the sense of breaking apart from the family) is a statement in the form of one of the family members leaving the family by deciding to differentiate clearly from the family background. Ruptures can help alleviate the tension that emerges in the family but is not enough for changing the relationship forms in intense relations; the processes in these relationships proceed repeatedly and raise tensions (Kerr & Bowen, 1988). These are important concepts that need to be researched in Muslim families because these concepts are a way of defining values and expressing the intensity of the closeness in the family system (Danesphour, 2017).

According to Bowen, if one does not see oneself as part of a system, the person tries to change others or withdraws oneself. If one sees oneself as part of a system, the person maintains their communications with others and has alternative options such as self-change (Kerr & Bowen, 1988). Ruptures definitely do not advocate differentiation much. For example, an unexpressed emotional rupture can appear when an adolescent appears anxiously silent toward the father’s anger. The basic assumption of this theory advocates the importance of maintaining emotional contact with the previous generation, and this also helps decrease the emotional responses in existing relationships. In order to avoid emotional ruptures, maintaining emotional contact with previous generations is important. This assumption is very important for working with Muslim families because maintaining communications with previous generations is an expectation among Muslim families and a prerequisite for healthily maintaining interactions in large families. Beyond this, the family can experience intense emotional pressure when an emotional rupture occurs because handling the unresolved conflicts from the emotional break is avoided. In this case, triangulations create a path that family members can use for dealing with the emotional rupture by receiving support from others (Danesphour, 2017).

The Process of Intergenerational Transfer

The concept of the multi-generational transfer process emphasizes the transfer from generation to generation of the strategies and patterns used for coping with stress. The intergenerational transfer process or the multi-generational transfer process underlines the previous emotional processes of the family to maintain their existence in the emotional processes of the current family (Gehart, 2014). Children are the

first object of the process of intergenerational transfer. The differentiation process of the parents plays an important role over the child's differentiation level (Nazlı, 2007). Methods for dealing with anxiety, such as the traditions that are transferred between generations, are also among the things passed down from generation to generation. When looking at this situation in terms of spirituality, this is also seen among the things passed down from generation to generation. How spirituality is used when coping with anxiety maintains its existence by passing from family to family (Danesphour, 2017).

Siblings' Positions

Family or background studies provide understanding of the place and roles of siblings within the family. This important therapeutic process helps identify how an individual's experiences with the role of sibling are positioned within the family relationship. The cultural and ethnic background of a family affects the value children give to gender and order of birth in the family. For example, the child's gender is the main factor in deciding whether that child's role will be relational (female) or task-oriented (male). The role of the eldest son carries great importance at home in Muslim families as the idea is common that the eldest boys will assume the family's economic responsibility. The position of the eldest daughter is important in the family in terms of taking care of household chores and finding solutions to the possible relational problems (Danesphour, 2017).

The Family Reflection Process

In the family reflection process, parents who can differentiate at a very low level reflect their own immature structures onto their children (Kerr & Bowen, 1988). The reflection process happens among the mother-father-child triangle, and the transfer is done more against the child that is vulnerable. The main reason underlying the transfer being done to the vulnerable child is that the child is still unable to differentiate and is emotionally dependent on the family. The parents' different behaviors toward their children cause differentiations in the children's functions as well. The child who is most affected by the reflection process becomes too intertwined with the family and more vulnerable toward emotional stresses (Nazlı, 2007). The transfer process in the family takes place around the mother because she is the one who produces at home. The mother's anxiety initiates this process. The father has a more supportive role. The anxious parent behaves neurotically, guardedly, and irritably toward the child. As a result of this process, emotional destruction occurs in the child (Bowen, 1976).

Although having different intensity, the family reflection process like all of Bowen's concepts occurs in every family. This situation reflects more intensely in Muslim families, who expect family members to always be close to each other.

Intergenerational dynamics can be effective in determining which child may develop symptoms or in which stage of the life cycle problems will emerge in the family. Family crises and the timing of crises can also affect some children's tendency to develop symptoms. According to Bowen, rather than being factors that create stress in the family, traumatic events are experiences that draw attention to the relational processes in the family (Danesphour, 2017).

Societal Regression

Societal regression is the seventh and final concept in Bowen Family Therapy. The most significant point in this concept is that society, like family, can create a force opposing individualization. An increase in the sense of togetherness occurs in social settings where chronic anxiety forms. Therefore, the perspective family members acquire related to how society functions gains importance (Goldenberg & Goldenberg, 2008). A society can regress or it can advance. Increases in crime and violence, increasing divorce rates, economic imbalances/crises, polarizations among racial groups, natural disasters, and other traumas can be shown as symptoms of societal regression. In cases of societal regression, individuals tend to exhibit behavior that will reduce current worries rather than make long-term predictions. In other words, instead of making rational decisions, they make emotional decisions and apply them (Gladding, 2012).

Social progress is a process that occurs when problems are openly and clearly identified and described realistically instead of decisions being made on managing stress related to individuals, events, or situations. In the process of progress, scientific advancements are recorded and can be proven in the light of scientific data; decisions are made based on logic supported by facts. Many Muslim states struggle with leaders who are part of a corrupt government system. The rest also have been exposed to wars that endanger even their daily lives, ethnic discrimination, or disruptive economic policies. Therefore, family therapies should also consider these circumstances that affect the sociopolitical conditions and daily functions of the society where these families live when making evaluations while working with Muslim families (Danesphour, 2017).

The Role of The Therapist in Bowen Family Systems Theory

In the Bowen Therapy process, clients' relationships with others are emphasized more than their relationship with the therapist or investigating clients' inner thoughts about themselves (Bowen, 1978). The therapist does not have the position of a specialist or guide toward the client; on the contrary, the therapist is equal to the client. Unlike other psychological counseling approaches, here the association of the therapist and the client is less emphasized. For this reason, practices that overemphasize the

therapist-client relationship and give weight to this relationship in the process are considered harmful to the Bowen therapeutic process (Bowen, 1978).

The therapist's primary purpose regarding the process in spiritually oriented Bowen Family Therapy is to assist the client in gaining differentiation of self or in reaching emotional maturity. This process includes establishing a balance between clients' thoughts and feelings and recognizing the possibility for clients to experience their own individuality while establishing emotional bonds with the important people in their lives. Self-differentiation and anxiety are two concepts with different dimensions; consequently, high levels of self-differentiation provide decreased chronic anxiety. Reducing anxiety goes hand in hand with the symptoms decreasing. In the therapy process, the consultant benefits from simple principles for determining the client's relationships with others. In order to do this, systematic parts are determined and the client's position in the family is clearly defined. In the process, clients gain their own perspective and direct their decisions. The therapist does not determine the extent of the client's relationship with God, clients themselves do this. Therapists always preserve their neutrality so clients can guide their own relationships. Therapists should be careful on the topic of describing their own personal beliefs and relationship with God (Jensen & Mid, 2003).

Bowen Family Systems Therapy in Muslim Families

Bowen Family Systems Theory has a special place in working with Muslim couples and families. From Bowen's point of view, determining and trying to make sense of couples' dysfunctional patterns of behavior is essential (Sauerheber et al., 2014). Bowen Family System Theory also includes practices with religious and spiritual dimensions by nature of its structure. Addressing the subject from the view that the Islamic world looks at marriage and couples' relationships is important from this perspective.

Islam is a great religion that finds itself in a wide range of geographies. Despite Islam being a very widespread religion, studies addressing Muslim families and Islam within family systems are quite limited. Existing and future studies as well are shaped by the explanations Islam makes regarding marriage and family life (Springer et al., 2009). For family therapies to be applied in Muslim families, therapists must be familiar with the beliefs, traditions, customs, and needs in the Muslim marriage system (Sauerheber et al., 2014).

The first sessions in many couples therapy are performed more toward understanding how the couples met and how they got married. In traditional Islamic culture, the family's approval and support in the choice of spouse is very important, unlike Western societies. Muslim couples both see marriage as a moral safeguard

and look at marriage with the eye of a sacred contract that will provide them with a peaceful environment (Asamarai et al., 2006). Muslim couples with similar levels of faith have common perspectives on what Islam expects from married couples and what the couples expect from each other as husband and wife (Sauerheber et al., 2014). According to Bowen (1966), individuals who have similar values and differentiation levels become couples; when looked at from this perspective, similar religious faith, an similar beliefs, sect, and spirituality for Islam can be included within these similarities.

On the topic of spousal relations in Islam, the Qur'an (30:21) has the following to say, "And among His Signs is this: that He created for you wives from among yourselves, that you may find repose in them, and He has put between you affection and mercy." What is expected of couples here is not that they should just be individuals who form the institution of marriage but that they also should be connected to one another with love and compassion. In addition to what the Qur'an has to say, couples need to have an idea about their own spiritual leaders' perspective and views related to marriage and relationships (Abdal-1 Ati, 1974).

The majority of Muslim couples have similar perspectives to one another; conversely, however, couples also exist who have different perspectives on life, who experience various conflicts, and who have differences of opinion. Couples who experience such problems in their marriage are unable to gather the necessary courage about getting psychological support and should be encouraged on the topic of receiving professional psychological support. In Islamic understanding, intervening third parties (parents, relatives) generally attempt to reconcile couples who are experiencing problems (Springer et al., 2009). According to Altarebe (2008), In these cases appointing an arbitrator is needed. In traditional Islamic culture, however, this arbitrator is not a therapist specialized in this task; generally it is someone in the immediate vicinity of the couple. One of the main reasons for this is considered to be that the couple doesn't want to bring out the problem they're experiencing in the marriage and having someone external hear these types of problems is embarrassing (Dareshour, 2009).

In Islamic understanding, the case of appointing an arbitrator for solving family problems is a door opener for the couple to get help from a family therapist. Bowen Family System Theory attempts to understand the dynamics of the family systems dynamics just like an arbitrator without taking sides in a way that is harmonious with Islamic understanding. A therapist possessing the Bowen perspective attempts to understand the anxiety originating from the family structure that emerges because of opposite poles within the family (Sauerheber et al., 2014).

As described above, Bowen Family Theory is an approach with a spiritual dimension that evaluates the family by addressing them as a whole within the system

the couple is found. Bowen's basic concepts are benefitted from in the process of Bowen Family Therapy in evaluating the couple and determining the intervention techniques. Below is found a case study that has been addressed according to the Bowen Family Systems Theory (For a detailed description of the case, please see Sauerheber [2013]).

The Case of Aahil and Omera

Aahil, 31, and Omera, 30, are a couple who've been married for 2 years and who had dated for 1 year before getting married. The pair met during college when they were in the same study group in philosophy class. While in the study group, they noticed how much they have in common and decided to be together. The two come from religious families and they have good relations with their families. Aahil's family lived in the same city as him during the university period. Aahil's father's father had emigrated from the Middle East when the kids were very young. The mother's father had come and settled in America when the mother was very little. Since migrating, all family members have lived in the same city and frequently visit one another.

Omera's family lives about 200 miles away. While Omera was in college, she stayed in the same city with her uncle and two aunts. The elders from both Omer's mother's and father's side had settled in the city where they live while his mother and father were very little. Omera's family does not have close relations with relatives outside of her immediate family.

Aahil's greatest dream is to start his own business like his father and in this way provide job opportunities to all his relatives near and far. Aahil had completed his university education both to take over his father's jobs and to have a second choice for himself. Aahil's mother is a housewife and quite satisfied with this situation. Aahil feels very fortunate to have such a mother who is always interested in her children. Omera's father is a family doctor. Despite earning money to support his family, he constantly supports his wife's dream of becoming an artist. While the children were in primary school, he even opened an art studio for her. Omera feels proud of her mother and father.

A conflict broke out between the couple when Omera wanted to continue on to her doctorate education in the field of sociology. Aahil thought this would be a negative situation for having children in the future and that this education would interrupt his plan to have children; he wants to continue his lineage. He thought that, because all of his siblings have children, hanging up this idea himself would disappoint his dad. Although he appreciates Omera, he stated no longer being loved by or feeling respect from her, and thus he feels angry at Omera anymore. If Omera persists, he emphasized that they will sin. He thinks Omera is safer at home. His family, especially his older brother Mihyar, had shared with Omera their thoughts on the difficult situation their families were left in when faced with Omera's behaviors, which were the same as Aahil's; this had caused the problem to escalate. Mihyar looks at events from the traditional Islamic perspective; although Omera understands this, she got angry at her husband for taking his brother's sides. Additionally, Omera wants children too, but her education plans caused her to delay this situation; Omera's family supports her. By thinking about how strong and free she had been before marriage, her anger toward Aahil increased more. Omera in fact loves her husband and is happy with him; however, because he has no idea about the things that can make her happy and is constantly selfishly looking after his own needs, she's experiencing problems with her husband. Also, her sister-in-law's constant comments on their marriage and involvement in their relationship angers Omera, and this stirs up her anger toward Aahil. Aahil gives examples of scripture defending that his own needs come before that of his wife, and this has put the relationship in a deadlock.

The Therapy Process: While approaching this couple, a Bowen therapist takes into account a few assumptions on their arrival to therapy. The therapist assumes the couple is having a conflict they cannot solve, they have an emotional distance that creates problems between the spouses, one spouse's emotional functions are noticeable broken, and one or more children that the couple have create anxiety in the couple's relationship (Kerr & Bowen, 1988). The process moves ahead by addressing the sub-dimensions of the theory one by one in the process. The analysis of Omera and Aahil's case takes place below under the following headings.

Nuclear Family Emotional System: Aahil is quite attached emotionally to his family, even integral to them. Even though this situation complies with cultural expectations, it can create problems between the couple because it affects Aahil's behaviors and creates obligations. Getting his family's approval is very important to him. Aahil shows more devotion to Islamic traditions and pays a lot of attention to close family relationships, as the religious perspective requires. Aahil both wants to make Omera's dream come true as well as fears her gaining independence from this situation. If Aahil had been emotionally attached to Omera he wouldn't have intervened so much in Omera's life. This situation harms the couple's relationship.

The Case of Aahil and Omera

Self Differentiation: Omera differentiates quite well from her family. Her father's clear, accepting, and supportive attitudes have had a great impact on this situation. Aahil lives through the expectations of his family instead of his own life, and this also creates problems in the couple's relationship. Unlike in Omera's family, individualism and independence are not things encouraged in Aahil's. Aahil gives value to his family's views on marriage and continues his life in a way that is dependent on his family.

In Bowen, the idea is prevalent that individuals with similar levels of differentiation come together. Although Omera and Aahil seem to have nothing in common here, when considering when they met and got married, the facts that they were both students, have close relationships with their family, have the same religious beliefs, and are dependent on these religious beliefs can be addressed as the factors that brought them together.

Triangulations: More than one person has formed triangulations in the case of Aahil and Omera. Although Aahil's father is not directly involved in the relationship, he is a third person in relation to the recommendations he gives his son. The most apparent triangle is Mihyar, because Aahil is very impacted by his suggestions. As a family member who intensely bears the Islamic traditionalist perspective, Mihyar evaluates events through the window of religion and conveys these indoctrinations to his brother. Because Omera does not have a very intense Islamic tradition despite being a Muslim and a believing person, she has difficulty understanding Mihyar, and here Mihyar emerges as a third person who brings the relationship to a dysfunctional state.

Emotional Ruptures: When looking at this situation in terms of Aahil and Omera, because Aahil differentiates less than Omera, the experienced emotional situations and their results appear. Aahil continues to be on the side of his older brother, Mihyar. The fact that Aahil continues to hold onto the traditions from his family has not led to positive emotions for a Muslim spouse. When Omera forces Aahil to make a choice, Aahil gets stuck in the middle, and this case causes him to distance himself emotionally and behaviorally from Omera. When looked at from Omera's perspective, Omera will be unhappy if she accepts this situation. Here Omera is also able to take the views of her own family. The decisions Omera will give will also be related to the marriage.

Intergenerational Transfer Process: When considering how this principle applies to this case, a genogram for Aahil and Omera's family can be drawn. Instead of emphasizing family roles, careers, illnesses, birthdays, divorce histories, marriages, and separations, this genogram will focus on family members' emotional ties and interactions. How does Omera describe her emotional relationship with her mother and father? How does she express this? How is she allowed to communicate her love? Was she able to feel that her mother and father are people who are close, love each other, and respect one another even in difficult situations? In addition, was she able to feel safe in the relationships she established with family members while trying to realize her own goals and dreams? If she hasn't experienced an increased fear, concern, or insecurity, she is likely able to differentiate from her family members. Most of her family members are likely to experience this level of differentiation. When the concept of differentiation carries a relative and compulsory quantitative weight, deciding on Aahil's level of differentiation becomes important. Alongside this, Bowen theory draws a map for us to understand relational behaviors, or it provides a language of communication where we can make sense of this. We can conclude here that Aahil's differentiation from his father and mother is less than that of Omera's: Aahil (a) feels quite anxious about how his family will perceive him; (b) makes decisions based on how the others will react; (c) feels fear and anxiety in his relationships with family members, especially when he doesn't meet the expectations he thinks they believe in, and (d) feels threatened and therefore feels anxious in regard to Omera's desire to reach her personal goals. The genogram can be used to show Aahil's triangulation patterns with his family and to recognize the family members who manage to avoid triangulation.

Results

Bowen Family Systems Theory is an approach with many dimensions and a clinical infrastructure. Bowen Family Theory addresses the family as a systems and attempts to analyze individuals' problems by considering the environment in which they are found. This environment houses many states, from family to culture, from siblings to religious beliefs, and from traditions to customs.

Some key concepts exist in Bowen Family Systems Theory, these being differentiation of self and triangulations. Differentiation of self is both the individual distinguishing the self from others emotionally and behaviorally as well as being aware

of the distinction of one's own thoughts and feelings. The level of differentiation is also encountered in individual-God relationships. According to Bowen, spirituality is the topic of God being reflected in relationships. With respect to this, God and spirituality being taught in dissimilar ways can assist in analyzing the systems located within the family. Triangulations are the involvement of third parties or situations in a relationship in the case of a possible problem situation or in the routine course of the relationship. This third party can also emerge as the God where the beliefs of people originate from.

Because of the prospect of being able to include religion, beliefs, and spirituality in the process, which is multi-systematic in the Bowen approach, spirituality is an approach we can easily integrate. Due to intertwined and interconnected family dynamics, Bowen therapy is an important model that can be used for working with spiritual and religious families; the degree of anxiety and worry and the level of family differentiation can be evaluated here, and appropriate interventions can be used in line with this.

Looking at this approach addressing all the systems around the family together from the window of spirituality as a significant family value is important. Bowen theory is a comprehensive approach that also hosts spiritual and religious elements within it. Studies in the literature that look from the perspective of the Bowen approach are strikingly limited. From this angle, addressing the issue from the perspective of its religious and spiritual characteristics is important. This study, which has been done for the purpose of addressing the spiritual and religious dimensions of the Bowen approach, is considered to fill the gap existing in the literature related to this topic and to contribute to future research.

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Original Article

Spiritually-Oriented Cognitive-Behavioral Family Therapy

Tuğba Turgut¹

Fatih Sultan Mehmet Vakıf University

Füsün Ekşi²

İstanbul Medeniyet University

¹ Research Assistant, Department of Educational Sciences, Guidance and Psychological Counseling, Fatih Sultan Mehmet Vakıf University, Istanbul, Turkey. E-mail: tturgut@fsm.edu.tr

² Assoc. Prof., Faculty of Education Sciences, Department of Psychological Counseling and Guidance, İstanbul Medeniyet University, İstanbul, Turkey. E-mail: eksifusun@gmail.com

Abstract

A great many factors influence human life. Among these are individuals' religious and spiritual orientations, whose importance cannot be understated as they not only affect how individuals perceive and interpret themselves, events in their everyday lives, and the greater world but also shape their thoughts, feelings, and behaviors. Consequently, religious and spiritual orientations constitute an integral part of clients' lives and are an important element that needs to be thoroughly investigated. In addition to having been integrated into individual psychological counseling approaches, religious/spiritual orientation has become as a highly supportive element in family therapy. Spiritually-oriented applications are quite helpful when addressing problems dealt with by individuals and families. In the current study, spiritually-oriented cognitive-behavioral family therapy is addressed in light of the relevant literature. We first present a general overview of cognitive-behavioral therapy and cognitive-behavioral family therapy, after which we frame the assessment steps followed in spiritually-oriented cognitive-behavioral family therapy within a paradigm based on religion and spirituality. After that, we reveal the religious/spiritual-based cognitive-behavioral applications that may be used during family therapy. We then discuss several exercises and applications employed during spiritually-oriented cognitive-behavioral family therapy. Finally, this study seeks to fill in gaps in the relevant literature on this topic in Turkey and offer a novel perspective to practitioners and researchers.

Keywords: Spirituality • Family Therapy • Cognitive-Behavioral Therapy • Spiritually-Oriented Cognitive-Behavioral Family Therapy

Manevi Yönelimli Bilişsel Davranışçı Aile Terapisi

Öz

İnsan yaşamında birçok faktör etkili olmakla birlikte dini ve manevi yönelim; bireylerin kendilerini, çevresindeki olayları ve dünyayı nasıl algıladığını ve anlamlandırıldığını etkilemekte ayrıca bireylerin düşüncelerini, duygularını ve davranışlarını şekillendirmektedir. Bu doğrultuda dini ve manevi yönelimin danışanların önemli bir parçasını oluşturduğu, terapi sürecinde de üzerinde durulması gereken önemli bir bileşen olduğu düşünülmektedir. Dini ve manevi yönelim bireysel psikolojik danışma yaklaşımlarına entegre edilmekle birlikte, aile terapileri sürecinde de oldukça destekleyici bir unsur olarak karşımıza çıkmaktadır. Aile bireylerinde ve aile sisteminde yer alan problemleri ele alırken manevi yönelimli uygulamalar oldukça işlevsel görünmektedir. Bu doğrultuda bu çalışmada manevi yönelimli bilişsel davranışçı aile terapisinin ilgili literatür çerçevesinde ele alınması amaçlanmaktadır. Öncelikle BDT ve bilişsel davranışçı aile terapisine genel bir bakış sunulmakta, ardından manevi yönelimli bilişsel davranışçı aile terapisi sürecinde değerlendirme aşamaları, terapinin din ve maneviyatla çerçevelendirilmesi, aile terapisi sürecinde kullanılacak dini-manevi temelli bilişsel davranışçı uygulamalar açıklanmakta ve son olarak manevi temelli bilişsel davranışçı aile terapisiyle ilgili gerçekleştirilen uygulamalara yer verilmektedir. Bu çalışmanın özellikle ülkemizde eksik kalan noktaları dolduracağı, alandaki uygulayıcılara ve araştırmalara farklı bir perspektif sağlayacağı ve katkı sunacağı düşünülmektedir.

Anahtar Kelimeler: Maneviyat • Aile Terapisi • Bilişsel Davranışçı Terapi • Manevi Yönelimli Bilişsel Davranışçı Aile Terapisi

Corresponding author:

Tuğba Turgut

E-mail:

tturgut@fsm.edu.tr

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Overview of Cognitive-Behavioral Therapy

Cognitive-behavioral therapy (CBT) is an approach that essentially endeavors to aid individuals in reorganizing their own thought structures and both the sentences and comments employed during internal dialogue so as to instigate appropriate changes in their feelings, behaviors and, from an even wider perspective, their lives in general (Corey, 2015). Based on collaboration between counselor and client, CBT is a structured, short-term, mostly active therapy technique that emphasizes the importance of the current moment, that focuses on modifying thought structures in order to bring about change in clients' emotions and behaviors, and that generally incorporates educational characteristics (Arnkoff & Glass, 1992; Beck & Weishaar, 2008).

At the core of CBT is the assumption that one's cognitions (i.e., thoughts) influence his/her affectability and behaviors (Beck, 2005). Just as thoughts affect emotions and behaviors, there are mutual interactions between emotions, thoughts and behaviors. CBT holds that an individuals' affectability and behaviors are determined by the situations and events that s/he experiences and that they actually stem from how the individual perceives, relates to, and thinks about an event. Though a situation does not directly affect how an individual feels, it does mediate his/her perception of, thoughts toward, and emotional reactions to the situation, (Beck, 1995; Leahy, 2018; Sudak, 2006).

When classifications of therapies are examined, we observe that an excess of 20 different types of therapies are classified as either cognitive or cognitive-behavioral. With that, the two CBT approaches constituting the basis off of which further investigations are conducted are Ellis's Rational-Emotive Behavior Therapy and Beck's Cognitive Therapy (Corey, 2015; Murdock, 2014).

Rational-Emotive Behavior Therapy (REBT). Developed by Ellis, REBT is an approach grounded in rigorous philosophies that seeks to provoke deep-rooted changes in individuals' perspectives in which therapists play an active role and in which the educational process is integrated into therapy (Köroğlu, 2017). The basic assumption of REBT is that affectability results from individuals' current beliefs, various assessments, and their reactions to the events they face in life. Essentially, emotions, thoughts, and behaviors impact each other and depend on mutual interaction and causation (Ellis & Dryden, 1997). At its core, REBT asserts that every human is endowed with the potential to think both rationally and rationally. Irrational beliefs are learned during childhood from people considered important to the individual (Ellis, 2001). Ellis states that underlying emotional problems are individuals' own accusations against themselves. He highlights the importance of an individual's ability to accept him/herself unconditionally and states that being able to accept oneself unconditionally is critical in resolving psychological problems (Ellis, 2007). In REBT, it is sought that non-functioning emotions and thoughts be exchanged

with functioning mechanisms, that clients be aided in unconditionally accepting themselves and others, that the effect of destructive thoughts and beliefs causing emotional problems in the individual be reduced to a minimum, and that clients construct a rational life philosophy (Digiuseppe, Doyle, Dryden, & Backx, 2013). A variety of techniques are utilized to realize counseling objectives, including cognitive techniques (e.g., ABC model, changing one's language, disrupting irrational beliefs), emotive techniques (e.g., rational-emotive imagery, role playing, and use of force and vigor), and behavioral techniques (e.g., systematic desensitization, relaxation exercises, and self-direction) (Corey, 2015; Dryden & Neenan, 2006).

Cognitive Therapy (CT). Developed as a result of Beck's research on depression, CT is an insight-oriented approach that aims to identify and modify negative thoughts and irrational beliefs (Beck, 1979). CT is grounded in the assumptions that individuals can access their own intrapersonal communications through internal observations and that their beliefs carry meaning and importance in their lives, and that clients' beliefs and the meanings they attribute to life can be discovered through their own self-observations as opposed to counselors' interpretations (Weishaar, 1993). Seeking to understand the reason for an emotional situation, CT examines the cognitive content of an individual's reactions to the situation in question (Beck, 1995). Beck emphasizes two concepts, namely *automatic thoughts* and *schemata*, while examining individuals' cognitive content and further divides schemata into core beliefs and intermediate beliefs. Core beliefs are defined as deep mental structures containing basic assumptions formed by previous events and experiences about oneself, one's environment, and the world. The three negative core beliefs are *helplessness* (notions of inadequacy: "I'm incompetent", "I'm vulnerable", "I'm weak", etc.), *worthlessness* (notions of moral deficiency and guilt: "I don't deserve to live", "I'm worthless", etc.) and *unlovability* (notions of emotional deficiencies: "I'm unloved", "I'm always rejected", "I'm insignificant", etc). Encapsulating core beliefs, intermediate beliefs are general rules and underlying assumptions about life. Encompassing schemata related to both core and intermediate beliefs, automatic thoughts are general thoughts that are accepted as true without actually having scrutinized their veracity and that may appear without warning during various situations (Hofmann, 2013; Kazantzis, Dattilio, & Dobson, 2017; Türkçapar, 2019). The main objective of therapy is to address all cognitive content and to use clients' own automatic thoughts to reach central schemata so that clients may gain an awareness of these schemata and then, by modifying their thinking styles, restructure them (Corey, 2015).

Although the majority of clients hold general assumptions like "I should be perfect", "My value is linked to others' confirmation of me", and "I should be taken seriously by everyone" in both REBT and CT, it must be remembered during in the therapeutic process that since every client will have his/her own assumptions,

these assumptions and their relationship both with the client him/herself and others need to be examined as a whole in their own environmental context (Leahy, 2018). Moreover, since culture is an essential component that both shapes and influences how people act and what they think and feel, addressing cultural traits and how they may potentially impact therapeutic interventions is considered highly important in CBT-based therapy approaches. Seeking to ensure a culturally-sensitive therapeutic process, CBT essentially seeks to develop diverse intervention strategies that take into consideration generational influences, ethnic and racial identity, gender, sexual orientation, and spiritual/religious orientation (Bennett, Flett, & Babbage, 2014; Hays, 2016; Wenzel, Dobson, & Hays, 2016).

It therefore becomes necessary for religion and spirituality to be integrated into the therapeutic process during CBT-based interventions with clients for whom a religiously and spiritually oriented life is indispensably important and who expressly want religious and spiritual elements to be addressed during the therapeutic process (Pargament, 2007). Since, as a result, religious and spiritual elements are one of the components needing to be addressed during culturally sensitive therapy, they form the general framework and content focused upon in this study.

Cognitive-Behavioral Family Therapy

Before moving on to spiritually-oriented cognitive-behavioral family therapy, we believe that it would be beneficial to gain a deeper understanding of the characteristics of cognitive-behavioral family therapy (CBFT), its points of focus, and the techniques it employs.

With its recent inclusion into family therapy approaches, CBFT has, as a result of its being frequently preferred in therapy and its high effectiveness in CBT applications, emerged an important approach (Dattilio, 2018; Goldenberg & Goldenberg, 2008; Northey, 2002). A great many researchers studying couples and family therapy have stated that integrating cognitive-behavioral techniques into their own preferred therapy paradigms has increased the effectiveness of their own therapy processes (Dattilio, 1998). While addressing CBFT, both Ellis's REBT and Beck's CT are used as bases off of which a variety of applications have been developed (Nichols, 2013).

The reason for disorders and problems in family relationships is generally a result of individuals' irrational and dysfunctional beliefs toward their partner and their negative opinions and judgments upon realization that their relationship is unable to achieve the unrealistic goals they have set. Negative cognitive structures cause individuals to experience negative emotions and adversely affect their relationships. As a consequence, the therapy process aims to help clients to be able to challenge their partner's irrational beliefs, to assess their problematic cognitions, to communicate,

and to solve problems in a structural manner (Ellis, Sichel, Yeager, DiMattia, & DiGiuseppe, 1989; Epstein & Baucom, 2002).

Counselors espousing the rational-emotive approach help their clients realize that family members' irrational beliefs form the very root of emotional problems. The ABC Model essentially holds (A) that the problems faced by family members stem from specific activating events that occur within the family, (B) family members are taught how to expose irrational beliefs, and (C) that these irrational beliefs and thoughts are questioned. The primary objective is for family members to identify irrational beliefs and exchange them with rational, constructive beliefs and then to understand that it is irrational beliefs that cause emotional problems (Ellis, 1978; Ellis & Dryden, 1997).

Since partners and family members interact both directly and indirectly in a causal web, the cognitive-behavioral approach agrees with systems theory. Given that family members both influence and are influenced by each other in a multitude of ways throughout their lives, it is considered essential that families be examined using systems approaches in CBFT. In order to be able to perceive a specific behavior in family relationships, it is imperative to look at individuals' communication and interaction processes together with family traits. The behaviors of one family member impact the emotions, thoughts, and behaviors of other family members within a system. It is therefore vital that systems be evaluated holistically and that appropriate methods be included in the therapeutic process (Dattilio, 2018; Nichols, 2013).

At the foundation of the systems approach are four elements related to the mutual interaction between family members' cognitions, emotions, and behaviors that are also associated with their interactions' ending in conflict. These elements are: (i) a family member distances him/herself from the rest of the family and avoids communication and interaction with other family members, (ii) family members' individual actions toward the one who has distanced him/herself, (iii) the joint reaction of some of the family members toward said individual, and (iv) common characteristics of the relationship and interactions between the other family members. The dynamics become increasingly more complicated as the number of members in a family increases (Epstein & Schlesinger, 1996).

In Beck's CT model, certain schemata are located at the core of individuals' cognitive structures. These schemata (intermediate beliefs and core beliefs) cause individuals to hold various assumptions about the world and the events they experience (Beck, 1995; DeRubeis & Beck, 1988). The basic objective of family therapy is to help family members expose the distorted thoughts and beliefs members so that they are able to exchange the schemata underlying their judgments and opinions they make toward each in their daily lives with positive structures (Nichols, 2013). Individuals'

core beliefs are related to themselves, their perceptions of the world, their future orientations, and their families. Individuals generally have two schemata pertaining to family life: (i) schemata related to experiences stemming from one's family of origin and how his/her parents' parenting style and (ii) schemata related to families in general. The schemata stemming from a person's family of origin influence, either consciously or unconsciously, how s/he evaluates life experiences and the formation of schemata in his/her current family (Dattilio, 2018).

According to Dattilio (2005), the following steps occur while revealing and analyzing schemata during CBFT:

1. Identifying family schemata and uncovering what conflict situations these schemata trigger,
2. Locating the origin of family schemata and examining how these schemata became a part of the family,
3. Drawing attention to how restructuring schemata will facilitate more positive and adaptive communication in the family,
4. Eliciting an acknowledgement of the need to change dysfunctional schemata,
5. Developing strategies of change in the family,
6. Realizing change through implementation of strategies,
7. Displaying new behaviors and assessing their effectiveness, and
8. Solidifying change by establishing links between new schemata and behavior patterns.

In addition to benefiting from techniques used in CBT, CBFT is implemented in a manner integrated with the family structure. Essentially, the applications employed in this approach incorporate various behavioral techniques like educating families about the CB model, having family members recognize their distorted and negative automatic thoughts toward each other and then exchange them with positive structures, examining and restructuring initial family schemata, using imagination or role play to reframe emotions, thoughts and behaviors related to events, which are executed through diverse techniques like restructuring the negative attitudes that spouses and family members have concerning change with new ones and having family members take the necessary responsibilities for change (Carlson, Sperry, & Lewis, 2005; Dattilio, 2018; Gladding, 2017; Nichols, 2013).

Spiritual beliefs and applications nourish families and societies, bind them together, facilitate healing in times of crisis, and encourage solidarity in the face of

long-term problems (Walsh, 2009). As a result, we believe it is important to include spiritually oriented applications while addressing family members' problems during CBFT processes. Based on this importance, this study seeks to perform an in-depth investigation of spiritually oriented CBFT.

Spiritually-Oriented Cognitive-Behavioral Family Therapy

Just as there are several factors like race, family processes, social environment, and cultural context that influence individuals in their everyday life, spiritual and religious orientation not only affects how individuals perceive and give meaning to themselves, the events around them, and the greater world, but also shapes individuals' thoughts, emotions, and behaviors. Accordingly, we believe that since spiritual and religious orientation holds a significant position in the lives of many clients and is therefore an integral component in the therapeutic process (Paloutzian & Park, 2005; Pargament, 2007).

Human experiences are expressed in five fundamental dimensions: psychological, social, moral, somatic, and spiritual. In clinical applications, the spiritual dimension constitutes the foundation element to all other dimensions of human experiences and is in a holistic relationship with them (Sperry, 2012).

We believe that following a CB approach during therapy with clients whose religious/spiritual dimension is preeminent—and who therefore bring with them problems of a spiritual or religious nature—would be beneficial. First of all, CBT is considered a powerful approach because it not only focuses on the core beliefs and assumptions of clients but also assesses assumptions from various angles, namely through the triangle of feelings, thoughts, and behaviors. Secondly, since CBT emphasizes education, take-home tasks incorporating reading sacred texts or integrated religious activities (e.g., relaxation, supplication, imagery) will not be foreign to religious clients. Finally, in addition to its emphasis on modifying and transforming cognitions and beliefs, CBT is very often viewed favorably by religious clients because of its emphasis on hard work's central role in realizing growth and change. Most doctrines, stories, and major traditional religions emphasize making changes in one's mind, heart, and behaviors while identifying various approaches like supplication, fasting, memorizing sacred texts, and confession rituals to be drivers of personal transformation (Nielsen, Johnson, & Ellis, 2001; Tan & Johnson, 2007).

Spiritually-oriented CBT does have both strengths and weaknesses. Its strengths include its provision of horizontal and vertical social support, building divine coping resources, and increasing spiritual motivation. Horizontal support includes support from people in one's environment, spiritual groups, and community projects of a spiritual nature whereas vertical support refers to support from a higher power, God, and a transcendent

being. Divine coping resources are those that benefit from one's relationship with God or spiritual orientation. With regard to increasing spiritual motivation, as clients gain an understanding of themselves and are encouraged to modify aspects of their identity, they simultaneously gain a new source of motivation. Moreover, clients' motivation increases as they exchange negative, self-destructive labels with positive ones. The weaknesses of this approach, however, include belief imposition and the possibility of offending/straining the client. With spirituality's integration into CBT, the client may fear that his/her religious values and autonomy will not be respected and there is the risk that the therapist's own orientation might be imposed on the client. Moreover, incorporating spirituality into CBT may cause clients that have had negative experiences with religion discomfort. Consequently, these strengths and weaknesses must be taken into consideration while implementing Spiritually-oriented CBT in order that therapy may be as effective as possible (Hodge & Lietz, 2014).

Assessing Religion and Spirituality in CBT

Four components (i.e., orientation, functional assessment, collaboration, monitoring) are considered while assessing clients' religious and spiritual elements in CBT (Rosmarin, 2018).

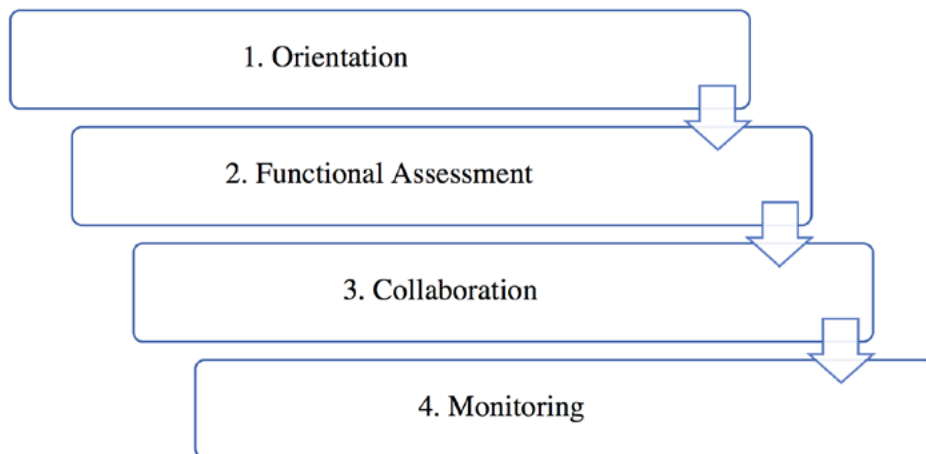


Figure 1.

Assessment Process of Religion and Spirituality in CBT According to Rosmarin (2018)

Rosmarin (2018) assesses religion and spirituality in four steps:

1. Orientation. During the first stage, informed consent is sought as to whether the client wants religion and spirituality to be included in the therapeutic process, the client is given an introduction to relevant topics, and information about the client is collected. The following questions may be helpful in realizing these aims:

- In your opinion, is it a problem if I ask you about religion and spirituality?
- How important are religion and spirituality in your life?
- Have you always been this way?
- Do you have any spiritual or religious beliefs? (If yes, what are they?)
- Do you participate in any spiritual or religious activities? (If yes, how frequently?)
- Is it a problem for you if I were to bring up religion and spirituality for further discussion at this point?

2. *Functional Assessment.* The objective during the second stage is to direct the client to focus on treatment, to discover relationships between religion/spirituality and current problems and to formulate the relevance between religion/spirituality and the problems presented. Here, psycho educational processes can be benefited from in order to explain the relationship between religion/spirituality and the client's problems. While integrating CBT with religion/spirituality, it is important that client's spiritual paradigm resemble the cognitive model presented so that s/he may understand that cognitions are integral in arranging feelings and come to the realization that core beliefs influence people's reactions to certain stimuli. The following points should be focused on so that the objectives of functional assessment may be realized:

- What is the relationship between religion/spirituality and your symptoms?
- Do your religious/spiritual beliefs or activities help you cope with your problems?
- Does religion/spirituality exacerbate your symptoms?
- Do your religiosity and spirituality fluctuate based on religious/spiritual activities?

3. *Collaboration.* The primary objective of this stage is for offer the client and therapist a greater opportunity to discover the relevance between religion/spirituality and the problem presented, to strengthen the collaborative structure of the assessment and therapeutic process, and to strengthen the experimental structure of therapy. During this stage, the main goal is to integrate CBT techniques and applications with the religious/spiritual process by discovering the relationship between religion/spirituality and the client's problem so that the client may cope with problems. The following points may be focused on during this step:

- Would you like to investigate further into how religion/spirituality may be related with your treatment?

- Last week, did you feel anything different about how religion/spirituality is related to your symptoms?
- Would you like to learn whether anyone’s symptoms have been affected by the use of any of these applications?

4. Monitoring. The final stage seeks to identify the positive and negative effects that including religion and spirituality had on treatment goals and to give clients the opportunity to provide feedback. The following topics are discussed:

- Did you notice any effect on your symptoms?
- Did our discussion about the religious and spiritual meaning of your treatment affect your participation or motivation in any way?

As a result, even if CBT therapists are not familiar with religion and spirituality, they should gather information about their clients and should investigate clients’ problems by taking this four-stage assessment process as their basis. More importantly, integrating religion and spirituality into the CBT process allows clients’ problems to be assessed from multiple angles (Rosmarin, 2018).

Spiritual-Religious Framing of CBT

Religion and spirituality strengthen individuals’ capacity to overcome their natural cognitive, emotional, and behavioral reactions, thereby increasing individuals’ self control (McCullough & Carter, 2013; McCullough & Willoughby, 2009). Religion and spirituality are able to present CBT techniques in a spiritual framework, which may strengthen clients’ motivation to participate in therapy sessions and simultaneously increase their compatibility with the techniques used. Furthermore, by integrating religion and spirituality with CBT, clients may understand CBT concepts more easily and therefore achieve better results from CBT therapy (Hodge, 2006; Rosmarin, 2018).

While framing CBT with religion and spirituality, it is important to:

- Structure therapy in line with religious/spiritual directives and sacred scriptures,
- Incorporate religion and spirituality in such a way that emphasizes that the emotional significance of therapy is just as important as its spiritual significance in order frame obstacles to and difficulties faced during therapy,
- Use religious/spiritual texts to lead discussion on the interaction between feelings and thoughts at the core of CT (“Change your thoughts”, “Our life is shaped around our mind, we are what we think”),

- Stress the importance of spirituality in changing behaviors since one's feelings toward spiritual/religious belief systems are directly shaped by behavior,
- Formulate exposure therapy through beliefs that have spiritual and religious importance,
- Frame behavioral activation in a spiritual paradigm to encourage clients to participate in social, enjoyable, and nurturing activities so that they may enhance their emotional capacities,
- Ground behavioral activation in a spiritual framework that is in line with the specific way that the client perceives God's role in everyday life, as different religious beliefs and cultures perceive His role differently,
- Structure CBT with religious and spiritual elements so as to prevent negative events and situations from emerging as a result of clients' intolerance toward uncertainty (spiritual CBT approaches that build clients' tolerance to uncertainty help them accept the limits of their own ability to comprehend the divine, thereby increasing humbleness),
- Base therapy on the notion that learning how to overcome one's fear of negative evaluations will facilitate their attainment of spiritual freedom, and
- Structure spiritually-centered CBT in such a way that deals with perfectionism and since self-oriented perfectionism is a risk factor in a number of psychiatric disorders (Rosmarin, 2018).

Here, we have presented examples from individual psychological counseling to show how religion and spirituality may be framed in CBT, and particularly in how religion and spirituality may be assessed in it. Since similar stages also exist in Spiritually-Oriented Cognitive-Behavioral Family Therapy, we will discuss them in light of family members and family systems.

Fundamental Techniques and Applications in Spiritually-Oriented CBFT

Spiritually-oriented CBFT realizes a variety of applications that incorporate religious and spiritual elements and then synthesizes them with classic CBT techniques to form a holistic approach.



Figure 2.

Spiritually Oriented Cognitive-Behavioral Techniques According to Rosmarin (2018)

Cognitive Restructuring. In order to elicit emotional change in clients, they must first realize cognitive distortions, otherwise known as irrational or inaccurate thoughts and beliefs, and then exchange them with positive, rational beliefs. Clients also have cognitive distortions related to their religious/spiritual orientations that influence their daily lives. Clients can therefore make use of religious texts in line with their own beliefs to exchange their cognitive distortions with rational beliefs during the spiritual-cognitive restructuring process (Barrera, Zeno, Bush, Barber, & Stanley, 2012; Carlson & Gonzalez-Prendes, 2016; Hamdan, 2008; Rosmarin, 2018).

A Muslim client may express such beliefs and negative thoughts as “Life is very difficult”, “I’m alone”, and/or “I can’t cope” that can be reframed through various Qur’anic verses during the spiritual-cognitive restructuring process implemented during counseling. Clients’ negative thoughts can be transformed into positive ones by discussing in light of different Qur’anic verses (Lodi, 2018). For example, instead of life’s being very difficult, the client can be presented with “Allah intends for you ease and does not intend for you hardship” (Qur’an 2:185)³; instead of loneliness, “And We have already created man and know what his soul whispers to him, and We are closer to him than [his] jugular vein” (Qur’an 50:16); and instead of not being able to cope, “Allah does not charge a soul except [with that within] its capacity” (Qur’an 2:286). Likewise, Christian clients can be presented texts from their own sacred texts, like the Old Testament, during therapy. For example, in Psalm 88, the psalmist states that he has been shaken by God as a result of negative events, but since they show that God is behind all of these events, they serve a positive end. Building

3 All translations of the Qur’an are from Sahih International.

off of this, clients can be encouraged to restructure their cognitions (Rosmarin, 2018). An example of spiritual-cognitive restructuring in spiritually-oriented CBFT would be to use Islamic teachings from the Qur'an and *sunnah* of the Prophet Muhammad to exchange irrational and illogical assessments underlying a Muslim client's thoughts and beliefs with rational ones while also keeping in mind the cognitive differences between men and women, (Khakpour et al., 2018).

Coping Statements. are statements that help clients overcome the stressful thoughts they experience during difficult situations and that act as aids to accepting accurate, positive thoughts. In spiritual CBT, clients can indoctrinate themselves and combat a variety of problems by using coping statements like “Even when I feel alone, God is always nearby”, “This will pass”, and “No matter how bad things get, I’m never alone” (Rosmarin, 2018). Clients who incorporate statements like “God is good”, “God is peace”, and “I am good and joyful” together with daily 20-minute progressive muscle relaxation exercises are observed to have more positive psychological and spiritual states of well-being (Wachholtz & Pargament, 2005). In a study where spirituality was integrated with CBFT, family members were asked to reflect over religious statements, to realize God's compassion in their own lives, and to contemplate on the belief that hopelessness is the greatest sin and therefore discover the impact of spirituality and religious commands in their daily lives (Khodayarifard & Fatemi, 2013).

Spiritual and Religious Stories. In spiritually-oriented CBT, spiritual and religious stories in line with clients' beliefs may be used to analyze cognitive structures, regulate emotions, and reframe them (Good, 2010; Rosmarin, 2018). Incorporating stories has recently become popular in CBT applications (Blenkiron, 2005; Stott & Salkovskis, 2010). The use of religious and spiritual stories offers clients the opportunity to regulate their emotions, reduce stress, improve their mood, and modify their behaviors (Otto, 2000). Even if they be of different religions or belief systems, many stories contain anecdotes that trigger spiritual emotions like honesty, love, forgiveness, gratitude, courage that offer clients an alternative to destructive thoughts (Rosmarin, 2018). Including stories about prophets mentioned in the Qur'an during family therapy with Muslim clients offers family members the opportunity to assess their problems in light of a different narrative, thereby facilitating in-family conflict resolution (Malik, 2018).

Yoga. Incorporating basic meditation, breath control, and flexibility, yoga is a technique that seeks to focus on the mind, calm the practitioner, bring about physical comfort, develop internal awareness, and, as a result, facilitate happiness, well-being, awareness, and spiritual growth in individuals (Valente & Marotta, 2011). Yoga is commonly used in CBT applications to treat problems like depression and anxiety and there are studies examining yoga's effects and benefits in this very vein (Shapiro et al., 2007; Vinod, Vinod, & Khire, 1991). Conducting a study on family therapy with families of children

diagnosed with ADHD, Harrison, Monacha, and Rubi (2004) found that children's ADHD symptoms declined after having participated in yoga meditation exercises twice a week over a six-week period, that their self-confidence increased, that the relationship quality with their parents improved, that they felt happier and less stressed, and that they were better able to manage their behaviors. In their study conducted with children and parents diagnosed with cancer, Thygeson et al. (2004) found that including yoga in family therapy sessions helped significantly reduce parents' anxiety levels. In a study with high-achieving children and parents, Quast (2014) found that including integrated yoga and CBT (Yogerypy) in addition to such techniques as cognitive restructuring, coercive thoughts, progressive muscle relaxation, and coping skills during family-based therapy treating problems and anxiety constituted an effective intervention method because it incorporates families' strengths, cooperation, and parent support.

Guided Meditation. is a technique that incorporates exercises done either individually or while following an audio or video recording under the guidance of a teacher or leader. The main objective of this technique is to have clients focus on their own breathing, to engage in body scan meditation, and to attempt to eliminate anxiety. In spiritually-oriented CBT, guided meditation can be used as a behavioral approach to help clients manage problems and stress (D'Souza & Rodrigo, 2004; Kristeller, 2011; Rosmarin, 2018). Integrating meditation in family and couples therapy can enliven communication and interaction between individuals. Guided meditation seeks to achieve the following objectives during family therapy: (i) to reduce emotional reactivity between family members, (ii) to facilitate intimate with deep listening with others, (iii) to aid in family members' recovery and reconnection after loss, (iv) to stimulate compromise among family members, and (v) to implement techniques that encourage family members to adopt spirituality in their lives (Gale, 2009).

Mindfulness. is a mental exercise characterized by conscious awareness and focused attention where an individual attempts to concentrate on his/her feelings, to perceive foreign thoughts in a calm manner, and to make decisions without judgment. During spiritually-oriented CBT, mindfulness allows the individual to reduce the effects of anxiety and stress, to identify and manage negative thoughts, to learn how to remain calm, to practice breathing exercises that reduce negative thoughts, and organize cognitions and feelings (Benson & Klipper, 2000; Carlson & Gonzalez-Prendes, 2016; Ladner, 2011). Integrating non-judgmental mindfulness into marriage and family therapy is important in that it promotes communication, emotional regulation, empathy, and relational well-being in couples and family members (Gambrel & Keeling, 2010).

Gratitude Exercises. Implemented in spiritual CBT with clients wishing to include religious and/or spiritual elements in the therapeutic process, gratitude exercises are activities where an individual expresses thanks and gratitude to God or a higher power

in response to positive life events and positive aspects of self. By having clients imagine how they have coped with past stress and difficult situations, they realize the importance of religious/spiritual power in coping, which can then be channeled into gratitude toward God and used to strengthen future resilience (Rosmarin, 2018; Rosmarin, Auerbach, Bigda-Peyton, Björgvinsson, & Levensky, 2011). In religious CBT, gratitude exercises, like composing a gratitude list, counting thanks, writing a gratitude letter, reading religious stories and texts that increase gratitude, and using role models in holy books to express one's gratitude, have been found to play a significant role in reducing depression in individuals (Pearce et al., 2016). Experiencing positive emotions like gratitude among family members is related to family satisfactions (Williams, 2012).

Forgiveness Exercises. Forgiveness is defined as the intentional decision to release negative feelings, thoughts, and behaviors like retaliation against a person or group that has caused harm to one and the simultaneous ability to display a positive stance toward said person or group (McCullough, Pargament, & Thoresen, 2000). All religions emphasize rituals, role models, and worldviews that facilitate acceptance and encourage forgiveness (McCullough & Worthington, 1999). Forgiveness models and techniques are used to transform negative feelings and thoughts into positive ones in spiritually-oriented CBT (Rosmarin, 2018). Forgiveness has a wide range of positive effects on individual characteristics, parent-child relationships, and the general family environment (Maio, Thomas, Fincham, & Carnelley, 2008). Looking at the role of forgiveness in marriage and family processes reveals there to be significant relationships between forgiving marital betrayal, marriage satisfaction, parental accord, and how children perceive their parents' marriage (Gordon, Hughes, Tomcik, Dixon, & Litzinger, 2009). By practicing forgiveness in family-of-origin sessions, we observe that family relationships are strengthened when family members make cognitive choices that encourage being at peace with God and that forgiveness strategies are effective in breaking dysfunctional patterns from the past that have been carried into one's new family (DiBlasio, 1998).

Spiritual-Based Applications in Cognitive-Behavioral Family Therapy

Khodayarifard and Fatemi (2013) conducted a study on combining spirituality and CBFT during the treatment of common anxiety disorders. In their study, in addition to implementing several CB techniques like self-observations, positive thinking, cognitive restructuring, creative desensitization, counseling sessions were organized both individually and together with family members. Therapists worked on certain skills like discussing anxiety and family conflicts with family members and problem solving. Integrating spirituality with CBFT, love shared with all humans, monotheism, and belief in Judgment Day and the afterlife were emphasized. A number of religious and spiritual exercises focusing on the relationship between

meaning and God, between values and spirituality, and between responsibility and the soul were implemented during discussions with family members. Family members were asked to reflect over religious statements, to realize God's compassion in their own lives, and to contemplate on the belief that hopelessness is the greatest sin and were then helped to discover the impact of spirituality and religious commands in their own phenomenological lives and daily experiences. As a result of their study, Khodayarifard and Fatemi (2013) found that integrating spirituality with CBFT was effective in reducing family members' anxiety levels, in changing thought patterns within the family, and in increasing social competency.

An important approach in studies conducted with families, the Biopsychosocial-Spiritual (BPSS) Model focuses on individuals' personal characteristics (e.g., cognitions, beliefs, feelings, behaviors, and spirituality) and on all system levels incorporating families, other intimate relationships, and cultural and social characteristics. In marriage and family therapy, the BPSS model underlines the critical role of health and illness experiences, cognitive processes, and spiritual/religious belief systems while coping with problems (Prest & Robinson, 2006; Walsh, 2009; Wright, Watson, & Bell, 1996).

Prest and Robinson (2006) touch on the importance of the BPSS model in assessing and treating depression and anxiety in families, highlighting the six CB and spiritual-religious dimensions composing it: (i) biological factors, (ii) behavioral coping and stress management factors, (iii) factors pertaining to CB coping and meaning formation, (iv) factors pertaining to family and couple dynamics, (v) factors pertaining to spiritual-religious resources and belief systems, and (vi) socio-cultural contextual factors. Biological factors include a physical medical evaluation, improved nutrition, and a reduction in stimuli. Behavioral coping and stress management focus on techniques like mediation, yoga, breathing exercises, progressive muscle relaxation, and desensitization. CB coping and meaning formation concentrate on identifying and addressing family members' perspectives related to the circumstances that accompany anxiety and depression, defusing irrational beliefs, and realizing emotional reaction patterns. Family and couple dynamics focus on changing relational patterns, family roles, and feedback, exploring feelings while actualizing change, and recommending behaviors that encourage problem and conflict resolution. Spiritual-religious resources and belief systems seek to discover systems of meaning by focusing on the meanings of life events, loss, and illnesses, collaborating with clergymen, to make supplications, reading, and to encourage clients to accept support from others as a form of coping. Socio-cultural contextual factors focus on exploring the effect of racial, ethnic, and cultural context and on realizing cooperation with social systems. Employing the BPSS model, therapists are able to address a variety of diverse dimensions with families and incorporate spiritual, cognitive, and behavioral structures in the process.

Investigating the dynamics of infertile couples participating in religious belief-based activities, Smith and Smith (2004) examined the effects of religious communities and spiritual activities on families' self-esteem and found that CB counseling was an effective intervention technique to be used during crises experienced by infertile couples. Employing CBT, the counselors attempted to help infertile couples locate negative thought patterns, which may have solidified over many years, and then to aid them in exchanging these patterns with positive ones. Couples have at their disposal a various techniques to help them develop optimistic attitudes toward themselves and their marriage and also to facilitate their abandonment of whatever pessimist views they may have. A variety of techniques are employed in belief-based CBT; these include comforting techniques, focusing on cognitive disorders, cognitive structuring, planned activities, modifying cognitive errors, cultivating empathy in the family, discussing myths about infertility, and exposing sensory focusing. Couples experiencing an emotional crisis frequently find themselves embroiled in spirituality and may have several spiritual-religious automatic thoughts. Consequently, CBT therapists play an instrumental role in helping them realize their spiritual-religious distortions. During the process, individuals are able to express their anxieties in a safe environment, and this awareness can increase the possibility of dialogue and positive participation. Moreover, as a result of the psychosocial effects of participating in activities grounded in one's religious beliefs, clients tend to have an easier time distancing themselves from negative thoughts.

Conducting a study with individuals whose spouse was addicted to one or more narcotic substances, Khakpour et al. (2018) examined the effects of family therapy on marriage satisfaction. To this end, they designed a program following a CBT model composed of ten spiritual family therapy sessions. The content of these sessions were as follows:

- i. Establishing positive, safe, and healthy relationships with one's spouse, recognizing Islam's view on the importance and objective of marriage and on the rights and duties of spouses, performing ritual prayers and reading memorized portions of the Qur'an with the awareness that at least one sign refers to one's spouse, and writing down comments about the actions of one's spouse separately.
- ii. Brief rundown of the previous session in order to identify stress, personality, family conflict, family expectations, mutual expectations, and the thoughts and feelings of one's spouse. Going over take-home tasks, individual assessments, and the clinical sessions of both partners. Take-home task: Both partners are asked to write down conflict, mutual expectations, thoughts, and feelings on a separate chart.

- iii. Brief discussion of previous sessions and take-home tasks. Reviewing the cognitive differences between men and women. Discussion on self-education, couples education. Recognizing cognitive errors, emotions and negative feelings. Employing the Qur'an and *sunnah* to exchange irrational and illogical assumptions underlying thoughts and beliefs with rational ones. Take-home task: Spouses are asked to monitor and record cognitive errors individually.
- iv. Analysis of previous sessions and discussion of take-home tasks. Evaluation of negative thoughts. Encouraging clients to challenge their negative thoughts by framing problems and relevant situations in a Qur'anic context and by strengthening one's forbearance and trust in the Lord (i.e., Allah). Take-home task: Spouses are asked to monitor their negative thoughts and partner and to write them down individually.
- v. Brief discussion of the previous session and take-home tasks. Fifteen minutes of muscle relaxation and deep breath exercises. Aiding partners to discover their own ideas. Discussing rational thoughts, feelings, and couples to precipitate the exchange of irrational and negative thoughts with rational and positive ones. Take-home task: Spouses are asked to challenge irrational thoughts and write down cognitive errors.
- vi. Brief discussion of previous sessions and take-home tasks, education, and sources of knowledge (e.g., self observations, social feedback, social comparisons). Addressing their affects on spousal relationships. Take-out task: Spouses are asked to relate belief and behavior indicators with sources of knowledge.
- vii. Brief discussion of previous sessions and take-home tasks. Learning how to engage in verbal and non-verbal communication with respect, politeness, forbearance, and forgiveness in light of divine commands. Learning obstacles to communication (e.g., commands, threats, recommendations, persuasion, judging and criticizing, objections, accusing others, belittlement, and retaliation). Take-home task: Spouses are asked to list effective and non-effective verbal and non-verbal behaviors in a chart.
- viii. Brief discussion of previous sessions and take-home tasks. Effective dialogue skills (expression, expression). Aggressive dialogue control, active listening skills (e.g., attention, signaling, invitation, summarizing, and asking questions). Take-home task: Spouses are asked to depict the skills they use on separate charts.
- ix. Brief review of previous sessions and take-home tasks. Understanding education, respect, empathy, and one's partner. Gratitude, adornment and cleanliness, gifts, and cooperation in housework. Understanding gender (e.g.,

cognitive differences, desires, and wants). Take-home task: Spouses are asked to put these skills into practice and to write down their comments on their behavior toward their partner separately.

- x. Summary, conclusions reached, and program evaluation with both partners (e.g., opinions of the program, strong and weak points).

Khakpour et al. (2018) found that after 10 sessions of CBT-based spiritual family therapy with couples, both partners' marriage satisfaction, positive thoughts, problem-solving skills, personal behaviors, emotions, and religious orientations significantly improved.

Conducting their study in Iran, Khodayarifard and McClenon (2012) discuss Islamically-based CBFT and its application in obsessive compulsive disorder. Muslim therapists believe that special methods should be used during therapy since Muslim families have distinct characteristics. The researchers state that integrating Islamic features to CBT, which is already one of the most effective therapy approaches to obsessive compulsive disorder, will only further enhance its effectiveness with Muslim clients. Islamic CBT is grounded in the Qur'an, hadith literature, *sunnah* (i.e., sayings and practices of the Prophet Muhammad), *tawhid* (Islamic monotheism), the meaning of life, spiritual salvation, and mental well-being. Islamically inappropriate schemata can be modified with culturally and theologically appropriate variations during the therapeutic process. Negative beliefs can be exchanged with rational ones through supplication, rituals, moral behaviors, and religiosity. During therapy, automatic beliefs can be exchanged with Qur'an-centric, Islamic beliefs. Exercises aiding clients to focus on the afterlife, to reevaluate the meanings of problems, to remember Allah, to trust in Allah, and to focus on Allah may also be incorporated into the larger therapeutic process.

Conclusion

Integrating spiritually-oriented psychotherapy and spiritually-centered interventions into psychological counseling and psychotherapy has been actively pursued worldwide and has, as a result, compiled a large body of relevant literature (Aten, McMinn, & Worthington, 2011; Pargament, 2007; Sperry & Shafranske, 2007). One of the approaches very frequently used in spiritually-oriented psychotherapy that has been attested to by many researchers is Spiritually-Oriented Cognitive-Behavioral Therapy (Rosmarin, 2018; Tan & Johnson, 2007). In spiritually-oriented CBT, we see that (i) classic CB techniques and applications are integrated with clients' own spiritual/religious backgrounds, (ii) clients refer to sacred texts from own religious/spiritual tradition while dealing with cognitive distortions, and (iii) a variety of exercises promoting forgiveness, gratitude, meditation, mindfulness, and spiritual coping are

incorporated to facilitate behavioral activation and the consolidation of cognitive structures (Carlson & Gonzalez-Prendes, 2016; Good, 2010; Hodge, 2006; Rosmarin, 2018; Rosmarin et al., 2011).

Spiritually-oriented CBT has been found to be an effective approach when addressing problems like anxiety (Paukert et al., 2009; Rosmarin, Bocanegra, Hoffnung, & Appel, 2019), depression (Good, 2010; Kausar & Bhutto, 2018; Koenig, Pearce, Nelson, & Erkanli, 2016; Pearce et al., 2016), and addiction (Hodge & Lierz, 2014). Moreover, CBT applications involving diverse religious groups like Muslims (Hamdan, 2008; Hodge & Nadir, 2008; Khodabakhshi, Mohammadi, Taghavi, & Rahimi, 2015; Lodi, 2018; Naeem et al., 2015), Christians (Buju, 2019; Hawkins, Tan & Turk, 1999; Pearce & Koenig, 2013), and Jews (Rosmarin, 2010; Rosmarin et al., 2019) have been conducted. Although the international literature is rich in theoretical and practical studies, spiritually-oriented CBT studies are still in their infant stages in Turkey.

Since Spiritually-Oriented Cognitive-Behavioral Family Therapy has only recently been included among the categories of family therapy types in Cognitive-Behavioral Family Therapy, there are only a limited number of studies in the literature on it. Even if few in number, Khodayarifard and McClenon (2011), Khakpour et al. (2018), Smith and Smith (2004), Prest and Robinson (2006), and Khodayarifard and Fatemi (2013) have conducted diverse studies on spiritually-oriented CBFT.

Since the first environment humans find themselves upon coming into this world is the family environment, parenting styles and since traditional values passed down from previous generations, family communication and interaction play a vital role in individuals' development and psychological health, the importance of family therapy is quite apparent. As a result, spiritually-oriented applications are needed for clients for whom spirituality and religion are central to their lives and who want to address them during psychotherapy in family therapy conducted simultaneously with multiple family members. Here, we believe that our study will offer practitioners and researchers different perspectives concerning spiritually-oriented CBFT. Given, however, that spiritual-oriented family therapy is in its beginning stages in Turkey, experimental studies on Turkish culture, beliefs, and spiritual values are of great need. Consequently, there is a pressing need to develop diverse spiritually-centered therapy techniques, structured programs, and applications that take into consideration the religious and spiritual particularities of Turkey. Furthermore, it is important that psychological counselors working in the field participate in training programs on religious/spiritual counseling skills in addition to their general therapy education.

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The Use of Spirituality in Narrative Couples and Family Therapy

Zehranur Akbulut¹

Istanbul Sabahattin Zaim University

¹ Istanbul Sabahattin Zaim University, Faculty of Education, Department of Psychological Counseling and Guidance, Istanbul, Turkey. E-mail: zehranur.akbulut@izu.edu.tr

Abstract

Narrative therapy is a postmodern therapy approach that suggests that people make sense of their lives through the stories they create. Spirituality plays an active role in the processes of understanding life as a part of the stories of spiritually oriented individuals, couples, and families. The nature of narrative therapy aimed at considering the culture, beliefs, and spiritual values that shape clients' stories allows spiritually oriented couples and families to express the spiritual dimension they possess within the therapy process of this approach and to use spirituality as a source of power for dealing with problems. This study aims to discuss narrative couples/family therapy and the use of this therapy method within the framework of the related literature by noting ethical rules and incorporating spirituality with spiritually oriented couples and families. Information is provided in this context primarily with regard to narrative therapy, narrative couples/family therapy, the process of narrative couples/family therapy, and the responsibilities of the therapist in this therapy approach. Afterward, case samples in narrative therapy with regard to the importance of spirituality are presented, and the use of spirituality by inclusion in the techniques is explained using narrative couples/family therapy techniques. This study is thought to fill in the missing points that exist with in Turkey's literature with regard to both narrative couples/family therapy as well as the use of spirituality by incorporating it in family therapy and to provide a different viewpoint to practitioners and researchers in the field.

Keywords: Spirituality • Family Therapy • Couples Therapy • Narrative Therapy • Narrative Couples and Family Therapy

Narrative Çift ve Aile Terapisinde Maneviyatın Kullanımı

Öz

Naratif terapi, insanların hayatlarını oluşturdukları hikayeler aracılığıyla anlamlandırıldığını öne süren postmodern bir terapi yaklaşımıdır. Maneviyat, manevi yönelimli bireylerin, çiftlerin ve ailelerin hikayelerinin bir parçası olarak yaşamı anlamlandırma süreçlerinde etkin bir rol oynamaktadır. Naratif terapinin; danışanların hikayelerini şekillendiren kültür, inanç ve manevi değerleri göz önüne almaya yönelik doğası, bu yaklaşımın manevi yönelimli çift ve ailelerin sahip oldukları manevi boyutu terapi süreci içerisinde dile getirmelerine ve maneviyyatı sorunlarla baş etmede bir güç kaynağı olarak kullanmalarına imkan sağlamaktadır. Bu çalışmada naratif çift/aile terapisinin ve bu terapi yönteminin etik kurallar dikkate alınarak manevi yönelimli çift ve ailelerle maneviyyat dahil edilerek kullanımının ilgili literatür çerçevesinde ele alınması amaçlanmaktadır. Bu kapsamda öncelikle naratif terapiye, naratif çift/aile terapisine, naratif çift/aile terapisi sürecine ve bu terapi yaklaşımında terapistin sorumluluklarına ilişkin bilgi verilmektedir. Sonrasında naratif terapidde maneviyyatın öneme değinilerek vaka örneği sunulmakta ve naratif çift/aile terapisi teknikleri ile tekniklere maneviyyatın dahil edilerek kullanımı açıklanmaktadır. Bu çalışmanın yurt içi alanyazında hem naratif çift ve aile terapisine yönelik hem de maneviyyatın naratif çift ve aile terapisine dahil edilerek kullanılmasına yönelik var olan eksik noktaları tamamlayacağı, alandaki uygulayıcılara ve araştırmalara farklı bir bakış açısı sağlayacağı düşünülmektedir.

Anahtar Kelimeler: Maneviyat • Aile Terapisi • Çift Terapisi • Naratif Terapi • Öyküsel Terapi • Naratif Çift ve Aile Terapisi

Corresponding author:

Zehranur Akbulut

E-mail:

zehranur.akbulut@izu.edu.tr

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An Overview of Narrative Therapy

Narrative therapy, which is the meaning constructed on the point of focus over language and discourses, is known as the fourth wave/force in the field of psychotherapy (Payne, 2006). Narrative therapy emerged in the 1980s as an applicable form of the social constructivist approach, which has postmodernist foundations. In the social constructivist approach, people are considered to play an active role in constructing knowledge and truth (DeMille & Montgomery, 2016; Suddeath, Kerwin, & Dugger, 2017). The Australian Michael White and the New Zealander David Epston (1990) introduced narrative therapy in their book *Narrative Means to Therapeutic Ends*.

According to narrative therapy, people are born into the world of written stories and very rarely become aware of these stories. People load meaning onto the events they experience by sorting them one after another and creating a narrative theme with time. The objects required for a story to form are events, succession (sequencing, connections), time, content (meaning, context), or themes. The individual lives one's life through the narrations one forms about oneself and the stories others tell about themselves. Meaning is the abstract idea of these stories. Individuals constantly add meaning to their experiences. From this perspective, people are both the scene authors of their own stories as well as the leading actors (Brown & Augusta-Scott, 2007; Freedman & Combs, 1996; Morgan, 2000; White, 2007; Yeni, 2014).

The created stories later turn into absolute truths for the individual's life. The stories cover topics such as who are we, where do we come from, what do we do, and what do we think about what we experience (Crocket, 2013). Social impacts, family structure, child-raising patterns, interpersonal interactions, historical times, culture, religion, sub-identities, group needs, and economic reasons form the individual's life story in narrative therapy (Karairmak & Bugay, 2016).

As a result of one's interactions with the environment, the individual can add undesired rings to the story that limit the individual. These rings that emerge as a result of social interactions start to dominate the original story after a certain period of time (Neukrug, 2011, as cited in Terzi & Tekinalp, 2013). Because the expressions of the dominant culture are very strong, individuals internalize the messages of the dominant discourse and of the identities they've acquired with respect to the situations they experience as their own realities (White, 1992).

People feel the need for psychological counseling when they consider their own stories to be meaningless or their personal experiences to be incompatible with their stories. From this perspective, the aim of narrative therapy is to demolish the negative structure of one's own story and to bring about an alternative reconstructed narrative (Freedman & Combs, 1996; White & Epston, 1990).

Narrative Couples and Family Therapy

Family therapy is a therapy method that concentrates on areas such as increasing or facilitating verbal and emotional communications that lead to harmony among family members; restoring the balance of power in the family; assisting in solving acute problems the family faces such as divorce, death, suicide attempts, or being fired from work; and preventing accusations directed at the chosen individual (Samancı & Ekici, 1998). Couples therapy is defined as an organized psychological aid for changing the interactions of two people who are in conflict with one another (Akdemir, Karaoğlan, & Karakaş, 2006).

Narrative therapy comes from within the family therapy tradition through the influence of the Palo Alto school, which transfers the focus from the family structure to the meanings and interpretations that the client gives to life events (Polkinghorne, 2000). Families are believed to create, maintain, and transform their lives by way of the stories they share in narrative family therapy. The purpose in the therapy is to increase cooperation among family members by externalizing the family's problems and enabling movement for problem solving and alternative stories. No pattern needing to be reached is found in narrative family therapy that is valid for all families. Families are encouraged to struggle in common against the externalized problem, use resources, and configure a new family story together by joining forces as a team (Freedman, 2014; Gladding, 2012).

Narrative family therapy aims to allow family members to discover the thoughts they choose about events, situations, and relationships; to reveal the hidden aspects located within their chosen thoughts in relational, emotional, and psychological terms; and to encourage reflecting upon the different ideas produced in the family from their various perspectives (Fredman, 1997, as cited in Vetere & Dowling, 2016). Narrative couples therapy works on couples forming new alternative stories in their lives by having them gain a point of view beyond the couple's dominant stories. The goal is to have couples develop the stories they choose and help them live these stories. In this context, value is given to each couple's unique story (Freedman & Combs, 2008).

Much research has been performed with the aim of testing the effectiveness of narrative couples and family therapy. When examining the performed research, this therapy method is found to have positively contributed to solving the problems of couples affected by infidelity (Duba, Kindsvatter, & Lara, 2008); couples or families who've been adopted (Gold, 2016); families who describe having a lesbian, gay, or bisexual child (Saltzburg, 2007); homeless families (Fraenkel, Hameline, & Shannon, 2009); families where intense parent-child conflicts are experienced (Besa, 1994); new families formed by newly married individuals (Madigan, 2016), and spiritually oriented families (Morningstar, 2010). When examining the literature outside of

Turkey, the inclusion of spiritual elements in narrative therapy are additionally seen to be used while working with spiritually oriented clients; studies are also found to reveal narrative therapy that is used by including spiritual elements to have a positive impact on solving the problems of spiritually oriented individuals, couples, and families (Baldwin & Estey, 2015; Bermúdez & Bermúdez, 2002; De Beer & Müller, 2009; McNicholas, 2018; McWeigh, 2016). When examining the literature in Turkey, however, no study is seen related to the use of spirituality in narrative couples/family therapy, and the theoretical knowledge and research on narrative couples/family therapy is seen to be limited. From this perspective, the fact that this study aims to explain the use of the narrative couples/family therapy approach where spiritual elements are included for spiritually oriented clients is believed to fill a significant gap in the literature. In this scope, the study provides information on the process of this therapy approach and its use by including spirituality after an explanation is made about narrative couples and family therapy.

The Process of Narrative Couples and Family Therapy

Before beginning the process of narrative couples and family therapy, the therapist needs to inform the couple/family and convey to them the consultation rules at the start of the session. The therapist should provide information with regard to the therapist establishing balance between spouses/among family members and their being treated equally by the therapist. The therapist should explain that sometimes spouses/family members will be received together in sessions, and sometimes separate sessions will be made with spouses/family members. Additionally therapists should provide information

Table 1.

The Narrative Couples and Family Therapy Process (Carr, 1998; Freedman & Combs, 2008)

<i>The Collaborative Approach</i>	The therapist is situated not as the expert but as the observer in the therapy process. The client and therapist are in cooperation regarding producing a solution to the problem and developing new narratives and identities. The therapist is sensitive to culture and pays attention to the language the clients use. Clients are asked questions from a multi-faceted point of view, but the focus is on listening rather than asking questions.
<i>Externalizing the Problem</i>	Clients are assisted in considering the problem as an entity independent of the self in this process. The therapist and couple/family members are in unity against the externalized problem.
<i>Searching for Alternative Results and Comments</i>	The therapist assists in determining the times when the couple/family members are not suppressed by the problem and in creating the narratives they want to possess.
<i>Focusing on the New Narrative</i>	The couple/family members are asked questions with regard to determining details related to the alternative narrative.
<i>Establishing the Link Between Past and Present</i>	The connection is established with significant past experiences, the new narrative is carried to the future, and the couple/family members are assisted in forming the alternative new story they prefer.
<i>Inviting a Witness/ Outside Observer</i>	Significant people in the lives of the couple/family members or a couple or family who received counseling on a similar topic are invited to the therapy process in support of the newly formed story.

related to their duties, placing emphasis on confidentiality. Therapists should attempt to establish therapeutic cooperation between themselves and the couple/family members (McNicholas, 2018). Table 1 explains the narrative therapy process.

The Task of the Therapist in Narrative Couples and Family Therapy

Instead of focusing on using measurement tools that assess the couples'/family's relations in a two-dimensional and superficial way (i.e., healthy and unhealthy) in this therapy approach, the narrative therapist gives importance in the therapy to how people like the narrative they live, to how these stories contain meanings and events that don't harm other people, and to the idea that each relationship can be experienced and conveyed in its own reality. The task of the therapist in the consultation process is to ask questions that will enable the couple/family members to think about the effects the problem has on their lives, its effects on their spouse's/other family members' lives, how it affects their relationships, and what kind of attitudes they can assume regarding the problem. The therapist attempts to develop awareness of problematic discourses in the therapy, and the opportunity to define and evaluate the effects these discourses have on the relationships is offered to the couple/family members (Freedman & Combs, 2008). In narrative couples/family therapy, the therapist is a guide who establishes equal relations based on cooperation. The clients are the experts on their lives. The therapist helps couples and families restructure their stories, assuming the role of co-author in the clients' narratives. In the counseling process, the therapist actively forms knowledge with the clients, supports the clients in restructuring the information they created, and facilitates the healing process (Morgan, 2000; Yeni, 2014).

Therapists have ethical rules they must adhere to in the therapy process. These rules can be listed as: being autonomous, doing no harm, being useful, being fair among the clients, having professional competence, keeping one's promises, and being honest (American Counseling Association, 2014; Camadan, 2018). Aside from the existing ethical rules, other ethical conditions are also found that therapists need to consider when applying spiritually oriented therapy. In therapy practices that contain religious or spiritual elements, therapists must avoid imposing their own values on clients, respect everyone's beliefs or spiritual views they possess, and implement these practices with the clients' consent and within the field of the therapist's competence (Shafranske, 2013). Additionally, having therapists who implement spiritually oriented counseling receive supervision (the portion of the therapist's discovery is removed) can contribute to them feeling more relaxed and comfortable on these issues in the consultation process. The clients' spiritual worldview being accepted by the therapist assists in developing the clients' sense of trust. Having spiritually oriented clients be able to talk with the therapist about spiritual issues can be beneficial for them (Post & Wade, 2009).

Narrative Therapy and Spirituality

Spirituality can be defined as the thoughts, feelings, and behaviors of a person that aim at establishing a relationship with what is sacred (Summertime, 2017). In an interview in 2000 with Michael White, one of the founders of narrative therapy, he stated spirituality to be an element contained in and shaping life. He stated that spirituality at the same time has three types: immanent, ascendant, and immanent-ascendant. While the immanent dimension of spirituality expresses a process of reflecting the true essence of the individual, the ascendant dimension expresses the type of spirituality that takes place at higher levels beyond daily life. Immanent-ascendant spirituality is defined as the process of getting in touch with an inner or divine experience that emerges by combining the two types and establishing a relationship with the exalted one God that exists in the depths of the person. White (2000) emphasized the external spirituality that has visibility in human life and helps people get to know themselves better rather than a sacred or divinity-centered understanding of spirituality.

Being one of the elements contained in and shaping life, spirituality's use in therapy provides advantages in cases requiring spirituality to be benefitted from as a psychological resource and the field of spirituality to be preserved, nourished, or developed and in situations where the spiritual search is necessary in terms of the individual (Ekşi, Kaya, & Çiftçi, 2016). Including spirituality in the psychological counseling process allows the couple/family to be addressed from a holistic point of view by taking their beliefs, values, feelings, and thoughts into consideration (Frame, 2003). In Carlson, Fitzpatrick, Hecker, and Killmer's (2002) research, two out of three people receiving marriage and family therapy education voiced spirituality to be an element that needs to be addressed in the psychological counseling process; this reveals how important the concept can be for couples and families. Narrative therapy's nature in regard to taking the culture, beliefs, and spiritual values that shape clients' narratives into consideration (Yalın, 2017) shows that this approach can be used in a way that will cover spirituality in counseling with regard to couples and families (McNicholas, 2018). From this perspective, centering on people's story in narrative therapy allows them to express themselves by also including spirituality, which is one of the elements that shape the stories of spiritually oriented clients, and these clients are able to convey their relationship with a sacred power in the therapy environment (McWeigh, 2016; Truter & Kodze, 2005).

In narrative therapy, individuals are suggested to understand through the mediation of stories that they form their lives (Madigan, 2016). Spirituality also plays an active role in the process of make sense of life as a part of couples' and families' stories (Dennett, 1992). Spirituality and narratives form the basis of one's self-perceptions by serving as a bridge between the past and future and shaping who the individual is (Baldwin &

Estey, 2015). In narrative therapy, when considering that people understand themselves and others by way of the relationships that are born and established in the world of written stories, spirituality and the relationship established with God are contained in the stories of individuals that overlap one another (Baldwin & Estey, 2015).

From this perspective, including the dimension of spirituality that clients possess in the therapy process is important while working with spiritually oriented clients. Aside from narrative therapy techniques, the use spiritual and religious stories in the therapy process assists spiritually oriented clients in gaining hope and courage about the future (Coyle, 2010). Stories with spiritual content play a functional role in forming alternative narrations. For example, the process that led to a speech against the political and traditional order of that day by liberating Prophet Moses from the self-limiting narrative about the speech difficulties he experienced shows sacred texts to contain many stories that challenge the dominant narratives (Morningstar, 2010). In the same way, using the stories mentioned in the Qur'an related to the prophets and the tribes that had lived previously as a metaphor may offer individuals alternative perspectives on their lives, enable them to see the values that empower them, and plays a role in defining their beliefs and identities (Dumlu, 2006).

In addition to these, spirituality guides parents in their relationship with their children as a concept that hosts ethical and moral elements and can be a powerful resource spiritually oriented parents can use to cope with the difficulties they face (Dollahite, Slife, & Hawkins, 1998). Dollahite, Marks, and Olsonm (2002) stated that spiritually oriented fathers can used spirituality as a source of power in the problems they encounter related to fatherhood; the case study they shared related to the use of spirituality as a source of power in the study they performed is as follows:

Michael's son Alan was born with arms shorter than normal, fingerless hands, and a spinal curvature that required many surgeries. Michael started questioning the purpose of life after his son was born. During the questioning he began to consider that beauty was not about physical appearance but about the quality of the heart and soul. During the meetings he made with doctors from different parts of the country for Alan, Michael saw that people approached his son kindly and unselfishly, and his son had revealed the love, goodwill, and divine side contained in people. When considering what is really important in life, Michael realized that piety was the most important factor in life. He began seeing his son as a gift from God. He gave an example of this situation by relating a memory he'd experienced with his son. "Alan and I were alone in the kitchen, and while looking at me he said 'If I were born again I would like to have hands like Kathleen and Benjamin.' For a moment, I didn't say anything, it was just a short pause, and then he said, 'But these hands are the challenges that God gave me for this life.' Then enthusiastically and heartily he said, 'It's no problem, this is my struggle in life.'" Michael began to see fatherhood as an eternal relationship with his son, thanks to his religion and faith. He said that the eternal perspective had helped him see his son Alan differently and more positively. In addition, the perspective of eternity helped his son Alan see his physical condition as a limitation and challenge just for this world. The case

on Michael's journey of fatherhood as a religious individual helped him see more positively the events and situations of being strong spiritually by focusing on his son's "non-physical" abilities, his heart and soul, rather than his physical limitations.

As seen, spirituality can positively impact parents' life narratives, can assist them in coping with the problems they have with their children, and comes across as an element that shapes the stories of spiritually oriented couples/families. From this perspective, spirituality will continue to have a significant place both in daily life and in the consultation process as long as it relates to people's relationships, identities, and form of existence (McWeigh, 2016).

The Techniques of Narrative Couples/Family Therapy and Spirituality

Presenting a framework that allows spirituality to be incorporated into narrative therapy (Yalın, 2017) provides the possibility for using it while working with spiritually oriented clients by including spiritual elements in the narrative couples/family therapy's techniques (McNicholas, 2018). How spiritual elements can be used in this context by including them in the narrative therapy techniques while working with spiritually oriented couples or families is explained below.

1) Asking questions. With each question in the therapy interactive conversations that push individuals to think and question are attempted to be made. From this perspective, questions are asked for the purpose of having couples/family members gain new perspectives (Freedman & Combs, 1996). Because people and relationships are not considered to have fixed and measurable characteristics, narrative couples and family therapy makes no assessments for collecting information in this direction. People's lives are seen as multiple stories, and each new narrative aims to be heard in certain contexts with the idea that discourse creates new meanings. Asking questions aims at evaluating the couples'/family members' problems and the connections their relationships have with the problem. In the therapy, couples/family members are asked to assess current situations, give names to the problems, evaluate their relationships' connection with the problem, assume an attitude toward the relationship and problem, give voice to more satisfying stories about their relationships, and to assess the utility of their alternative stories. Some questions that may be asked in this context are presented below (Freedman & Combs, 2008):

- What name do you give the problem?
- How has the problem changed the relationship you have with yourself?
- Is this what you want for your relationship? If yes, why, if no, why not?
- Are we talking about the topics you want to talk about?
- Is the dialogue between us beneficial for you? If so, how is it benefitting you?

Questions with spiritual content may also be asked in order to see the impact of spiritual elements in the life stories of spiritually oriented couples/family members and to see what things provide meaning and purpose in the clients' lives. In this context, the following are questions that may be asked in this respect (McWeight, 2016):

- How does your faith impact the situation you have with the problem?
- From which aspects does your faith provide support in coping with the problem?
- What effects does having this belief have on your daily life?
- How have the spiritual behaviors in your life contributed to you overcoming your difficult times?
- What are the things that are important to you while trying to deal with the problems you've mentioned?
- Which values are shaping your decisions?

2) *Externalizing conversations.* The externalization technique is a reflection of the understanding that “The person is not the problem, the problem is the problem,” which is the motto of narrative therapy (Gehart, 2014; White & Epston, 1990). Being alive doesn't require integrating with problems; living life is related to problems. For this reason, instead of seeing people who come to therapy as problematic people, seeing them as individuals under the influence of the problem hinders people from being needlessly labeled. From this perspective, the process of externalization includes deteriorating the power structure that the dominant story has, distinguishing the problem from the couple/family members who have identified themselves with the problem, and sometimes giving a name to this problem. Having the client talk about themselves in the third person makes the problem better understood and analyzed. In this way, the couple/family members stop trying to blame each other or change the person who has been identified as problematic; the person, spouse, or family are able to collaborate with the therapist as a team against the problem (Beckenbach, Patrick, Sells, & Terrazas: 2014; Corey, 2008; Madigan, 2016; McNicholas, 2018; Suddeath et al., 2017; White, 1988; Yeni, 2014).

Asking externalizing questions related to the contextual effects regarding the problem exposes the dominant discourses. The questions asked invite people to think of how all the contexts of their lives impact the problem. As a result of an externalizing interview, both the couple/family members are seen to have relationships with the problem they've named as well as focus on the effects the impact of the problem has over their lives and relationships. Externalizing the problem from the couple/family members in this way allows them to come together and act as one against the effects

of the problem (Nichols, 2013). In this context the following questions may be used for externalizing the problem (Freedman & Combs, 2008):

- What name have you given the problem?
- What is it like to experience the problem?
- What are the effects the problem has had in your lives?
- What effects has the problem had on your relationship with one another?
- How has the problem changed the relationship you have with yourself?

The problems experienced in marriage that can be evaluated in the context of sin may also be assessed as spiritual struggles within the externalizing conversations. McNicholas (2018) argued that the relationship Prophet David in the Bible had with Bathsheba and the shame he experienced after breaking the compromise he'd made with God could be given as an example of the use of spiritual elements in the externalization technique. The questions that can be asked in this context are as follows:

- What did “lust” do to David?
- How did “lust” persuade David to find excuses for his sins?
- How did David lose his understanding of “right and wrong” due to “lust”?
- Where was lust found while David sat in great embarrassment after being left alone in the world by God?

3) Finding unique outcomes. Unique outcomes are finding the times and moments where the problem people have identified was not experienced or experienced less (Gallant & Strauss, 2011). Unique outcomes can be in the form of a plan, action, emotion, statement, desire, dream, thought, belief, ability, or commitment (Morgan, 2000). Sometimes the clients offer unique outcomes directly. For example, someone who describes a problem by way of sentences like “It wasn’t always like this, occasionally...,” reveals unique outcomes. Other times the unique outcomes seem to have been lost in people’s problematic stories, and listening to them carefully is necessary to find the unique outcomes. The clients are asked questions to find the unique outcomes. When making a detailed investigation on the effects the problem has over people, they can generally find examples where they are able to avoid the effect of the problem (Freedman & Combs, 2008). In this context, the following sample questions can be asked (Madigan, 2016; Nichols, 2013; Rosen & Lang):

- Were there times when “sadness” was less effective in your relationship? What was different in those times?

- Were there times when your daughter didn't listen to the lies "anorexia" told her about her body?
- What do you think is able to support your hope that will help you avoid "worry"?

When using this technique in terms of spirituality and religion, the therapist can listen to the couple's/family members' pain and negativity that occurs in their narrative by considering God's existence and transformative power and focus on finding unique outcomes. Listening to unique outcomes contributes to sprouting hope for people who have the belief that a God exists who will relieve their pain in the hardest times. Belief that senses the presence of a divine power is able to transform the difficulties and storms in a relationship into alternative narratives because of unique outcomes through the mediation of courage and endurance (Alexander, 2008). Through the mediation of unique outcomes, couples/family members are also able to see the moments of grace. From this perspective, the therapist can use religious stories and sacred texts in order to help the couple/family members arrive at the awareness of the moments of grace. For example, in Christian beliefs, God is considered to be the one who sees and creates the stories couples' prefer. From this perspective, the therapist may want the couple to imagine what God sees for them before beginning more relationships. Additionally, the therapist may prepare the groundwork for finding unique outcomes by asking them as a couple about what kind of plan could exist on the point of serving society and their family (Alexander, Silver, & Brown, 2008).

4) *Finding the Absent but Implicit in the Narrative.* Michael White (2000) stated that listening to the goals, values, hopes, and commitments that are absent but implicit in people's narratives can be very beneficial. Using White's double listening technique when listening to problematic stories reveals what the couple/family members give value to in the relationship. For example, by applying the double listening technique to a female client who externalized as "betrayal" the problem she'd experienced in her relationship, the concept of "trust" can be focused on, which was not mentioned in her story but is important to her (Freedman & Combs, 2008).

When addressed spiritually, the therapist can approach a person's emotions such as pain or anger while using this technique with the thought that under these emotions is often a value that the other spouse/family members have violated. The therapist listens to clients with the hope and belief of discovering the implicit message that exists behind what the clients are narrating. If the therapist addresses with patience the negative feelings the couple/family members have, the therapist can discover the value that this emotion is related to (Alexander et al., 2008).

5) *Speaking and Witnessing.* Narrative therapy aims to cut destructive communication cycles by enabling the couple/family members to remain psychologically connected to

each other (Wong, 2014). Narrative couples therapy helps people in regard to listening in a way where spouses will be able to hear new and appreciable things in each other's stories. When a spouse is asked to witness the other spouse's story, the hope is that they will listen and address the story being narrated from a different perspective. Using this technique requires the client's approval. While using this technique, in addition to the position of witness where one spouse listens to the other, therapists also may participate in the counseling as foreign witness groups as a part of training or education. Another way to use the technique may be to invite another couple (who have experience dealing with a specific issue) to the counseling as outside witnesses or to have people who are significant in the lives of the couple participate as outside witnesses (Freedman & Combs, 2008; Rosen & Lang, 2005).

While applying the technique, one of the spouses is asked to narrate the story and the other is asked to listen in the witness position to that is said. After narrating a story, the other spouse is expected to echo what he/she heard in the witness position. Later on, the narrator re-reflects from her/his own perspective the spouse's reflections on what he/she had heard. Then the one in the witness position invites the spouse to tell the story from his/her own perspective. While working with couples, another method that can be used for initiating the narrative and witness positions is listening with an original point of view. The therapist asks the couple to think of someone whom they value in their lives and who they feel hears and understands them when this person listens to them. For example, the therapist told the male client to think of a friend who showed him respect and is a good listener, and then the therapist asks him to listen to his partner like his friend listens to him. This allows clients to listen to their spouse from a different perspective (Freedman, 2014).

McNicholas (2018) suggests that, when this technique is wanted to be used spiritually, the therapist can invite the spouses to identify religious stories and religious people who are impactful on the point of understanding, accepting, and being merciful to one another; the therapist will be able to place the spouses in the witness position by listening like these religious figures.

6) *Reincorporating conversation.* The concept of reincorporation is related to the important people in one's history, to those who are currently important in one's life, or to people who are potentially important. It is about the affiliations in life and how these affiliations intertwine (White, 2007). Using the "club of life" metaphor, narrative therapy suggests that everyone is able to choose the people who contribute to being the person they want to be as a member of the club of life (Tarragona, 2008). These people are people who play a role in shaping the individual's personality and are respected members of the club of life. Seeing life as a club formed of members opens up new areas in the therapy on updating or reorganizing memberships. Determining

the other people who will be informed about this alternative story that forms about the identity of individuals is attempted by asking reincorporating questions (Gerhart, 2014; Morgan, 2000; Russel & Carey, 2002, as cited in Koca, 2018).

In the belief of Christianity, God is in the position of knowing more about all aspects of the client's life than the client him/herself (Alexander et al., 2008). For a Christian individual, God is the most important member of the "club of life," and the identity of Christianity is created in this relationship. The person's story is not written just by individual self, it is always written within the relationship one has with God. From this perspective, the understanding exists in Christianity that God is the one who knows sadness, sorrow, betrayal, and death and transforms these to a story of love, grace, joy, and life; for the couples and families, God will remain as the most important "club of life" member (Alexander et al., 2008).

Results

Narrative therapy, which was formed by Michael K. White and Davi Epston in the 1980s, emerged as a form of the social constructivist approach, which has postmodernist foundations (Polkinghorne, 2000). According to narrative therapy, reality is formed by multiple stories and constructed socially. People gain identity in the social circle within which they are found; they maintain their existence and psychological health by means of those around them. People shape their stories through social factors (e.g., family structure, religion, culture); these stories transform in time into the dominant narrative and form their perception of self. The intention in narrative therapy is to form alternative stories in place of the dominant discourses that harm the client (Kararmak & Bugay, 2016; Morgan, 2000; White & Epston, 1990).

Narrative therapy places the clients' story at the center of the client, providing the opportunity for clients to be able to explain themselves inclusive of their spirituality, which is one of the elements shaping the lives of spiritually oriented clients, and to convey the relationships they have with a sacred power in the therapy environment. Michael White advocates spirituality to be a part of life and to shape life, and he stated that spirituality can have different forms. White takes the apparent spirituality as the point of focus instead of the unseen sense of sacred spirituality and adopts this spiritual approach that is visible in human life and allows one to better know the self. Spirituality is a part of the story, and discovering one's spiritual self occurs through stories. Additionally, spirituality also plays an important role in how people gain their identity (McWeigh, 2016; Truter & Kodze, 2005; White, 2000).

The best-known techniques of narrative therapy are asking questions, externalizing conversations, finding unique outcomes, finding the absent but implicit in the narrative, speaking and witnessing, developing stories from the unique outcomes,

and reincorporating conversations (Freedman & Combs, 2008). By adding spiritual elements to the techniques of narrative therapy, the techniques can be used while working together with spiritually oriented couples and families (McNicholas, 2018).

When examining the literature outside of Turkey, the inclusion of spiritual elements is seen used in narrative therapy while working with spiritually oriented clients, and studies are found that reveal narrative therapy used by including spiritual elements to have a positive effect on solving the problems of spiritually oriented individuals, couples, and families (Baldwin & Estey, 2015; Bermúdez & Bermúdez, 2002; De Beer & Müller, 2009; De La Lama & De La Lama, 2011; Kropf & Tandy, 1998; Marais, 2009; McNicholas, 2018; McWeigh, 2016; Morningstar 2010; Robbins, 2014).

When examining the literature in Turkey, no study apart from the book chapter “Manevi Öyküsel Terapi” [Spiritual Narrative Therapy] by Yalın (2017) is found that addresses narrative therapy from the perspective of spirituality. Additionally, a limited number of studies are found addressing narrative couples/family therapy in the literature in Turkey. Aside from these, no other study is found to have been performed in Turkey related to the use of spiritual elements in narrative couples/family therapy, and this situation constitutes a major gap in the literature. From this perspective, the current study is believed to fill a significant gap in the field due to both their being no study related to the use of spirituality in narrative couples/family therapy as well as the research and theoretical knowledge on narrative couples/family therapy being limited. This study’s examination of the use of narrative couples/family therapy by including spiritual elements is thought to provide a different perspective to practitioners and researchers in the field and to form the basis for future research.

The use of narrative therapy with spiritually oriented couples and families has mostly been conducted outside of Turkey based on the Christian perspective and by benefitting from the Bible or Torah (Morningstar 2010). Starting with the research and practices that took place in this study outside of Turkey where spiritual elements were included in the narrative therapy, narrative therapy practices where spirituality is included based on the teaching of the Islamic religion by benefitting from the Qur’an in accordance with Turkish culture can be used while working with spiritually oriented couples and families. Researchers in the future can conduct experimental studies that test the effect of narrative couples/family therapy practices where spirituality has been included in accordance with the culture and belief system of Turkey. In order to implement these recommendations, therapists can be given informative trainings on religious-spiritual matters in addition to their therapy education. In this way, therapist can be allowed to provide a more comprehensive consultation by way of understanding spiritually oriented clients’ religious backgrounds and belief systems.

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