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Table of Contents

SPIRITUAL PSYCHOLOGY AND COUNSELING
spiritualpc.net / 2023 Volume: 8 Number: 2

Research Article

Family Counseling With The Spiritually-Directed Satir Model: A Case Report

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Abstract

The number of studies conducted on the family, which has great importance in the life of the individual and society, is increasing. The need for studies on the establishment, continuity, and protection of the family has increased with the rapid change in family structure and the increasing divorce rates in recent years. Family therapy helps family members to deal with and solve their problems with a holistic perspective. The present study aimed to uncover the effectiveness of Spiritually-directed Family Counseling in complex family problems. Developed by Kılınçer, the "Family Therapy Model Using Satir Transformational Systemic Therapy with the Focus on Spiritual Practices of Islam" is a semi-structured model created by integrating the spiritual-religious sources in Islam with Satir transformational systemic therapy. The study was conducted in 11 sessions with a nuclear family with one child who applied with complex problems such as infidelity, bipolar disorder, cancer, childhood traumas, relationship problems, porn addiction, violence, and suicide attempt. As a result of the therapy, it was found that spirituality-directed family counseling can lead to changes in the family at the first level (less fighting, less anger, calmness, etc.) and at the second level (for the couple to forgive and understand each other internally, opening up more space for each other's feelings, expectations and longings, etc.).

Keywords:
Family Counseling/Therapy • Family • Satir Transformational Systemic Therapy • Spirituality • Case Report

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Introduction

The changes that emerged with modernization caused the family structure to change, as in many other fields. Marriage preferences, types and ages of individuals marrying, sharing of roles and responsibilities in the family, and child-rearing styles also changed in this respect. Today, the extended family structure has turned into a nuclear family structure, the patriarchal system has been transformed into an egalitarian one, and the number of single-parent families has increased (Aybey, 2015, s. 152; Can, 2023, s. 85; Özbay, 2015, s. 32). (Aybey, 2015, s. 152; Can, 2023, s. 85; Özbay, 2015, s. 32). One of the important changes has been the increase in divorce rates worldwide despite the decrease in marriage rates. Today, couples experience conflicts regarding many issues such as child care, economic problems, communication problems, sharing of roles and responsibilities, root family problems, addiction, power conflict, infidelity, violence, not meeting expectations from marriage, religion, sect, differences in political views, and adjustment problems. Unsolved problems cause divorces (Canel, 2012, s. 201; Ferah, 2019, s. 52; Hawkins, Willoughby, & Doherty, 2012, s. 462; Lowenstein, 2005, s. 155).

Families need support when faced with problems. Family counseling/therapy practices that emerged as a natural result of this search date back to the 1940s. Especially after World War II, the need for support of families became obvious, and this accelerated the emergence of family counseling. Family therapy is a psychological help service that provides a correct communication setting among family members, helps them to cope with the problems they face and gain insight, finds the source of conflicts and problems, and involves all family members (Bulut Ateş, 2019, s. 3; Nazlı, 2016, ss. 2-3). In our present day, it is possible to talk about many family therapy schools such as psycho-dynamic family therapy, structural family therapy, strategic family therapy, cognitive behavioral family therapy, solution-oriented family therapy, and experiential family therapy.

Religious families often resort to solutions offered by their religion -before family counseling- when faced with problems. The fact that religion was influential in the decisions made by religious individuals regarding marriage and family life and that families sought the solution in the teachings offered by religion attracted attention in the 90s, and discussions began on how to deal with spirituality in family counseling. There has been a noticeable increase in the number of studies conducted on this subject since the 2000s. It is possible to say that the discussions on integrating spirituality into family counseling have decreased in our present day, and there has been a great deal of consensus on this issue. The contents of the studies focused on how to integrate spirituality into family counseling/therapy (Helmeke & Bischof, 2007, s. 170; Thomas & Cornwall, 1990, s. 990).

Although there has been an increased number of studies on integrating the spirituality dimension into family counseling in the West, this is a new issue in Turkey. In this context, the present study aimed to discuss and evaluate the effect of the *Family therapy model using Satir Transformational Systemic therapy with a focus on the Spiritual practices of Islam*, which was developed by Kılınçer (2021) on complex family problems through a case study. In this context, firstly, the model was introduced in general terms, and then its effectiveness in complex cases was evaluated through a case presentation. Although there are some differences between family counseling and family therapy, family counseling is generally used instead of family therapy in the literature. Family counseling and family therapy were used interchangeably throughout the study. Also, the *Family therapy model using Satir Transformational Systemic therapy with a focus on the Spiritual practices of Islam* was used shortly as *Spiritually-directed Family Therapy/Counseling*, and the Satir Transformational Systemic Therapy was used as *Satir Family Therapy Model* (i.e., the Satir Model).

1. Spiritually-directed family therapy

The *Spiritually-directed Family Therapy Model* that was used in the study was developed by Kılınçer (2021). Kılınçer, who developed the model by integrating the spiritual resources in Islam into Satir Transformational Systemic Therapy, showed the effectiveness of the model with an experimental study. In the study, in which pre-test, post-test, and follow-up tests were used, statistically significant and positive changes were detected in the marital satisfaction, problem-solving skills, and family environment of the couples who received spiritually-directed family therapy. Also, in the interviews with the experimental group at the end of the study, the pair said that including the spirituality dimension in family therapy positively changed their individual lives and family relationships (Kılınçer, 2021).

The theoretical background of the Spiritually-Directed Family Therapy Model is based on Satir Transformational Systemic Family Therapy. Satir Transformational Systemic Family Therapy, which was put forward by Virginia Satir, who was one of the representatives of the experiential family counseling school, has an existential, humanistic, systemic, and holistic structure. Virginia Satir presented a developmental model away from pathology at a time when pathology-oriented approaches were common. The Satir Transformational Systemic Family Therapy is based on five basic elements, *being positively oriented, being experiential, using the therapist's self, being change-oriented, and systemic*. Believing that positive change is always possible in the individual and interpersonal system, Satir brought a unique and dynamic perspective to family therapy. The meta/universal targets in Satir Transformational Systemic Family Therapy are positively oriented and attainable. The ultimate target in therapy is to ensure that individuals are in harmony and congruence (Banmen & Maki-Banmen, 2014, s. 117; Haber, 2002, s. 28; Mook, 1997, s. 181; Pei, 2000, s. 71; Smith, 2002, s. 127).

It is possible to mention many original concepts and techniques that Satir brought to the literature. *Coping stances* are among these. Satir said that individuals use four types of coping stances to survive under stress (blamer, super reasonable, placater, and irrelevant coping stances). Coping stances, which are mostly learned during childhood to receive acceptance and love from the family, begin to emerge as a reflex in the moments that are considered to have no solution. Individuals may exhibit different coping stances depending on the relationship and situation they face (Banmen, 2002, s. 18; Lee, 2001, s. 44; Pei, 2000, s. 67).

Family reconstruction is one of the other effective methods Satir used. Family reconstruction provides individuals with the opportunity to look at and interpret past events with fresh eyes; how an individual looks at events in childhood and how s/he interprets himself/herself and events affect his/her perspectives on the future (Lee, 2001, s. 158; Taylor, 2002, s. 130). The family map is another technique used in Satir Transformational Systemic Family Therapy. The family map is a visual representation to help the individual to understand how his/her childhood life affects his/her present-day by entering his/her inner world and introducing each family member to certain attributes. The names of the parents, siblings, their date and place of birth, date of marriage, current age or date of death, religious beliefs, occupation, educational status, ethnicity, illness, disability, or divorce, if any, are included in the family map. Individuals include three positive and three negative characteristics about each family member on the family map (Banmen, 2002, ss. 14-17; Pei, 2000, s. 69).

The Iceberg Metaphor is one of the effective methods that Satir brought to family therapy. Satir used the Iceberg Metaphor to depict the multidimensional inner psychic system that humans had. Behaviors are on the visible, floating face of this iceberg, and there are feelings, feelings about feelings, perceptions, expectations, yearnings, and self, respectively, in the invisible and underwater parts. Satir depicted the layers of the iceberg in three dimensions the *Interpersonal Dimension* (behavior), the *Intra-psychic Dimension* (feelings, feelings about feelings, perceptions, and expectations), and the Universal Spiritual Dimension (Yearnings and Self). These dimensions that exist in human beings are in a relationship with each other and affect each other. In other words, the internal dimension of interpersonal communication interchangeably affects interpersonal communication in the internal dimension (Lee, 2001, s. 100; Tam, 2006, s. 248).

Satir was the first to openly mention the *spirituality* concept in family therapy and to include spirituality in her works. Satir defined the *spirituality* concept as the connection with the deepest self and emphasized that every individual should experience spirituality beyond religious and ideological understanding. Satir, who had a holistic, multidimensional, and systematic understanding at the point of understanding humans, clearly included the "*spirituality"* concept in her works.

Satir, who emphasized the existence of the *spirituality* concept while explaining the structure of the human being, accepted the universal spirituality dimension as one of the focal points of the therapy. Satir has an important place in expressing these thoughts at a time when spirituality is not spoken about in family therapy. It is possible to see spirituality clearly in both the philosophical dimension and the implementation part of Satir's Transformational Systemic Family Therapy (Innes, 2002, s. 49; Leslie, 2016, s. 17; Satir, 2016, s. 369).

Kılınçer integrated the sources in Islam into Satir's Transformational Systemic Therapy within the framework of the model he developed. Trust, loyalty, love, closeness, privacy, forgiveness, appreciation, good words-joking, and gentleness-soft behaviors in Islam are the sources used in the model. Thanksgiving agenda and prayer tie application were given to the couple as homework in each session. Detection and solution of problems arising from religious misperceptions and wrong or incomplete religious knowledge were also included in the spiritual dimension of therapies. In summary, the Family therapy model using Satir Transformational Systemic therapy with a focus on the Spiritual practices of Islam (Spiritually-directed Family Therapy) is a semi-structured model introduced by integrating spiritual and religious resources in Islam into Satir Transformational Systemic Therapy.

Spirituality is effective in many areas (e.g., the establishment of the family, its structure, functioning, the view of the families to the solution, the relationship and roles between spouses, marital satisfaction, birth control, pregnancy, violence, infidelity, conflict, and divorce (Kılınçer, 2021, s. 89). This attracted the attention of researchers who worked in the field of family counseling in recent years, and studies were conducted on the inclusion of spirituality in family counseling in three waves. In the West, there was an increase in the number of studies on family, spirituality, and religion between 1980 and 1990. The inclusion of spirituality and religion in family counseling came to the forefront after the 90s. The second wave occurred between 1995-1999 and discussed how to integrate spirituality into family counseling. In the process from the 2000s to the present, it is seen that the discussions on whether or not to integrate spirituality into family counseling have decreased, and a consensus has emerged about the need to integrate spirituality into family counseling. It is also seen that the studies conducted on the transcendence of spirituality and religion in therapy are done in Western countries by focusing on Christian-Jewish beliefs. The first experimental study and model proposal in which spirituality was integrated into family counseling in Turkey was conducted by Kılınçer. The present study aims to present a case report on the use of Kılınçer's model in complex family therapies and to measure the effectiveness of the model. The study was conducted in line with the developed model and considering the systematics of the model.

There are very few case studies in the field of family counseling in Turkey (Civan Gökkaya & Nazlı, 2019; Demirbilek, 2016; Fışıloğlu, 1992; GülçinYıldız, 2020; Türkmen & Erkükçü Akbaş, 2021; Üstündağ, 2014). However, no case studies were conducted on how the spirituality dimension can be used in family counseling. The study aimed to exemplify how spirituality-directed family therapy works in complex cases and to show whether it is effective or not. It is considered that it will contribute to the experts who consider working in this field and to the literature.

2. The case

The study first aimed to uncover whether Spirituality Oriented Family Counseling is effective in complex family problems. Another aim was to present a model for the experts who work in the field and researchers who will study similar issues on how to conduct spirituality-directed family counseling (the process, how it is integrated, the methods used, and what kind of path is followed during the session). It is considered that the study, which is the first case report in Turkey in which spirituality is integrated into family counseling and complex family problems are studied, will contribute to the gap in this field.

An announcement was made to determine the family to participate in the study, and the applicant families were informed about the contents of the family counseling model and the process. A couple with complex problems who defined themselves as strong and religious in spirituality and who wanted to receive spirituality-directed family counseling was selected among the families. They declared that they would voluntarily attend all sessions. Information on the double family structure and the reasons for application were given in the relevant part of the study. In the study in which the necessary ethical permissions were obtained, the private information (name, age, city of residence, occupation) that could reveal the identity of the couple was changed.

The sessions were planned as semi-structured sessions, taking into account the needs and demands of the couple. A total of 11 sessions were held, nine of which were family/couple sessions with the family, and three were individual sessions. Notes were taken about the session, and observations were written during and after the sessions. Although the reason for the couple's application was only "cheating by the wife," it was seen in the interviews that they had more complex problems (i.e., Bipolar Disorder, cancer, childhood traumas, relationship problems, porn addiction, violence, suicide attempt, etc.). Although many pathological conditions were detected in this case, the sessions were conducted with a *developmental focus*, not pathology, in line with Virginia Satir's approach.

Prayer ties and gratitude agenda were given as homework assignments at the end of each session. The couples were asked to pray in private every day "for themselves, their spouse, their relationship, and their children" in the prayer tie assignment. The

couples were also asked to fill in an agenda each week that included the headings "*I am grateful for myself, I am grateful for my wife, and I am grateful for my relationship-child*." Psycho-education was given to the couple when needed, and predetermined books were suggested for them to read.

The iceberg metaphor, coping stances, family map, genogram, metaphors, safe place exercise, and interview techniques were used during the sessions within the framework of Satir Transformative Systemic Family Therapy. Prayer, gratitude, love, closeness, appreciation, loyalty, and trust in Islam were used as a source within the framework of spiritual orientation. The problems stemming from the perceived religious misperceptions were also discussed during the sessions.

Method

The study was conducted with a case analysis design in qualitative research methods, which are widely used in the field of psychology and medicine. The case study is a qualitative method in which the researcher examines the situation in detail with data collection tools (i.e., interviews, observations, audio-visual materials, reports) that includes multiple sources in a limited time and defines the situation and the themes related to the situation and is used in many situations to contribute information about individual, organizational, group, social, political events as a method in which a single situation or event is examined longitudinally, data are collected systematically and interpreted holistically (Aytaçli, 2012, s. 2; Subaşi & Okumuş, 2017, s. 420; Şimşek & Yıldırım, 2016, s. 289).

The study process and the validity and reliability of the study are important in case studies (Şimşek & Yıldırım, 2016, s. 299). In this context, the researcher took notes of the parts that he considered important for the study during and at the end of each session, noted the important parts shared by the clients as they were, noted his observations, and received supervision support throughout the sessions. A variety of data on the case analysis was provided with session notes, direct quotations, observations, notes on the progress of the sessions, feedback received from the clients about the process, especially in the closing session, and the supervisor's opinions. To ensure the validity and reliability of the study, detailed information about the couple and the contents of the session was given, expert help was sought during the analysis of the data, direct quotations were included when necessary, information was given in the relevant part of the study about the family counseling model used, and data diversity was provided.

Spirituality-Oriented Family Counseling Session Contents Flow Chart

The flow, contents, interventions, and impression notes of the spiritually-oriented family counseling sessions were explained in order.

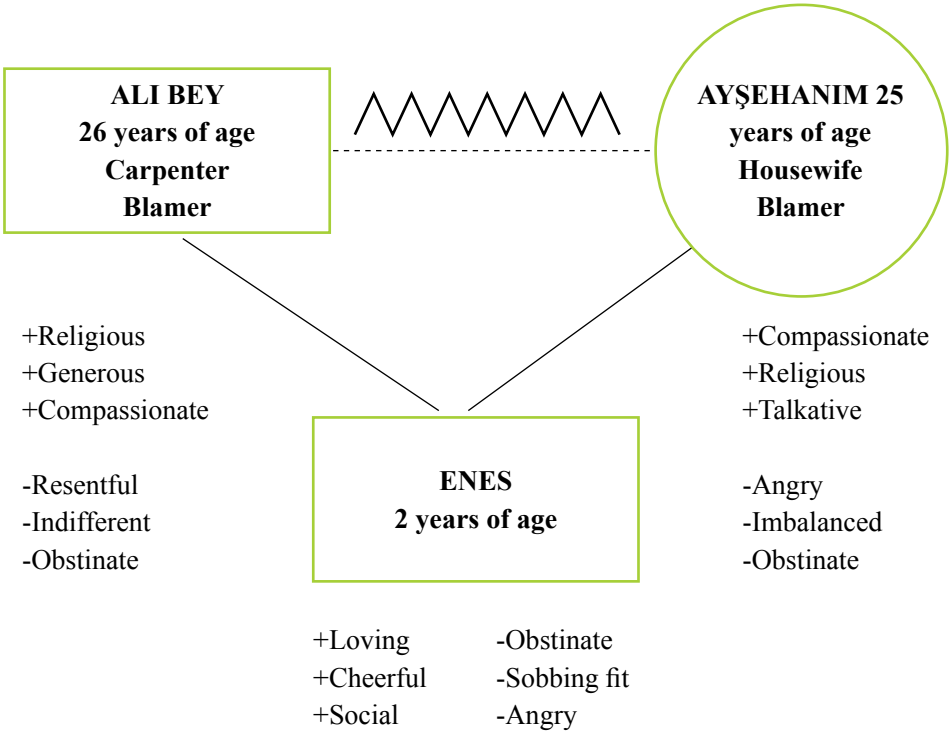
First Interaction/Pre-Interview

The interaction started when Ayşe Hanım, who wanted to benefit from family counseling/therapy services, called the therapist. Ayşe Hanım stated that she had serious problems with her husband and that she wanted to get support regarding her husband in this respect. Ayşe Hanım stated in the first interview that she cheated on her husband, that she did not want to divorce, and that she wanted to receive therapy with her husband on this issue. Ayşe Hanım and her husband were informed about the content of the study and the process. Especially, Ali Bey stated that he was more willing to participate in the study because of the spirituality in the content of the therapy. Ali Bey also stated that he believed that psychologists would not understand his religious sensitivity and said that the contents of the study relieved him in this regard.

Information On Family Members/Identification of the Family

The family had a nuclear family structure consisting of three people. Ali was a 28-year-old high school graduate and worked as a carpenter. Ayşe Hanım was 27 years old and was a housewife. The couple was married for 6 years, and the couple's only child, Enes, was 3 years old. Ayşe Hanım and Ali Bey lived in a small city in the Eastern Anatolia Region. Ali Bey was born and raised in Eastern Anatolia, and

Table 1.
Ayşe-Ali Family Map



his wife Ayşe Hanım moved abroad at the age of 10 because of her father's job and completed primary and secondary school abroad. Ayşe Hanım and Ali Bey belonged to a very common sect, especially in Eastern Anatolia; Ayşe Hanım wore a veil. In the interviews, it was observed that religious acceptance had an important place in their family and marriage lives for both Ayşe Hanım and Ali Bey. Ayşe Hanım was diagnosed with Bipolar Disorder, and she was hospitalized four times, one of which was abroad (1 year). Ayşe continued to use drugs. Ayşe Hanım, who attempted suicide twice, ran away from home several times. Ali Bey was a cancer patient, and his treatment continued. The Family Map, created in light of the information received from the clients, is given in Table 1.

Session 1: "My marriage should continue, but I do not know how."

The couple was given information about the contents of the therapy model and the process in the first session. The information taken in the preliminary interview was reminded, and verbal and written consent was obtained, emphasizing the principle of confidentiality and impartiality. Ali Bey and Ayşe Hanım did not bring their children to the session. Family history was taken from Ayşe Hanım and Ali Bey. Ayşe Hanım and Ali Bey were cousins (children of uncle-aunt). Ayşe Hanım and her family lived abroad, and she said she saw her husband for the first time on the day she was discharged from the psychiatric hospital (2nd admission). Ali Bey came with Ayşe Hanım's father, and they made the discharge procedures together. After this meeting, they met and married within a year. Ayşe Hanım and Ali Bey were asked to list the traits that persuaded them to marry each other. Ayşe Hanım stated that her husband was religious and compassionate, valued her, and decided to marry him because he resembled her father. Ali Bey also said that Ayşe Hanım's morality and religiousness influenced her decision to marry.

Impression Notes and Evaluation: A bond was established with the clients in the first interview, and an atmosphere of trust was established. A family map was drawn with the information received from Ayşe Hanım and Ali Bey, and a common target was determined with the couple. Although Ayşe and Ali wanted the marriage to continue by bandaging the wounds of cheating, they had difficulties in how to do it. Ali Bey summarized this by saying, "*My marriage should continue, but I do not know how*." Although Ayşe Hanım had many meetings with mental health specialists because of the psychological disorder she had, Ali Bey stated that she met with a mental health specialist for the first time as a client, and she had always dealt with psychologists and psychiatrists as a relative of the patient. It was seen that the religious resources of the couple had a very important place in their decisions about their marriage. At the end of the session, the clients were told about their gratitude, and prayer assignments were given as homework.

Session 2: "Divorce me! I cheated on you!"

The second session started with checking the homework assignment. Ayşe Hanım stated that she had difficulty finding things to be thankful for because she had negative thoughts about her husband. Ali Bey also said that he had difficulties because of his anger but that he was finally able to do his homework assignment. Ayşe Hanım said that she cheated on Ali Bey with someone she met online but later broke this relationship and confessed to Ali Bey because she grew a guilty conscience. Ayşe Hanım said, "*Divorce me!*" After the confession of "*I cheated on you!*" Ali Bey did not know what to do, so he consulted the sheik of the sect to which both of them belonged, and the sheik told him not to divorce his wife and forgive her. Ali Bey said, "*I cannot be a father anymore because I got chemotherapy, I have an only child and I do not want to raise him without a mother. Even if I divorce her and marry again, I will not be able to be a father anymore*," he said and added that he did not think of divorcing his wife but that he had difficulty in forgiving his wife. Ayşe Hanım said that she regretted her mistake, asked Allah's forgiveness and repented, and wanted the issue of cheating to be left behind.

Impression Notes and Evaluation: Ayşe and Ali Bey were informed about the effects of cheating on couples and marriage. Considering the couple's decision to continue the marriage, volunteering was taken from both of them to make efforts and take responsibility to overcome the crisis they faced and establish a more reasonable relationship. Ali Bey was emotional when he said, "*It is very difficult for me to share my experiences with others, I was able to share because I felt that you would understand and would not condemn us*". It was observed that Ali Bey both felt relief and had difficulty sharing his problems. It was also observed that the couple's willingness to make efforts for the continuation of the marriage and receive support during this process increased the couple's hopes.

Session 3: "Let Him Look at His Own Sin! I cheated but I was also cheated"

Ayşe Hanım and Ali Bey checked their homework assignments and the session started. They stated that they could do their prayer and gratitude homework assignment more easily when compared to the previous week. Ali Bey's iceberg/internal psychic system related to deception was studied. Ali Bey expressed his anger towards his wife during the session "*How can a person be so low; she will not give up after she has tasted haram*". He stated that his wife cheated on him while receiving chemotherapy, which angered him even more. "*Imagine, I have no eyebrows, no eyelashes, and she cheated on me. I had my troubles for my life, while she was cheating on me*". Ali Bey stated that when his wife approached him and showed a smiling face, he still doubted that she was cheating on him and that he could not forget this incident.

Ayşe Hanım responded to her husband's anger: "*I regret what I did, I do not care much about his forgiveness, may Allah forgive me. He should not deal with me too much, he should look at his sin first, he also cheated on me*", and revealed a different problem that was hidden between the spouses. During the engagement period, Ali Bey convinced Ayşe Hanım that their religious marriage was held, and sexual intercourse took place. The next day, Ayşe Hanım learned that their marriage had not been performed and had a crisis and attempted suicide, saying, "*We committed adultery, we became sinners*", and she was admitted to a mental health hospital. Emphasizing that this was a cheating/deception, Ayşe Hanım expressed her anger towards her husband by saying, "*First, let him look at his sin, he deceived me, he committed adultery with me*" and said, "*Just like I told him to ask Allah to forgive him for the mistake he made, and told him that I forgave him and married him, now I repent to Allah, it is more important that Allah forgives me".*

Impression Notes and Evaluation: It was observed that Ayşe Hanım could not get rid of the effect of the event she experienced during her engagement period, and she felt deep anger towards her husband when she remembered the event. The events experienced by both parties and what happened in their internal and interactional systems were investigated in this session using Satir's Iceberg Metaphor, and the effect of the couple's anger towards each other and the relationship was studied. Ayşe and Ali Bey said that although it was difficult for them to talk about these issues, talking without fighting and suppressing made them feel comfortable and they started to think about how the other party might feel. Ali Bey told the therapist about the therapy process, "*I speak so freely and I feel safe because you listen without condemning or blaming, not taking sides and trying to understand".*

Session 4: "My Husband Never Loved-Liked Me"

The session started with checking the homework assignment. They were asked how their weeks went, and they said that it was good for them to talk about the issues that they had not dared to talk about since they started the sessions before it turned into a crisis, and this started to reflect on their marital relationship. They also stated that they had a quieter and more peaceful week when compared to the previous weeks, started to see the positive aspects of their marriage together with their gratitude homework assignment, and their hopes that their relationship could improve were increased. Ayşe stated that she started to understand the sadness of her husband better and the reason that pushed her to cheat on her husband was that she thought she was not loved and liked by her husband. She stated that her husband always wanted her to be slim and attractive like her sister and that he constantly compared her to her sister. She pointed to the breaking point against her husband by saying, "*One day, after the sex we had with my husband, I asked him why he acted differently. He told me that he had had sex with my sister in his dream and imagined*

me as her, and everything was better". Ayşe Hanım stated that what she told was not an excuse and that cheating was not a correct behavior.

Impression Notes and Evaluation: Ali Bey's comparing Ayşe Hanım with her sister (sister-in-law), attending religious conversations and coming home late, constantly telling her that she was overweight and not showing enough attention, reinforced the belief that Ayşe Hanım was not loved and liked by her husband. When Ayşe Hanım, who was constantly criticized by her mother, could not receive the attention she needed from her husband, she first sought a chat partner to share her problems, and the friendship that started online turned into cheating. The iceberg of Ayşe Hanım was analyzed and the reasons that led her to cheat and the effects of this on Ayşe Hanım were studied. It was observed that Ali Bey was calmer and tried to understand while listening to Ayşe Hanım.

Session 5: "I do not know how to be a wife"

The session started by checking the homework assignments, and the genogram of Ali Bey's basic family was made. Ali Bey was the 5th child of a family of 8 children, and he described the spousal communication between his parents as broken. He also said that he tried to communicate with his siblings only after high school and that communication with his siblings and father had been broken until then. During a religious holiday, his father met with him and his siblings for the first time, albeit by video chat. He stated that marriage gave him prestige in the family and family members began to take him seriously. Ali Bey said that he was exposed to violence in his family, he did not learn anything about religion, he did not meet with his father's uncles and aunts, and there was a serious disconnection in the upper generation. The person he could communicate with was his mother in Ali Bey's family, and he told Ayşe Hanım in the first years of their marriage, "*Do not hurt my mother so that I will not hurt you*". Ali Bey, who had a great devotion to the sect, stated that he learned religious things that he did not know there, he was respected and valued, he was able to establish bonds and he was considered a man there.

Ayşe Hanım said that Ali Bey came home from religious talks at 11 every night and was depressed because he did not take care of her during the first years of their marriage. Ayşe Hanım, who thought that she was not taken care of, summarized the situation she was going through "*I shouted that you can never be like my father, and I attempted suicide again*". Ayşe Hanım understood the importance Ali Bey attached to religious conversations and his mother by saying, "*I was worth less than his mother, his job, and religious conversations, although he was very special to me*," and said that he did not value her.

Impression Notes and Evaluation: Ayşe Hanım, who saw Ali Bey's broken relationship with his root family more concretely and approved this, stated during the

session that she started to understand Ali Bey's effort to preserve his relationship with his mother and why he was so attached to religious conversations. Ali Bey said, "*My parents' relationship was very broken, I did not know how to be a wife, I thought that I was a good wife and I was interested. But now I see that I neglected him*" and added that he started to understand his wife. The couple's witnessing and understanding of each other's inner processes reflected positively on their relationship. They volunteered to see the needs of the other party and take responsibility for the relationship by giving up the accusatory discourse. The family was reminded of homework assignments and a program was made on which both Ali Bey and Ayşe Hanım agreed. It was decided to go to a picnic with the family at the weekend, the couples agreed on going to religious conversations together once a week, returning home at an earlier hour, and setting up a program with Ayşe Hanım's friends and family on the days when Ali was not at home.

Session 6: "I Want To Forgive"

The session started with checking the homework assignment. Ali Bey and Ayşe Hanım said that they went on a picnic together as planned, Enes was very happy and that seeing their children happy made them happy too. Ali Bey and Ayşe Hanım stated that they wanted to forgive each other and that although their relationship was very good during the week compared to previous weeks, they were negatively affected and angry when they remembered what they had experienced. Ali Bey said, "*Maybe I could forgive the disrespect more easily if it was only against me, but how can I forgive someone who sinned against Allah, was involved in haram and disrespectful*". When Ali Bey said that he could not forgive by referring to religious references, the concept of forgiveness in Islam, forgiveness of oneself and others, Allah's forgiveness, and repentance was discussed in the session. Similarly, Ayşe Hanım pointed out that there were things she wanted to forgive in her husband, and the couple came together on common ground in forgiving each other and making efforts to improve the relationship. They mutually apologized to each other as the first concrete indication of this.

Impression Notes and Evaluation: It was observed that couples moved to the healing part after the cheating process, and seeing the reasons that brought the marriage to this state from the first application to therapy until today was good for the couple's relationship. It was observed that the couple became emotional during mutual apologies, Ali Bey turned his back and cried, and Ayşe Hanım experienced a similar emotional discharge. Ali Bey stated that he could not attend the next session because of his job. Ayşe Hanım said that she wanted to have an individual session during the week that her husband was away, and that this process was tiring for her. Ali Bey said that his wife needed this and he thought that he would express himself more comfortably in the individual session. The next session was arranged as an

individual session with the couple's approval. As well as the double gratitude and prayer homework assignment, the Love Languages book was given as the homework assignment.

7. "I Do Not Love Myself"

Ayşe Hanım said in the individual session that she found herself overweight and ugly and went to a dietitian to lose weight, but she could not lose weight as she wanted because of the effect of using medication. The genogram of Ayşe Hanım's root family was also prepared. Ayşe Hanım, who was the eldest child of a family of 5 children, said that she suffered a lot of violence from her mother during her childhood years, that she was separated from her father for a while because she was abroad, her mother directed all her anger towards her when she had difficulties and blamed her for everything she did. She said that when she moved abroad with her father, she felt safe when her father came home from work. She explained that when she started to study abroad, she was excluded because she did not know the language, and when she decided to wear the hijab at the age of 11, she was made fun of by her friends.

Impression Notes and Evaluation: Considering that Ayşe Hanım described Ali Bey as "*compassionate and caring like my father*" and she expressed her anger by shouting "*You cannot be like my father*" when she had communication problems with her husband, it was seen that she wanted to establish a bond with Ali Bey as she had with her father. Ali Bey's indifference caused the belief that Ayşe Hanım learned in her relationship with her mother to be worthless, disliked, and not worthy of love. The comments made by her husband about her weight and the comparison with her sister strengthened the belief that "*I am not wanted and liked wife*" in Ayşe Hanım. When Ayşe Hanım was asked, "*Do you have a characteristic with which you appreciate yourself*," she burst into tears and said, "*I am neither a good daughter, nor a good sister, nor a good friend, nor a good mother and servant to Allah, I hate myself*". It was understood at the end of the session that Ayşe Hanım did not find herself worthy of being appreciated and admired, and this need was studied in the internal system. Ayşe was given the assignment of appreciating herself.

Session 8: "Love Languages"

The session started by asking whether they had read their homework assignments and the Love Languages *(Sevgi Dilleri)* book (Chapman, 2012). Ali Bey, who read the book, said that the first love language was acts of service and the second love language was sexual intimacy. Ayşe's first love language was words of love, and her second love language was physical contact. The couple's recognizing and meeting each other's intimacy and love needs were also discussed. Ali Bey said that his anger towards his wife decreased because of the cheating incident and that when

he approached his wife sexually after cheating, he felt nauseous and distant, but this feeling started to pass with the therapies. Ali Bey said that he noticed that Ayşe Hanım was watching porn and had warned his wife about it implicitly, but that he wanted this issue to be resolved as well. He stated that watching porn was haram, he did not want his wife to sin, but he could not talk about it with her.

Impression Notes and Evaluation: It was observed during the session that the relationship and intimacy between the couple improved. Ali Bey wanted to talk and solve the problems that he could not talk to his wife in therapy. Ayşe Hanım and Ali Bey brought up watching porn openly for the first time in the therapy room. It was observed that Ali Bey was quite embarrassed while trying to explain that his wife was watching porn. It was seen that sharing an issue that they could not talk about among themselves with a third person was both challenging and comforting for the couple as the problem would not be suppressed and talked about. Ayşe Hanım agreed with Ali Bey on this issue and said that she was aware that what she did was wrong, but that she regretted the cheating she experienced with her husband and did not watch porn after this. Ayşe Hanım gave her husband the right but said that this embarrassed her and wanted to discuss this issue in an individual session. Upon the consensus of the couple, an individual session was arranged with Ayşe Hanım again.

Session 9: "I Cannot Get Angry at My Mother Because It is Sin"

The session started by checking her homework with Ayşe Hanım. She said that she had difficulty finding things to appreciate herself in the first days, but then she appreciated herself by pointing out the difficulties she faced in her childhood. She stated that she was not aware that she did not give herself the appreciation she had expected from her mother since her childhood, but she realized this with her sessions and homework and it was very good for her. She also said that her mother was always angry with her, not appreciating her in any way, criticizing everything she did, and constantly reminding her how incompetent she was. She also said, "*I was afraid of my mother's anger, I hated her, I could not love her*".

When describing her relationship with her mother, Ayşe Hanım talked about her anger and guilt towards her mother. She said that her mother beat his sister who pooped at the toilet door in the early days when his sister was learning the toilet habit, then put her sister's head into the toilet pan and shouted "*You will do it here!*". When Ayşe Hanım (when she was 12 years old) remembered this scene, she said that she hated her mother and blamed herself for not being able to help her sister and just watching her mother without stopping her. She also felt guilty and sinful because she was angry with his mother. "*In religion, the mother's right is more important than the father's right, but I love my father more. I need to love my mother, but I cannot, I want to be angry with my mother, but I cannot because it is a sin, you cannot even*

say "Ugh" to your mother in religion." Ayşe Hanım said that she could not share or ask anything to her mother about her adolescence period and beyond, that she started watching porn at the age of 16 while researching something on the internet, and that she watched porn from time to time after that day.

Impression Notes and Evaluation

Working with Ayşe Hanım on her relationship with her mother and listening to her childhood was both a challenging experience and a good opportunity to uncover Ayşe Hanım's inner resources. Gratitude and appreciation assignments served as a mirror to show Ayşe Hanım her resources. A study was conducted on the trauma related to her sister, with whom she lived. Also, the mother-child relationship in Islam was discussed, the verse to say "Ugh" to the parents was even talked about, and a study was conducted about the fact that she did not feel guilty because she found her father closer than her mother and loved him more, and that this was not a sin. Since it was a challenging experience for Ayşe Hanım to share her childhood traumas, the session was concluded with a Safe Place exercise.

Session 10: "My mother and my motherhood"

Since it was decided to hold an individual session with Ayşe Hanım during the meeting with the couple, the session started by checking the homework assignment given to Ayşe Hanım. She expressed that she wanted to work on her own motherhood in the session because she felt guilty for not being a good mother to her son Enes. Ayşe Hanım, who had a difficult birth process and whose hospital stay was extended, was separated from her baby for 14 days and could not breastfeed her during this period. Ayşe Hanım, who met her baby 14 days later, learned that her mother was breastfeeding her baby in that process, increasing her anger towards her mother. She also shared that she regretted slapping her 9-month-old baby at a time when she was having a nervous breakdown. When Enes started talking and said "Mum", Ayşe Hanım's mother was angry with Enes, saying, "*You will call me mum, not her*". After this sharing, Ayşe Hanım told her experiences by saying, "*Although I hated my mother's motherhood, my motherhood was similar to hers, I became a mother like her, I hate myself*" and cried throughout the session. Ayşe Hanım's mother constantly tells Ayşe Hanım that she cannot take care of her son well and that she is not a good mother.

Impression Notes and Evaluation: It was observed that Ayşe Hanım, who was hospitalized sometimes because of her diagnosis and had a difficult birth process, tried to be a good mother, and what she did well about her motherhood was studied and appreciated. It was then observed that the resemblance she established between her mother and her motherhood shook Ayşe deeply, and the bond she established with her mother and motherhood was studied. Guidance was given for her to manage

anger and nervous breakdowns, and psycho-training was given about the issues she had problems with child care.

Session 11: Goodbye and Hello

Ayşe Hanım and Ali Bey were asked about how the sessions benefitted them and their relationships. Asli Bey said "*When I first came here, I did not know what to do, frankly, I never expected that such secret and private things would be talked about. There was a lot to talk about on my way here every week, for the first time in my mind today, as I walked towards the session room, I thought to myself, I guess we finished talking now, we are in a pretty good spot*". Ayşe Hanım, on the other hand, said that she had met with a lot of mental health experts until now. Still, she participated in this process for the first time without being alone. She was able to talk about her relationships and experiences without prioritizing her illness, and this situation was good for her. A final session was held with Ayşe Hanım and Ali Bey, and the reinforcement was made by reminding them of their efforts, the changes, and the resources they experienced throughout the process. Ayşe Hanım and Ali Bey said that gratitude and prayer assignments were very good for them and that they would continue this practice after the end of the sessions.

Impression Notes and Evaluation: The couple's willingness and effort for change throughout the couple and individual sessions led to positive changes in the couple's relationship. When the relationship was evaluated in integrity, it is possible to argue that there were first and second-level changes. In the final session, the positive change experienced by the couple was appreciated by reminding them, of their resources were reminded and the session was ended.

Discussion

The study aimed to present an example of how the "Spirituality Oriented Family Counseling Model" developed by Kılınçer (2021) can be applied in a complex case and to show whether it is effective in complex cases. The present study aimed to uncover the effectiveness of the "Spiritually-Directed Family Counseling Model", which was developed by (Kılınçer, 2022) in a complex case. In this context, the study was designed and conducted in 11 semi-structured sessions, taking into account the needs of the couple. The model, whose theoretical background was based on Satir's Transformational Systemic Family Therapy, included integrated gratitude, prayer, forgiveness, appreciation, etc. practices in Islam. Considering the couple's needs, both the techniques and methods in the Satir Family Therapy Model were used in the sessions, and the sources in Islam were included in the process. From the first to the last session, the couple was given prayer and gratitude homework assignments, which were checked together with the couple.

Although it was seen that there were many pathologies and traumas in the sessions with the couple, a non-pathology-focused developmental approach was adopted in the structuring of the session, in line with the Satir Transformational Systemic Family Therapy. Ayşe Hanım said that it was very good for her and her relationship to talk about herself, her marriage, and her relationships without prioritizing her illness for the first time after many years of interventions for her diagnosis with mental health professionals because of her diagnosis of bipolar disorder. Similarly, Ali Bey, who always met with mental health professionals as the patient's relative and focused on the disease, stated that the therapy process was good for him, his wife, and his marriage, even if the reason for their application was not children. Even their children were happier in this process.

When the sessions were evaluated as a whole, it is possible to argue that the 5 basic elements of Satir Transformational Systemic Family Therapy were included in the therapy. *Therapy is Systemic:* The couple's internal and interactional system was studied throughout the sessions. Considering that all parts of the system's structure were interrelated and affected each other (Innes, 2002, s. 39; Lee, 2001, s. 73), it is possible to argue that there were many positive developments in the interactional system such as spouses mutually forgave each other and their relationships became healthier, their son Enes was happier (Ayse Hanım's self-appreciation and traumas). *Therapy is Experiential:* The fact that Ayşe Hanım and Ali Bey frequently experienced intense emotions during the sessions can be accepted as a concrete indication that the therapy was experiential. It was observed that the couple faced experientialism throughout the studies on emotions, expectations, perceptions, self, and yearnings. The couple also had the opportunity to see many past experiences (i.e., cheating of the spouse, relationship with the mother, childhood traumas, etc.), especially infidelity, from a different perspective, which facilitated the change. *Therapy is Positive-Oriented:* As of the first session, the therapist set positive targets with the couple and supported them in positive changes. In this context, religious couples were reminded of their religious resources and aimed to provide the hope and motivation they needed for change. The couple said that their hopes increased especially with gratitude and prayer assignments. *Therapy is Change-Focused:* The couple sometimes had changed at the first level (i.e., less fighting, less anger, calmness, etc.), and at the second level (i.e., the couple forgave and understood each other internally, allocated more space for each other's feelings, expectations, and yearnings, etc.). The therapist observed the positive change in the couple's communication both with themselves and with their spouses, and the changes were reinforced by reminding them in the last session. *The Therapist is Self-Consistent*: The therapist took care to agree with herself and the couple throughout the sessions. When the couple shared many challenging experiences during the sessions, they talked about the trust and agreement they had with the therapist from time to time. Especially, Ali Bey stated that the therapist's

listening, understanding, and reassuring without condemning them gave him encouragement and comfort to talk about difficult situations. Also, Ayşe Hanım said that when she was sharing her traumas, she shared situations that she was afraid to remember, and that the therapist's approach to this issue gave her strength.

On the other hand, it is possible to see the effects of the spirituality dimension in therapy in several fields. Expressing that they are religious and trying to shape their marriage life accordingly, the couple volunteered when they learned that spirituality would be included in therapy. Ali Bey expressed that religion was the first address they looked to as a solution during the therapy process. He stated that including the resources they sought solutions for in therapy made him feel safer and more comfortable. Another point that the couple stated about the inclusion of the spiritual dimension was that the therapy was familiar to them. The use of familiar concepts made them feel more comfortable. Ayşe Hanım thanked the therapist for understanding her religious sensitivities and said, "*If you did not understand our sensitivities, you would not be able to help us*".

Another part in which the spiritual dimension is actively involved in gratitude and prayer assignments. The couple was given gratitude and prayer assignments from the first to the last session and were checked at the beginning of each session. The couple, who had difficulty in doing their homework assignments because of the intense anger and disappointment they felt towards each other in the first sessions, stated that they could do the next homework assignment more easily. They even realized that their families had something to be thankful for when they did their homework assignments, and their hopes increased. It was worked on asking for the help of Allah by turning their complaints about their marriage into prayer with Ayşe Hanım and Ali Bey. For example, Ayşe Hanım, who complained that her husband was not close to her, said, *"My God, help me and my husband to find ways to be closer to each other, give us an opportunity, increase our efforts."* A special prayer form was prepared for the problem of the couple reminding them that they should take responsibility and make an effort while praying. Since prayer is the solution source that religious individuals resort to when they face difficulties, their systematic use of this had a positive effect on the change. The results are in parallel with the results of the study conducted by Kılınçer (2022). In the prayer assignment, the couple was also asked to pray privately for each other and it was observed that the couple was happy while listening/saying their prayers for each other. With their spouses praying for each other, they saw the devotion and goodwill they felt for each other but could not see in the arguments, through prayer. As a result of the study, it was found that the results support previous studies that show that the regular and joint religious practices of couples are effective in regulating family life, making the relationship healthier, reducing loneliness, and increasing marital harmony and family resilience (Fagan, 2006, s. 1; Hodge, 2000, s. 217).

The fact that the couple referred to religion in many of their problems, and that Ali Bey first asked the hodja in the sect he was attending when he learned that his wife was cheating, and acted accordingly, shows that religion and spirituality were very effective in the life of the couple. The couple was studied on many issues that they referred to religiously and that affected their marriage life. Forgiveness, love, and intimacy were discussed in this context. Promoting forgiveness in religious sources facilitates forgiveness in marriage and ensures the continuation of marriage (Alshugairi, 2010, s. 268). Similar results were obtained in the study. After the crisis they faced in their marriage, the couple, who did not want to divorce but did not know how to continue, was reminded of the 35th Verse of Nisa Surah, which states that Allah will reconcile couples who want to make peace and make an effort. It was seen that the couple made an effort throughout the process and took responsibility for their relationship.

When the spiritually-directed family therapy was considered as a whole, it was seen that the couple who participated voluntarily had positive changes both in themselves and in their relationships at the end of the therapy. The internal and interactional system was studied throughout the therapies, and the spirituality dimension was included effectively. The couple worked on many problems in themselves and their relationships and decided to continue their marriage more healthily. In this way, the positive effect of the developed spiritually-directed family therapy in complex cases emerged clearly. Conducting the study with a single complex case provides the opportunity for detailed analysis, but it is a limitation of the study. Similar studies with different cases are needed in this respect. The study is also the first case study of spirituality-directed family counseling in Turkey. It is considered that the study will contribute to the literature and similar studies in this field, and will be a model for experts working on how the spiritual dimension can be integrated into therapy, its process, and its contents. It is considered that diversifying case studies will be an important resource for the studies to be conducted in the literature.

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Ethical Approval. The study named "Through the Inner World: Development of Reclusion Tendency Scale" and approval numbered 07-23 was examined by the Marmara University Institute of Educational Sciences Research and Publication Ethics Committee and it was decided that the research was ethically appropriate.

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Disclosure statement. This study is important because the need for studies to be conducted on the establishment, continuity, and protection of the family has become even more with the rapid change in family structure and the increasing divorce rates in recent years. Family therapy helps family members to deal with and solve their problems with a holistic perspective. The present study aimed to uncover the effectiveness of Spiritually-directed Family Counseling in complex family problems. Developed by Kılınçer, the "Family Therapy Model Using Satir Transformational Systemic Therapy with the Focus on Spiritual practices of Islam" is a semi-structured model created by integrating the spiritual-religious sources in Islam with Satir transformational systemic therapy. The study was conducted in 11 sessions with a nuclear family with one child who applied with complex problems such as infidelity, bipolar disorder, cancer, childhood traumas, relationship problems, porn addiction, violence, and suicide attempt. It was found that spirituality-directed family counseling can lead to changes in the family at the first level (less fighting, less anger, calmness, etc.), and at the second level (for the couple to forgive and understand each other internally, opening up more space for each other's feelings, expectations and longings, etc.).

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Research Article

Spirituality-Integrated Narrative Group Therapy for Adolescent Internet Addiction

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Abstract

This research aims to examine the effect of spiritually oriented narrative therapy-based group counseling on adolescents' internet addiction. The study used a quasi-experimental design with a pretest-posttest control group. Participants comprised ten high school students (xm=14.5; xr=14-15; xm=4; xf=6). The experimental and control group consists of 20 adolescents in total. "Internet Addiction Scale" and "Social Media Addiction Scale for Adolescents" were data collection tools. The 8-session program, each consisting of 90 minutes, was applied to the experimental group. The specified scales were applied before and after the sessions were held. Mann-Whitney U and Wilcoxon Paired Pairs Signed Ordinal Numbers Test were used to analyze the data. There was no difference between the experimental and control groups in the first measurements made before the intervention. As a result of the analyses made to examine the intra-group change after the intervention showed a significant adverse change in the experimental group's internet and social media addiction levels. At the same time, there was no change in the control group. Finally, when the difference between the groups after the intervention was examined, it was seen that there was no significant difference between the groups. These findings showed that the intervention reduced Internet and social media addiction.

Keywords:
Narrative therapy • spirituality • group therapy • internet addiction • adolescent

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Today, the internet has become a medium where millions spend most of their lives (Van Schalkwyk et al., 2020). Internet addiction is defined as prolonged and excessive use of the internet beyond planned limits, withdrawal symptoms such as restlessness, aggression, and anger when access is denied, and impairment of personal and social relationships (Griffiths, 1996; Young, 2004). Despite the social and psychological problems associated with internet addiction, such as restrictions on social life, sleep problems, family communication problems, and difficulty fulfilling responsibilities, individuals often find it difficult to disconnect from the internet, computer, or phone (Shapira et al., 2003). Negative affective processes such as restlessness, anger, and aggression are often encountered when reducing internet addiction (Beard & Wolf, 2001). People with internet addiction have also been observed to engage in lying behavior with those around them due to their desire to be online all the time (Young, 2004). Internet use is also seen as a way of avoiding an individual's problems and boredom (Tao et al., 2010).

Various therapeutic approaches have been suggested to overcome internet addiction, including psychoanalysis-based (Dodes & Dodes, 2017), cognitive-behavioral therapy-based (Bong et al., 2021; Szasz-Janocha et al., 2021), Adlerian-based therapy (Tan, 2019), positive psychology-based (Krentzman et al., 2022), logotherapy-based (Liu et al., 2021), and humanistic psychology-based approaches (Clarke & Scholl, 2022; Re et al., 2019).

Narrative therapy is client-centered and encourages us to produce alternative stories that reflect our historical and cultural ties (Madigan, 2016; Russell & Carey, 2020). According to narrative therapy, reality is phenomenological and is structured by elements such as language and social interaction (Payne, 2006). A person creates their story through their family, social environment, language, culture, history, and religion (Morgan, 2000). These interactions are so strong that after a certain amount of time, they become the person's truth and dominant story (Corey, 2005; Karaırmak & Bugay, 2010). One's life becomes surrounded by the "problem" and problem-related experiences (White & Epston, 2004). There are many feelings, thoughts, and behaviors in the life of a person with a problem, but the problem suppresses other experiences (Monk, 2005). Therefore, instead of living their own story, the person has to live the story of the problem and the story that others have written for them. Apart from the ones imposed on the person, they also obtained a life story from their own experiences. At this point, narrative therapy aims to eliminate the person's dominant problematic story and create an alternative life story (Morgan, 2000). In this way, narrative therapy puts clients' stories at the center and helps them create well-founded alternative stories (Sween, 2000). While providing this assistance, narrative therapy takes into account the expectations, responsibilities, and experiences of the person in life (Russell & Carey, 2020). There are specific techniques that narrative therapy uses

to achieve its purpose. The foremost of these is "externalization" (Morgan, 2000). The purpose of externalization is to separate the person from the problem because when people identify the problem with themselves, they become part of it (White & Epston, 1990). However, when the problem is externalized, it is seen that it arises from the situation rather than from the personality (Payne, 2006). Narrative therapy, which has a problem-solving approach without discussing the problem, also considers the periods when there is no problem. The therapist approaches events entirely from the client's perspective, and the client is in the driver's seat (White & Epston, 2004). After uncovering the situations in people's lives that are hidden and where there is no over-covering problem, an alternative story is created except for the dominant story, called "rewriting" (White, 2007). This technique reinforces alternative stories, and clients can look at themselves from the outside. In this way, individuals make suggestions about the future (White, 2011). In narrative therapy, the therapist is never in the role of the "expert," and the client is the expert (Payne, 2006). For this reason, the therapist only accompanies the client to rewrite their story (Madigan, 2016). "Re-membership" techniques are also used to contribute to the rewritten stories (Carey & Russell, 2003). This technique can involve an individual or anything significant to the person, animate or inanimate. Revealing these helps shape the identity of the person (Russell & Carey, 2003). For narrative therapy, spirituality is a phenomenon that shapes us. According to White (2000), the founder of narrative therapy, spirituality has three aspects: immanent, ascendant, and immanent-ascendant. Ascendant spirituality is a high degree of spirituality independent of everyday life, while immanent spirituality reflects one's true essence. Transcendent-immanent spirituality combines the two, where spirituality is greater than itself and related to itself (White, 2000). Spirituality integrates with one's story, and the stories of the prophets offer a different perspective and support the solution to problems so that the person can recognize their belief and identity (Özcan, 2005). It helps them discover and determine their purpose (Kirsh, 1996). In narrative therapy, people can choose a sacred power for themselves, who is not alive but defines them and thickens their story in re-membership studies (Truter & Kodze, 2005). Thanks to thickening, which means an increase in loyalty to the rewritten story, the relationship between the person and the story becomes more robust. It adds richness to the new story (Morgan, 2000).

There are three basic techniques in Spiritually Oriented Narrative Therapy: asking spiritual questions, using stories with spiritual content, and creating an object with spiritual meaning (Sevgi-Yalın, 2017). The first technique aims to discover the client's goals and reveal the positive aspects of their spirituality in their alternative stories (McWeigh, 2016). The second aims to identify spiritual stories with their experiences and give hope for the future (Epston & White, 1992; Coyle, 2010). The last technique aims to create an alternative story by externalizing the client's story and revealing the hidden stories. For this, the person has to choose a theme, choose a spiritual object

related to it, and use it in their own story (Bermudez & Bermudez, 2000). Some studies reveal the therapeutic effect of spirituality in the fight against addiction (Bliss, 2015; Cleary & Donohue, 2018; Dossett, 2013; Dossi et al., 2022).

The study aims to enable adolescents with internet addiction to position themselves outside the problem, discover alternative stories, and rewrite the situation by reducing their reliance on the internet. In doing so, it aimed to consolidate alternative stories using spiritual techniques. When the literature is examined, it is seen that while there are many studies with adolescents on internet addiction (Bickham, 2021; Cacioppo et al., 2019; Evli & Şimşek, 2022; Huang et al., 2021; Jin Jeong et al., 2020; Rakhmawati et al., 2021), there are no spiritually oriented narrative-based group studies. For this reason, a group counseling process was planned to reduce the internet addiction levels of adolescents by including their spiritual orientation in the study. In this direction, the study seeks to answer the question, "Does the group counseling process based on narrative therapy integrated with spirituality reduce adolescents' internet and social media addiction?"

Method

Research model

This study will be conducted using a quasi-experimental design with a pretest-posttest control group to investigate the effectiveness of spiritually-oriented, narrative-based group counseling in reducing internet addiction. In this design, participants in the experimental group will be subjected to experimental processing, while participants in the control group will not be subjected to experimental processing. The researcher will statistically examine whether there is a similarity between the pretest-posttest scores of the experimental and control groups (Creswell, 2012). The independent variable is group counseling practice, and the dependent variables are internet addiction and social media addiction.

Participants

The study was conducted in 2021 in a counseling center located in Manisa. The Young Internet Addiction Scale and the Social Media Addiction Scale for Adolescents were administered to 67 students to form the experimental and control groups. Snowball and criterion sampling types were used when forming the study group. The criteria for selection were getting a high score on the scales and being a high school student. 20 students were selected according to these criteria, and experimental and control groups of 10 each were formed, taking care not to differentiate the pre-test scores of the 20 students. The experimental group comprised 6 girls and 4 boys of 10 people (Xrange= 14-16, Xmean=14.9). The control group consisted of 5 girls and 5 boys, with 10 people (Xrange= 14-15, Xmean=14.6). The experimental group had 4

9th-grade, 4 10th-grade, and 2 11th-grade students. In the control group, there were 5 9th-grade and 5 10th-grade students.

Measurement

Young Internet Addiction Test Short Form

The scale developed by Young was converted into a short form by Pawlikowski et al. Kutlu, Savcı, Demir, and Aysan (2016) adapted the Young Internet Addiction Test Short Form to Turkish culture. The Young Internet Addiction Test Short Form consists of 12 items on a five-point Likert scale (1=Never, 5=Very often). The Young Internet Addiction Test Short Form was found to fit well in the confirmatory factor analysis results ($\chi 2$=173.58, sd=53, CFI=0.95, SRMR=0.064, and RMSEA=0.079). The internal consistency reliability coefficient was calculated as 0.85. It is seen from the results obtained from the validity and reliability studies that the Young Internet Addiction Test Short Form provides validity and reliability. There is no reverse-scored item in the scale. High scores obtained from the application reveal that internet addiction is high.

Social Media Addiction Scale for Adolescents

The scale was created by Özgenel, Canpolat, and Ekşi in 2019 to develop a valid, reliable, and valuable alternative measurement tool that can be used in research in the field of social media addiction and complies with DSM-5 criteria. The scale was developed for students at the secondary and high school levels. The scale consists of 9 items in total and has a single factor. The scale is a 5-point Likert type. The scale was graded as "Never 1", "Rarely-2", "Sometimes-3", "Mostly-4", and "Always-5". There is no reverse-scored item in the scale. The minimum score that can be obtained from the scale is 9, and the highest score that can be obtained is 45. The total score obtained from the scale is calculated by adding the values of the answers given to all the items. A high score on the scale indicates a high level of social media addiction in the individual, while a low score indicates a low level of addiction. As a result of the exploratory factor analysis applied, a 9-item and single-factor structure emerged. The nine-item and single-factor scales explain 56,787 of the total variance. This construct was tested through confirmatory factor analysis. In order to determine the criterion validity of the scale, the "Game Addiction Scale," a valid and reliable measurement tool, was used to measure similar characteristics. A positive and significant relationship was found between the Social Media Addiction Scale for Adolescents and the Game Addiction Scale at the r = .554 level. The Cronbach Alpha reliability coefficient of the scale was calculated as 0.904 (Özgenel, Canpolat, & Ekşi, 2019).

Procedures

The development of this work, based on narrative therapy integrated with spirituality, was inspired by the book "Psychospiritual Development Guide for Group Counseling Practices" by Ekşi and Hatun (2021), the book "101 Techniques with Spiritual Orientation in Psychotherapy and Counseling" edited by Ekşi (2022), and the book "What is Narrative Therapy" by Morgan (2000). Firstly, a narrative therapy-based program integrated with spirituality was prepared sensitively based on the theoretical framework of spirituality and narrative therapy, previous intervention practices, and empirical studies. Before the intervention started, its design was examined by three academicians who are experts in the Guidance and Psychological Counseling field. The design was then rearranged according to their expert opinions. Informed consent forms were obtained from the families of the adolescents in the selected intervention group. All participants were evaluated before and after the intervention, and they were assured of the confidentiality of their responses. The intervention was given once a week, and each session lasted 90 minutes. A total of eight sessions were applied. The general objectives of this process were as follows: (i) to enable young people with internet addiction to position themselves outside of the problem, (ii) to enable them to discover alternative stories in their lives, (iii) to make them realize their values, and (iv) to reduce their dependence on the Internet and to rewrite their situation. Specific topics and activities were designed for each intervention session. A summary of the intervention content is presented in Table 1.

Table 1
The summary of the interventiontion content

Sessions	Session Content
Week 1	Meet, set the group rules, learn stories about the internet
Week 2	Identifying values, communicating with personal resources, relating to the meaning and values of life
Week 3	Determining life goals in line with values, realizing spiritual resources
Week 4	Externalization, evaluating the effects of internet addiction in different areas
Week 5	Creating alternative stories, creating alternative stories from spiritual stories
Week 6	Revealing the stories shadowed by the problem and reviewing the relationship with the problem
Week 7	Motivation, hope for the future, affirming and supporting their values through role models
Week 8	General summary, listening to the experiences of the process, ceremony, certificate distribution

Data analysis

Since the experimental and control groups comprised 10 people, non-parametric methods were used to analyze the data (Tabachnick & Fidell, 2007). The Mann-Whitney U test was used to determine the differences between the experimental and control groups, and the Wilcoxon Signed Ranks test was used to determine within-group differences in repeated measurements. First, the pre-test scores of the experimental and control groups were examined to determine whether they differed. Then, the analysis was conducted to determine whether the groups showed a change in repeated measurements within themselves, and finally, whether there was a difference between the groups in the post-test results.

Results

Findings show the pre-test and post-test mean scores, standard deviations of the experimental and control groups, and differences between and within groups. The pre-test and post-test mean scores and standard deviations of the experimental and control groups are presented in Table 2.

Table 2
Young-internet addiction scale and adolescent social media addiction scale pretest-posttest scores of the experimental and control groups

	Experimental Group *N=10*				Control Group *N=10*			
	Pre-test		Post-test		Pre-test		Post-test	
	X	Sd	X	Sd	X	Sd	X	Sd
Internet Addiction	33,40	3,921	25,80	5,553	30,40	5,680	30,10	5,425
Social Media Addiction	21,20	3,29	18,0	2,0	16,50	6,381	16,60	6,449

The results obtained from comparing the pre-test scores of the experimental and control groups are presented in Table 3.

Table 3.
The results of the Mann-Whitney U Test for pre-test scores of internet addiction and social media addiction levels of experimental and control groups

	Group	N	Mean Rank	Sum of Ranks	U	Z
Internet Addiction	Experimental	10	11,90	119,0	36,0	-1,078
	Control	10	9,10	91,0		
	Total	20				
Social Media Addiction	Experimental	10	12,60	126,0	29,0	-1,619
	Control	10	8,40	84,0		
	Total	10				

As shown in Table 3, no significant difference was found between the two groups on internet addiction (U=36,0, z=-1.078, p>.05) and social media addiction (U=29,0, z=-1.619 p>.05).

Table 4 shows the results of the Wilcoxon Signed Ranks Tests performed to determine whether the internet addiction levels of the experimental and control groups differ between pre-test and post-test measures.

Table 4
The results of The Wilcoxon Signed Rank Tests for pretest-posttest scores of internet addiction of experimental and control groups

		N	Mean Rank	Sum of Ranks	z
Experimental Group	Negative Rank	10	5,50	55,00	-2,812
	Positive Rank	0	,00	,00	
	Ties	0			
	Total	10			
Control Group	Negative Rank	3	3,67	11,00	-,966
	Positive Rank	2	2,00	4,00	
	Ties	5			
	Total	10			

As Table 4 shows, there is a significant difference between the pre-test and post-test scores of the experimental group (z=-.2.812, p<.05). The internet addiction level obtained from the post-test is lower than the pre-test. In other words, the internet addiction levels of the experimental group decreased significantly after group counseling. On the other side, there is no statistically significant difference between the pre-test and post-test scores of the control group on internet addiction levels (z=-.966, p>.05).

The results obtained from comparing the post-test scores of the experimental and control groups are presented in Table 5.

Table 5
The results of The Wilcoxon Signed Rank Tests for pretest-posttest scores of social media addiction of experimental and control groups

		N	Mean Rank	Sum of Ranks	z
Experimental Group	Negative Rank	8	6,50	52,00	-2,505
	Positive Rank	2	1,50	3,00	
	Ties	0			
	Total	10			
Control Group	Negative Rank	2	3,00	6,00	-,447
	Positive Rank	3	3,00	9,00	
	Ties	5			
	Total	10			

As Table 5 shows, there is a significant difference between the pre-test and post-test scores of the experimental group (z=-.2.505, p<.05). The social media addiction level obtained from the post-test is lower than the pre-test. In other words, the social media addiction levels of the experimental group decreased significantly after group counseling. On the other side, there is no statistically significant difference between the pre-test and post-test scores of the control group on internet addiction levels (z=-.447, p>.05).

The results obtained from comparing the post-test scores of the experimental and control groups are presented in Table 6.

Table 6
The results of the Mann-Whitney U Test for post-test scores of internet addiction and social media addiction levels of experimental and control groups

	Group	N	Mean Rank	Sum of Ranks	U	Z
Internet Addiction	Experimental	10	8,40	84,00	29,000	-1,599
	Control	10	12,60	126,00		
	Total	20				
Social Media Addiction	Experimental	10	10,90	109,00	46,000	-,305
	Control	10	10,10	101,00		
	Total	20				

As shown in Table 6, no significant difference was found between the two groups on internet addiction levels (U=29.00 z=-1.599, p>.05) and social media addiction levels (U=46.00 z=-.305, p>.05).

Overall, these results indicate that while there is a significant decrease in the internet addiction and social media addiction levels of the experimental group after the group psychoeducation program, this increase is not enough to differ from the control group.

Discussion

This study aimed to develop, implement, and test the effectiveness of an 8-session narrative therapy-based intervention plan to reduce internet and social media addiction. The research used an experimental model with a pre-test and post-test control group design. There was no significant difference between the experimental and control groups in the first measurements taken before the intervention. However, after analyzing the intra-group change following the intervention, a significant reduction in internet and social media addiction levels was observed in the experimental group, while no change was observed in the control group. When the difference between the groups after the intervention was examined, no significant difference was found. These findings suggest that the intervention reduced internet and social media addiction.

The literature shows the effectiveness of narrative therapy-based group work (Koganei et al., 2021; Rodriguez Vega et al., 2013), and narrative therapy has also been used in treating addictions (Singer et al., 2013). Additionally, spiritual interventions have positively affected psychotherapy (Ahmadifaraz et al., 2015; Martinez et al., 2007; Smothers & Koening, 2018). This study strengthened its effectiveness by combining spirituality and narrative therapy, and it fills a gap in the literature by being the first study to integrate spirituality and narrative therapy in interventions aimed at reducing internet addiction.

Some factors limit the conclusions that can be drawn from these data. For instance, it is a limitation that the balance between men and women among the participants could not be fully achieved, and there was a need for follow-up after the intervention. Furthermore, the study is not supported by qualitative data in data triangulation, and the quasi-experimental design meant that participants were not randomly assigned to an intervention or control group. The findings of this research revealed that the intervention reduced the internet and social media addiction levels of the participants in the experimental group. However, no significant difference was found between the experimental and control groups after the intervention. One possible reason for the lack of significant difference between the groups may be due to the small sample size of the study. With only ten participants in the experimental group, the results may not be generalizable to larger populations. Future studies could address this limitation by increasing the sample size and recruiting participants from diverse backgrounds to improve the generalizability of the findings.

It is worth noting that the study used "Internet Addiction Scale" and "Social Media Addiction Scale for Adolescents" as data collection tools, which have been widely

used in previous research. However, these scales may not capture the full range of internet and social media addiction behaviors, and future studies could consider using additional measures to obtain a more comprehensive assessment of internet and social media addiction.

The study's intervention, spiritually oriented narrative therapy-based group counseling, is a unique approach to addressing internet addiction in adolescents. However, it is essential to note that there are multiple treatment options for internet addiction, and a combination of approaches may be more effective for some individuals. Future research could investigate the effectiveness of combining various therapeutic approaches to treat internet addiction. Future studies should assess internet addiction through psychological interviews and pay attention to treating subtypes of internet addiction. It would also be helpful to involve families in internet addiction studies conducted with adolescents.

Based on the study's findings, several suggestions can be made to address adolescent internet addiction. First, school counselors and mental health professionals could consider incorporating spiritually oriented narrative therapy-based group counseling into their interventions for adolescents with internet addiction. Additionally, they could use the "Internet Addiction Scale" and "Social Media Addiction Scale for Adolescents" as part of their assessment tools for identifying adolescents with internet addiction. Second, parents and guardians could monitor their children's internet and social media usage and educate them on healthy internet and social media habits. Parents and guardians could also limit their children's internet and social media use by setting appropriate boundaries and enforcing them consistently. Third, schools could incorporate digital citizenship education into their curricula to teach students about the responsible use of technology and the potential consequences of excessive internet and social media use.

Given the particularity of internet addiction behaviors, it is crucial to guide youth internet use appropriately and optimize the benefits of the internet for adolescents and children. It is hoped that narrative therapy-based interventions integrated with spirituality in the field will increase. Integrated prevention studies involving school, society, and family can be carried out in future internet or social media addiction studies, as prevention is more critical than intervention in the addiction field. Overall, the article "Spirituality-Integrated Narrative Group Therapy for Adolescent Internet Addiction" provides valuable insights into a promising new approach to treating internet addiction in young people. By highlighting the potential benefits of incorporating spirituality and narrative therapy into treatment, this research could have important implications for mental health practitioners and researchers working in this field.

Acknowledgement. All procedures performed in studies involving human participants were in accordance with ethical standards of the Marmara University/Turkey. Informed consent was given by all study participants.

Ethical approval. The study named "Spirituality-Integrated Narrative Group Therapy for Adolescent Internet Addiction" and approval numbered 01- 22 on 19.01.2023 was examined by the Marmara University Institute of Educational Sciences Research and Publication Ethics Committee and it was decided that the research was ethically appropriate.

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Research Article

How Can Gestalt-Integrated Group Help Strengthen Your Self-Compassion?

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Abstract

Self-compassion is the ability to direct kindness towards oneself. Gestalt therapy benefits from self-compassion so that clients re-enact and confront their emotional problems more gently. This study aimed to determine the effectiveness of the Gestalt Integrated Self-Compassion Development Program among university students. This quasi-experimental study used a pre-test, post-test design with a control group. This study was conducted on 20 undergraduate students with different levels of self-compassion. The research population has been selected with a convenient sampling technique and randomly assigned to experimental and control groups (n=10 in each group). The Gestalt Integrated Self-Compassion Development Program was applied to the experimental group in the context of 8-session-group counseling, while the control group was not involved in any intervention. The obtained data were analyzed with the Wilcoxon Signed Ranks and Mann-Whitney U tests. The findings indicated that The Gestalt Integrated Self-Compassion Development Program is a helpful intervention to increase university students' self-compassion. However, more extensive studies are required to be carried out with different groups.

Keywords:
Self-compassion • Gestalt therapy • Group counseling

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One of the main goals of therapy approaches is to relieve pain to help clients cope with self-criticism, self-loathing, and other negative images they often find themselves in. Gestalt approach (Perls et al., 1951) argues that it's essential to help clients be mindful and awaken them to their self-language and self-value. The Gestalt approach places a strong emphasis on developing open, non-judgmental moment-to-moment awareness of the individual organism in her or his relational context to support change and progress (Kennedy, 1998; Perls et al., 1951; Williams,2006; Yontef, 2002). An individual might investigate the "what" and "how" of their phenomenology in Gestalt therapy rather than the "why," which is arguably more frequently explored in conventional psychotherapies (Perls et al., 1951; Prendergast et al., 2003). The goal is to assist the individual in regaining the capacity to completely utilize inner and external resources in order to foster greater creativity, energy, growth, and freedom concerning one's relationship to the experience of being (Hycner & Jacobs, 1995; Perls et al., 1951). Gestalt therapy aims to improve one's awareness, spontaneous and authentic dialogue. Based on these goals, Gestalt theory focuses on the individual's experience of the present moment and how that experience is shaped by the individual's perceptions, thoughts, and feelings (Bowman, 1998; Kirchner, 2000; Yontef & Fairfield, 2008).

Gestalt therapy benefits from self-compassion because it allows individuals to re-enact and address their emotional difficulties more compassionately in the present time. This is because self-compassion is the capacity to focus on kindness towards oneself (Crozier, 2014); it is demonstrating compassion toward oneself, particularly during trying or challenging moments while facing obstacles or feeling inadequate (Bennett-Goleman, 2001; Kirkpatrick, 2005; Neff, 2004; Neff, 2008). Three things make up self-compassion: self-kindness as opposed to self-judgment, common humanity as opposed to isolation, and mindfulness as opposed to over-identification (Neff, 2003b). There are numerous parallels between self-compassion and Gestalt philosophy; for instance, self-compassion practices and Gestalt theory both promote mindfulness (Özyeşil, 2011), acceptance of one's ideas and feelings, and kindness and understanding toward oneself (Kirkpatrick, 2005). Although mental health requires the capacity to bear unpleasant feelings, overcontrol and avoidance of emotions were considered critical sources of dysfunction (Greenberg et al., 2001). Mindfulness is valuable because it enables people to deal with emotions, especially intense ones, without becoming overly identified with, controlling, or avoiding them. Self-compassion is related to the fundamental ideas of figure and ground in Gestalt theory (Perls et al., 1951). Martin (1997) uses the Gestalt figure-ground concept as an analogy to show how mindfulness is a state in which alternative figure and ground states (such as co-existing senses of self) can be accessed at will due to awareness of their existence as well as the capacity to engage and disengage with them in a reciprocal manner.

Along with these parallels, Gestalt therapy also emphasizes greater self-knowledge and acceptance. It is recommended as a successful approach because it encourages self-awareness, present-centered, better communication development, and openness (Papacostaki, 2012). Thereby, these characteristics create the context in which self-compassion is rooted. Due to the framework of Gestalt, certain ideas and methods (such as being in the present moment, contact styles, figure-ground, and two-chair treatments, etc.) are employed to improve a person's capacity for self-compassion by encouraging mindfulness and a non-judgmental mode of awareness.

Finding a technique to interact with clients to improve self-compassion is a significant therapeutic objective in and of itself, as self-compassion is one of the qualities inherent in psychotherapy treatment that need to be developed and nurtured. The Gestalt two-chair conversation, which is used to explore a conflict or subject/object split, is one method that has been previously assumed to reduce self-criticism and increase self-compassion. However, its relationship to self-compassion has not been experimentally investigated (Greenberg et al., 1993; Safran, 1998) in Turkish sample studies.

Based on gestalt therapy principles (Perls, 1969), self-criticism is conceptualized as a conflict between two aspects of the self, where one part of the self harshly criticizes, judges, evaluates, and blocks the experiences and health needs of another, more submissive part of the self. This decreases self-compassion. The more subservient aspect of the self is frequently referred to as the "experiencing self," while the more dominant aspect is typically referred to as the "inner critic" (Greenberg & Watson, 2006). Although the goals of the intervention are extremely pertinent to the job, the Gestalt two-chair technique was not specifically created to enhance self-compassion. The intervention's goal is to help clients challenge unhelpful, self-critical views so they can develop more empathy for themselves (Safran, 1998). In order to experience compassion for the newly discovered sensitive self, one must reach a point in the practice where the part of oneself that feels criticized and unworthy "comes to know and accept itself" (Greenberg, 1983). In a two-chair intervention, the client is invited to use two chairs to enact a conversation between their inner critic and experiencing self. The client is instructed to "be" the inner critic while speaking to the experiencing self from one chair and emotion coaching to explore, process, and create space for expressing emotions and needs to be related to each aspect of the self (Elliott et al., 2004; Greenberg et al., 1993). The Gestalt two-chair technique was created to increase self-directed empathy, confront self-judgment, and increase self-compassion (Neff et al., 2007). In brief, the Gestalt two-chair discussion has already been shown to help clients challenge unhelpful, self-critical ideas and change unfavorable assessments of their wants and needs into acceptance of themselves. This common provides a basis for the integration of self-compassion and Gestalt therapy used in this study because both highlight mindfulness (Özyeşil, 2011), being kind to oneself, and acceptance

of personal ideas and also feelings (Kirkpatrick, 2005). It was studied investigated the increasing self-compassion using a specially designed Gestalt-type two-chair intervention for intrapsychic conflict among university students (Kirkpatrick, 2005) and Neff et al. (2007) employed a Gestalt two-chair technique to raise university students' self-compassion. Starting from this point and similar studies were not also in the scope of Turkish-related literature, the main purpose of this study is to examine whether the Gestalt Integrated Self-Compassion Development Program is effective in increasing university students' self-compassion. This study also aimed to examine whether there is a statistical difference in the levels of sub-dimensions of the self-compassion scale. In this respect, the hypotheses are below:

H1. The self-compassion post-test levels of the experimental group are significantly higher than the levels of the control group.

H2. In the subdimension, what are self-kindness, mindfulness and common humanity, post-test levels of the experimental group are significantly higher than those of the control group.

H3. In the subdimension, what are self-judgment, over-identification and isolation, post-test levels of the experimental group are significantly lower than the levels of the control group.

Method

Participants

Participants were Guidance and Psychological Counseling students who were recruited via online forms during the fall semester of 2022 at a university in İstanbul. An announcement to participate in this study was made in courses by academics and 76 volunteer students (mean age = 21.21, SD = 1.18) filled out online forms. There were no exclusion criteria. This quasi-experimental study used a pre-test and post-test design with a control group (Creswell, 2009). This study was conducted on a total of 20 undergraduate students who had average points, between 2.5-3.5, on the self-compassion scale. The research population has been selected with a convenient sampling technique and randomly assigned 10 students to the experimental group (ten females; mean age = 23.60, SD = 2.38) and 10 students to the control group (ten females and four males; mean age=21,30, SD = 0.15). All participants provided informed consent to participate in the study.

Procedure

The baseline assessments were done by participants in both groups roughly two weeks prior to the intervention (T1), and the postintervention assessments were

conducted within one week of the intervention (T2).

Intervention

I developed a 4-week and 8-session, group-based intervention based on basic self-compassion skills. I am a Ph.D. student in counseling and a research assistant, I got self-compassion education, and I also continue to see clients. While I was planning the intervention, I integrated Gestalt psychotherapy (Perls, 1969) through the Enhancing Self-Compassion Using a Gestalt Two-Chair Intervention workshop (Kirkpatrick, 2005), I benefited from sub-dimensions of self-compassion scale (Akın et al., 2007), and I also took expert advice, who is a licensed Gestalt psychotherapist, an academic, and a supervisor. After the expertise and I had taken the Gestalt Integrated Self-Compassion Development Program's final shape, I applied it to the experimental group in the context of 8-session-group counseling, while the control group was not applied any intervention.

I used icebreaker exercises so that participants could adapt to the process easier. The experiment group met twice a week for 90 minutes during the intervention in a campus class. I gave participants instructions on a number of techniques (such as mindfulness, awareness, a narration of self-compassion stories, writing self-compassion letters and etc.) and information about self-compassion. In addition, participants were urged to perform at-home exercises in accordance with the instructions given during the sessions.

The first session was about introducing group members, to the dimensions of emotions, thoughts, body and soul, and also it included the concept of figure-ground and contact exercises. The second session consisted of mindfulness and being-in-the-moment practices. The third session focused on Gestalt boundary styles and experiencing them through exercises. The fourth session was about awareness and mindfulness. Therefore, attention was focused on the moment, and participants experienced a meditation that included compassioned heart exercises. In the fifth session, the emotion wheel and control circles were worked on, and then participants did a collage about reflecting on their emotional experiences. The sixth and seventh sessions focused on Gestalt two-chair intervention and self-compassion stories. Participants created plans for future self-compassion practice during the last session, during which the group discussed and reviewed their experiences during the intervention.

Measures

Self-Compassion Scale. The Self-Compassion Scale was developed by Neff (2003a), and Turkish adaptation of the scale was done by Akın et al. (2007). The original version and the Turkish version of the scale consists of 26 items and 6 dimensions. The dimensions are self-kindness, self-judgment, common humanity,

isolation, mindfulness, and over-identification. The Self-Compassion Scale is pointed with a 5-point Likert rating (1: Never; 2: Rarely; 3: Often; 4: Usually; 5: Always). The Cronbach alfa is .94 in the Turkish adaptation study, and the Cronbach alfa values for dimensions are 94 for self-kindness, .94 for self-judgment, .87 for common humanity, .89 for isolation, .92 for mindfulness, and .94 for over-identification.

Data Analysis

I used the statistical tool IBM SPSS 22 to conduct the analysis. Due to that the sample size was smaller than 30 (n= 20) and the data did not have a normal distribution (Tabachnick & Fidell, 2013), I used nonparametric methods. There were 10 and 10 participants in the experimental and control groups, respectively; I used the Wilcoxon Signed Ranks Test to examine within-group differences in repeated measures and the Mann-Whitney U Test to compare the experimental and control groups. In this regard, I evaluated differences between pre-test and post-test scores for the experimental and control groups and variations within groups.

Results

This section includes descriptive statistics such as mean scores and standard deviations, the results of between- and within-group differences, and the results of pre-and post-test of experimental groups and control groups.

Table 1.
Mean score, standard deviations, and the results of the Mann-Whitney U Test for pre-test scores and post-test scores

SCS and Categories of SCS		Experimental Group (n = 10)		Control Group (n = 10)		U-Value	p-Value
		$\bar{x}$	Sd	$\bar{x}$	Sd		
Self-Kindness	**Pre-test**	12,30	2,163	13,00	3,300	46.00	.796
	Post-test	16,40	3,950	12,40	3,565	23.00	.043*
Self-Judgment	**Pre-test**	18,70	4,398	20,40	2,171	38.00	.393
	Post-test	14,60	4,402	20,30	2,830	15.00	.007*
Common Humanity	**Pre-test**	10,30	2,584	11,40	1,897	29.50	.123
	Post-test	14,70	3,622	11,10	1,729	23.00	.043*
Isolation	**Pre-test**	15,60	2,591	15,90	2,601	45.00	.739
	Post-test	11,60	2,459	15,30	3,302	18.50	.015*
Mindfulness	**Pre-test**	10,70	2,163	10,00	3,333	44.00	.684
	Post-test	14,90	3,281	10,00	2,981	13.00	.004*
Over Identification	**Pre-test**	15,40	1,075	14,70	2,710	45.00	.739
	Post-test	12,10	2,183	14,90	3,107	22.50	.035*
Self-Compassion	**Pre-test**	71,60	10,069	84,90	9,012	14.50	.055
	Post-test	5,70	913,442	84,50	9,071	22.00	.035*

*p < 0.05

Table 1 shows the results of a comparison of the pre-test scores of the experimental and control groups. A Mann-Whitney U test was conducted to determine whether there was a difference between the experiment and control groups. Results indicated that there were differences between the two groups on the levels total self-compassion levels as well as its components (self-kindness, common humanity, mindfulness, self-judgment, isolation, and over-identification) ($p < .05$). The experiment group participants have higher self-compassion, self-kindness, common humanity, and mindfulness scores while they have lower scores of self-judgment, isolation, and over-identification.

Table 2.
The results of The Wilcoxon Signed Rank Tests for pretest-posttest scores

			N	Mean Rank	Sum of Ranks	Z
Self-Compassion	Experimental Group	Negative Rank	0	0.00	0.00	-2.803*
		Positive Rank	10	5.50	55.00	
		Ties	0			
		Total	10			
	Control Group	Negative Rank	4	6.38	25.50	-.205
		Positive Rank	6	4.92	29.50	
		Ties	0			
		Total	10			
			N	Mean Rank	Sum of Ranks	Z
Self-Kindness	Experimental Group	Negative Rank	1	3.00	3.00	-2.314*
		Positive Rank	8	5.25	42.00	
		Ties	1			
		Total	10			
	Control Group	Negative Rank	5	5.60	28.00	-.658
		Positive Rank	4	4.25	17.00	
		Ties	1			
		Total	10			
			N	Mean Rank	Sum of Ranks	Z
Self-Judgment	Experimental Group	Negative Rank	2	5.00	10.00	-1.790*
		Positive Rank	8	5.63	45.00	
		Ties	0			
		Total	10			
	Control Group	Negative Rank	2	3.50	7.00	-.136
		Positive Rank	3	2.67	8.00	
		Ties	5			
		Total	10			
			N	Mean Rank	Sum of Ranks	Z
Common Humanity	Experimental Group	Negative Rank	0	0.00	0.00	-2.673*
		Positive Rank	9	5.00	45.00	
		Ties	1			
		Total	10			
	Control Group	Negative Rank	5	5.30	26.50	-.480
		Positive Rank	4	4.63	18.50	
		Ties	1			
		Total	10			
			N	Mean Rank	Sum of Ranks	Z

Table 2.
The results of The Wilcoxon Signed Rank Tests for pretest-posttest scores

			N	Mean Rank	Sum of Ranks	Z
Isolation	Experimental Group	Negative Rank	1	3.00	3.00	-2.320*
		Positive Rank	8	5.25	42.00	
		Ties	1			
		Total	10			
	Control Group	Negative Rank	3	3.33	10.00	-.681
		Positive Rank	4	4.50	18.00	
		Ties	3			
		Total	10			
			N	Mean Rank	Sum of Ranks	Z
Mindfulness	Experimental Group	Negative Rank	2	1.50	3.00	-2.113*
		Positive Rank	6	5.50	33.00	
		Ties	2			
		Total	10			
	Control Group	Negative Rank	5	5.50	27.50	1.000
		Positive Rank	5	5.50	27.50	
		Ties	0			
		Total	10			
			N	Mean Rank	Sum of Ranks	Z
Over identification	Experimental Group	Negative Rank	1	1.00	1.00	-2.722*
		Positive Rank	9	6.00	54.00	
		Ties	0			
		Total	10			
	Control Group	Negative Rank	5	4.60	23.00	-.710
		Positive Rank	3	4.33	13.00	
		Ties	2			
		Total	10			

**p<0.5*

Table 2 shows the findings of the Wilcoxon Signed Ranks Tests used to ascertain whether the experimental and control groups' levels of self-compassion and its component levels alter between pre-test and post-test measures. The results show that there is a significant difference between the experimental group's self-compassion pre-test and post-test scores (Z = -2.803, $p<0.05$). The post-test level of self-compassion is higher than the pre-test level. That is to say, following the group counseling program, the experimental group's levels of self-compassion dramatically increased. However, there is no statistically significant difference in the control group's self-compassion levels between the pre-and post-test results (Z=-.205, p>0.05). In the context of self-compassion component scores, there is a significant difference between the self-kindness pre-test and post-test scores of the experimental group (Z =-2.314, $p<0.05$), while there is no statistically significant difference between the self-kindness pre-test and post-test scores of the control group (Z=-.658, $p>0.05$). There is a significant difference between the self-judgment pre-test and post-test scores of the experimental group (Z = -1.790, $p<0.05$), while there is no statistically significant difference between the self-judgment pre-test and post-test scores of

the control group (Z=-.136, *p>0.05)*. There is a significant difference between the common humanity pre-test and post-test scores of the experimental group (Z =-2.673, *p<0.05*), while there is no statistically significant difference between the common humanity pre-test and post-test scores of the control group (Z=-.480, *p>0.05)*. There is a significant difference between the isolation pre-test and post-test scores of the experimental group (Z =-2.320, *p<0.05*), while there is no statistically significant difference between the isolation pre-test and post-test scores of the control group (Z=-.681, *p>0.05)*. There is a significant difference between the mindfulness pre-test and post-test scores of the experimental group (Z =-2.113, *p<0.05*), while there is no statistically significant difference between the mindfulness pre-test and post-test scores of the control group (Z=1.000, *p>0.05)*. There is a significant difference between the over-identification pre-test and post-test scores of the experimental group (Z =-2.722, *p<0.05*), while there is no statistically significant difference between the over-identification pre-test and post-test scores of the control group (Z=-.710, *p>0.05)*. These results showed that the Gestalt Integrated Self-Compassion Development Program is effective in increasing university students' self-compassion.

Discussion

The Gestalt Integrated Self-Compassion Development Program is a psychological intervention program developed to increase self-compassion levels. The overall aim of this study was to assess the effectiveness of this program. A control group was used for comparison in the study. The findings confirmed that experimental group members' self-compassion levels revealed a significant increase. In detail, the Gestalt Integrated Self-Compassion Development Program is effective in increasing university students' self-compassion and its components which are self-kindness, common humanity, and mindfulness (while decreasing self-judgment, isolation, and over-identification). The results of this study were in line with those obtained by Kirkpatrick (2005), Barnard & Curry (2011), and Crozier (2014).

Due to the emphasis on enhanced self-knowledge and acceptance and the practice of self-awareness, being present time-centered, better communication development, and openness, Gestalt group therapy is advised as a successful strategy (Papacostaki, 2012). This method encourages self-expression and the sharing of contextual life experiences that result from participant interactions (Yontef, 2007). Because of that, therapeutic interventions aim to increase the clients' sense of self-compassion; Gestalt therapy is effective during the counseling process. People become more mindful because mindfulness and Gestalt both acknowledge the importance of the present-moment experience and what we learn through attending to it directly (Gold & Zahm, 2018). Gestalt group therapy also increases participants' sense of social connectivity and knowledge of their common humanity; hence it makes perfect sense to rank group

cohesion (Yalom & Terrazas, 1968). Additionally, self-judgment is decreased, and self-compassion is increased in Gestalt two-chair intervention (Greenberg et al., 1993; Safran, 1998). In brief, clients may confront harmful, self-judgmental beliefs and may overly identify with them. They transform unfavorable judgments into acceptance of themselves and become more self-kind with the support of the Gestalt two-chair intervention. As both self-compassion and Gestalt theory emphasize mindfulness, this group program may provide a decrease in isolation and an increase in common humanity due to group experience. Thereby, these similarities serve as a foundation for the combination of self-compassion and Gestalt therapy used in this study.

In this context, I developed this program by using affect-regulation techniques such as normalizing, talking to oneself as a friend, recognizing multiple emotions, remembering personal control areas, and nonjudgmentally identifying unhelpful coping mechanisms. I also introduced mindfulness techniques, compassionate meditation, and Gestalt empty-chair techniques (Beaumont, 2016; Coaston, 2017).

Findings highlighted the effects of Gestalt integrated self-compassion development program to increase participants' self-kindness levels while their self-judgment levels decreased. This is parallel to literature such as Davidson (2014). The intervention provided language for self-kindness (Davidson, 2014). Another self-compassion-based intervention (Gilbert, 2009) explicitly reduces self-judgment. Gilbert (2009) puts self-compassion to replace self-criticism with self-kindness. Moreover, the findings suggested that these interventions enhanced self-kindness, self-awareness, and self-reflection. The non-judgmental self decreases self-criticism and increases self-compassion (Jopling, 2000). According to Suppes (2021), being kind and objective toward oneself contributes to the idea of non-judgmental self-improvement. Therefore, related literature supports the finding that the more self-kindness, the less self-judgment through the Gestalt integrated self-compassion development program.

Consistent with the extensive literature on the self-compassion intervention effects of common humanity (Crozier, 2014), this study reduced participants' isolation and increased common humanity. Neff (2022) asserted that when people remember their common humanity, they feel less isolated and alone. Sokolov (2020) studied isolated individuals to teach English by using Gestalt techniques during the pandemic, and the results showed that people feel less alone and isolated.

The current findings also extend earlier work that found that similar self-compassion interventions (Kyvelou et al., 2018) were effective in increasing mindfulness and reducing over-identification. Mindfulness avoids the extremes of over-identification with experience and acceptance of mental and emotional phenomena (Neff, 2003). Gestalt therapy techniques help participants to discover their emotions and responsibilities (Brenninkmeijer et al., 2019), and they may gain mindfulness skills (Neff & Germer,

2013). Mindful self-compassion practices (Nef & Germer, 2013) are designed to reduce over-identification by increasing feelings of kindness, connectedness, and mindfulness in response to experiences of suffering (Germer & Nef, 2019).

In sum, self-compassion and Gestalt therapy have common points; the results of the Gestalt Integrated Self-Compassion Development Program extended this literature. According to the results, group counseling has increased the self-compassion levels of the participants. Therefore, Gestalt techniques cultivate self-compassion in response to daily challenges by reducing isolation, self-judgment, and over-identification.

Study Limitations and Future Directions

Despite the novel contribution of the current research study, it is important to consider the limitations associated with the research design and interpretation of outcomes. This study included a small sample size (N = 10) and lacked men participants, which means that no conclusions regarding the efficacy of the intervention can be made within this population, and the interpretation of the results is limited as outcomes may be attributed to other factors. These factors limited the extent to which the findings can be generalized. Secondly, the study did not have a longitudinal phase to see if gains were maintained, so this may be suggested to research in future studies. Moreover, to gain some insight into the practical significance, this study should be adopted into mixed research. Thereby, the study will be able to assess and corroborate the results of both quantitative and qualitative data. However, this study was the first to explore the extent to which the integration of Gestalt two-chair intervention and self-compassion in the Turkish sample and also results support the idea that mindfulness-based interventions lasting 8 sessions can be a promising short-term program for enhancing self-compassion among university students.

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Research Article

Spiritual Resources for Anger Management: Spirituality Integrated Cognitive Behavioral Group Therapy

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Abstract

This study aims to examine the effects of a group counseling program based on spirituality-integrated cognitive behavioral therapy on adolescents' trait anger, anger control, external dysfunctional emotion regulation, and positive religious coping. The research used a quasi-experimental design with a pretest-posttest control group. Criterion sampling, which is one of the purposive sampling types, was used in the selection of the participants in the study. Participants who met the criteria determined within the scope of the study were ranked according to their scores. Then, odd-numbered ones were assigned to the control group, and even-numbered ones were assigned to the experimental group. While the mean age of the experimental group (n=10) comprising 6 female and 4 male participants was 16.1, the mean age of the control group (n=10) comprising 8 female and 2 male participants was 15.4. The psychological counseling program was applied to the experimental group with 8 sessions, each lasting 90 minutes. The trait Anger and Anger Style Scale, Religious Coping Scale, and Adolescent Emotion Regulation Scale were used as data collection tools. Mann-Whitney U Test and Wilcoxon Signed Rank Test were used in data analysis. As a result of the study, it was found that the cognitive behavioral therapy-based group spiritual counseling program significantly decreased adolescents' trait anger and external dysfunctional emotion regulation skills, and significantly increased their anger control and positive religious coping levels. The findings were discussed within the literature framework and recommendations were presented.

Keywords:
Adolescence • Spiritually Oriented Cognitive Behavioral Therapy • Anger Management

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Adolescence, characterized as the transitional stage between childhood and adulthood, is a dynamic period in which many physiological, cognitive, social, and emotional changes occur (Burnett & Blakemore, 2009; Jaworska & MacQueen, 2015). Hall (1904), who pioneered scientific studies on adolescence, described this period of conflict and mood swings as the "storm and stress" period. Adolescents may encounter behavioral problems such as anger and aggression in adapting to the changes experienced in this period, where emotional ups and downs are intense (Anjanappa et al., 2019; Rahman et al., 2014). In the study conducted by Spielberger (1999), it was seen that adolescents scored higher on trait anger and lower scores on anger control compared to participants in other developmental stages (as cited in Marcus, 2017).

Anger is one of the basic human emotions (Ekman, 1971). Novaco (2016) defined anger as a subjective emotional state accompanied by antagonistic cognitions and physiological arousal. Like many emotions, anger is not inherently problematic, but it can cause problems due to its intensity, frequency, and behavioral effects (Howels & Day, 2002). Although anger is functional, it is an emotion that can cause behaviors such as avoidance and aggression when it cannot be controlled. At this point, the way of expressing anger becomes essential. Anger can be expressed in many forms, such as violence, self-harm, and, more commonly, physical and verbal aggression (Blake & Hamrin, 2007). When expressed healthily, anger can be constructive and corrective in interpersonal communication (Soykan, 2003). Inappropriate expressions of anger can cause physical, social, and psychological problems during adolescence. Feindler and Engel (2011) stated that inappropriate expression of anger concerns parents, educators, and mental health professionals. Blake and Hamrin (2007) emphasized that how anger is expressed can cause significant social problems, especially for school-age adolescents.

Anger management is based on emotion control. Zimmermann and Iwanski (2014) showed that age significantly affects the use of adaptive emotion regulation strategies for anger. In this respect, adolescence is a reasonable period for observing emotion regulation processes. Stapley and Haviland (1989) concluded in their study that anger is one of the most common emotions experienced during adolescence. At this point, the role of emotion regulation in anger control comes to the fore. Emotion regulation consists of external and internal processes responsible for monitoring, evaluating, and changing one's emotional reactions and characteristics to achieve one's goals (Thompson, 1994). Mauss, Cook, Cheng, and Gross (2007) stated that regulating emotions, especially in anger, supports psychological well-being. Roberton et al. (2011) stated that dysfunctional emotion regulation is associated with aggressive behavior. In addition, Silk, Steinberg, and Morris (2003) stated that understanding the emotion regulation processes in adolescence is important for solving possible

pathologies in the coming years (as cited in Öpöz, 2017). In this context, it is thought that regulating anger during adolescence is important.

It is essential for individuals to gain awareness about anger in anger control. In addition, learned emotions, thoughts, and behaviors that cause anger and mediate the expression of anger also play an important role in this process (Wong, 1995). At this point, cognitive behavioral therapy (CBT) uses techniques to change anger's cognitive, emotional, and behavioral components. CBT interventions aim to provide adolescents with more adaptive information processing and coping skills (Down et al., 2011).

The CBT approach is widely used in solving problems that arise as a result of expressing anger in dysfunctional ways (Lee & DiGiuseppe, 2018). Cognitive behavioral-based anger management therapy is based on the work of Novaco (1975). In the following years, adolescents (Feindler & Ecton, 1986), university students (Deffenbacher et al., 2002), adults (Fuller et al., 2015), the elderly (Ceramidas, 2012), police officers (Gerzina & Drummond, 2000), substance abusers (Reilly & Shopshire, 2000) and studies on individuals with intellectual disabilities (Rose et al., 2000) show that CBT group practices have become widespread. In addition, Down et al. (2011) frequently stated in adolescent anger management studies that group interventions are cost-effective. Related meta-analysis studies also show that CBT is effective on various samples such as children (Candelaria et al., 2012), adolescents (Sukhodolsky et al., 2004), adults (Del Vecchio & O'Leary, 2004; DiGiuseppe & Tafrate, 2003; Saini, 2009), adult male offenders (Henwood et al., 2015). In this respect, it can be said that CBT-based anger control programs are effective in anger management.

The spiritually-oriented cognitive-behavioral approach, which forms the basis of our study, is an area that has been developing recently (Sperry & Shafranske, 2005). Cognitive behavioral therapy is one of the most frequently used approaches in integrating spiritual techniques into therapy (Daniels & Fitzpatrick, 2013). Studies have shown that spiritually-oriented CBT has many factors, such as depression (Good, 2010), anxiety (Barrera et al., 2012), trauma (Wang et al., 2016), eating disorders (Tonkin, 2005), and addiction (Hodge, 2011). Appears to be used in the treatment of the problem. When we look at the studies on anger, Burns (2003), in his thesis study in which he examined the correlation between spirituality, anger, and aggression in adolescent boys, found that higher cognitive orientation towards spirituality had a negative and significant correlation with trait anger, reactive anger, and instrumental anger scores. In another study, Vannoy & Hoyt (2004) concluded a significant decrease in the anger levels of the participants as a result of the spiritually-oriented CBT application for adults in prison.

Studies show that religious and spiritual practices are the main methods of dealing with physical, social, and psychological problems. In terms of anger control, it can be said that

individuals' beliefs play an important role in this process (Yeğin, 2010). Tavris (1989) also stated that from the past to present, great philosophers and religious leaders such as Seneca, Descartes, and Gandhi gave various advice for individuals to keep their anger under control (as cited in Del Vecchio and O'Leary, 2004). At this point, Pargament et al. (1988), one of the pioneers of studies on how religious values affect people's struggle with their difficulties, stated that religion plays a vital role in problem-solving processes and suggests the concept of "religious coping." Individuals can use various religious coping methods against the difficulties they experience in daily life. At this point, religious and spiritual resources play an important role in the problem solving. When religious coping models are examined, it is seen that positive and negative religious coping come to the fore. Positive religious coping methods are associated with a sense of spirituality, a secure relationship with God, and meaning in life, while negative religious coping methods are associated with a less secure relationship with God, a weak worldview, and a religious struggle in search of meaning (Pargament et al., 1998). It is emphasized that positive religious coping discussed in this study is associated with life satisfaction (Putman et al., 2011; Van Dyke et al., 2009), positive self-perception (Cunningham, 2004) and low stress (Pirutinsky et al., 2020). In addition, Corsini (2009) stated that the religious coping strategies used by individuals to regulate their anger are effective. Özgül (2017) found in her study that positive religious coping reduces trait anger and increases anger control. Bjorck and Kim (2009) concluded that positive religious coping negatively correlates with trait anger. Studies in this context show that positive religious coping contributes to anger management.

In light of all this literature, this study aims to examine the effects of cognitive and behavioral-based group spiritual counseling on trait anger, anger control, positive religious coping, and adolescents' external dysfunctional emotion regulation levels. The following hypotheses were tested in the study:

(i). There will be a statistically significant decrease in favor of the experimental group between the trait anger scores of the spiritually integrated cognitive behavioral therapy-based group and the experimental and control groups.

(ii). There will be a statistically significant increase in favor of the experimental group between the anger control scores of the spiritually integrated cognitive behavioral therapy-based group and the experimental and control groups.

(iii). There will be a statistically significant increase in favor of the experimental group between the spiritually integrated cognitive behavioral therapy-based group and the positive religious coping scores of the experimental and control groups.

(iiii). There will be a statistically significant decrease in favor of the experimental group between the spiritually integrated cognitive behavioral therapy-based group and the external dysfunctional emotion regulation scores of the experimental and control groups.

Method

Research Design

This research used a quasi-experimental design with pretest–posttest control group. Quasi-experimental models are experimental research used when participants are not randomly assigned to the group (Creswell, 2014). In this context, the independent variable of the research is a cognitive behavioral therapy-based group spiritual counseling program. The dependent variables are anger, emotion regulation, and religious coping skills. The design of the study is presented in Table 1.

Table 1.
Research design

Pre-Test–Post-Test Quasi-Experimental Design with Control Group			
Experimental Group	Pre-test	Group Counseling Based on Spiritually Integrated Cognitive Behavioral Therapy	Post-test
Control Group	Pre-test	no intervention	Post-test

Study Group

The participants of the study consisted of 20 10th and 11th grade students between the ages of 14-18 studying at a high school on the European side of Istanbul. While 6 of the students in the experimental group were girls and 4 were boys 8 of the students in the control group were girls, and 2 were boys. Criterion sampling, one of the purposive sampling types, was used to select the participants in this study. Before the study, the relevant scales were administered to high school students voluntarily. In this context, the criteria for participation in the research are; based on the behavioral observations of the students, teacher recommendations, guidance service orientation, and a 75% or higher score in Trait Anger and Anger Style Inventory's trait anger scale (Act in Spielberger, 1988; Snyder et al., 1999). Students who meet the specified criteria are ranked according to their scores. Then, odd-numbered ones were assigned to the control group, and even-numbered ones were assigned to the experimental group.

Data Collection Tools

The State-Trait Anger Expression Inventory (STAXI)

The Turkish validity and reliability study of the scale developed by Spielberger et al. (1983) was performed by Özer (1994). Scale items have a 4-point Likert-type scoring. The first 10 items of the 34-item scale measure trait anger and 24 items measure anger expression styles. The anger expression style subscale also has three sub-dimensions: anger in, anger out, and anger control. The values obtained as a result of Cronbach's alpha analysis were 0.79 for the trait anger dimension, 0.84 for the anger control dimension, 0.78 for the anger-out dimension, and 0.62 for the anger-out dimension. In this study, trait anger and anger control sub-dimensions of the scale were used because

they focused on reducing the trait anger levels of adolescents and increasing anger control. The lowest score that can be obtained from the trait anger scale is 10, and the highest score is 40. The lowest score on the anger control scale is 8, and the highest is 32. High scores from the trait anger scale indicate high levels of anger, and high scores from the anger control scale indicate that anger can be controlled.

Religious Coping Scale (RCS)

The Religious Coping Scale developed by Abu-Raiya, Pargament, Mahoney, and Stein (2008) was adapted into Turkish by Ekşi and Sayın (2016). As a result of the confirmatory factor analysis for the construct validity of the Religious Coping Scale, the scale's 10-item and 2-factor structures were confirmed. The scale's Cronbach alpha internal consistency coefficient was calculated as .91 for the positive religious coping subscale and .86 for the negative religious coping subscale. Positive and negative religious coping scores are calculated separately in the scale. Since the content of the group counseling program focuses on the practical use of religious and spiritual resources in anger processes, the positive religious coping sub-dimension of the religious coping scale was used within the scope of the study. The raw score from the positive religious coping subscale ranges from 7 to 28. A higher positive religious coping subscale score reflects more positive religious coping. Psychometric studies of the Turkish version have shown that the scale has the same structure as the original form.

Regulation of Emotions Questionnaire (REQ)

The Turkish adaptation of the scale developed by Phillips and Power (2007) was made by Duy and Yıldız (2014). Scale items have a 5-point Likert-type scoring. The confirmatory factor analysis confirmed the measurement tool's four-dimensional structure. The scale consists of external dysfunctional emotion regulation, internal dysfunctional emotion regulation, internal functional emotion regulation, and external functional emotion regulation dimensions. The Cronbach's Alpha coefficients of the scale were found to be .76 for the external dysfunctional emotion regulation sub-dimension, .68 for the internal dysfunctional emotion regulation sub-dimension, .74 for the internal functional emotion regulation sub-dimension, and .57 for the external functional emotion regulation sub-dimension, respectively. Since the group counseling program deals with emotion regulation in the context of anger, the external functional emotion regulation sub-dimension of the emotion regulation scale for adolescents was used within the scope of the study. An exemplary item of the external functional emotion regulation sub-dimension is as follows: "I take my anger/sadness out physically (e.g., fight, hit) from others." As the scores obtained from the external functional emotion regulation sub-dimension increase, the frequency of the emotion regulation method used by the adolescent for that sub-dimension also increases. As the score decreases, the rate of using that method decreases.

Data Analysis

In the analysis of the data nonparametric methods were preferred because the sample size was smaller than 30 (n= 20) and the data did not meet the assumption of normal distribution. In this context, the non-parametric Mann-Whitney U test was used to compare the pre-test and post-test scores of the participants in the experimental and control groups. In addition, Wilcoxon Signed Rank Test was conducted to reveal whether the post-test scores of the experimental and control groups differed significantly compared to the pre-test scores. IBM SPSS 25 statistical package program was used in the statistical data analysis process.

Procedure

The group counseling program was developed and implemented by the researcher. The researcher works as a psychological counselor in a school. He received Cognitive Behavioral Therapy and spiritual counseling training in his doctoral education. He also conducted group counseling sessions during his undergraduate and graduate education.

Related research in the preparation phase of the group counseling program based on cognitive behavioral therapy integrated with applied spirituality (Boyalı, 2022; Emre & Keskinoğlu, 2022; Saçar, 2022; Kara, 2019; Kırca & Hatun, 2021; Snyder Badau & Esquivel, 2005; Öz, 2008; Yavuz, 2022) were examined, and applications were determined in line with the purpose of the study and used directly or through adaptation. The content of the prepared program was evaluated by two experts in the field of Guidance and Psychological Counseling, and the program was finalized in line with the feedback. Before starting the group work, individual interviews were conducted with the students in both the experimental and control groups. Parents' permission was obtained regarding the student's participation in this process. In addition, ethics committee approval (01-20) was obtained for the study.

The program was carried out in 8 sessions of 90 minutes to be implemented once a week in the 1st Term of the 2022-2023 academic year. The pre-test applications using

Table 2.
Sessions and Session contents

Sessions	**Session Content**
Week 1	Introductions, setting group rules, 8 basic emotions
Week 2	Anger and types of anger, dimensions of anger, relationship between anger and spiritual resources
Week 3	Anger and its physiological effects, causes of anger, the effect of spirituality on anger
Week 4	Cognitive processes associated with anger, types of cognitive processing with spiritual content, coping expressions
Week 5	Core beliefs about anger, anger management, communication skills
Week 6	Anger and aggression, coping strategies, spiritual resources in the process of coping with anger
Week 7	Mindfulness, spiritual coping skills, forgiveness
Week 8	Summary, sharing experiences

the Trait Anger and Anger Style Scale, the Religious Coping Scale and the Difficulty in Emotion Regulation Scale were carried out before the first session, and the post-test applications were carried out in the last session. Although no study was conducted for the control group, warm-up games, determined activities, and homework were given to the experimental group in each session within the program's scope.

As can be seen in Table 2, in the first session, firstly, information was given about the program. Group rules were determined together with the members after the activity called Introduce Friend was applied for the group members to get to know each other. In the last part of the session, emotions were introduced using Plutchik's wheel of emotion. The second session aimed to have information about anger and anger types, be aware of anger's physical, behavioral, and cognitive dimensions, and establish a relationship between anger and spiritual resources. The spiritual sentence completion test was applied at the end of the session. In the third session, the physiological changes accompanying the feeling of anger, the situations that cause anger, and the effects of spirituality on anger were studied. In the fourth session, the subjects explored cognitive processes related to anger, irrational thought patterns, types of cognitive processing with spiritual content, coping expressions, and spiritual coping expressions took place. The fifth session emphasized core beliefs about anger, anger control processes, and using I language in communication. The sixth session, it was aimed to distinguish between anger and aggression, to have information about functional and dysfunctional strategies used in the coping process, and to realize the effect of spiritual resources on coping with anger. In the seventh session, relaxation techniques, anger management, spiritual coping strategies, and forgiveness were studied. Finally, in the eighth session, the group process was reviewed, and the process was terminated by taking evaluations by the group members.

Results

In this part of the research, the findings obtained as a result of the analysis of the data collected within the scope of the research are included.

Table 3.
Descriptive statistics on the pretest and posttest scores of the experimental and control groups

Scales	Experimental Group				Control Group			
	Pre-test		Post-test		Pre-test		Post-test	
	X	Sd	X	Sd	X	Sd	X	Sd
STAXI - Trait-Anger	33.40	1.83	29.30	5.10	32.70	1.70	34.20	1.81
STAXI -Anger Control	15.20	3.45	19.50	5.75	14.30	1.63	13.20	2.44
RCS-Positive Religious Coping	17.40	3.09	20.80	4.49	18.30	2.71	16.10	2.33
REQ- External Dysfunctional Emotion Regulation	16.60	2.71	12.70	2.05	18.50	2.54	18.00	4.05

When Table 3 is examined, it is seen that the anger control and positive religious coping post-test average scores of the experimental group increased compared to the pre-test scores. Trait anger and external dysfunctional emotion regulation post-test mean scores decreased compared to the pre-test scores. Table 3 shows the results of the Mann Whitney-U Test to test the significance of the difference between the pre-test scores of the experimental and control groups.

Table 4.
The results of the Mann Whitney-U Test were applied to test the significance of the difference between the experimental and control group pre-test scores.

Scales	Group	N	Mean Rank	Sum of Ranks	U	Z	p
STAXI - Trait-Anger	Experimental	10	11.55	115.50	39.500	-,810	,418
	Control	10	9.45	94.50			
STAXI -Anger Control	Experimental	10	11.60	116.00	39.000	-.839	,401
	Control	10	9.40	94.00			
RCS-Positive Religious Coping	Experimental	10	9.70	97.00	42.000	-.610	,542
	Control	10	11.30	113.00			
REQ- External Dysfunctional Emotion Regulation	Experimental	10	8.65	86.50	31.500	-1.409	,159
	Control	10	12.35	123.50			

As seen in Table 4, trait anger (U=39.50, p>.05), anger control (U=39.00, p>.05), positive religious coping (U=42.00, p>.05), and external dysfunctional No statistically significant difference was found between the pre-test averages of the experimental and control groups in terms of emotion regulation (U=31.50, p>.05) scores. Based on the findings, the experimental and control groups have similar characteristics regarding the compared variables.

Table 5.
Wilcoxon Signed Ranks Test results regarding the pretest-posttest scores of the experimental group

Scales	Group	N	Mean Rank	Sum of Ranks	Z	P
STAXI - Trait-Anger	Negative Rank	7	5.86	41.00	-2.203	,028
	Positive Rank	2	2.00	4.00		
	Ties	1				
	Total	10				
STAXI -Anger Control	Negative Rank	2	3.25	6.50	-2.156	,031
	Positive Rank	8	6.06	48.50		
	Ties	0				
	Total	10				
RCS-Positive Religious Coping	Negative Rank	3	2.67	8.00	-2.015	,044
	Positive Rank	7	6.71	47.00		
	Ties	0				
	Total	10				
REQ- External Dysfunctional Emotion Regulation	Negative Rank	8	5.44	43.50	-2.501	,012
	Positive Rank	1	1.50	1.50		
	Ties	1				
	Total	10				

When Table 5 is examined, trait anger (z=-2.20, p<.05), anger control (z=-2.15, p<.05), positive religious coping (z=-2.01, p<.05), and A statistically significant difference were found between external dysfunctional emotion regulation (z=-2.50, p<.05) pretest and posttest scores. These findings show that cognitive behavioral therapy-based spiritual counseling with the group significantly decreased the trait anger and external dysfunctional emotion regulation scores of the students in the experimental group. At the same time, there was a significant increase in anger control and positive religious coping scores.

Table 6.
Wilcoxon Signed Ranks Test results regarding the pretest-posttest scores of the control group

Scales	Group	N	Mean Rank	Sum of Ranks	Z	p
STAXI - Trait-Anger	Negative Rank	3	4.17	12.50	-1.566	,117
	Positive Rank	7	6.07	42.50		
	Ties	0				
	Total	10				
STAXI -Anger Control	Negative Rank	8	4.50	36.00	-1.612	,107
	Positive Rank	1	9.00	9.00		
	Ties	1				
	Total	10				
RCS-Positive Religious Coping	Negative Rank	6	4.83	29.00	-1.550	,121
	Positive Rank	2	3.50	7.00		
	Ties	2				
	Total	10				
REQ- External Dysfunctional Emotion Regulation	Negative Rank	2	8.50	17.00	-.664	,507
	Positive Rank	7	4.00	28.00		
	Ties	1				
	Total	10				

As seen in Table 6, there was no statistically significant difference between the control group's trait anger (z=-1.56, p>.05), anger control (z=-1.61, p>.05), positive religious coping (z=-1.55, p>.05) and external dysfunctional emotion regulation (z=-.664, p>.05) pre-test post-test scores.

Table 7.
The results of the Mann Whitney-U Test were applied to test the significance of the difference between the experimental and control group post-test scores.

Scales	Group	N	Mean Rank	Sum of Ranks	U	Z	P
STAXI - Trait-Anger	Experimental	10	7.75	77.50	22.500	-2,092	,036
	Control	10	13.25	132.50			
STAXI -Anger Control	Experimental	10	13.60	136.00	19.000	-2.358	,018
	Control	10	7.40	74.00			
RCS-Positive Religious Coping	Experimental	10	13.55	135.50	19.500	-2.328	,020
	Control	10	7.45	74.50			
REQ- External Dysfunctional Emotion Regulation	Experimental	10	6.80	68.00	13.000	-2.284	,005
	Control	10	142.00	142.00			

As seen in Table 7, statistically significant differences were found between the trait anger ($z=2.09$, $p<.05$), anger control ($z=-2.35$, $p<.05$), positive religious coping ($z=-2.32$, $p<.05$) and external dysfunctional emotion regulation ($z=-2.28$, $p<.05$) post-test scores of the experimental and control groups. According to the findings, it was determined that the anger control and positive religious coping post-test scores of the students in the experimental group were significantly higher than those in the control group. The trait anger and external dysfunctional emotion regulation post-test scores were significantly lower than those in the control group.

Discussion

Although spiritually-oriented CBT applications related to anger management have found little place in the literature, studies have shown effective results on anger (Angus, 2001; Vannoy & Hoyt, 2004). This study investigated the effects of a group counseling program based on spirituality-integrated cognitive behavioral therapy on adolescents' trait anger, anger control, external dysfunctional emotion regulation, and positive religious coping. A total of 20 high school students, 6 boys and 14 girls participated in the study, organized in a quasi-experimental design with a pretest-posttest control group. In the analyzes made before the counseling with the group, no significant difference was found between the experimental and control groups in terms of trait anger, anger control, emotion regulation, and positive religious coping levels. A counseling program based on cognitive behavioral therapy integrated with spirituality was applied to the experimental group, and no action was taken against the control group. The Mann Whitney-U Test was used to test whether there was a significant difference between the post-test scores after the implementation of the group counseling program. As a result of the analysis, it was concluded that anger control and positive religious coping levels showed a significant positive difference. It was found that the levels of trait anger and external dysfunctional emotion regulation showed a significant difference in the negative direction. Finally, in the analyzes carried out to test whether there is a significant difference between the pre-test and post-test scores of the experimental group, a significant difference was found in terms of trait anger, anger control, external dysfunctional emotion regulation, and positive religious coping pre-test post-test scores. However, it was concluded that there was no significant difference in the control group's pre-test and post-test scores. These findings show that the group counseling program based on spirituality-integrated cognitive behavioral therapy applied within the scope of the study decreased the trait anger and external dysfunctional emotion regulation levels of adolescents while increasing their anger control and positive religious coping levels.

Anger is an experiential state of cognitive, emotional, and physiological components. At this point, CBT offers an approach that emphasizes that our thoughts

are determinative of our emotions and behaviors (Beck, 2021). CBT is a frequently used approach in anger interventions (Candelaria et al., 2012; Henwood et al., 2015). Within the scope of the study, it was observed that the anger control levels of the adolescents increased, and their trait anger levels decreased in the analyzes made as a result of the application of the cognitive behavioral therapy-based group spiritual, psychological counseling program. There are studies in the related literature that support this finding. Feindler and Ecton (1986) taught relaxation and cognitive behavioral techniques with the CBT-based anger control program they developed based on problems such as being unable to cope with their anger, withdrawing or acting aggressively, frequently fighting at school, and emotional deprivation. It is concluded that they could control it. Şekerci et al. (2017) concluded that CBT group interventions decreased trait anger while increasing anger control in a group counseling study with adolescents. Similar group studies have also shown that cognitive behavioral therapy programs are effective in reducing the trait anger of adolescents and increasing anger control (e.g., Sütçü et al., 2010; Duran & Eldeleklioğlu, 2005). In addition, meta-analysis studies (Fernandez et al., 2018; Özabacı,2011; Sukhodolsky et al., 2004) show that CBT gives effective results on anger.

Anger is one of the most common emotions experienced during adolescence (Stapley & Haviland, 1989). Considering the physical, emotional, and psychosocial effects of anger, it is thought that the ability to regulate anger and emotion gains importance, especially during adolescence. Phillips and Power (2007) classified emotion regulation strategies as internal-functional, internal-non-functional, external-functional, and external-non-functional. In external dysfunctional emotion regulation, individuals cannot control negative emotions and thoughts, such as anger, sadness, and anger, and direct them to the people around them (Phillips & Power, 2007). As a result of the group counseling applied within the scope of the study, it was observed that there was a significant decrease in the external dysfunctional emotion regulation levels of adolescents. It is stated that the intense use of dysfunctional emotion regulation strategies may cause emotional and behavioral problems in adolescents (Goodman, 1997). Studies in the literature have drawn attention to the relationship between emotion regulation and anger. Öpöz (2017) concluded that as adolescents' emotion regulation difficulties increase, their anger control decreases significantly, while their trait anger levels increase significantly. Cenkseven Önder and Canoğulları (2020) concluded in their study that external dysfunctional emotion regulation significantly predicted anger. Similarly, Karababa (2020) found a positive and significant correlation between trait anger and external dysfunctional emotion regulation variables in his study examining the correlation between trait anger, emotion regulation strategies, and loneliness. However, Rosmarin (2018) emphasizes that various spiritual/religious beliefs and practices, such as gratitude, forgiveness, and prayer, are also effective in emotion regulation. In this context, emotion regulation

theory offers an important approach for researchers who want to include spirituality/religion in CBT practices (Rosmarin, 2018). Considering the effect of the cognitive behavioral therapy-based group spiritual counseling program applied to adolescents on the emotion regulation variable within the framework of the relevant literature, it can be said that the research results support the hypothesis developed.

Another critical finding obtained within the scope of the study is a significant increase in positive religious coping levels of adolescents as a result of group counseling. Positive religious coping strategies can help individuals respond more effectively to challenging situations (Cunningham, 2004). Putman et al. (2011) found that positive religious coping was associated with lower trait anger levels. In his study, Cunningham (2004) also concluded that positive religious coping is a significant predictor of anger control. These findings support the idea that religious coping strategies can be included in anger control group intervention programs for adolescents.

Due to the scope of this study, some factors limit the conclusions that can be drawn from the data. First, the criteria determined within the scope of criterion sampling may create limitations. Within the scope of the research, teacher recommendations and guidance service orientation, which are the criteria for participation in the research, may be specific to the teachers' experience. This may make it difficult for future studies to replicate the established criteria. However, using the Trait Anger Scale (Spielberger, 1988) as a quantitative criterion partially removes this limitation. Secondly, the gender ratio of the participants is not balanced since the high school where the application was made was predominantly female. This situation may prevent adolescents from explaining anger management processes because their anger experiences may differ according to gender (Park et al., 2010; Wong et al., 2018). Subsequent studies can be designed by considering the balanced gender distribution. In addition, the lack of follow-up measurements of the study may cause limitations in examining the program's effect and continuity. It may be recommended to conduct follow-up studies in different time periods for the interventions applied in future studies. Finally, in this study, which was designed using a quasi-experimental design, the participants were not randomly assigned to the experimental and control groups. However, no significant difference was found as a result of the comparison of the pre-test scores of the experimental and control groups. This supports the reliability of the study results.

The findings obtained within the scope of the study show that the group counseling program decreases the adolescents' trait anger and external dysfunctional emotion regulation levels and increases anger control and positive religious coping levels. In this context, integrating emotion regulation skills and positive religious coping methods into group interventions applied in developing anger control skills will significantly contribute to adolescents' anger-experiencing processes.

Ethical approval. All procedures related to the study named "Spiritual Resources for Anger Management: Spirituality Integrated Cognitive Behavioral Group Therapy" were carried out in accordance with the ethical standards of Marmara University Institute of Educational Sciences Research and Publication Ethics Committee (ethics committee approval date and number 19.01.2023/01- 20)

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Research Article

Self-Compassion As A Mediator of The Relationship Between Psychological Inflexibility and Resilience

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Abstract

Acceptance and commitment therapy helps individuals to develop psychological flexibility, which is the ability to accept and adapt to difficult thoughts and feelings without allowing them to control their behavior. Psychological flexibility is associated with important constructs, one of which is resilience, which expresses individuals' positive attitude against the difficulties they encounter in life. In this study, the mechanism of the relationship between psychological inflexibility and resilience was examined in more detail. The aim of this study was to investigate the mediating role of self-compassion in the relationship between psychological inflexibility and resilience. This cross-sectional study used data collected via self-reported measurement tools from 285 participants (61 males and 224 females) who were university students. The Acceptance and Action Questionnaire-II (AAQ-II), the Self-Compassion Scale (SCS), the Brief Resilience Scale (BRS), and a demographic information form were used for data collection. Results showed that psychological inflexibility negatively predicted self-compassion and resilience, and self-compassion positively predicted resilience. Based on the mediation analysis results, it was found that self-compassion partially mediated the effect of psychological inflexibility on resilience.

Keywords:
Acceptance and commitment therapy • Psychological inflexibility • Self-compassion • Resilience • Mediation analysis

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Cognitive-behavioral therapy (CBT) has been witnessing rapid scientific change and progress with theoretical, clinical, and even philosophical aspects of the new generation of CBT-based therapies that started at the end of the 20th century (Hayes, 2004). One of the most important differences is the way in which psychological events (personal memories, thoughts, feelings, and sensations felt in the body) are conceptualized and addressed in these therapies. One of these new-generation therapies, acceptance and commitment therapy (ACT), has shown considerable effectiveness in the therapeutic management of a broad spectrum of mental health issues (Gloster et al., 2020; Thompson et al., 2021).

ACT proposes to change the contexts and functions of events instead of directly targeting their content, frequency, and/or form, as traditional cognitive therapy models do, in order to reduce behavioral effects (Greco et al., 2008; Zhang et al., 2018). With its acceptance and mindfulness-based approach, ACT focuses on increasing psychological flexibility by promoting value-based actions (Hayes & Strosahl, 2004). Psychological inflexibility (PI), which is the lack of psychological flexibility, is avoiding or controlling by one's personal internal experiences (thoughts, feelings, and others) instead of more effective and meaningful actions. Individuals with a high level of PI set out avoidance–based responses (Crabtree et al., 2021). PI has six core components: experiential avoidance, cognitive fusion, prepotency of the past and future, attachment to the conceptualized self, lack of values, and inaction. From ACT's perspective, the cause of human suffering and psychological problems is the constriction of behavior resulting from cognitive fusion and experiential avoidance (Estrellado et al., 2022).

Cognitive fusion refers to the inability to distinguish between our thoughts and real events and the inability to separate thinking processes from our actions (Pyszkowskaet et al., 2021; Wilson & Hayes, 1996). Experiential avoidance, which is the state that exists when an individual shows a reluctance to connect with certain personal experiences, is an effort to make differences in the quantitative, formal, or contextual aspects of those personal events (Hayes et al., 1996). Although theoretically, PI comprises a broader term, avoidant coping, the concepts of PI and experiential avoidance are sometimes used interchangeably in the relevant literature (Crabtree et al., 2021; Karekla & Panayiotou, 2011; Miron et al., 2015). Both PI and experiential avoidance have found a wide area of study in the literature, especially in recent years. They are positively related to psychopathology (e.g., Masuda & Tully, 2012) and psychological, emotional, and behavioral problems (e.g., Levin et al., 2014), but negatively related to positive psychological health variables, such as gratitude, enjoyment, happiness, and psychological well-being (Calvo et al., 2022; Carreno et al., 2023; Crego et al., 2022; Jankowski et al., 2022; Machell et al., 2015).

Another important construct in terms of psychological health that is negatively related to PI is resilience (Aghayousefi et al., 2017). Resilience is thought to be a core part of psychological health because, although there has been relatively little study result on the mechanism of protective factors against psychological difficulties (e.g., PTSD, depressive symptoms), it is known that resilience can play an important role (Umucu et al., 2022). Resilience is mostly expressed as effective functioning, despite internal or external distress (Sturgeon & Zautra, 2013). It signifies a person's capability to adapt or alter successfully when confronted with difficulties. Studies have also shown that certain aspects of resilience, such as positive feelings, meaning-making, cognitive flexibility, and successful coping, can preserve from the negative outcomes of mental health problems (Laird et al., 2019; Southwick et al., 2005). Goubert and Trompetter (2017) conceptualized resilience as a contextual behavioral element. They described the term as the capacity to involve in meaningful experiences, which enhance the quality of life and psychological health despite distress. Gentili et al. (2019) highlight the association between this conceptualization and the concept of psychological flexibility. Gentili et al. (2019) have associated these two constructs in terms of acting correspondingly to one's aims and values, even in the face of trouble or distress. The results of their research reveal the strength of psychological flexibility "as a resilience factor" (Gentili et al., 2019). When the above-mentioned literature is evaluated together, it arouses interest in studying the relationship between PI and resilience in detail and reveals the hidden mechanism in the PI and resilience relationship.

Self-compassion (SC), a critical process in ACT, is one of the concepts that can be examined to get a more detailed picture of the relationship between PI and resilience. It is described as "being open to one's own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's suffering and to heal oneself with kindness" (Neff, 2003a, p. 87). Neff (2003a) stated that SC has three core components: a sense of common humanity, self-kindness, and mindfulness. Mindfulness is experiencing the present time in a balanced way and accepting one's self and own emotions. Self-kindness is being nice, kind, and understanding instead of being critical and judgmental towards oneself, even in the presence of inadequacies, mistakes, and failures. A sense of common humanity states instead of withdrawing from painful experiences and feeling disconnected from others by seeing oneself as the only person experiencing the pain and struggles, being aware that these experiences are characteristic of being human (Barnard & Curry, 2011; Köhle et al., 2021; Neff, 2011). Having a high level of SC enables seeing making mistakes as a common experience of all humanity and accepting mistakes without judging themselves harshly. Such a perspective suggests more flexibility rather than avoiding experience. Such kind of a perspective may also increase individuals' resilience.

SC indicates an effective way of managing difficult emotions. Addressing one's suffering with SC generates positive emotions, while negative emotions are reduced. Furthermore, SC is a significant source of coping and resilience when dealing with various difficult life experiences, such as divorce or chronic pain (Neff & Seppala, 2016). SC may be a powerful alternative to rigid standards, which is a common characteristic of anxiety and depression (Egan et al., 2022). By acting so, SC may contribute to the success of interventions in treating psychological disorders (Germer, 2009; Gilbert, 2009). SC is associated with happiness (Wollast et al., 2019), life satisfaction (Li et al., 2021), wisdom (Gilbert, 2017), gratitude (Nguyen et al., 2020), and positive emotions (Tran et al., 2022), and also an important predictor of optimism (Neff & Vonk, 2009). Empirical findings indicated that SC has a significant effect on psychological well-being (Tran et al., 2022). Meta-analysis studies, which are large-scale studies, have also revealed the relationship of SC with well-being (MacBeth & Gumley, 2012; Zessin et al., 2015). It is also positively correlated with psychological flexibility (Marshall et al., 2016). Similarly, but with a different perspective, Boykin et al. (2018) also discussed PI as a barrier to SC. In accordance with the outcomes of the study conducted by Miron et al. (2015), a combination of heightened PI and fear of SC may represent a vulnerability factor for adverse psychological consequences, such as PTSD, and this finding suggests a decrease in resilience. Neff et al. (2007) also bring to mind resilience by saying that people with high SC levels are better able to handle acute stressors. Empirical evidence provides the idea that individuals with low levels of SC tend to view their failures as a reflection of their competence, whereas individuals with high SC levels tend to have more resilient self-evaluations and may have a more accurate understanding of their abilities (Barnard & Curry, 2011; Mosewich, 2020). Based on the relevant literature, PI, SC, and resilience variables were considered together in this study, and it was aimed to gain insight into the direct and indirect effects between them.

Overview of the Present Study

PI signifies an individual's inability to adapt and make differences in response to different situations and emotions. This can manifest in various ways, such as avoidance of difficult emotions, rigid thinking patterns, and a lack of flexibility in problem-solving. Psychologically inflexible people may have a harder time dealing with stress and adversity and may be less able to find compassion for themselves in difficult situations. SC may foster resilience by providing individuals the ability to accept and understand their noncritical and non-judgmental perspective towards themselves. PI can inhibit the development of SC by making it difficult for an individual to adapt and change in response to different situations and emotions, and this can reduce resilience, which is effective functioning despite internal or external distress. Briefly, individuals with high PI may have difficulty behaving self-compassionately, which may make them less resilient.

Investigating the role of SC as a mediator in the relationship between PI and resilience holds important theoretical and practical implications. By identifying SC as a potential mechanism through which PI influences resilience, this study can contribute to the development of interventions aimed at fostering SC and enhancing resilience. Promoting SC could provide a buffer against the detrimental effects of PI, empowering individuals to adapt, thrive, and maintain well-being in the face of adversity. Ultimately, this research has the potential to deepen our knowledge of the psychological processes underlying resilience and inform interventions designed to promote positive mental health outcomes. Considering this standpoint, the aim of this research is to analyze the mediating effect of SC in PI and resilience relationships.

Method

Research Model

This study is a cross-sectional study that uses a correlational survey model. By using a correlational model, researchers collected data from the participants' perspectives without intervention in a natural context. Additionally, researchers focused on the underlying mechanism in the relationship between PI and resilience and used mediation analysis to examine whether PI affects resilience through SC. Mediation studies are based on the idea that the relationship between variables can be explained by other variables (Hayes & Rockwood, 2017).

Participant and procedure

This research included 285 university student participants (61 males and 224 females) with a mean age of 20.64. Convenience sampling was used for collecting the data. In order to reach the university students, the researchers consulted with the professors and obtained permission to use the data collection tools during their classes. Classes were randomly selected, and volunteer participants participated in the study. Researchers declared the aim of the study and the confidentiality of the data to the participants during the data collection. Approval for conducting the study was granted by the ethical committee for research at Istanbul Okan University (date: 27.04.2022; protocol no:154). Participants voluntarily participated in the study, and only voluntary participants filled out the measurement tools. The implementation process took approximately 20 minutes.

Measurement Tools

Acceptance and Action Questionnaire-II (AAQ-II). The AAQ-II (Bond et al., 2011) is used for measuring PI. The Turkish adaptation of the AAQ-II was carried out by Yavuz et al. (2016). The measured structure was found to be one-dimensional and

comprised of seven items, and it has been found to have a valid construct. Items are obtained with a 7-point Likert scale (1 *never true*; 7 *always true)*. The Exploratory Factor Analysis (EFA) showed that the factor structure was one-dimensional, as in the original form, and the total variance explained was calculated as 51.76%. The Confirmatory Factor Analysis (CFA) also showed the same construct as the original form. The outcomes of the CFA showed good fit ($x^2/pdf = 3$, $p < .01$). Other fit indices also showed good fit indices: RMSEA = .08, CFI = .97, GFI = .97, NFI = .96, and SRMR = .02. The Cronbach's alpha (Cr) internal consistency coefficient of the scale was .84. The Pearson correlation coefficient for test-retest reliability was calculated as .85 (Yavuz et al., 2016). The Cr alpha reliability coefficient of the AAQ-II is found to be .88 in the current study.

Self-Compassion Scale (SCS). The SC is assessed by the SCS, developed by Neff (2003b) and adapted into Turkish by Deniz et al. (2008). The SCS consists of 24 items, evaluated on a 5-point Likert scale (1 *almost never*; 5 *almost always*). The Cronbach's alpha coefficient of the Turkish version of SCS was calculated as .89. The Pearson correlation coefficient for test-retest reliability was calculated as .83 (Deniz et al., 2008). In the current study, the Cr alpha reliability coefficient of the SCS was evaluated as .89.

Brief Resilience Scale (BRS). Resilience is assessed by the BRS, developed by Smith et al. (2008) and adapted into Turkish by Doğan (2015). The BRS consists of 6 items, obtained with a 5-point Likert score (1 *strongly disagree*; 5 *strongly agree*). The CFA goodness of fit indices was found as (x^2/df (12.86/7) = 1.83, RMSEA = .05, CFI = .99, GFI = .99, NFI= .99, SRMR = .03. The Cr alpha coefficient of the Turkish version of the BRS is calculated as .83 (Doğan, 2015). In the current study, the Cr alpha reliability coefficient of the SCS was evaluated as .87.

Data Analyses

In this study, the mediating role of SC in the relationship between PI and resilience has been investigated. Before testing the mediating role, descriptive statistics (mean, standard deviation) and the relationships between the variables were examined (Table 1). The skewness and kurtosis values for all variables were within the acceptable ranges proposed by Kline (2016) (skewness < 3 and kurtosis < 10).

After controlling for the assumptions, a mediation analysis was run. The methodology outlined in the research of Hayes (2017) was used to test the mediating role. Researchers employed the Bootstrap Confidence Interval (CI) method, as described by Shrout and Bolger (2002) and further developed by Preacher and Hayes (2008). Specifically, the sample distribution of the mediation analysis was calculated using the Bootstrap method, with the mediation effect being estimated 5000 times.

The final results were then calculated using the Bias Corrected (BC) Bootstrapped CI method, which provides a robust and reliable measure of the mediation effect (Hayes, 2017). Then, using regression-based PROCESS, in line with the suggestions of Preacher and Hayes (2008), the direct and indirect effects were calculated. To control the significance of the mediation, bootstrapping was applied. The stated analyses were performed using IBM SPSS Statistics 22.00.

Results

In this study, the mediating role of SC in the relationship between PI and resilience was examined. Before testing the mediating role, the descriptive statistics of the variables and the correlation coefficients of the variables were analyzed (Table 1).

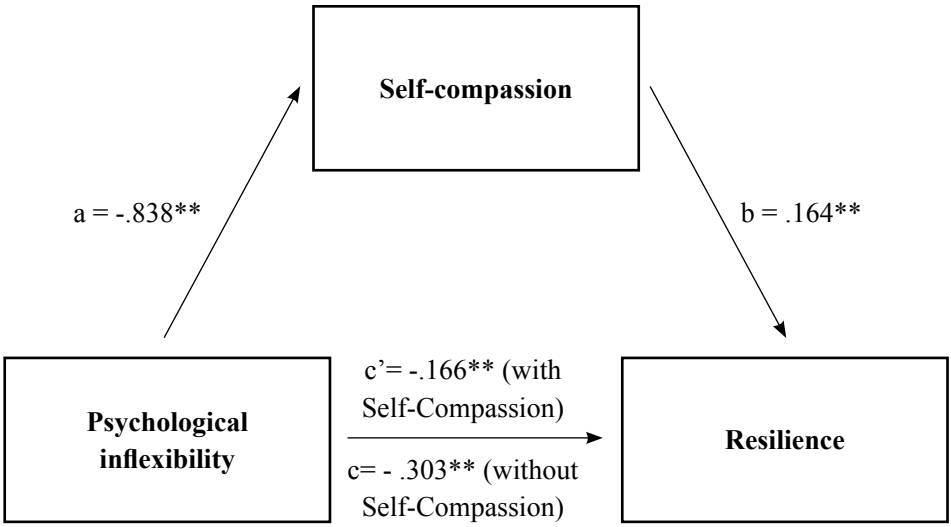
Table 1.
Descriptive statistics and bivariate correlations for study measures (n = 285)

Measure	Alpha	Skewness	Kurtosis	M	SD	1	2
1. AAQ-II (PI)	.88	.352	-.630	25.558	10.279	-	-
2. SC (SCS)	.89	-.144	-.047	72.598	15.154	-.569**	-
3. Resilience (BRS)	.87	.013	-.455	17.319	5.389	-.579**	.641**

Note. ** $p < .01$

The results show that the variables are significantly intercorrelated: PI significantly and negatively correlated with SC (r = -.569, p < .001) and resilience (r = -.579, p < .001). Additionally, SC significantly and negatively correlated with resilience (r = .641, p < .001).

Figure 1.
The indirect effect of psychological inflexibility on resilience through self-compassion



Following the investigation of the correlation between variables, a mediation test was performed. Figure 1 shows the results of bootstrapping on the mediation role of SC between PI and resilience (Appendix 1.). When direct effects are analyzed, it is seen that PI negatively affects resilience (c = -.303) and SC (a = -.838). Additionally, SC positively affects resilience (b = .164). According to the results of the mediation analysis, SC is found to be a mediator in the relationship between PI and resilience (Appendix 2.). When SC is included as a mediating variable in the model, it is found that the relationship between PI and resilience still remains significant, but the coefficient value decreases, indicating that SC plays a partial mediating role in this relationship. The upper and lower limits within the 95% confidence interval (CI) point that this mediating role is statistically significant (ca = -.166; CI = -.182, -.099).

As can be seen in Figure 1, SC plays a partial mediating role in the relationship between PI and resilience among university students. In other words, as PI increases, SC decreases, and this decrease also leads to a decrease in psychological resilience.

Discussion

The main result of this study shows that SC plays a partial mediating role in the relationship between PI and resilience. Before the main result of mediating role, relationships between variables can be discussed in the light of the literature. First, it was found that there is a negative relationship between PI and SC, and PI negatively predicts SC. This result is consistent with previous research that has found a relationship between PI and SC (e.g., Farr et al., 2021; Viskovich & Pakenham, 2020; Wilson et al., 2019). It can be said that their negative correlation is congruent with the nature of the definitions of the terms. Theoretically, PI is explained as rigid thinking patterns and rigid standards. By contrast, SC is explained as having a positive attitude and being accepting of oneself. While PI implies avoiding or controlling thoughts and feelings, SC involves making contact with feelings and thoughts in an accepting, kind, and mindful way. Also, in PI, the past and the future are prepotent to the present. But SC includes being in the present moment with mindfulness, one of its main components, and living in the moment in a balanced way. In this context, it can be said that when PI decreases, positive attitudes (emotions, thoughts, and behavior) toward oneself increase.

Second, the results obtained from this study support the notion that PI negatively predicts resilience. This result goes along with the results of the studies conducted by Aghayousefi et al. (2017) and Calvo et al. (2022). Seçer et al. (2020) also revealed that PI is associated with resilience. It is considered that high levels of PI may put pressure on the individual's adaptational capabilities (Bond et al., 2006), which may reduce resilience levels. Another explanation of the predictive role of PI on resilience can be made as follows: As people's rigid thinking decreases, they become more flexible mentally, making it easier to adapt successfully.

Third, SC positively predicts resilience in the current study, and this result is in accordance with Bluth and Eisenlohr-Moul's (2017) study. Some other researches also corroborate this finding by addressing SC is positively associated with resilience in the face of difficulties and increases resilience (Harvey & Boynton, 2021; Hatun & Kurtça, 2022; Smith, 2015). Being attentive to oneself and accepting the experiences as they are, even if they are painful, may increase resilience because it may make it easier to adapt in the face of difficulties.

This study proposes that SC acts as a mediator in the relationship between PI and resilience. It is hypothesized that psychological rigidity may hinder the development of SC, thereby affecting a person's ability to deal effectively with difficulties. Moreover, individuals who demonstrate greater SC could display higher levels of resilience due to their ability to approach challenges with kindness, acceptance, and understanding of their shared human experience. PI can reduce resilience both directly and through low SC. Thinking and feeling more rigid seems to prevent a person from allowing himself and accepting himself as he is. This causes people to be less psychologically resistant and reduce their effective functionality. However, being more flexible and not avoiding experiences can make a person more resilient both directly and indirectly by providing a compassionate approach to himself and connecting with his feelings, thoughts, and experiences.

SC signifies the capacity to show kindness, gentleness, warmth, and understanding toward oneself when facing difficulties (Neff & McGehee, 2010). The current study has shown that individuals who score higher on SC tend to score higher on psychological resilience. This suggests that SC may help buffer the negative effects of PI on psychological resilience. Overall, these findings suggest that SC may play an important role in promoting psychological well-being by reducing the negative effects of PI on psychological resilience.

It is necessary to address some limitations of this study. First, there was a female predominance in the sample group regarding gender. Second, data were collected through self-report measurement tools, which indicates that the data was limited to participants' self-reports and perceptions rather than their actual PI, SC, and resilience level. Third, the participants were included in the study with the convenience sampling method. Studies to be carried out with different sampling methods can increase the generalizability of the research.

Future research should also consider other potential mediators and moderators to get a better insight into the mechanism of PI and resilience relationship. Subsequent studies should further investigate the mechanisms which help understand PI, SC, and resilience. Additionally, future researchers are recommended to conduct their research using qualitative, experimental, and longitudinal designs to gain more in-

depth information on the relationships of the variable of this study. Lastly, in light of the findings from this study, it may be recommended to add PI and SC to the interventions carried out to increase the clients' resilience.

Ethical approval. The study proposal was examined by the Okan University Ethics Committee, and it was decided that the research was ethically appropriate. The approval date was 27.04.2022, and the protocol number was 154. Informed consent was obtained from all individual participants included in the study.

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Appendix 1.
The model coefficients in the estimation of the self-compassion as a mediator of relation between psychological inflexibility and the resilience

		Dependent variable						
		M (self-compassion)				Y (resilience)		
Independent variable		*B*	Standard error (se)	*p*		*B*	Standard error (se)	*p*
X (Psychological inflexibility)	*a*	.838	.072	.000	$c^{'}$	-.166	.027	.000
M (Self-compassion)		___	___	___	*b*	.164	.018	.000
Constant	$\dot{I}_M$	94.036	1.984	.00	$\dot{I}_Y$	9.655	1.854	.000
		R^2= .323				R^2= .479		
		$F(1, 2834) = 135.477$, $p = .000$				$F(2, 282 = 129.642$, $p = .000$		

*Note: *p < .05, **p < .01, ***p < .001*

Appendix 2.
The coefficients of the indirect effect of the self-compassion as a mediator of relation between psychological inflexibility and the resilience

Independent variable	M	Y	Effect	Boot SE	Boot CI
Psychological inflexibility	Self-compassion	Resilience	-.47	.30	-.182 -.099

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Book Review

Entheogens, Healing, and the Sacred

Reviewed by Samuel Bendeck Sotillos[1]
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Sacred Knowledge: Psychedelics and Religious Experiences
By William A. Richards, Foreword by G. William Barnard
New York, NY: Columbia University Press, 2018, PP. 280.

[1] Samuel Bendeck Sotillos, Mental Health Therapist, Writer, and Researcher.

With the burgeoning rise of psychedelic use in the present day, it is important that we understand the significance of this phenomenon. One factor seems to be the search for more holistic forms of mental health treatment that go beyond just the management of symptoms—a desire for authentic healing and wholeness. As helpful as these integrated therapies are, we cannot forget the emptiness created by the loss of religion in modernity, and the existential crisis that this has brought about for millions of people.

The developments that led to the Enlightenment project—and its secular *Weltanschauung*— attempted to fill this void with everything except that which alone can truly heal the trauma of secularism. In this sense, it was the so-called Enlightenment that allowed modern Western psychology to emerge. It often goes unrecognized that the hegemonic dominance of modern science and its empirical epistemology (which rules out alternative modes of knowing) also came to flourish in these profane conditions. As the wounds of the collective psyche become more apparent in our day, there is perhaps nothing more urgent than the need to recover an authentically integrated psychology or

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"science of the soul" that is rooted in metaphysics, sacred science, and the spiritual healing of psychic illness.

William A. Richards is a psychologist in the Department of Psychiatry at Johns Hopkins University School of Medicine. He brings a unique perspective to the discussion of the therapeutic import of psychedelics (etymologically, "mind-manifesting" substances) or entheogens ("generating God within") having studied clinical psychology, theology, and comparative religion. He has also had personal experiences with these sacred medicines. His scientific research into psychedelics spans decades, before and after the prohibition on psychedelics. Richards argues that when entheogens are utilized in safe and "intelligent ways … they are but one of many tools that may be employed in the process of human psychological and spiritual development" (p. 8).

This book is divided into five parts. The first covers the history of psychedelic research, its prohibition, and its resurgence; along with the difficulties of choosing an appropriate vocabulary for these substances. The second part discusses a framework for undergoing psychedelic therapy and for understanding the distinct realms of mind as informed by the spiritual traditions. The third part explores the direct application of psychedelic-assisted psychotherapy with individuals suffering from various afflictions, including those struggling with a terminal illness. The fourth part covers the present and future applications of psychedelics in medicine, education, and religion. The fifth part discusses where psychedelic science and research can go from here, and advocates for the necessity of an interdisciplinary paradigm. Some have suggested that this book is on par with, or a continuation of, the classic 1902 work, *The Varieties of Religious Experience* by William James (1842–1910) – the "Father of American Psychology."

Regarding the present-day tendency to privilege the notion of 'spirituality' over 'religion,' he writes: "If indeed the word 'religion,' originating in the Latin *religare*, is to continue to signify that which most profoundly binds us together and reflects a shared perspective on what gives life its deepest purpose and meaning, I personally do not support abandoning it in favor of 'spirituality'" (p. 28). What is often missed is that spirituality is the inner or mystical dimension found within all revealed religions of the world; as such, it cannot be properly accessed outside the protective boundaries of a traditional religious path.

Richards describes the importance of utilizing a framework for understanding religions, their transcendent unity, and the reality of diverse mystical experiences. He employs the common metaphor of a mountain – a "common summit [with] many paths leading from its base to its ineffable peak" (p. 42). He adds "Since no one person can travel all the paths … it generally makes sense to embrace the tradition of one's childhood or culture" (p. 42). Additionally, "one can travel on one's own path and still respect and appreciate the paths of others that may be different" (p. 42).

This perspective very much appears to align with the school of thought known as the 'perennial philosophy' when he writes: "In approaching [a] respectful understanding of the diversity of religious languages and traditions, it is also of critical importance to comprehend that there is a variety of very meaningful religious experiences" (p. 43). We need to be cautious and emphasize that the perennial philosophy has nothing to do with New Age pseudo-spirituality and should not be confused with it.

Richards, like others, has attempted to trace the rudiments of a sacred psychology to what Sigmund Freud (1856–1939) referred to as the "oceanic feeling" (p. 39) in his book *Civilization and Its Discontents* (1930). Yet this inquiry is misplaced seeing as the Freudian "talking cure" is, at its core, anti-spiritual and opposed to metaphysics. The "oceanic feeling" for Freud likely refers to the primary narcissistic state of union between the infant and mother, and certainly not a unitive state with the Absolute. Richards also refers to the work of Carl Jung (1875–1961); in particular the "archetypes" and the "collective unconscious" yet, here too, these do not refer to the transpersonal order, but to the intermediary realm of the human psyche.

The promises of more holistic approaches to psychotherapy lie not in augmenting the already desacralized foundations of modern Western psychology but, rather, in recovering the metaphysical roots of true healing found among the diverse religious traditions of humanity. Only a fully integrated "science of the soul" can support such an endeavor. This will not only benefit those seeking a more traditional form of therapy rooted in sacred realities, but will also provide therapists with the spiritual discernment necessary for a more holistic form of treatment.

Richards makes an important point regarding the potential healing benefits of entheogens and how they can be supported long-term by participation in a religious tradition: "Undoubtedly, such positive effects can be nurtured and reinforced by spiritual disciplines" (p. 55). The author points out that "if one simply wants [a] delightful escape from the pressures of life, psychedelic substances are very poor choices. Psychological and spiritual growth is indeed [a] serious and sometimes gut-wrenching business" (p. 112). At times Richards's enthusiasm appears to suggest that he is promoting entheogens as an ultimate panacea. Yet he himself dispels this notion: "No psychedelic substance is a 'magic bullet' that will permanently cure any condition" (p. 143).

Richards speaks about the rare qualities required of a therapist to effectively administer psychedelic-assisted psychotherapy, stating that they would need to be "transparent to transcendence" (p. 145). However, he does not elaborate further on how this is to be developed within the secular confines of modern psychology, given that its mental health systems are bereft of any sacred dimension. That said, there is an abundance of published studies suggesting that entheogens may be of significant value for mental health treatment. Richards explains:

> In the hands of skilled therapists, who can establish solid rapport and who understand the art of navigating within the human mind, psychedelics may be understood as tools that can intensify, deepen, and significantly accelerate the healing processes of psychotherapy. Claims are frequently made that some single psychedelic experiences are equivalent to several years of regular appointments for psychotherapeutic treatment. (p. 139)

The book speaks to the safety measures taken to screen the suitability of individuals prior to administering psychedelic therapy, and the preparation required before this can take place. It explores psychedelic-assisted psychotherapy, and discusses the pain, nausea, fear, guilt, paranoia, and even psychosis that can be experienced by individuals when subject to this therapeutic modality.

Richards concludes the work with many key questions that remain unanswered regarding the future use of psychedelic-assisted psychotherapy:

> In what ways should legal access and possession be granted? Who should be the guardians held responsible for their wise use? Should mental health professionals be the gate-keepers with psychiatrists writing prescriptions? Should religious professionals decide when one is ready to receive what has been called "the sacrament that works"? Should membership in a religion where entheogens are accepted as sacraments be required for legal access, or can freedom or religion be honored outside of affiliation with a particular church, synagogue, temple, or mosque? Can the man on the street be adequately educated or held responsible to obtain the requisite knowledge in order to make his or her own decisions about whether and how and when to use psychedelics? How can the purity, accurate labeling, and proper dosage of psychedelic substances best be ensured so that the probability of safety and effectiveness can be maximized? These are all important issues for us to explore, and the time is now. (pp. 208–209)

Many of the problems we see in modernity betray the undiagnosed symptoms of today's spiritual crisis. We cannot help anyone to recover from the "dark night of the soul" without sacred remedies that are rooted in spiritual traditions and the necessary discernment to distinguish the Spirit from the psychic (Guénon, 2001; M. Perry, 2012; W. N. Perry, 1996). Mainstream psychology and secular ideologies cannot meet this abiding need, which is why people are turning to psychedelics as a pseudo-religious salve. Every faith provides a way of understanding the Spirit and a means of living in accordance with this reality. It is said that psychedelics have been known and used in sacred rituals throughout the world since time immemorial; yet they were likely used as supports only, not as the sole practice of a spiritual tradition. To reduce the *raison d'être* of a religion to psychedelics is to completely misconceive the nature of revelation.

We recall the following excerpt from an article co-authored by Richards and his friend, Walter Pahnke (1931–1971), published in 1966: "A significant danger confronting our society may lie in losing out on the benefits that the responsible use of these drugs may offer" (p. xxx). However, it remains unclear as to whether those

who do not adhere to a spiritual tradition can benefit—and to what degree—from these sacred medicines, even under the appropriate circumstances. As such, there are many questions that remain unanswered, reflecting, no doubt, the deeply anomalous conditions of our time.

Taking psychedelic medicine with a view to restoring the harmony of one's Spirit, soul and body is a fraught option, given the serious dangers that can beset such treatment when improperly administered. We need to acknowledge that what is poisonous in one context can also be curative in another. Keeping this essential principle in mind, we need to affirm, once again, the need to use these traditional medicines judiciously, and only in conjunction with the spiritual safeguards prescribed by each tradition.

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