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Original Article

Solution-Focused Brief Therapy and Spirituality

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Abstract

Solution-focused therapy began to gain widespread attention in our country and around the world in the last quarter of the 20th century suggesting that clients possess the power, resources and problem-solving skills needed to solve their problems. During therapy, the counselor focuses on clients' strengths in life rather than their problems. Clients' strengths include their values, beliefs, experiences and spirituality. Since these strengths can be a part of the solution, it is possible to use them during therapy in accordance with the philosophy of solution-focused therapy. Due to the client's limited self-disclosure and the focus on solution rather than problem, it is considered that this approach can be used by clients from different cultures.Studies demonstrate that this therapy method can be benefited by Muslim clients, in particular, due to its emphasis on solution and future-focused and hope-oriented nature. In the present study, the emergence and philosophy of solution-focused therapy is briefly described and multiculturalism, spirituality and religion in solution-focused therapy and compatibility of solution-focused therapy with Islamic perspective are addressed with case examples and analyses.

Keywords:
Spirituality, multiculturalism, solution-focused therapy and Islamic principles

Çözüm Odaklı Kısa Süreli Terapi ve Maneviyat

Öz

Çözüm odaklı terapi 20. Yüzyılın son çeyreğinde danışanın getirmiş olduğu problemi çözebilecek gücü, kaynağı ve problem çözme becerilerinin kendisinde olduğunu varsayarak ülkemizde ve dünyada yaygınlaşmaya başlamıştır. Terapi sürecinde odak noktası olarak danışanın problemleri yerine yaşamındaki güçlü noktaları seçer. Danışanın sahip olduğu değerleri, inançları, tecrübeleri ve manevi yönü de danışanın güçlü yanlarını oluşturmaktadır. Bu güçlü yönler çözümün bir parçası olabileceğinden terapi sürecinde çözüm odaklı terapinin felsefesine uygun bir şekilde kullanılabilir. Çözüm odaklı terapide danışanın kendini açmasının sınırlı olması, sorun yerine çözüme odaklanması nedeniyle farklı kültürlerden gelen danışanlar için de uygun olabileceği düşünülmektedir. Müslüman danışanlar için de manevi yönelimli çözüm odaklı terapinin birçok açıdan etkili olduğunu gösteren çeşitli araştırmalar mevcuttur. Bu çalışmada çözüm odaklı terapinin ortaya çıkışı ve felsefesi hakkında kısaca bilgi verilerek çözüm odaklı terapide çok kültürlülük, maneviyat, din ve çözüm odaklı terapinin İslami bakış açısı ile uyumu vaka örnekleri, analizleri ile birlikte ele alınmıştır.

Anahtar Kelimeler:
Maneviyat, çok kültürlülük, çözüm odaklı terapi ve İslami ilkeler

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Emergence of Solution-Focused Therapy

The development of solution-focused therapy was highly influenced by the works of the psychologist Milton Erickson. In late 1970s, Erickson focused on future, solution seeking and exceptions while working with clients. Contrary to psychodynamic and analytical theories, Erickson is the first person to introduce focusing on future to psychotherapy if not the first one emphasizing the importance of present time (O'Hanlon, 1987).

Steve de Shazer is recognized as a contributor to family therapy. His aim was, different from conventional psychotherapy methods, to enable clients to focus on the solutions of their problems rather than the problems themselves, based upon the philosophy that change is an unavoidable result of dynamic life. From this viewpoint, solution-focused brief therapy emerged within brief family therapy as an approach that focuses on the client's strengths, takes into consideration the methods used by the client to solve past problems and aims to support the client with solution strategies by making some interventions (Trepper, Dolan, Mccollum,Nelson, 2006).

Solution-focused therapy is a type of therapy developed as part of social constructivism and considered to be one of the postmodern approaches. It differs from other approaches in that it emphasizes the present and future instead of the client's past experiences during the counseling process (De Shazer,1988). One of the most important characteristics of solution-focused therapy is that the client delivers practical concrete solutions to his/her problems and challenges (Crockett and Prozek,2013). We can thus say that the focus is the solution rather than the problem.

The Central Philosophy of Solution-Focused Therapy

The philosophical basis of solution-focused therapy is post-modern constructivism which suggests that reality can be socially produced. Constructivism holds that nothing in the world is objectively known and people create their own realities with the influences of other people (De Shazer, 1985). The central principles of solution-focused therapy include "if it isn't broken, don't fix it; once you know what works, do more of it; if it doesn't work, try something different; small steps can lead to big changes, the solution is not necessarily related to the problem; no problems happen all the time, there are always exceptions; future is both created and negotiable" (Connie, 2009). The main difference between solution-focused therapy and traditional psychotherapy is that, in solution-focused therapy, goals are set by clients and it is emphasized that clients have the necessary resources for change. In solution-focused therapy; problem identification, small changes, goal setting, handling exceptions, scaling questions and miracle question are the core techniques of the first interview. Techniques such as giving break, feedback (compliments) and homework assignment are used in subsequent sessions (Macdonald, 2007).

De Shazer (1989) initially described the central philosophy of brief therapy as "if it isn't broken, don't fix it; once you know what works, do more of it; and if it doesn't work, don't do it again, try something different". De Shazer, Dolan, Korman, Trepper, McCollum and Berg(2007) slightly expanded the central philosophy of brief solution-focused therapy later and introduced "small steps can lead to big changes;the solution is not necessarily related to the problem; the language for solution development is different from the language needed to describe a problem; no problems happen all the time, there are always exceptions that can be utilized; future is both created and negotiable."

Solution-Focused Brief Therapy

Solution-focused brief therapy which is a future-focused, goal-directed approach was developed in 1980s by Insoo Kim Berg, Steve de Shazer and their colleagues in Milwaukee Brief Family Therapy Centre. It was developed with an inductive logic rather than deductive and is pragmatic rather than theoretical (De Shazer et al., 2007). Solution-focused therapy believes that an individual can achieve change within a short period of time. Change occurs only if the client identifies the resources used in previous problems and challenges and is supported in his or her journey to a dream future. Milton Erickson suggests that factors such as only assessing what is brought to the session by the client, avoiding being too strict, not focusing on the client's past, homework assignment and holding the therapist responsible for the success and failure of the session contributed to setting the ground for solution-focused therapy (Ratner, George, Iveson, 2012).

Therapeutic Principles and Techniques

Techniques and principles used as a basis by solution-focused therapy are as follows: A positive, cooperative, solution-focused stance is a central principle where the client is shown a respectful, hopeful and positive attitude and the client's inherent sources of power are used for the solution. Seeking past solutions assumes that solutions used to solve past problems faced by the client can be useful again in a different situation and a different place. Exceptions are circumstances without problems and of which clients are not well aware. In questions and interpretation; asking questions is one of the fundamental communication techniques in solution-focused therapy. They use miracle and scaling questions very frequently. Solution-focused therapists avoid making any comments and confronting clients with their problems during the process. Focusing on the present and future refers to the emphasis on present and future by focusing on the strengths used previously by the client rather than on the root of the past problem. Compliments refer to praising the clients for their useful acts throughout the process. Doing more of the same is to encourage the clients to benefit from the solutions and exceptions they used previously to solve their problems (De Shazer et al., 2007).

Solution-Focused Therapy and Multiculturalism

The development of solution-focused therapy is historically and contextually associated with culture. It emerged in 1980s, a theoretically and culturally special time frame. In this period, the world was going through the Cold War during which it was divided into two poles and the USA was occupied with the rights of its own citizens. Emergence of new methods for understanding cultures and societies made a political support imperative as well. It is a period when the constructivist and post-constructivist philosophy of Europe launched a small challenge against humanism, cognitivism and behaviorism that had been in dominance for decades. However, due to the vagueness of postmodern age over the past 30 years, virtual reality, magnetism and information age, some social scientists and psychologists argue that epistemological constructivist and post-constructivist philosophy brings a new perspective to personality, language power and expertise (Holyoake and Golding, 2012).

Solution-focused therapy is practiced in various cultures. Most significant reasons include the fact that client is active during therapy, therapist is not an "expert" during the therapeutic period and therapy is not based on a physiological theory. The opening question of "What is your best hope/expectation from working with us?" asked by the therapist is a universally acceptable question. As with the other questions asked during the therapy process, this question is also answered by the client and the question content is determined by the client, therefore, cultural imperialism will not be possible in solution-focused therapy (Ratner, George, Iveson, 2012).

One of the most important assumptions of solution-focused therapy is that clients possess the resources, power and competence required to solve their problems even though they are not aware (Berg and Miller, 1992). These resources and powers may be cultural elements. Studies indicate that cultural power sources are helpful in recovery period of clients. For instance, Chinese people use "feng shui", Asians and Africans use natural therapy methods while many other ethnic groups use spirituality as a source of power (Lee, 2003**).** Recognition and use of cultural resources as a source of power helps the client to come up with a solution. Therefore, one of the most important duties of a solution-focused therapist is to help clients improve and maintain their cultural powers and sources regardless of their culture (Berg and Miller, 1992). Solution-focused approach emphasizes power and positivity and benefits from the indigenous and cultural resources and powers of the client during the therapeutic process. It offers a reinforcing and cooperative approach to the challenges experienced by the client with a respect for cultural differences (Lee, 2003).

Multiculturalism in solution-focused therapy refers to addressing various factors such as gender, sexual orientation, disability, ethnic background, socio-economic status, spirituality, religion and family structure. Solution-focused therapy

attaches importance to the development of competencies requiring sensitivity to multiculturalism (Lee,2013). It is important for solution-focused therapists to understand the effect of the client's worldview on the problem and its solution. Thus, solution-focused therapists try to understand the world perception of different cultural groups and the idiosyncratic thoughts of individuals living in these cultures. Furthermore, solution-focused therapists acknowledge that their own worldviews can unavoidably influence their clients (Guterman,2013). In this context, we can say that a competent solution-focused therapist will respect the different cultural values of clients and such cultural elements will be a part of the solution.

The Ben-Ya-Meen case as told by Fields (2010) points out the importance of knowing the client's cultural dynamics and how the client interprets the problem in problem-solving process. Ben-Ya-Meen is a 54-year-old, originally Bosnian man who lost his wife, job and many of his friends in the war and immigrated to the USA with his daughter. Lately, Ben-Ya-Meen has been suffering from nightmares, suddenly wakes up at night and feels as if lots of things will go wrong. Since he speaks very little English, the therapy is carried out with the help of a translator. However, the therapist thinks that the translation does not exactly help with the communication with him. It hinders building a strong therapeutic relationship. When the therapist asks the client about his life, he finds out that Ben-Ya-Meen is a very good chess player. The translator says that he knows some immigrant Bosnians who also play chess. Ben-Ya-Meen is introduced to this group and starts to spend time with them. He eventually becomes very close friends with one of them who lost many relatives in the war, spends time and plays chess with him at different times. Fields states that the client did not talk about the details of his trauma, practice any relaxation techniques, use any drugs or identify any trauma-inducing circumstances. Using the client's strengths and providing social support had a central effect on the problem solution. This shows us that focusing on cultural dynamics is becoming important in therapeutic process. A solution-focused therapist can conclude that the client's plan in this case is compliant with the strategic solution-focused perspective.

In another case, Abu Raiya and Pargament (2010) describe a psychotherapeutic process of a Muslim client named Farooq, into which religious precepts were integrated. Although Abu Raiya and Pargament do not explicitly call their therapy processes solution-focused therapy, they believe that the client is strong enough to arrive at a final solution and it is necessary to do more of whatever helps the client in his/her world. Farooq is a 20-year-old Middle Eastern American Muslim. He currently attends the university; however, he has begun the therapy process due to his recent problems including his father's incurable disease, decreasing social connections and an injury that prevents him from playing basketball. When the therapist asks him "What keeps you moving forward / helps you hold onto life?", Farooq answers: "My

faith in Allah." He says that he relaxes and takes strength from Qur'an and especially the tale of Prophet Ayyub. However, he expresses that he struggles with cultural conflicts from time to time, because he is sometimes tempted by the events in his school campus while he also wants to remain loyal to his Islamic beliefs and practice his prayers. Farooq feels guilty when he gets drunk in parties organized by his friends from school. According to the client's statement, "Allah's forgiveness" had a healing effect in his struggle with sense of guilt. Quick (2012) states that a solution-focused therapist could tell the client in in his/her assessment: "It must not be very easy for you to both stick to your values strictly and live in a tempting environment. I'm very touched by your desire to not hurt Allah who is deep in your heart and helps you in your most difficult days. Allah commands you to be patient and you know that Allah has an infinite capacity to forgive. And when the feelings of sadness come back (the times when Allah is testing you), you know these moments and you go to Allah."

In this regard, we can say that an Islamic counseling model into which Islamic elements are integrated can be more useful for Muslim clients, because major psychological movements that are in practice today are mostly Western, promote individuality and ignore the cultural values of Muslim clients. However, it is essential for the therapist to help Muslim clients, understand their values, beliefs and practices and, thus, an Islamic-oriented counseling model becomes significant for Muslim clients. As Abdullah (2007) said Islamic counseling is mostly depend on Islamic understanding of the nature of human beings that incorporates spirituality into the therapeutic process. Additionally Rassool (2016), while Islamic counseling shares common characteristics with other therapeutic approaches, it is based on an approach where it is attempted to understand human nature from an Islamic point of view and spirituality is generally incorporated into the therapeutic process. Several counseling theories of western origin that are being practiced explain the cause of an impaired psychological health with biological and psychosocial factors, while Islamic counseling places importance on spiritual factors in addition to psychosocial factors. In many psychological approaches, sources of information are experiment-based, human-made theories. In Islamic counseling, on the other hand, sources of information include Qur'an and sunnahs. The focus in Islamic counseling is an individual's seen -and unseen- world along with his or her spiritual side. Islamic counseling emphasizes spiritual solutions, based on love and fear of Allah. Therefore, consideration of these factors in a therapeutic relationship by a solution-focused therapist who works with Muslim clients and respects cultural values can be useful for the client to come up with a solution.

Solution-Focused Therapy, Religion and Spirituality

The founding figures of modern psychology saw no reason to separate spirituality from psychological study and practice. Eminent leaders of the field, from William James

to G. Stanley Hall, took the root meaning of the word psychology, from psyche (soul) and -logy (area of study), quite seriously and focused their attention on a variety of religious phenomena, most notably conversion and mysticism. In the early 20th century, however, this approach began to change as the attitude of those in the field regarding religion shifted from interest and openness to suspicion and hostility. Under the influence of the positivistic philosophy of the time, psychology allied itself with the natural sciences and somehow distinguished itself from theology. In practice, however, people do not leave their spirituality behind in the waiting room when they walk into the therapist's office. They bring their spiritual beliefs, values, relationships, and experiences along with them. Implicitly or explicitly, spirituality often enters the process of psychotherapy, and yet many therapists are unaware of this dimension in treatment. For many therapists, spirituality is the source of problem while it can also be a part of the solution (Pargament, 2007). Although the importance of spirituality in a client's life is addressed, many modern psychotherapy theories still overlook the spiritual dimension of an individual and focus on cognitive and behavioral changes (Crockett and Prozek,2013). Yet we can find the spiritual in a piece of music, the smile of a passing stranger, the color of the sky at dusk, or a daily prayer of gratitude upon awakening. Paradoxically, the presence of the spiritual dimension can also be felt in feelings of loss and emptiness, in questions about meaning and purpose, in a sense of alienation and abandonment, or in cries about injustice and unfairness (Pargament, 2007).

When individuals are under a lot of stress, they act in a prejudiced manner and tend to see only the difficulties and shortcomings in their lives. To create a balance, people also need support to notice the positivities in life. Thus, their perspectives can change and they can start to become more aware of the positivities (Fatemi,2018). When viewed from this aspect, spirituality may be a dynamic in the client's understanding and perception of the problem. A variety of questions about meaning and existing may arise in the counseling process. In a therapeutic relationship, it may be useful to understand to what extent religious and spiritual beliefs, values and practices influence the client. In addition, in order to assist the client and clarify the situation, it is important to know the sources of support used by the client during therapeutic process. Bray (2011) argues that, in a therapeutic relationship, it is essential to review the client's current practices, rituals, beliefs and any community involvement to understand the client's religious and spiritual participation.

A variety of publications have appeared on the significant role of spirituality and religion in counseling, especially in recent years (Hall, Dixon and Mauzey, 2004). Similarly, solution-focused brief therapy is being practiced quite commonly. However, there are a limited number of studies addressing the impact of solution-focused brief therapy applied to clients with religious and spiritual orientation. One of the most important assumptions of solution-focused brief therapy is that clients

have the powers, resources and problem solving skills inherent in them. If the existing resources are identified and enhanced by the client, change will occur and an effective solution will be found (Gutermen and Leite, 2006). As expressed by Metcalf (2009), the solution-focused brief therapy is a spiritual model because it helps people search for important answers with questions asked. It helps people see beyond their stuckness and catch a glimpse of a more hopeful future. The solution can be found anywhere for all of us in daily life. Some clients practice music, some practice yoga, meditation, and some practice religion to find solutions to their problems. All of these activities help to frame and organize one's life (Metcalf, 2009). As spirituality can be one of the sources of power for the client in solution-focused therapy process, the concept of spirituality can be utilized in accordance with the theoretical foundation of the therapy, thereby contributing greatly to the client's recovery process.

When clients reveal their spiritual and religious interests during the solution-focused therapy process, such interests can be regarded as exceptions like other problems faced by the clients (Guterman and Leite, 2006). If clients have difficulty identifying exceptions in solution-focused therapy process, the therapist can ask the clients about times when things were going better in the past. For instance, if the client says he/she is feeling depressed, the therapist may ask the client about his/her more positive and happy times. If the client cannot identify those moments either, then the therapist may offer possible solutions to help the client think of them. They can be times when the client had better social connections, had a working life or did exercise regularly as well as times when the client participated in spiritual and religious activities (Bischof and Helmeke, 2006). Such circumstances must always be considered as part of actual or potential solutions in accordance with the philosophy of solution-focused therapy (Gutermen and Leite, 2006).

In solution-focused therapy, the change process continues until the problem is solved. The therapist tries to help clients identify the existing exceptions and amplify the power of exceptions in this process. For example, some clients with strong religious beliefs hold the view that if they were to commit suicide, then they would go to hell. In association with solution-focused therapy, if such clients were to become suicidal, the problem could be conceptualized as "I will go to hell if I commit suicide / I will not go to hell if I do not commit suicide." For these clients, the solution serves as a deterrent to suicide. Therefore, such thoughts reduce the risk of suicide for clients with strong religious beliefs and redirect the clients to a solution (Gutermen and Leite, 2006).

In solution-focused brief therapy process, exception questions are useful for helping the clients identify the successful times in their relationships and adapt such successful practices to their current situation (Macdonald,2007). However, some clients may have difficulty answering exception questions, because they may be stuck deeply in their problems. In such cases, the therapist may offer a list of

solutions and exceptions that have worked for other clients or that may work for the client, from what the therapist knows about the client. Clients may answer the question by thinking over this list of solutions and exceptions and trying to recall exceptions at which they were successful in the past. If exception solutions offered by the therapist are suitable for the client, such solutions may also include religious and spiritual solutions. Times when everything goes well in the client's life may be when he or she goes to the temple, reads holy books, volunteers in non-profit organizations, worships and prays more or meditates. The client can make a choice among them or receive different suggestions. It is entirely up to the client's interests and positive experiences in the past. Solution-focused therapy entails respect for exceptions that are meaningful in clients' lives. Solutions that work for some clients might not work for others. The therapist must avoid offering his or her own values as possible solutions in order not to impose them upon the client. Alternative solutions may be activities that have not occurred to the client's mind but that might help with finding a solution to the client's problems. If the issue is addressed in the right, careful and collaborative way, many clients will not have any problems with religious and spirituality oriented alternatives. However, clients are free to decline the alternatives if they are not suitable for them (Bischof and Helmeke, 2006).

In addition to exception questions, the therapist may ask the client the miracle question "If a miracle happened while you were sleeping and the problem that brought you to the therapy was solved, what would be different then?"(Macdonald, 2007). The client may see how religion and spirituality might be a part of life. Another solution-focused question which leads the clients to think about their religion, spiritual beliefs and faith, the coping question, can also be used when clients think how awful their situation is and are stuck in this thought. The therapist inquires as to how the clients have coped with such awful circumstances, how they have kept the problem from getting worse and how they even got into the therapy. The therapist invites the client to consider whether religion and spirituality have assisted in coping with the problem. The client might realize that they did. However, the integration of religion and spirituality into the solution-focused brief therapy must be done in a respectful manner (Bischof and Helmeke, 2006).

An eclectic counseling model uses a wide range of practices, methods and theories of different schools of thought and approaches (Rassool, 2016). In solution-focused brief therapy process, an eclectic model can be effectively used for clients with religious and spiritual orientation. Thus, the self-help process that matches the client's worldview may begin. Such process may be in the form of an idea, a philosophy, reading texts or spiritual activities offered by the counselor or include redirection of the client to religious rituals to add meaning to some circumstances. In some cases, the counselor provides the content while sometimes the client initiates the process (Gutermen and Leite, 2006).

Anthropologic functions of rituals are very important because rituals enable communication by handing social values and cultural norms down from generation to generation. Individuals are aware of the rituals practiced as part of their cultural traditions. Birthdays, wedding ceremonies, funerals or several other ceremonies with cultural meaning attached might help the attendants adapt to new roles. Use of rituals during solution-focused brief therapy may assist the clients in their journey to change, help them in seeking solutions to their problems and contribute to their spiritual development. For instance, a woman who worked in a competitive environment under intense working conditions until her early thirties and then became a mother starts the therapy due to having difficulty in developing motherly feelings. In an interview with her therapist, she realizes that it may be helpful and contributing, both to herself and her spirituality, to volunteer at the daycare centre of a local church, plant seeds and grow plants. The client enhances her spirituality by assuming a duty at the daycare centre of the church. The client and therapist use this exception in a collaborative manner and make great progress in helping the client adopt her motherly feelings and roles. Volunteering at a daycare centre contributes to the client's transition to motherhood both emotionally and spiritually and thus she finds a new meaning to life (Crockett and Prozek, 2013).

The 6-phased model presented by Crockett and Prozek (2013) pursuant to the solution-focused therapy, in which spiritual aspects can also be integrated into the therapeutic process according to the client's needs, is as described below:

1- Grounding and introduction of solution-focused perspective: Client presents his/her concern, and the counselor promotes change with a warm and supportive attitude. Counselor introduces a present/future oriented approach and uses a solution-focused language.

2- Identification of exceptions and symbolic ritual practices: Counselor explores and identifies the exceptions. Therapist introduces symbolic ritual practices and tries to help the client to shift from a problem-focused perspective to a more positive solution-focused perspective. Therapist and client plan a symbolic ritual for the next session (writing letter, sharing a picture).

3- Acquisition of a present/future-focused approach: Therapist and client start a symbolic ritual practice concerning the current issue of the client (such as planting seeds, growing plants, burning papers or letters).

4- Assignment of tasks and client-determined rituals: Client identifies potential solutions utilizing personal strengths and resources (Client and therapist can plan small, solution-focused and achievable rituals together).

5- Celebration of growth and change and evaluation of tasks: Therapist and client discuss the progress of the tasks and goals. New tasks can be given as necessary.

Therapist and client celebrate the growth of the client during changing process (such as religious rites, balloon release).

6- Closure and individual plan for future: Client identifies the solutions that work well in his/her life. Client and therapist plan the rituals the client can use in the future.

Could Solution-Focused Brief Therapy Be Useful for Muslim Clients?

As reported by the Council of American Islamic Relations, especially after the September 11, 2011 attacks, over 700 discriminatory acts against Muslims living in the USA were organized in 2002. Muslims started to perform their prayers more carefully and away from the general public to struggle with discrimination and avoid potential conflict (Ali, Liu and Humedian, 2004). Therefore, it has become essential to conduct therapeutic interventions to understand Muslims and meet their needs so that they can effectively deal with such stress and anxiety (Chaudhry and Li, 2011).

Carter and Rashidi (2003) aimed to develop a psychotherapy model for Muslim women living in Eastern Asia; thus, they tried cognitive, behavioral and emotion-oriented therapy models. Cognitive therapies focus on dysfunctional beliefs and behaviors that prevent the client from leading a healthy life. Clients learn various skills, take responsibilities and recognize the thoughts that bother them, and learn how to modify their thoughts, behaviors and eventually emotions. Cognitive behavioral therapy, on the other hand, utilizes reinforcement, modeling and skills training to modify thought and behavior patterns; thus, the client learns practical strategies. Emotion-oriented therapy models are based on congruence, self-disclosure, unconditional positive regard, empathy, understanding and listening. In emotion-oriented therapy models, the client's sense of belonging, accomplishment and self-actualization needs are met within the therapeutic relationship.

Although all these therapy models are beneficial to many clients, some methods used by these therapy models contradict with the ways Muslims organize their lives, because these therapy models focus on individuality, autonomy, individual decision-making, while Islamic and Eastern cultures emphasize empathy, working together, devotion, faith, congregation and interdependence. In conventional therapy models, the client makes individual decisions with the assistance of a therapist. However, these models could be disturbing for a Muslim who normally makes joint decisions with their community and family members, since a Muslim person can seek healing, progress and growing in praying, fasting, reflection and family (Brooke and Omeri, 1999; Carter and Rashidi, 2003).

Similarly, sharing private issues as required by self-disclosure and self-reflection which are key processes emphasized by conventional therapy methods may be

disturbing for not only Muslims but also for individuals from various other cultures and, as a result, a cultural conflict may occur between therapist and client. Even the most objective therapist has difficulty seeing psychological health and emotional happiness from a Muslim client's viewpoint. There are conflicts between Western and Islamic culture in terms of perspective on women and men, hygiene rules, spiritual refinement, fasting, self-sacrifice, modesty in clothing and devotion to families (Carter and Rashidi, 2003; Ali et al., 2004). On the other hand, solution-focused brief therapy is more appropriate for different cultures compared to conventional therapy models (Gingerich and Eisengart, 2000), because solution-focused therapy involves minimal sharing of personal experiences by the therapist (self-disclosure). The therapy focuses on the future and positive aspects rather than the past. The client's revelation of his or her experiences is structured within the framework of the brief intervention plan, thus, potential cultural conflicts are minimized (Lee, 2003). Solution-focused brief therapy is goal-oriented; it only addresses the client's situation in a brief and structured manner and the therapist avoids reinterpreting the problem. This brief and structured form of therapy can be useful for a Muslim client seeking solutions outside family and immediate social environment. Solution-focused brief therapy may not even be considered a therapy process, it rather refers to the solution of a client's problem briefly and quickly under the supervision of a trained expert (Ali et al., 2004).

Solution-Focused Brief Therapy and Islamic Principles

Except for some Indian and Far Eastern religions, the only purpose of religions, especially monotheistic religions, is not happiness in the afterlife. As an outcome of faith, belief and related religious practices, individuals can be provided with a peace of mind as a result of practicing religious rituals as well as a sense of transcendence/enthusiasm about the present and hope and optimism about the future (Sürücü, 2017).

Solution-focused therapy differs from conventional counseling and therapy models in that the therapist has little self-disclosure, the focus is on solutions and positivities rather than problems and it is emphasized that the client can solve his or her own problems. Similarities exist between solution-focused therapy principles and Islamic principles in terms of individuality, free will and responsibility. Solution-focused therapy's notion of "minor changes lead to major behavioral changes regardless of difficulty and complexity of the problem" is in line with Islamic principles (Rassool, 2016). One of the most important universal characteristics of Islam is that it is a religion of ease. Islam aims to provide convenience to individuals, not cause them trouble. Islam's commandments are compatible with human character. All commandments are based on practice, notably prayers, fasting, hajj (pilgrimage) and zakat (alms-giving). Islam never assigns human-beings with unachievable tasks, on the contrary, it always guides individuals to the easy path (Uslu, 2015).

Hope and expectation are two of the strongest outcomes for the client during therapy. Solution-focused therapy makes maximum use of hope and expectation concepts to shift the client's problem-focused and negative perspective to a more positive perspective (Reiter, 2010). Hope and focusing on future, which are important elements in solution-focused therapy, are compatible with Islamic principles (Rassool, 2016). The word hope, which is generally used to mean anticipation in Qur'an, is mainly used to describe situations where individuals work hard but fail to achieve and are nevertheless in anticipation. In addition to this general meaning, the concept of hope is mentioned using different words in various verses of Qur'an which addresses a different function each time. In this regard, Qur'an points out that hope is a trait that should be acquired in case of its absence, not a personality trait inherited via genes. Qur'an verses encourage being hopeful and state that people must have hope even in the most difficult times (Sürücü, 2017).

Bidweel (1999) expresses that change is an opportunity to make alterations in life during solution-focused therapy process. Problems and challenges in life are all temporary, and they turn into real problems due the the meanings we attach to them. This point of view is in line with Islamic belief because a believer responds to troubles and difficulties with hope and patience as an indication of his or her faith. Muslims set their hopes on Allah depending on the level of their faith, closeness with Allah, sincerity and religious obligations. Those who are patient at difficult times never lose hope and believe that good things will happen both in the world and in the afterlife (Rassool, 2016). In Islam, differently from some religions, patience is not only a value that is useful in interpersonal relationships to deal with anger, or that teaches individuals the merit of anticipation. A deeper meaning is ascribed to patience in sufism, a key phenomenon both in primary resources of Islam and in Islamic culture. In addition, as with all other monotheistic religions, Allah is very patient in Islam and patience is one of Allah's names. Being patient is also one of the common characteristics of all prophets. In Islam, patience is not passive obedience in the face of troubles and difficulties. It rather refers to making efforts with a positive and hopeful attitude keeping in mind that a seemingly pleasant situation may have an unpleasant side, while a seemingly unpleasant situation may have a silver lining, and only Allah can know what there is behind the scenes (Doğan, 2014). As a result, in line with the central logic of solution-focused therapy, the therapist can support the client in dealing with his or her difficulties and problems with a positive and hopeful attitude. Another statement that supports this view is reported by Ağılkaya-Şahin (2015): As stated by Abu-Raiya, Muslims benefit from religious teachings to deal with the difficulties of life. They use self-developed coping methods that are compatible with Islamic belief. They generally use positive religious coping methods instead of negative ones.

Despite these similarities, the miracle question technique commonly used in solution-focused therapy contradicts with Islamic principles. In miracle question technique, the therapist and client go beyond making a wish and agree on laying a new foundation together (Nau and Shilts, 2000). However, Muslim clients may not be happy with the idea and language of miracle, because for Muslims, a miracle can happen only if the creator of universe, almighty Allah wishes so. Qur'an mentions miracles worked by the prophets, however, the greatest miracle is the Qur'an itself. The therapist may ask questions such as "If Allah accepts your prayers, what would be different from your current situation?", instead of the miracle question (Rassool, 2016).

In theoretical assumptions of solution-focused therapy, it is stated "a failure to recognize sin and evil in both individuals and social/cultural systems; human beings always have good intentions, and clients choose possibilities that do not harm themselves or others." (Bidweel, 1999). Islam rejects the notion that humans are inherently evil and sinful; they are born good by nature but may be negatively influenced by environmental factors. Even though the creator of the universe is Allah, humans may be drawn to the evil by their own choices. That is, humans can choose good or evil by their free will, and they have the authority to apply their choices to their attitudes and behaviors (Rassool, 2016). The following is the status and analysis of a client who identified his Islamic sensitivities in solution-focused therapy process to get more in touch with his spirituality.

1. 1. Case Example

Robert is an American married to a Turk. He was referred to the therapy by a physician because of severe depression. He is a 45-year-old computer technician born in Turkey. He immigrated to the USA with his family when he was 9 years old. The client reported that he had been suffering from depression for long years and had been prescribed medication. The following excerpt shows a variation of the miracle question asked in an interview between the client and the therapist.

Therapist: Imagine that you can deal with your depression better, could you describe what would be different in your life? What would you do differently?

Client: (Pause) I guess I would be more in touch with my feelings and spiritual side. I'm mostly not in touch with my spiritual side.

The client identified his goal above as being more in touch with his feelings and spiritual side. Toward the end of the first session, the client and therapist agreed that the solution was to be in touch with the client's spirituality. At the end of the first session, the therapist assigned the client with this task: "Between now and next session, I would like you to think about an event/activity, even if a small one, that

could help you be in touch with your spirituality." At the start of the second session, the client said that he had considered various activities to help him get in touch with his spirituality and stated that reading the Qur'an could help him connect with his spiritual side. He also expressed that he wanted to participate in his religious activities and be in touch with his friends again. The second session mostly involved helping the client identify potential exceptions. At the end of the session, the therapist delivered the following assignment: "Until the next session, I would like you to observe the times when you are in touch with your spirituality." The therapist assigned this task so that the client could identify the exceptions better and increase his possibilities. For example, if the client was more in touch with his spirituality while reading Qur'an, that would mean a limited amount of time. The third session began with the client's task. The client had identified various exceptions, including attending a social event organized at the mosque and reading the Qur'an regularly. At the end of the session, the therapist assigned the client with the same task. Following a few sessions, the client found himself more in touch with his spirituality and made significant progress. He expressed that he felt less empty, more energetic with a renewed hope about the future. After several sessions, the client and therapist agreed that there was no need for further counseling (Guterman,2013).

The Role of Therapist in Solution-Focused Spiritual Therapy

In solution-focused therapy, the therapist is not the sole power holder, a collaborative approach is promoted instead. The therapist and client identify the problem together and find a solution, and then they apply this solution to the problem (Ali et al., 2004). While carrying out the options related to religion and spirituality in solution-focused therapy, the therapist must be respectful and careful about the client's values and beliefs. The therapist must not impose his or her own values on the client while presenting the solution options or creating a solution in collaboration with the client. The therapist may present the options to the client when the client fails to identify them and when such options are helpful with the solution. If they are presented in a collaborative and respectful manner, potential solutions based on religion and spirituality may be useful. The client may reject the options if and when necessary. Some clients may get defensive in the event that the therapist mentions religious and spiritual subjects during therapy, because they may think that the therapist is trying to impose his or her own values on them (Bischof and Helmeke, 2006). Considering that spirituality is important in a therapeutic relationship and is a tool for solution, the therapist should be competent enough to integrate meaningful spiritual practices into the therapeutic process (Crockett and Prosek, 2013).

In solution-focused therapy, goals are co-constructed in the client and therapist's relationship and a collaborative process is adopted (Guterman, 1996). Clients may not

present spiritual and religious themes to the therapy process. If religious and spiritual contents are in line with the client's point of view, then they can be effectively used in solution-focused therapy. In the example above, the client identified the goal of therapy as getting in touch with his spirituality and expressed what activities he could attend. Each client may have a different kind of spiritual orientation. The therapist's role is to help each client with his or her world view and with creating resources (Gutermen and Leite, 2006).

Conclusion

Various studies have recently been conducted on the role of spirituality and religion in counseling process (Pergament, 2007). As solution focused therapy has become widespread around the world in recent years and is considered to be beneficial to many clients (De Shazer, 1985, 1988). It is thought that literature studies are needed on how to use solution focused therapy with clients engaged in spiritual and religious practices. Thus, this study has been prepared to contribute to determine how solution focused therapy can be used with spiritual and religious elements.

De Shazer and Berg (1997) states that the objective of solution-focused therapy is to explore what works best for the client. In the therapeutic process, it is important to focus on the positivities in the client's life and increase the scope of such positivities. As indicated in the case examples above, the moments when things are going well for the client may include participation in religious activities as well as spiritual orientation. Therefore, the therapist and client may set such a goal as enhancing the influence of the client's spiritual side. However, the therapist must be qualified for it and respect the values of the client.

In solution-focused therapy, resources used by the client for solving problems are important. Solution resources may be different for each client. If the client has benefited from spirituality or religion in dealing with problems, such resources may be significant in solving new challenges as well. Such resources may include worshipping, going to sacred places, reading the holy books and volunteering as well as being alone with nature and contemplating the perfect harmony. In addition, problems experienced by the client may be arising from the fact that client is not much in touch with his or her spiritual side. In this regard, solution-focused therapy may consider spirituality as a resource to solve problems and use an enhanced version of this power in the therapeutic process in line with its philosophy. Since client is the expert in solution-focused therapy, the client's needs are pivotal in therapeutic process. Thus, as demonstrated in the case example above, if the therapist identifies the client's need as being in touch with spirituality, the client should be supported and regarded as a significant resource in finding a solution. In other words, when the client brings a religious or spiritual problem into the solution-focused therapy

process, the therapist should be prepared to handle the situation. It can be addressed as an exception in solution-focused therapy process. The therapist's duty is to assist the client with identifying the problem and enhance the influence of exceptions until the problem is fully solved.

It is indicated that solution-focused therapy is generally in line with Islamic point of view since it uses limited confrontation, respects different cultural values, promotes a viewpoint that always seeks positivity, places importance on hope all the time and advocates solution and convenience under all circumstances. Accordingly, this study is generally focused on demonstrating how cultural and spiritual resources and religious orientation can be used in solution-focused therapy process. No studies are available in Turkish literature investigating the integration of solution-focused therapy with spiritual interests, and thus, this study presents a compilation of practices carried out in various parts of the world. It presents in an integrative context the spiritual interests incorporated into the solution-focused therapy process to this day. In conclusion, as evidenced by several cases, religious and spiritual sensitivities of clients should be taken into consideration in solution-focused therapy process, because such sensitivities can be part of the solution.

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