



Original Article

# Spirituality in Narrative Therapy: A Review Study

Betül Gülcan Çakmak<sup>1</sup> 

İstanbul Sağlık ve Teknoloji University

<sup>1</sup> Ph.D. Candidate, Research Assistant, İstanbul Sağlık ve Teknoloji University, Faculty of Economics, Administrative and Social Sciences, Psychology Department. E-mail: [betul.gulcan@istun.edu.tr](mailto:betul.gulcan@istun.edu.tr)

## Abstract

This review study aims to examine narrative therapy's perspective toward spirituality, the relationship between narrative therapy and spirituality, and the use of spirituality in narrative therapy techniques; the study also reveals what kinds of processes can be followed when working with spiritually or religious-oriented clients using a case example. Narrative therapy is a postmodern therapy approach that aims to understand individuals' identities, personalities, lives, and relationships through the stories they create. This approach gives importance to understanding the meanings individuals ascribe to both their own life stories as well as their personal relationships. Spirituality plays an active role as a part of individuals' stories by adding meaning and purpose to individuals' lives and their relationships and for this reason has an important place in narrative therapy. Narrative therapy places emphasis on both understanding the meanings individuals ascribe to their stories as well as re-authoring these stories in a functional way using certain techniques. Spirituality plays a role as an important resource in re-authoring the individual's story through narrative therapy's techniques. By emphasizing the role of spirituality in narrative therapy, this study will both contribute to the literature on narrative therapy as well as provide a perspective on how spirituality can be used in this approach.

## Keywords:

spirituality • narrative therapy • postmodern therapies • review study

## Narrative Terapide Maneviyat: Bir Derleme Çalışması

### Öz

Bu derleme çalışmasıyla narrative terapinin maneviyata yönelik bakış açısının, narrative terapi ve maneviyat arasındaki ilişkinin, maneviyatın narrative terapi tekniklerinde kullanımının incelenmesi amaçlanmış ve dini/manevi yönelimli danışanlarla çalışırken nasıl bir süreç takip edilebileceği bir vaka örneğiyle ortaya konulmuştur. Narrative terapi, insanların kimliklerini, kişiliklerini, hayatlarını ve ilişkilerini kendi oluşturdukları hikayeler aracılığıyla anlamaya çalışan postmodern bir terapi yaklaşımıdır. Bu yaklaşım hem bireylerin kendi hayat hikayelerine hem de kişisel ilişkilerine attıkları anlamları anlamayı önemsemektedir. Maneviyat ise bireylerin hikayelerinin bir parçası olarak onlara ve ilişkilerine anlam ve amaç katma noktasında etkin bir rol oynamaktadır. Bu nedenle maneviyat hem bireylerin hayatlarına hem de kişilerarası ilişkilere de kattığı anlamlarla narrative terapi çalışmalarında önemli bir yere sahiptir. Narrative terapi sadece bireylerin hikayelerine attıkları anlamları anlamakla yetinmeyip bu hikayeleri belli tekniklerle işlevsel bir biçimde yeniden yazmayı da vurgulamaktadır. Maneviyatla narrative terapi teknikleri yoluyla bireyin hikayesini yeniden yazma çalışmalarında önemli bir kaynak olarak rolü bulunmaktadır. Bu çalışma narrative terapide maneviyatın rolüne vurgu yaparak hem narrative terapi literatürüne katkıda bulunacak hem de maneviyatın bu yaklaşımda nasıl kullanılabileceğine ilişkin bir perspektif sunacaktır.

## Anahtar Kelimeler:

maneviyat • narrative terapi • postmodern terapiler • derleme çalışması

## Corresponding author:

Betül Gülcan Çakmak

## E-mail:

[betul.gulcan@istun.edu.tr](mailto:betul.gulcan@istun.edu.tr)

eISSN: 2458-9675

Received: 05.04.2022

Revision: 01.09.2022

Accepted: 21.09.2022

©Copyright 2022

by Author(s)

**Citation:** Gülcan-Çakmak, B. (2022). Spirituality in narrative therapy: A review study. *Spiritual Psychology and Counseling*, 7(3), 315–336. <https://dx.doi.org/10.37898/spc.2022.7.3.175>

As a general definition, narrative therapy is a specific way of understanding individuals' identities, the problems they experience, how they experience these problems, and how these affect their lives (Morgan, 2000). Spirituality is one of the concepts that are addressable in narrative therapy, as it has a structure that shapes individual experiences and adds meaning to them. Although narrative therapy is not a spirituality-based approach and limited literature exists regarding how to deal with spirituality in this approach, narrative therapy can involve spirituality as it directly deals with the phenomenological areas of the individual. Narrative therapy studies individuals' beliefs within its scope related to spirituality and its functions, such as adding meaning and purpose to one's life (Coyle, 2014; McVeigh, 2016). In addition, narrative therapy focuses on interpersonal relationships, and spirituality has a great role in interpersonal relationships, as expressed in the definition of narrative therapy-based spirituality. Narrative therapy indirectly focuses on spirituality through people and their relationships with their environment, the meanings in these relationships (Coyle, 2014), and individuals' life goals (McVeigh, 2016). This review study will examine narrative therapy's perspective on spirituality, its relationship with spirituality, the use of spirituality in narrative therapy techniques, and what kind of process can be followed when working with spiritually or religious-oriented clients while re-authoring their stories, thus aiming to contribute to the existing literature in this way. However, the study needs to talk about the paradigm underlying this therapy approach before explaining the relationship between narrative therapy and spirituality because the principles of this paradigm provide a structure for how spirituality is handled within narrative therapy.

### **The Philosophical Foundations of Narrative Therapy**

Narrative therapy has positioned itself on a postmodern, post-structuralist, and social constructivist foundation (Tarragona, 2008). Taking a brief look at the principles advocated by modernism and the positivist paradigm that followed it will be useful before defining postmodernism and post-structuralism. When the positivist paradigm is used to explain any phenomenon or situation, it is done based on science and rational thought (Gergan, 1985). The main way to follow science and achieve rational thought is through empirical studies. This point of view is also reflected in the social sciences, and people have advocated the need for psychology to have an empirical basis (Abels, 2001) because, just like the laws of nature, the positivist paradigm assumes reality to be independent and unchanging regardless of the person observing it and that it can be measured objectively using quantitative methods. Meanwhile, postmodernism and the postmodern paradigm state that no single truth can be valid for all people, especially in social sciences (Abels, 2001), and that truth is a relative concept that changes according to one's point of view (Tarragona, 2008). Due to truth not being any single, concrete, tangible reality in the social sciences, no questioning occurs about discovering

objective realities (Abels, 2001), and every fact produced by the collective mind is open to question (Epstein, 1995). When considering this perspective, postmodernism sees the concept of subjectivity being replaced by objectivity, locality by universality, and relativity by certainty (Epstein, 1995).

The reflections of postmodernism can be seen in many fields such as art, philosophy, and architecture. In addition to these areas, reflections have also been seen in the field of psychology, as mentioned above. Narrative therapy and short-term solution-focused therapy are the products of these reflections, the explanation being that no absolute reality has emerged from trying to understand clients' realities in narrative therapy or in helping clients express the realities and meanings they have created (Morgan, 2000/2022; Neimeyer & Raskin, 2000).

Postmodern therapies have specific features (Tarragona, 2008). First of all, postmodern therapies give importance to the interdisciplinary perspective. Many studies on narrative therapy have occurred in which theology and narrative therapy have been studied together (Kwok, 2016; Marais, 2006). According to postmodern approaches and social constructivism, people's experiences and the meanings they attribute to these experiences are constructed as a result of social interactions (Tarragona, 2008). In connection with this definition, the focus in narrative therapy while studying spirituality is on the spiritual meanings that individuals attribute to their experiences as well as on the spiritual structures they create in their interpersonal relationships and the meanings within these structures (Béres, 2014). Postmodern therapies also give importance to context (Tarragona, 2008). Again, individuals' interactions with the people in their context has importance while studying spirituality in narrative therapy. For example, studies on spirituality show that the meanings clients attribute to the people who are important in their life and their relationships with these people can be studied when re-membering conversations (White, 2007). Another feature of postmodern therapies involves the therapist's position in the relationship (Tarragona, 2008). In narrative therapy, the therapist has a collaborative position in which therapy is not performed on the client, but rather the process is carried out with the client. Here, the therapist adopts a non-judgmental and non-blaming attitude. This attitude facilitates talking about sensitive subjects such as spirituality during therapy (McVeigh, 2016). In addition, the therapist has an unknown but influential position during therapy (Tarragona, 2008). The therapist's acceptance that the client is the expert of their own life can help the therapist understand the client. In postmodern approaches, the therapist attaches importance to clients' personal agency and accompanies them in solving the problem brought to the session by using the resources they have discovered (Tarragona, 2008). Listening to a client's story involves the structures that affect the client's personality, such as their religious and spiritual structures. Outsider witnesses are a concrete example of this situation in

narrative therapy (Morgan, 2000). Inviting the people or religious leaders to whom the client attaches spiritual importance to the session while working with spiritual structures is an example of the practice of outsider witnesses. Lastly in postmodern therapies, therapists focus on what works (Tarragona, 2008). For example, narrative therapy focuses on the times when no problems exist, and spirituality can be included in the process if it is a helpful resource.

In addition to the postmodern perspective, narrative therapy has positioned itself within social constructivism, as mentioned above (Doan, 1997; Neimeyer & Raskin, 2000). According to this theory, individuals are affected by the social structures they inhabit while creating their own reality, and the normative structures, discourses, and realities that have been previously put forward are questioned (Doan, 1997). An example of this questioning is the criteria from the Diagnostic and Statistical Manual (DSM-5; American Psychiatric Association, 2013) that classify psychiatric diagnoses. For this reason, social constructivism focuses on lived experiences, namely the client's speech, perspectives, and perceptions. Social constructivism seeks to understand how these experiences are affected by the client's interactions with other people. For this reason, examining these social structures and even looking at how these structures come together falls within the scope of the social constructivist approach.

Because narrative therapy is also influenced by the post-structuralist approach, it has also naturally been influenced by theorists such as Michel Foucault, Jerome Bruner, and Barbara Meyerhoff (Combs & Freedman, 2004). According to structuralist theory, the main way to grasp a phenomenon is to discover its basic unchanging structures (Thomas, 2002). This approach has been reflected onto the social sciences as the discovery of the internal structures of people, families, societies, and cultures (Thomas, 2002). According to the post-structuralist approach, however, focusing on the stories that people prefer to tell is more essential than trying to understand individuals' deep structures or their real selves (Tarragona, 2008). Still, the principle regarding the unchangeability of individuals' internal structures is defended by structuralism and has found a response with the creation of alternative stories in narrative therapy through the effects of post-structuralism (Thomas, 2002). According to structuralism, deep structures or inner selves additionally shape the individual's life, while post-structuralism states that language, the interactions that people establish with each other, and the meanings that individuals attribute to their relationships and stories are important in shaping the individual's life (Thomas, 2002). For this purpose, in order to capture the meanings that the individual attributes to experiences through language, post-structuralism has taken up the concepts that form the basis of narrative therapy such as deconstruction, which is a basic concept of literary theory (Tarragona, 2008). Deconstruction states that reading a text in depth will undermine the principle of the unchangeability of meanings as advocated by structuralism. Therefore, deconstruction

can be used to shake the individual's established beliefs (Morgan, 2000/2022). Again, individuals' problems are not related to their inner selves according to post-structuralism as it emphasizes individual problems to be about their culture and collective past; externalizing conversations are one of the techniques located in narrative therapy with this approach (Thomas, 2002). Finally and as will be explained below, inviting outsider witnesses to the session as a therapeutic intervention is a reflection of the principle that individuals' identities are shaped as a result of their interactions with people outside of themselves (Thomas, 2002).

Due to how the handling of many concepts has changed with postmodernism, these changes have also been reflected onto the concepts of religion and spirituality. The use of concepts that are accepted as objective (e.g., God, religion, and reason) is no longer valid for explaining a phenomenon (Epstein, 1995). In other words, the individual's perspective toward religion and faith is the focus rather than the representation of objective truths (Alici, 2018). Based on postmodernism, the focus is on subjective life spirituality and subjective spirituality instead of the traditional approach to religion that legitimizes all that individuals live and experience; the former is inclined toward the individual's inner sources, approaches other religious and spiritual beings tolerantly with an eclectic understanding, is far removed from the notion that dogma and objective reality exist, focuses on individual experience rather than collectivity, is inclusive by emphasizing equal structures rather than hierarchical ones (Alici, 2018). This transformation states that individuals do not need a religious affiliation to work with spirituality in the field of psychotherapy. Today, many people no longer define themselves as religious but rather as individuals interested in spirituality (McVeigh, 2016).

### **Pioneers of Narrative Therapy**

The founders of narrative therapy are Michael White and David Epston. White is the administrator of the Dulwich Centre in Australia, and Epston is the administrator of the Family Therapy Centre in New Zealand (Payne, 2006). These two pioneers were influenced by postmodern paradigm, social psychology, anthropology, feminist theory, family therapies, and literary theory while establishing the narrative therapy approach (White, 1995a, as cited in Payne, 2006). *Narrative Means to Therapeutic Ends* (White & Epston, 1990) and *Maps of Narrative Practice* (White, 2007) are two books written by the authors that describe the basic philosophy of narrative therapy.

White and Epston began to follow each other's work beginning in the late 1970s (White, 2009). At this time, White was the editor of a journal and a well-known researcher in Australia. The paths of these two pioneering theorists crossed at the First Australian Family Therapy Conference in 1981, after which they started often consulting each other about their ideas in their therapies. The fact that the feminist

approach has been on the agenda since the 1980s affected these two men's thoughts, with gender roles, race, ethnicity, and the social effects of colonization have influenced the psychotherapy these theorists developed.

### **The Basic Concepts of Narrative Therapy**

To understand the general structure of narrative therapy, one must first understand the basic components that make up this approach. Narrative therapy is based on the postmodern, post-structuralist, and social constructivist philosophies and is a therapeutic approach that tries to understand people's identities, personalities, stories, and problems as well as the effects these problems have on their lives through the client's own narrative (Morgan, 2000; Tarragona, 2008). This approach has the understanding that an individual's life consists of storied patterns; while understanding their story is important, but firstly why the concept of story is emphasized should be understood and a definition made for this concept as implied in narrative therapy. Stories have held an important place in many cultures throughout history. They are structures that include societies' values, thought, and belief systems, keeping these systems and transferring them over generations; they contribute to the formation of individuals' identities and enable them to direct their own lives (Duvall & Béres, 2011). With this definition, the concept of story that occurs in narrative therapy means the client's individual stories that include their own belief systems, discourses, and values. People throughout their lives experience many interconnected events, situations, or experiences to which they attribute meaning, and their stories emerge as a result of the combination of these experiences (Morgan, 2000). This emerging story consists of a whole to which the client attributes meaning. During the therapy, the attempt is made to understand which experiences the client has brought together to create a whole story and what kind of a common meaning the client has attributed to these experiences. In short, narrative therapy brings together experiences that seem to be separate and unique from each other to create a holistic and richly defined story (Payne, 2006).

These stories have certain features. First of all, stories can become dominant in people's lives. As individuals gather together the experiences that resemble previous ones, the previous stories they created intensify and become dominant as a result (Morgan, 2000). Stories that have become dominant are remembered deeply and are powerful and effective at directing the individual's current life (Abels, 2001). For example, selectively remembering and recounting the misfortunes that had happened to the client while they describe their experiences of being an unlucky person will make this story dominant for them. Dominant stories portray individuals' present situation and provides clues about their future (Morgan, 2000).

Although the individual tells the dominant aspects of their life story, some parts may have been forgotten or remain inconspicuous or in the background (Abels,

2001). These untold parts may contain the strengths the client needs to rewrite their own story. Individuals can sometimes tell their dominant stories in a problem-focused way that contains intensely negative emotions, houses a single point of view, is free from the complex structure of the story itself, and ignores the above-mentioned strengths (Morgan, 2000; Payne, 2006). This is called a problem-saturated description (i.e., poor description). A poor description of the story highlights the client's powerlessness, inadequacy, and worthlessness, and resultantly weakens the client's strength (Morgan, 2000). A client who describes themselves as unlucky is an example of a poor description. As the client brings together their experiences with these descriptions, they overlook the times when they were not unlucky, and a story filled with poor descriptions becomes dominant as a result.

Meanwhile, alternative stories are those that are created to counter dominant stories and to reduce the impact a dominant story has on the individual's life (Morgan, 2000). These stories enable the client to review themselves and their relationships and offer new possibilities for solving problems. After creating alternative stories, rich descriptions of these stories should be made (Morgan, 2000). Richly defined stories contain details, exceptions, and unique outcomes and allow the client to view the story from other perspectives. Once the alternative stories emerge, the client can now take a new position in the face of the problem (Payne, 2006). The client will either continue to maintain the problem-focused story or enter the process of change within the scope of the alternative story.

Therapists approach clients' dominant stories from a deconstructive point of view (Morgan, 2000/2022). The deconstructive perspective is used to identify the beliefs, thoughts, and understandings that contribute to the problem. These involve the general assumptions society makes within the framework of a common understanding and are considered to be certain. They have a structure that is not questioned because individuals take them for granted. Here, narrative therapy draws attention to these thoughts, questioning and drawing attention to how they contribute to the problem the client has brought. At the end of the process, the thoughts that had been taken for granted now become questionable, and awareness of how they direct the client's story has been provided.

During narrative therapy, the purpose is shaped around the client's story. The aim of narrative therapy is to create alternative stories by re-authoring the client's dominant but dysfunctional stories and reducing the effects the problem-focused story has on their personality (Tarragona, 2008). In addition, narrative therapy views the problem independently of the client and in the process helps clients look at themselves independent of the problem (Etchison & Kleist, 2000). The change at which narrative therapy is aimed also begins with the client seeing themselves as separate from the problem and participating in the intended process of change by

behaving differently, resisting the problem, or acting in cooperation with it through alternative stories (White & Epston, 1990, as cited in Etchison & Kleist, 2000, p. 61).

As mentioned above, narrative therapy involves the client telling and structuring their own stories. In this process, clients are the experts of their own lives (Abels, 2001; Morgan, 2000). According to Morgan (2000), clients know what their problems mean to them and have the personal agency and actability to overcome this problem because the client is believed to have had experience with overcoming similar problems previously in their lives. As an expert, the client has the strength and psychological resilience to deal with their own problems.

### **Spirituality in Narrative Therapy**

Establishing the relationship between narrative therapy and spirituality will provide a framework both for integrating the basic concepts explained above with the concept of spirituality as well as for using narrative therapy techniques with spiritually or religious-oriented clients. Two ways exist for trying to understand spirituality in narrative therapy. The first of these is to examine White's perspective on spirituality as the founder of narrative therapy, and the second is to try and understand how spirituality is positioned within narrative therapy. According to White (2000, as cited in Béres, 2014, pp. 114-115), three different definitions and interpretations exist for the idea of spirituality. Firstly, spirituality has an ascendant aspect. Spirituality here is related to the supreme, the divine, and the holy (McVeigh, 2016) and means that the individual respects the being they regard as sacred and directs their own life in line with it. Secondly, spirituality is immanent and related to the essence of humankind (White, 2000, as cited in Béres, 2014, p. 115). Spiritual experiences here are more internal, deeper, and self-directed. According to this definition, humans have their own true aspects, and the truer a person can be, the more they can experience spirituality. In short, this type of spirituality is related to how the individual experiences their true self and reflects these aspects as they are (McVeigh, 2016). Lastly, spirituality can have both transcendent and immanent aspects (White, 2000, as cited in Béres, 2014, p. 115). The more the individual gets in touch and connects with their own essence, the more they can relate to the transcendent God. In other words, spirituality involves both an ascendant being as well as the selves of those with whom individuals come in contact (McVeigh, 2016).

These definitions as explained above relate to the intangible and invisible aspects of spirituality (McVeigh, 2016). However, White's definition of spirituality differs from the versions above, which can be heard in his own words as follows (White, 2000, as cited in McVeigh, 2016, p. 132):

*When I talk of spirituality I am not appealing to the Divine or the holy. And I am not saluting human nature, whatever that might be, if it exists at all. The notion of spirituality that I am*

*relating to is one that makes it possible for me to see and to appreciate the visible in people's lives, not the invisible... it is a spirituality that has to do with relating to one's material options in a way that one becomes more conscious of one's own knowing.*

White draws attention to how spirituality is related not to the invisible but to the visible. What appears in man is his/her material existence, that is, man's conscious self-knowledge. Such spirituality is associated with one's own way of being and thoughts. While explaining the visible part of spirituality, he draws attention to the sacred signs of the existence of individuals in daily life (White, 2000, as cited in McVeigh, 2016). According to White (2000, as cited in Béres, 2014), the individual's realization of the signs of their own sacredness in daily life can create a sacred space in their experiences because a sacred aspect exists within the person themselves. This area can be used for therapeutic purposes during the therapy. In other words, when considering the importance that narrative therapy gives to narratives that are ignored or unspoken in daily life, having the client capture the spiritual signs of their own existence in their daily life may lead to the formation of a new experience and language during therapy, thus creating alternative stories (McVeigh, 2016).

After understanding White's perspective on spirituality, the study can now discuss how spirituality has been positioned within narrative therapy. Spirituality can be handled in different ways in narrative therapy. The first of these involves spirituality's position with regard to constructing meaning in narrative therapy. The relationship between narrative therapy and spirituality is about creating meaning in the individual's life and enriching this meaning (Truter & Kotzé, 2005). According to Canda's (1988) study, the definition of spirituality upon which narrative therapy is based involves humans' search for meaning within themselves, and this meaning is sought in relationships that are mutually nourished with non-human structures and with God. According to Marais (2006), another definition that supports this defines spirituality as the process of creating meaning in life's relationship with the divine and the transcendent. The purpose of narrative therapy within the framework of these definitions is to focus on people's stories, to try to understand the meanings they derive from these stories, to support individuals in creating their perspectives according to their own meanings, and to ensure that these perspectives are suitable for their own meanings and purposes (Béres, 2014). One of the aims of narrative therapy is to help individuals create new meanings and new life goals and, as a result, create new hopes and possibilities in their lives (McVeigh, 2016). Narrative therapy also deals with spirituality at the point of creating new meaning and life purpose, because spirituality has a role in shaping individuals' actions and experiences (Coyle, 2014).

Another position of spirituality involves how it emerges in interpersonal relationships and gives meaning to these relationships. Narrative therapy under the influence of social constructivist theory cares about interpersonal relationships, and

some of the intervention techniques involve relationships with others. Some of the definitions of spirituality upon which narrative therapy has been based emphasize the spiritual aspects in interpersonal relationships. Studies conducted with therapists who've adopted a narrative orientation in the literature have also shown the therapist's perspective on spirituality to again be shaped by relationships. For example, one study conducted with four therapists who defined themselves as narrative therapists defined spirituality as the "sacred art of relationships" (McVeigh, 2016, p. 7). According to Crisp (2010, as cited in Béres, 2014, p. 113), who provided another definition of spirituality on which narrative therapy is based, spirituality means being aware of the relationship with the other (God, divine beings, other people). Awareness of having a relationship with others helps one understand and make sense of one's needs, desires, and experiences and enables one to experience the concepts of meaning, identity, connectivity, transformation, and transcendence, which are the concepts covered by spirituality. Griffith (2002, p. 15) also described spirituality in a way that also supports Crisp's definition:

*Spirituality is a commitment to choose, as the primary context for understanding and acting, one's relatedness with all that is. With this commitment, one attempts to stay focused on relationships between oneself and other people, the physical environment, one's heritage and traditions, one's body, one's ancestors, saints, Higher Power, or God. It places relationships at the centre of awareness, whether they be interpersonal relationships with the world or other people, or intrapersonal relationships with God or other nonmaterial beings.*

As can be understood from these two definitions, spirituality contributes to the client's life in terms of giving meaning and purpose (Béres, 2014). This contribution is sometimes obtained as a result of relationships established with God, sometimes with other people, and sometimes through other animate or inanimate beings. Narrative therapy by its nature focuses on this meaning and therefore on established relationships. Within the scope of this definition, narrative therapy at present focuses on spirituality by focusing on one's relationship with oneself, with other people, and even with people who are no longer alive (McVeigh, 2016). Narrative therapy focuses on the individual's relationship with their own body, ancestors, religious leaders, or divine power, as well as the spiritual structures contained in these relationships (i.e., meanings) with the methods and techniques it uses (e.g., re-membering conversations).

Regarding the relational position of spirituality in narrative therapy, Carlson and Ericson (2000) talked about the concept of relational identity and stated that individuals do not create their own identity story on their own; on the contrary, the relationship they establish with the creator is also effective when creating this identity story. The relationships they value in their lives have important places in the formation of the individual's dominant identity story, and the relationship established with God is therefore important for individuals who care about the religious/spiritual structure.

In short, the relationship one establishes with God is important in forming one's own identity. Narrative therapy sessions reveal the individual's relational identity story with the creator, and for this reason, the individual is asked about their perception regarding how God views them during the sessions. If the individual's relationship with the God is empowering, this can be used as a resource for the client to cope with their problems (Marais, 2006).

One's relationship with the God being a resource is also suitable to the nature of narrative therapy. Narrative therapy focuses on individual strengths and values and focuses on revealing the resources that support the individual in establishing good relations with themselves and their environment (McVeigh, 2016). These resources may also involve resources such as religion or spirituality that support the client in establishing good relationships. The main focus in this approach is about discovering the resources the client values and adding meaning and purpose in life; these are the resources that nurture strengths rather than feed the problem or pathology. According to narrative therapy, spirituality is a relational resource (Carlson et al., 2002).

An example of both one's relationship with God and the meaning this relationship has can be given in terms of a narrative therapy session with a client suffering from heart disease. In an interview with the heart patient client, the client included God's voice in his narrations as well as what God could tell him about what the client had achieved during the treatment process. In this way, the client had the opportunity to see himself through God's eyes (Truter & Kotzé, 2005). God's approval of the client's achievements led to the emergence of a power that enlivened the client's life. These conversations were used to reveal the role and meaning of one's relationship with God in the client's life.

### **The Use of Narrative Therapy Techniques with a Spiritual Framework**

According to narrative therapy, spirituality is used with the intention of revealing the meaning and purpose of the client's life. Therefore, instead of directly asking the client religious questions, the preference may be to ask questions about situations that reveal the meaning and purpose of the client's life (Béres, 2014). Although narrative therapy does not offer a direct technique for dealing with spirituality, it does cover spirituality with its perspective and therapeutic techniques and touches upon the client's spiritual aspects (McVeigh, 2016). This section will provide information on how to use narrative therapy techniques when working with spiritually or religious-oriented clients.

#### ***The Externalization Technique***

When clients first start their therapy sessions, they come to sessions with internalized problems (Morgan, 2000). For example, a client may say, "I am a

depressed person.” However, narrative therapy looks at the problem outside of the clients (Morgan, 2000). The problem is externalized from the client with questions such as “How does depression affect your life?” The aims here are to separate the client’s identity from the problem and to gain the perspective where the cause of the problem is not the client’s own personality (Payne, 2006). This technique asks the client to give a name to the problem they are experiencing (Tarragona, 2008). For example, when working with a client experiencing anxiety, the client may call this worry a negative voice (Morgan, 2000/2022).

The client’s internalization of the problem damages the client’s self-confidence and result in self-blame, and externalizing the problem protects the client from these negative consequences (Nichols, 2013). Another purpose for using the externalization technique is to emphasize how the client has a structure that is not only affected by the problem but that also affects the problem (Akkuş et al., 2020), because the client believes they are unable to affect a problem that has been internalized and attributed to their personality.

Externalization techniques can be used directly in session while studying spirituality, and questions may be asked about how the externalized problem has affected the client’s spirituality or the spirituality of the relationships they’ve established. For example, a client named Carol externalized her problem as self-doubt during her narrative therapy sessions and talked about how these doubts had reflected on both her relationship with her partner and her relationship with God (Marais, 2006). In the context of this case, the client was asked the following questions with regard to externalizing the conversations in order to understand how doubt has affected the spirituality in her relationships: “How do you think your self-doubt affects the way you perceive your relationship with God? How do you think your self-doubt is affecting your conversations with God about this problem? What would be your self-doubt if you could look at your relationship with God from a different perspective?” (p. 78).

### ***Deconstruction Questions***

This technique allows clients to look at their own story from different perspectives and can also be instrumental in shaking clients’ established beliefs by enabling them to see the shortcomings of their story (Morgan, 2000/2022). However, in order for clients to look at and analyze the problem from different perspectives, they first need to see the problem as separate from themselves. For example, in a group study with female clients who were dissatisfied with their body image, the problem was first externalized, and then social and cultural factors affecting body image were discussed (Duba et al., 2010). This discussion clearly cannot be had if clients see themselves as the problem.

Deconstruction helps client show how they have dealt with their beliefs in a limited framework by helping to discover and expand these beliefs (McVeigh, 2016). For example, a therapist asked a client who felt that God was punishing her for sexual abuse over which she had had no control, “Do you think God is punishing you for things you have no control over?” (p. 67). With deconstruction questions, clients can look at spirituality that they had defined as problematic from different perspectives and even finds different ways to express spirituality. Thus, narrative therapists can examine the thoughts of clients who define spirituality as destructive and encourage them to focus on the aspects of spirituality that improve their life.

### *Unique Outcomes*

Unique outcomes can be defined as exceptional situations in the client’s dominant story; namely, situations that contradict the story (Morgan, 2000). In narrative therapy, clients has a dominant story, but sometimes this dominant story does not affect them (Tarragona, 2008). The therapist addresses these moments, captures unique results, learns their meaning for the client, and begins to create alternative stories based on these results. Unique results produce a new exit door for clients (Payne, 2006). To achieve unique results, the therapist may ask questions such as “Can you describe a time when this problem did not arise?” or “What does it mean for you to have had no tantrums over the weekend? What does this tell us about you?” These questions can be used to determine exceptional situations and how clients make sense of these situations (Payne, 2006).

After discovering unique outcomes in the therapy process, what these mean for the client is determined (Morgan, 2000/2022). This determination is made by asking the client what are called identity questions. These questions involve targeting the definitions of spirituality upon which narrative therapy is based, as they are aimed at the client’s personal values, the qualities of the relationships they have with people, and their beliefs. For example, “What personal values is this behavior based on?” (Morgan, 2000/2022, p. 82) is one question that serves to make sense of the unique outcomes that appeal to personal values. “How would you describe your relationship with John when this happened?” (Morgan, 2000/2022, p. 82) is another question that serves to make sense of the unique outcomes that address relationship attributes. Finally, “What does doing this say about you as a person?” (Morgan, 2000/2022, p. 83) is another question that serves to make sense of the unique outcomes that appeal to personal qualities. When looking at the narrative therapy-based definition of spirituality, these questions involve addressing both the clients’ contact with themselves and how they interpret the relationships they have with others. Thus, these questions are used to get in touch with the client’s spiritual aspects.

Unique outcomes are achieved mainly by asking about when the dominant story does not take place in the individual’s life. For example, a woman who had a problem

with her husband because of infidelity explained that God had not helped herself but had allowed her to see her husband's unfaithfulness so she had become angry at God (Karris & Arger, 2019). In the sessions, the therapist tried to understand if she had had experiences in which God had helped her, the meaning of God's help to her, and the meanings of unique outcomes.

### ***Finding What Is Absent but Implicit in the Narrative***

When people describe their experiences, they describe them by comparing them with other experiences (Freedman, 2012). Explained more concretely, when someone describes a problematic experience, they compare it to a non-problematic experience. A therapist who applies the double listening method as described by White (2003) at this point will actually be able to touch upon the points the client prefers and values by seeing the basis of the story as well as the problem story as told by the client (Freedman, 2012). These points may not be explicitly included in the client's narrative, but they will appear indirectly in the client's experiences. For example, the psychological suffering that a client talks about in a session is related to certain goals, values, and beliefs; despair regarding dreams about the future may indicate the client conceptually perceiving the world as unjust, or abandonment and desolation may indicate the client to highly value spirituality or cultural virtues (Freedman, 2012; White, 2003).

When clients bring spiritual issues to the session and present these issues or their relationships as a problem, the basis, purpose, values, beliefs, dreams, and expectations behind the problem can be revealed using the double listening technique. For example, the subject of infidelity was studied with a couple (Sarah and David) in a narrative therapy session, and the female client had also become angry with God because of this infidelity because she thought that God had allowed this trauma (Karris & Arger, 2019). When the therapist listened to the female client's anger toward God with the double listening technique, the therapist tried to understand the client's beliefs, expectations, and perceptions of God behind this anger. To this end, the therapist asked the client the following questions: "Sarah, you are clearly in great pain. What do you think about God's feelings for you right now? How did you learn that God controls every event and action that happens? Sarah, you said God allowed this happen to you. What do you mean by allow? Do you think God can't let that happen?" (Karris & Arger, 2019, p. 10). These questions are among the ones a narrative therapist can ask in order to listen to a client with the double listening method and were used here to then reveal Sarah's beliefs, expectations, and hopes about God in the background.

### ***Re-Authoring Conversations***

As stated in the article's section on the basic concepts of narrative therapy, the narrative therapy process is used to start writing alternative stories in response to the

problem-focused story (Carey & Russell, 2003). Alternative stories are stories that the client prefers to experience when they have no problems in their life (Morgan, 2000/2022). The re-authoring process begins when the therapist captures any experience that conflict with the dominant story (Carey & Russell, 2003). After this experience is captured, the therapist names it together with the client and make a rich definition (Morgan, 2000/2022). Afterward, the therapist connects this story to the other stories that contradict the dominant story, and thus an alternative story chain begins to form (Carey & Russell, 2003). For example, in the story of the female client who was angry with God and felt worthless because of the problems she'd experienced, the therapist captured the experiences that were deemed valuable by God, and the alternative story of the client began to be written by making a rich description of these experiences. While re-authoring conversations are in the hands of the therapist, they act on the principle that the client's life does not consist of a single dominant story but of multiple stories; therefore, alternative stories can be written as well as problem-saturated stories (Carey & Russell, 2003).

### ***Re-membering Conversations***

This technique is a concept that anthropologist Barbara Myerhoff (1982, as cited in Carlson & Erickson, 2000, p. 240) brought to the literature as “the aggregation of members, the figures who belong to one's life story, one's own prior selves, as well as significant others who are part of the story.” These people are important figures in the life story of the individual and have a function in shaping the individual's personality, identity, and life (White, 2007). During the therapy, the relationships with these figures in the individual's life story are reviewed, with the influence of some figures in their own life being increased and others eliminated.

Spirituality can be worked through using re-membering questions. For example, questions such as “What would God say about your coping ability, your ability to handle things right now?” (McVeigh, 2016, p. 66) or “What would your grandmother say if she were here right now?” (p. 67) are concrete examples of how to work on spirituality in narrative therapy, both by referring to the client's relationship with the transcendent and by asking about a relationship that is not currently in the client's life but has spiritual importance.

An example of re-membering conversations can be given from a client going through a narrative therapy session (Marais, 2006). The re-membering conversations technique was applied to a client who doubted himself and did not believe in his own strength. He'd included the Prophet Moses, who was a part of his own beliefs, in these conversations. According to the information in the New Testament, Prophet Moses had also doubted himself, and the client compared his process to that of Moses, explaining it by saying, “Moses lost faith in himself, just as I did, but God Almighty

showed us otherwise. We are strong.” (Marais, 2006, p. 87). That the client made this sentence has an important place in the context of re-remembering conversations, because many common points, similarities, and connections with the members of the client’s life story emerge in these conversations (Morgan, 2000/2022).

### ***Outsider Witnesses***

Narrative therapy may involve others apart from the therapist and the client who have witnessed the client’s dominant or rewritten story during the therapy process (Payne, 2006). These people may be the client’s friends, family members, or people who do not know the client, such as other therapists or people from the society to which the client belongs (Morgan, 2000). The feature these people have is that they listen to the client tell their story from behind a one-sided mirror in the therapist’s room and reflect their own observations about this story (Payne, 2006). After outsider witnesses listen to the client’s story and reflect their own observations about this story, the client can also express their own thoughts or respond to these projections (Morgan, 2000). Thus, the client has the chance to look at his own story from different angles by having it be retold by others (Payne, 2006).

Outsider witnesses can be used in two different ways regarding spirituality during narrative therapy. First, religious/spiritual figures who have strong influences on the alternative story the client has created can be invited to the sessions. Having these figures listen to the client’s alternative story and reflect on this story can be productive for the therapeutic process. Secondly, because spirituality in narrative therapy is about being aware of the other and the process of creating meaning in the relationships the individual has established with others, the client can gain awareness of what they care about in their relationships and what is meaningful to them through the reflections of outsider witnesses (Morgan, 2000/2022). One example can be given here from Morgan’s (2000) book, where Alex as an outsider witness at a therapy session is able to comment as he listens to Josie’s story:

*When Josie was talking, I noticed she said that it was a relief to trust her mum with that piece of information. I was wondering more about what lead up to her being able to trust her mother like she did? And what that says about what Josie wants or is committed to in her relationship with her mother? I was wondering what this commitment might mean for their relationship and what Josie thinks about that? (p. 123)*

In this example, Alex’s reflections may be a reflection on what Josie cares about and gives meaning to in her interpersonal relationships, in addition to the definition of spirituality.

### ***Therapeutic Documents***

Letters, certificates, and diplomas are documents used as a narrative therapeutic method to increase the effectiveness of sessions and strengthen the client's story (Tarragona, 2008; White, 2007). For example, a certificate of achievement given to the client for a situation they had overcome or a letter from the therapist to the client can be considered therapeutic documents. Narrative letters, estimation letters, invitation letters, counter referral letters (dedicated to the person who referred the client to therapy) are other examples (Bjørøy et al., 2016). These documents enable the client to see their own progress (Payne, 2006), the participating outsider witnesses to observe the process, and hope for the future with success certificates (Bjørøy et al., 2016).

Therapeutic documents are important resources for studying spirituality in narrative therapy. For example, the issue of infidelity had been studied in a narrative therapy session between the previously mentioned clients, David and Sarah, and attempt was made to repair the relationship between the partners (Karris & Arger, 2019). The partners prepared a therapeutic document during the session that included how they were at the beginning of the session and how God had helped rewrite their story afterwards. This newly written story revealed a resilient, strong, healing, and hopeful relationship between the couples. The partners wrote the features of this newly written relationship story as a therapeutic document and even read it to outsider witnesses who'd come to the session. In the next session, the couple even wrote a statement with the therapist and hung it on their walls in their home. The title of this statement reflects the couple's therapy process: "Resilience, Healing, & Hope." This example shows how the use of therapeutic documents is functional in reinforcing the client's alternative story while studying spirituality in sessions.

### **The Therapist's Position and Relationship with Spirituality**

Narrative therapy is not only limited to spirituality and techniques in its approach but also brings some suggestions regarding the therapist's relationship with spirituality. Narrative therapy addresses the relationship between the therapist's position and spirituality on two points. Firstly, clients may be in a sensitive position when applying for therapy and during the first phase of the therapeutic alliance with their therapist (McVeigh, 2016). In this sensitive position, clients do not want to be judged. On the contrary, they expect to feel safe and unconditionally accepted by their therapist. In addition, they may have difficulty talking about some subjects such as spirituality. While focusing on spirituality in the sessions, the therapist should show a respectful, non-directing, and non-judgmental attitude and open up room for the client to talk about religious/spiritual issues (Marais, 2006; McVeigh, 2016). Viewing the client as the expert of their own life (Tarragona, 2008), which was mentioned in the section on the characteristics of postmodern therapies, helps a therapist working with spiritual

issues to establish a more equal, respectful and non-directing relationship with their client. Respecting the client while talking about spirituality issues is one of the main perspectives of narrative therapy, and in order to do this and ensure that the client does not feel any coercion or pressure from the therapist, the therapist can ask the client questions such as “Is it appropriate for you to talk about this issue? Would you like to talk about this? Would you like to continue talking about this topic?” (McVeigh, 2016).

Secondly, studies have also addressed therapists’ own personal stances toward spirituality. The therapist’s spirituality can be an important resource in the relationship with the client (Carlson et al., 2002). However, the prevailing view in the literature is that the therapist’s spiritual aspects should remain separate from their professional work. This view is opposed by postmodern-oriented thinkers. Just as with clients, spirituality adds meaning and purpose to the therapist’s life. Carlson et al. (2002) stated therapists’ professional lives and spirituality to be interrelated. Spirituality is a source of strength for therapists, as it provides them with hope and a safe and calm foundation. This source also has importance in the relationship between therapists and their clients. For this reason, a therapist’s spirituality and professional identity have been stated to be inseparable from one another, for if these two sides are separated, many functional aspects about the therapist may be lost during the therapy.

### **The Case**

A 23-year-old male client applied for therapy due to the negative events he’d experienced in his life. These negativities mostly involved the problems the client had with his parents. During the therapy, the therapist first determined the subject to work on by asking, “Is it appropriate for you to examine this subject? Would you like to talk about this subject?” The therapist and client determined the subject to be examined in the therapy to be anger. Firstly, the therapist externalized the experienced anger during the therapy. The client gave this anger the name of cloud. While naming the problem, the definition of this cloud was simultaneously made. The therapist asked externalizing questions about his characteristics and how these had affected the client’s life and relationships. When the client mentioned how the anger he’d experienced had affected his relationship with God, the therapist asked the questions “How do you think the cloud affects your relationship with God” and “What would happen to the cloud if you could look at your relationship with God from a different angle?” The therapist then identified the times when the client’s anger issues had not affected him and revealed the unique results. In order to achieve unique results, the therapist also examined the client’s history by asking, “Can you talk about a time when the cloud did not appear? How have your relationships changed during these times? What does this mean to you?” The client stated that when the cloud did

not visit him, he had been able to remain more functional in his life and establish healthier relationships with his parents and God.

Due to the fact that the client cared about his relationship with God but had negative attitudes toward this relationship, the therapist tried to look at this situation from different angles with the client and used deconstruction questions throughout the process while examining the client's relationship with God. When the client stated thinking that God had done him an injustice, the therapist asked him, "You said that God was unfair to you. What does being unfair mean to you? How did you learn that God can do an injustice to people? Do you think that God cannot allow this to happen? Could God have prevented these problems from happening?" Thus, the client tried to look at his relationship with God, which he'd defined as problematic, from different perspectives. In addition, the client expressed the hopes, expectations, and dreams that he wanted from his relationship with God.

After these questions, the concepts of benefit and injustice were emphasized with regard to the negative life events the client had expressed, and thus began the writing of the alternative story. While discussing the concept of benefit, the client mentioned how these negative events had made him stronger toward life, how he had realized his skills for coping with problems, and how he was the source of power. Discussions occurred regarding how he could benefit from this power source when he encounters negative events in his future life. When the client talked about the concepts of injustice, the therapist emphasized this concept, and they discussed how this concept has an important value for the client and how the client can develop fair relations in the future.

When talking about the client's source of power, the client brought up the subject of his teacher, who had an important place in his life, stating how the teacher had always supported him throughout his school years. As the client remembered this teacher in the sessions, this teacher became included in the re-remembering conversations again. The therapist asked, "If your teacher were here right now, what would they say about your situation?" According to the client, the answers his teacher would give would consist of appreciation for his coping skills and guidance on how he could look at his relationships by putting aside his anger.

In order to enrich the client's alternative story, the client's father and siblings were invited to a narrative therapy session, during which the client talked about his power sources. The client's brother, who'd had a similar experience as he, also stated being able to similarly benefit from the sources the client had mentioned; the brother also mentioned having previously felt powerless at overcoming this difficult experience but that after listening to his brother, he realized that he also could have sources of power. Later when discussing the client's reflections, the client stated that setting an

example in this way has been good for him and honored him. In another session, the client wrote a letter to God as a therapeutic document in which how God helped him to discover his power sources and find his new “selves.” The client said he’d called it a thank you letter because if he’d not experienced this event, maybe he would not have discovered the stronger sides of his personality.

### **Conclusion**

Alongside the changes in the positivist paradigm that have dominated the scientific world since the 20<sup>th</sup> century, the effects from the postmodern paradigm have also reflected themselves onto the field of psychotherapy and then narrative therapy, and solution-focused therapy approaches appeared in the field of psychology (Tarragona, 2008). While the basic philosophy is being questioned regarding which paradigm shifts the existing therapeutic approaches are based on, this questioning has not only remained within this framework, but also the handling of spirituality-related concepts has also begun to change. The current focus is on the subjective perception of the individual instead of the concepts of religion/spirituality, which are determined objectively and seen as the representation of objective truths (Alici, 2018). What has remained important after this process is how clients perceive spirituality, what meanings they attribute to it, where they position it in their own life, and how spirituality functions in the formation of relationships and in individuals’ own identity. Narrative therapy places spirituality in this framework; in other words, the function of spirituality is to create meaning and purpose in individuals’ lives and to carry this meaning and purpose to their interpersonal relationships (Béres, 2014). The meaning of spirituality in people’s individual stories, its meaning in their interpersonal relationships, and its role and function in the alternative stories it will create fall within the field of narrative therapy.

Due to narrative therapy not being an approach based on the concept of spirituality, limited studies are found in the literature explaining this relationship. Therefore, this study has a limited number of resources while explaining its theoretical and conceptual framework. However, the theoretical background presented in this study is predicted to contribute to the very limited literature addressing spirituality in narrative therapy and to also create a conceptual and theoretical perspective for researchers who want to work in this field. Thus, future research, researchers, and practitioners are thought to be able to contribute to this limited body of literature by combining the theoretical background in this study with their own practices. In parallel with this theoretical background, the intervention techniques used in narrative therapy are suitable for working with spirituality. For example, spirituality may be discovered through unique results to have an empowering function in clients’ lives (if such a function exists for a client but has not yet been discovered). With re-remembering conversations, clients can include the voices of the people to whom they attribute spiritual meaning in their life. Similarly, people who

add spiritual meaning to the client's life can be invited to session through the outsider witness practices. This application-oriented information aims to provide practitioners with more holistic and comprehensive interventions for evaluating clients with strong spiritual/religious orientations. In addition, practitioners who adhere to different schools of therapy will still be able to integrate these practical techniques into their own practices when working with spiritually or religious-oriented clients. As a result, although narrative therapy is not a spirituality-based one, it can work with spirituality functionally due to its focus on interpersonal relationships and the meanings in these relationships.

## References

- Abels, S. L. (2001). *Understanding narrative therapy: A guidebook for the social worker*. Springer Publishing Company.
- Akkuş, K., Kütük, B., & Samar, B. Ş. (2020). Öyküsel terapi: Felsefi ve kuramsal temelleri, terapi teknikleri ve etkinliği. *Akdeniz İnsani Bilimler Dergisi*, 10, 27–37. <https://doi.org/10.13114/MJH.2020.515>
- Alicı, M. (2018). Dindar değil maneviyatçıyım: Postmodern din bilimlerinde maneviyat-dindarlık tartışmaları. *AKRA Kültür Sanat ve Edebiyat Dergisi*, 6(16), 11–20. <https://doi.org/10.31126/akrajournal.454620>
- Bjørøy, A., Madigan, S., & Nylund, D. (2016). The practice of therapeutic letter writing in narrative therapy. In B. Douglas, R. Woolfe, S. Strawbridge, E. Kasket, & V. Galbraith (Eds.), *The handbook of counselling psychology* (pp. 332–348). SAGE.
- Béres, L. (2014). *The narrative practitioner*. Macmillan International Higher Education.
- Canda, E. R. (1988). Spirituality, religious diversity, and social work practice. *Social Casework*, 69(4), 238–247. <https://doi.org/10.1177%2F104438948806900406>
- Carey, M., & Russell, S. (2003). Re-authoring: Some answers to commonly asked questions. *International Journal of Narrative Therapy and Community Work*, 3, 60–71.
- Carlson, T. D., & Erickson, M. J. (2000). Re-authoring spiritual narratives: God in persons' relational identity stories. *Journal of Systemic Therapies*, 19(2), 65–83. <https://doi.org/10.1521/jsyt.2000.19.2.65>
- Carlson, T. D., Erickson, M. J., & Seewald-Marquardt, A. (2002). The spiritualities of therapists' lives: Using therapists' spiritual beliefs as a resource for relational ethics. *Journal of Family Psychotherapy*, 13(3–4), 215–236. [https://doi.org/10.1300/J085v13n03\\_01](https://doi.org/10.1300/J085v13n03_01)
- Combs, G., & Freedman, J. (2004). A post-structuralist approach to narrative work. In L. Angus & J. McLeod (Eds.), *The handbook of narrative and psychotherapy: Practice, theory and research* (pp. 137–156). SAGE. doi:10.4135/9781412973496.d11
- Coyle, S. M. (2014). *Uncovering spiritual narratives: Using story in pastoral care and ministry*. Augsburg Fortress.
- Doan, R. E. (1997). Narrative therapy, postmodernism, social constructionism, and constructivism: Discussion and distinctions. *Transactional Analysis Journal*, 27(2), 128–133. <https://doi.org/10.1177%2F036215379702700208>
- Duba, J. D., Kindsvatter, A., & Priddy, C. J. (2010). Deconstructing the mirror's reflection: Narrative therapy groups for women dissatisfied with their body. *Adultspan Journal*, 9(2), 103–116. <https://doi.org/10.1002/j.2161-0029.2010.tb00075.x>

- Duvall, J., & Béres, L. (2011). *Innovations in narrative therapy: Connecting practice, training, and research*. W. W. Norton & Company.
- Epstein, E. K. (1995). The narrative turn: Postmodern theory and systemic therapy. *Gestalt Theory*, 17(3), 171–83.
- Etchison, M., & Kleist, D. M. (2000). Review of narrative therapy: Research and utility. *The Family Journal*, 8(1), 61–66. <https://doi.org/10.1177%2F1066480700081009>
- Freedman, J. (2012). Explorations of the absent but implicit. *International Journal of Narrative Therapy & Community Work*, (4), 1–10.
- Gergan, K. T. (1985). The social constructivist movement in modern psychology. *American Psychologist*, 40(3), 255–275.
- Griffith, J. L., & Griffith, M. E. (2002). *Encountering the sacred in psychotherapy: How to talk with people about their spiritual lives*. Guilford.
- Karris, M. A., & Arger, M. A. (2019). Religious couples re-storying after infidelity: Using narrative therapy interventions with a focus on attachment. *Counseling and Family Therapy Scholarship Review*, 2(1), 1–16. <https://doi.org/10.53309/JCDM6423>
- Kwok, W. L. (2016). Narrative therapy, theology, and relational openness: Reconstructing the connection between postmodern therapy and traditional theology. *Journal of Psychology and Theology*, 44(3), 201–212. <https://doi.org/10.1177%2F009164711604400303>
- Marais, J. C. (2006). *(Re)-constructing a life-giving spirituality: Narrative therapy with university students* [Doctoral dissertation, University of South Africa]. <http://hdl.handle.net/10500/2222>
- McVeigh, A. K. (2016). *Spirituality in practice: An exploration into narrative practitioners' approaches to addressing spirituality in counselling practices* [Unpublished master's thesis, Unitec Institute of Technology]. <https://hdl.handle.net/10652/3285>
- Morgan, A. (2000). *What is narrative therapy?* Dulwich Centre.
- Morgan, A. (2022). *Narrative Terapi Nedir?* [What is narrative therapy] (Tran., İ. Eskioğlu Aydın). Kaknüs. (Original work published 2000).
- Nichols, M. P. (2013). *The essentials of family therapy* (6<sup>th</sup> ed.). Pearson/Allyn and Bacon.
- Neimeyer, R. A., & Raskin, J. D. (2000). On practicing postmodern therapy in modern times. In R. A. Neimeyer & J. D. Raskin (Eds.), *Constructions of disorder: Meaning-making frameworks for psychotherapy* (pp. 3–14). American Psychological Association.
- Payne, M. (2006). *Narrative therapy*. SAGE.
- Tarragona, M. (2008). Postmodern/poststructuralist therapies. In J. Lebow (Ed.), *Twenty-first century psychotherapies: Contemporary approaches to theory and practice* (pp. 167–205). John Wiley & Sons.
- Thomas, L. (2002). Poststructuralism and therapy- What's it all about? *International Journal of Narrative Therapy & Community Work*, 2002(2), 85–89.
- Truter, C. J., & Kotzé, D. J. (2005). Spirituality and health: A narrative-pastoral approach. *HTS: Theological Studies*, 61(3), 973–984.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. WW Norton & Company.
- White, M. (2003). Narrative practice and community assignments. *International Journal of Narrative Therapy and Community Work*, 2, 17–56.
- White, M. (2007). *Maps of narrative practice*. W. W. Norton & Company.
- White, C. (2009). Where did it all begin? Reflecting on the collaborative work of Michael White and David Epston. *Context*, 105, 59–60.