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The Impact of an Integrated Humanistic Counselling Program Based on Spiritual Self-Schema and Satir Model Counselling program on Promoting Religious and Spiritual Congruence among Drug Users and their Families at an Addict Rehabilitation Center

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Abstract

Objectives: This study aimed to evaluate the impact of an integrative humanistic counseling program based on the Spiritual Self-Schema and Satir Model on enhancing religious-spiritual congruence among drug users and their families. The study also aimed to focus on individuals experiencing a decline in religious and spiritual congruence.

Methods: The study developed religious, spiritual, and congruence scales, which were validated for reliability, internal consistency, and content accuracy. The scales were administered as a pre-test to participants, who included ten drug users at the Arjan Rehabilitation Center in Amman, Jordan, along with family members. A nine-week counseling program was designed followed by six phases of the Satir Model and incorporating the religious-spiritual pathway. Family members participated in four sessions. Statistical analysis was applied to the e data collected.

Results: The study results showed a significant change in drug users' self-perception, with an increased proclivity for a "spiritual self," viewing spiritual practices as part of the "Self," and addictive traits as constituents of the "Other." The results also showed that participants reported daily spiritual practices, enhanced spiritual experiences, and an improvement in congruence (intrapsychic, interpersonal, and universal–spiritual) among both drug users and their families.

Conclusions: The study recommends the continuation of support to drug users to strengthen their religious and spiritual congruence. The study also underscores the effectiveness of integrating spirituality and the Satir Model into counseling programs at rehabilitation centers to promote holistic recovery among drug users.

Keywords*:* Spiritual self-schema; Satir model; counselling program; religious and spiritual congruence; drug users

أثر برنامج إرشادي إنساني تكاملي قائم على مخطط الذات الروحي ونموذج ساتير في تعزيز التو افق الديني الروحي بين متعاطي المخدرات وأسرهم في مركز إعادة تأهيل المدمنين

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ملخّص

الأهداف: هدفت الدراسة الحالية إلى تقييم أثر برنامج إرشادي إنساني تكاملي قائم على مخطط الذات الروحي ونموذج ساتير في تعزيز التوافق والتوافق الديني الروحي بين متعاطي المخدرات وأسرهم، حيث ركزت الدراسة على الأفراد الذين يعانون من تراجع التوافق الديني والروحي.

المنهجية: تم تطوير مقاييس التوافق الديني والروحي و تم التحقق من الصدق والثبات والاتساق الداخلي. تم تطبيق المقاييس كاختبار قبلي على المشاركين، والذين شملوا عشرة متعاطين للمخدرات في مركز إعادة التأهيل بعَرْجَان في عمّان- الأردن، بالإضافة إلى أفراد أسرهم. وتم تصميم برنامج برنامج إرشادي لمدة تسعة أسابيع وفق المراحل الست لنموذج ساتير ومتضمناً دمج المسار الديني الروحي، وشارك أفراد الأسرة في أربع جلسات منها. وتم إجراء التحليل الإحصائي للبيانات التي تم جمعها.

النتائج: أظهرت النتائج تحوّلًا ملحوظًا في تصور الذات لدى المتعاطين، حيث ازداد التوافق نحو "الذات الروحية"، ورؤية الممارسات الروحية كجزء من "أنا" والسمات الإدمانية على أنها "ليست أنا". وأفاد المشاركون بممارسات روحية يومية، وتجارب روحية محسنة، وتحسن في التوافق (الداخلي، الشخصي، والروحي الكوني) بين متعاطي المخدرات وأفراد أسرهم.

الخلاصة: اختتمت الدراسة بتوصيات لدعم متعاطي المخدرات في تعزيز التوافق الديني والروحي لديهم. وأكدت النتائج فعالية دمج الروحانية ونموذج ساتير في البرامج الاستشارية بمراكز إعادة التأهيل لتعزيز التعافي الشامل بين متعاطي المخدرات.

الكلمات المفتاحية: المخطط الروحي الذاتي، نموذج ساتير، برنامج الإرشاد الروحي الديني، التطابق، متعاطي المخدرات.

Introduction

The journey towards recovery for individuals struggling with drug addiction involves a multifaceted approach that encompasses physical, psychological, and spiritual aspects. Recent years have seen a rise in the integration of spiritually integrative approaches to address the spiritual void often associated with addiction. One such approach involves the utilization of a spiritual self-schema (3-S) in conjunction with the Satir Model counseling program. The 3-S concept focuses on replacing the addict self-schema with a spiritual one, aligning individuals with spiritual beliefs and values (Margolin et al., 2007). On the other hand, the Satir Model emphasizes communication and emotional honesty to enhance self-esteem and family dynamics, making it suitable for addressing the complexities within families affected by drug abuse (Freeman, 2000) .

By combining the spiritual self-schema with the Satir Model counseling, a unique therapeutic approach emerges that merge internal spiritual growth with external relational improvements. This integration is believed to not only aid in the recovery of individuals by addressing the spiritual void often present in addiction but also to enhance congruence within family relationships. Congruence, in this context, refers to the alignment between one's inner values and outward behaviors, which is crucial for sustainable recovery and overall well-being (Margolin et al., 2007).

The need for such an integrated approach is rooted in the disruptive nature of drug addiction, which impacts both the individual's spiritual integrity and family relationships essential for support and rehabilitation. Addiction often leads to a loss of meaning and direction, necessitating spiritual rehabilitation provided by the 3-S model. Simultaneously, the strain on family relationships due to addiction requires interventions like those offered by the Satir Model to restore communication, trust, and functionality (Boostani Kashani et al., 2020).

In conclusion, the integration of the spiritual self-schema (3-S) with the Satir Model counseling program offers a promising pathway towards recovery and spiritual well-being for individuals grappling with drug addiction. By addressing both the internal spiritual aspects and external relational dynamics, this combined approach has the potential to foster lasting recovery and enhance familial relationships, contributing to a more holistic and effective recovery process.

Spiritual path: A spiritual path is guidance thinking concerning maladaptive self-schema (Fetzer, 1999)activation in the addictions is self-discrepancy, which uses a self-regulation framework. Figure (1) describes how discrepancies between one's view of the addict self and spiritual self-standards; can cause vulnerability to negative emotional states of drug users, (Higgins, 1987; Higgins et al., 1985)**.**

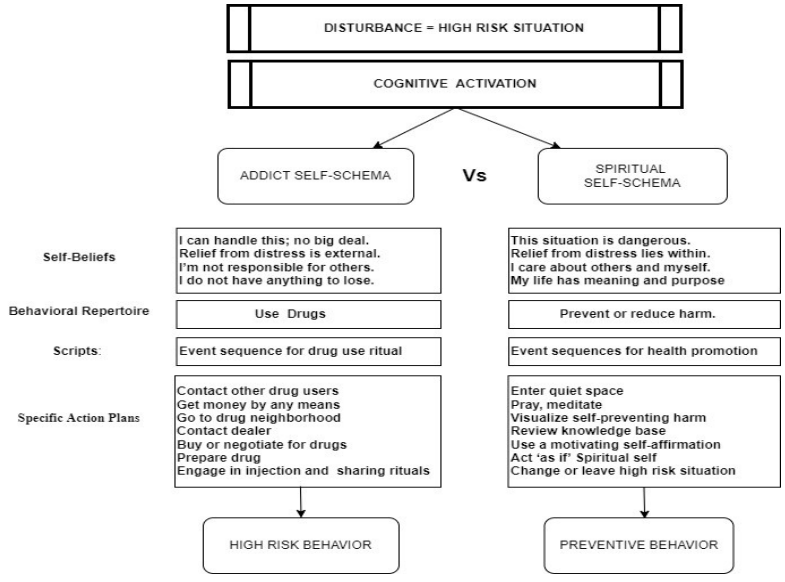

Figure 1: The activation of two incompatible spiritual self and addict self-addicted

Figure 1: Shows putative activation of the addict's subjective addiction schema versus the spiritual subjective schema, when the drug abuser is in a high-risk situation. (Higgins, 1987)stated that the pragmatic self-schematic of addicted individuals is highly negative, and an important process involved in successful addiction treatment is “self-reassessment” where the “ideal” or “non-addictive” self-schema is reinforced and begins to replace the self-representation of the addict as a factor in (or "actual") self-scheme in the individual's daily activities.(Arnold et al., 2002a) suggest that this spiritual view is consistent with those who view their spirituality in terms of protecting themselves and others. Addiction is among the concerns addressed in pastoral care.

Spirituality is a fundamental and extremely important activity for creating meaning in individuals, as they are generally concerned with the value of human life, especially their own life(Guenther, 1992; Merton, 1986) .Each patient's own beliefs regarding spirituality and religiosity provide a basis for achieving these goals, for which we cannot consider cooperative interdependence to be spirituality per se, but rather the patient's spiritual self-schema (Cook & Kelly, 1998). Avants et al. (2005) explain how Spiritual Self-Schema (3-S) therapy was used to treat an HIV-positive inner-city drug user who was being kept on methadone and referred for more treatment because of his or her persistent cocaine usage. A manual-guided method called 3-S treatment is based on the cognitive self-schema theory. Three-S therapy facilitates a cognitive shift from habitual activation of the "addict" self-schema, with its treatment-related cognitions, and action plans, to the "spiritual" self-schema, with its associated repertoire of harm reduction beliefs and behaviors. Its goal is to assist the patient in creating, elaborating, and making accessible a cognitive schema — the "spiritual" self-schema. a sample of 29 patients who were cocaine and opioid-dependent were studied. Stage I of a project to develop behavioral therapy is focused on developing the spiritual self of addicts. A counselling curriculum is integrated into 3-S therapy. A nonsectarian Buddhist framework based on the Satir Model of self is appropriate for persons of all faiths.

The 8-week interventions were successfully completed by 79%. Counselling reduced drug users. It is shown that the "addict self" has changed to the "spiritual self," according to the evidence. The development of the treatment of spiritual self-scheme has benefited from the incorporation of spiritual and religious beliefs into addiction treatment and HIV prevention (3-S). Domenico et al. (2017) review of sixteen types of research related to the self-scheme of alcoholics was defined and evaluated as good using Polite and Beck's criteria; the overall body of literature was rated B", in Grimes and Schulz Criteria Models were graded from 4 to7 using Fitzpatrick, but Whall’s criteria evaluation was good. The literature strongly supported the availability of a drinking-related self-schema, among moderate to heavy drinking samples and indicated a positive relationship between labeling and drinking behavior. The relationship between equal content of the self-scheme and drinking behavior could incompetent the foundation for future interventions. a meta-analysis of 157 clinical trials involving 402 treatment groups and 15,842 participants revealed that emergency management programs significantly increased the likelihood of a negative result of cocaine presence and that it was statistically significant for the treatment of cocaine use disorder among adults who actively use cocaine. Bentzley et al. (2021) explain that treating cocaine use disorder reduces adult use.

The Virginia Satir methodology was created, and certain topics and philosophy, such as the humanistic, systemic, and experiential approaches she used, serve as the foundation for the work (Banmen, 2009). Tillich's ontological categories of essence and existence, individualization and participation, and destiny and free are compared to Satir's representations of the self. Thus, it is demonstrated that Tillich's theological search and Satir's dehumanization agenda are related. Satir was a spiritualist who saw religion as the basis of a more harmonious life. She's sticking to Paul Tillich's viewpoint at this time.

According to Tele, the search for a religion is not simply spiritual, but also interpersonal and interrelated. It is not merely material or historical. According to Satir's theory, harmony is a spiritual process of humanization that involves re-establishing contact with other people, one's roots, and the spiritual essence of nature (Lee, 2001). According to Leung et al. (2019) and Tam (2006) Satir Model has a significant influence on therapists' thought and practice, the Satir model of the power of life and the presence of human life benefits mental health. They discovered that the model can help turn Virginia Satir's work into an evidence-based practice through two phases of their study, which attempted to verify a self-report instrument, the Perceived Self-Transformation Scale, which evaluates the self-transformation advocated by the Satir Model.

Satir's Model of therapy can be examined in terms of its spiritual diversity. It began integrating spirituality after the 1980s by using spirituality to enhance congruence. The congruence is integrated into three vital human dimensions: interpersonal, intrapsychic, and universal-spiritual, it is linked to Tillich's philosophical understanding of "salvation." Religious pursuit is understood as a systematic multidimensional system, linking dimensions of interaction with others and interactive personal and spiritual interaction in a unit (Banmen & Maki-Banmen, 2014) mentioned he congruence is a phenomenon associated with the metaphor of the iceberg dimensions' of the Satir Model, which forms the per interaction disturbance that occurs in a person's universal-spiritual, which manifests itself negatively in the other layers. Therefore, the interpersonal, intrapsychic, and universal-spiritual dimensions can either facilitate or inhibit them from interaction to facilitate event change, and to move the system to a higher degree of comfort and congruence, that involves changing expectations, perceptions, feelings, and acceptance of one's desires, to change them and reconnect the power of life or energy. The purpose of Satir's Model is to integrate the elements of these dimensions into a harmonious relationship, to enhance congruence, they are conceptualized as interconnected and mutualism (Satir, et al., 1991).

Interpersonal, the interpersonal dimension in the Iceberg metaphor of the Satir model is characterized by the four survival communication stances of blaming, placating, being super-reasonable, and being irrelevant.

Intrapsychic: The dynamic system of the inner experience of a person includes feelings, feelings about the feelings, perceptions, beliefs, and expectations (Satir, et al., 1991).

Universal–spiritual: "The people share a coon humanity in their universal yearnings and aspirations. The spiritual dimension is alive, the core of who we are, that which animates s, and evokes our reverence and awe in its mystery". Satir calls it the ―life force‖ (Satir et al., 1991)

Incongruence has a pervasive effect on almost all aspects of family life; families' incongruence is lent stable. Problematic usually traumatic to a family system, families lose their balance (homeostasis) increases the demands of a family member has to assume responsibilities for the abusive or addicted family members to realize the congruency in the family, which can pull healthy family members down and compromise them to assume various compensating roles to regain balance(Boostani Kashani et al., 2020; Yang, 2000; Yu, 2023) . The family congruence may be almost entirely depleted by the stress of the addict's illness. interferes are a dysfunctional condition when a person's use of alcohol or other mood-altering drugs intention have undesirable effects on, the individual's life and the lives of other. families are important in both the etiology of addiction and its recovery In relapse prevention, success in establishing a social support network raises the chances of long-term treatment success. Even more than ordinary illnesses, with a relationship between spirituality and recovery (Gruber & Taylor, 2006). Addiction is a source of major stress that affects the family's interactions with every other system in the community. Addiction, accordingly, often defined is as an illness not just of the individual but also of the whole family. Sometimes the misery is so intense that the system barely functions. Because of the difficulty of working with the whole family members at the addicts' rehabilitation center, the counselling program is given to the family member's needs.

The member of the family is a holon, which is a term for an object that is both the whole and a part. (Koestler, 1967) developed the idea of a holon, which has its roots in the Greek term holos, which means whole. Holons exert competitive energy for autonomy as well as for the self-preservation of the whole (P. Minuchin, 1985; S. Minuchin, 2018; S. Minuchin & Fishman, 1981). They explained the family as a developing system that has a desire to both evolve and maintain itself. Family systems contain a large number of subsystems or groupings of family members.

These subsystems further classify interactional sequences, Minuchin lee, and Simon (1996) in accordance with how the family structure is represented by hierarchical power structures and various degrees of permeable barriers between family members. examining families through a structural lens. According to (P. Minuchin, 1985) an individual holon that comprises the self-context includes both the current contextual input and the person's past and present personal experiences. People can have a wide variety of identification holons, some of which may be particular to them. The condition of each holon is observed repeatedly in relation to family members' interactional patterns(Madden-Derdich et al., 2002) (Madden-Derdich et al., 2002)The therapist may also inquire about the exploration that went into making these commitments,

evaluate the status of the individual and another family member, and then speculatively speculate on how this holon would affect other holon and the decline of the family as a whole. Any modification in a family member's conduct affects not only that individual but also the entire system. One of these roles is "enabler", which typically happens when an adult conceals the abuse and takes on many of the user's tasks. Quite often, the enabler also self-identifies and is viewed by others as a martyr (Hogg & Frank, 1992; Schaefer & Lauder, 1986) study found that spiritual and religious beliefs have a significant positive influence on both drug users (addictive)and congruence (Arnold et al., 2002; Avants et al., 2001) Action research was used in the (Yang, 2000) study of 24 Taiwanese women who had completed the Satir Model-based education program. To help the participants turned in their notes and offered spoken input at each session. Self-growth, assembly interactions, levels of personal commitment, and acceptance to be vulnerable in their families of origin. It was discovered that these areas can provide a turning point to create an internal motivation towards self-growth and changing one's ways of thinking, and speed up the healing process.(Lum et al., 2002)applied a counselling program to prevent youth suicide, it was the field of relief. They used the iceberg metaphor scheme of the Satir Model, which provides a true story of the genetic component of the youth, they discussed with the surviving members, to encourage the desire for licensure at youth try to commit suicide were treated humanely and developed the hope that they should turn more positive in their lives, focusing on contact and communication situations in the past, providing them with an in-depth underrating the person's inner world and gain success trends and attitudes.

(Daum, Tanya L., and G. Wiebe, 2003) examined subjective dimensions of control beliefs of new students at the university. The research used 116 participants and applied Satir's theory on the metaphor of the iceberg as a comprehensive model. The results revealed that students' self-identification is influenced over time by religious and academic aspects, as students' sense of religion and love dominated their lives more than the academic side. In the Arab context, the impact of family systems and family rules on the recovery from addiction has been a significant area of research. Family dynamics play a crucial role in supporting individuals battling addiction, as they can either facilitate recovery or exacerbate the challenges faced by the addicted individual. Studies indicate that family support is essential for motivating individuals in their recovery journey, as emotional and practical support from family members can significantly enhance the rehabilitation process(Ghazalli et al., 2016). For instance, families that provide ongoing emotional support can help motivate their addicted members to engage positively in recovery efforts, thereby reducing the likelihood of relapse Moreover, the relationship between family dynamics and addiction is bidirectional, particularly in Arab families. Research has shown that family problems can lead to substance abuse among adolescents, while substance addiction can also adversely affect family quality of life, marital satisfaction, and the mental health of parents (Hamza et al., 2022). This cyclical relationship underscores the importance of addressing family issues in addiction treatment programs. The involvement of family members in rehabilitation efforts is crucial, as their participation can foster a supportive environment that promotes recovery(Ghazalli et al., 2016). Culturally tailored interventions that incorporate family dynamics have been shown to be effective in the Arab context. For example, the i-Kasih module, which focuses on Islamic principles and social support, has been designed to assist families of opiate addicts, enhancing their ability to support their loved ones during recovery(Al-Sawafi et al., 2020) . Such culturally relevant approaches are vital, as they resonate with the values and beliefs of Arab families, making them more likely to engage in the recovery process(Gearing et al., 2013). Furthermore, the stigma associated with mental illness and addiction within Arab families can significantly impact recovery outcomes. Research indicates that stigma can deter individuals from seeking help and can complicate family dynamics, making it essential for interventions to address these cultural factors(Dardas & Simmons, 2015). By fostering an environment of understanding and support, families can help mitigate the stigma associated with addiction, thereby encouraging their loved ones to pursue treatment (Dardas & Simmons, 2015).

In order to understand the therapeutic efficacy of spiritual matching in various circumstances,(Bentheim, 2005) studied the impact of pairing on adaptability within the Satir Model through unstructured interviews with 14 adult participants (seven couples), the study was conducted. Each couple's shared narrative was then examined. The iceberg metaphor was used to contextually evaluate the responses, particularly the Mandela double scheme from the Satir Model. The study's

findings revealed that (a) for each pair, "I" and "the other" experienced major contextual challenges in terms of existence; (b) that each of these two couples shared a desire for a more peaceful world; and (c) the contextual distinctions between "I," "the other," and "we." The study's findings revealed that three couples significantly changed their religious response, while six couples underwent significant transformations and alterations in their married life. A congruence couple therapy CCT' has been investigated as an integrated humanistic systems model that tackles the intrapsychic, interpersonal, intergenerational, and universal-spiritual disconnections of pathological gamblers and their spouses of a shift toward a congruence, (Lee, 2009) applied the development of six clinical stages served as a spatial illustration of the theoretical underpinnings, key constructs, and therapeutic actions of CCT. The training outcomes showed that the iceberg metaphor provided healing, and it was ethically necessary to incorporate a spiritually diverse curriculum into the couples and family congruence life. These developments all point to the promise of the CCT's systemic conceptualization and interventions for pathological gambling and future directions in its continuing evolution. (Wretman, 2016) investigated the narrative review in order to analyze (a) the fundamental therapeutic approaches created by Satir for dealing with families and (b) the empirical data to back up their use. The author went over stories of Satir's Model therapy from both first- and second-hand sources. The findings from four interviews included analyses of the ongoing use of Satir's techniques in modern family therapy; clinical implications should include the requirement for further systematization and development of the Satir Model. Additionally, employing a more robust approach with a larger, more diverse sample of individuals of different ages, where evidence-based providence- is the norm, researchers must experimentally evaluate Satir's theories. 39 alcoholic women in Thailand were the subjects of a (Koca, 2017) study that used the scales of alcohol, self-efficiency, intensive alcohol consumption, and non-alcohol consumption to try to reduce drinking behaviors, behavioral habits, and self-esteem. The Satir Model-based alcohol prevention counselling program was put into practice. The program's outcomes demonstrated that participants' self-efficiency increased. In comparison to the control group, the experimental group had more days without alcohol and fewer days when they consumed alcohol. They also had lower alcohol levels and statistically significantly lower alcohol levels overall. The goal of the (Muangkaew et al., 2022) study was to execute a training program for psychology students that was created by an integrated counselling program that predominantly used the Satir Model to improve human counselling skills for social justice. The findings showed that the integrative counselling model training program supports the development of humanistic counselling skills for social justice. (Arnaud & O, 2021; St Arnaud, 2021) study used a sample of drug users and non-users recruited from various online groups to investigate whether psychedelic usage predicts self-transcendence and psycho-spiritual development in contemporary users. The secondary purpose was to analyze the spectrum of recreational psychedelic use. Developmental and transpersonal psychology self-report scales. According to the findings, contextual factors such as lifetime use, frequency, dose size, use in a group (as opposed to alone), use intention, and post-use integration were crucial for predicting use outcomes. It has been demonstrated that using psychedelics, especially with entheogenic intents, might predict an openness to self-transcendent sensations of wonder, which in turn can predict a number of good adult development indices. We conclude from the previous literature that the spirituality of self-schema and the Satir Model is an important activity for creating meaning and healing.

To better understand the application of the Satir Model in Arab contexts, several studies have examined its effectiveness in culturally tailored guidance programs within Arab societies. Originally developed by Virginia Satir to enhance familial communication and relationships, the model has been adapted to address unique psychological and social challenges across different Arab populations. The following studies highlight specific implementations of the Satir Model within these settings.

A study by(Momani & Al-Freihat, 2020) investigated a counseling program grounded in the Satir Model to reduce psychological stress among married Syrian refugee women in Al Mafrag Governorate. Through structured sessions, the program significantly alleviated psychological stressors in the experimental group compared to the control group, underscoring the Satir Model's adaptability to the unique experiences of Syrian refugee women in the Arab world.

In Jordan,(Maabreh & Al-kousheh, 2020) applied the Satir Model to improve life quality and reduce negative communication patterns among wives in Irbid Governorate. Findings revealed that participants in the experimental group

experienced substantial improvements in both life quality and communication, demonstrating the model's capacity to foster stronger interpersonal relationships and enhance overall well-being within Arab societal frameworks.

Another culturally adapted implementation occurred in Iran, where(Jafari, 2017) developed a Satir-based psycho-educational program for couples experiencing marital conflict. The program effectively reduced maladaptive coping mechanisms and decreased divorce likelihood, highlighting the model's potential to resolve marital issues and strengthen relationships within Iranian cultural norms.

Dwairy's research (Dwairy, 1997) provides insight into the cultural considerations necessary for effectively applying the Satir Model in Arab societies. Given that traditional Arab family structures often discourage individual self-expression, the model's focus on self-actualization and open emotional communication may conflict with these cultural values. This emphasizes the need for practitioners to adapt the model carefully, balancing respect for cultural norms with therapeutic objectives to achieve positive psychological outcomes.

Congruence is improved by each person's personal spiritual and religious beliefs. This alters the automatic process by assisting the participant in developing and activating a spiritual self through congruence's spiritual attributes and Satir's interconnected human dimensions. where people generally worry about the meaning and worth of human life. The activation of their feelings, feelings about feelings, beliefs, perception, experience, desire, and universal spirituality are incompatible with a drug user's "addict" self-schema(Miller & Rollnick, 2012)؟

Family systems and substance abuse have a close relationship that frequently endangers the health and well-being of families (Lewis et al., 1988) Most religious systems are centered on the family. To avoid conflict with religious counselling and spirituality, which are ignored within the positivist social science paradigm, family therapists formerly avoided mentioning spiritual experiences in their work. However, family counselling has recently become spiritually oriented. This is due to the fact that spirituality has a significant impact on all family activities and people's mental health (Griffith & Rotter, 1999; Wretman, 2015).

As a result, outcomes are more successful. Typically, drug users and their families do not foster congruence and spiritual development. However, family therapy methods successfully make it easier for families to reflect on their belief systems. The therapy environment also becomes sincerer and acceptable for them. With this in mind, Satir's family therapy's spiritual orientation can be applied as a therapy with a spiritual self-schema. The current study is applying an integrative intervention program, which is guided by spiritual self-schema theory and Virginia Model. to promote a drug user's religious-spiritual, and congruence, which were provided to a rehabilitation Center drug user in Arjan, the general hypothesis was that participants who were given spiritual direction according to Satir Model and Spiritual Self-Schema would show an increased religious-spiritual- self and congruence. To researcher knowledge, there has been no previous study about the effect of the Satir Model and Spiritual Religious Schema on religious spiritual and congruence among drug users and their families in Jordan, which would facilitate a shift to the spiritual /self, and this shift would be associated with a change congruence in drug users and their family member.

Study hypotheses

1. There are no significant differences between pre-test and post-test of counselling program religious spirituality among drug users.
2. There are no significant differences between pre-test and post-test counselling programs in congruence among drug users and their family members.

Methods

Participants: The participants were selected through purposeful sampling. A total of (10) drug users were enrolled in the counselling program. They were adult addicts (18 years or older), and they identified themselves as Jordanian Muslims, their education was high school, but the family members' education was a high school or Bachelor's degree. The following table presents the table of 'Participant Demographic Characteristics of the participants.

Table (1): Participant Demographic Characteristics of the participants

Total	Religion	Nationality	Gender	Age	Education
10 Addicts	Muslims.	Jordanian	Male	18 years and older	High school
10 family members	Muslims.	Jordanian	Male	18 years and older	High school or BA

All participants met the DSM-5 criteria for cocaine and opiate dependence, specifically exhibiting symptoms such as strong cravings, persistent desire or unsuccessful efforts to reduce use, and significant time spent obtaining or using the substances. All were male inpatients at the Arjan Addiction Rehabilitation Center in Amman, a public facility specializing in the treatment of severe substance dependence. Each participant had used cocaine within the past month and stayed at the facility for approximately 40 days, including a 15-day period of poly-drug detoxification.

The Arjan Addict Rehabilitation Center administrator gave permission, and agree to apply the counselling program to the participants (addicts), so the institutional ethics approved, and then they facilitated applying the study in a suitable place inside the center.

Once the participants had successfully completed acute detoxification and were deemed by the medical staff to be sufficiently stabilized, the participants were evaluated by the validity liable study scales by the researchers, were only informed of those who answered positively to participate in the counselling program and sighed consent forms, they were given a thorough explanation of the counselling conditions and, In addition, family members of drug addicts took part in the counselling sessions. Because of worries about the potential impact of maintenance medications on spiritual experiences, such as ecstasy, every change in the behavior of one of the family members impacts not only him but everyone in the system as a whole(Goldstein et al., 1990). Fathers or siblings who fit the following criteria were included in the study: (1) they were perceived as the drug user's supporter; (2) they shared a home with the drug user; (3) they had not participated in other family therapy interventions; and (4) they were willing to take part and (5) gave their written consent.

Study tools

1- Modified multidimensional measure of religiousness spirituality (MMRS) scale (Fetzer, 1999), The original multidimensional scale had 10 spiritual traits and 35 items related to religiosity. The modified scale developed by the study based on the Islam culture has 54 items and is divided into five categories: Private religion Daily Spiritual Experiences, Public Religious Practice, Religious and Spiritual Coping, and Spiritual Experience. The 10 Spiritual characteristics were administered in addition. They provided their responses based on how much they had utilized each quality in their day-to-day activities over the past month.

2- Congruence scale; Based on the construct of harmonization, Lee (2002) developed the Congruence Scale, designed to measure therapeutic change within the framework of Satir's model. This scale evaluates openness, awareness, connection, and harmony, consisting of a total of 75 items categorized across three main dimensions: 26 items for the intrapersonal dimension, 25 for the interpersonal dimension, and 24 for the universal-spiritual dimension.

The researcher translated the scales into the study's language, ensuring accuracy through a back-translation process conducted by an English professor. While the translation was found to be clear and accurate, minor adjustments in wording or verb choice were made for precision. A five-point Likert scale (1-5: Always, Often, Sometimes, Rarely, Never) was used to assess the frequency of congruence or the degree of spiritual/religious expression for each item.

Validity of the Scales: To establish content validity, the translated scales were reviewed by a panel of experts in counseling and educational psychology. The experts provided suggestions, corrections, and additions, which were incorporated to refine the scales further.

Reliability of the Scales: The reliability of the scales was tested on a sample of 10 individuals with substance use experience and 10 family members. The scales were re-administered to these participants after two weeks. The Pearson correlation coefficient was used to assess test-retest reliability, while internal consistency for each dimension was calculated using Cronbach's Alpha. The reliability results are shown in Table 2.

Validity and Reliability of the Original Lee Scale: In the original Congruence Scale by Lee (2002), validity was

demonstrated through correlations with established scales such as the Satisfaction with Life Scale and the Outcome Questionnaire, confirming concurrent and construct validity. Reliability was supported by item-total correlations above 0.3, although the sample size was a limitation for factor stability, warranting further studies. Overall, the Lee scale showed strong initial validity and reliability, aligning with key constructs of the Satir model.

Based on the harmonization construct, (Lee, 2002) created the Congruence Scale, which sought a therapeutic change in Satir's model. The scale measures openness, connection awareness, and harmony and has 75 items in total—26 for each category, 25 for the overall category, and 24 for the universal category.

Table (2): Pearson and Cronbach Alpha correlation results of the spiritual and religious scale areas, and congruence scale areas

Scale	Areas	Items	Cronbach's	Pearson
Spiritual and religious experiences	Private Religious Spiritual Practice	18	0.85	0.83
	Public Religious Practice	14	0.83	0.79
	Religious and Spiritual Coping	12	0.80	0.75
	Spiritual Experience	10	0.80	0.80
Spiritual qualities		10	0.83	0.79
Congruence	Congruence (intra) 1	26	0.85	0.80
	Congruence (inter)2	25	0.80	0.79
	Congruence (universal)3	24	0.83	0.80
	Tot of counselling program al Congruence	75	0.82	0.77

3- Religious and spiritual counselling program: The integrative humanistic system co-counselling program on the Satir Model and the Spiritual Self-Schema was developed, and the content validation of the counselling program has verified the framework is suitable for people of all faith; The counselling program was designed in spiritual discipline described by Richard Foster (Foster, 2012). Mindfulness, habit patterns of mind, spiritual self-awareness, insight meditation and addiction, mindful action vs automatic reaction. The role of emotions in self-schema activation, flexing spiritual muscles in high-risk situations taking steps on the spiritual path. In addition, the Satir Model (intrapsychic, interpersonal, and universal spiritual dimension, and the six stages of Satir's Model; 1. Old Status Quo: 2. "Foreign Element, 3. Chaos, 4. Transforming Idea: 5. Practice: 6. New Status Quo: In the Satir Model, one stage is built upon the other (Satir, et al., 1991; Satir & Baldwin, 1983).

The group counselling program sessions were provided weekly for 60 minutes, in the following format: welcome, introductions, renewal of commitment to one's spiritual path, general philosophy of development program, Agenda for today's session, Meditation Practice, New material with experiential exercise, Review the summary of the session, Spiritual stretch, and the End. Participants met with the researcher before the program, to sign the consent, then received the 8 sessions of the religious-spiritual counselling program, after they continued the (8) sessions, a session served as a closing ceremony with the spiritual path and post-test. A summary of the religious-spiritual counselling sessions is in table 3.

Table (3): A summary of (8) religious-spiritual counselling sessions

The Stages	Focus	Counselling goals	Activities
First stage: Old Status Quo Introduce strong determination Mindfulness through Intrapsychic **3-S Stretch**	"Introduction to self-spiritual therapy, the noble eightfold path, and the 10 spiritual virtues," as well as the participants' perceptions and bad feelings toward their	Tailor self-spiritual therapy, spiritual beliefs feeling Program overview of noble eightfold Path and intrapsychic in pieces of the training session	Self-check-ins to bring the spiritual self into the forefront and raise awareness of addict self-beliefs that activate the addict self WHO I AM

The Stages	Focus	Counselling goals	Activities
	relatives, are discussed.		
Second Stage: Foreign Element Offer debate setting related ton resistance, and habit patterns of the mind, engaged effort, **3-S Stretch**	Training in mind control (e.g., mindful effort, awareness of the difference between one's spiritual self and one's own self, and one's expectations of experiences	Increase awareness of the wandering nature of the mind and activation of addict self-Concentration) ., and awareness of the human spiritual nature	Expression of mindfulness and meditation on in and out breaths of the mind, private religious
Third stage: Chaos Concentrate on Spiritual self-awareness interpersonal, and Equanimity **3-S Stretch**	Teaching the participants how to control their thoughts, handle their own self-intrusions as addicts, and maintain communication with other family members while drinking Guinness	The potential for the addicted ego to obstruct spiritual growth should be made more conscious. Improved interpersonal skills and the capacity to refocus on a spiritual path	Spiritual self-affirmation/ and its discrepancy with a self, addict, public religious practice with family members and others
Fourth stage: **Transforming Idea** Morality Insight spiritual expanded qualities **3-S Stretch**	Training in morality (i.e., appropriate behavior in relation to infection transmission and addiction)	raise awareness of the harm an addict does to oneself. The morality of not harming oneself or others, improved capacity for coping on a religious and spiritual level	Transforming craving by systematic observation of impermanence integration Identifying once congruent
Session 5 **Transforming Idea** Tolerance through spiritual beliefs, mindful action vs automatic reaction **3-S Stretch**	Training in morality—proper speech, action, and livelihood in relation to general ethics—shifts the focus away from the self-addict	raise awareness of the harm that hatred and fury do. Teaching metta meditation can increase compassion for others.	Utilize metta declarations to resolve disputes Automatically favorable response Changing the way an addict sees things
Session 6 **Transforming Idea** Wisdom Emotions and schemas, 9ntroduce universal–spiritual **3-S Stretch**	Training in wisdom: having the appropriate perspective and way of thinking can help you connect to the life energy (The Allah).	Using multisensory cues to action with the spiritual self, increase the automaticity of the spiritual self in daily life.	Create detailed Blue Print for spiritual filling the minding-the-mind with the spiritual self and beliefs in God
Fifth Stage Practice **Session 7** Renunciation, generosity, and Universal–spiritual to flexing Spiritual muscles **3-S Stretch**	training in wisdom, self-renunciation, spiritual development, communion with God, and cooperation with family members	Raise consciousness of human creation and spiritual essence. Introduce the patient to the five friends and five adversaries of the spiritual self.	Give up addict self-identity – act 'as if' s ritual e self. Join the family and share the **constructing the family**
Sixth Stage : **Session 8** **New Status Quo** Yearning My spiritual quality and Truth Taking steps on the Path **3-S Stretch**	Termination and transition – maintenance of the spiritual path Develop the family members **as a** support system for maintaining a spiritual path	8. Increase awareness of spiritual nature. Introduce the patient to the spiritual self's 5 ''friends'' and 5 ''enemies'' game with family or a member	Transition to community resources that can support them through the spiritual journey, and strengthen their Spiritual Self with their family

Procedure

This quasi-experimental study aimed to evaluate the impact of an integrative humanistic counseling program, grounded in the Satir Model and Spiritual Self-Schema, on the congruence and religious/spiritual self-concept of family members of individuals with substance use issues. To establish the program's effectiveness, it was initially presented to a panel of experts in counseling practice and program design. Their feedback was carefully considered, and the program was refined based on their recommendations.

Both congruence and religious/spiritual scales were developed, and their validity, reliability, and internal consistency were confirmed. The counseling program was also rigorously evaluated for content validity by these experts. Before the program, participants completed a pre-test using the religious/spiritual scale and the congruence scale. The counseling program was then implemented, with the independent variable (the intervention) administered first. After completing the program, participants answered the religious/spiritual scale and the congruence scale again in a post-test, allowing for assessment of changes resulting from the program.

Statistical analysis: Mean, standard deviation, content validity, Cronbach Alpha, and Pearson's reliability were computed, and an analysis of covariance post-hoc test analysis Bonferroni were conducted to test the differences between pre-test and post-test congruence and religious \ spiritual scores, as well as to validate the model of the counselling program effects on participant's drug users and family members.

Results

First Hypothesis: There are no significant differences between the pre-test and the post-test of counselling program in religious/spiritual among drug users.

To realize the study hypothesis, the means, standard deviation, and ANCOVA, were conducted, and the results are in tables 3 and 4.

Table (4): Means and standard deviation of pretest and posttest in religious spiritual among drug users

Variables	Participants	Mean	Std. Deviation	N
Private religious	Pretest	5.60	.516	10
	Posttest	11.60	1.265	10
	Total	8.60	3.218	20
Public religious	Pretest	4.60	1.265	10
	Posttest	11.20	1.033	10
	Total	7.90	3.56	20
religious coping	Pretest	3.30	1.16	10
	Posttest	8.20	.914	10
	Total	5.75	2.71	20
Spiritual experience	Pretest	2.40	.843	10
	Posttest	6.60	.966	10
	Total	4.50	2.33	20
Total spiritual & religious	Pretest	5.90	2.24	10
	Posttest	6.50	.849	10
	Total	11.20	5.095	20
Spiritual quality	Pretest	2.60	.843	10
	Posttest	5.70	1.06	10
	Total	4.15	1.84	20

Table4 shows the differences in the means, and standard deviation scores between pre-test and post-test in spiritual self, the post-test gets higher means; to find significant differences between pre-test and post-test, an analysis of covariance was conducted the results in table 5.

Table (5): Co Variances between pretest and posttest in religious & spiritual self among drug users

Effect		Value	F	Hypothesis df	Error df	Sig.
participants	Hotelling's Trace	107.98	233.95	6.00	13.00	.000

Table (6): Test of between -Subject Effect

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.
Religious & spiritual	Private religious	180.00	1	180.00	192.86	.000
	Public religious	217.80	1	217.80	163.35	.000
	religious coping	120.05	1	120.05	109.69	.000
	Spiritual experience	88.20	1	88.20	107.27	.000
	Total spiritual & religious	441.80	1	441.80	154.72	.000
	Spiritual quality	48.05	1	48.05	52.42	.000
Error	Private religious	16.80	18	.933		
	Public religious	24.00	18	1.33		
	religious coping/	19.70	18	1.09		
	Spiritual experience	14.80	18	.822		
	Total spiritual & religious	51.40	18	2.856		
	Spiritual quality	16.50	18	.917		
Corrected Total	Private religious	196.80	19			
	Public religious	241.80	19			
	religious coping	139.75	19			
	Spiritual experience	103.00	19			
	Total spiritual & religious	493.20	19			
	Spiritual quality	64.55	19			

Table 6 shows “F” values are statically significant in Hoteling’s Trace is 107.981, and all domains of spiritual & religious: 192.857 in private religious, 163.350 in public religious, 109.690, in religious coping, 107.270 in spiritual experience, 154.716 in total spiritual & religious, and 52.418 in spiritual quality.

Second Hypothesis; There are no significant differences between pre-test and post-test of counselling program in congruence among drug users and among their family members.

To realize the study hypothesis, the means, standard deviation, MANCOVA, and a post hoc test were conducted. the results are in tables 7. 8 and 9.

Table (7): Table 6: Means and S.D of pretest and posttest in three domains of congruence among drug users and their family member

Variables	participants	Mean	Std. Deviation	N
congrunce1	user Pretest	8.50	1.649	10
	Family member Pretest	8.20	1.229	10
	user Posttest	15.60	1.577	10

Variables	participants	Mean	Std. Deviation	N
	Family member Posttest	16.80	1.229	10
congruence2	user Pretest	7.10	1.286	10
	Family member Pretest	6.90	1.370	10
	user Posttest	15.80	1.549	10
	Family member Posttest	17.60	1.577	10
congrunce3	user Pretest	7.70	1.888	10
	Family member Pretest	7.80	1.686	10
	user Posttest	17.30	1.159	10
	Family member Posttest	17.90	.875	10
Total congruence	user Pretest	23.30	3.093	10
	Family member Pretest	22.90	2.601	10
	user Posttest	48.700	2.162	10

Table 7 shows the differences in the mean and S.D. scores between pre-test and post-test among drug users and their family members in three domains and a total of congruence, the post-test gets higher mean, to find significant differences between pre-test and post-test, analysis of covariance was conducted the results in table 7.

Table (8): Analysis of Covariance between pre-test and post-test among Family members incongruence

Effect		Value	F	Hypothesis df	Error df	Sig.
participant	Wilks' Lambda	.022	34.66	9.000	82.898	.000
Source	Dependent Variable	Type III Sum of Squares	Df	Mean Square	F	Sig.
participant	congrunce1	623.88	3	207.96	101.03	.000
	congruence2	957.30	3	319.10	151.55	.000
	congrunce3	972.08	3	324.03	152.08	.000
	Total congruence	7573.2	3	2524.41	430.29	.000
Error	congrunce1	74.10	36	2.06		
	congruence2	75.80	36	2.11		
	congrunce3	76.70	36	2.13		
	Total congruence	211.20	36	5.87		
Corrected Total	congrunce1	697.98	39			
	congruence2	1033.10	39			
	congrunce3	1048.77	39			
	Total congruence	7784.40	39			

Table 8 shows “F” values are statically significant in Wilks’ Lambda is 34.661, and all congruence domains of F values among drug users and family members three domains of congruence (1) 101.032-congruence (2)151.551 congruence (3) 152.085 and total of congruence 430.295. The differences between each of the congruence domains, pre-test, and post-test among drug users and among the family members the post hoc test analysis Bonferroni has conducted results displayed in table 8.

Table (9): Post Hoc test analysis Bonferroni of congruence domains between pre-test and post-test among drug users and their family members

Dependent Variable	(I) participant	(J) participant	Mean Difference (I-J)	Std. Error	Sig.
congrunce1	user Posttest	user Pretest	7.10*	.642	.000
		Family member Pretest	7.40*	.642	.000
	Family member Posttest	user Pretest	8.30*	.642	.000
		Family member Pretest	8.60*	.642	.000
Congrunce2	user Posttest	user Pretest	8.70*	.649	.000
		Family member Pretest	8.90*	.649	.000
	Family member Posttest	user Pretest	10.50*	.649	.000
		Family member Pretest	10.70*	.649	.000
Congrunce3	user Posttest	user Pretest	9.60*	.653	.000
		Family member Pretest	9.50*	.653	.000
	Family member Posttest	user Pretest	10.20*	.653	.000
		Family member Pretest	10.10*	.653	.000
Total Congruence	user Posttest Family member Posttest	user Pretest	25.40*	1.08	.000
		Family member Pretest	25.80*	1.08	.000
		user Pretest	29.00*	1.08	.000
		Family member Pretest	29.40*	1.08	.000

Table 9 shows the results between the pre-test and post-test of Post Hoc test analysis Bonferroni are statically significant the congrunce1, between drug user post-test and drug user pre-test (7.10), and family member pre-test (7.40), and between family member post-test and drug user pre-test (8.30*), and family member pre-test (8.60*). The congrunce2, between drug user post-test and drug user pre-test (8.70*), and family member pre-test (8.90*), and between family member post-test and user pre-test (10.50**), and family member Pre-test (10.70*). The congrunce3, between user post-test and user pre-test (9.60*), and family member pre-test (9.50*), and between family member posttest and user pre-test(10.20* family member pre-test (10.10*). The total congrunce3, between user post-test and user pre-test (25.40*), and family member pre-test (25.80*), and between family member post=test and user pre-test (29.00*) family member pre-test (29.40*).

Discussion

The spirituality religious and Satir Model counselling program was developed and successfully integrated into the services of a rehabilitation addict center in Argan – Amman; based addiction treatment facility, and was delivered to the participants (drug users and family members). The participants responded favorably to the intervention. A transition can be described, handled, and evaluated as a shift from an addict self to a spiritual self, with the post-test providing evidence that the shift actually occurred. The typical responses from drug users were to "get clean" and "get in touch with their spiritual side," with the counselling program having a positive impact on their recovery, their private and public religious practice coping, and the transition from addict to spiritual self in the last stage of new state qua. They have a tremendous ability to

shift their way of thinking during the sessions. According to these study findings, spirituality can be incorporated into addiction counselling consistent with studies (Avants et al., 1998; Gorsuch & Miller, 1999; Marlatt & Witkiewitz, 2002).

The finding of the integrated Satir Model metaphor techniques with religiosity and spirituality principles, successfully delivered to drug users; predominantly identified strengthening participants' own feelings, perceptions, beliefs, and expectations. Participants found comfort in religion, feel inner peace, and change was clear through the discussion during the practice stage, and the post-test findings approved it, that consist with (Banmen, 2009; Koca, 2017; Leung et al., 2019; Wretman, 2016) The finding indicated the significant changing that participants expressed in public religiousness/ spirituality practices in daily life. They believed that God helped them to know more about forgiveness for themselves and others. the participants reported, that the counselling increased their drug craving, experience, and expression of spirituality, which influences their life positively, faith, and desire to be closer to God. the significant differences between the pre-test and post-test in the 10 spiritual qualities. support the drug users at the transforming idea of self-spirituality.

They endorsed spiritual characteristics as "me" and addict qualities as "not" in the training sessions more quickly than they did in the first session. This was made obvious through the sessions' discussion. They also endorsed spiritual qualities as "me" more quickly than addict attributes. A shift in one's spiritual identity, a change in behavior, an increase in everyday spiritual encounters, and spiritual/religious coping, which includes: (Arnold et al., 2002; Avants et al., 2001; Avants & Margolin, 2004).

The results showed that there are no significant differences between the pre-test and posttest-in congruence among drug users and their family members because one's spiritual nature can support a change in congruence between the pre-test and post-test in congruence among drug users and their family members following the application of the integrated spiritual religious and Satir model-counselling program which facilitated their spiritual moments (Banmen, 2009; Koca, 2017; Leung et al., 2019; Lum et al., 2002; Wretman, 2016). The drug users had low scores of congruence at pre-counselling, and the family system entered into changing the participant and drug users and resorted to an incongruence lifestyle to cope with the situation (state qua). The distance of this chaotic period from the harmony the families experienced; is a part of the incongruence process (Satir, 1988). As a result, the counselor was offering help to find the appropriate ways for families to stop experiencing chaos; advise families on how to integrate into a new harmonious process. When family members participated with the drug users in four sessions of the program—namely, the second stage, external elements, the fourth session, and the sixth stage involving training on family congruence activities—the spiritual-religious counseling sessions had a positive impact on the participants and enhanced their levels of congruence. The results of the post-test confirmed this improvement, aligning with findings from(Bentheim, 2005; Lee, 2009). Intrapsychic activities through counselling sessions provided an in-depth understanding of one's inner world, the participants revealed that the activities gave them self-messages of appreciation, clarity about their feeling, and thoughts, reduced feeling guilty easily, and not judging themselves for having certain feelings. In the practice stage session, the drug users admitted through the sessions that, their addictive behavior was caused by bad company and a relationship, but their inner world transformed, and their self-spiritual became strong. felt more peace and, eventually became alcohol-free. The awareness of the drug users of their inner world approved by changing the inner world of the family member and became more congruence with themselves.

The activities of Interpersonal clarified the significant differences between the pre-test and post-test in this domain, the drug users and the family members through sharing sessions endorsed their interpersonal cooperatively, they addressed increased express appreciation for others, helped when they were asked to do something, say "no" when something did not fit for them and checked out others' meanings when their messages triggered the reaction in them. (Arnaud & O, 2021; Avants & Margolin, 2004; Fetzer, 1999; Margolin et al., 2007); assured the counselling sessions improved the communication and interpersonal with others.

Universal–spiritual clarifying significant differences between the pre-test and post-test, the drug users and their family members ensuring That, dealing with others humanely, hopefully, more positivity in the sessions. Feel connected to others, connected with the Spirit of the Universe/ God, appreciated, the mystery of the "Life Force" Spirit of God as a part of them, they felt their self-spiritual and shift towards congruence behavior, which consists with post-test findings. at the last sessions of the new status qua they increased in intrapsychic, interpersonal, and universal–spirituality. Who consists

with (Banmen, 2009; Koca, 2017; Leung et al., 2019; Wretman, 2016); A common answer was to "become clean," "get in touch with one's spiritual side," and "become congruent with oneself, one's family, and one's fellow human beings."

The conclusion

This study examined the impact of a spiritual self-schema and Satir Model counseling program on spiritual self and congruence among drug users and their families. Participants were selected through purposive sampling, and two scales—spiritual self and congruence—were applied to both drug users and their family members at two points: before (pre-test) and after (post-test) the intervention.

The phenomenological data analysis provided insights into the responses of both drug users and their families. Results indicated a significant shift among drug users from an "addict self" to a "spiritual self," with a notable improvement in spiritual self-scores between the pre-test and post-test. The counseling program positively influenced the participants' religious-spiritual experiences and spiritual quality, helping them to manage drug cravings and incorporate spiritual practices into daily life. This transformation also positively affected their behavior and relationships with family and others following the integrated spiritual-religious and Satir Model counseling program. Therefore, the first hypothesis of the study was rejected.

Moreover, participants' responses indicated an increased sense of congruence with themselves, their families, and others, leading to the rejection of the second hypothesis. This study offers a valuable contribution to the counseling literature, establishing a foundation for future research on integrated counseling programs focused on self-spirituality, religious growth, and congruence among diverse populations.

Recommendation

- Assist the drug users in promoting religious \ spirituality and congruence,
- Applying the spirituality and Satir Model counselling to drug users at the currently underway center.
- Apply the study counselling program to examine the religious and spiritual self in counselling various groups of different ages
- Conduct more studies with an integrated methods approach to provide the contextually sensitive information needed to counsel different groups.

Study limitations

This study has several limitations Firstly, it was conducted exclusively within an Addicts Rehabilitation Center in Jordan, with participants selected through coordination with the center's administration. Therefore, the findings may not be generalizable to other populations, as the results are specific to the individuals targeted by this study.

Secondly, the scores for the study scales and the counseling program rely on participants' self-reported perceptions, introducing a level of subjectivity to the responses. Thirdly, the study's tools may have limitations regarding reliability and potential bias due to the purposive sampling method used in this research.

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