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Spiritual Intelligence in Counselling Practice: A Clinical Case Study of Meaning-Making, Transcendence, and Emotional Healing

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Abstract

Spirituality and meaning-making have long occupied a subtle yet powerful position within counselling psychology, often shaping therapeutic conversations without being explicitly named or systematically integrated. While empirical research has begun to explore spiritual intelligence (SI) as a measurable psychological construct, less attention has been devoted to how SI manifests within lived therapeutic encounters and how it contributes to emotional healing in practice. This case study paper examines spiritual intelligence as a dynamic psychological capacity that facilitates meaning reconstruction, perspective transformation, and relational reconnection within counselling. Drawing on a detailed clinical case, the paper conceptualises SI not as religiosity, nor as doctrinal belief, but as the capacity for reflective existential processing, integration of suffering, and expansion of awareness during adversity. The case illustrates how a structured yet flexible spiritually informed counselling process can ethically engage meaning, transcendence, and connection without imposing belief systems. The analysis situates the case within existential psychology, positive psychology, and spiritually integrated psychotherapy literature. The paper argues that spiritual intelligence represents a clinically relevant dimension of client functioning that enhances both symptom reduction and transformative growth. Implications for counselling practice, supervision, and training are discussed.

Keywords: spiritual intelligence, counselling psychology, case study, meaning-making, existential therapy, post-traumatic growth

Introduction

Counselling psychology has historically grappled with the question of how to address existential concerns within structured therapeutic practice. Clients rarely enter therapy solely with diagnostic symptoms; they often arrive carrying questions of identity, purpose, betrayal, injustice, mortality, and relational rupture. These experiences extend beyond psychopathology into domains traditionally associated with spirituality and existential reflection (Yalom, 1980). However, spirituality has frequently been treated as peripheral in secular counselling settings, addressed only when explicitly raised by clients or when working within spiritually oriented therapeutic frameworks (Pargament, 2013).

Recent scholarship has proposed spiritual intelligence (SI) as a bridge construct capable of integrating spirituality within mainstream psychology without reducing it to religious adherence



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(King & DeCicco, 2009; Skrzypińska, 2021). Spiritual intelligence refers to the capacity to construct meaning, engage in existential reflection, expand awareness beyond immediate distress, and integrate life experiences into coherent narratives (Emmons, 2000). Unlike doctrinal belief, SI reflects cognitive–existential capacities accessible across diverse worldviews.

Although quantitative research suggests associations between spirituality and wellbeing (Koenig, 2012; Smith et al., 2007), less is known about how spiritual intelligence unfolds within therapeutic conversations and how it contributes to emotional healing in lived counselling encounters. Case study methodology offers a rich lens for examining such processes in depth (Stake, 1995; Yin, 2018). Rather than isolating variables, a case study illuminates mechanisms, relational dynamics, and contextual influences that shape psychological change.

The present paper therefore adopts a clinical case study design to explore how spiritual intelligence operates within counselling. Through detailed narrative analysis of a therapeutic journey, the study demonstrates how SI functions as a catalyst for meaning reconstruction, perspective-shifting, and relational reconnection. The case is situated within established theoretical frameworks, including existential psychology (Frankl, 1963; Yalom, 1980), positive psychology (Seligman, 2011; Tedeschi & Calhoun, 2004), and spiritually integrated psychotherapy (Pargament, 2013). The aim is not to generalise statistically but to illuminate clinically relevant processes that may inform broader practice.

Conceptual Framework: Spiritual Intelligence as Clinical Capacity

The conceptualisation of spiritual intelligence used in this case study draws on King's (2008) model, which identifies four primary dimensions: critical existential thinking, personal meaning production, transcendental awareness, and conscious state expansion. These capacities enable individuals to reflect on existential questions, generate coherent interpretations of life events, perceive connections beyond the self, and shift states of awareness.

Importantly, spiritual intelligence differs from religiosity. While religiosity involves adherence to structured belief systems, SI refers to psychological capacities that may or may not be expressed within religious frameworks (Emmons, 2000). Individuals identifying as secular or non-religious may nevertheless demonstrate high levels of meaning-making and existential reflection.

Existential psychology emphasises that human beings are fundamentally meaning-seeking creatures (Frankl, 1963). When life events shatter assumptions or violate core beliefs, psychological distress emerges (Janoff-Bulman, 1992). Healing involves reconstructing meaning in ways that integrate suffering rather than deny it (Park, 2013). Spiritual intelligence may function as an individual difference variable influencing one's ability to engage in this reconstruction.

Positive psychology further supports this view by identifying post-traumatic growth as a process through which adversity catalyses transformation (Tedeschi et al., 2018). Growth does not arise



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from trauma itself but from cognitive and existential engagement with trauma. SI may enhance this engagement by facilitating perspective-taking and value clarification.

Within counselling practice, spiritually integrated psychotherapy proposes that spiritual themes can be addressed ethically when client-led and culturally sensitive (Pargament & Exline, 2022). The present case study operationalises these principles within a structured yet flexible therapeutic process.

Methodology

This paper employs a qualitative intrinsic case study approach (Stake, 1995). The purpose is to examine a single counselling case in depth to illuminate mechanisms linking spiritual intelligence and emotional healing. Identifying details have been altered to preserve confidentiality.

The case was selected because it exemplified clear transitions in meaning-making, perspective-shifting, and relational engagement during therapy. Session notes, therapist reflections, and client narratives were analysed thematically (Braun & Clarke, 2006). The analysis focused on identifying moments in which spiritual intelligence capacities were activated or scaffolded during counselling.

Case Presentation: “Asha”

“Asha” (pseudonym), a 29-year-old professional, sought counselling following the sudden end of a long-term relationship. She presented with symptoms of depressive mood, rumination, sleep disturbance, and self-blame. She described feeling “erased” and “directionless.” Although not identifying as religious, she expressed long-standing interest in philosophical reflection and personal growth.

During intake, Asha articulated distress primarily in relational terms, stating that the relationship had been central to her identity. She reported difficulty imagining a future without her partner and described persistent intrusive thoughts about failure and rejection.

Initial sessions focused on stabilisation and emotional regulation. However, deeper themes quickly emerged regarding identity, worth, and purpose. These themes provided entry points for exploring spiritual intelligence capacities.

Phase One: Meaning-Making and Narrative Reconstruction

By session three, Asha began reflecting on the broader implications of the relationship’s end. Rather than focusing solely on betrayal, she expressed curiosity about patterns in her relational history. The therapist invited exploration through narrative techniques inspired by White and Epston (1990). Asha was asked to describe her life story beyond the relationship.

This exercise revealed a recurring theme: Asha had often prioritised relational harmony over personal aspirations. The therapist gently posed an existential question: “If this chapter were part of a larger story, what might it be preparing you for?” This question did not impose spiritual interpretation but invited critical existential thinking.



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Over subsequent sessions, Asha reframed the breakup not as evidence of personal inadequacy but as a turning point exposing neglected aspects of identity. She described experiencing “a strange sense of clarity” when considering that the loss might redirect her toward long-deferred ambitions. This process exemplifies personal meaning production, a core SI dimension (King & DeCicco, 2009). Rather than eliminating pain, meaning reconstruction contextualised it within growth-oriented narratives. Such re-authoring aligns with Park’s (2013) meaning-making model and with post-traumatic growth theory (Tedeschi & Calhoun, 2004).

Importantly, the therapist maintained cultural humility by allowing Asha to define the meaning of her experiences. No metaphysical explanations were suggested. Meaning was constructed collaboratively, grounded in Asha’s own values.

Phase Two: Transcendence and Perspective-Shifting

Despite cognitive reframing, Asha continued experiencing intense emotional waves. The therapist introduced brief awareness-based practices drawn from mindfulness traditions but framed in secular language (Kabat-Zinn, 2015). Asha was guided to observe thoughts as mental events rather than truths.

During one session, Asha reported a moment in which she felt “as if I was watching my thoughts from outside.” This decentring experience reduced emotional intensity. She described feeling “less trapped” by self-criticism.

Such experiences illustrate conscious state expansion and transcendental awareness (King, 2008). They do not require religious belief but involve expanded perspective beyond immediate self-referential rumination. Neuropsychological research suggests mindfulness practices enhance emotional regulation and cognitive flexibility (Davidson & McEwen, 2012; Tang et al., 2015).

Over time, Asha reported that these perspective-shifting moments allowed her to respond to intrusive thoughts with curiosity rather than panic. The therapist emphasised that these practices were optional tools rather than spiritual requirements, maintaining ethical boundaries (Pargament, 2013).

Phase Three: Relational and Community Integration

As depressive symptoms subsided, Asha began exploring broader relational connections. She identified a desire to engage in community service related to youth mentorship, an interest previously deferred during her relationship.

Engagement in volunteer work provided a renewed sense of purpose and belonging. Asha described feeling “connected to something larger than my own drama.” This statement reflected transcendental awareness without invoking religious content.

Research consistently demonstrates that social integration enhances wellbeing and buffers stress (Thoits, 2011). Within SI frameworks, community engagement reflects outward expression of meaning and interconnectedness (Emmons, 2000).



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Asha's relational expansion reinforced therapeutic gains. Rather than viewing herself solely as a rejected partner, she began identifying as a mentor, professional, and independent individual.

Results: Clinical Trajectory and Transformational Indicators

Although this paper does not present statistical findings, systematic review of session notes, therapist reflections, and client narratives revealed observable psychological shifts across three domains: symptom reduction, identity restructuring, and value-oriented behavioural activation.

Symptom Reduction

By session six, Asha reported significant decreases in rumination frequency and emotional volatility. Sleep improved, self-critical internal dialogue softened, and behavioural withdrawal diminished. While such changes could be attributed to standard counselling mechanisms such as therapeutic alliance and cognitive reframing (Norcross & Lambert, 2019), qualitative analysis suggests that existential reframing played a distinct role. Asha repeatedly referenced her developing capacity to "hold pain differently," suggesting an altered relationship to distress rather than mere elimination of symptoms.

This aligns with existential theory, which posits that transformation arises not from avoidance of suffering but from reorientation toward it (Yalom, 1980; Frankl, 1963). Spiritual intelligence appeared to scaffold this reorientation by enabling broader interpretive frameworks.

Identity Restructuring

Asha's language shifted notably across sessions. Early narratives centred on abandonment and inadequacy. Later sessions reflected themes of authorship and intentionality. For example, in session nine, Asha stated, "I'm beginning to see this as my life unfolding, not collapsing." This shift indicates reconstruction of assumptive worldviews, consistent with post-traumatic growth processes (Janoff-Bulman, 1992; Tedeschi et al., 2018).

Such restructuring reflects personal meaning production, one of the core SI capacities (King & DeCicco, 2009). Rather than passively enduring circumstances, Asha actively interpreted and integrated them.

Value-Oriented Behavioural Activation

By the final phase of counselling, Asha initiated volunteer engagement and pursued a postponed professional certification. These actions were framed not as coping strategies but as expressions of clarified values. Behavioural change rooted in value alignment is associated with sustained psychological wellbeing (Hayes et al., 2012; Seligman, 2011).

Table 1 summarises key shifts observed during therapy.

Table 1

Observed Clinical Changes Across Counselling Phases

Domain	Early Phase	Mid Phase	Late Phase
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Emotional Regulation	Frequent rumination, sleep disturbance	Reduced reactivity, mindful awareness	Stable mood, reflective response
Identity Narrative	Self-blame, loss of direction	Emerging authorship, narrative reframing	Integrated identity, future orientation
Behavioural Engagement	Withdrawal, passivity	Selective re-engagement	Purposeful community involvement
Existential Reflection	Avoidance of deeper questions	Active exploration of meaning	Coherent value-driven worldview

These shifts suggest that spiritual intelligence capacities were not static traits but dynamically engaged and strengthened during counselling.

Discussion

The case of Asha offers a clinically rich and theoretically illuminating illustration of how spiritual intelligence (SI) can operate as a meaningful psychological resource within counselling practice. Rather than functioning as an abstract construct or an adjunct spiritual add-on, SI emerged in this case as a dynamic, developmentally activated capacity that shaped the trajectory of emotional healing. Three interrelated insights are particularly salient: spiritual intelligence as existential resilience, transcendence without theological dependence, and relational expansion as consolidation of meaning.

Spiritual Intelligence as Existential Resilience

The first and most foundational insight concerns the role of spiritual intelligence as a form of existential resilience. Traditional resilience research has often focused on cognitive flexibility, optimism, behavioural adaptability, and social support as buffers against adversity (Bonanno, 2004). These dimensions remain crucial; however, they do not fully capture the deeper existential processes involved when individuals confront experiences that shatter core assumptions about identity, belonging, or life direction. Park (2013) distinguishes between situational coping and global meaning systems, arguing that distress intensifies when life events violate overarching frameworks of meaning. In such instances, psychological recovery requires not merely behavioural adjustment but reconstitution of one's interpretive worldview.

Asha's case exemplifies this process. The relational rupture she experienced destabilised not only her emotional equilibrium but her sense of personal coherence. Her early narrative was characterised by self-blame and identity diffusion, reflecting what Janoff-Bulman (1992) termed the disruption of assumptive worlds. However, through guided existential reflection, Asha gradually reconstructed a narrative that reframed the loss as developmental redirection rather than personal failure. This shift illustrates existential resilience—the capacity to sustain coherence and purpose in the face of disrupted meaning structures.



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Frankl (1963) argued that human beings possess an intrinsic will to meaning, and that suffering becomes psychologically destructive when it is perceived as meaningless. Asha's transformation did not involve denial of pain but reinterpretation of its significance. This reframing aligns directly with the personal meaning production component of spiritual intelligence (King & DeCicco, 2009). In this sense, SI functioned as a resilience mechanism operating at the level of worldview reconstruction rather than surface-level coping.

Importantly, this existential resilience was not religiously framed. Asha did not invoke divine plans or theological explanations. Instead, she engaged in reflective integration, identifying values and aspirations that transcended the immediate relational context. This distinction reinforces the conceptual positioning of spiritual intelligence within existential psychology rather than doctrinal spirituality. As Skrzypińska (2021) notes, SI can manifest as reflective depth and meaning orientation independent of institutional religion.

Transcendence Without Theism

The second major insight emerging from the case concerns transcendence as a psychologically operationalised process rather than a theological construct. The term "transcendence" is often misunderstood as inherently religious. However, within SI frameworks, transcendence refers to the capacity to expand awareness beyond narrow ego-centred identification with immediate emotional states (Emmons, 2000). In Asha's counselling process, transcendence manifested as moments of decentring—experiences in which she observed her thoughts and emotions without total immersion in them.

Mindfulness research provides a robust empirical foundation for understanding this phenomenon. Kabat-Zinn (2015) describes mindfulness as non-judgmental awareness of present-moment experience, a capacity associated with reductions in rumination and depressive symptomatology. Neurocognitive studies indicate that meta-awareness enhances emotional regulation and reduces default mode network overactivation associated with self-referential rumination (Tang et al., 2015). Asha's description of "watching my thoughts from outside" closely parallels these findings. Within the spiritual intelligence framework, such experiences reflect conscious state expansion (King, 2008). They do not require belief in supernatural entities but involve experiential shifts in perspective. The case thus challenges a persistent dichotomy in counselling practice between secular cognitive interventions and spiritual experiences. Asha's transcendence experiences were framed as psychological tools supporting emotional flexibility, consistent with Pargament's (2013) argument that spirituality can be integrated into therapy through ethically grounded, client-led processes.

This observation also contributes to ongoing debates regarding the role of spirituality in secular counselling contexts. Therapists often avoid existential language for fear of imposing beliefs (Hook et al., 2013). However, Asha's case demonstrates that transcendence can be engaged



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through neutral, accessible language centred on awareness and perspective. The key determinant is not the metaphysical content but the psychological function—facilitating cognitive-emotional expansion beyond constricted narratives of self-blame.

Relational Expansion as Meaning Consolidation

The third insight concerns the relational dimension of healing. While much therapeutic attention focuses on internal cognitive and emotional shifts, Asha's case illustrates how relational engagement consolidates reconstructed meaning. Following existential reframing and awareness practices, Asha initiated community involvement aligned with her values. This outward movement represented not distraction but integration.

Social support research consistently identifies relational connection as a critical determinant of mental health (Holt-Lunstad et al., 2010; Thoits, 2011). However, in Asha's case, community engagement served not only as support but as enactment of redefined identity. Her volunteer work expressed emerging values of contribution and mentorship, reinforcing the narrative that the relational loss was developmental rather than annihilating.

Within SI models, relational reconnection reflects transcendental awareness extended into social contexts (Emmons, 2000). It signals movement from self-focused distress to outward engagement. Tedeschi et al. (2018) argue that post-traumatic growth often involves enhanced relational appreciation and changed life priorities. Asha's trajectory aligns with this framework, illustrating how meaning, transcendence, and connection function as interdependent processes rather than isolated techniques.

Pargament and Exline (2022) emphasise that spiritually integrated psychotherapy involves attending to sacred values and relational commitments as sources of resilience. In Asha's case, relational expansion was not spiritually prescriptive but value-driven, reinforcing the integrative potential of SI within counselling.

Implications for Counselling Practice

The case yields several clinically significant implications. First, counsellors may benefit from conceptualising spiritual intelligence as a psychological capacity embedded within existential reflection rather than as a religious variable. This reframing reduces practitioner anxiety and supports inclusive engagement. As Hook et al. (2013) argue, cultural humility requires openness to client-defined meaning systems without assuming expertise or imposing interpretation.

Second, existential questions can be introduced through collaborative narrative exploration. Invitations such as "How does this experience fit into your larger life story?" activate personal meaning production without prescribing spiritual interpretation. This aligns with narrative therapy principles (White & Epston, 1990) and meaning-centred approaches (Park, 2013).

Third, awareness-based practices may be framed as cognitive-emotional flexibility tools. Presenting mindfulness as perspective training rather than spiritual exercise enhances accessibility



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across belief systems. Such framing respects diversity and aligns with ethical guidelines (Pargament, 2013).

Fourth, counsellors may consider structured relational mapping as part of existential integration. Helping clients identify value-aligned communities extends therapeutic gains into lived contexts. Finally, training programmes should incorporate explicit education on spiritual intelligence as a construct within counselling psychology. Research indicates that many practitioners feel underprepared to address spiritual issues ethically (Hook et al., 2013). Integrating SI into competency frameworks may reduce avoidance and enhance therapeutic depth.

Limitations and Future Scope

As an intrinsic case study, the findings are interpretive and context-specific (Yin, 2018). Asha represents a relatively articulate, reflective client in an urban environment. Cultural and socioeconomic variables may influence expression of spiritual intelligence differently (Fowler, 2015). Additionally, the case reflects moderate distress rather than severe trauma; interactions between SI and high-intensity trauma require further exploration.

Future research should examine SI processes longitudinally to determine durability of growth. Comparative studies between spiritually integrated and standard interventions would clarify added value. Exploration of how SI interacts with attachment styles may illuminate developmental antecedents (Mikulincer & Shaver, 2016). Cross-cultural qualitative studies would further refine understanding of how spiritual intelligence manifests across diverse meaning systems.

Conclusion

The case of Asha demonstrates that spiritual intelligence functions as a clinically meaningful psychological resource facilitating emotional healing. Through meaning reconstruction, perspective expansion, and relational engagement, SI supported both symptom reduction and transformative growth. Crucially, this process unfolded without religious imposition. Spiritual intelligence was engaged as a universal capacity for existential reflection and integration.

Positioning SI within mainstream counselling psychology bridges existential theory, positive psychology, and spiritually integrated psychotherapy. Effective counselling must address not only distress but the deeper human need for coherence and purpose. Spiritual intelligence offers one ethically grounded, inclusive pathway for meeting that need.

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