



A NIKOM-Based Conceptual Framework for Spiritual Counseling Services in Turkey: Toward an Intervention Model

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Abstract

Spiritual counseling has expanded rapidly in Türkiye over the past two decades. Hospitals, prisons, family guidance offices, eldercare facilities, disaster-response systems, and addiction recovery programs now host spiritual counselors as part of routine care. The methodological foundation of these services, however, remains underdeveloped. Using a conceptual review and theoretical integration approach, this article proposes—but does not empirically test—a framework that links spiritual counseling practice in Türkiye to the Intention Code Model (NIKOM), a recently formulated cognitive model that conceptualizes mental life through if–then schemas (codes), their activation, and their alignment with bodily systems. The article reviews the institutional landscape of spiritual counseling in Türkiye, situates NIKOM among adjacent cognitive models, and shows how core Islamic concepts—*tawakkul*, *şabr*, *shukr*, *tawba*, and *dhikr*—can be interpreted as functions relevant to counseling practice. A standardized five-stage intervention template is proposed and applied to six service domains. The article closes by offering five testable propositions, considering ethical limits, and articulating concrete referral criteria. The proposed framework is theoretically grounded and empirically testable; clinical efficacy is not claimed.

Keywords Psychology of religion · Spiritual counseling · Intention code model (NIKOM) · Cognitive schema · Türkiye

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Introduction

Three observations frame the present article. First, spiritual counseling has become an institutionally recognized service in Türkiye, embedded in the work of multiple ministries and large-scale civil society organizations. Second, the methodological infrastructure of this service—standardized intervention sequences, supervisable protocols, validated outcome measures—remains underdeveloped relative to the speed of institutional expansion. Third, the Intention Code Model (Niyet Kodu Modeli; hereafter NIKOM), recently proposed by Çinicı (2026), offers a conceptual vocabulary that may help close this gap, particularly because it explicitly rereads classical Islamic concepts as functions relevant to coding and recoding.

This work aligns with the United Nations' Sustainable Development Goal 3 (Good Health and Well-being), particularly its targets concerning mental health, well-being, and access to culturally appropriate care.

The Presidency of Religious Affairs (Diyanet İşleri Başkanlığı) and the Ministry of Health (Türkiye) first attempted joint spiritual support services in hospitals in 1995, but the initiative was halted by a Council of State (Danıştay) ruling. Formal cooperation resumed only in 2015, when both institutions signed a new protocol; the implementing directive was issued in 2017 (Diyanet İşleri Başkanlığı, 2017; Koç, 2017, pp. 215–220).

Comparable arrangements operate in correctional institutions, in eldercare facilities, in 81 provincial Family Guidance and Counseling Offices, in post-disaster-response systems mobilized after the February 2023 Kahramanmaraş earthquakes, and in addiction recovery centers operated jointly with the Turkish Green Crescent Society (Yeşilay). Demand for spiritual care has outpaced the development of a coherent methodological framework, and existing practice oscillates between informal pastoral conversation and didactic religious instruction (Ağılkaya Şahin, 2022, pp. 45–52).

This methodological gap has practical consequences. Highly religious clients in Türkiye and elsewhere are reluctant to consult psychotherapists when they fear that their religiosity will be pathologized or dismissed (Ağılkaya Şahin, 2024, pp. 88–95). These clients turn instead to religious authorities, traditional healers, and shrine visits (Köse & Ayten, 2010, pp. 67–74). A spiritual counseling field that lacks a clear conceptual structure cannot easily integrate empirically supported psychological knowledge or train counselors to a uniform standard. The result is a service that is widely used but inconsistently delivered. This diagnosis is not new. Söylev (2015, pp. 287–308) documented two decades ago that Turkish spiritual counseling lacked graduate-level scholarship and a defined methodological identity, and located it within the wider field of psychological support services. The gap he named has narrowed institutionally but not methodologically.

Two clarifications regarding the status of NIKOM are warranted at the outset. First, NIKOM is a recently proposed conceptual model; it does not yet possess an independent body of clinical efficacy research, and the present article does not claim such efficacy for NIKOM-based counseling. What is proposed here is a theoretically grounded and empirically testable framework, not an evidence-based intervention.

Second, where the article relates NIKOM to established cognitive frameworks (Beck, 1979; Gollwitzer, 1999; Mischel & Shoda, 1995), the relation is one of conceptual integration and reinterpretation rather than of empirically demonstrated extension. Within these limits, this article pursues three aims. First, it articulates the conceptual fit between NIKOM and the institutional realities of spiritual counseling in Türkiye. Second, it translates the model into a five-stage intervention template that respects the methodological boundaries of the field. Third, it demonstrates the template across six service domains using a standardized analytic structure.

Spiritual Counseling in Türkiye: An Institutional Overview

Spiritual counseling (*manevi danışmanlık*) is the practice of supporting individuals in life crises by drawing on resources of meaning, transcendence, and faith (Pargament, 2007, pp. 12–15). It is distinct from psychotherapy on three dimensions. The first is motivation, which is religious rather than commercial. The second is context, which is institutional and pastoral rather than clinical. The third is content, which centers on faith-related questions of meaning, suffering, and ultimate concern.

This institutional and pastoral framing is consistent with the international literature on chaplaincy and spiritual care, where such services are increasingly recognized as embedded components of healthcare, eldercare, correctional, and disaster-response systems rather than as private therapeutic transactions. Recent scholarship in the *Journal of Religion and Health* situates *manevi danışmanlık* within this broader global pattern, documenting a rapidly expanding evidence base on institutional spiritual care in Türkiye (Carey et al., 2025).

Methodologically, spiritual counseling has historically borrowed from psychotherapy. Rogerian person-centered counseling, brief therapy, crisis intervention, and trauma-informed care are among the most common methodological imports (Sperry & Shafranske, 2005, pp. 3–10). Cebeci's (2010, pp. 32–38) foundational Turkish text on *dini danışmanlık* makes the same distinction within the local academic tradition.

In Türkiye, the principal institutional actors are the following. Diyanet trains and deploys spiritual counselors in hospitals, eldercare, and prisons. It coordinates the 81 provincial Family Guidance and Counseling Offices and operates a spiritual support hotline. The Ministry of Health, through documented protocols with Diyanet, provides space, scheduling, and patient access for hospital spiritual counselors.

The Ministry of Justice deploys Diyanet-trained prison preachers and chaplains in correctional institutions. AFAD (the Disaster and Emergency Management Authority) and the Turkish Red Crescent coordinate spiritual support during and after disasters. Yeşilay operates counseling centers (YEDAM) that integrate spiritual support into addiction recovery.

The institutional structure is comparatively well developed; the methodological structure is not. Field accounts describe a significant gap between formal training and the demands of the work (Ağılkaya Şahin, 2022, pp. 45–52). Counselors often operate without supervision, without uniform protocols, and without clear referral pathways to mental health services.

Service users, many of them highly religious, often prefer this informal route precisely because it does not require them to translate their religious experience into the secular vocabulary of clinical psychology (Ağılkaya Şahin, 2024, pp. 88–95). The methodological underdevelopment is therefore not only a deficiency. It is also part of what makes the service accessible to clients who would otherwise avoid help-seeking. A model that bridges spiritual content and cognitive structure—without flattening the spiritual dimension—is therefore needed. NIKOM is one such candidate. It is not the first. Şirin (2014) proposed the İHSAN model, the earliest Turkish spiritual counseling framework to integrate cognitive behavioral technique with Islamic references. NIKOM differs in scope: where İHSAN supplies a staged counseling protocol, NIKOM offers a model of mental structure—codes, activation, alignment—on which such protocols can rest.

The Intention Code Model

NIKOM is built on four core concepts (Çinici, 2026, pp. 75–82). The first is the *code*. A code is an organized cognitive–affective–somatic schema of the form “IF [condition], THEN [expected outcome].” A code contains a propositional content, an emotional tone (e.g., fear, hope), and a likely bodily reaction (e.g., tension, relaxation). Codes form through past experience, learning, and sociocultural exposure.

The second concept is *intention*. Intention is the volitional or automatic disposition that selects a code and supplies the energy required for its operation. Intention can be a deliberate decision, a habit, or an unconscious tendency cued by environmental triggers. It is the catalyst that converts a code’s potential energy into kinetic action.

The third concept is *activation*. Activation is the process by which a code becomes dominant and operational in the mind–body system. At the moment of activation, the code’s expected outcome becomes the system’s primary goal.

The fourth concept is *alignment*. Alignment is the central proposed mechanism. After activation, cognitive and physiological subsystems are theorized to reorganize to serve the expected outcome. The alignment is described as probabilistic rather than deterministic; it is hypothesized to shift, not guarantee, the probability that the expected outcome materializes.

The model rests on four axioms (Çinici, 2026, pp. 90–105). The *priority of the code* holds that every intention operates within a preexisting code network. *Multiple activation pathways* means that codes can be activated consciously, through priming, or through habit. The *alignment principle* proposes that activated codes reorganize bodily systems toward the expected outcome. The *mutability of the system* establishes that codes can be rewritten through awareness, willful effort, and behavioral repetition; the proposed biological substrate of this mutability is neuroplasticity, an established phenomenon whose specific role in NIKOM-style recoding remains to be empirically demonstrated.

NIKOM is conceptually adjacent to several established frameworks. With Beck’s (1979, pp. 88–94) cognitive theory it shares the schema concept and the priority of cognition over affect. With Mischel and Shoda’s (1995, pp. 246–249)

cognitive–affective processing system it shares the if–then architecture and the rejection of global trait models. With Gollwitzer’s (1999, pp. 493–495) implementation intentions it shares the if–then form and the mechanism of automatization.

The present framework interprets NIKOM as integrating these three lines of work in three respects. First, it proposes a unified mechanism for activation through the intention operator, drawing together deliberate, primed, and habitual pathways. Second, it advances an alignment thesis with hypothesized physiological correlates. Third, it incorporates an explicit recoding principle linked to neuroplasticity. Whether these proposed integrations hold up to empirical scrutiny is a question for future research.

The model is conceptually well suited to spiritual counseling for three reasons. First, NIKOM treats faith not as an abstract endorsement but as an active coding event with cognitive, affective, and somatic components. Second, it offers a way to read religious rituals as code-reinforcing practices that may exploit Hebbian-style learning principles. Third, it interprets coping concepts such as *tawakkul* and *tawba* as upstream meaning-frame strategies, rather than as targets of cognitive restructuring at the level of individual maladaptive thoughts (Çinici, 2026, pp. 142–150). This third feature marks the proposed conceptual line between cognitive behavioral therapy (CBT), which targets specific schemas, and spiritual counseling, which works at the level of the meaning frame within which schemas operate (Pargament, 2007, pp. 145–160).

NIKOM and Spiritual Counseling: A Conceptual Convergence

The functional core of spiritual counseling, when read through NIKOM, is *meta-coding*. Meta-coding updates the operating system rather than debugging individual programs. Whereas CBT identifies and revises specific maladaptive schemas, spiritual counseling reframes the client’s relationship to the entire schema network through a higher-order meaning structure. The two approaches are best understood as complementary rather than competing.

Pargament’s (2007) program of spiritually integrated psychotherapy makes a parallel argument: the most effective integrative work occurs when the cognitive precision of CBT is combined with the meaning-frame depth of spiritually attuned care. Recent Turkish evidence supports this virtue-mediated reading of religious functioning. Kabahasanoğlu and Göcen (2026) found that courage partially mediated the relationship between intrinsic religious orientation and psychological resilience, suggesting that religious meaning may become psychologically operative through character strengths that translate belief, hope, and value commitments into action.

Five Islamic concepts illustrate the convergence between NIKOM and the practice of Muslim spiritual counseling. Before turning to them, an important caveat is required. The interpretations that follow do not reduce the theological meaning of these concepts to a psychological technique. They identify, instead, one counseling-relevant function of each concept. The full theological, juridical, and mystical

dimensions of *tawakkul*, *ṣabr*, *shukr*, *tawba*, and *dhikr* exceed any psychological reading and are not exhausted by the present framework.

Tawakkul: from Outcome Demand to Trust

Tawakkul (trust in God; reliance on the divine after taking due action) is, among its many dimensions, a higher-order meaning-frame strategy. In counseling-relevant terms, it shifts the locus of expectation from an uncontrollable external outcome to a controllable internal posture of trust. The standard worldly code—"IF I exert effort X, THEN I must obtain outcome Y"—is fragile because Y is rarely fully under the agent's control.

The *tawakkul* frame supports a different code: "IF I exert all reasonable effort, THEN I entrust the outcome to the wiser providence that knows what is best for me." This rewriting is consistent with reduced outcome anxiety while preserving agency. Empirical work has linked *tawakkul* to reduced depression and anxiety in Muslim adult populations (Gondal et al., 2023, pp. 1080–1085).

Ayten's (2012, pp. 88–95) psycho-social study of religious coping in Türkiye identifies *tawakkul* as one of the central resources Turkish believers draw on under stress. Karataş and Baloğlu (2019, pp. 113–117) describe *tawakkul* as a foundation of psychological resilience that may mitigate fear, worry, and uncertainty. None of this exhausts the theological status of *tawakkul* as an act of *'ibāda* (worship); it identifies one psychological correlate.

Ṣabr: Patience as a Delayed-Reward Frame

Ṣabr (patient endurance, perseverance) functions, among its other dimensions, as a delayed-reward meaning frame. It supports replacing the demand for immediate relief with the internalization of process value. Within NIKOM, *ṣabr* is hypothesized to alter the alignment process: instead of recruiting bodily resources for an urgent terminal outcome, the system aligns to a sustained engagement with the present.

Hamdan (2008, pp. 102–108) has noted that the Quranic association of patience with eventual ease (e.g., Sūrah al-Inshirāḥ 94:5–6: "Indeed, with hardship comes ease") provides a cognitive resource for clients struggling with hopelessness.

Shukr: Gratitude and Attentional Reorientation

Shukr (gratitude) functions as a daily devotional practice that, in counseling-relevant terms, may redirect attentional focus from evidence of scarcity to evidence of abundance. Empirical work in positive psychology has shown that gratitude practices can improve subjective well-being and reduce depressive symptoms (Emmons & McCullough, 2003, pp. 380–385).

Ayten et al., (2012, pp. 50–58) report that gratitude functions as a significant correlate of *dini başa çıkma* (religious coping) and life satisfaction in Turkish samples. Açıkgöz and Coşkunsever (2025, pp. 237–253) show that gratitude journaling,

drawn from positive psychotherapy, maps directly onto practices long used in Turkish spiritual counseling. This convergence supports treating *shukr* as a transferable counseling technique rather than a purely devotional one.

Tawba: Repentance and Identity Renewal

Tawba (repentance, return) functions in counseling-relevant terms as a ritualized identity renewal. It can address “worthlessness” or “irredeemable contamination” codes by supporting a “renewal and acceptance” code.

Within NIKOM, the ritual mobilizes both a cognitive component (acknowledgment of error) and a somatic component (the bodily acts of confession, prayer, and recommitment). This dual mobilization is consistent with research suggesting that embodied rituals may consolidate cognitive change more effectively than verbal-only interventions. The full theological scope of *tawba*—involving sincere remorse, confession, restitution, and resolve not to repeat—is not reducible to this counseling function.

Dhikr: Embodied Devotional Repetition

Dhikr (remembrance of God) is an embodied devotional practice. Its repetitive recitation of divine names or formulae, often coordinated with breath and posture, can be understood, in counseling-relevant terms, as entraining attentional, autonomic, and respiratory systems to a single sustained focus.

The contemplative repetition has structural similarities to mindfulness practice but differs in its semantic content: *dhikr* is not contentless awareness but content-saturated attention to a single referent. Recent empirical work reports lower stress and higher positive affect among practitioners of structured *dhikr* meditation compared with controls (Zahir & Qoronfleh, 2025).

These convergences are not coincidental. The Islamic intellectual tradition has long examined the structure of inner states (Haque, 2004, pp. 360–367). Al-Kindī’s *Risāla fī al-ḥīla li-daf‘ al-aḥzān* (Treatise on the Method of Dispelling Sorrows) argued that grief arises not from external losses themselves but from the false beliefs and expectations attached to them (Kindī, 2013).

This argument prefigures contemporary cognitive theory. Al-Ghazālī’s analysis of soul refinement (*tarbiyat al-naḥs*) and Ibn Qayyim’s treatment of “diseases of the heart” can be read, in NIKOM terms, as sophisticated systems of code management. Such readings are interpretive bridges, not claims of equivalence (Table 1).

A Five-Stage NIKOM-Based Intervention Template

A unified intervention sequence emerges across the six application domains addressed in the next section. The template is presented here as a standardized protocol rather than as a clinically validated intervention. Empirical validation of each stage is a research task for which propositions are offered in the article’s closing sections.

Table 1 Comparison of CBT, conventional spiritual counseling, and NIKOM-based spiritual counseling

Dimension	CBT	Spiritual Counseling	NIKOM-Based Counseling
Primary target	Specific maladaptive schemas	Meaning frame; relationship to suffering	Codes within meaning frame
Theoretical base	Cognitive theory (Beck, 1979)	Pastoral theology; meaning-making	Proposed integrative cognitive model (Çinici, 2026)
Counselor role	Expert collaborator; scientist–practitioner	Witnessing presence; pastoral companion	Facilitator of code awareness and embodied practice
Change process	Cognitive restructuring; behavioral experiments	Reframing; ritual; spiritual companionship	Recoding via awareness, intention, and embodied repetition
Use of religion	Optional; adapted (e.g., Islamic CBT)	Central and constitutive	Central; treated as a meaning-frame resource
Required training	Mental health credentialing	Pastoral training; institutional certification	Both psychological and pastoral training
Empirical status	Extensive efficacy literature	Practice-based; growing research	Conceptual proposal; awaiting empirical test
Key risks	Reductionism toward client meaning	Methodological vagueness	Coercive optimism; over-cognitization
Outcome logic	Symptom reduction	Meaning restoration; companioned suffering	Hypothesized alignment of system to revised code

CBT, cognitive behavioral therapy; *NIKOM*, Niyet Kodu Modeli (Intention Code Model). The table summarizes ideal–typical features rather than exhaustive descriptions

Stage 1: Making the Code Visible

Through Socratic questioning, the counselor elicits the if–then structure that the client is operating under. The counselor invites the client to identify the antecedent condition, the expected outcome, and the affective and bodily correlates. Visibility is treated as a prerequisite for change because, as Çinici (2026, pp. 165–178) emphasized, codes operate automatically until awareness interrupts the loop.

The questioning is non-confrontational. Typical openings include “When this difficult feeling rises, what thought tends to come with it?” and “What does your body do when you anticipate this outcome?”.

Stage 2: Honoring the Positive Intent

The counselor recognizes that a maladaptive code typically had an adaptive function in its original context. A perfectionism code installed in a critically parented child once secured parental approval. A vigilance code installed during early loss once protected against repeated abandonment.

The counselor names this positive intent. The client is not enlisted in a war against the code but oriented toward its update. This stance reduces shame and resistance, both of which are amplified when clients feel that an aspect of themselves is being attacked (Ağilkaya Şahin, 2022, pp. 142–148).

Stage 3: Offering a Meta-Code

The counselor offers a higher-order meaning structure—drawn from the client’s own faith tradition—that resituates the lower-order code. *Tawakkul*, *şabr*, *shukr*, *tawba*, and *dhikr* are the principal candidates. The offering is a proposal, not an imposition; the client’s autonomy in selecting and modifying the meta-code is preserved. Counselors should be aware that timing matters: a meta-code offered too early can feel like an invalidation of the client’s pain (Neimeyer, 2001, pp. 23–30).

Stage 4: Embodied Reinforcement

The new code is anchored through regular ritual practice: daily prayer, *dhikr*, a gratitude journal, structured contemplation (*tafakkur*). The proposed mechanism—repeated activation strengthening the neural pathway of the new code along Hebbian principles—is consistent with the broader neuroplasticity literature, though specific tests of NIKOM-style recoding remain to be conducted (Çinici, 2026, pp. 165–178).

The choice of practice should match the client’s existing devotional patterns. A practice that the client experiences as alien is unlikely to be sustained.

Stage 5: Monitoring Alignment

Between sessions, the counselor and client track changes in attention, bodily states, and behavior. These changes constitute the proposed observational signature of alignment. They may also generate experiential confirmation of the new code.

The monitoring stage feeds back into renewed visibility and refined meta-coding in subsequent sessions, making the template recursive rather than linear. Figure 1 illustrates this recursive loop.

Six Application Domains in Turkiye

This section applies the framework to six service domains in which spiritual counselors currently operate in Turkiye. Each subsection follows a standardized structure: a representative maladaptive code, the positive intent likely underlying it, a candidate meta-code, an embodied practice that anchors it, alignment indicators that the counselor and client can monitor, and referral risks that delimit the spiritual counselor's competence. This structure is offered as a template for clinical formulation; it does not capture the full complexity of any individual case.

Hospital Spiritual Counseling

Since 2015, Diyanet and the Ministry of Health have jointly operated spiritual counseling services in hospitals (Koç, 2017, pp. 215–220). Service has been concentrated in oncology, palliative care, and intensive care units. Pargament's (2007) framework

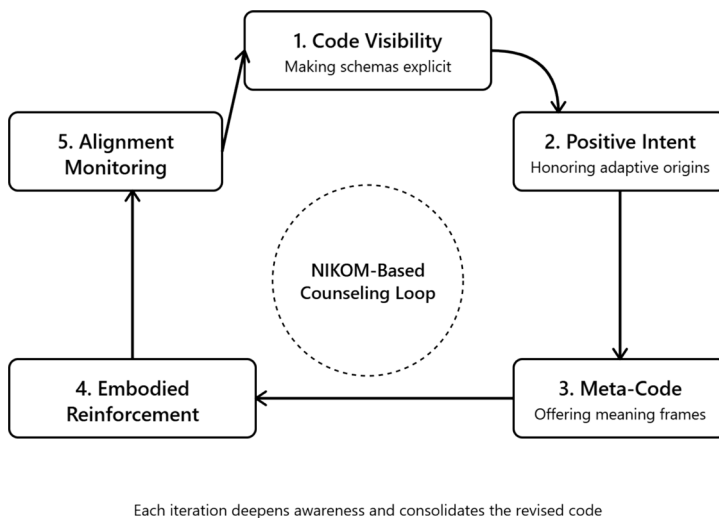


Fig. 1 The five-stage NIKOM-based spiritual counseling loop. *Note.* Each iteration of the loop is hypothesized to deepen the client's awareness of underlying codes, refine the offered meta-code, and consolidate embodied reinforcement

of spiritually integrated psychotherapy provides one of the principal international reference points for hospital-based spiritual care.

Representative maladaptive code. “IF I have contracted this illness, THEN God is punishing me, or my life is over.”

Positive intent. The code is asking the meaning-making system to find a reason for an otherwise inexplicable event. Naming this intent reduces the shame that often accompanies the code.

Candidate meta-code. “IF I face this trial, THEN it may be a means of expiation (*kaffāra*) or spiritual elevation, and God’s mercy attends me.” Such reframings are offered, never imposed; in acute distress, premature theological reframing can wound rather than heal (Ağılkaya Şahin, 2022).

Embodied practice. Reformulation of prayer language. A request that names the feared outcome (“O God, do not let this kill me”) foregrounds the threat content even as it intends the opposite. A reformulated prayer (“O God, grant my body complete healing, vitality, and well-being”) foregrounds recovery content. Linguistic shifts of this kind can be hypothesized to interact with expectancy and placebo-related processes; this hypothesis would require empirical test.

Alignment indicators. Subjective reports of reduced fear during prayer; observable reduction in agitation; client-reported shifts in attentional focus from threat to recovery content.

Referral risks. Suicidal ideation in response to terminal diagnosis; severe depression; complicated grief reactions; cognitive impairment that limits capacity for code-awareness work. In all such cases, immediate referral to the hospital’s psychiatry consultation–liaison service is required. Religiously integrated CBT, recently shown in a randomized trial to be as effective as conventional CBT for depressed patients with chronic medical illness (Koenig et al., 2015, pp. 245–250), may also serve as a bridge between spiritual care and clinical psychology.

Prison Spiritual Counseling

Diyanet-trained prison preachers serve in Turkish correctional institutions. Their tasks include individual and group meetings, Friday sermons, religious instruction, family-contact support, and liaison with inmates’ faith communities (Ağılkaya Şahin, 2022, pp. 45–52). Şirin’s (2014) İHSAN model offers a worked precedent for the cognitive-behavioral integration the present framework applies here, and supplies a staged structure that NIKOM-based work can adopt without reinventing the protocol.

Representative maladaptive code. “IF I committed this offense, THEN I am irredeemable.” These identity-collapse codes correlate with depression, learned helplessness, and diminished rehabilitative engagement.

Positive intent. The code expresses moral seriousness about the offense. It is not denial; it is overgeneralization.

Candidate meta-code. *Tawba* frame: “IF I sincerely return, THEN I can begin again.” The offense is treated as a past output of a code system, not as the person’s identity.

Embodied practice. Confession, prayer, recommitment, and—where contextually appropriate—restitution-oriented action. Repeated practice consolidates the renewal code.

Alignment indicators. Reduced self-condemning speech; engagement with rehabilitation programs; reconstruction of family contact; client-reported reduction in shame distinct from sustained moral concern about the offense.

Referral risks. Suicidal ideation; substance withdrawal; signs of post-traumatic stress disorder related to violence experienced or witnessed; psychotic symptoms. The convergent international literature on religion and desistance from crime supports this approach but does not substitute for clinical assessment when these conditions arise (Hallett & McCoy, 2015, pp. 858–865). Narrative therapy’s principle of separating the problem from the person provides a complementary clinical vocabulary (White, 2007, pp. 56–62).

Family Guidance and Counseling Offices

The Family Guidance and Counseling Offices operate in all 81 Turkish provinces under Diyanet. Common presenting issues include premarital conflict, post-divorce adjustment, intergenerational tension, and parenting disputes.

Representative maladaptive code. “If my spouse criticizes me, THEN I am not loved.” These codes typically have early developmental roots (Bowlby, 1988, pp. 119–125).

Positive intent. The code organized attachment in childhood by linking criticism to the threat of love withdrawal.

Candidate meta-code. A reframed God-image that supports secure attachment. When the client’s image of God shifts from punitive surveillance to compassionate witness, the corresponding spousal code may also shift. Kirkpatrick’s (1998, pp. 961–965) longitudinal work on attachment to God shows that an internal working model of the divine functions in ways structurally parallel to early caregiver attachment, with measurable consequences for adult emotional regulation.

Embodied practice. Couple-level rituals (joint prayer, shared scripture reflection) that pair the new attachment frame with embodied co-regulation; individual practices that strengthen the client’s own felt sense of secure relation to the divine.

Alignment indicators. Reduction in catastrophic interpretations of partner criticism; increased emotional differentiation between parental and spousal contexts; client-reported shift in God-image from surveillance to companionship.

Referral risks. Domestic violence, child abuse or neglect, and acute self-harm risk all require immediate departure from the spiritual counseling frame. Counselors must be trained to identify these and to follow institutional protocols for protection and referral.

Eldercare and Nursing Home Counseling

Spiritual counseling in Turkish eldercare facilities operates both within institutions managed by the Ministry of Family and Social Services and in collaboration with

Diyanet (Ağlıkaya Şahin, 2022, pp. 45–52). Death anxiety, meaning loss, loneliness, and the disorientation of institutional living are the principal presenting concerns.

Representative maladaptive code. “IF I am old and no longer productive, THEN I have lost my value.”

Positive intent. The code preserves a moral claim that life requires meaningful contribution. The problem is the narrow operationalization of contribution as productivity.

Candidate meta-code. Afterlife belief functioning as a meaningful continuity frame. The conviction that life is not bounded by this world has been associated with reduced death anxiety in meta-analytic work (Jong et al., 2018, pp. 8–15). Hökelekli’s (2008, pp. 142–150) Turkish-language synthesis of death psychology and religion documents how afterlife belief functions for Turkish Muslims as a structuring resource for late-life meaning. Past actions are read as a legacy that endures within and beyond the visible community. The meaning frame also bears on loneliness, a frequent presenting concern in eldercare. In a Turkish sample of 872 adults, Yıldırım et al., (2021, pp. 2371–2385) found that meaning in life predicted lower loneliness, and that positive religious coping mediated this link while negative religious coping intensified it. Read through NIKOM, this suggests that the meta-code matters less in isolation than in how it reorganizes the client’s coping repertoire.

Embodied practice. Daily prayer rhythms that anchor the meaning frame in habit; gratitude review of life accomplishments; legacy practices such as recorded reflections for descendants.

Alignment indicators. Reduced expressions of worthlessness; increased generative speech (orientation toward what one has given or wishes to give); engagement with prayer and devotional practice.

Referral risks. Major depressive disorder, suicidal ideation, dementia or other neurocognitive disorders affecting capacity, and severe loneliness associated with social withdrawal. Ağlıkaya Şahin (2022) cautioned that eldercare clients can be especially vulnerable to manipulation in their relationships with counselors; this risk should also be assessed.

Disaster and Trauma-Sensitive Spiritual Care

After the February 2023 Kahramanmaraş earthquakes, Diyanet, AFAD, and the Turkish Red Crescent coordinated extensive spiritual support operations. İnce et al., (2023, pp. 690–700) conducted a field study documenting how Diyanet’s *manevi danışmanlık* services were mobilized in earthquake provinces in the days and weeks immediately following 6 February.

Kula’s (2002, pp. 240–250) earlier study of religious coping after the 1999 earthquake remains the closest Turkish reference for the cognitive-religious dynamics observed in this kind of disaster. The post-trauma phase is among the most delicate domains for spiritual counseling. More recent evidence is directly relevant. In a randomized controlled trial with survivors of the 2023 earthquakes, Kızılgeçit et al., (2025, pp. 4147–4168) found that a meaning-oriented spiritual intervention reduced post-traumatic stress symptoms relative to a control group. The result is important

for the present framework in two ways: it shows that meaning-frame work can be tested experimentally in disaster settings, and it locates that work in the same Turkish context the framework addresses.

Representative maladaptive code. “IF I lost my loved ones, THEN God is unjust to me, or my faith was mistaken.” This code can collapse the existential meaning structure (Park, 2010, pp. 268–275).

Positive intent. The code is the expected outcome of a meaning system that has been overwhelmed. It is a sign of the strength, not the failure, of the prior framework.

Candidate meta-code. In acute grief, no meta-code is offered. Stage three of the framework is delayed until the client signals readiness. Premature deployment of expiation or trial narratives can intensify, rather than relieve, suffering. When readiness emerges, candidate frames include *şabr*, *tawakkul*, and—if and only if the client moves there—integrative narratives of meaning. This sequence is consistent with the meaning reconstruction literature in grief therapy (Neimeyer, 2001, pp. 23–30).

Embodied practice. In the acute phase, the practice is the counselor’s embodied presence—what the German pastoral tradition calls *Da-Sein*, being-with—rather than the cognitive work of recoding. Later, communal prayer, shared scripture, and witnessed mourning rituals become candidates.

Alignment indicators. In the acute phase, the indicator is the client’s continued engagement and the absence of dissociative withdrawal. Later, gradual narrative coherence, return to ritual practice, and integration of the loss into a workable meaning frame.

Referral risks. Acute stress reactions with dissociation; emerging post-traumatic stress disorder; suicidal ideation in survivors; complicated grief; pediatric trauma. Disaster contexts also produce mass-scale trauma exposure that exceeds individual counseling response and requires coordinated mental health system mobilization.

Spiritual Support in Addiction Recovery

The Turkish Green Crescent’s YEDAM centers and Diyanet’s addiction-related units operate spiritually supported intervention programs.

Representative maladaptive code. “IF stress or a cue arrives, THEN using will relieve me.” This high-strength craving code is strongly associated with environmental triggers—people, places, mood states.

Positive intent. The code originally identified a real distress and sought relief. The relief mechanism became the problem; the underlying need for relief is itself legitimate.

Candidate meta-code. A *tawakkul*-style frame in which control over outcomes is relinquished to a higher power while responsibility for action is retained. The Twelve-Step principle of “surrender to a higher power” can be read in NIKOM terms as a meaning-frame strategy of this kind (Galanter, 2007, pp. 268–270). İsbilen and Mehmedoğlu’s (2022, pp. 12–20) spirituality-based addiction counseling model, developed at Yeşilay’s YEDAM centers, illustrates one Turkish operationalization of

this convergence. A growing literature has documented that spirituality can contribute to addiction recovery (Cook, 2004, pp. 542–547).

Embodied practice. *Dhikr*, with its rhythmic recitation and breath coordination, may occupy the somatic-attentional channel that the craving code would otherwise capture. Other practices include structured prayer at high-risk times of day, gratitude journaling, and sober community participation.

Alignment indicators. Reduced craving intensity at known triggers; increased frequency and duration of devotional practice; recovery-supportive social engagement.

Referral risks. Acute withdrawal (which can be life-threatening for alcohol and benzodiazepines); co-occurring psychiatric disorders; overdose risk; severe family violence in active addiction. Spiritual counseling is properly an adjunct to medical and psychological treatment in these cases, not a replacement for them.

Testable Propositions and Future Directions

This article has been conceptual. To enable empirical evaluation of the framework, the following propositions are offered as hypotheses for systematic test.

Proposition 1: Code Awareness and Distress Reduction

NIKOM-based counseling will increase code awareness more than treatment-as-usual spiritual counseling, and increases in code awareness will partially mediate reductions in psychological distress. Code awareness is operationalized as the client's ability to articulate, on demand, the if–then structure underlying a target distress episode.

Measurement development for this construct, distinct from existing measures of cognitive insight and metacognition, is a prerequisite for testing this proposition.

Proposition 2: Embodied Reinforcement and Meaning Restoration

The frequency and consistency of embodied reinforcement practice (Stage 4) will predict perceived meaning restoration above and beyond the verbal-cognitive components of the intervention (Stages 1–3). This proposition tests the framework's claim that meaning change requires both cognitive reframing and bodily anchoring.

Proposition 3: Alignment Monitoring as Mediator

Alignment monitoring (Stage 5) will mediate the relation between meta-code adoption and distress reduction. The proposed mechanism is experiential confirmation: clients who observe alignment in their attention, body, and behavior consolidate the meta-code more reliably than clients who adopt the meta-code without monitored feedback.

Proposition 4: Domain-Specific Sequencing

In trauma-sensitive contexts (e.g., post-disaster spiritual care), early deployment of meta-coding will yield worse outcomes than delayed deployment. This proposition tests the framework's claim that timing—not just content—is consequential for spiritual counseling effectiveness.

Proposition 5: Boundary Differentiation From CBT

For clients whose primary concern is a specific maladaptive schema with no significant meaning-frame component, CBT will outperform NIKOM-based counseling. For clients whose primary concern is a meaning-frame disruption with relatively intact specific schemas, NIKOM-based counseling will outperform CBT. This proposition tests the framework's claim that the two approaches address different levels of cognitive organization.

Empirical Pathways

Three empirical lines would advance the framework. The first is effectiveness research. Pilot randomized comparisons of NIKOM-based spiritual counseling against treatment-as-usual in hospital and addiction settings would yield critical effectiveness data. Outcomes should include symptom measures, alliance ratings, and subjective meaning scales, with pre-registration of analyses and attention to placebo and expectancy controls.

The second is measurement development. A validated measure of code awareness, distinguished from existing constructs such as cognitive insight and metacognition, would be valuable for both research and clinical assessment.

The third is curriculum design. Integration of NIKOM-based modules into the joint training programs of Diyanet, theology faculties, and clinical psychology departments would help ensure that the framework is applied with the disciplinary breadth it requires. Each pathway should include an expert Delphi component to refine intervention specifications before larger-scale testing.

Limitations and Ethical Considerations

As a conceptual proposal, this article has several limitations that delimit the application of NIKOM in spiritual counseling. Five clusters of limit and ethical consideration are addressed below.

The Limits of Individual-Level Recoding

NIKOM cannot resolve external structural problems on its own. Poverty, structural injustice, objective grief triggers, and political violence generate codes that are adaptive responses to harsh realities rather than malfunctions of the mind. As Çinici (2026, pp. 245–252) has noted, a code is often not the product of a

disordered mind but a reasonable response to a difficult external reality. Treating these codes as targets of recoding without acknowledging their structural roots risks individualizing problems that demand collective action.

Coercive Optimism

The language of “recoding” can degenerate into coercive optimism. The legitimacy of pain must be preserved. A counselor who hurries a client toward gratitude or acceptance risks invalidating the loss that gratitude or acceptance must eventually integrate. The Rogerian principle of unconditional positive regard, foundational to spiritual counseling practice, must temper any recoding zeal (Ağılkaya Şahin, 2022, pp. 175–182).

Referral Criteria

Referral to mental health services is not a fallback but a continuous responsibility. The following clinical conditions require either immediate referral or close coordination with mental health professionals, regardless of the spiritual content of the client’s distress: (a) suicidal ideation, plan, or intent; (b) homicidal ideation; (c) acute psychotic symptoms (hallucinations, delusions, severe disorganization); (d) major depressive episodes with significant functional impairment; (e) severe trauma reactions, including dissociation; (f) substance withdrawal, particularly from alcohol or benzodiazepines; (g) eating disorders with medical compromise; (h) child abuse, child neglect, or domestic violence; and (i) any condition in which the client lacks decisional capacity.

The American Psychiatric Association Foundation’s (2018, pp. 5–12) guide for faith leaders provides additional detail on recognition of these conditions. Spiritual counselors should be trained to screen for these conditions, to communicate clearly about the limits of their competence, and to follow institutional protocols for referral. Referral does not end the spiritual counselor’s role; it locates that role within a coordinated multi-disciplinary response.

Respect for the Client’s Faith World

NIKOM offers a typology of codes; it does not adjudicate which codes are theologically correct. The client’s tradition, community, and personal interpretation lead. The counselor’s role is to support the client in the client’s own meaning frame, not to replace it with a counselor-preferred theology. This principle is especially important when working across denominational, mystical, or sectarian differences within Islamic traditions, and when working with clients whose religiosity differs substantially from their counselors’.

Counselor Training and Gender-Sensitive Practice

NIKOM-based spiritual counseling is not a license for amateur intervention. Vieten et al., and and's (2013, pp. 132–140) framework of spiritual and religious competencies for psychologists provides one international reference point for the kind of training required. The Pastoral Psychology Association in Germany, for example, requires extensive supervised training in psychotherapy methods for clinical spiritual counselors.

Turkish institutions are gradually moving in this direction; graduate programs in spiritual counseling and Diyanet's in-service training increasingly include psychology and counseling content. The framework proposed here assumes a counselor with both psychological and theological training. Gender-sensitive practice is also required: the Turkish context, like many cultural contexts, includes gender expectations that shape both presenting concerns and the counselor–client relationship (Ağılkaya Şahin, 2022, pp. 240–248).

Conclusion

NIKOM offers spiritual counseling in Türkiye three contributions. At the conceptual level, it provides a shared language for cognitive psychology and Islamic spiritual practice. At the methodological level, it furnishes a five-stage intervention template that can be taught, supervised, and audited. At the practical level, it generates a standardized clinical formulation across hospitals, prisons, family guidance offices, eldercare, disaster zones, and addiction recovery.

None of these contributions amounts to a claim of clinical efficacy, which awaits the empirical work outlined above. Spiritual counseling is expanding faster than its conceptual scaffolding. NIKOM is one model that may help close this gap—provided it is applied with both rigor and humility. The framework proposed here is offered as a starting point for that conversation, not as a closed system.

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Declarations

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