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Islamic Integrated Cognitive Behavior Therapy: A Shari'ah-Compliant Intervention for Muslims with Depression

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Abstract

Objective: Depression is one of the most common mental disorders that is encountered in the health care setting. Empirically-based psychotherapy for depressed patients that explicitly incorporates client's religious beliefs and practices has been shown to predict faster resolution and may be as efficacious as antidepressant medication. There is a demand for high-quality research to evaluate the effectiveness of modified therapies that meet the needs of depressed Muslim patients, as research has shown that most of the existing interventions are methodologically weak. A Shari'ah-compliant Islamic psychotherapy intervention is a requirement in Muslim countries that practice Sunni such as in Malaysia. **Method:** To address these gaps in research; we adapted a Religiously Integrated Cognitive Behavior Therapy (RICBT) that integrates Muslim patients' faith and practices based on the Quran and Hadith. We call this intervention Islamic Integrated Cognitive Behavior Therapy (IICBT). **Results:** This article describes the steps taken to identify practices, approaches and the selection of verses from the Quran and Hadith that conform to Sunni Muslim scholars. The authors provide ethical considerations and a brief description of the 10 sessions. **Conclusion:** Islamic Integrated Cognitive Behavioral Therapy is a manualized therapeutic approach may help to assist depressed Muslim clients to develop thoughts and behaviors to reduce depression, informed by their own Islamic beliefs, practices, and resources. Further research is recommended to demonstrate the efficacy and improve the content and application of this manual.

Keywords: Islam, Religion, Depression, Psychotherapy, Muslim

Introduction

Depression is one of the most common mental disorders in the general population and is frequently encountered in health care settings. A review of 25 epidemiological studies suggested that 17% of Asians are currently depressed [1]. The 1-month prevalence of major depressive disorder may be as high as 5.5% [2]. Due to its chronic or recurring nature with significant morbidity and mortality rates, a biopsychosocial and spiritual approach has been recommended by many experts.

Many types of psychotherapies are known to be efficacious in treating depression. The most common evidence-based treatment is Cognitive Behavioral Therapy (CBT). CBT helps the patient to learn adaptive behavioral strategies and develop more accurate and helpful beliefs to reduce depressive symptoms and improve functional outcomes [3]. Based on the CBT model, patients' depressive symptoms worsen as they are locked in a vicious cycle of maladaptive thought patterns, behaviors and emotional responses. Teaching patients how to identify and modify maladaptive cognitive processes and behaviors, empowers them to become their own therapist, actively trying to adopt adaptive behavioral and cognitive strategies that can reduce depressive symptoms and improve quality of life. In fact, behavioral activation alone, a component of CBT, has been found to be effective in alleviating depressive symptoms and is recommended as a first-line treatment for mild or moderate depression [4].

A review of spiritually-integrated psychotherapy by Post and Wade [5]; found that psychotherapists generally identify more with spirituality than religion as compared to the patients. Many religious/spiritual patients prefer to initiate

religious/spiritual matters gradually in therapy and this helps in initiating therapeutic alliance with the therapist. The effectiveness of such interventions depend more on the patients' religious commitment than on the beliefs of the therapist as long as the therapist is able to integrate the religious perspective (mindfulness, prayer, religious concepts) in keeping with the patient's belief.

In a meta-analysis, religiously integrated CBT based on patients' religious beliefs and practices was shown to be as effective as the conventional CBT in the treatment of depression and anxiety [6]. When patients incorporate healthy religious beliefs and values into their thoughts, actions, and emotions, these clients show faster improvement of depressive symptoms [7]. Despite the many studies finding a positive association between religiosity and mental health, religious/spiritual issues are usually brought up by patients not therapists [8]. Psychiatrists and psychotherapists have been reluctant to address these issues in therapy citing time constraint and their ethical obligation to maintain neutrality [9].

Psycho-spiritual concepts in Islam as the basis for IICBT

According to Malik Badri, in his book "Contemplation: An Islamic Psycho-spiritual study" [10]; early Muslim scholars had already focused on internal cognitions through contemplation of God and His Creations, along with self-examination and reflection based on the Quran and Hadith, indicating that this was a powerful force towards transformation in mind and behavior. For Muslim patients, then, by instilling these faith-centered thoughts and behavior, turning to God during tribulations may assist them find meaning and purpose in adversity as a sign of God's love for

them. The Qur'an mentions trials and tribulations repeatedly and encourages believers to persevere, promising them that God would grant believers spiritual guidance. The Qur'an also describes how Islamic based therapy should be approached, that is with wisdom and grace:

“Invite (all) to the Way of your Lord with wisdom and beautiful preaching; and argue with them in ways that are best and most gracious: for your Lord knows best, who have strayed from His Path, and who receive guidance” (Al-Nahl 16:125) [11].

Islamic based psychotherapy has been found to be effective for Muslim patients suffering from anxiety, depression, and bereavement [7,12-14], increasing response to therapy significantly faster. Patients are encouraged to identify negative thoughts and, discuss issues related to their culture and illness. They are guided to the teachings of the Quran and Hadith as well as to living a lifestyle that is consistent with Islamic teachings as revealed to the Prophet Muhammad (pbuh). Azhar et al. encouraged patients to recognize religious values based on Islamic teachings that they would adopt and cultivate these in their thoughts, actions, and emotions [12]. The concept of repentance and forgiveness is often introduced to depressed patients to overcome the effects of guilt and regret [7], but needs to be done cautiously otherwise it may trigger patient's underlying dynamics with regard to perceptions of their illness as punishment from God. A proper understanding of one's spiritual relationship with God allows the patient to rely on God at all times through daily prayers and, supplication (*Duā*), as these promote relaxation and enhance a sense of well-being [12-14].

Research shows that, religiousness and spirituality develop across the life span, related to cognitive, affective and psychosocial factors, and have a significant relationship with quality of life and mental health [15]. Religion enhances the ability to cope effectively through prayer with negative life events, illness and disability [16], is negatively related to drugs and alcohol abuse [17], and improves quality of life [18]. A systematic review on religion and suicide risk, found that religious affiliation protects against suicide attempts although not necessarily against suicidal ideation [19]. It is also important to note that despite these positive correlations, a higher prevalence of depression, anxiety and mortality have been found among those who view adversities as punishments or abandonment by God [20,21]. More than two thirds of quantitative research on religion/spirituality and mental health are conducted in majority Christian populations and very little research has been reported on Islamic based therapy among Muslim patients. As noted earlier, the results of those studies show improvement in well-being, hope and optimism, meaning and purpose, self-esteem, internal locus of control, depression, suicide, anxiety, and alcohol/drug use/abuse similar to Christian-based CBT. However, research has also shown that many of the interventions conducted using religious based therapy for treating depressed Muslim patients has been methodologically weak. Walpole et. al. indicated the need for high-quality research to determine how existing therapies can be modified to meet the needs of Muslim clients, and stressed the need to evaluate the effectiveness of such modified therapies [22].

Ethical issues related to integrating religiosity into psychotherapy

The Ethics Code of the American Psychological Association (APA) states that psychologists must consider ethical issues if they wish to integrate religious/spiritual issues into their professional work [23]. The RRICC model, which stands for Respect, Responsible, Integrity, Competence and Concern, was developed to highlight the ethical principles relevant for all mental health professionals. Patients should first be educated about all treatment options, their risks and benefits, the relevance of religion and spirituality to treatment, and asked to provide informed consent before engaging in religiously-integrated-based therapy [24]. As for the therapists, their clinical competence is a key ethical issue that often arises in providing religion-based therapy. Besides being well-versed in the religious values and practices of patients, therapists should also keep in mind the limitations of their knowledge and clinical expertise, be prepared to undergo professional training and clinical supervision, and seek consultations with expert colleagues, before practicing religion-based therapy. A Muslim psychiatrist must never impose religious values on Muslim clients, and therefore a thorough assessment of religious and cultural issues should first be made to determine the appropriateness of religious integration. Patients who are spiritual, but nonreligious, may be uncomfortable with this approach, and thus may not be suitable [24]. The therapist may encourage healthy Islamic practices within and outside of therapy to help the patient maintain the practice as a way of life. However, if the patient's cause of depression is related to his struggle with religious identity, the therapist must be cautious as this may exacerbate guilt due to imagined or real previous transgressions [25].

Religiously Integrated CBT and Islamic Integrated CBT

In recent years, integration of religiously based concepts and beliefs into cognitive behavioral therapy (CBT) is gaining momentum as psychiatrists and psychologists begin to incorporate these entities into a biopsychosocial-spiritual approach. The introduction of Religiously Integrated Cognitive Behavioral Therapy (RICBT) for religiously inclined clients is timely as it integrates religious beliefs, behaviors, practices, and resources for the treatment of depression [26]. There are manuals designed for each of the five major religious traditions namely Christians, Jews, Hindu, Buddhist and Islam. However, the original Muslim (RICBT) version applied Shi'a concepts in its development, which is not appropriate for Sunni patients as might be encountered in a country like Malaysia.

To address this gap, the authors (psychiatrists, experts in Islamic thought and aqidah, and a clinical psychologist trained and expert in research conducting CBT) have revised that Shi'a Muslim RICBT manual so that it is consistent with Sunni scholars interpretation of Islam. In this revised Sunni version, verses from the Quran and Hadith have been incorporated with supervision from the representatives of Department of Islamic Welfare of Malaysia (JAKIM). Permission to do so has been granted by one of the original authors of RICBT (HGK).

The main objectives of Islamic Integrated Cognitive Behavioral Therapy (IICBT) are:

- i. to apply Syari'ah compliant Islamic approach based on the Qur'an and Hadith in accordance to the Sunni scholars,

- ii. to apply cognitive and behavioral restructuring based on the positive principles in the Qur'an that promote mental and spiritual health,
- iii. to provide a structured intervention that can also be used for research development in managing Muslim patients with depression/chronic medical illness.

Although IICBT adopts the framework of RICBT, distinctive concepts are introduced:

- i. The concept of Syari'e compliant means the practice must adhere to the declaration of *Tawheed* (faith to Allah and the prophet Muhammad (pbuh) as the messenger of God) [27].
- ii. Through the act of mindfulness, the client will be introduced to contemplative prayer and mindful *solat* that connects ones thought and action to the Mercy of God.
- iii. The al Ghazali approach to Islamic psychology advocates the application of the self-concept based on four dimensions of man's inner self namely spirit (Ruh), heart (Qalb), intellect (Aql) and soul (Nafs) and outer-self (body) [28]. Al Ghazali highlights the impact of one's soul on thought and subsequent behavior and character transformation to achieve happiness. This seems to be the conduct of Islamic psychology which integrates both cognitive restructurings using Quranic verses and behavioral modification through prayer, contemplation and other obligations based on Islamic teachings and principles.
- iv. IICBT also briefly compares the 10 sessions similar to RICBT framework

to the al Ghazali's concept of purification of the soul (*Tazkiyah al Nafs*) with the ultimate objective is to attain divine happiness (*al Saadah*) in this world and Hereafter. Briefly, *Tazkiyah al Nafs* refers to the transformation process through the understanding of self (strength and weakness), that leads to "spiritual struggle" and through contemplative prayers and mindfulness, the patient will use his/her faith to attain spiritual growth, overcoming depression and achieve happiness.

Session Content of IICBT

Similar to RICBT, IICBT is delivered in 10 sessions over 5 to 10 weeks. Each session is 50 to 60 min in length and follows a similar format.

Session 1: "*Building Rapport, Assessment and Introduction to IICBT*" requires the therapist to develop therapeutic alliance with the patient and to introduce the basic format of the program that requires the therapist to explore any spiritual struggle in relation to his/her faith. The IUM Religiosity Scale (modified version) that is based on the concept of *Tawheed* (Islam, *Iman*, *Ihsan*) [29] is used to explore patient's spiritual and religious experience and to understand the patient's faith tradition, and religious beliefs so that this can be integrated into a client-centered therapy.

Session 2: "*Behavioral Activation: Walking by Faith*". The client's understanding on the treatment rationale, mood and activities self-monitoring is reinforced. The role of the therapist is to get the patient's participation and awareness in order to socialize the patient into the IICBT model. The "Pleasant Activities" task helps to overcome depression-related inactivity and to

encourage patient to engage in Muslim community.

Session 3: *“Identifying unhelpful thoughts: The battlefield of the mind”* is similar to the level of “purification of the heart” (*Takhalli* concept) that focuses on steps to identify the thoughts that lead to negative emotions. Contemplative prayer is introduced which is similar to meditation through the use of verses from Quran or Hadith and it is important for the therapist to guide the patient before the session ends.

Session 4: *“Challenging Unhelpful Thoughts: Bringing All Thoughts Captive”* is a continuation of session 3 which explores the patient’s “Thought Log” for any difficulties, and discuss with the patient about the trials and tribulations faced by the Prophet Muhammad (pbuh) and his companions as examples of how strong faith in God can move them towards purposeful life. The therapist uses the patient’s faith to challenge dysfunctional thoughts either through his/her resources (al Quran and Hadith) or through contemplative prayer and Mindful *Solah*.

Session 5: *“Dealing with Loss”* is for the therapist to guide patient to identify any losses (biological, psychological, social) as a result of the illness, including spiritual losses and this is similar to the concept of Filling-up the Heart with Positivities (*Tahalli*). Cognitive restructuring using verses from the Quran is used based on the patient’s “Thought Log”. The therapist may quote verses in the Quran regarding the life of the prophets and those who persevere as exemplary model towards strength and hope.

Session 6: *“Coping with Spiritual Struggles and Negative Emotions”* deals with the core experience as a result of illness and depression that may affect the patient’s faith

in his/her religion/God. Spiritual assessments questionnaire (such as RCOPE) can be used to assess the spiritual struggle the patient might be having due to his/her depression/medical illness in which the patient may feel that God is punishing or abandoning him/her. It is crucial in session 6 that the therapist assess patient’s honest negative feelings towards God, as this may lead to healing and eventually spiritual growth.

Session 7: *“Gratitude”* focuses on the Islamic based gratitude that involves being grateful to God, people, and experiences God has provided as depicted in the Quran and the Prophet Muhammad (pbuh) is regarded as one with the highest level of gratitude towards God despite been through unimaginable sufferings. “Gratitude Exercise – Counting Our Blessings” and “Gratitude Exercise – Celebrating Our Blessings” are in keeping with cognitive restructuring model that subsequently improves mood and also helps client to generate grateful behavior through identifying any living person he would like to share his gratitude with.

Session 8: *“Altruism and Generosity”* focuses on reviewing of gratitude exercises which ultimately creates a form of self-reflection and character transformation. Through conscious-focus, it is important to determine if the clients are ready to incorporate grateful feelings and behavior into their life. Islam praises not only those who excell in their relationship with God but also who put others in need above all as described in the Quran during episode of “*Hijrah*”. These sessions are in keeping with the process of *Tahalli* or replenishing the soul with positive attributes through thoughts and actions.

Session 9: “*Stress-Related and Spiritual Growth*” explore the concept of spiritual and stress related-growth based on two very important narations in the Quran regarding the prophets Yusuf (as) and Ayub (as). It is important to have correct interpretation of these individuals in order to engage the patient into looking for positives in life while experiencing difficulties. Similarly in *Tazkiyah al Nafs*, the patient is encouraged to self-evaluate (*Muhasabah*) and seek forgiveness from God. The therapist also needs to prepare patient for the coming final session.

Session 10: “*Hope and Relapse Prevention*” explores the concept of hope and faith through the concept of benefit-finding (defined as the process of deriving positive growth from adversity). This is introduced in order to develop sense of hope, find purpose and meaning in the adversity as well as identify and maintain spiritual growths in order to achieve happiness especially in the Hereafter. The patient is encouraged to use the worksheets as tools, review his/her thoughts and behavior with referance made to the Quran and Hadith and the use of a journal to keep up to the daily activities and mood.

Although many religiously inclined Muslim therapists tend to apply an Islamic approach, IICBT may offer a more structured intervention. Therapists need to learn how to integrate patients’ practices into CBT that complies with ethics, culture and especially to Sunni Muslim teaching. Further research, training and collaborative work are currently in progress to establish the evidence-base for the effectiveness of IICBT in the treatment of depression in Sunni Muslim patients.

Conclusion

Islamic Integrated Cognitive Behavioral Therapy (IICBT) applies the psycho-spiritual concepts and theories based on the Quran and Hadith teachings in which the doctrine of oneness (*Tawheed*) is manifested in thought, emotion and behavior. The faith to proclaim the Greatness of God Almighty, Sustainer of the Worlds, in thought, word, and action provides relief from distresses and worries, therefore creating a sense of tranquility and security. This may assist in overcoming maladaptive cognition and behaviors such as hopelessness, worthlessness about the self, future, and world, and social withdrawal following major life events. IICBT advocates the use of cognitive processes through contemplation (self-examination and recollection of God and His Creations) to bring about faith-centered thoughts and behavior. Turning to God during tribulations may lead Muslim patients to find meaning and purpose in adversity as a sign of God’s love for them; which may facilitate positive emotional responses. IICBT adapted from the Religiously Integrated CBT originally developed by Pearce et. al [26], offers a Sunni Muslim version that is Syari’ah compliant and will therefore expand the potential for Islamic-based psychotherapy and research. Further research in the form of randomized clinical trials is needed to establish an empirical basis for the efficacy of this Sunni Muslim based religious-psychospiritual intervention, in country like Malaysia and other similar Sunni Muslim majority countries, and these are now underway.

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