

# **EFFICACY OF COGNITIVE BEHAVIOUR THERAPY WITH ISLAMIC CONCEPTS FOR THE TREATMENT OF ANXIETY & DEPRESSION**



**HUMERA ASGHAR**

**23-FSS/Ph.DPSY/F12**

**DR SEEMA GUL**

**Assistant Professor Deanship**



**DR UZMA MASROOR**

**H.O.D Department of Psychology, Air University**

**Department of Psychology**

**Faculty of Social sciences**

**International Islamic University Islamabad**

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**EFFICACY OF COGNITIVE BEHAVIOUR THERAPY WITH ISLAMIC  
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By

**HUMERA ASGHAR**

23-FSS/PhDPSY/F12

**Department of Psychology**

**Faculty of Social Sciences**

**International Islamic University, Islamabad**

**2021**

**Acceptance by the Viva Voce Committee**

  
**Dean Faculty of Social Sciences**

  
**Dr. Nazia Iqbal**  
**Acting Chairperson Department of Psychology**

  
**Dr. Seema Gul**  
**Supervisor**

  
**Dr. Uzma Msroor**  
**Co. Supervisor**

  
**Prof. Dr. Rubina Hanif**  
**External Examiner I**

  
**Dr. Aneela Masood**  
**External Examiner II**

  
**Dr. Mamoona Ismail Loona**  
**Internal Examiner**

## **DECLARATION**

I, Mrs HUMERA ASGHAR Reg No. 23-FSS/PhDPSY/F12 student of PhD in the subject of Psychology session 2021 hereby declare that the matter printed in thesis “ Efficacy of cognitive Behaviour Therapy with Islamic Concepts for the treatment of Anxiety and Depression” is my own work and has not been printed, published and submitted as research work, thesis or publication in any form in any university, research institute etc in Pakistan or abroad.



Signature of Deponent

Dated:

## **RESEARCH COMPLETION CERTIFICATE**

Certified that the research work contained in this thesis titled: "**EFFICACY OF COGNITIVE BEHAVIOUR THERAPY WITH ISLAMIC CONCEPTS FOR THE TREATMENT OF ANXIETY & DEPRESSION**" has been carried out and completed by **Ms. HUMERA ASGHAR /Reg No. 23-FSS/Ph.D PSY/F12** under my supervision.



Dr. Seema Gul  
Prince Sultan University Riyadh KSA

11-07-2021

## **DEDICATION**

**Dedicated to my parents, my husband  
&  
my children**

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## **ABSTRACT**

The present study was designed for the development of cognitive behaviour therapy with Islamic concepts for the treatment of patients of anxiety and depression. The study was carried out in three phases. In the first phase cognitive behaviour therapy with Islamic concepts was developed by addition of Quranic Ayaat and Ahaadiis of Prophet Muhammad PBUH in the techniques of regular CBT. These Ayaat and Ahaadiis were used for cognitive restructuring of the cognitive errors in the patients of Anxiety and Depression. Committee approach was used for development of CBT with Islamic concepts. Two committees were held, first of the religious scholars and second of the clinical psychotherapists. In the phase 2 pilot study was conducted on three clients to check the efficacy of CBT with Islamic concepts. The post-test results showed efficacy of CBT with Islamic concepts. In the phase 3 main study was conducted. It was an experimental research pre-test, post-test. Three groups of the clients were divided into three groups and were given CBT-IC, CBT and no treatment respectively. Results of one way ANOVA showed a decrease in symptoms of anxiety and depression in group 1 receiving CBT-IC, the decrease in the symptoms of anxiety and depression in the group 2 receiving CBT was significantly less than the group 1 receiving CBT-IC. There was almost no decrease in the symptoms of anxiety and depression in group 3 receiving no treatment, so the quantitative results highly supported the study. Qualitative analysis of the verbatim of the clients was done using Interpretative phenomenological Analysis. Themes deduced showed that Islamic content in the CBT like Ayaat and Ahaadiis helped the clients in cognitive restructuring of their cognitive errors and which helped in their overcoming of the symptoms of anxiety and depression.

## INTRODUCTION

وَنُنَزِّلُ مِنَ الْقُرْآنِ مَا هُوَ شَفَاءٌ وَرَحْمَةٌ لِلْمُؤْمِنِينَ

“And we send down in Quran that which is a healing and a mercy to the believers”  
(Surah Al-Isra 17:82).

Quran is indeed a blessing and a guide for all times and places. Quran does not only offer guidance to us in all aspects of our life but it is also having a cure for all types of problems and disease whether they are physical or mental. Allah SWT has bestowed a lot of blessings in Quran for His man, about which HE told in different Ayaat.



وَإِذَا قُرِئَ الْقُرْآنُ فَاسْتَمِعُوا لَهُ وَأَنْصِتُوا لَعَلَّكُمْ تُرَحَّمُونَ

“And when the Quran is recited, hear it patiently and be silent so that you may have mercy”  
(Surah Al Araaf, 204).

In life we can be disappointed when we experience hardship and loss, but our faith and trust in Allah’s infinite wisdom will help us endure these trials and keep us focused on the greatest goal in the Hereafter. We should return to the Quran often to hear this message, remind us of the favors of Allah, and keep this worldly existence in the right perspective. It is by the Quran, the greatest remembrance, that our hearts will find rest and assurance (Surat al-Ra’d 13:28)”.

أَلَا يَذِكُرِ اللَّهُ تَعَالَى قُلُوبُ

Allah said:

“No doubt, by the remembrance of Allah hearts are assured (Surat al-Ra’d 13:28)”.

يَتَأْتِيهَا الْنَّاسُ قَدْ جَاءَتُكُم مَّوْعِظَةٌ مِّن رَّبِّكُمْ وَشِفَاءٌ لِّمَا فِي الْأَرْضِ

وَهُدًىٰ وَرَحْمَةٌ لِّلْمُؤْمِنِينَ

“O’ people; there has come an admonition to you from your Lord, and healing of hearts, and guidance and a mercy for the believers (surah Al Younas, 57).

Overcoming depression and anxiety when they have a strong hold over our lives is an exceptionally difficult task, yet there is hope for healing and a clear path forward in Islam. All things are possible with Allah and no pit of despair is too deep to rise above with His help. It will take effort and perseverance as we take charge of our well-being. Each of us experiences a unique set of circumstances and challenges in our lives, which means the details of our treatment plans will vary, but our complete restoration will always involve healing each aspect of our being: body, mind, and soul. Quran teaches us how to live in peace and harmony and Allah SWT says spend the life as Allah granted you but do not neglect your share in this world. Do good to others as Allah has done with you (Surah Al Qasas, 77).

Allah SWT has added all aspects of a person’s life in Quran somewhere in some disguised form and somewhere very openly discussing the small matters openly which may start from very small matters of our life to the big issues. Allah SWT has used the examples of the people and the miseries and issues they faced in their lives in order to help us to compare our lives to them and can understand the blessings Allah SWT has bestowed on us. As Allah SWT said in Quran

وَلَقَدْ ضَرَبْنَا لِلنَّاسِ فِي هَذَا الْقُرْآنِ مِن كُلِّ مَثَلٍ لِّعِلْمٍ يَتَذَكَّرُونَ

**“And undoubtedly, we have narrated in this Quran all types of examples for the people in order that they may take heed”.**

Depression and Anxiety are conditions which affect a growing population of individuals around the world. It does not discriminate with regard to race, educational background, social status or religion. In both of these disorders the person having them does have almost same type of thinking patterns which may not be inlined with the religion. Religions provide help to those people to make their thinking patterns inlined and in this way they are cured (Wang, et al 2007).

## **Depression**

Depression is a common and serious medical illness that negatively affects how one feel the way one think and how one act. Depression causes feelings of sadness and a loss of interest in activities once enjoyed, feeling sad or having a depressed mood (Sheeran, Byers, & Bruce, 2010).

Depression is a significant public health problem and is one of the major causes of disability worldwide (World Health Organization, 2008). Depression is associated with higher rates of morbidity, mortality, and medical costs, especially among those with a medical illness, whose risk of mortality is up to twice that of the general population (Covinsky et al., 2011).

Depression symptoms can vary from mild to severe and can include:

- Feeling sad or having a depressed mood
- Loss of interest or pleasure in activities once enjoyed
- Changes in appetite — weight loss or gain unrelated to dieting
- Trouble sleeping or sleeping too much

- **Loss of energy or increased fatigue**
- **Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others)**
- **Feeling worthless or guilty**
- **Difficulty thinking, concentrating or making decisions**
- **Thoughts of death or suicide**

Symptoms must last at least two weeks for a diagnosis of depression. Medical conditions (e.g., thyroid problems, a brain tumor or vitamin deficiency) can mimic symptoms of depression so it is important to rule out general medical causes (DSM -5 2013).

Depression is different from sadness or grief. The death of a loved one, loss of a job or the ending of a relationship is difficult experiences for a person to endure. It is normal feelings of sadness or grief to develop in response to such situations. The grieving process is natural and unique to each individual and shares some of the same features of depression. Both grief and depression may involve intense sadness and withdrawal from usual activities. (Kessler, RC, et al, 2005).

Depression and grief are also different in important ways. In grief, painful feelings come in waves, often intermixed with positive memories of the deceased. In major depression, mood is low for most of two week In grief, self-esteem is usually maintained. In major depression, feelings of worthlessness and self-loathing are common (DSM-5, 2013).

According to the World Health Organization (WHO), depression is the most common illness worldwide and the leading cause of disability. Hopelessness is a proximal sufficient cause of the symptoms of depression(Abramson & Lyn ,Metalsky.2000).

## **Anxiety**

**Anxiety disorders are forms of mental disorders that start early in life, and negatively affect school and work performance, as well as later psychosocial functioning, is much more affected. It is also noticed that anxieties are the most chronic forms of mental illnesses. It is also evident that the prevalence rate of anxiety disorders is increasing very much. And their implications and consequences are increasing by a rapid speed (DSM-5, 2013).**

### **Symptoms of Anxiety**

**The presence of excessive anxiety and worry is increasing rapidly about different topics, events, or activities. Excessive worry means worrying even when there is nothing wrong. This typically involves spending a high percentage of waking hours worrying about something. The worry may be accompanied by reassurance-seeking from others. In adults, the worry can be about job responsibilities or performance, one's own health or the health of family members, financial matters, and other everyday, typical life circumstances. In children the worry is more likely to be about their abilities or the quality of their performance (for example, in school). The worry is experienced as very challenging to control. The worry in both adults and children may shift from one topic to another (DSM -5, 2013).**

**The anxiety and worry are associated with at least three of the following physical or cognitive symptoms (In children, only one symptom is necessary for a diagnosis of GAD):**

- **Edginess or restlessness**
- **Tiring easily; more fatigued than usual**
- **Impaired concentration or feeling as though the mind goes blank**
- **Irritability (which may or may not be observable to others)**
- **Increased muscle aches or soreness**

- **Difficulty sleeping (due to trouble falling asleep or staying asleep, restlessness at night, or unsatisfying sleep)**

Many individuals with GAD also experience symptoms such as sweating, nausea, or diarrhoea.

- **The anxiety, worry, or associated symptoms make it hard to carry out day-to-day activities and responsibilities. They may cause problems in relationships, at work, or in other important areas.**
- **These symptoms are unrelated to any other medical conditions and cannot be explained by the effect of substances including a prescription medication, alcohol, or recreational drugs.**
- **These symptoms are not better explained by a different mental disorder (DSM-5 2013).**

## **Relationship between Depression and Anxiety Disorder**

The relationship between depression and anxiety disorders has long been a matter of controversy. The overlap of symptoms associated with these disorders makes diagnosis, research, and treatment particularly difficult. Recent evidence suggests genetic and neurobiological similarities between depressive and anxiety disorders. Comorbid depression and anxiety are highly prevalent conditions. Patients with panic disorder, generalized anxiety disorder, social phobia, and other anxiety disorders are also frequently clinically depressed. Approximately 85% of patients with depression also experience significant symptoms of anxiety. Similarly, comorbid depression occurs in up to 90% of patients with anxiety disorders. Patients with comorbid disorders do not respond as well to therapy, have a more protracted course of illness, and experience less positive treatment outcomes. One key to successful treatment of patients with mixed depressive and anxiety disorders is early

recognition of comorbid conditions. The high rates of comorbid depression and anxiety argue for well-designed treatment studies in these populations (Jack, M., Gorman M.D, 1997).

The association of depression and anxiety with medical symptom burden in patients with chronic medical illness like diabetes, pulmonary disease, heart disease, arthritis etc. Anxiety and depression are present in comorbidity in patients with chronic medical illnesses. Across the four categories of common medical disorders such as diabetes, pulmonary disease, heart disease, arthritis etc, somatic symptoms are strongly associated with depression and anxiety. Accurate diagnosis of comorbid depression and anxiety disorders in patients with chronic medical illness is essential in understanding the cause and in optimizing the management of somatic symptom burden (Wayne, K., et. all. 2006).

Psychotherapy is sometimes used alone for treatment of mild depression; for moderate to severe depression, psychotherapy is often used in along with antidepressant medications. Psychotherapy may involve only the individual, but it can include others. For example, family or couples therapy can help address issues within these close relationships. Group therapy involves people with similar illnesses. Depending on the severity of the depression; treatment can take a few weeks or much longer. In many cases, significant improvement can be made in 10 to 15 sessions. Medications used to treat depression are effective for only about 60% of individuals (Gartlehner et al., 2007) and appear to be minimally effective for those with mild to moderate depression. Response rates drop further in those with comorbid medical illness (Fournier et al., 2010).

These both mood disorders are taking the whole world in its control. As these disorders are increasing day by day the need of proper and more effective therapies is also increasing. There are a number of therapies which are providing treatment for depression and anxiety. Cognitive behaviour therapy is the most used therapy in west and even in eastern

countries. Cognitive behaviour therapy has provided a very good result in curing depression and anxiety (Simon, Von Korff, & Lin, 2005; Sinyor, Schaffer, & Levitt, 2010).

## **Cognitive Behaviour Therapy**

CBT combines cognitive and behavioural therapies and has strong empirical support for treating mood and anxiety disorders. The basic premise of cognitive behaviour therapy is that emotions are difficult to change directly. (Cully, J.A., & Tetan, A.L., 2008)

Cognitive behaviour therapy targets emotions by changing thoughts and behaviours that are contributing to distressing emotions. The founder of CBT is a psychiatrist named **Aaron Beck**, a man who practiced psychoanalysis until he noticed the prevalence of internal dialogues in his clients, and realized how strong the link between thoughts and feelings can be. He altered the therapy he practiced in order to help his clients identify, understand, and deal with the automatic, **emotion-filled thoughts** that arise throughout the day (chamblless& Cllendick, 2001; Derubies & Cristioph, 2008).

CBT built a set of skills that enables an individual to be aware of thoughts and emotions; identify how situations thoughts and behaviours influence emotions; and improve feelings by changing dysfunctional thoughts and behaviours. The process of CBT skill acquisitions is collaborative. Skill acquisition and homework assignments are what set CBT apart from “talk therapies” The basic premise of CBT is that emotions are difficult to change directly, so CBT targets emotions by changing thoughts and behaviours that are contributing to the distressing emotions (Christophe, 2008).

CBT is a hands-on approach that requires both the therapist and the client to be invested in the process and willing to actively participate. The therapist and client work together as a team to identify the problems the client is facing, come up with new strategies for addressing them, and thinking up positive solutions (Mandy & Daniel, 2017).

## **Depressive people have maladaptive thoughts**

Our unique patterns of thinking, feeling, and behaving are significant factors in our experiences, both good and bad. Since these patterns have such a significant impact on our experiences, it follows that altering these patterns can change our experiences (Martin, 2018).

The perceptions and interpretations of depressed persons are usually initiate a vicious cycle. Those who are depressed have a greater tendency to engage in “cognitive errors,” such as jumping to conclusions, using a negative mental filter, all-or-nothing thinking, or catastrophizing. CBT teaches individuals to identify, challenge, and replace maladaptive thoughts and distorted thinking styles with healthy thoughts and behaviors. CBT is characterized by a collaborative therapeutic style, agenda-setting, frequent eliciting and responding to client feedback, empathic communication, Socratic questioning, guided discovery, homework assignments, and attention to difficulties in the therapeutic relationship (Beck & Rush, 2005).

## **Cognitive Distortions**

Many of the most popular and effective CBT techniques are applied to treat cognitive distortions. Cognitive distortions are inaccurate faulty thoughts that convince people of a situation or thing that are simply not true. These distortions plague the whole thinking process of the person. The examples of the cognitive distortions are like filtering, polarized thinking black and white thinking, overgeneralization, jumping to conclusion, Catastrophising, magnifying or minimizing and personalization etc (Klm, J, 2017).

## **Filtering**

Filtering refers to the way many of us can somehow ignore all of the positive and good things in our life and focus solely on the negative. It can be far too easy to dwell on a single negative aspect, even when surrounded by an abundance of good things.

## **Polarized Thinking**

This cognitive distortion is all about seeing black and white only, with no shades of grey. This is all-or-nothing thinking, with no room for complexity. If you don't perform perfectly in some area, then you may see yourself as a total failure instead of simply unskilled in one area.

## **Overgeneralization**

Overgeneralization is taking a single incident and using it for a broad general conclusion. For example, a person may be on the lookout for a job but have a bad interview experience, but instead of brushing it off as one bad interview and trying again, he will conclude that he is terrible at interviewing and will never get a job offer (Kantrowitz, J., 2017)

## **Jumping to Conclusions**

Similar to overgeneralization, this distortion involves faulty reasoning in how one make conclusions. Instead of overgeneralizing one incident, however, jumping to conclusions refers to the tendency to be sure of something without any evidence at all. One may be convinced that someone dislikes us with only the flimsiest of proof, or one may be convinced that his fears will come true before he has a chance to find out.

## **Catastrophising**

This distortion involves expectations that the worst will happen or has happened, based on a slight incident that is nowhere near the tragedy that it is made out to be. For example, you may make a small mistake at work and be convinced that it will ruin the project you are working on, your boss will be furious, and you will lose your job. Alternatively, we may minimize the importance of positive things, such as an accomplishment at work or a desirable personal characteristic.

## **Personalization**

This is a distortion where an individual believes that everything they do has an impact on external events or other people, no matter how irrational the link between. The person suffering from this distortion will feel that they have an unreasonably important role in the bad things that happen around them. For instance, a person may believe that the meeting they were a few minutes late in getting to was derailed because of them, and that everything would have been fine if they were on time.

## **Control Fallacies**

Another distortion involves feeling that everything that happens to a person is a result of external forces or due to his own actions. Sometimes what happens to us is due to forces we can't control, and sometimes what happens is due to our actions, but the false thinking is in assuming that it is always one or the other. We may assume that the quality of our work is due to working with difficult people, or alternatively that every mistake someone else makes is due to something we did.

## **Fallacy of Fairness**

In this fallacy people are often concerned about fairness, but this concern can be taken to extremes. As we know, life is not always fair. The person who goes through life looking for fairness in all their experiences will end up resentful and unhappy. Sometimes things will go our way, and sometimes they will not, regardless of how fair it may seem.

## **Blaming**

When things don't go one's way, there are many ways one can explain or assign responsibility for the outcome. One method of assigning responsibility is blaming others for what goes wrong. Sometimes one may blame others for making one feel or act a certain way, but this is a cognitive distortion because he is the only ones responsible for the way he feel.

## **Shoulds**

"Should" refer to the implicit or explicit rules a person have about how he and others should behave. When others break one's rules, he is upset. When a person breaks his own rules, he feels guilty. For example, the person may have an unofficial rule that customer service representatives should always be accommodating to the customer. When he will interact with a customer service representative that is not immediately accommodating, he might get angry. If a person have an implicit rule that he will be irresponsible if he spend money on unnecessary things, he may feel exceedingly guilty when he spend even a small amount of money on something he don't need.

## **Emotional Reasoning**

This distortion involves thinking that if one feels a certain way, it must be true. For example, if he feels unattractive or uninteresting in the current moment, he must be unattractive or uninteresting. This cognitive distortion boils down to: “I feel it, therefore it must be true.”

Clearly one’s emotions are not always indicative of the objective truth, but it can be difficult to look past how one feels.

## **Fallacy of Change**

The fallacy of change lies in expecting other people to change as it suits one. These ties into the feeling that one’s happiness depends on other people, and their unwillingness or inability to change, even if one push and press and demand it, keeps us from being happy. This is clearly a damaging way to think, since no one is responsible for one’s happiness except for oneself.

## **Mislabelling**

Mislabelling is specific to using exaggerated and emotionally loaded language. This cognitive distortion is an extreme form of generalizing, in which one generalizes one or two instances or qualities into a global judgment. For example, if one fails at a specific task, he may conclude that he is a total failure, not only in this area, but all areas. Alternatively, when a stranger says something a bit rude, we may conclude that he or she is an unfriendly person in general.

## **Always Being Right**

While we all enjoy being right, this distortion makes us think we must be right, that being wrong is unacceptable. We may believe that being right is more important than the feelings of others, being able to admit when we've made a mistake, or being fair and objective.

## **Heaven's Reward Fallacy**

This distortion involves expecting that any sacrifice or self-denial on our part will pay off. Of course, this results in feelings of bitterness when we do not receive our reward. Many tools and techniques found in CBT are intended to address or reverse these cognitive distortions (Grohol, 2016).

Cognitive behavioral therapy (CBT) is a psychological method of treatment for GAD that involves therapist working with the patient to understand how thoughts and feelings influence behavior. Elements of the therapy include exposure strategies to allow the patients to confront their anxieties gradually and feel more comfortable in anxiety-provoking situation, as well as to practice the skills they have learned. CBT can be used alone or in conjunction with medication (Grohol, 2016).

## **Techniques of Cognitive Behavior Therapy**

Cognitive behavior therapy utilizes psych education, self-monitoring, stimulus control techniques, relaxation, self-control desensitization, cognitive restructuring, worry exposure, worry behavior modification and problem solving. The purpose of psych education in CBT is to provide some relief, de-stigmatization of the disorder, motivating, and accomplishing participation by making the patient understand the program of treatment. The purpose of this component of CBT is to identify cues that provoke the anxiety. Stimulus control intervention

refers to minimizing the stimulus conditions under which worrying occurs. Relaxation techniques lower the patients' stress and thus increase attention to alternatives in feared situations (other than worrying). Deep breathing exercise, progressive muscle relaxation, and applied relaxation fall under the scope of relaxation techniques (Antonia N. Kaczkurkin, 2015).

Self-control desensitization involves patients being deeply relaxed before vividly imagining themselves in situations that usually make them anxious and worry until internal anxiety cues are triggered. Patients then imagine themselves coping with the situation and decreasing their anxious response. If anxiety diminishes, they then enter a deeper relaxed state and turn off the scene. The purpose of cognitive restructuring is to shift from a worrisome outlook to a more functional and adaptive perception of the world, the future, and the self. It involves Socratic questioning that leads patients to think through their worries and anxieties so they can realize that alternative interpretations and feelings are more accurate. It also involves behavioral experiments that actually test the validity of both the negative and alternative thoughts in real-life situations.

In Cognitive Behavior Therapy for Generalized Anxiety Disorder, patients also engage in worry exposure exercises during which they are asked to imagine themselves exposed to images of the most feared outcomes. Then they engage in response-prevention instruction that prevents them from avoiding the image and motivates alternative outcomes to the feared stimulus.

The goals of worry exposure are habituation and reinterpretation of the meaning of the feared stimulus. Worry behavior prevention requires patients to monitor the behaviors that caused them worry and are then asked to prevent themselves from engaging in them. Instead, they are encouraged to use other coping mechanisms learned earlier in the treatment. Finally, problem solving focuses on dealing with current problems through a problem-solving

approach: (1) definition of the problem, (2) formulation of goals, (3) creation of alternative solutions, (4) decision-making, and (5) implementing and verifying the solutions.

## **Religion and Mental health**

Religion is positively linked with mental health. This might be due to the guiding framework or social support that it offers to individuals. By these routes, religion has the potential to offer security and significance in life, as well as valuable human relationships, to foster mental health. Religion also provides coping skills to deal with stressors, or demands perceived as straining. Religious beliefs and practices of patients have long been thought to have a pathological basis and psychiatrists for over a century have understood them in this light. Recent research, however, has uncovered findings which suggest that to some patients religion may also be a resource that helps them to cope with the stress of their illness or with dismal life circumstances (Harold , G. Koenig , 2008).

Religious beliefs and practices (spirituality) are traditions through which many people develop personal values and their own beliefs about meaning and purpose in life. Among mental health professionals, there is increasing recognition that many patients view spirituality as a primary human dimension. Indeed, current concepts of coping strategies are evolving to include spiritual beliefs and practices, along with other social, emotional, physical, and cognitive aspects, as important coping resources .Psychology of religion consists of the application of interpretive frame works to religious traditions, as well as to both religious and irreligious individuals. The science attempts to accurately describe the details, origins, and uses of religious beliefs and behaviours (Flo98, 2005).

## **Psychotherapy and Religion**

**Psychotherapy fits more reasonably into the category of religion than into the field of science.** Those who look at psychotherapy from an analytic, research point of view have long suspected the religious nature of psychotherapy. Psychiatrist Jerome Frank says that “psychotherapy is not primarily an applied science. In some ways it more resembles a religion.” Many who practice psychotherapy embrace its religious aspects. According to Victor Von Weizsaecker, “C. G. Jung was the first to understand that psychoanalysis belonged in the sphere of religion.” Jung himself wrote: Religions are systems of healing for psychic illness. That is why patients force the psychotherapist into the role of a priest, and expect and demand of him that he shall free them from their distress. Jung used the word religions rather than Christianity. Jung himself had repudiated Christianity and explored other forms of religious experience, including the occult. Without throwing out the religious nature of man, Jung dispensed with the God of the Bible and assumed his own role as priest (Vitz. C. Paul, 1994).

**It is well known that religious beliefs, including Christian and Islamic thoughts and beliefs, affect the feelings and behaviours of religious people.** Many times, the psychopathological thoughts have religious contents. On the other hand, some studies have reported faster recovery of religious anxious and depressed patients by adding religious techniques, cognition, and behaviours to the usual psychotherapy. Several religious thoughts and beliefs are common to Christianity and Islam. These are found useful in cognitive therapy. A set of such religious thoughts and concepts has important potential implications: more effective psychotherapy of religious Christian or Muslim patients, decreasing biases towards the patients from the other religion, and designing questionnaires and manuals for assessing the role of these thoughts in treatment or prevention of psychiatric disorders (Shafranske, 2006).

## **The Role of Spirituality in Emotional and Mental Well-Being**

Ibn Ḥazm (d. 456 AH), the famous scholar of Islām said, “I searched for a common goal amongst humankind, to which all would agree to strive for excellence. I have not found anything other than the vanquishing of anxiety. Abstracting meaning from the world is one of the core features of spirituality. Thus, this point to the tremendous value spirituality brings to regulating emotional imbalance. Developing one’s spirituality is more important than financial achievements. People often believe that transient states of happiness obtained through entertainment, wealth, and possessions will enable them to escape their (anxiety). Ibn Ḥazm

### **Spiritual intelligence and the ability to process life events**

Modern psychology has recognized that a core aspect of the human mind involves spirituality. In fact, Dr. Robert Emmons, a leading researcher in the psychology of spirituality, proposed that spirituality should be thought of as a separate type of human intelligence. Spiritual intelligence is essentially the ability of a person to process the world around them and discover meaning and significance. In the Islamic tradition, this process involves contemplating the *ayaat* (signs) of God that exist in the world and extracting knowledge to inform us on how to act, think, and feel. For example, when a person witnesses the change in trees during the season of fall, he sees it as an *ayah* from God. Perhaps it reminds them of the temporal nature of this world, inspiring them to strive for loftier aims in life. Or perhaps the different colours inspire them to recognize the beauty of the diversity of humankind. When a person with high spiritual intelligence goes through life, his mind is constantly abstracting positive meaning and significance from the events that unfold around him. This fuels positive spiritual states such as inspiration, optimism, gratitude, and perseverance.

People with lower levels of spiritual intelligence will either abstract false meanings from the world around them or fail to recognize the *ayaat* of God altogether. This will fuel states such as anger, jealousy, arrogance, and conceit (Emmons, R .2000).

## **Self-regulation**

Self-regulation is the will power that enables people to act in accordance with their values and long term benefit despite costs to energy or short term pleasure. This construct has been represented in the Islamic spiritual tradition as *sabr*. Ibn al-Qayyim mentions that linguistically *sabr* has three connotations: (1) restraining, (2) strength and (3) building. He explains that *sabr* is the strength of will power that enables people to act in ways that bring them benefit.

## **Development and Implication of Religious CBT**

Religiously integrated CBT was developed by Michelle J. Pearce, Harold G. Koenig, Clive J. Robins, et., all. , adhering to the same principals and styles of conventional CBT. The RCBT developed was a variant of the treatment protocol originally designed by Beck et al. (1979) and was based on theory and empirical research on the important role that religious beliefs play in the lives of religious clients in psychotherapy. The clinicians adapted intervention to apply to individuals who were depressed in the setting of chronic medical illness. This design was present across the five manuals corresponding to the religious traditions of the major five world religions. What was unique to religiously integrated CBT was the explicit use of the client's own religious tradition as a major foundation to identify and replace unhelpful thoughts and behaviours to reduce depressive symptoms. When a client discussed symptoms and reactions to symptoms, therapists frame this material in terms of traditional CBT models and listen with a "third ear" for how that

material could also be framed within a religiously integrative CBT model .(Michelle, J. P.,et., all. 2010 ).

## **Major tools of Religious Cognitive Behaviour Therapy**

**Some of the major tools adopted for RCBT were**

- **Renewing the mind**
- **Scripture memorization**
- **Contemplative prayer**

The idea that a person's thoughts and interpretations play an important role in influencing people's emotions and behaviours was common to many world religions. For example, in the Jewish tradition, King Solomon wrote "*for as he thinks in his heart, so is he*" (Proverbs 23:7). In the Christian tradition, "metanoia" literally means "change your mind" or "change how you think," which the Bible translated as "repent" (Matthew 4:17). Islam teaches this notion as well: "*Surely Allah does not change the condition of a people until they change their own condition*" (Qur'an 13:11). Religious individuals' worldviews and value systems are often founded on their sacred scriptures. For these individuals, sacred scriptures can be used to help form more adaptive and accurate thinking, inconsistent with depression. In RCBT, clients were taught to use their religious teachings to replace negative and inaccurate thoughts with positive principles found in scripture that promote mental health.

In RCBT, therapists provide clients with a passage from scripture that was relevant to a particular session's topic. For example, the third session focuses on meditation for the purpose of managing feelings of distress. In Hindu CBT manual, clients are asked to memorize the following passage: "*Let him a (wise man) sit intent on Me (God) ...*" (Bhagavad Gita ch 2, v 61). Similarly in the Buddhist CBT manual, clients memorize this

passage “Meditation brings wisdom; lack of meditation leaves ignorance. Know well what leads you forward and what holds you back, and choose the path that leads to wisdom” (Dhammapada 282). Clients were asked to memorize the passage and therapists suggest that the more positive teachings of their religious tradition they have stored away in their memories, the easier it will be to challenge and help them change their negative thinking. Clients can also be taught to meditate on these passages, called Contemplative Prayer, which helps them to remember and apply this type of thinking.

A common strategy for identifying and challenging negative thinking, and the central approach used in RCBT, was the ABCDE method developed by Albert Ellis (Ellis, 1962). Clinicians added step R for religious beliefs and resources. This was a practical approach to help clients see how their thoughts, feelings, and behaviours were linked. Clients were instructed on how to be scientists, examining their thoughts carefully and objectively, before automatically accepting them as truth.

People with unhelpful thinking tries to motivate oneself with should and shouldn't. As he could be whipped and punished before he could be expected to do anything. When a person has the thinking patterns of should's and musts the emotional consequence of the person is guilt, and when he directs should towards others he feel anger, frustration and resentment.

According to religious cognitive behaviour therapy One of the central themes of the New Testament was that Christ has given us a spirit of freedom and accepted us, and we should not condemn ourselves by getting upset at ourselves if we do not perform the way we think we should perform (Romans 8: 31), or the way others think we should. Saying, “I shouldn't do that,” leads to a spirit of condemnation. Even if we do not do any “shoulds,”

God still loves us (Romans 5:8). We are made OK with God simply by grace, not by our pressured determination to keep all the “shoulds” in one’s life. (Romans 5:1–2).

### **Islam and unhelpful thinking like should statements**

Several verses in Holy Quran emphasize the concept that , “ *Allah does not impose upon any soul a duty but to the extent of its ability ( 2:286, 2:233)*

“Should statements” on the contrary, often expect us or other people to do or feel what they cannot do or feel under those circumstances. Therefore, they cause resentment and despair and are dysfunctional. For example, when you are depressed, if you tell yourself, “I shouldn’t be so weak, I shouldn’t feel sad like that,” you usually feel bad about yourself, and this can lead to more sadness, weakness, and depression. Even prophet Muhammad is also encouraged in the Quran not to be so hard on himself: as God says to him, *we have not sent down the Quran to you for you to be distressed (20:2)*; so we could be taught that being hard on ourselves can sometimes be dysfunctional.

### **Buddhism and unhelpful thinking about should statements**

When we use the word “should,” there is generally little room for self-acceptance or flexibility. The Buddha taught that guidelines for our own behaviour can be important, but that these need to come from a place of caring and love for others, and from a place of higher wisdom and caring for ourselves. Such wisdom may reflect the recognition that situations are

often complex and that a single mode of action or behaviour is not even desirable or useful.

In the religious CBT the therapist challenged the dysfunctional beliefs of the client by using his or her own religious belief system .the therapist call upon the client's religious beliefs and practices as resources to help confront and change dysfunctional beliefs. For example, clients can turn to the way they believe the world works from a religious viewpoint, their sacred scriptures and religious writings, spiritual wisdom, and other sources for evidence to challenge their negative beliefs. Clients were asked questions like the following: "When you look at your original belief, expectation, or your way of thinking about the situation, was there any beliefs or attitudes from his religious tradition that strike him as helping to generate an alternative viewpoint.

## **Religious Practices**

Religious Cognitive Behaviour Therapy not only addressed cognitions that contribute to depression, but also behaviours. In terms of the behavioural arm of RCBT, like traditional CBT, religious beliefs can be effective motivators that may support clients in their striving to build positive behavioural patterns to combat depression. For example, most world religions encourage forgiveness, gratitude, generosity, and altruism, each of which was addressed in RCBT. Other behavioural practices in RCBT included praying for self and others, regular social contact with members of their religious community, writing a gratitude letter, and engaging in hope-promoting, stress-reducing activities based on the spiritual concept of "walking by faith" and not by feelings. For example in the Jewish tradition, the notion that a person can use freewill to engage in positive behaviours despite conflicting emotions is

reinforced in the Torah. The Talmud writes: “one who seeks to improve, the way is opened for him.”

Clients were instructed to engage in several specific religious practices daily, namely contemplative prayer, scripture memorization, and prayer for others. These daily practices had the potential to impact psychological skill agility and spiritual growth where spiritual growth represented an understanding of one’s self that empowers the person to overcome depression. One of the strengths of RCBT was that it integrated CBT skills into the structure of daily spiritual activities, daily devotional practice, and daily ritual. In religious traditions, daily practices were typically regarded as important ingredients of spiritual growth (e.g., prayer, keeping scripture at the forefront of one’s mind). In RCBT, they were used to support the development of psychological skill agility (e.g., ability to readily access learned emotional regulation, thought challenging, support seeking skills).

## **Religious/Spiritual Resources**

RCBT encouraged clients to make use of the many religious and spiritual resources they have available to them. These may include meditation, social support from members of their house of worship, conversations with religious leaders, participating in religious study groups, reading religious literature, watching religious programming, engaging in charity, and attending religious services or activities sponsored by religious groups, such as Swadhyaya (Hinduism) activities or activities in mosques (Islam), or meditation retreats/sessions (Buddhism).

## **Involvement in Religious Community**

RCBT encouraged involvement in the religious community and identification of someone whom the patient can support; for example, someone whom they can spend time

with and pray for. This was different than simply seeking support from others within the religious community, as religious traditions typically encourage their adherents to live out their religion by supporting and caring for others. This community engagement was likely to lead to both increased social support (Hill & Pargament, 2007) and increased altruistic activities that help to neutralize negative emotions (Krause, 2009).

By increasing spiritual growth of a person depression could be decreased in the Christian patients by using a spiritually informed cognitive behavioural approach. Spiritually informed cognitive behavioural approach was developed by using verses of Bible for cognitive restructuring of patients with depression. Research has shown that individuals with Major Depressive Disorder who value spirituality tend to view the world in a different way than those individuals that do not hold spirituality as an important value in their life. Spiritual individuals have religious schemas, and therefore, it was helpful to incorporate spirituality into the treatment setting (Jennifer, J. G. 2010).

Religious Cognitive Behavioural Therapy for Religious Obsessive-compulsive Disorder was developed in Malaysia. The basic aims of the study was linking information of psychiatric and psychological science regarding OCD with religious resources, ideas, and principles of jurisprudence about obsession. Due to the gap in the religious treatment and need of nonmedical interventions and use of rich sources of Islam (Quran, hadiths, sayings and the Agenda jurisprudential Islamic law) in the field of religious beliefs and rituals, a cognitive-therapy protocol with religious content was developed and was conducted in the OCD clinic. It was reported that this therapy proved very effective (Shahla, A., et. all. 2017).

Religion and spirituality are very important in mental health. Religion and spirituality are important factors in the lives of many individuals. Religious person and even non-religious can be very effectively treated with religious content. Different ways were

suggested to conceptualize and adapt CBT strategies, including mindfulness, so that they can be effectively used with Religious and Spiritual clients (Kathryn, M. C., et. all. 2016).

Integration of Religion into cognitive -behavioural Therapy for the treatment of Geriatric Anxiety and Depression is very effective. Improvement in depressive and anxiety symptoms occurs earlier in treatment when CBT incorporates religion. The authors presented recommendations for integrating religious beliefs and behaviours into CBT based on empirical literature concerning which aspects of religion affect mental health. It was also suggested that integration of religion into CBT for older people with cognitive impairment experiencing comorbid generalized anxiety disorder and major depressive disorder is very effective. It was recommended that clinicians should consider the integration of religion into psychotherapy for older adults with depression or anxiety for added benefit of incorporating religion into CBT for the treatment of depression and anxiety in older adults (Paukert, A. L., et. all. 2009).

In USA the population of Muslims is growing. Relatively little information exists on the provision of culturally competent services to Muslims, in spite of the growing presence of this population in the United States. As the Muslims are having their own religious and spiritual beliefs, the traditional psychotherapies sometimes do not help them in treatment as lacking the cultural competencies congruent with Muslims.

A number of therapeutic approaches in light of their level of congruence with common Islamic values are discussed. Psychodynamic approaches, for example, may not be as congruent as cognitive approaches. Although cognitive therapy may be relatively consistent with Islamic values, the self-statements that were central to this modality were often packaged in secular terminology that was inconsistent with Islamic norms. To provide culturally relevant services, practitioners must unwrap the secular terminology used to

express the underlying therapeutic precepts and then repackage the precepts in terminology that reflects Islamic teaching. There are a number of statements that reflect Islamic values and which can be added in the cognitive behaviour therapy to make it culturally congruent with Muslims (David ,R. H. 2008).

Religious Cognitive- Emotional Therapy (RCET) was developed by Ali Reza Rajaei in 2010. The developer claimed that this therapy would help therapists to find comprehensive and practical theories of psychotherapy. In Religious Cognitive- Emotional Therapy (RCET), psychotherapists must consider basic philosophical beliefs which relates to the meaning of human beings lives. There are important questions about the self and existence in human's mind that must be answered; for example, what am I ? Where do I come from? What is the existence? Where does the existence come from? Who is the creator of the world and me. And many other questions that human beings seek answers for. Therefore, they ask themselves why they must tolerate these serious disasters and finally see the death of their dear ones. Why are they to live. So they seek to find the meaning of life (Ali Reza Rajaei, 2010).

Individual's search to find meaning or a purpose for his or her life was the most fundamental need which has to be met; it was said that the striving to search for and to possess a meaning or a purpose for one's life was said to be "the primary motivational force in man". According to Frankl , when an individual cannot form a meaning or purpose of life for oneself, he or she suffers from "an existential vacuum". The existential vacuum can be described as a private and personal form of nihilism. These individuals experience despair and hopelessness, and do not know why they ought to live. According to RCET, these people could not find the meaning of life without basic religious beliefs. There are three basic religious beliefs: God, existence, and human being. These basic religious beliefs influence

one's thinking about oneself, interpretation of life events, and determine the mental health of people (Ali Reza Rajaei , 2010).

Attending religious and spiritual services may protect high-risk offspring against depression. Religiosity is having a very important relationship with psychosocial functioning of the offspring of the depressed parents. If the offspring's who are high risk at developing depression were engaged in regular spiritual services such as visiting to the church these were rescued from developing symptoms of depression. Religiosity is a resilient factor in vulnerable offspring's of the depressed parents and it also helps in improvement of psychosocial functioning of the children (Kasen, S.et., all. 2013).

Engagement in religious activity, or religiosity, may serve as a protective factor against depression. Religiosity protects against depression and aids in recovery. Religiosity was found to both protect against and help individuals recover from depression. Individuals not depressed at baseline remained non depressed 2 years later if they frequently attended religious services, whereas those depressed at baseline were less likely to be depressed at follow-up if they more frequently engaged in private prayer. Findings suggest that both organizational and non-organizational forms of religiosity affect depression outcomes in different circumstances (i.e., onset and recovery, respectively). Important strategies to prevent and relieve depression among older adults may include improving access and transportation to places of worship among those interested in attending services and facilitating discussions about religious activities and beliefs with clinicians (Ronneberg, C.R., et. all. 2014).

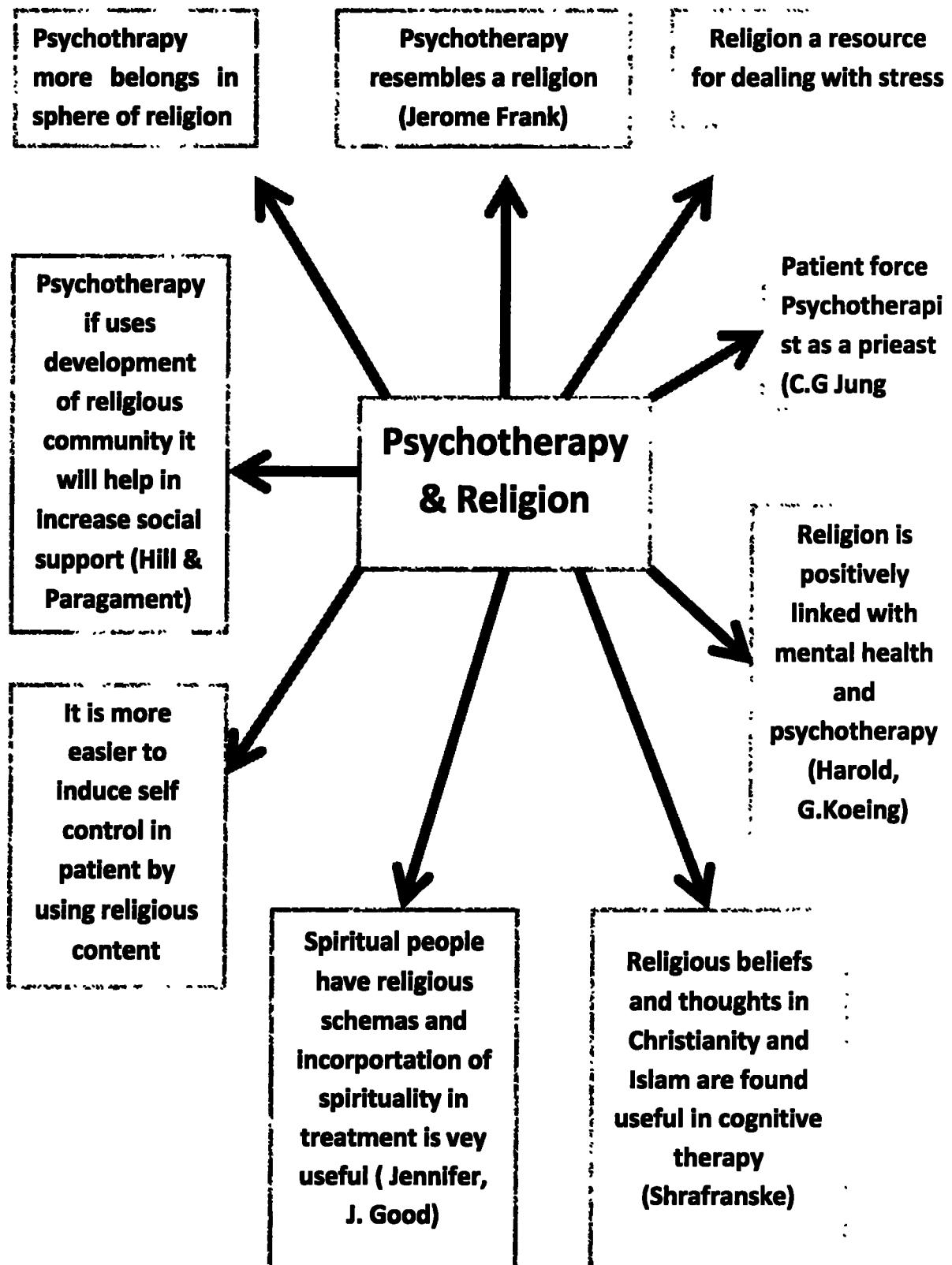
Earlier iterations of psychotherapy, several authors have shown how Islamic beliefs are in fact in line with the theoretical underpinnings of more recent psychological models such as cognitive behavioural therapy (CBT). In a study on university students in Pakistan,

the participants assert that principles of CBT are generally consistent with their belief systems in most areas including personal and religious values (Naeem, et. all.2009).

Whereas CBT is more of a therapeutic modality and less of a paradigmatic framework, it offers considerable flexibility for practitioners to adapt to clients' own personal and religious values. In a similar vein, Beshai, Clark, and Dobson (2013) discussed concordance and dissonance between the philosophical underpinnings of CBT and Islam, and state that "the beliefs of some modern Islamic sects and more secular Muslims fit exceptionally well with the humanistic underpinnings of CBT". This highlighted the possibility that while more religiously oriented Muslims may in fact need or want more explicitly religious solutions to psychological issues, for a large population of the Muslim community, the approach of CBT is compatible with an Islamic orientation in general ( Vein, Beshari, et., all. 2013).

.Abu Raiya (2014) compared Islamic theory of personality with psychodynamic approaches suggesting new avenues for dialogue to advance the field of psychology. Mahr, McLachlan, Friedberg, Mahr, and Pearl (2015) also present a case illustration showing how CBT can be more meaningful by adding cultural contexts. There has been a corresponding increase in the need of integration of religion for mental health services. Research demonstrates the effectiveness of the integration of spirituality into psychotherapy. Various beliefs in the Islamic faith can be incorporated into the counselling process, focusing on a cognitive restructuring model. The fundamental goal is to ensure ethical and effective treatment for Muslim clients (Aisha Hamdan, 2008).

## Conceptual frame work of psychotherapy & Religion according to literature review



## **Islamic teachings about Depression**

Negative life events are one of major risk factors for depression. Islam plays an important role in helping Muslims to cope with negative life events, which helps them in both prevention and treatment of depression. As Islam is a religion of hope and discourages hopelessness. As Islam is having the philosophy of mercy and kindness from Allah SWT for his people. Allah SWT gives hope to his man that don't become desperate when something bad happens to you because it will follow something very good.

***“So, verily, with every difficulty, there is relief: Verily, with every difficulty there is relief.”***  
***(Quran, 94: 5-6)***

Islam encourages people to stay hopeful, even if someone has committed the worst sin or faced with most troublesome life event as there is always God's mercy.

***“And never give up hope of Allah's soothing Mercy: truly no one despairs of Allah's soothing Mercy, except those who have no faith.” (Quran, 12:87)***

To counter maladaptive thoughts related to hopelessness and feeling overwhelmed with life, as there is no place for despair because Muslims believe that it is God Himself who is in charge of everything, the all Seeing, All Knowing, and All Fair and Wise God.

As Allah says: ***“And for those who fear Allah, He always prepares a way out, and He provides for him from sources he never could imagine. And if anyone puts his trust in Allah, sufficient is Allah for him. For Allah will surely accomplish His purpose: verily, for all things has Allah appointed a due proportion.”***  
***(Quran, 65: 2-3)***

Islam plays an important role in helping Muslims to cope with negative life events, which helps them in both prevention and treatment of depression. Muslims are not superhuman, however, if one experiences negative feelings, he is encouraged to resist them

with positive thoughts and actions if possible, or to seek professional help if the case is clinical, exactly like any other form of illness.

Islam teaches how to live in harmony with others “*Seek the life to come by means of what God granted you, but do not neglect your rightful share in this world. Do good to others as God has done good to you. Do not seek to spread corruption in the land, for God does not love those who do this*

” (*Quran, 28:77*).

Cognitive behaviour therapy helps the individual with depression and anxiety in developing adaptive coping strategies which help them in dealing with their daily life distresses and problems. Likewise Islam provides Muslims with a code of behaviour, ethics, and social values, which helps them in tolerating and developing adaptive coping strategies to deal with stressful life events. The word Islam in Arabic means “submission,” reflecting the central core of Islam, which is the submission to the will of God. Depression is caused when a person is not accepting the things which are going in his life. But when a person submits to God he is satisfied with his all decisions and deals better with the problems and distresses. Islam encourages people to stay hopeful, even if someone has committed the worst sin or faced with most troublesome life event as there is always God's mercy.

To counter maladaptive thoughts related to hopelessness and feeling overwhelmed with life, as there is no place for despair because Muslims believe that it is God Himself who is in charge of everything, the all Seeing, All Knowing, and All Fair and Wise God.

Islam helps to prevent suicide by two ways, directly by prohibiting it and indirectly, by lowering the causes of suicide such as substance abuse and maintaining mental and emotional well-being. In Islam, suicide is considered to be strictly prohibited. The Quran mentions “... *[do not] kill (or destroy) yourselves, for surely God has been Most Merciful to*

*you*" (*Quran*, 4:29). On the contrary Muslims should remember God in times of suffering and pain and have faith and hope in God's mercy and compassion to ease the suffering

### **Grief and Islam:**

Grief is a common emotional pattern of a person which he feels having any troublesome event in his life. Some people come out of the feeling of grief after some time of that dreadful event. But for some people it becomes difficult to come out of the grief because their thinking pattern or their cognitions have distortions. Grief is a normal reaction toward any life losses. A practicing Muslim believe that all sufferings in life, death, joy, and happiness are derived from God and that God is the one who gives us strength to survive. They believe that any loss or deprivation experience is a form of a test from God to his slave of how he will stand this suffering with patience and full trust in God's mercy.

These beliefs usually help to comfort and aid the healing process. For example, in accepting grief and loss, the relatives of the deceased person are urged to be patient (sabr) and accept God's test. '*Be sure we shall test you with something of fear and hunger, some loss in goods, lives and the fruits of your toil, but give glad tiding to those who patiently persevere. Who say, when afflicted with calamity: To Allah we belong, and to him is our return*' (*Quran*: 62). People who have patience in accepting God's decree will be given a reward from Him.

### **Anxiety and Islam**

As cognitive errors are similar in anxiety and depression. In addition, anxious patients may have maladaptive thoughts such as "I feel that I am no longer able to cope," "Life is too difficult for me," or "No one is there for me." It can be helpful for those who are suffering to recall that Allah is always there and can assist those who place their trust in Him.

One of the foundations of Islamic belief is the understanding that Allah is able to do all things and He runs all affairs. This is an aspect of tawheed (belief in the oneness of Allah) that specifies oneness in Allah's Lordship.

***“And when you have decided, then rely upon Allah. Indeed, Allah loves those who rely upon Him” (Quran, 3:159).***

It is reported in a Hadith on the authority of Abdullah bin Abbas, who said: One day I was behind the prophet and he said to me: “Young man, I shall teach you some words “ Be mindful of Allah, and Allah will protect you. Be mindful of Allah, and you will find Him in front of you. If you ask, ask of Allah; if you seek help, seek help of Allah. Know that if the Nation were to gather together to benefit you with anything, it would benefit you only with something that Allah had already prescribed for you, and that if they gather together to harm you with anything, they would harm you only with something Allah had already prescribed for you. The pens have been lifted and the pages have dried” (Sunan Tirmizi ,2516).

Prophet Muhammad said, ***“Look at those who are less fortunate than yourselves, not at those who are better off than yourselves, so that you will not be little the blessings that Allah has bestowed upon you”*** (Al-Mundhiri, 2000). Other way of cognitive restructuring is to help Muslims to learn from the Prophet Muhammad teachings that do not regret for things that have happened in the past, which one cannot go back and change, and to worry about what may happen in the future is useless. The person should think only about the present, focusing his energy on doing his best today, because this is what results in perfect work, and helps him to forget his worries and regrets and as the prophet said:

***“The strong believer is better and more beloved to Allah than the weak believer, and both are good. “Pay attention to that which could benefit you, seek the help of Allah and do not feel incapacitated. If anything befalls you, do not say, “If only I had done such-and-such,***

*such a thing would have happened. " Say instead, "It is the decree of Allah, and what He wills, He does, " for saying "if only... " opens the way for Shaytan, (Sahih Muslim, 2664, Book Al Qadar).*

Prophet Muhammad PBUH prayed for protection from Depression and anxiety in this way. *O Allah make Quran delight of my heart and remove sadness and anxiety from my heart. (Musnad Ahmad 3704).* And those that turn to Allah sincerely imploring His aid should know that in reality it is Allah turning to His servant, for, *"When Allah wants to be good to someone, and He tries him with some hardship." (Sahih Bukhari, 5321, Al Marda).* So the concept of people that they are facing something negative now and nothing better will happen in the future is totally challenged here. According to attachment theory by John Bowlby, having a secure attachment has been linked to the over-all wellbeing, coping, better mental health outcomes, enhanced self-esteem, and stronger relationship functioning. Thus, having a "healthy attachment" to God would also be linked to better psychological functioning: *"... And whosoever puts his trust in Allah, and then He will suffice him..."* *[Quran, 65:3].*

## **Islamic Psychotherapy**

Different studies explored effects of Islamic relaxation and prayer and their outcomes on anxiety, coping, and depression. Zikr therapy and SEFT are used as clinical application of Islamic relaxation to reduce: psychological trauma, anxiety, addiction, and migraine; and, overcome: phobia and eyestrain. The relaxation interventions involved either original or modified Islamic relaxation techniques. Original Islamic relaxation includes prayer (Sholeh, 2004; Vasegh & Mohammadi, 2007), zikr therapy (Damarhuda, 2005; Mardiyono et al., 2007), religious relaxation (Purwanto & Zulaekah, 2007), and religiosity (Rezaei et al.,

2008). Modified Islamic relaxation, on the other hand, incorporates Islamic tenets in religious modified psychotherapy (Azhar & Varma, 2000), religious cognitive behavioral therapy (Azhar & Varma, 2000), and spiritual emotional freedom technique (Zainuddin, 2007).

Methods of conducting relaxation have been classified as either modified or original. Modified Islamic relaxation includes the use of modified cognitive therapy with Islamic views (Azhar & Varma, 2000).

Cognitive behavioral therapy (CBT) developed by Beck was modified by using deep acceptance in Islamic tenet (Hodge & Nadir, 2008). The main difference from original CBT was self-statement replaced by deep acceptance and relying on Allah (Hodge & Nadir, 2008). The use of modified cognitive therapy with Islamic tenets has been applied in the treatment of anxiety, distress, depression, bereavement patients (Azhar & Varma, 2000).

## **Islamic relaxation techniques**

Meditation was a part of the Prophet Muhammad's life. He spent considerable time at Mount Hira before his prophet hood and meditated there and by virtue of which he earned supreme emotional quotient. He was able to achieve the perfect balance between spirituality and logic and that gave him matchless convincing power. Original Islamic relaxation techniques utilize Zikr therapy and prayer . Zikr therapy is the remembrance of Allah, and requires one to sit or lie comfortably, with eyes closed, and practice remembrance of Allah through recitation of : "Subhanallah, alhamdulillah, allahu akbar" "Glorious is Allah, praise to Allah, Allah is the greatest" (Damarhuda, et., all. 2007).

In a regular basis, Zikr therapy is performed twice a day wherever it is convenient to perform either in the morning or the evening. Prayer, according to Islamic belief, can be either a formal prayer, which one performs (recites) five times daily as compulsory, or an optional prayer, which is mainly performed before and after a formal prayers and night prayers in the very early morning as well as morning prayers after sunrise. Religiosity, for Muslims, includes both formal and optional prayers in particular night prayers, recitation of the holy Qur'an, Zikr (remembrance of Allah), and attending Mosque (Syed. 2003).

## **Islamic Cognitive Restructuring**

Remembrance of Allah is one of the easiest forms of worship, but the mercy and grace that it brings can be immense and extremely beneficial. It can take several forms such as remembrance of the names of Allah and His attributes, praising Him, and thanking Him. A person can also remember Allah by talking about His blessings. The greatest type of remembrance is the recitation of Qur'an (Aisha Hamdan, 2008).

“Those who have believed and whose hearts are assured by the remembrance of Allah. Unquestionably, by the remembrance of Allah hearts are assured” (Qur'an, 13:28). Prophet Muhammad said, “Allah says, ‘*I am just as My slave thinks of Me, and I am with him if he remembers Me. If he remembers Me in himself, I too, remember him in Myself; and if he remembers Me in a group of people, I remember him in a group that is better than that. And if he comes one span nearer to Me, I go one cubit nearer to him; and if he comes one cubit nearer to Me, I go a distance of two outstretched arms nearer to him. and if he comes to me walking, I go to him running*’” (Musnad Ahmad,3528).

“*And when my slaves ask you (O Muhammad) concerning Me, then (answer them): I am indeed near. I respond to the invocations of the suppliant when he calls on Me*” (Qur'an, 2:186).

Supplication is another powerful method for overcoming anxiety and distress. If the supplication comes from the heart with sincere intention, it can dispel worry and bring comfort; it can turn distress into calm and sadness into joy. Allah may fulfil the person's hopes and respond to that which is requested. Prophet Muhammad said, "*There is no-one who is afflicted by distress and grief, and asks for help, Allah will take away the grief replace it with joy*" (Musnad Ahmad 3528).

Prayers (Salah and Supplications) are very important during times of distress.

Allah instructs the believing men and women in the Qur'an;



وَاسْتَعِنُوا بِالصَّبْرِ وَالصَّلَاةِ وَإِنَّهَا لَكَبِيرَةٌ إِلَّا عَلَى الْخَتِّيَّعِينَ

And seek help through patience and prayer [2:45]

## Prophet Muhammad (PBUH) as psychologist

Holy Prophet Muhammad SAW was perhaps the founder of modern psychology. He implemented the divine code which was revealed to him by Allah. He laid the foundation of a state which was the end to superiority complex and inferiority complex. The rules of justice and equality and no difference between the black and the white, Arab and the non- Arab were practical steps on achieving universal brotherhood. Holy Prophet Muhammad SAW gave the

solution to all prejudices, abolished the concept of in-groups and out-groups and invited the whole world to come under the fold of Islam.

There are many quotations of the Prophet which can act as perfect therapies for depression. A simple quotation from the Prophet "Look at those below you in worldly matters and those above you in religious matters" is the fool proof therapy of depression. Holy Prophet Muhammad SAW laid greater attention on realizing one's inner self. "He who recognizes his lord recognizes himself". He gave simple "exercises" that would help one gain spirituality and would help him in discovering his inner self.

Prophet Muhammad stressed a lot on praying in congregation making it not only a mere worship but a method to come out from loneliness and meet with those around you.

There are several significant cognitions from the Islamic faith that Prophet Muhammad (PBUH) discussed with his companions that can be incorporated into the counselling process with clients. The cognitions from the Islamic faith can be offered as alternative explanations to dysfunctional thoughts associated with a variety of conditions or disorders. The specific ones chosen would depend upon the presenting problem and the needs of each particular client.

One potentially beneficial cognition from the Islamic perspective is to understand the reality of this world and its temporality. The life on this earth is only a passing phase through which human's journey on to everlasting life in the Hereafter. The nature of this present life is that it contains afflictions, pain, fatigue, and distress.

To anticipate and look forward to the next life and to understand the nature of this world can make it easier to cope with the challenges that one must face. As mentioned in the Qur'an (Saheeh International, 1997): "And whatever thing you (people) have been given—it is (only for) the enjoyment of worldly life and its adornment. And what is with Allah is better

and more lasting; so will you not use reason?" (Qur'an, 28:60) "And this worldly life is not but diversion and amusement. And indeed, the home of the Hereafter—that is the (eternal) life, if only they knew." (Qur'an, 29:64) This particular aspect can be used to counter maladaptive thoughts related to hopelessness and feeling overwhelmed with life. The patient can be reminded of the temporality of this life and the abode that awaits him/her after life. The life on earth can be put into perspective in relation to eternity.

Another beneficial way of thinking, which Prophet Muhammad PBUH discussed with his companions, is to focus on the Hereafter. The concerns and worries of this world can be overwhelming, but if the Hereafter becomes the main concern, a person is likely to become content and determined. This entails the understanding that the Hereafter is for eternity and thus, something that must be given due attention. In focusing on the Hereafter, one prepares to meet Allah in the best state. Because death may occur at any moment, the preparation is an ongoing process in which one is continually engaged.

A Muslim will continuously strive to obtain success in the Hereafter and have that as his/her ultimate goal and priority. "Say, 'Shall I inform you of [something] better than that?' For those who fear Allah will be gardens in the presence of their Lord beneath which rivers flow, wherein they abide eternally, and purified spouses and approval from Allah. And Allah is Seeing [i.e., aware] of [His] servants." (Qur'an, 3:15) Prophet Muhammad said, "Whoever has the Hereafter as his main concern, Allah will fill his heart with a feeling of richness and independence; he will be focused and content, and this world will come to him in spite of it. Whoever has this world as his main concern, Allah will cause him to feel constant fear of poverty; he will be distracted and unfocused, and he will have nothing of this world except what was already predestined for him" (sunan Tirmizi, 2465).

Recalling the Purpose and Effects of Distress and Afflictions Prophet Muhammad said, *“No fatigue, nor disease, nor sorrow, nor sadness, nor hurt, nor distress befalls a Muslim, even if it were the prick he receives from a thorn, but that Allah expiates some of his sins for that”* (*Sahih Bukhari, 5318*). From this saying, it is understood that any type of pain or suffering, including psychological, serves to expiate for sins or to increase good deeds. This is beneficial for humans because they will be judged in the Hereafter according to their deeds. Those whose scale of good deeds is heavy will enter Paradise. Allah has a purpose or plan in the tribulation, which is mainly to benefit the person in the Hereafter. Because this is the believer’s main goal, understanding these concepts will lead one to be patient and even grateful to Allah.

The remembrance of the temporal nature of this world and the rewards that will be obtained helps to ease the burden. In the end, the trials and tribulations that are experienced benefit the individual if he or she is patient and demonstrates reliance on Allah. The person will have the hope of earning reward from Allah for submitting to Him and the events that He has planned. “And certainly, We shall test you with something of fear, hunger, loss of wealth, lives and fruit, but give glad tidings to the patient (as-Sabirin). Who, when afflicted with calamity, say, ‘Truly, to Allah we belong and truly, to Him we shall return’” (Qur'an, 2:155–56) .

A client may have negative thoughts such as “Why is this happening to me?” “Why not someone else?,” “Why did Allah choose me for this unbearable trial?,” or “Allah is punishing me for my disobedience.” Understanding the purpose of trials and tribulations can be an effective counter to these types of unproductive thoughts. Prophet PBUH emphasized that better mental health can be achieved by Trusting and Relying on Allah (Tawakkul), one of the foundations of Islamic belief is the understanding that Allah is able to do all things and He runs all affairs. This is an aspect of tawheed (belief in the oneness of Allah) that specifies

oneness in Allah's Lordship. Allah knows better about a person's best interests than the individual does. A human cannot progress beyond the limits that Allah has decreed for him or her because all has been willed and decreed by Him. This understanding helps the person to submit to Allah and hand over affairs to Him. In turn, this provides relief from distress, worries, and regrets because concern about the needs and interests in this world is lifted. The human recognizes that Allah will take care of the one who puts trust in Him, and thus has confidence in His promise. The result is that worries and anxiety are reduced or eliminated, hardship is replaced with ease, and fear turns to a feeling of security. **“And when you have decided, then rely upon Allah. Indeed, Allah loves those who rely [upon Him]”** (Qur'an, 3:159).

It is reported in a hadith on the authority of Abdullah bin Abbas, who said: One day I was behind the prophet and he said to me: **“Young man, I shall teach you some words (of advice): Be mindful of Allah, and Allah will protect you. Be mindful of Allah, and you will find Him in front of you. If you ask, ask of Allah; if you seek help, seek help of Allah. Know that if the Nation were to gather together to benefit you with anything, it would benefit you only with something that Allah had already prescribed for you, and that if they gather together to harm you with anything, they would harm you only with something Allah had already prescribed for you. The pens have been lifted and the pages have dried”** (Sunan Tirmizi, 2516).

### **With every difficulty there is ease**

At times of distress, it can be beneficial for those who are suffering to recall that Allah is always there and can assist those who place their trust in Him. This understanding can be particularly helpful for those who have thoughts such as “I feel that I am no longer able to cope,” “Life is too difficult for me,” or “No one is there for me.” Understanding that

After Hardship There will be Ease “*So verily, with the hardship, there is ease (relief); verily with the hardship, there is ease*” (*Qur'an, 94:5–6*). In this verse, hardship is mentioned once, but ease and relief is mentioned twice. This signifies that the ease that follows every difficulty will be greater than the hardship itself. After difficulty, ease will come as Allah has promised; He will make a way out for the person.

The more intense the stress and depression, the closer one is to assistance and relief. Prophet Muhammad said, “*Know that victory (or achievement) comes through patience, and that ease comes through hardship ...*” (Musnad Ahmad , 2803). When Allah tests a person by means of disasters and miseries, and person is patient and accepting, the difficulties become easy for him to bear. This thought can be particularly encouraging for those who feel that their situation will not improve or that there is no solution to their problems. This is often connected to feelings of hopelessness and helplessness. It can be helpful to compare the numerous blessings of Allah with what has befallen the individual. One will see that the distress or tribulation is small in comparison to the bounties. This leads one to be thankful, even in a state of poverty, sickness, or other kinds of despair. If this is combined with the understanding that the tribulation has a purpose, it can have a powerful effect on the individual. Prophet Muhammad said, “*Look at those who are less fortunate than yourselves, not at those who are better off than yourselves, so that you will not belittle the blessings that Allah has bestowed upon you*” (Al-Mundhiri, 2000).

Looking at those who are less fortunate will help the person to realize that his or her condition is better than others' in relation to good health, physical strength and ability, and provision (food, clothing, shelter, etc.). When the individual considers all of the blessings, both spiritual and worldly, this may help relieve the worries and distress that he or

she may be experiencing. Remembering Allah and Reading Qur'an Remembrance of Allah and reading of the Holy Book can have a calming effect on the individual's body, mind, and soul. This calming effect, in turn, may relieve stress, worry, and anxiety. There can be potential healing effects for various types of psychological or emotional distress. The illnesses of the heart result from either desires or doubt, and the remembrance of Allah and recitation of Qur'an can be a cure for both. Remembrance of Allah is one of the easiest forms of worship, but the mercy and grace that it brings can be immense and extremely beneficial. It can take several forms such as remembrance of the names of Allah and His attributes, praising Him, and thanking Him. A person can also remember Allah by talking about His blessings. The greatest type of remembrance is the recitation of Qur'an that Allah SWT's mercy is very near.

*“And when my slaves ask you (O Muhammad) concerning me, then (answer them): I am indeed near (Qur'an, 2:186).*

“Those who have believed and whose hearts are assured by the remembrance of Allah. Unquestionably, by the remembrance of Allah hearts are assured” (Qur'an, 13:28). Prophet Muhammad said, Allah says, *“I am just as My slave thinks of Me, and I am with him if he remembers Me. If he remembers Me in himself, I too, remember him in Myself; and if he remembers Me in a group of people, I remember him in a group that is better than that. And if he comes one span nearer to Me, I go one cubit nearer to him; and if he comes one cubit nearer to Me, I go a distance of two outstretched arms nearer to him. And if he comes to me walking, I go to him running”*(Al-Mundhiri, 2000).

## Duaa as psychotherapy

Unlike other notions of prayer that are often reduced to mere incantations or wish lists, duas much more profound. In fact, many of the most powerful duaas in the Quran do not even contain a request to God. Instead, they are humbling expressions of truth in response to trial and tribulation. For instance, when the Prophet Ayyub (as) was afflicted with severe disease and poverty he called out,

***“Indeed, adversity has touched me and you are the Most Merciful of the merciful.”***

In the Islamic tradition, duas represent a medium for individuals to strive against the chaos they find in life, recognizing the truths behind it that bring order. It is a method by which believers find meaning which strengthens their underlying belief structures as a means of coping with the events unfolding in their lives.

Clinical psychology recognizes the therapeutic importance of altering the belief structures of a patient experiencing mental illness. CBT is designed to encourage positive beliefs and behaviours while altering negative ones: “it is essentially a collaborative and individualized program that helps individuals to identify unhelpful thoughts and behaviours and learn or relearn healthier skills and habits.

Supplication is another powerful method for overcoming anxiety and distress. If the supplication comes from the heart with sincere intention, it can dispel worry and bring comfort; it can turn distress into calm and sadness into joy. Allah may fulfil the person’s hopes and respond to that which is requested. ***I respond to the invocations of the suppliant when he calls on Me” (Qur'an, 2:186).***

Prophet Muhammad said,

*“There is no-one who is afflicted by distress and grief, and says, ‘O Allah, I am Your slave, son of Your slave, son of Your maidservant; my forelock is in Your hand, Your command over me is forever executed and Your decree over me is just. I ask You by every name belonging to You which You have named Yourself with, or revealed in Your Book, or taught to any of Your creation, or You have preserved in the knowledge of the Unseen with You, that You make the Qur'an the life of my heart and the light of my breast, and a departure for my sorrow and a release for my anxiety,’ but Allah will take away his distress and grief, and replace it with joy” (Sahih-Ibn-Habban, 972).*

Supplication can also be used as a form of protection. The supplicant can turn to Allah and pray for refuge from distress. This will prevent the distress before it happens. Some of the supplications that are prescribed for Muslims throughout the day include this particular aspect. For example, The Prophet Muhammad would say *“O Allah, I seek refuge with You from grief and worry, from incapacity and laziness, from cowardice and miserliness, from being heavily in debt and from being overpowered by men” (Sahih Bukhari, 6363).*

## **The Islamic concept of servitude to God**

A person may see such ideas of servitude and submission as self-deprecating or humiliating. However, servitude and surrender to God are some of the most empowering concepts in the Islamic tradition. They constitute the source of our true freedom in this world and our escape from its shackles. As we declare our servitude to God, we declare our independence and freedom from everything else in this world. By doing so, we recognize our independence and freedom from whatever we may be grieving over. The relationships we

hold dear, the loved ones we cherish, the property we own, the career we have toiled for, the respect we have earned; all of this can be lost in an instant.

Spiritually, submission produces strong feelings of relief and reliance on God (*tawakkul*). Biologically, this correlates to a decreased blood flow in the frontal region, resulting in the suspension of one's will to control and manipulate their environment. The neurological study on *salah* also showed a correlation with increased blood flow in the caudate nucleus. This region is implicated in the reward system of the brain. This may be associated with the pleasure that is felt by believers when they submit their will to God (Marc, G., et. al. (2016).

Thus, *salah* itself can represent a strong form of therapy as indicated in the following narration about the Prophet Muhammad (PBUH). *Hudhayfah said, "When the Prophet would be in an overwhelming situation, he would pray salah (Sunan-Abudaood, 1319).*

*Salah* is a practice that allows the Muslim to enter into the presence of the divine with full submission and to spiritually leave this world. The system of *Salah* itself includes expressions of independence from the world and surrender to God, as it is recited,

***"You alone we worship and from you alone we seek aid." It includes a prayer for the light of guidance to bring a person out of the darkness, "Guide us to the straight path."***

Ibn al-Qayyim in his book, *Asraar as-Salah (The secrets of the salah)* explains how the postures of the *salah* are physical manifestations of its impact on our spirit. It is a system that aligns the tongue, the limbs and the spirit in perfect harmony. The bowing and prostration are physical manifestations of our spiritual submission to and reliance upon God. Our standing represents the strength that we gain from God, when we turn to Him. This harmony of the body and spirit through submission relieves the stress of the mind and allows

individuals to truly recognize their purpose in life and connection with all existence. When one stands in front of one's Lord, one can truly see oneself as interconnected with the rest of creation, all as servants of the Most Merciful.

Fundamentally, the theme of submission permeates the entire belief and behavioural system of the Islamic spiritual tradition. It is the linguistic meaning of "Islam" and the foundation of worship. This powerful concept can be both protective and therapeutic in the context of mental health.

***My forehead is in Your Hand. Your Judgment upon me is assured and Your Decree concerning me is just.*** Everything that has occurred in one's life is by the decree of God. Necessarily, whatever God decrees is Wise, Just, and Compassionate. Al-'Ayni explains, "Everything You judge concerning me is necessarily just, because justice is your attribute." One particular Prophetic narration also speaks to this reality,

***Şuhayb reported: The Prophet, said, "Wonderful is the affair of the believer as there is good for him in every matter, and this is not true for anyone but the believer. If he is pleased, then he thanks Allāh and there is good for him. If he is harmed, then he shows patience and there is good for him. (Sahih Muslim, 2999)."***

We are comforted that our pain is not in vain, and that it is all part of the plan of God in our lives. This crucial belief in Divine Decree provides us with the ability to shift our cognitions away from the agitating questions of "Why me?" "What did I do to deserve this?" which only serve to create more distress in our lives. Instead, we recognize that the One who decrees with Wisdom and Justice has decreed it and so there is meaning and purpose in what is occurring and what has occurred. We shift our cognitions towards discovering "What can I learn from this?", "How can I use this to grow?"

The ability to find meaning in adversity is a key quality that protects against depressed mood and anxiety during intense trials. Viktor Frankl, a holocaust survivor of an Auschwitz concentration camp outlines the meaning-based psychotherapeutic approach that helped him and others cope with the horrors they experienced in his book, *Man's Search for Meaning*. (Frankl, Viktor Emil, 2011)

## **The Islamic stories of resilience**

The realization of truth and development of virtue is the method by which a person perseveres through hardship and finds meaning in it. The Islamic stories of resilience in the face of adversity capture this reality. When Prophet Yunus (as) was thrown into the middle of the vast ocean in the darkness of the night, he called out, "There is nothing worthy of worship except you, Exalted are You! I have been of the oppressors. "When Prophet Ibrahim (as) was being catapulted into the pit of fire, he called out, "*God is sufficient for me and the Best Disposer of Affairs*. When Prophet Adam (as) was expelled from paradise, he called out, "*Our Lord, we have wronged ourselves, and if you do not forgive us and have mercy on us, then we will be lost*" (*Quran: 7:23*).

It is intriguing that in such dire circumstances, there are no requests made in any of these duaa's . In all of these incredible situations, the prophets were able to realize the truth in the face of calamity. From these stories, we learn about truths we are meant to recognize in our own life experiences. The realization that this life is chaotic and pointless unless one submits to the Divine as seen in the story of Yunus (as). The realization of God's Perfection is stirred when we are in the most intense states of vulnerability as witnessed in the tremendous courage of Ibrahim (as). And our extreme destitution and neediness before God

are realized in our worst failures as shown in the story of the fall and rise of Ādam (as). It is through these realizations and expressions of truth that we are delivered from darkness into light.

## **Rationale of the study**

CBT is found very effective in treating depressive disorders and Anxiety disorders. According to cognitive behavior therapy, irrational thinking is the cause of stress, anxiety, depression and other disorders. But for a Muslim the causes of anxiety and depression are not only the environmental factors and irrational thinking patterns but also a weak bonding of the individual with Allah SWT. Because for a person to be depressed and hopeless is having the view that he will never have something good in life. For a Muslim it is never like this, Allah SWT is always there to help the poor, needy and weak.

For thousands of years, humans have looked to faith and religious belief for answers to their emotional problems. The majority of studies show that having a faith or belief is, in general, good for mental health (Koenig, 2009). The psychotherapies constructed in west are helpful in alleviation of psychiatric symptoms. But they sometimes do not cover our cultural demands and are even contradicting our social and religious cultures. It is required in the present time to modify those psychotherapies according to our religion.

CBT was developed from empirical studies that did not initially consider faith as a variable. However, as investigations on the role of religious belief and practice have grown in popularity, evidence has been gathered in various religious groups: randomized controlled trials of CBT adapted for Judaism (Paradis *et al.* 1996), Taoism (Zhang *et al.* 2002) and, most commonly, Christianity (Propst, 1980; Pecheur & Edwards, 1984; Johnson & Ridley, 1992;

Propst *et al.* 1992; Johnson *et al.* 1994; Hawkins *et al.* 1999; Small, 2003) have been published. Concepts drawn from Buddhism have influenced the development of several new forms of CBT such as Dialectical Behavior Therapy, Mindfulness-Based Cognitive Therapy, Spirituality-Based CBT and Compassion Focused Therapy (Gilbert, 2009).

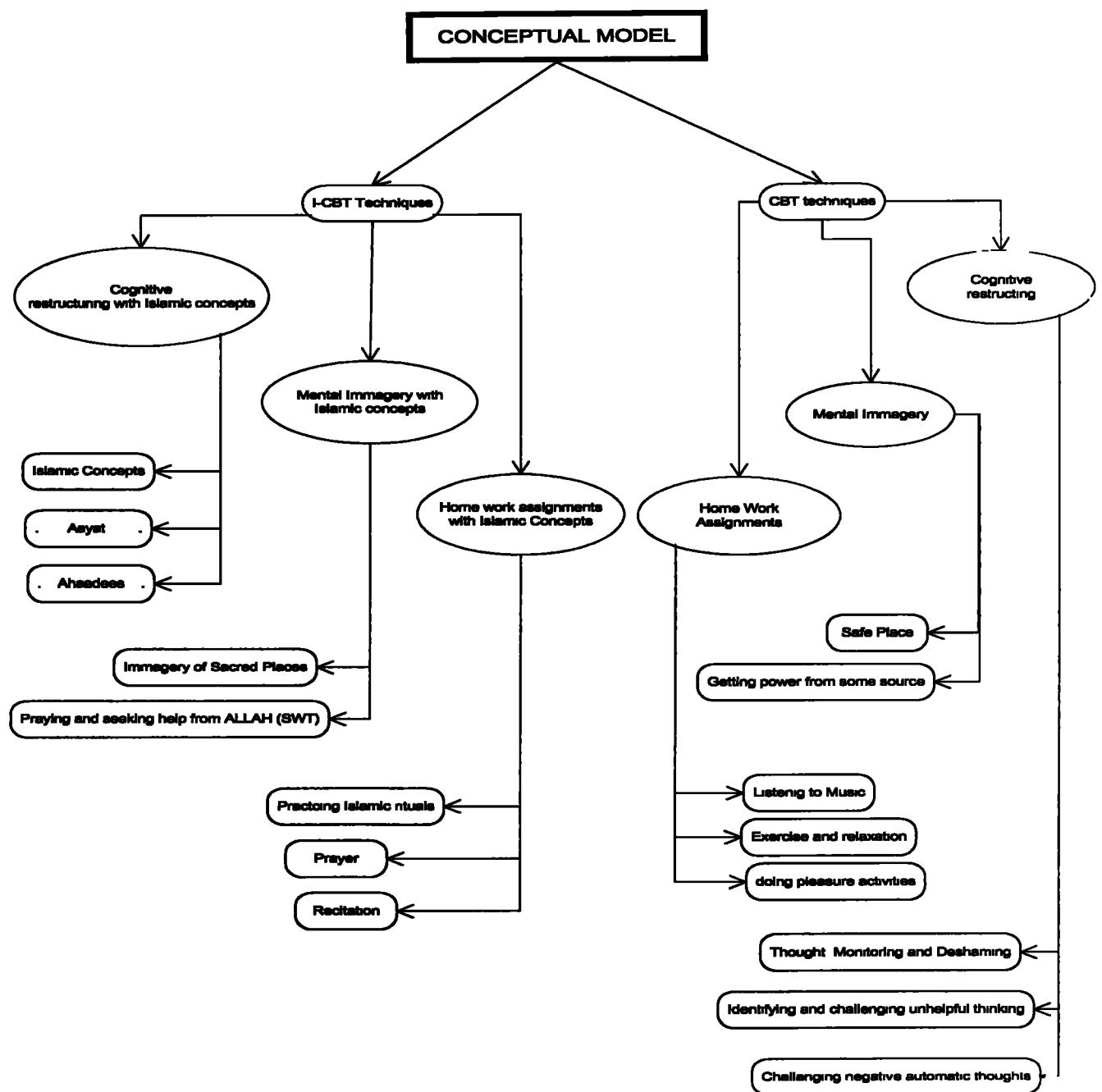
Cognitive behavior therapy is very effective intervention technique for depression and anxiety. But it proved more effective when it was modified according to our religion for our patients suffering with depression, anxiety and stress. West is also accepting the reality that religiosity should also be included in the psychotherapy for effective treatment of the individual with depression. In a study “Integration of Spirituality and cognitive behaviour therapy conducted in 2010 by Jennifer J. Good, the concepts of Bible and Christian rituals like prayers and meditation are being integrated in cognitive behaviour therapy.

The present study was an effort to integrate Islamic concepts in the cognitive behaviour therapy by the help of Quranic Ayat, Ahaddis and other rituals like prayer and recitation. The present study modified the existing cognitive behaviour therapy with Islamic concepts and a new Islamic version of cognitive behaviour therapy is developed for Muslims.

The present study is an empirical proof of the Islamic concepts as helpful in treating psychologically disturbed people. Quranic Ayaat and Ahaadis having themes helpful for alleviation of depression and anxiety are searched and applied by incorporating it in cognitive behaviour therapy.

The study developed Quranic thought restructuring technique for changing the irrational thinking into the rational one. This study developed Islamic mental imagery technique for the relaxation of the patient. This technique was help in strengthening the connection of the person with Allah SWT. It helped in reducing the feeling of the patient being alone.

**Patients were helped in maintaining a more organized and comfortable life style by giving them Islamic homework assignments. Like offering prayers in time and recitation. This study helped in long lasting removal of symptoms of anxiety and depression, as by using the Islamic concepts and Islamic practices in cognitive behaviour therapy during intervention the clients were trained in having rational and adaptive thinking. This study is a useful contribution in the field of psychotherapy as religious intervention for Muslim patients.**



## **METHOD**

The present study was designed to integrate Islam (Quranic Ayaat and Ahaadiis) and cognitive behavioural therapy to develop Cognitive Behaviour therapy with Islamic concepts for the treatment of Anxiety and Depression. The developed Cognitive Behaviour Therapy with Islamic concepts was used in the next phase of study to check the outcome of the therapeutic intervention in the patients of Anxiety and Depression.

### **Procedure:**

The study was divided into three phases.

#### **Phase I**

**Development of Cognitive Behaviour Therapy with Islamic concepts and Pilot Study**

#### **Phase II**

**Main Study**

#### **Phase III**

**Qualitative Analysis**

#### **PHASE I:**

In the phase 1 of the study Cognitive behaviour therapy with Islamic concepts was developed and pilot Study was done by using the Cognitive Behaviour Therapy with Islamic concepts on three clients to check its efficacy.

## **Procedure:**

### **Selection of Ayaat and Ahaadiis for CBT-IC**

**In the first step the Ayaat and Ahaadiis helpful in relieving the symptoms of depression and anxiety were selected by adopting committee approach of religious scholars and their clinical applicability was again discussed in the committee of the clinical psychologists.**

### **Committee approach adopted for selection of Ayaat**

**Committee of five religious scholars was formed from the Usul-o-deen department of the same university under the supervision of the Deen of the department. This committee reviewed the Quranic ayaat selected by the researcher in three different meetings. The religious scholars endorsed that these Ayaat and Ahaadiis were in-lined with the purpose of the study and were agreed upon by all members of the committee.**

### **Committee approach Adopted for clinical applicability**

**After the selection of the Ayaat and Ahaadiis by the religious committee, committee of clinical psychologists was held. Committee of clinical psychologists comprised of five clinical psychologists. The committee assessed the applicability of CBT-IC in the clinical set up and their effectivity in the thought restructuring of the clients. The committee approved the Islamic version of CBT.**

## **Formation of the structured CBT-IC module**

### **General Session Structure**

The cognitive behaviour therapy with Islamic concepts was moderately structured. The goal of the therapy was to balance those essential skills that were proven to promote a positive working alliance with the application of the intervention. At times, the therapist may need to tailor specific elements of the treatment to the client. While the structure in this study served as a guideline, it should be noted that the skills and interventions outlined there were necessary for reduction in depression and anxiety symptoms.

Sessions were usually one hour in length (60 minutes).

1. During the first third of the hour, the therapist set the agenda with the individual, analysed mood, reviewed any significant events that occurred throughout the week and discussed homework assignments.
2. The middle third of the session involved psycho- education and the learning of new skills. The clinician linked the problems that the client was experiencing with the skills that were presented.
3. The final third of the session was used to complete other items on the agenda and to plane the homework assignments .The rationale of homework assignments must be explained so the individual could see the relevance of that task in treatment. The therapist worked with the client to plane how the homework should be completed and to problem- solve any barriers that may be present.

## **Sequence of the sessions of Islamic cognitive behaviour therapy**

	<b>Topic</b>	<b>Duration</b>
1.	<b>Explanation and Education about Depression and Anxiety &amp; a brief discussion about Islamic explanation of depression &amp; Anxiety</b>	60 mints
2.	<b>Education about CBT-IC Approach</b>	60 mints
3.	<b>Behavioural Strategies</b>	60 mints
4.	<b>Behavioural Strategies</b>	60 mints
5.	<b>Cognitive Strategies</b>	60 mints
6.	<b>Cognitive Strategies</b>	60 mints
7.	<b>Cognitive Strategies</b>	60 mints
8.	<b>Cognitive Strategies</b>	60 mints
9.	<b>Cognitive Strategies</b>	60 mints
10.	<b>Surrender and Control</b>	60 mints
11.	<b>Islamic meditation and guided Imagery</b>	60 mints
12.	<b>Relaxation and recitations</b>	60 mints
13.	<b>Ayaat about positive thinking</b>	60 mints
14.	<b>Ahaadis and positive thinking</b>	60 mints
15.	<b>Negative thoughts and Ayaat and Ahaadis</b>	60 mints
16.	<b>Review and overview of treatment</b>	60 mints

## Session structure developed for CBT-IC

Session	Session content	Transcription of treatment sessions
1	<p>Oriented the patient to “CBT-IC model”</p> <ul style="list-style-type: none"> <li>• assess patient concerns</li> <li>• set initial treatment plan / goals</li> <li>• Explanation and Education about Depression and Anxiety</li> <li>• Brief discussion about Islamic explanation of depression</li> </ul>	<p>At this point in the session I</p> <ul style="list-style-type: none"> <li>• explained the session structure and treatment overview.</li> <li>• gave the client a copy of an outline of sessions.</li> <li>• reviewed the importance of completing homework assignments and discussed confidentiality.</li> <li>• Performed Psycho-education about depression or anxiety according to the client’s diagnosis.</li> </ul>
2	<ul style="list-style-type: none"> <li>• Assess patients concerns (contd)</li> <li>• set initial treatment plan/ goals</li> <li>• Education about</li> </ul>	<ul style="list-style-type: none"> <li>• Reviewed any question which the client had related to homework.</li> <li>• Psycho-educated clients by showing diagram how thoughts influence feelings.</li> <li>• Asked client to review his or her own spiritual</li> </ul>

	CBT-IC Approach	coping which he used in the past and discussed the intervention that we used in the coming weeks to assist with managing the depression or anxiety.
Session 3	Behavioural Strategies	<ul style="list-style-type: none"> <li>Reviewed the behaviours related to depression and created some goals for the client to work throughout the week and ways to monitor these goals and reward.</li> <li>The behaviour of the clients reviewed were sleep, eating, social pattern, physical illness like aches and pains and spiritual life before and after depression.</li> <li>Therapist focussed on increasing those activities that make the client feel good. Discussed the outcomes of the session which the client wanted in terms of change in behaviours which are disturbing the client after development of depression.</li> <li>Reviewed the stories that Allah SWT answers prayers.</li> </ul>
Session4	<ul style="list-style-type: none"> <li>Behavioural Strategies</li> </ul>	<ul style="list-style-type: none"> <li>Reviewed homework</li> <li>Talk about doing more, like stimulus control, sleep hygiene.</li> </ul>

	<ul style="list-style-type: none"> <li>• Stimulus control</li> <li>• Sleep hygiene</li> <li>• Shaping</li> </ul>	<ul style="list-style-type: none"> <li>• Focus more on the inward spirituality.</li> <li>• Discussed issues related to bitterness, forgiveness and overindulgence. What are the clients own Islamic views about these behaviours.</li> <li>• Therapist asked about the improvements in behaviours which were discussed in last session and also asked about the rewards which client gave to him or herself.</li> <li>• Therapist talked about the doing more and psycho educated the client about <b>shaping</b> , the behaviour technique .shaping involves dividing things into smaller components in order to work towards a larger goal.</li> <li>• The therapist will help the client to work more better by psycho educating about the behaviour technique <b>Stimulus Control</b>, this involved removing the distractions and irrelevant things that kept away the clients from goal accomplishment.</li> <li>• The therapist handed the sleep hygiene worksheet. Sleep hygiene tips were given as a part of stimulus control.</li> <li>• Socialization and communication patterns of the client and goal set to improve.</li> </ul>
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Session 5	Cognitive strategies	<ul style="list-style-type: none"> <li>• Discussed homework, the sleep diary and shaping exercises. The therapist told the client that in this session they were focussing on the cognitive processes. therapist reviewed some of the depressive cognitions and talked about the CBT-IC model , how thoughts were connected to feelings , the ways they were going to utilize spiritually to combat negative cognitions and then focussed on becoming aware of thought processes and ways to connect your current beliefs to past beliefs.</li> <li>• Explained the client how thoughts feelings and behaviours are related and how this can go in a positive or negative cycle.</li> <li>• Therapist told the client that they will look on some Ayaat and Ahaadiis which will challenge the cognitive distortions. Discussed and listened to recitation of some Ayaat.</li> </ul>
Session 6	Cognitive strategies	<ul style="list-style-type: none"> <li>• Set the agenda of the session. Reviewed how homework went , talked about the cognitive distortions , reviewed different spiritual interventions the client used.</li> <li>• Therapist reviewed the 10 cognitive distortions</li> </ul>

		<p>and gave Quranic Ayaat to combat with those cognitive distortions . In the end therapist asked the client did he /she see any distortion in her thinking pattern like “all or nothing” thinking, overgeneralization, mental filtering, disqualifying the positive, jumping to the conclusion , making mountain of a mole hill, mislabelling etc.</p>
Session 7	Cognitive strategies	<p>Set the agenda with client, therapist reviewed the homework. Therapist made a cognitive log of the clients thinking with the help of client. Therapist asked the client about the Quranic passages about those particular cognitive errors. Therapist discussed the importance of prayer and recitation if the client pointed towards this. Therapist explained and gave the cognitive distortion sheet to the client for homework.</p>
Session 8	Cognitive strategies	<p>Set the agenda, reviewed the home work. Therapist checked the cognitive distortion sheet and checked the client’s self- conversation and conversation with Allah SWT. Therapist identified the core beliefs in order to empower the client by using Quranic verses.</p>

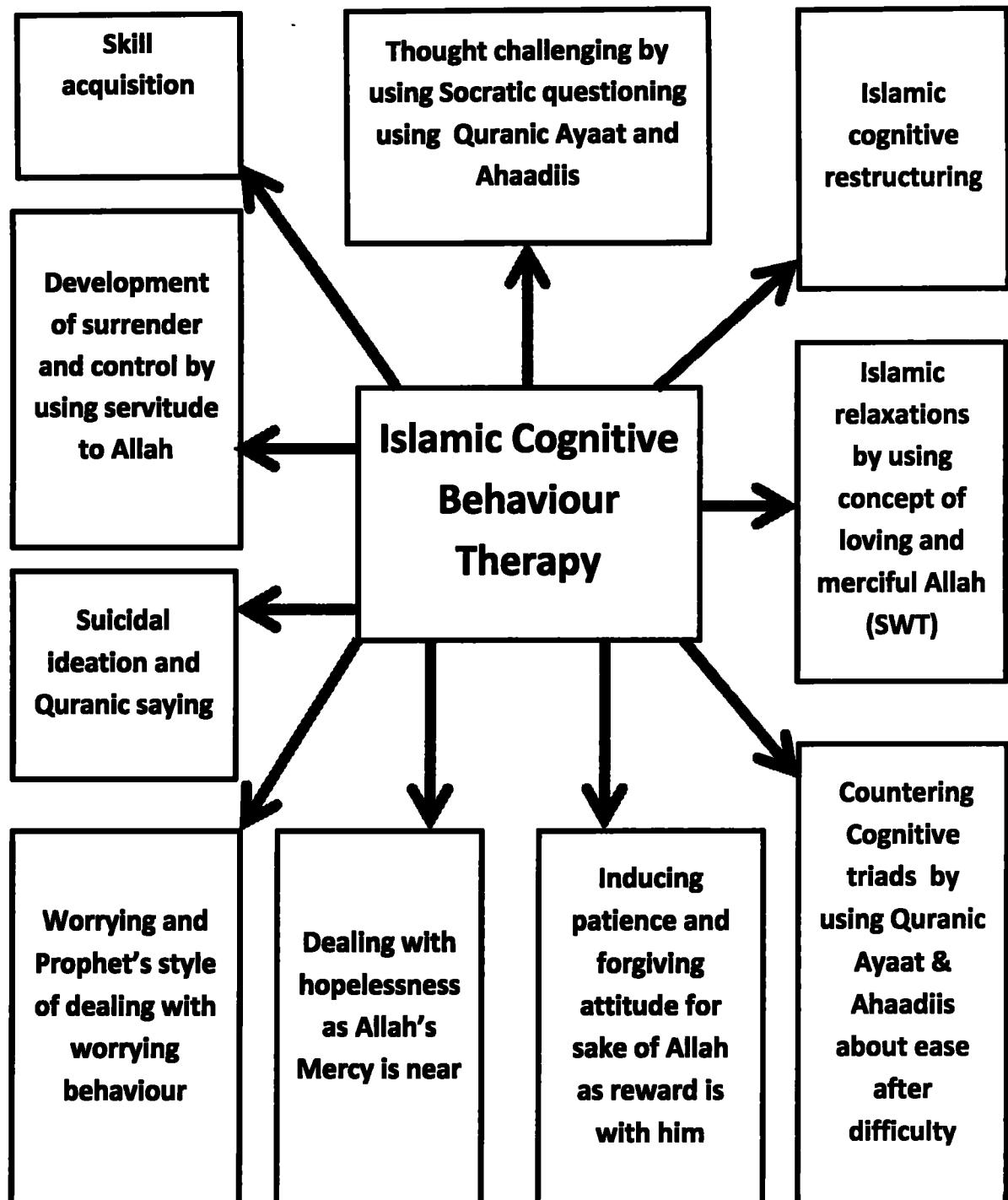
Session 9	Cognitive Quadrants	<p>Set the agenda, reviewed the homework. Therapist talked about the cognitive quadrants. Therapist talked about the verbal and visual beliefs and talked about the ways to use the Quran and counter statements from Quran to challenge the depressive cognitions that the clients had.</p>
Session 10	Surrender and Control	<p>Set the agenda. Reviewed the homework. Therapist psycho-educated about the surrender and control to the client. Therapist pointed about the self- control of the client which he/she was exercising by Socratic questioning. Q. how did you combat the thoughts you had?</p> <p>Q. what thoughts did you had that made you upset?</p> <p>Q. After you went through all of those questions what counterstatements did you come up with to combat this thought?</p> <p>In this way therapist gave control to client.</p>
Session 11	Cognitive strategies ,Islamic meditation and guided Imagery	<p>Set the agenda, reviewed the homework, the negative distortion sheet was discussed in which client gave Islamic views about his/her negative cognitions.</p> <p>Client was psycho- educated about Islamic meditation and guided Imagery and were practiced in the session.</p>

		<p>clients reviewed the ways in guided Imagery exercise to release her burden in the Allah's hands and to develop inner peace and how this helped her to improve relationship with Allah and how his depression is alleviated.</p>
Session 12	Cognitive strategies , Relaxation and recitations	<ul style="list-style-type: none"> <li>Set the agenda, reviewed homework. Therapist reviewed healthy counter</li> <li>Statements of Allah's love, reviewed the areas of clients lives to grow in a positive and healthy manner. Therapist asked the clients to identify those negative thoughts which the clients have while going through a difficult time and further identify the level of spirituality and connection to Allah talah at that time.</li> <li>The therapist practiced relaxation exercises with the client and asked the client for recitation of Quranic Surah with translation i.e surah I Rahman.</li> <li>At the end of the session client will also be given a baseline chart to identify the negative thoughts and clients connection to Allah SWT at that time.</li> </ul>
Session 13	Cognitive strategies by using Ayaat about positive thinking	<ul style="list-style-type: none"> <li>Set the agenda for the session reviewed homework assignments.</li> <li>Asked clients about their cognitions and cognition log and connection of client with Allah was reviewed. Asked the clients how they challenged</li> </ul>

		<p>the negative thoughts. Quranic Ayaat of Allah's love for HIS people. And the Ahaadees of prophet Muhammad PBUH about Allah's love and mercy were discussed. In the end of the session recitation of Surah I Rahman with translation was played.</p> <ul style="list-style-type: none"> <li>• The clients were asked about their experience of listening to the recitation. What the message they get from it.</li> </ul>
Session 14	<b>Islamic Cognitive Strategies by using Ahaadis and Ayaat</b>	<p>Set the agenda of the session. Reviewed homework. Client's new formulated beliefs about their strength, behaviour control were asked during the session. Cognitive errors discussed. And their presence or absence checked which were present in the starting sessions. How the clients were dealing with their current stressors with new thinking patterns.</p> <p>The Session ended with completing a progressive muscle relaxation exercises. The therapist then prayed and assigned homework.</p>
Session 15	<b>Islamic Cognitive strategies by using Ayaat and Ahaadis</b>	<ul style="list-style-type: none"> <li>• Set the agenda of the session</li> <li>• Reviewed homework</li> </ul>

Session 16	<b>Review and overview of treatment</b>	<ul style="list-style-type: none"> <li>• Set the agenda of the session.</li> <li>• Talked about areas of changes in depression, spirituality and different skills that the client had learnt. Reviewed with the client whole therapeutic process and answered the questions of clients which they had. Then created some goals for client for continued change and then to talk about relapse prevention –cognitive rehearsal strategies that client can use. Then ended on the recitation of any Surah which client choose.</li> </ul>
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## **FRAMEWORK OF CBT WITH ISLAMIC CONCEPTS**



## Session structure used in CBT for Group 2

<b>Session 1</b>	<b>Session content</b> <ul style="list-style-type: none"> <li>• Oriented the patient to “CBT model”</li> <li>• assess patient concerns</li> <li>• :set initial treatment plan / goals</li> <li>• Explanation and Education about Depression and Anxiety &amp; a brief discussion about their etiology and treatment.</li> </ul>	<b>Transcription of treatment sessions</b> <ul style="list-style-type: none"> <li>• At this point I explained the session structure and treatment overview. Gave the client a copy of an outline of sessions.</li> <li>• Reviewed the importance of completing homework assignments and discussed confidentiality.</li> <li>• Psycho-education about depression or anxiety according to the client’s diagnosis.</li> </ul>
<b>Session 2</b>	<ul style="list-style-type: none"> <li>• Assess patients concerns (contd)</li> <li>• set initial treatment plan / goals</li> <li>• Education about CBT Approach</li> </ul>	<ul style="list-style-type: none"> <li>• Reviewed any question which the client had related to homework.</li> <li>• Psycho-educated clients by showing diagram how thoughts influence feelings.</li> <li>• Asked client to review his or her own coping styles which he used in the past and discussed the intervention that we</li> </ul>

		used in the coming weeks to assist with managing the depression or anxiety.
Session 3	<b>Behavioural Strategies</b>	<ul style="list-style-type: none"> <li>Reviewed the behaviours related to depression and created some goals for the client to work throughout the week and ways to monitor these goals and reward.</li> <li>The behaviour of the clients reviewed were sleep, eating, social pattern, physical illness like aches and pains before and after depression.</li> <li>Therapist focussed on increasing those activities that make the client feel good.</li> <li>Discussed the out -comes of the session which the client wanted in terms of change in behaviours which are disturbing the client after development of depression.</li> </ul>
Session 4	<b>Behavioural Strategies</b> <ul style="list-style-type: none"> <li>Stimulus control</li> <li>Sleep hygiene</li> </ul>	<ul style="list-style-type: none"> <li>Reviewed homework</li> <li>Talk about doing more, like stimulus control, sleep hygiene. Focuss more on the inward spirituality. Discussed issues related to bitterness, forgiveness and overindulgence. What are the clients own</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Shaping</b></li> </ul>	<p>views about these behaviours.</p> <ul style="list-style-type: none"> <li>• Therapist asked about the improvements in behaviours which were discussed in last session and also asked about the rewards which client gave to him or herself.</li> <li>• Therapist talked about the doing more and psycho educated the client about <b>shaping</b>, the behaviour technique .shaping involves dividing things into smaller components in order to work towards a larger goal.</li> <li>• Therapist will help the client to work more better by psycho educating about the behaviour technique <b>Stimulus Control</b>, this involved removing the distractions and irrelevant things that kept away the clients from goal accomplishment.</li> <li>• Therapist handed the sleep hygiene worksheet. Sleep hygiene tips were given as a part of stimulus control.</li> <li>• Socialization and communication patterns of the client and goal set to improve.</li> </ul>
Session	Cognitive strategies	<ul style="list-style-type: none"> <li>• Discussed homework, the sleep diary and shaping exercises.</li> </ul>

5		<ul style="list-style-type: none"> <li>• Therapist told the client that in this session they were focussing on the cognitive processes. therapist reviewed some of the depressive cognitions and talked about the CBT model , how thoughts were connected to feelings</li> <li>• Negative cognitions and then focussed on becoming aware of thought processes and ways to connect your current beliefs to past beliefs. Explained the client how thoughts feelings and behaviours are related and how this can go in a positive or negative cycle.</li> </ul>
Session 6	Cognitive strategies	<ul style="list-style-type: none"> <li>• Set the agenda of the session. Reviewed how homework went , talked about the cognitive distortions , reviewed different intervention strategies the client used.</li> <li>• Therapist reviewed the 10 cognitive distortions and gave Quranic Ayaat to combat with those cognitive distortions .</li> <li>• In the end therapist asked the client did he /she see any distortion in her thinking pattern like All or nothing thinking,</li> </ul>

		<p>overgeneralization, mental filtering , disqualifying the positive, jumping to the conclusion , making mountain of a mole hill, mislabelling etc.</p>
Session 7	Cognitive strategies	<ul style="list-style-type: none"> <li>• Set the agenda with client, therapist reviewed the homework. Therapist made a cognitive log of the clients thinking with the help of client.</li> <li>• Therapist asked the client about the about those particular cognitive errors.</li> <li>• Therapist explained and gave the cognitive distortion sheet to the client for homework.</li> </ul>
Session 8	Cognitive strategies	<ul style="list-style-type: none"> <li>• Set the agenda, reviewed the home work.</li> <li>• Therapist checked the cognitive distortion sheet and checked the client's self-conversation.</li> </ul>
Session 9	Cognitive Quadrants	<ul style="list-style-type: none"> <li>• Set the agenda, reviewed the homework.</li> <li>• Therapist talked about the cognitive quadrants. Therapist talked about the verbal and visual beliefs and talked about</li> </ul>

		<p>the ways to use challenge the depressive cognitions that the clients had.</p>
Session 10	Surrender and Control	<ul style="list-style-type: none"> <li>• Set the agenda.</li> <li>• Reviewed the homework.</li> <li>• Therapist psycho-educated about the surrender and control to the client.</li> </ul> <p>Therapist pointed about the self-control of the client which he/she was exercising by Socratic questioning. Q. how did you combat the thoughts you had?</p> <p>Q. what thoughts did you had that made you upset?</p> <ul style="list-style-type: none"> <li>• Q. After you went through all of those questions what counterstatements did you come up with to combat this thought?</li> <li>• In this way therapist gave control to client.</li> </ul>
Session 11	Cognitive strategies , meditation and guided Imagery	<ul style="list-style-type: none"> <li>• Set the agenda</li> <li>• Reviewed the homework</li> <li>• The negative distortion sheet was discussed in which client gave views about his/her negative cognitions.</li> </ul>

		<ul style="list-style-type: none"> <li>• Client was psycho- educated about meditation and guided Imagery and were practiced in the session. clients reviewed the ways in guided Imagery exercise.</li> </ul>
Session 12	Cognitive strategies , Relaxation and recitations	<ul style="list-style-type: none"> <li>• Set the agenda</li> <li>• Reviewed homework.</li> <li>• Therapist reviewed healthy counter statements of clients.</li> <li>• Highlighted the examples from the lives of the client in which they grow in a positive and healthy manner. Therapist asked the clients to identify those negative thoughts which the clients have while going through a difficult time.</li> </ul>
Session 13	Cognitive strategies	<ul style="list-style-type: none"> <li>• Set the agenda for the session reviewed homework assignments.</li> <li>• Asked clients about their cognitions and cognition log and connection of client with significant others.</li> <li>• Asked the clients how they challenged the</li> </ul>

		<b>negative thoughts.</b>
Session 14	Cognitive Strategies	<p>Set the agenda of the session. Reviewed homework. Clients new formulated beliefs about their strength, behaviour control were asked during the session. Cognitive errors discussed. And their presence or absence checked which were present in the starting sessions. How the clients were dealing with their current stressors with new thinking patterns.</p> <p>The Session ended with completing a progressive muscle relaxation exercises. The therapist then prayed and assigned homework.</p>
Session 15	Cognitive strategies	<ul style="list-style-type: none"> <li>• Set the agenda of the session.</li> <li>• Reviewed homework</li> </ul>
Session 16	Review and overview of treatment	<ul style="list-style-type: none"> <li>• Set the agenda of the session.</li> <li>• Talked about areas of changes in depression, different skills that the client had learnt.</li> <li>• Reviewed with the client whole</li> </ul>

		<p>therapeutic process and answered the questions of clients which they had. Then created some goals for client for continued change and then to talk about relapse prevention –cognitive rehearsal strategies that client can use.</p>
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## **TRY OUT STUDY**

### **Objectives**

- To check applicability of CBT-IC on patients of anxiety and depression
- To check the sequential capacity of CBT-IC module developed
- To check capability of CBT-IC on patients of anxiety and depression

### **Procedure**

Three clients were taken for clinical intervention of CBT-IC. Client's consent was taken by telling them about the research purpose of the therapeutic process. They were also told their cases will be discussed in the research. The clients gave their consent to become part of the research and also gave the consent to add their session details in the research hiding their names.

Pre-testing of the clients was done by using Beck's Depression Inventory, Beck's Anxiety Inventory and Bonding to God scale. Therapeutic model of CBT-IC was used for treatment. At the 16<sup>th</sup> session post –testing was done. The patients with depression were post-tested on Beck's Depression Inventory to check the decrease in the symptoms of depression after getting Cognitive Behaviour Therapy with Islamic concepts. The patients with Anxiety were post-tested on Beck's Anxiety Inventory to check the decrease in the symptoms of Anxiety after getting Cognitive Behaviour Therapy with Islamic concepts. All the clients were also post-tested on Bonding to God scale also to check the increase in religiosity of the clients after getting the Cognitive Behaviour Therapy with Islamic concepts.

## Results of Try out Study

**Table 1**

*Table showing Descriptive statistics of pilot study*

Demographic variables	Client 1	Client 2	Client 3
age	41 years	49 years	52 years
Gender	Male	Female	Male
qualification	Graduation	Masters	Graduation
Marital status	Married	Married	Married
Diagnosis	Depression	Anxiety	Depression

Table 1 is showing descriptive statistics of the pilot study. Three clients were taken in the Pilot study and newly designed Model of Cognitive Behaviour Therapy with Islamic concepts was applied on these clients. Two of the clients were diagnosed as having depression and one was having Generalized Anxiety Disorder. Two clients were male and one was female.

**Table 2**

*Table 2 showing pre-test , post-test scores of the participants on BDI, BAI and BTG*

Client No	Pre testing score	Post testing	Pre testing score	Post testing
	on BDI/ BAI	score on	on BTG	score on BTG
<b>BAI/BDI</b>				
Client No 1	48	12	61	92
Client No 2	51	14	58	87
Client No 3	37	9	52	82

Table 2 is showing that the score of the client 1 was 48 in the BDI in pre-testing which decreased to 12. The score of the client 2 on BAI was 51 which decreased to 12 in the post testing. The score of the client 3 was 37 on BDI in pre-testing which decreased to 9 in the post-testing after getting CBT-IC. The table 2 is also showing increase in the religiosity of the three clients. The score of the client No1 increased from 61 to 92, score of client 2 increased from 58 to 87 and the score of client 3 increased from 52 to 82.

## **Discussion of Try out Study**

The client's showed decrease in their psychiatric conditions. The post testing of the clients showed decrease in their symptoms and changes of the behaviours related to the diagnosis like sleep, appetite, anger, fear, worries etc. It was also noticed that client's had increase in religiosity after going through the Cognitive Behavior therapy with Islamic

concepts. In a study efficacy of incorporation of themes of religious teachings into treatment was proved, the study concluded that religion and spirituality can promote mental health through positive religious coping, community and support and positive belief, incorporation of themes from religious teachings into the treatment has shown efficacy in treatment (Samuel, R. 2014).

The post –testing of the patients with depression was done on Beck's Depression Inventory and a great decrease in the symptoms of depression was observed. Past outcome studies concluded that the spiritual intervention therapies proved more effective for the patients of depression than those regular therapies (Stanley et al., 2011).

In the pilot Study of the present study the patients of the Anxiety were pre-tested on the first session of the Cognitive Behaviour Therapy with Islamic concepts and than post – tested on the 16<sup>th</sup> session of therapeutic process and even if the patient required therapeutic session continued from the 16<sup>th</sup> session onward also. A remarkable decrease in the symptoms of Anxiety was observed. In the past studies it was observed that Spiritual interventions have been used for the treatment of generalized anxiety (Bradwein, 2010).

It was observed during the pilot Study of the current study that religious beliefs were helpful for the patients in dealing with stressful life events. In past studies it was concluded that Religion is generally recognized as a major resource for dealing with stressful events, its relationship with secular coping strategies were examined in different articles using COPE and a positive correlation was found in strong religious beliefs and successful dealing with stresses (Michelle, J.2012 ).

## **PHASE -II**

### **MAIN STUDY**

#### **Objectives**

1. To evaluate the efficacy of cognitive behaviour therapy with Islamic concepts.
2. Formatting a set of cognitive behaviour techniques with Islamic concepts for the treatment of Anxiety and Depression.
3. To construct a list of Islamic themes from Quran and Ahaadis which are helpful in alleviating anxiety and Depression in collaboration of Islamic scholars and psychologists.

#### **Hypotheses**

1. Depressive patients receiving cognitive behaviour therapy with Islamic concepts will improve better than those who receive traditional cognitive behaviour therapy.
2. Depressive patients receiving cognitive behaviour therapy with Islamic concepts will improve better than the control group who receive no therapeutic treatment.
3. Patients with anxiety receiving cognitive behaviour therapy with Islamic concepts will improve better than those who receive traditional cognitive behaviour therapy.
4. Patients with anxiety receiving cognitive behaviour therapy with Islamic concepts will improve better than the control group who receive no therapeutic treatment.
5. Application of cognitive behaviour therapy with Islamic concepts will enhance the religiosity in the participants.
6. Patients receiving cognitive behaviour therapy with Islamic concepts will show less relapse than patients receiving traditional cognitive behaviour therapy.

7. Therapy outcomes will show difference with respect to different demographic variables (Age, gender, and education, socioeconomic and marital status).

### **Research design:**

Experimental design pre- test & post- test was used in the current study. The research design was a mix design using quantitative and qualitative analysis of the data for obtaining results. The subjects having depression and anxiety and were already diagnosed were included in the study. The subjects were assigned in three groups after the pre-testing and screening assessments. The assignment of the subjects in groups was not random. The subjects having religious orientation better than others were assigned in the Group 1 who was receiving Islamic cognitive behaviour therapy as therapeutic treatment module. In the group 2 the participants received regular cognitive behaviour therapy. The third group was the control group receiving no therapeutic treatment. Followup after the treatment was also taken and followup assessments of the subjects were also taken.

### **Ethics and Principles of the research**

Following ethics will be followed during the research process

1. Participants, confidentiality, transparency and privacy will be ensured.
2. All the participants will be voluntary no one will be forced to take part in the research.
3. More over the participants will be having the right to withdraw at any stage of the research if they find themselves inconvenient
4. Participants will also be informed if they will be filmed or recorded.

## **Sample**

The patients (N=36) of anxiety and depression were taken from the clinics and hospitals of Rawalpindi i.e., Maryam Memorial hospital, Anwaar hospital, AFIMH (Armed forces Institute of Mental health). Pre-testing was done by using Beck's depression Inventory and Beck's anxiety Inventory, religious orientation of the clients was assessed by using Bonding to God Scale (Saleem, 2004). Convenient sampling was done by taking the consent of the clients whether they were ready to become part of a study or not. The sample was divided in three groups all comprising of 12 patients. The experimental group 1 (N=12) was the group who received CBT-IC. The experimental group 2 (N=12) was the group who received CBT and the third group was the control group which was not given any treatment.

## **Fitness of the client for CBT-IC**

Fitness of the clients for CBT and CBT-IC was also assessed. In the start of the sessions clients were pre tested on Bonding to God scale and clients with depression were pre-tested on BDI Beck Depression Inventory and the clients with Anxiety disorder were pre-tested on BAI Beck's Anxiety Inventory. The clients who scored higher on the religiosity scale were selected for CBT-IC.

## **Research tools used and their psychometric properties**

1. Beck's depression Inventory
2. Beck's anxiety Inventory
3. Bonding to God scale

## **Beck's depression Inventory (BDI)**

The BDI is a 21 item scale, which evaluates the main symptoms of depression for example mood, dissatisfaction, failure, crying, withdrawl etc (Beck et al.,1988; Beck & Steer,1991).

## **Beck's anxiety Inventory (BAI)**

The BAI has good psychometric properties with high internal consistency ( $\alpha=.92$ ) and good test re-test reliability ( $r=.73$ ). The BAI has good convergent validity with other anxiety measures and discriminant validity with measures of depression in a large psychiatric sample (Beck et al.,1988; Beck & Steer,1991).

## **Bonding to God (BTG) scale**

Bonding to God Scale is a 5 point Likert scale that measures one's attachment with God, in terms of the scores of respondents on an indigenously developed bonding to God scale (Saleem, 2004). High scores mean strong bonding whereas low scores mean weak bonding. It comprised of 34 items in which 19 items (1, 2, 6, 10, 14, 16, 17, 19, 21, 23, 25, 26, 27, 28, 29, 30, 32, 33, and 34) were comprised of positive statements. And 15 items (3, 4, 5, 34 7, 8, 9, 11, 12, 13, 15, 18, 20, 22, 24, 31) were comprised of negative or reverse score items. Bonding to God Scale comprised of three factors. Nearness to God ( $\alpha = .90$ ), comprised of initially 16 items(1, 2, 10, 16, 17, 19, 21, 23, 25, 26, 27, 28, 30, 32, 33, and 34) level of Content ( $\alpha = .80$ ) comprised of 11 items (5, 8,11, 12, 13, 15, 18, 20, 22, 24, and 31) and level of Commitment ( $\alpha = .70$ ) consisted of 7 items (3, 4, 6, 7, 9, 14, and 29). These factors were established by the author (Saleem, 2004) 14 years ago. Due to the advancement in socio-cultural and religious life, there can be the possibility of changing perceptions of people; therefore the existing factors were required to be confirmed through Confirmatory

**Factor Analysis.** The alpha coefficient for the overall scale was found to be  $\alpha = .80$  which is quite satisfactory (Younas & Kamal ,2019).

### **Screening and consent taking for being a part of research**

The clients were taken from Rawalpindi and Islamabad's local clinics and they were told about the research and their consent was taken, those who agreed to become a part of the research were taken for sessions. Initial religious screening of the clients was done by using the Bonding to God Scale (Saleem .K ,2004 ). The clients who were having more strong religious orientation were selected for the Islamic Cognitive behaviour therapy. Those clients who had low score on Bonding to God scale were added in the regular behaviour cognitive therapy group.

### **Operational definitions**

#### **Cognitive Behavior therapy (CBT)**

Cognitive therapy is based on the cognitive model of Aaron Beck which states that it is an individual's own thought pattern and belief system (self-interpretation of life events) that creates the mental disturbance, and addressing thinking pattern, the behaviour can be altered successfully. This process of CBT involves the collaborative interaction of trained therapist and client .The empirically supported techniques include thought challenging , mental imagery and homework assignments to develop skills for testing and modifying beliefs, identifying thinking errors, relating to others in different ways, and changing behaviours (Judith S Beck , 2008).

## **Islamic Cognitive Behaviour Therapy (I-CBT)**

In the cognitive behaviour therapy with Islamic concepts the original techniques of cognitive behaviour therapy like thought restructuring and mental imagery were used with the incorporation of Islamic concepts using list of Islamic themes, already developed in initial phase of present study.

### **Depression**

**Major Depressive Disorder** requires two or more major depressive episodes.

**Diagnostic criteria:**

Depressed mood and/or loss of interest or pleasure in life activities for at least 2 weeks and at least five of the following symptoms that cause clinically significant impairment in social, work, or other important areas of functioning almost every day

- Depressed mood most of the day.
- Diminished interest or pleasure in all or most activities.
- Significant unintentional weight loss or gain.
- Insomnia or sleeping too much.
- Agitation or psychomotor retardation noticed by others.
- Fatigue or loss of energy.
- Feelings of worthlessness or excessive guilt.
- Diminished ability to think or concentrate, or indecisiveness.
- Recurrent thoughts of death (APA, 2000).

## **Generalized Anxiety Disorder**

**Generalized Anxiety Disorder** are characterized by **Excessive anxiety or worry, apprehensive expectations , occurring more days than not for at least 6 months , about a number of events or activities such as work or school performance.**

- **Individual finds it difficult to control the worry**
- **The anxiety or worry is associated with 3 or more of the following symptoms**
- **Restlessness or feeling keyed up or on an edge**
- **Being easily fatigued**
- **Difficulty concentrating or mind going blank**
- **Irritability**
- **Muscle tension**
- **Sleep disturbance (DSM 5)**

## **Quantitative Assessment**

**Scores of the clients on the psychological tests were recorded in the start sessions and on the ending of the therapeutic process. The scores were compared among the different groups of people getting traditional cognitive behaviour therapy and cognitive behaviour therapy with Islamic concepts.**

## **Qualitative Assessment**

**The data gathered during the therapeutic process was also analysed by using the qualitative method, Interpretative Phenomenological Analysis. The data gathered during the therapeutic process was also analysed by using the qualitative method, Interpretative Phenomenological Analysis . The aim of interpretative phenomenological analysis (IPA) was to explore in detail how participants were making sense of their personal and social world while going through cognitive behaviour therapy with Islamic concepts and the main focus of IPA was the experiences the clients were having through restructuring of thinking patterns by Ayaat and Ahaadiis.**

## **Objectives**

- To understand the process of cognitive restructuring of the clients receiving CBT-IC.
- To understand the phenomenon how the clients were giving meaning to their experiences while using religious content going through the therapeutic process.

## **Assumptions**

1. CBT with Islamic concepts will help in better understanding and quick changes in thinking process.
2. The client's adherence to therapy and compliance will improve and help in treatment process.
3. It was also assumed that model of CBT-IC would be helpful to remove cognitive errors from thought patterns of clients suffering from Anxiety and Depression.

## **Sample**

1. The sample was the experimental group receiving CBT-IC ( N=12).
2. The verbatim of the clients during the treatment were noted down and were qualitatively analysed

**RESULTS**

The data of study collected was analysed by using SPSS (Version 21). In order to fulfil the objectives of the study and to test the formulated hypothesis, following statistical analyses were performed.

**Quantitative Assessment****Table 3**

*Descriptive statistics for Demographic variables for treatment group receiving CBT-IC (N=12)*

Demographic Variables	f	%
<b>Age</b>		
20-29 years	1	8%
30-39 years	4	33%
40-49 years	5	41%
50-59 years	1	
60-69 years	1	8%
		8%
<b>Qualification</b>		
Matric	2	16%
Intermediate	3	25%
Graduation	4	33%
Masters	2	16%
Post Masters	1	8%
<b>Gender</b>		
Male	7	58%
Female	5	42%

<b>Disorder</b>		
<b>Generalized Anxiety</b>	<b>6</b>	<b>50%</b>
<b>Disorder</b>		
<b>Depression</b>	<b>6</b>	<b>50%</b>
<b>Marital Status</b>		
<b>Married</b>	<b>11</b>	<b>92%</b>
<b>Unmarried</b>	<b>1</b>	<b>8%</b>

Table 3 is showing the frequency and percentages of the subjects with respect to age, qualification and gender. Greater number of the subjects is between 40 -49 age range ( $f= 5$ , 41%) and the highest qualification percentage is of graduation ( $f=4$ , 33 %). 58% of the subjects are male and 42 % are females. 50% of the subjects are males ( $f=6$ ) and 50% are females ( $f=6$ ). 92% of the subjects were married ( $f=11$ ) and 8% are unmarried ( $f=1$ ). 50% of the subjects are diagnosed having depression ( $f=6$ ) and 50% are diagnosed as having anxiety.

**Table 4**

*Descriptive statistics for Demographic variables for treatment group receiving CBT (N=12)*

<b>Demographic Variables</b>	<b><i>f</i></b>	<b><i>%</i></b>
<b>Age</b>		
<b>20-29 years</b>	<b>1</b>	<b>8%</b>
<b>30-39 years</b>	<b>3</b>	<b>25%</b>
<b>40-49 years</b>	<b>4</b>	<b>33%</b>
<b>50-59 years</b>	<b>4</b>	<b>33%</b>
<b>60-69 years</b>	<b>0</b>	

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<b>Qualification</b>		
<b>Primary</b>	<b>1</b>	<b>8%</b>
<b>Matric</b>	<b>5</b>	<b>41%</b>
<b>Intermediate</b>	<b>1</b>	<b>8%</b>
<b>Graduation</b>	<b>3</b>	<b>25%</b>
<b>Masters</b>	<b>1</b>	<b>8%</b>
<b>Post Masters</b>	<b>1</b>	<b>8%</b>
<b>Gender</b>		
<b>Male</b>	<b>6</b>	<b>50%</b>
<b>Female</b>	<b>6</b>	<b>50%</b>
<b>Disorder</b>		
<b>Generalized Anxiety</b>	<b>5</b>	<b>42%</b>
<b>Disorder</b>		
<b>Depression</b>	<b>7</b>	<b>58%</b>
<b>Marital Status</b>		
<b>Married</b>	<b>9</b>	<b>75%</b>
<b>Unmarried</b>	<b>3</b>	<b>25%</b>

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Table 4 is showing the frequency and percentages of the subjects with respect to age, qualification and gender. Greater number of the subjects is between 40 -49 and 50-59 age range ( $f= 4$ , 33%) and the highest qualification percentage is of matriculation ( $f=5$ , 41 %). 50% of the subjects are male ( $f=6$ ) and 50 % are females ( $f=6$ ). 75% of the subjects were married ( $f=9$ ) and 25 % are unmarried ( $f=3$ ). 58% of the subjects are diagnosed having depression ( $f=7$ ) and 42% are diagnosed as having anxiety ( $f=5$ ).

**Table 5**

*Descriptive statistics for Demographic variables for treatment group receiving no treatment (N=12).*

Demographic Variables	f	%
<b>Age</b>		
29-39 years		
30-39 years	2	16%
39-49 years	4	33%
49-59 years	4	33%
59-69 years	2	16%
<b>Gender</b>		
Male	6	50%
Female	6	50%
<b>Marital Status</b>		
Married	10	84%
unmarried	2	16%
<b>Diagnosis</b>		
Depression	6	50%
Anxiety	6	50%

Table 5 is showing the frequency and percentages of the subjects with respect to age, qualification and gender. Greater number of the subjects is between 30 -39 and 40-49 age range (f= 4, 33%) . 50% of the subjects are male (f=6) and 50 % are females (f=6). 84% of the subjects were married (f=10) and 16 % are unmarried (f=2). 50% of the subjects are diagnosed having depression (f=6) and 50 % are diagnosed as having anxiety (f=6).

**Table 6**

*Table showing descriptive statistics of the three groups on pre-test and post-test of Beck Anxiety Inventory (BAI)*

		N	Mean	Std. Deviation	95% Confidence Interval for		Minimum	Maximum		
					Mean					
					Lower Bound	Upper Bound				
Pre-test BAI	I-CBT	12	30.08	31.633	9.98	50.18	0	67		
	CBT	12	25.00	31.261	5.14	44.86	0	68		
	Control Group	12	27.67	29.227	9.10	46.24	0	63		
	Total	36	27.58	29.909	17.46	37.70	0	68		
Post-test BAI	I-CBT	12	3.67	3.892	1.19	6.14	0	9		
	CBT	12	14.00	15.310	3.00	25.00	0	35		
	Control Group	12	24.00	25.107	8.05	39.95	0	50		
	Total	36	13.89	19.182	7.40	20.38	0	50		

Table 6 is showing that the means of three groups on the pre-testing of clients on Beck's Anxiety Inventory was (30 , ICBT) , ( 25 , CBT) and (27, control group). Which reduced on the post-testing to (3.67, ICBT), (15.3,CBT) and (25, control group). The mean differences are showing efficacy of Islamic cognitive behaviour therapy on the experimental group.

**Table 7**

*Table showing Anova scores on pre and post- test on Beck's Anxiety Inventory of the experimental groups receiving I-CBT, CBT and control group receiving no treatment.*

Groups		df	Mean Square	F	Sig.
	<b>Between Groups</b>	<b>2</b>	<b>77.583</b>	<b>.082</b>	<b>.921</b>
Pre-test BAI	<b>Within Groups</b>	<b>33</b>	<b>944.048</b>		
	<b>Total</b>	<b>35</b>			
Post -test	<b>Between Groups</b>	<b>2</b>	<b>1240.444</b>	<b>3.937</b>	<b>.029</b>
BAI	<b>Within Groups</b>	<b>33</b>	<b>315.051</b>		
	<b>Total</b>	<b>35</b>			

There was statistically non-significant difference between the groups on the pre-testing of BAI as determined by one-way anova ( $F(2,33)= 0.082, P=0.921$ ) which showed that all three groups were equally distributed into experimental group 1 receiving ICBT and experimental group 2 receiving CBT and control group receiving no treatment. On the other hand there was statistically significant difference between the groups on the post-testing of BAI as determined by one-way ANOVA ( $F(2,33)= 3.937, P=0.029$ ) which showed effectively of the treatment on the experimental group.

**Table 8**

Post-hoc Tukey HSD statistics showing mean differences of the three groups on post-test of Beck's Anxiety Inventory (BAI)

(I) Intervention Plan	N	Means of groups	(J) Intervention Plan	Mean Difference (I-J)	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
ICBT	12	3.67	CBT	10.333	.029	28.11	7.45
			Control Group	20.333*	.025	38.11	9.55
CBT	12	14	I-CBT	10.333	0.03	7.45	28.11
			Control Group	10.000	0.03	27.78	7.78
Control Group	12	24	I-CBT	20.333*	0.02	2.55	38.11
			CBT	10.000	0.03	7.78	27.78

There was statistically significant difference as determined by one-way anova

( $F(2,33)= 3.937, P=0.02$ ). A Tukey post hoc test revealed that the group who received I-CBT had statistically significant lower mean scores on post-test of BAI (3.67) . The experimental group receiving CBT has mean score on post testing (14). And the mean of the control group on post- test was 24. Which is rejecting the null hypothesis and proved the research hypothesis that group receiving ICBT will have low score on BAI than experimental group receiving CBT and control group.

**Table 9**

*Table showing descriptive scores on pre and post- test on BDI of the experimental groups receiving I-CBT, CBT and control group receiving no treatment.*

		N	Mean	Std.	95% Confidence Interval for		Minimum	Maximum		
					Deviation					
					Lower Bound	Upper				
Bound										
Pre-test BDI	I-CBT	12	21.75	23.109	7.07	36.43	0	50		
	CBT	12	28.42	25.224	12.39	44.44	0	55		
	no treatment	12	28.33	29.858	9.36	47.30	0	63		
	Total	36	26.17	25.652	17.49	34.85	0	63		
Post-test BDI	I-CBT	12	3.75	3.980	1.22	6.28	0	9		
	CBT	12	16.42	14.600	7.14	25.69	0	31		
	Control	12	21.75	22.824	7.25	36.25	0	49		
	Group									
	Total	36	13.97	17.156	8.17	19.78	0	49		

Table 9 is showing that the means of three groups on the pre-testing of clients on Beck's Depression Inventory was (21, ICBT), (28, CBT) and (28, control group). Which reduced on the post-testing to (3.75, ICBT), (16.42, CBT) and (21, control group). The mean differences are showing efficacy of Islamic cognitive behaviour therapy on the experimental group.

**Table 10**

*Table showing Anova scores on pre and post- test on BDI of the experimental groups receiving I-CBT, CBT and control group receiving no treatment.*

		df	Mean Square	F	Sig.
Pre-test BDI	Between Groups	2	175.583	.255	.776
	Within Groups	33	687.268		
	Total	35			
Post-test BDI	Between Groups	2	1025.778	4.103	.026
	Within Groups	33	249.982		
	Total	35			

There was statistically non-significant difference between the groups on the pre-testing of BDI as determined by one-way ANOVA ( $F(2,33)= 0.255$ ,  $P=0.776$ ) which showed that all three groups were equally distributed into experimental group 1 receiving ICBT and experimental group 2 receiving CBT and control group receiving no treatment. On the other hand there was statistically significant difference between the groups on the post -testing of BDI as determined by one-way ANOVA ( $F(2,33)= 34.103$ ,  $P=0.026$ ) which showed affectivity of the treatment on the experimental group.

**Table 11**

*Post-hoc Tukey HSD statistics showing mean differences of the three groups on post- test of Beck's Depression Inventory (BDI)*

(I) Intervention	N	Tukey HSD	(J)	Mean	Sig. (p)	95% Confidence Interval	
Plan		post-hoc	Intervention	Difference (I-J)		Lower Bound	Upper Bound
			Plan				
	12	3.75	CBT	12.667	.038	28.51	3.17
I-CBT			Control	18.000*	.023	33.84	-2.16
			Group				
	12	16.42	I-CBT	12.667	.138	3.17	28.51
CBT			Control	5.333	.690	21.17	10.51
			Group				
Control Group	12	21.75	I-CBT	18.000*	.023	2.16	33.84
			CBT	5.333	.690	10.51	21.17

There was statistically significant difference as determined by one -way anova ( $F(2,33)=4.103, P=0.026$ ). A Tukey post hoc test revealed that the group who received I-CBT had statistically significant lower mean scores on post-test of BDI (3.75). The experimental group receiving CBT has mean score on post testing (16). And the mean of the control group on post- test was 21. Which is rejecting the null hypothesis and proved the research hypothesis that group receiving ICBT will have low score on BDI than experimental group receiving CBT and control group.

**Table 12**

*Descriptive scores on pre and post- test on BTG of the experimental groups receiving I-CBT, CBT and control group receiving no treatment.*

		N	Mean	Std.	95% Confidence Interval for		Minimum	Maximum		
					Deviation					
					Lower Bound	Upper Bound				
Pre-test	I-CBT	12	69.00	9.964	62.67	75.33	52	90		
	CBT	12	49.17	5.606	45.60	52.73	40	58		
	Control	12	57.67	6.893	53.29	62.05	44	67		
	Group									
		Total	36	58.61	11.131	54.84	62.38	40	90	
Post-test	I-CBT	12	89.17	7.396	84.47	93.87	77	100		
	CBT	12	49.83	3.512	47.60	52.06	44	55		
	Control	12	57.17	7.043	52.69	61.64	44	68		
	Group									
		Total	36	65.39	18.348	59.18	71.60	44	100	

Table 12 is showing that the means of three groups on the pre-testing of clients on Bonding to God scale was (69, ICBT), (49, CBT) and (57, control group). Which changed on the post-testing to (89, ICBT), (49, CBT) and (57, control group). The mean differences are showing that religiosity of the experimental group receiving ICBT enhanced after getting the treatment.

**Table 13**

*Table showing ANOVA scores on pre and post- test on BTG of the experimental groups receiving I-CBT, CBT and control group receiving no treatment*

	df	Mean Square	F	Sig.
Pre-test BTG	Between Groups	2	1188.111	20.001
	Within Groups	33	59.404	
	Total	35		
Post-test BTG	Between Groups	2	5249.778	135.029
	Within Groups	33	38.879	
	Total	35		

There was statistically non-significant difference between the groups on the pre-testing of BDI as determined by one-way anova ( $F(2,33)= 0.255, P=0.776$ ) which showed that all three groups were equally distributed into experimental group 1 receiving ICBT and experimental group 2 receiving CBT and control group receiving no treatment. On the other hand there was statistically significant difference between the groups on the post -testing of BDI as determined by one-way anova ( $F(2,33)= 34.103, P=0.026$ ) which showed effectiveness of the treatment on the experimental group.

**Table 14**

*Anova table showing variance among means in three groups depending on demographic effects*

		df	Mean Square	F	Sig. (p)
age	Between Groups	2	1.361	1.289	.028
	Within Groups	33	1.056		
	Total	35			
gender	Between Groups	2	.000	2.023	.000
	Within Groups	33	.273		
	Total	35			
qualification	Between Groups	2	.778	.381	.686
	Within Groups	33	2.040		
	Total	35			
Marital status	Between Groups	2	.194	1.638	.210
	Within Groups	33	.119		
	Total	35			

The table 14 is showing the ANOVA results of demographic variables. The scores of ANOVA shows group differences with respect to age ( $F (2, 16) = 1.289, p = .028$ . which shows ICBT effects age differences differently. The scores of ANOVA shows significant group differences with respect to gender ( $F (2, 16) = 2.023, p = .000$  which shows gender differences in the affectivity of the treatment ICBT.

**Table 15**

*Table 10 is showing Correlation between Beck's Depression Inventory and Bonding to God scale*

Scales	No of items	r
Beck's Depression Inventory	21	-.42**
Bonding to God Scale	34	

\*\*P<0.01

Table 10 demonstrates that there is significant negative correlation ( $r=-.42^{**}$ ,  $p<0.01$ ) between Beck's Depression Inventory and Bonding to God Scale. Negative correlation between the two tests measuring the different constructs provides evidence of discriminant validity. Clients who scored high on BTG scored low on BDI.

**Table 16**

*Table 16 is showing Correlation between Beck's Anxiety Inventory and Bonding to God scale*

Scales	No of items	r
Beck's Anxiety Inventory	21	-.38**
Bonding to God Scale	34	

Table 16 demonstrates that there is significant negative correlation ( $r= -.38^{**}$ ,  $p<0.01$ ) between Beck's Anxiety Inventory and Bonding to God Scale. Negative correlation between

the two tests measuring the different constructs provides evidence of discriminant validity. clients who scored high on BTG scored low on BAI.

## Qualitative Assessment

Qualitative assessment of the data was done by using interpretative phenomenological Analysis . The aim of interpretative phenomenological analysis (IPA) was to explore in detail how participants were making sense of their personal and social world, after getting the intervention (Islamic Cognitive Behaviour therapy) and the main focus of the IPA was how the clients were giving meanings to particular experiences, events when involved with the Islamic Cognitive Behaviour Therapy . Themes and sub themes from the verbatim of the clients about their treatment process.

**Table 17**

*Table 17 is showing demographic details of the data for qualitative analysis*

Participant No	Age	Gender (M/F)	Education Level	Scio-economic Status	Diagnosis	Mode of therapeutic intervention
1	34	F	M.ed	Middle class	Anxiety	I-CBT
2	55	M	Matric	Middle class	Depression	I-CBT
3	29	F	Graduation	Middle class	Anxiety	I-CBT
4	45	F	Intermediate	Lower middle class	Depression	I-CBT
5	37	M	Intermediate	Middle class	Anxiety	I-CBT

6	48	M	Graduate	Lower middle class	Depression	I-CBT
7	39	M	M.Phil	Lower middle class	Depression	I-CBT
8	42	M	Graduate	Middle class	Depression	I-CBT
9	46	F	Matric	Lower middle class	Depression	I-CBT
10	46	M	Intermediate	Lower middle class	Anxiety	I-CBT
11	67	M	Masters	Lower middle class	Anxiety	I-CBT
12	36	F	Graduation	Middle class	Anxiety	I-CBT
13	38	M	Graduation	Lower middle class	Depression	CBT
14	52	F	Graduation	Middle class	Anxiety	CBT
15	31	F	M.Phil	Middle class	Depression	CBT
16	48	F	M.A	Middle class	Depression	CBT
17	23	M	Matric	Lower middle class	Depression	CBT
18	32	M	Matric	Lower middle class	Anxiety	CBT
19	48	F	Graduation	Middle class	Depression	CBT
20	45	M	Matric	Lower middle class	Depression	CBT
21	53	F	Matric	Lower middle class	Depression	CBT
22	44	M	Intermediate	Middle class	Anxiety	CBT
23	55	F	Primary	Lower middle class	Anxiety	CBT
24	50	M	Matric	Lower middle class	Anxiety	CBT

25	33	M	Matric	Lower middle class	Depression	No treatment
26	43	M	Intermediate	Middle class	Depression	No treatment
27	51	F	Graduation	Middle class	Depression	No treatment
28	29	M	Graduation	Middle class	Depression	No treatment
29	60	F	Graduation	Middle class	Depression	No treatment
30	40	F	Intermediate	Middle class	Depression	No treatment
31	38	M	Matric	Lower middle class	Anxiety	No treatment
32	54	F	Middle	Lower middle class	Anxiety	No treatment
33	44	M	Matric	Lower middle class	Anxiety	No treatment
34	52	F	Graduation	Middle class	Anxiety	No treatment
35	48	M	M.A	Middle class	Anxiety	No treatment
36	58	F	Intermediate	Lower middle class	Anxiety	No treatment

## Thematic Analysis

Following themes were extracted from the data under the technique of interpretative phenomenological analysis (IPA).

- Belief on prayer
- Belief on forgiveness
- Spirituality gives inner peace

- Allah is most forgiving than humans
- Recitation and listening to talawat gives inner peace
- Closeness to Allah SWT takes away worries
- Discontentment takes towards distress
- Acceptance of cognitive distortions helps in cure
- All the crisis are from Allah SWT
- Supplications gives peace
- Recitation of different Surah relieve depression
- Following prophet Muhammad PBUH is a real source of calmness.

**Table 18**

*Table 18 is showing the frequency and percentages of the themes (N=12)*

<b>Themes</b>	<b>(f) Frequencies</b>	<b>Percentages %</b>
Belief on prayer	10	83%
Belief on forgiveness	9	75%
Spirituality gives inner peace	11	91%
Allah is most forgiving then humans	10	83%
Recitations and listening to talawat gives inner peace	11	91%
Closeness to Allah takes away the worries	11	91%
Discontentment takes towards distress	9	75%
Acceptance of cognitive distortion helps in cure	9	75%
All the crisis are from Allah SWT	9	75%
Supplications give peace	8	66%
Recitation of different surah relieve depression	10	83%
Following Prophet Muhammad (PBUH) is real source for calmness	8	66%

Table 13 is showing that the main themes extracted from the verbatim of the subjects noted during the therapeutic sessions ranged from frequency of 8 to 11 subjects out of a total of 12 participants. The percentages of the responses towards the effectiveness of religiosity in

treatment ranged from 66 % to 91%. It can be deduced by the percentage of the theme extraction that most of the subjects attributed their successful treatment towards the presence of Islamic content i.e., the ayaat and Ahaadiis in the therapy and the other Islamic techniques utilized during the therapy like, supplications , recitations and strengthening the relationship with Allah SWT.

**Table 19**

*Table 14 is showing gender differences frequency of themes elicited from the data*

Themes	Frequency of males and females on the themes				
	(f)femeles	( f)males	(f) Total	T	%age
Belief on prayer	6	4	10		83%
Belief on forgiveness	5	4	9		75%
Spirituality gives inner peace	6	5	11		91%
Allah is most forgiving then humans	5	5	10		83%
Recitations and listening to talawat gives inner peace	6	5	11		91%
Closeness to Allah takes away the worries	5	6	11		91%
Discontentment takes towards distress	4	5	9		75%
Acceptance of cognitive	4	5	9		75%

**distortion helps in cure**

All the crisis are from Allah	5	4	9	75%
<b>SWT</b>				
Supplications give peace	4	4	8	66%
Recitaon of different surah	6	5	11	83%
<b>relieve depression</b>				
Following Prophet Muhammad	3	5	8	66%
<b>(PBUH) is real source for calmness</b>				

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Table 14 is showing the gender differences in different themes extracted from the qualitative data. On some of the themes extracted females were having higher frequencies than males such as Belief on prayer ( F=6, M=4), Belief on forgiveness ( F=5,M=4), Spirituality gives inner peace ( F=6, M=5), Recitations and listening to talawat gives inner peace (F=6, M=5) , All the crisis are from Allah SWT( F=5, M=4)and Recitaon of different surah relieve depression (F=6 , M= 5 ) . Males were having higher frequencies than females on these themes such as Closeness to Allah takes away the worries ( M=6, F=5 ) , Discontentment takes towards distress (M= 5 , F=4 ), and Acceptance of cognitive distortion helps in cure (M=5 , F=4 ) , Following Prophet Muhammad (PBUH) is real source for calmness (M=5, F= 3). On some of the themes males and females were having same frequencies like the theme Allah is most forgiving then humans (M=5, F=5), Supplications give peace ( M=4, F= 4).

## **Sub themes**

Following sub themes were extracted from the qualitative analysis

- Allah SWT answers prayer
- Prayers give inner peace
- Not praying makes a person distressed
- Allah is the most forgiving
- Some sins are not forgiven
- Asking for forgiveness sometimes becomes very difficult
- Relationship with Allah SWT makes a person independent of other humans
- Fears of life goes away when one develops Belief on Allah's help
- By developing a connection with Allah even in imagination hopelessness vanishes
- On most of sins Allah do not give punishment
- Allah SWT hides people sins
- Allah SWT do not lessen his blessings even on very big sins
- Recitation of Quranic Ayaat about Allah's love and his promise of changing distress into blessings really changed thinking pattern and life
- Listening to Recitation of Surah I Rahman with translation changed life
- Recitation of Quran in the morning gave strength
- Allah compensates grieves and losses
- Thankfulness to Allah cures cognitive distortions
- Coming closer to Allah helps going away from worries
- Discontentment creates comparison with others
- Discontentment creates perfectionism
- Discontentment leads to neglect blessings

- Positive thinking
- Behavioural control
- Feelings become positive
- Acceptance of life circumstances pre planned
- Humans cannot change some one life
- Negative Events happening by some people are by Allah's will
- Recitation of Surah I Yaseen and suplications after recitation are heard by Allah SWT
- Recitation of different names of Allah SWT and suplications takes a person out from miseries
- recitation of Darood Sharief after Friday prayer give peace
- Listening to Surah I Rahman with translation helped in changing negative cognitions
- Listening to Surah I Yaseen in the morning help in avoiding distress
- Prophet's Sayings helps in alleviation of distressed thinking
- Prophet's behaviours help in development of peaceful personalit

**Table 20**

*Table 20 is showing Frequency & percentages of themes and sub themes elicited out of the verbatim of clients getting I-CBT during intervention sessions (N=12)*

Themes	Subthemes	Frequ	% of	% of
		ency	Sub	themes
				themes
	<b>Allah SWT answers prayer</b>	7	58%	
Belief on prayer	<b>Prayers give inner peace</b>	10	83%	
	<b>Not praying makes a person distressed</b>	8	66%	83%
	<b>Allah is the most forgiving</b>	9	75%	
	<b>Some sins are not forgiven</b>	6	50%	
Belief on forgiveness	<b>Asking for forgiveness sometimes becomes very difficult</b>	7	58%	75%
Spirituality gives inner peace	<b>Relationship with Allah SWT makes a person independent of other humans</b>	11	91%	
	<b>Fears of life goes away when one develops Belief on Allah's help</b>	8	66%	
	<b>By developing a connection with Allah even in imagination hopelessness vanishes</b>	7	58%	91%
Allah is most forgiving then humans	<b>On most of sins Allah do not give punishment</b>	6	50%	83%
	<b>Allah SWT hides people sins</b>	6	50%	
	<b>Allah SWT do not lessen his blessings even on very big sins</b>	10	83%	

Recitations and listening to talawat gives inner peace	Recitation of Quranic Ayaat about Allah's love and his promise of changing distress into blessings really changed thinking pattern and life	11	91%	91%
	Listening to Recitation of Surah I Rahman with translation changed life	9	75%	
	Recitation of Quran in the morning gave mesmerizing strength	8	66%	
Closeness to Allah takes away the worries	Allah compensates grieves and losses	11	91%	91%
	Thankfulness to Allah cures cognitive distortions	7	58%	
	Coming closer to Allah helps going away from worries	10	83%	
Discontentment takes towards distress	Discontentment creates comparison with others	9	75%	75%
	Discontentment creates perfectionism	8	66%	
	Discontentment leads to neglect blessings	6	50%	
Acceptance of cognitive distortion helps in cure	Positive thinking	8	66%	75%
	Behavioural control	8	66%	
	Feelings become positive	9	75%	
All the crisis are from Allah SWT	Acceptance of life circumstances pre planned	8	66%	75%
	Humans cannot change some one life	9	75%	
	Negative Events happening by some people are by Allah's will	7	58%	
Supplications give peace	Recitation of Surah I Yaseen and supplications after recitation are heard by Allah SWT	8	66%	

	Recitation of different names of Allah SWT	7	58%	83%
	like Ya hayo ya Qayumu and suplications			
	takes a person out from miseries			
	recitation of Darood Sharief after Friday	7	58%	
	prayer give peace			
Recitaon of different surah relieve depression	Listening to Surah I Rahman with translation	10	83%	83%
	helped in changing negative cognitions			
	Listening to Surah I Yaseen in the morning	10	83%	
	help in avoiding distress			
Following Prophet Muhammad (PBUH) is real source for calmness	Prophet's Sayings helps in alleviation of distressed thinking	8	66%	66%
	Prophet's behaviours helps in development of peaceful personality	8	66%	

Table 20 is showing the frequencies and percentages of the sub themes and percentages of the main themes. Table is showing that the main themes such as (Spirituality gives inner peace , Recitations and listening to talawat gives inner peace and Closeness to Allah takes away the worries) , were having 91 percentage means 11 out of 12 subjects during the therapeutic session discussed this theme and attributed their treatment towards development of these believes . The main themes such as Recitaon of different surah relieve depression, Allah is most forgiving then humans, Belief on prayer were having 83 percentage means 10 out of 12 clients discussed about this theme during the therapeutic sessions. The 75% of the subjects talked about the main themes such Belief on forgiveness, discontentment takes towards distress , All the crisis are from Allah SWT and Acceptance of cognitive distortion helps in

cure . 66 % of the subjects discussed these themes such as Supplications give peace ,Following Prophet Muhammad (PBUH) is real source for calmness. It means 8 out of 12 subjects talked about these themes.

**Table 21**

*Table 21 is showing qualitative analysis of the main theme "Belief on Prayer" extracted from the data by using example verbatim of any of the subject*

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Themes	Verbatim
Belief on prayer	<i>"By praying every person can get inner peace and relaxation and can control his worries by putting them in Allah's hand , ..... by offering prayers I feel as I have handed over my worries to Allah SWT....."</i>

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The main theme "Belief on prayer" extracted from the verbatim of the subjects during the sessions was discussed by 83% of the clients. The frequency of responsis was 10. It means that 10 out of 12 clients contributed this theme. The finding of this table is showing that belief on prayer helped the clients in dealing with their cognitive errors and helped them in restructuring their thought pattern and as a result helped them in fighting anxiety and depression.

**Table 22**

Table 22 is showing analysis of the sub-themes under the main theme “Belief on Prayer” extracted from the data by using example verbatim of any of the subject

Main theme	Sub Themes	Verbatim
Belief on prayer	Allah SWT answers prayer	<p><i>“I believe that Allah talah listens to our prayers and he do not ignore them but answer them but the time of answer is not certain He sometimes accept our prayer at the same time and sometimes wait for the best time for us. And sometimes he He do not gives the exact thing which we are demanding but replaces it with something else . Which proves too good for us after sometimes”.</i></p>
	Prayers give inner peace	<p><i>“When I pray I feel relaxation and inner peace and in distress it becomes difficult for me to pray. But the only one thing that takes me out of distress is prayer”.</i></p>
	Not praying makes a person distressed	<p><i>“when I leave praying, I feel emptiness and in continuous disturbance , I can not enjoye</i></p>

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*anything even enjoyable and remained*

*distressed and feel like alone and weak".*

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The sub-themes under the main theme “Belief on prayer” extracted from the verbatim of the subjects were Allah SWT answers prayer, Prayers give inner peace, Not praying makes a person distressed. The sub theme, Allah SWT answers prayer has the frequency 7 and 58 % of subjects discussed this theme during the therapeutic sessions, it means that 7 out of 12 subjects contributed in this theme. The sub -theme, Prayers give inner peace has the frequency 10 and 83 % of subjects discussed this theme during the therapeutic sessions, it means that 10 out of 12 subjects contributed in this theme. The sub theme “not praying makes a person distressed” has the frequency 8 and 66% of the subjects discussed this theme. The finding of this table is showing that belief on prayer helped the clients in developing inner control and peace and in dealing with their apprehensions and fears and depressive states and helped them in restructuring their thought pattern and as a result helped them in fighting anxiety and depression.

**Table 23**

*Table 23 is showing analysis of the main theme "Belief on forgiveness" extracted from the data by using example verbatim of any of the subject*

Themes	Verbatim
Belief on forgiveness	<p><i>"Allah talah is most forgiving, we commit a lot of sins but Allah do not give us punishment on them, or I can say we commit sins everyday in some way or the others, we lie, we do not offer our five times prayers regularly, we do not follow HIS orders which he gave to us in Quran -i- Pak about caring for our relatives our neighbours, but even then Allah SWT blesses us with food, clothes, health and wealth. And he asks us to pray for forgiveness from HIM and he will forgive us."</i></p>

The main theme "Belief on forgiveness" extracted from the verbatim of the subjects during the sessions was discussed by 75% of the clients. The frequency of responses was 9. It means that 9 out of 12 clients contributed this theme. The finding of this table is showing that belief on prayer helped the clients in dealing with their cognitive errors and helped them in restructuring their thought pattern and as a result helped them in fighting anxiety and depression.

**Table 24**

*Table 24 is showing analysis of the sub -theme under the main theme “Belief on forgiveness” extracted from the data by using example verbatim of any of the subject*

Main theme	Sub Themes	Verbatim
Belief on forgiveness	Allah is the most forgiving	<i>“Allah himself asks his man to take forgiveness from HIM and HE will forgive us and HE likes the man who asks forgiveness from HIM and HE likes forgiving people for their sins.</i>
	Some sins are not forgiven	<i>..... But some of the sins are really big which are called Gunnah-i- kabeera, they will not be forgiven by God. So I pray from Allah to help me in avoiding Gunnah –i-Kabeera”.</i>
	Asking for forgiveness sometimes becomes very difficult	<i>“It is Allah who gives the power and energy and most important will to pray from HIM to ask for mercy and also to ask for forgiveness of sins. For some people it becomes difficult to asks for forgiveness because Allah talah donot want them to ask for forgiveness.”</i>

Three sub-themes were extracted by the qualitative analysis under the main theme “Belief on forgiveness”, these themes are “Allah is the most forgiving”, “some sins are not forgiven” and “asking for forgiveness sometimes becomes very difficult”.

The sub-theme “Allah is the most forgiving” has the frequency 9 and percentage 75 and the sub-theme that “Some sins are not forgiven” has frequency 6 and 50 % of the subjects discussed this theme , and the sub theme “Asking for forgiveness sometimes becomes very difficult” has the frequency 7 and 58% of the subjects discussed this theme . Subjects gave the views about Allah’s forgiveness that HE is ready to forgive and HE likes forgiving but we delay in asking for forgiveness.

**Table 25**

*Table 25 is showing analysis of the main theme “Spirituality gives inner peace” extracted from the data by using example verbatim of any of the subject*

Themes	Verbatim
Spirituality gives inner peace	<i>“When I built my relationship with Allah Talah , by praying , by supplications and giving sadkat to poor people , I feel really connected to Allah talah and this gives me a very sound inner peace and I feel no conflict with people around and I feel that people cannot do anything wrong to me without the will of Allah talah”.</i>

The main theme “spirituality gives inner peace” extracted from the verbatim of the subjects during the sessions was discussed by 91% of the clients. The frequency of responsis was 11.

It means that 11 out of 12 clients contributed this theme. The finding of this table is showing that increase in spirituality during the therapeutic process helped the clients in dealing with their cognitive errors and helped them in restructuring their thought pattern and as a result helped them in fighting anxiety and depression.

**Table 26**

*Table 26 is showing analysis of the sub- theme under the main theme "Spirituality gives inner peace" extracted from the data by using example verbatim of any of the subject*

Main theme	Sub Themes	Verbatim
Spirituality gives inner peace	Relationship with Allah SWT makes a person independent of other humans	<i>"The time when I started praying and asking from allah talah about everything, I stoped thinking about other people. I donot think about people 's intentions now and donot try to be conscious of every other person but I feel like that I am no more bothered about other persons in my life. If they do something wrong, even my tolerance level has increased now, I easily ignore now."</i>
	Fears of life goes away when one develops Belief on Allah's help	<i>"I was a very fearing person , I always thought that some thing bad is going to happen and always had a negative thinking about my luck that nothing good can happen in my life. But during the therapeutic process when I started focusing on my religious side and took out the religious person who was sleeping, then fears of my life went away".</i>

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By	<i>"After developing habit of offering prayer and supplications and doing the tasbeeh every night and doing the Imagination exercise of handing future worries to Allah SWT my all hopelessness went away".</i>
developing a	
connection	
with Allah	
even in	
<u>imagination</u>	
hopelessness	
vanishes	

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Three sub-themes were extracted out of the main -theme “Spirituality gives inner peace”.

These sub-themes were “Relationship with Allah SWT makes a person independent of other humans”, “Fears of life goes away when one develops Belief on Allah’s help” and “By developing a connection with Allah even in imagination hopelessness vanishes”.

The sub -theme “Relationship with Allah SWT makes a person independent of other humans” has the frequency 11 and 91% subjects commented about this theme, the sub theme “Fears of life goes away when one develops Belief on Allah’s help” has the frequency 8 and 66% age , the sub theme , “By developing a connection with Allah even in imagination hopelessness vanishes” has the frequency 7 and 58 %age. Subjects while getting Islamic cognitive therapy became able to dig out their inner spirituality and in making connection with Allah SWT. They discussed during the sessions in some way or the other that by increase in spirituality helped them in relieving the psychiatric conditions.

**Table 27**

*Table 27 is showing analysis of the main theme “Allah is the most forgiving than humans” extracted from the data by using example verbatim of any of the subject*

Themes	Verbatim
Allah is most forgiving than humans	<i>“An human cannot forgive a very small mistake of other human being but it is Allah Talah who keeps forgiving our hundreds of sins every day”.</i>

The main theme “Allah is most forgiving than humans” extracted from the verbatim of the subjects during the sessions was discussed by 83% of the clients. The frequency of responses was 10. It means that 10 out of 12 clients contributed in this theme. The finding of this table is showing that having the belief that Allah is most forgiving than humans helped the clients in dealing with their cognitive errors and helped them in restructuring their thought pattern and as a result helped them in fighting anxiety and depression.

**Table 28**

*Table 28 is showing analysis of the sub themes under the main theme “Allah is the most forgiving than humans” extracted from the data by using example verbatim of any of the subject*

Main theme	Sub Themes	Verbatim
Allah is most forgiving than humans	On most of sins Allah do not give punishment	<i>“I am convinced of the loving nature of Allah SWT as I can count a number of small and big sins of mine when Allah did not punished me and blessed me at that times when I make my parents angry with me and disobeyed them Allah Talah blessed me with son at that time”.</i>
Allah SWT hides people sins		<i>Allah talah hides our sins if our sins become evident like back biting , lieing than no person will sty with us, everyone would hate us but it is the Allah talah who knows us even though donot leave us alone.</i>
Allah SWT do not lessen his blessings even on very big sins		<i>“ we do commit a lot of disobedience of Allah talah everyday as we donot offer five times prayers regulary , lies and back bite people still Allah donot makes HIS blessings less for us. HE keeps sending food every day and lots of other things such as health, wealth, relatives every thing remains the same”.</i>

Three sub –themes were extracted under the main theme “Allah is most forgiving than humans”. These sub-themes are “On most of sins Allah do not give punishment”, “Allah SWT hides people sins”, and “Allah SWT do not lessen his blessings even on very big sin”.

The sub theme “On most of sins Allah do not give punishment” has frequency 6 and 50% of subjects contributed in this theme, the sub -theme “Allah SWT hides people sins” has frequency 6 and 50% of the subjects commented on this theme and the sub theme “Allah SWT do not lessen his blessings even on very big sin” has the frequency 10 and 83%age.

**Table 29**

*Table 29 is showing analysis of the main theme “Recitation and listening to talawat gives inner peace” extracted from the data by using example verbatim of any of the subject*

Themes	Verbatim
Recitation and listening to talawat gives inner peace	<i>“I started listening to recitation of Quranic Surah like surah -i- yaseen and surah - i- Rahman in the voice of different renoukned Qari’s and I felt very relaxed and happy. While listening to recitations I was unable to control my tears and by doing this I felt like I was carrying many Kilograms of weight which was no more with me, I felt inner satisfaction and a sound peace inside me”.</i>

The main theme “recitation and listening to talawat gives inner peace” extracted from the verbatim of the subjects during the sessions was discussed by 91% of the clients. The frequency of responsis was 11. It means that 11 out of 12 clients contributed this theme. The

finding of this table is showing that recitation and listening to Quran during the therapeutic process helped the clients in dealing with their cognitive errors and helped them in restructuring their thought pattern and as a result helped them in fighting anxiety and depression.

**Table 30**

*Table 30 is showing analysis of the sub - themes under the main theme “ Recitation and listening to talawat gives inner peace ” extracted from the data by using example verbatim of any of the subject*

Main theme	Sub Themes	Verbatim
Recitation and listening to talawat gives inner peace	Recitation of Quranic Ayaat about Allah’s mercy and his promise of changing distress into blessings really changed thinking pattern and life	<i>“When I recited the Quranic Ayaat with translation in which Allah SWT was telling about his mercy and telling about changing the problems and worries into blessings if we will do the patience , and the Quranic Ayaat in which Allah talah was saying that HE do not overburden any person , but put the burden which a person can handle. This make me relaxed and I felt that my problems are not too much and Allah is there to take me out of all problems ”.</i>
Listening to		<i>“When I listened to Surah-i- Rahman with</i>

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Recitation of Surah I Rahman with translation changed life	<i>translation I felt myself in front of Allah talah and was feeling like trembling and was not able to control my tears and by listening to the whole surah sitting alone in a silent peaceful room I felt as left all my worries and distress in that room . After listening to the recitation again and again I felt so peaceful and relaxed and controlled, my anger went away which was not in my control at all and after wards my whole life was changing and getting better”.</i>
Recitation of Quran in the morning gave strength	<i>I started recitation of Quran after Fajar prayers after coming for the therapeutic sessions. And I feel a control and strength in myself for the whole day and having the feeling that nothing bad is going to happen</i>

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Three sub-themes were extracted out of the main theme “Recitation and listening to talawat gives inner peace”. These themes were, “Recitation of Quranic Ayaat about Allah’s mercy and his promise of changing distress into blessings really changed thinking pattern and life”, “Listening to Recitation of Surah I Rahman with translation changed life” and “Recitation of Quran in the morning gave strength”. The sub theme “Recitation of Quranic Ayaat about Allah’s mercy and his promise of changing distress into blessings really changed thinking pattern and life” has frequency 11 and 91 % of the subjects contributed in this sub theme , it means 11 out of 12 subjects discussed their views on this theme, the sub - theme “Listening to Recitation of Surah I Rahman with translation changed life” has frequency 9 and 75 %age and the sub -theme “ Recitation of Quran in the morning gave strength” has frequency 8 and 66 percentage.

**Table 31**

*Table 31 is showing analysis of the main theme “Closeness to Allah SWT takes away worries” extracted from the data by using example verbatim of any of the subject*

Themes	Verbatim
Closeness to Allah SWT takes away worries	<i>“ When I started coming closer to Allah talah by offering prayers and recitations and doing the supplications and started different wazaif of Allah talah’s different names , I felt as my all worries were running away from me and I was becoming calm and relaxed”.</i>

The main theme “closeness to Allah takes away worries” extracted from the verbatim of the subjects during the sessions was discussed by 91% of the clients. The frequency of responses was 11. It means that 11 out of 12 clients contributed this theme. The finding of this table is showing that by coming closer to Allah SWT during the therapeutic process helped the clients in overcoming their worries .

**Table 32**

*Table 32 is showing analysis of the sub- themes under the main theme “ Closeness to Allah SWT takes away worries ” extracted from the data by using example verbatim of any of the subject*

Main theme	Sub Themes	Verbatim
Closeness		

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to Allah	Allah	<i>“When I started coming closer to Allah talah I was able to notice that allah talah has always compensated me with a very good thing for any of my tension, as I was divorced but soon after I got very good in-laws and husband by second marriage , Allah Talah compensated me I was worried what will happen after divorce but Allah talah made my life more beautiful than was before”.</i>
SWT takes away Worries	compensates grieves and losses	<i>“Someone told me to do the tasbeeh of Alhamdulilah , and after few days of making habit of saying alhamdulilah , I started noticing the blessings of allah talah in my life , when I started calculating the blessings to be thankful to Allah was a lot and miseries were very less. I started focussing on the positive things in my life and whole thinking pattern was changed”.</i>
Coming closer to Allah helps going away from worries		<i>“When I started offering prayer regularly and started tasbeehat and supplications I felt myself as going away from worries”.</i>

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Three sub-themes were extracted out of the main theme “Closeness to Allah SWT takes away Worries”. These themes are, “Allah compensates grieves and losses”, “Thankfulness to Allah cures cognitive distortions” and “Coming closer to Allah helps going away from

worries". The sub -theme "Allah compensates grieves and losses" has frequency 11 and 91%age, the sub -theme "Thankfulness to Allah cures cognitive distortions" has frequency 7 and 58% responsis, and the sub theme, "Coming closer to Allah helps going away from worries" has frequency 10 and 83% subjects contributed in this theme, it means 10 out of 12 subjects gave this view that they managed to go away from the worries by coming closer to Allah SWT.

**Table 33**

*Table 33 is showing analysis of the main theme "Discontentment takes towards distress" extracted from the data by using example verbatim of any of the subject*

Themes	Verbatim
Discontentment takes towards distress	<i>"When I feel like discontented and wishing about different things and comparing myself and my life with others who are better than me. Thinking about the things I am not having makes me distressed and disturbed".</i>

The main theme "discontentment takes towards distress" extracted from the verbatim of the subjects during the sessions was discussed by 75% of the clients. The frequency of responsis was 9. It means that 9 out of 12 clients contributed in this theme. The findings of this table are showing that by attributing discontentment to distress the clients succeeded in dealing with their cognitive errors and helped them in restructuring their thought pattern and as a result helped them in fighting anxiety and depression.

**Table 34**

*Table 34 is showing analysis of the sub-themes under the main theme “Discontentment takes towards distress” extracted from the data by using example verbatim of any of the subject*

Main theme	Sub Themes	Verbatim
Discontentment takes towards distress	Discontentment creates perfectionism	<i>“discontentment and dissatisfaction made me distressed and to satisfy my own inner self I developed perfectionism I want everything related to me perfect like I want to cook excellent for my husband and my house should be very neat and I should be dressed well when my husband comes from office, I want my everything perfect and complete and it becomes very difficult for me to make everything perfect and complete. On not completing all the things I get disturbed”.</i>
	Discontentment leads to neglect blessings	<i>“I know that when I become discontent I start neglecting the blessings in my life and focus on things which I don’t have”.</i>
	Discontentment creates comparisons	<i>“By controlling my discontented thinking patterns I succeeded in becoming me and stopped comparing myself and my life with others”.</i>

Three sub-themes are extracted from the main theme, “Discontentment takes towards distress”. These sub-themes are “Discontentment creates perfectionism”, “Discontentment leads to neglect blessings” and “discontentment creates comparisons”. The sub - theme , “Discontentment creates perfectionism” has frequency 8 and 66% subjects discussed about this sub theme , it means 8 out of 12 clients contributed in this theme , The sub – theme, “Discontentment leads to neglect blessings” has frequency 6 and 50 % of the subjects

contributed in this theme and the sub- theme “discontentment creates comparisons” has the frequency 9 and 75 % subjects responded on this sub- theme.

**Table 35**

*Table 30 is showing analysis of the main theme “Acceptance of cognitive distortions helps in cure” extracted from the data by using example verbatim of any of the subject*

Themes	Verbatim
Acceptance of cognitive distortions helps in cure	<i>“When I started noticing my thinking style I come to know that I was focussing on small negative things and was neglecting big blessings of Allah talah in my life. When I noticed my thinking than it took no effort to change my life”.</i>

The main theme “Acceptance of cognitive distortions helps in cure” extracted from the verbatim of the subjects during the sessions was discussed by 75% of the clients. The frequency of responses was 9. It means that 9 out of 12 clients contributed this theme. The finding of this table is showing that accepting the cognitive distortions helped the clients in dealing with their cognitive errors and helped them in restructuring their thought pattern and as a result helped them in fighting anxiety and depression.

**Table 36**

*Table 36 is showing analysis of the sub -themes under the main theme “Acceptance of cognitive distortions helps in cure” extracted from the data by using example verbatim of any of the subject*

Main theme	Sub Themes	Verbatim
Acceptance of cognitive distortions helps in cure	Positive thinking	<i>“As during the sessions, I was able to understand that I was giving somethings more importance that were very minors and due to overthinking about them I was making my life disturbed. By avoiding them I felt a change in my thinking and that was positive”.</i>
	Behavioural control	<i>“I controlled my anger when I noticed that I was thinking more critically and precisely but I know that humans are not similar every time they can behave differently ,now I become less aggressive when something happens which I don't like , I think now I am able to control myself”.</i>
	Feelings become positive	<i>“When I noticed that I was becoming very sensitive in my thinking I changed my thinking and now my feelings are also becoming good”.</i>

The sub- themes extracted under the main theme “Acceptance of cognitive distortions helps in cure” were “Positive thinking”, “Behavioural control” And the “Feelings become

positive". The sub theme "Positive thinking" has the frequency 8 and 66 %. The sub theme "Behavioural control" has the frequency 8 and 66% age. The sub theme, "Feelings become positive" has the frequency 9 and 75%.

**Table 37**

*Table 37 showing analysis of the main theme "All the crisis are from Allah SWT" extracted from the data by using example verbatim of any of the subject*

Themes	Verbatim
All the crisis are from Allah SWT	<i>"There is no doubt in this belief that our fate is decided by Allah talah, it is HE who decides everything for us, and a man can not change other person's life and make it miserable or difficult".</i>

The main theme "all the crisis are from Allah SWT" extracted from the verbatim of the subjects during the sessions was discussed by 75% of the clients. The frequency of responses was 9. It means that 9 out of 12 clients contributed this theme. The finding of this table is showing that when client succeeded in developing the view that all the crisis comes from Allah SWT's will and not by a person's mistake or by some humans enmity it helped the clients in dealing with their cognitive errors and depressive and anxious thinking, fearfulness, negative apprehensions about future were vanished. And the clients succeeded in fighting anxiety and depression.

**Table 38**

Table 38 is showing analysis of the sub themes under the main theme “All the crisis are from Allah SWT” extracted from the data by using example verbatim of any of the subject

Main theme	Sub Themes	Verbatim
All the crisis are from Allah SWT	Acceptance of life circumstances pre planned	<p><i>“I believe that Allah SWT has decided our fate and everything a person has to do after coming in this world is being decided, by recalling this fact I became quite relaxed and calm, that those who try to cheat or try to set the situation by playing games cannot do anything against the will of Allah talah. When I developed this thinking I was overcoming my fears”.</i></p>
	Humans cannot change some one life	<p><i>“When I come in encounter with my significant others who are trying to change and disturb my life I made myself calm by thinking that no human is having the power to change someone else’s life”.</i></p>
	Negative Events happening by some people are by Allah’s will	<p><i>“It is the Allah who decides that what is going to happen in our life not the humans even if someone had developed problem in professional life and he got any loss apparently humans are involved but Allah’s will is there. When I think like this people’s reactions and actions were not bothering me</i></p>

Three sub themes were extracted from the main theme, “All the crisis are from Allah SWT”.

These sub-themes are “Acceptance of life circumstances pre planed”, “Humans cannot change some one life” and “Negative Events happening by some people are by Allah’s will”.

The sub theme “Acceptance of life circumstances pre planed” has frequency 8 and 66%. the sub theme “Humans cannot change some one life” has the frequency 9 and 75%age and the sub theme , “Negative Events happening by some people are by Allah’s will” has the frequency 7 and 58% of the subjects contributed in this sub- theme .

**Table 39**

*Table 34 is showing analysis of the main theme “suplications gives peace” extracted from the data by using example verbatim of any of the subject*

Themes	Verbatim
Supplications gives peace	<i>“When I started supplications, praying, tasbeehat of Allah’s names and different Quranic dua’s I felt like developing inner satisfaction and peace”.</i>

The main theme “Supplications gives inner peace” extracted from the verbatim of the subjects during the sessions was discussed by 83% of the clients. The frequency of responses was 10. It means that 10 out of 12 clients contributed this theme. The finding of this table is showing that belief on supplications helped the clients in dealing with their psychiatric conditions.

**Table 40**

*Table 40 is showing the qualitative analysis of the sub-themes under the main theme “supplication gives peace”*

Main theme	Sub Themes	Verbatim
Supplications gives peace	Recitation of Surah I Yaseen and suplications after recitation are heard by Allah SWT	<i>“I started reciting Surah –i- yaseen in morning and evening and started supplications after recitation of Surah-i-Yaseen and I felt that Allah was answering to my prayers and duas and I got very happy, relaxed and peaceful”.</i>
	Recalling of different names of Allah SWT and suplications takes a person out from miseries	<i>“By Recalling Allah SWT’s name like Ya rehamn , ya Raheem, Ya salaam , I asked for health and mercy from Allah talah and in this way I was feeling an internal control and peace. And I felt that Allah has himself called him with these names who gives health, who gives wealth, which is merciful by calling allah with these names I was seeing as the miseries around are converting in blessings”.</i>
	Recitation of Darood Sharief after Friday	<i>“I get peace and relaxation by doing the tasbeeh of Darood sharief after jumma prayer”.</i>

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prayer give  
peace

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Three sub-themes were extracted under the main theme, “Supplications gives peace”. These were “Recitation of Surah I Yaseen and suplications after recitation are heard by Allah SWT”, “Recalling of different names of Allah SWT and suplications takes a person out from miseries” and “recitation of Darood Sharief after Friday prayer”. The sub-themes “Recitation of Surah I Yaseen and suplications after recitation are heard by Allah SWT” has frequency 8 and 66% of the subjects contributed in this sub theme , the sub theme “Recalling of different names of Allah SWT and suplications takes a person out from miseries” has the frequency 7 and 58% subjects attributed this sub theme and the sub theme “recitation of Darood Sharief after Friday prayer ” has frequency 7 and 58%age.

**Table 41**

*Table 41 is showing analysis of the main theme “Recitation of different Surah relieve depression & anxiety” extracted from the data by using example verbatim of any of the subject*

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Themes	Verbatim
Recitation of different Surah relieve depression	<i>“I recite surah I Rahman and I felt as my symptoms of depression were relieving day by day”.</i>

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The main theme “Recitation of different Surah relieve depression” extracted from the verbatim of the subjects during the sessions was discussed by 83% of the clients. The frequency of responses was 10. It means that 10 out of 12 clients contributed this theme. The finding of this table is showing that recitation helped the clients in getting inner peace and as a result helped them in fighting anxiety and depression.

**Table 42**

*Table 42 is showing analysis of the sub themes under the main theme “Recitation of different Surah relieve depression & anxiety” extracted from the data by using example verbatim of any of the subject*

Main theme	Sub Themes	Verbatim
Recitation of different Surah relieve depression & anxiety	Listening to Surah I Rahman with translation helped in changing negative cognitions	<i>“I started listening surah -i- Rahman with translation in the voice of Qari Khushi Muhammad and I felt as my inner was becoming very healthy and peaceful . and all my complains from Allah and my relatives were fading away and I was feeling like developing good feeling about every one”.</i>
	Recitation of Surah I Yaseen in the morning help in	<i>“I started recitation of surah-i- yaseen after offering my fajar prayer and I felt like as all of my worries were not that much disturbing to me as was previously”.</i>

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avoiding  
distress

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Two sub-themes were extracted under the main theme “Recitation of different Surah relieve depression & anxiety”. These sub-themes were, “Listening to Surah I Rahman with translation helped in changing negative cognitions”, , “Listening to Surah I Yaseen in the morning help in avoiding distress”. The sub-theme, “Listening to Surah I Rahman with translation helped in changing negative cognitions” has frequency 10 and 83% age, the sub theme; “Listening to Surah I Yaseen in the morning help in avoiding distress” has the frequency 10 and 83% of the subjects contributed in this theme.

**Table 43**

*Table 43 is showing analysis of the main theme “Following prophet Muhammad PBUH is a real source of calmness” extracted from the data by using example verbatim of any of the subject*

Themes	Verbatim
Following prophet Muhammad PBUH is a real source of calmness	<p><i>“Our prophet Muhammad ‘s life was very simple , he was having very less to eat and very cheap clothes and was having no wealth , he was having no son , he lived a life which was full of problems , physical fights , sleepless nights , enemies throwing stones on him , his sons died when were infant, he was broughtup without parents, he was having luxury in life even though HE was very thankful to Allah and what about us having a lot of things and still crying for more..... ”</i></p>

The main theme “Following prophet Muhammad PBUH is a real source of calmness” extracted from the verbatim of the subjects during the sessions was discussed by 66% of the clients. The frequency of responsis was 8. It means that 8 out of 12 clients contributed this theme. The finding of this table is showing that following prophet Muhammad PBUH helped the clients in getting inner peace and as a result helped them in fighting anxiety and depression.

**Table 44**

*Table 44 showing analysis of the sub themes under the main theme “Following prophet Muhammad PBUH is a real source of calmness” extracted from the data by using example verbatim of any of the subject*

Main theme	Sub Themes	Verbatim
Following prophet Muhammad PBUH is a real source of calmness	Prophet's Sayings helps in alleviation of distressed thinking	<i>“Our prophet Muhammad said to look at those who are having lesser wordly benefits in their life. If we start doing this most of our worries will go away.”</i>
	Prophet's behaviours helps in development of peaceful personalit	<i>“Our Prophet Muhammad PBUH lead a very simple life, he did his all house hold tasks himself, he worked like labouerer and did stitch his clothe and shoe by himself, did not went for expensive things , remained polite and loving towards yunger and respecting to elders. These behaviours if followed are reall source of success.”</i>

**Two sub themes were extracted out of the main theme ,” Following prophet Muhammad PBUH is a real source of calmness”. These sub-themes were , , “Prophet’s Sayings helps in alleviation of distressed thinking”and “Prophet’s behaviours helps in development of peaceful personality”.The sub themes , “Prophet’s Sayings helps in alleviation of distressed thinking” has the frequency 8 and 66%age , the sub theme “Prophet’s behaviours helps in development of peaceful personality” has frequency 8 and 66%age.**

## **DISCUSSION**

**Modern science has recently taken a keen interest in the wisdoms found in the ancient eastern traditions such as Buddhism, Confucianism, Taoism, and Hinduism. In the relatively new field of positive psychology, many of these eastern traditions are utilized to enhance general well-being. The Buddhist practice of mindfulness meditation is a great example of a modern psychological intervention that has been taken directly from the East.**

**A relationship exists in religiosity and mental health. It is also evident from different studies conducted in past that the religiosity and mental health are having direct relationship. In a review study titled as Religion, Mental Health and related behaviors, the researcher concluded that the vast majority of studies that have examined relationships between religion, mental health, social support, and other behaviors linked with mental health and social functioning, report positive connections. It was debated that religions always promotes positive human emotions, satisfying relationships, or healthy life styles (Harolad, G. & Koenig, M.D, 2001).**

**For the treatment of psychiatric disorders there are two main ways of treatment i.e, medicine and psychotherapy. Psychotherapy is being effectively used for the treatment purposes but it was lacking one major aspect of religiosity in it. The debate of combining religiosity and spirituality into the psychotherapy to double outcomes of psychotherapy is going on since long. Two resources that are widely used by people suffering from mental and physical illness are psychotherapy religion and spirituality. A number of theoretical and empirical articles emphasize the need to integrate religion and spirituality into treatment (Hodge, 2006; Hook et al., 2010; McCullough, 1999; Pargament, 2007; Rose, Westefeld, &**

Anseley, 2001; Smith, Bartz, & Richards, 2007; Worthington, Hook, Davis, & McDaniel, 2011).

The religion and spirituality can promote mental health through positive religious coping, community and support and positive belief, incorporation of themes from religious teachings into the treatment has shown efficacy in treatment (Samuel, R .W., & Kenneth, I .P. 2014).

Religion is generally recognized as a major resource for dealing with stressful events, its relationship with secular coping strategies were examined in different articles using COPE and a positive correlation was found in strong religious beliefs and successful dealing with stresses (Michelle J. Pearce, Harold G. Koenig, Clive J. Robins, Bruce Nelson, Sally F. Shaw, Harvey J. Cohen, and Michael B. King).

Worthington and colleagues' (2011) meta-analytic review of 46 spiritual intervention studies concluded that patients with spiritual beliefs in spiritually integrated psychotherapies showed greater improvement than patients treated with other psychotherapies. When compared with the same type of therapy in secular form, spiritually integrated therapies showed greater improvement on spiritual outcomes and similar improvement on psychological outcomes. Furthermore, 77% to 83% of patients over age 55 wish to have their religious beliefs integrated into therapy (Stanley et al., 2011).

Spiritual interventions have been used for the treatment of generalized anxiety (Koszycki, Bilodeau, Raab-Mayo, & Bradwejn, in press; Koszycki, Raab, Aldosary, & Bradwein, 2010) and posttraumatic stress disorder (Bormann et al., 2006; Bormann, Thorp, Wetherell, Golshan, & Lang, 2013).

As Pakistan is a country having more than 90% population of Muslims. People in Pakistan are having strong religious beliefs even if they are practicing Muslims or non practicing Muslims. In Pakistan the rate of mood disorders is increasing very rapidly. People need psychotherapeutic help together with improvement in their faith system and religiosity to develop an inner peace and controlled behaviours as the aggression rate of Pakistani people is also increasing.

The present study focussed on development of cognitive behaviour therapy with Islamic concepts for treatment of anxiety and depression. The cognitive behaviour therapy with Islamic concepts was developed by adding the Quranic ayaat and Ahaadiis which are challenging the negative cognitions of the clients with depression and anxiety. A committee of religious scholars was formed which selected the Quranic Ayaat and Ahaadiis by focussing on their meanings. Later on a committee of clinical psychotherapist was made to approve the cognitive behaviour therapy with Islamic concepts.

It is evidenced that in different researches the Islamic content has been used for treatment of psychiatric disorders by cognitive restructuring. In a study the researcher developed Cognitive Restructuring Module in An Islamic Perspective. Cognitions from the Islamic faith such as understanding that after Hardship there will be Ease, understanding the temporal reality of this world, recalling the purpose and effects of distress and afflictions, trusting and relying on Allah (Tawakkul), were taken from different quranic Ayaat. Remembrance of Allah and reading of the Holy book can have a calming effect on the individual's body, mind, and soul. She did a single case study and reported decrease in symptoms of depression (Ayesha Hamdan , 2008).

Cognitive behaviour therapy has already been used with Christian ideology and has reported positive results. The verses of the Bible were added in the traditional CBT for thought restructuring and spiritually informed CBT was developed. Researcher therapist reported a rapid decrease in symptoms of depression and enhancement in religiosity in the client. Researcher also reported long term changes in the cognitive processes of the client. ( Jennifer, 2010)

RCBT (Religious Cognitive Behaviour Therapy) intervention was developed for five of the major world religions: Christianity, Judaism, Islam, Buddhism, and Hinduism. RCBT focussed on Renewing of the Mind, Scripture Memorization and Contemplative Prayer, (Nieuwsma et al., 2012).

RCBT encourages involvement in the religious community and identification of someone whom the patient can support; for example, someone whom they can spend time with and pray for. This is different than simply seeking support from others within the religious community, as religious traditions typically encourage their adherents to live out their religion by supporting and caring for others. This community engagement is likely to lead to both increased social support (Hill & Pargament, 2003) and increased altruistic activities that help to neutralize negative emotions (Krause, 2009; Seligman, Steen, Park, & Peterson, 2005; Shariff & Norenzayan, 2007).

The present study was based on experimental design pretest posttest with two experimental groups and one control group. The Beck's Depression Inventory and Beck's Anxiety Inventory was used for pretesting of the psychiatric conditions and for measurement of religiosity Bonding to God scale ( Saleem ,2004) was used. It was hypothesized that how much the bonding of the individual will be stronger with God ,the individual will respond more well on the Cognitive behaviour therapy with Islamic concepts , and it was observed

during the sessions that those individuals who scored higher on religiosity scale responded very well on the cognitive behaviour therapy with Islamic concepts and their scores on BDI and BAI were reduced to minimum like 5 to 3 scores on BDI and BAI in the posttest. The experimental group who received CBT-IC showed maximum decrease in symptoms of depression and anxiety. There was statistically significant difference as determined by one-way anova ( $F(2,33)= 4.103, P=0.026$ ). A Tukey post hoc test revealed that the group who received I-CBT had statistically significant lower mean scores on post-test of BDI (3.75). The experimental group receiving CBT has mean score on post testing (16). And the mean of the control group on post- test was 21. Which is rejecting the null hypothesis and proved the research hypothesis that group receiving ICBT will have low score on BDI than experimental group receiving CBT and control group.

Results of ANOVA are showing that the means of three groups on the pre-testing of clients on Beck's Anxiety Inventory was (30, ICBT), (25, CBT) and (27, control group). Which reduced on the post-testing to (3.67, ICBT), (15.3, CBT) and (25, control group). The mean differences are showing efficacy of Islamic cognitive behaviour therapy on the experimental group. relationship to God played a very important role in the development of positive cognitions in the clients. This was also observed that in the past studies relationship with God was explored.

An earlier study has highlighted the significant implications of spirituality for mental health and therapy. The association between Christians' relationship with God and their emotional wellbeing was explored viewing that Attachment to God becomes a source of struggle and strength. In this experimental study the researcher noted the results that the emotional wellbeing was stronger among participants experiencing a high level of

Attachment to God even facing negative events in the four month period during the study (Calvert, Sarah Jenay , 2010).

A key facet of spirituality is people's experience of their relationship with God. One useful theoretical framework recently applied to this relationship is attachment theory. Research suggests that many people experience their relationship with God as an attachment bond, and that styles of attachment to God (ATG) may have implications for mental health similar to human attachment. However, few studies have directly investigated the relationship between ATG and mental health, and gave positive feedback about the effect of Attachment to God on mental health (Calvert, Sarah Jenay, 2010).

There was statistically significant difference between the groups on the post -testing of BDI as determined by one-way ANOVA ( $F(2,33)= 34.103, P=0.026$ ) which showed affectivity of the treatment on the experimental group. This showed that the ayaat and Ahaadiis used in the Islamic cognitive behaviour therapy were very effective in reducing the symptoms of depression. Which was showing the relationship of depression and religiosity. The current research showed that as the religiosity increases depression decreases in the individual. Numerous empirical studies have revealed inverse relationships between religious beliefs, religious practices and depression (Koenig, King, & Carson, 2012).

It is also evident in different researches conducted in the past such as a 2-Year Prospective Study conducted in United States on the protective effects of religiosity on depression having the view that engagement in religious activity, or religiosity, may serve as a protective factor against depression. Religiosity was found to both protect against and help individuals recover from depression. Individuals not depressed at baseline remained non depressed 2 years later if they frequently attended religious services, whereas those depressed

at baseline were less likely to be depressed at follow-up if they more frequently engaged in private prayer Ronneberg ,C.R., Miller, E.A. , Dugan ,E ., & Porell, F. ( 2014).

The results of the current study showed a remarkable decrease in the symptoms of anxiety also in the experimental group receiving CBT-IC. There was statistically significant difference between the groups on the post-testing of BAI as determined by one-way ANOVA ( $F(2,33)= 3.937, P=0.029$ ) which showed effectively of the treatment on the experimental group. The people with anxiety getting CBT-IC as intervention have a marked decrease in symptoms which was showing highly significant mean difference. While the patients who got CBT as intervention have less reduction in symptoms than experimental group . The control group showed no significant changes in pretest and posttest. In the qualitative analysis two main themes were derived which showed how the clients were overcoming their fearful behaviours and apprehensions and cognitive distortions which were creating anxiety in them. These themes were Spirituality gives inner peace (  $f=11 ,91 %$  ) . The sub themes derived from this main theme were Relationship with Allah SWT makes a person independent of other humans (  $f=11 ,91 %$  ), Fears of life goes away when one develops Belief on Allah's help (  $f= 8 , 66%$  ), By developing a connection with Allah even in imagination hopelessness vanishes (  $f=7 , 58%$  ).

Closeness to Allah takes away the worries (  $f=11 , 91%$  ) The sub themes derived from this main theme were Allah compensates grieves and losses (  $f= 11 , 91%$  ), Thankfulness to Allah cures cognitive distortions (  $f=7 , 58%$  ) , Coming closer to Allah helps going away from worries (  $f=10 ,83 %$  )

Discontentment takes towards distress (  $f=9 , 75%$  ). The sub themes derived from this main theme were Discontentment creates comparison with others (  $f=9 , 75%$  ), Discontentment creates perfectionism (  $f= 8 , 66 %$  ), Discontentment leads to neglect blessings

(f=6 , 50 %). The themes derived showed how addition of religion in the therapy effected the cognitions of the clients and their thoughts were restructured from negative to positive. Past researches and theoretical papers also highlighted the need of addition of spirituality and religion in therapy.

In a study conducted with older adults to check preferences for religion and spirituality in treatment for anxiety and depression. Older adults' (55 years or older) preferences for religion and spirituality in treatment for anxiety and depression examine the relations between patient preferences and religious and spiritual coping styles, beliefs and behaviors. Most participants (77–83%) preferred including religion and spirituality in therapy for anxiety and depression. Participants who thought it was important to include religion or spirituality in therapy reported more positive religious-based coping, greater strength of religious faith, and greater collaborative and less self-directed problem-solving styles

(Stanley. Amber, L., Bush., Mary, E., Camp, John, P., Jameson, .Laura, L. Phillips., Catherine, .R, & Barber, 2011).

A case example describes the integration of religion into CBT for an older man with cognitive impairment experiencing comorbid generalized anxiety disorder and major depressive disorder. It was reported by the clinicians that the integration of religion into psychotherapy for older adults with depression or anxiety helped in rapid cognitive restructuring and alleviation of the symptoms. The clinician strongly recommended that further studies to be conducted to examine the added benefit of incorporating religion into CBT for the treatment of depression and anxiety in older adults (Melinda , A , 2011).

It was noticed during the current study that religious clients with depression having any guilt or self criticising behaviour or having cognitive distortions of blaming to self , personalization were very quick responding on the Islamic cognitive behaviour therapy.

While doing the cognitive restructuring Ayaat of Quran were used. Ayaat of Quran about Allah SWT's merciful nature and forgiving and loving God helped them in changing their cognitions about being guilty and being punished. (*"Those who believe and perform good deeds, We shall indeed grant pardon to them for their misdeeds and shall reward them according to the best of their deeds."*) (*Al Ankabut, 29:7*).

In the qualitative analysis two main themes were derived from the verbatim of the client's during sessions were "Belief on forgiveness" f= 9, 83% and "Allah is most forgiving then humans" f= 10, 83%. The subjects gave their views about forgiving nature of God after going through the thought restructuring Quranic Ayaat and Prophet's saying about Allah SWT as he loves those people who ask for forgiveness from him.

It is also explored in the past researches. Intervention studies have found that integrating religious clients' spiritual and religious beliefs in therapy is effective in reducing depression. (Azhar & Varma, 1995; Azhar, Varma, & Dharap, 1994; Berry, 2002; Hodge, 2006 , Hook et all, 2007).

It was observed during the current study that the clients receiving CBT with Islamic concepts developed strong faith on Allah's kindness and being loving towards his mankind and developed strength to face any problem coming in their way. As in Quran Allah is telling to his man

*"So, verily, with every difficulty, there is relief: Verily, with every difficulty there is relief."* (*Quran, 94: 5-6*). To counter maladaptive thoughts related to hopelessness and feeling overwhelmed with life, as there is no place for despair because Muslims believe that it is

Allah SWT Himself who is in charge of everything, the all Seeing, All Knowing, and All Fair and Wise God.

Allah (SWT) says: *“And for those who fear Allah, He always prepares a way out, and He provides for him from sources he never could imagine. And if anyone puts his trust in Allah, sufficient is Allah for him. For Allah will surely accomplish His purpose: verily, for all things has Allah appointed a due proportion.”* (Quran, 65: 2-3)

These beliefs usually help to comfort and aid the healing process. For example, in accepting grief and loss , disease and other problems , the person is urged to be patient (sabr) and accept God's test. *‘Be sure we shall test you with something of fear and hunger, some loss in goods, lives and the fruits of your toil, but give glad tiding to those who patiently persevere. Who say, when afflicted with calamity: To Allah we belong, and to him is our return’* (Quran: 62).

Some of the clients were having some additional physical illnesses like case No 2 ( Ismat Ullah) was having cardiac disease , Case No 7 ( Sami Ullah ) was having severe backache with gap in his lower vertebraes but going through CBT-IC the clients response on the medical condition was also quite good. This is also evident from the past researches that Patients With Chronic Medical Illness such that depression associated with some medical conditions (e.g., cancer) respond better on religious cognitive behaviour therapy (van Straten et al., 2010). Those with medical illness also frequently report turning to religion to find strength and comfort and derive meaning (Pargament, 2007).

It was also compared during the current study that the clients receiving CBT-IC developed a stronger therapeutic alliance with the researcher psychotherapist than the clients receiving traditional CBT from the same psychotherapist and the control group. These clients in the group 1 were more enthusiastic about the relaxation exercises, guided imagery and

homework assignments. The findings of the current research are supported from the past researches also.

In a study conducted in Libya the effectiveness of cognitive behavioural therapy with selected Islamic content for depressed adults the findings also showed that CBT-IP was significantly more effective in reducing depression than CBT and no therapy (waiting list). Finally, the qualitative data showed that CBT-IP participants had good responses to the therapy and a high homework completion rate, used spiritual support a lot, and had good interaction with therapist (Naziha Suliman Abdelati, 2016).

In the present study it was recorded that the clients with anxiety not only have changed their negative cognitions and controlled their symptoms but also developed a healthy living pattern also. A client in the experimental group 1 reported of stress eating and a high weight gain in the start of the therapeutic sessions. The client was told about the sayings of Quran and Prophet PBUH about eating habits, Miqdam ibn Ma'd reported: The Messenger of Allah, peace and blessings be upon him, said, "*The son of Adam cannot fill a vessel worse than his stomach, as it is enough for him to take a few bites to straighten his back. If he cannot do it, then he may fill it with a third of his food, a third of his drink, and a third of his breath.* (Sunan- tirmizi, 2302)." As the therapeutic process progressed client's eating habits were controlled and he reported that he had started eating less and pure food which controlled his weight gain.

One of the client complained of smoking in stress. He also gave positive feedback of controlled smoking behaviour. In the past researchers religion has been studied as having impact on addictive behaviour. Spirituality had been acknowledged as a key construct to observe in the treatment and recovery from addictions. From the findings reviewed which need to be considered with caution, it was concluded that implementing this construct within

the therapy may improve, in many cases, to achieve a successful recovery (Santiago., Ossorn ., et., all ,2017).

Shahla, Aouchekian , et., all conducted a research to examine Effect of Religious Cognitive Behavioral Therapy on Religious Obsessive-compulsive Disorder (3 and 6 months Follow-up) . They linked information of psychiatric and psychological science regarding OCD with religious resources, ideas, and principles of jurisprudence about obsession. A cognitive-therapy protocol with religious content (Quran, hadiths, sayings and the Agenda jurisprudential Islamic law) was developed and was conducted in the OCD clinic. The researchers reported effectiveness of the therapy than the traditional therapy for the OCD patients.

The studies indicate that improvement in depressive and anxiety symptoms occurs earlier in treatment when CBT incorporates religion, although effects are equivalent at follow-up. The authors present recommendations for integrating religious beliefs and behaviors into CBT based on empirical literature concerning which aspects of religion affect mental health (Paukert., & Amber, L., et., all. 2009).

CBT-IC helped in improvement of personal relationships of the client with their close ones such as with spouses, siblings , parents , children and other close relatives. The Islamic ideology about softness in relationships and our Prophet's very kind dealings with his spouses , children and other relatives were metaphorically discussed . *“And your Lord has decreed that you worship none but Him. And that you be dutiful to your parents. If one of them or both of them attain old age in your life, say not to them a word of disrespect, nor shout at them but address them in terms of honour.” (Quran 17:23).*

The Holy Prophet (s.a.w.s.) says:

*"Among the various sins, injustice and cutting off relationships are such that one who commits these is punished in this world itself. Apart from this the punishment for these sinners has already been prepared in the Hereafter."*

*"You who believe! It is not lawful for you to inherit women by force. Nor may you treat them harshly so that you can make off with part of what you have given them, unless they commit an act of flagrant indecency. Live together with them correctly and courteously. If you dislike them, it may well be that you dislike something in which Allah has placed a lot of good." (4:19)*

So the cognitive distortions of the clients about the relationship issues were decreased as it helped them in developing attitude of forgiveness and merciful attitude in them.

Cognitive restructuring of feeling that every relation was made by Allah SWT and it was HIS will from us to proceed with the relation in good manners. And everything which was happening in life was from Allah SWT not the humans living around. So the clients were psychoeducated about the cognitive distortions of them about their relations and the life going on. The clients accepted the distortions in their cognitions which was leading them towards distress. In the qualitative analysis of the sessional reports themes were derived from the verbatim of the clients about cognitions. The main theme derived from sessional reports was Acceptance of cognitive distortion helps in cure (  $f=9$  , 75%). The sub themes of this main theme were Positive thinking (  $f=8$  , 66 %), Behavioural control (  $f=9$  , 75%) and Feelings become positive (  $f=9$  , 75%). The other main theme extracted from sessional data was All the crisis are from Allah SWT (  $f=9$  , 75%), the sub themes derived from this main theme were Acceptance of life circumstances pre planed (  $f=8$  , 66%), Humans cannot change some one life (  $f=9$  , 75 %), Negative Events happening by some people are by Allah's will (  $f=7$  , 58%).

Cognitive restructuring of the clients was successfully done as the resentment and anger of the client about the significant others was reduced. Earlier they were having the belief that their life was miserable due to the people living around like spouses, parents, kids and colleagues but after going through I-CBT they developed the belief that everything going in life was due to Allah SWT which helped in their treatment. It is also supported by past researches that Islamically modified CBT helped in improvement in socialization and better relationships. In a study Islamically modified cognitive behavioral therapy was developed for enhancing outcomes of therapy by increasing the cultural congruence of cognitive behavioral therapy self-statements. Areas of differing values were emphasized that were noted between Islam and traditional CBT. The researcher reported faster recovery, better treatment compliance, lower rates of relapse, and reduced treatment disparities. This article concluded by providing suggestions to assist social workers implements Islamically modified CBT statements in a manner that maximizes the potential to achieve these salutary outcomes in better socialization and individual relationships. Which was not being catered by the traditional CBT (Altaf Husain, David R Hodge, 2016).

In the present study it was observed that the clients in whose support system was some religious or spiritual person Islamic cognitive therapy affected them more than others. For example some of the clients reported that their mother, wife or any other relative were having religious practices regularly, they helped them in understanding the Quranic Ayaat and Allah talah's messages towards his man. They helped the client in changing life style and offering prayers on proper time and recitations of Quran and helped improvement of their condition. It is also evident in the past researches.

In a study maternal religiosity was studied as a protective factor against depression in offspring. Sixty mothers and 151 offspring were independently assessed over the course of

a 10-year follow-up. Maternal and offspring religiosity were assessed on the basis of self-report of the importance of religion. Maternal religiosity and mother-offspring concordance of religiosity were shown to be protective against offspring depression, independent of maternal parental bonding, maternal social functioning, and maternal demographics (Lisa Millerph. D. Virginia Warner. P.H. PRIY, Naweissman PhD, 2007).

It was evidenced in various past researches that Quranic ayaat and different Surah has been used by people in Pakistan also for treatment of different medical and spiritual diseases. And it was reported that they were very effective in treatment. These were mostly being used by spiritual healers who were not professional psychotherapist mostly. They were having the knowledge of religion but not knowledge of psychotherapy so the clients are mishandled sometimes. It is very effective that a professional psychotherapist incorporates religious aspects in psychotherapy and it is proved in current research that it helped a lot to therapist in the process of psychotherapeutic intervention.

Therapeutic concepts that incorporate Islamic values may be expressed in numerous phrasings. Statements that resonate with one Muslim may not resonate with another or even be consistent with the values of another client. Consequently, helping professionals should work with clients to co-construct interventions that resonate with each client's values (Azhar and Varma, 2000; Beck et al., 2004).

In the present study when clients were asked about their Islamic relaxation methods , some of them told that even they were not practicing but they believe in listening to recitation of Quranic Surah will give them calm and peace , they were given the option which surah they want to listen , most of them wanted to listen surah I Rahman and Surah I yaseen.

In end of some of the sessions recitations were played and they were given homework assignments to listen to these surah's at home. During the qualitative analysis of the sessional data main themes extracted was "recitations of different surah's give peace" was 83% ( Table No, 39 , Page No,56) the sub themes under this main themes were Recitation of Quranic Ayaat about Allah's love and his promise of changing distress into blessings really changed thinking pattern and life ( 91%), listening to Surah I Rahman with translation changed life (75%) and recitation of Quran in the morning gave strength (66%). The second related main theme derived from the verbatim of the clients was that recitation and listening to Quran relieved depression ( 83%) , the sub themes derived under the main theme were listening to surah I Rahman with translation helped in changing negative cognitions (83%), and Listening to Surah I Yaseen in the morning helped in decreasing the distress (83% ) .

In past researches Quran has also been used for treatment. In a study the Effects of listening to Holy Qur'an's recitation and physical training on dialysis efficacy, functional capacity, and psychosocial outcomes in elderly patients undergoing haemodialysis was measured . the study concluded that listening to recitation of Holy Quran in combination with inter dialytic endurance resistance training induced an improvement in physical condition and quality of life and a large reduction in anxiety among patients undergoing haemodialysis (Bechir Friha, Wajdi Mkacherb, Abir Bouzguendac, Hamdi Jaafard,e, Salem Ali ALkandarif, Zohra Ben Salahg, Bart Sash, Mohamed Hammamia and Ameur Frihi, 2017 )

In a study conducted in Malaysia studied The Effect of Recitation of Quran on the Human Emotions . Quran recitation produced a significant relaxation which may be due to that Quran has specific effect on human heart which lead to effect some hormone and

chemical are responsible for relaxation (Eman Ghanem Nayef and Muhammad Nubli Abdul Wahab, 2018).

In a study conducted in Iran on examining the effect of Quranic recitation on mental health of the medical staff. The staff was made to listen to the Quranic recitation for three minutes before they started their work. The findings showed that it can be said, particularly in Muslim communities, hearing the Quran recitations improves the mental state of the people. Therefore, it was recommended to use the Quran recitations to reinforce positive emotions and psychological comfort for Muslim staffs. ( Morteza Darabinia, Ali Morad Heidari Gorji , Mohammad Ali Afzali Mazandaran, 2017)

A study examined that religion and mental health are having cognitive behavioural framework. According to the researcher evidence supports the idea that a religious framework can serve as a generic mental model that is spirituality and religiosity affects well-being (Abigail James and Adrian Wells Bolton, Salford, 2003).

A study was conducted in North Khorasan, Iran with prisoners studying the Relationship between Religious Orientation and Vitality and Mental Health of Male and Female Prisoners. The research finding showed a significant relationship between religious orientation and mental health and vitality of prisoners, which means that the relationship between mental health and being religious is stronger than the relationship between vitality and being religious. In other words, the more is religiosity, the less are symptoms, and as a result, the more are mental health and vitality (Masoomeh, . Keramati, . & Seyed, A. 2015) .

Sufism and Sufi Dhikr when integrated in EMDR it increases its effectiveness for trauma patients going through psychiatric conditions (Khalid, A. H. 2015).

## Conclusion

In the present study cognitive behaviour therapy with Islamic concepts was developed and its efficacy was empirically tested for the treatment of depression and anxiety. It was revealed that the cognitive behaviour therapy became more effective when selected Quranic Ayaat and Ahaadiis were added in the traditional cognitive behaviour therapy for cognitive restructuring of the patients. The results of the study indicated a significantly high decrease in symptoms of depression and anxiety in the experimental group which received Islamic Cognitive behaviour therapy. The decrease in the symptoms of anxiety and depression was significantly less in experimental group which received traditional cognitive behaviour therapy than the group receiving CBT-IC. While the control group showed no decrease in symptoms. The findings of the study also indicated a significant increase in religiosity in the clients who received CBT with Islamic concepts. The interpretative phenomenological analysis of the study showed that the theme derived from the verbatim of the clients were in lined with the assumptions of the study that Quranic Ayaat helped in thought challenging and cognitive restructuring of the clients. Which helped in relieving the symptoms of depression and anxiety. The themes derived showed that the clients attributed their recovery from depression and anxiety to religious practices they performed such as prayer and recitations of Quranic Surah. The Quranic Ayaat about Allah SWT's mercy and his love for his mankind helped in very quickly and permanently changing the negative beliefs of the clients about themselves and future. Future apprehensions of the clients and their negative views about other people was successfully challenged by using Quranic Ayaat of Allah SWT. Overall findings of the study indicated that the cognitive behaviour therapy became very effective when Islamic content was added in its sub techniques such as cognitive restructuring, mental Imagery and homework assignments. Because Cognitive Behaviour therapy with Islamic concepts helped in improving the relationship of the client with Allah

SWT. It was found that improvement in relationship of the person with Allah SWT helped in correcting the cognitive distortions. Cognitive Behaviour therapy with Islamic concepts helped in development of inner control in the clients.

## **Implication of the Study**

The present study fulfilled the gap of the psychotherapy as lacking religious content by developing a new Islamic version of Cognitive Behaviour therapy.

CBT-IC is highly effective for treatment of depression and anxiety, not only for the clients who are having high religious orientation but also for the clients who are not very regular in religious practices such as prayer etc because this therapy will help in developing the loving , softer and merciful Image of Allah SWT in the clients. In this way this therapy is very helpful with the clients having guilt as their dominating symptom. Very effective in Pakistani culture, where religion dominates all other phenomenons related with mental health , people's thoughts are more easily handled with religious explanations than other.

It is also in the credit of the therapy developed that it will have Long lasting effects in the lives of the clients because it will help in changing their whole life pattern. It was also observed during the study that Islamic Cognitive Behior therapy helped in quick and permanent cognitive restructuring.

As the the CBT-IC is in-lined with religious and cultural content so it helps in developing harmony in the clients personal development and the overall societal acceptability. CBT-IC will prove to be Very helpful for clinical therapist in clinical setup while dealing with clients. As it is empirically tested in the current research for its validity and applicability.

## **Limitations and Suggestions for future research**

The present study developed and empirically tested CBT-IC also for its efficacy for treatment of depression and anxiety though it widely covered the whole religious process and also the cognitive behaviour Therapy structures but still some of the limitations can be there.

Other aspects of religion can also be added to make it more effective. Three main techniques of CBT were mainly used for the therapeutic process other techniques of CBT can also be used and modified with religious content.

As the current study focussed on the cognitive distortions and Quranic Ayaat about these distortions, it is recommended that for the further researches the work can be done on the schemas and the related ayaat and ahaadis .

The findings of the present study are showing strong relationship of mental health and religiosity. It is suggested for further studies to use religiosity as a variable having relationship with mental health and psychological well-being of the people.

Different training modules can be developed using religiosity as a part for training of different groups as modules are developed to improve skills and output at the work place.

## REFERENCES

Abdel-Khalek, A. M., & Lester, D. (2007). Religiosity, health, and psychopathology in two cultures. *Mental Health, Religion & Culture*, 10(20), 630-650.

Abramson, L. Y., Metalsky, G. I., & Alloy, L. B. (2000). Hopelessness depression: A theory-based subtype of depression. *Psychological Review*, 96(2), 358-372.

Aisha Hamdan, 2009. Cognitive Behavior therapy with Islamic concepts. *The Malaysian Journal of Nursing*, 1(1) .25-30.

Ali, O.M., &Milstein, G. M.(2005). The Imam's role in meeting the counseling needs of Muslim communities in the United States. *Psychiatry Service* . ; 56:202–5.

Ali, S.R., Humedian ,W.M.(2004). Islam 101: Understanding the religion and therapy implications. *Professional Psychology: Research and Practice*. 35:635–642.

Al-Munajjid, M. S. (1999). Islam's treatment for anxiety and stress. Riyadh, Saudi Arabia: International Islamic Publishing House.

Al- Mundhiri , Z.A. (2000). The translation of the meanings of Sahih Muslim. Saudi Arabia: Darussalam Publishers and Distributions.

Antonia, N. & Kaczkurkin,(2015). Cognitive behavioural therapy for anxiety disorder: An update on the empirical evidence: *Dialogues in Clinical Neuroscience*; 10.31887/ DCNS .2015.17.3/akaczkurkin

Arnold, R., Avants , S.K., Margolin, A., Marcotte, D. (2002).Patients attitudes concerning the inclusion of spirituality into addiction treatment. *Journal of Substance Abuse Treatment*, 23(4),319-326.

Ajmal, M. (2000). Sufi science of the soul. In: Nasr SH, editor. *Islamic Spirituality*. New York: The Crossroad Publishing Company; 294–307.

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, Fifth edition.

Azhar, M.Z., & Varma, S. L. (1995). Religious psychotherapy as management of bereavement. 91(4), 233-235.

Azhar, M. Z., & Varma, S. L. (1995). "Religious psychotherapy in depressive patients". *Journal of Psychotherapy and Psychosomatics*, 63, 165-168.

Azhar , Razali et al., (2002), Islamic therapy with depression and bereavement. *The Malaysian Journal of Nursing*, 1(1).25-30.

Azhar, M. Z., Varma, S. L.,& Dharap, A. S. (1994). Religious psychotherapy in anxiety disorder patients. *Acta Psychiatrica Scandinavica*, 90(1), 1-3.

Azhar, M.Z., & Varma, S.L.(2000). Mental illness in the Islamic world. Mental illness and its treatment in Malaysia New York: International Universities Press; 163–85.

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, Fifth edition.

Badr ad-Deen Al-'Ayni, *Al- 'Ilm al-Hayyib fi Sharh al-Kalima at-Tayyib*, 343.

Beck, A.T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry*, 4, 561-571.

Beck, A. T., Steer, R.A., & Garbin, M.G. (1988) .Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review*, 8(1), 77-100.

Beck, A. T.(1993). Cognitive therapy: Past, present, and future. *Journal of Consulting and Clinical Psychology*, 61(2), 194-198.

Baumeister, R.F., & Vohs, K.D. (2007). Self-regulation, ego depletion, and motivation. *Social and Personality Psychology Compass*, 1, 115-128

Badri, M.B.(1997). *The dilemma of the Muslim psychologist*. MWH: London Publishers

Banawi, R.(1993). Islamic values relevant to group work, with practical applications for the group leader. *Journal for Specialists in Group Work*.18:151–160.

Barrett, P. M., Duffy, A., Dadds, M. R.(2001). Cognitive-behavioural treatment of anxiety disorders in children, Long-term (6-years) follow-up. *Journal of Consulting and Clinical Psychology*. 69(1), 135-141.

Barber , (2011). Older adults preferences for religion and spirituality in treatment for anxiety and depression . *Journal of Psychiatric Practice* ;15(3):334-343. doi: 10.1080/13607863.2010.519326.

Barnes ,V.A., Treiber ,F.A., Turner, J.R., Davis H. , & Strong, W.B .(1999). Acute effects of transcendental meditation on hemodynamic functioning in middle-aged adults. *Psychosomatic Medicine* .;61:525–31.

Battaglia S.(2003). *The complete Guide to Aromatherapy*. Australia: Perfect Portion.

Benson, H. (1985). Meditation as an adjunct to psychotherapy: an outcome study. *Psychotherapy*.13 (43), 209-218.

Benson, H. Frankel, F.H., Apfe , R. Daniels , et, all. (1978). Treatment of anxiety: a comparison of the usefulness of self-hypnosis and a meditational relaxanon technique: an overview. *A Journal of Psychotherapy of Psychosomatic complaints*. 11(30), 229-242 .

Borkovec, I.D., Mathews, A.M., Chambers, et.al. (1987). The effects of relaxation training with cognitive or non directive therapy and the role of relaxation-induced anxiety in the treatment of generalized anxiety. *Journal of Consultant Clinical Psychology*: 6(55): 883-888.

Borkovec, T.D., Mathews, A.M. (1988). Treatment of nonphobic anxiety disorder: a comparison of nondirective, cognitive and coping desensitization therapy. *Journal of Consultant Clinical Psychology*. 7(56). 611-619

Bowlby, J. (1982). Maternal care and mental health. Geneva: Monograph world Health Organization.

Brown, T.A., Barlow, D.H. (2014). Treatments that work: Anxiety and Related Disorders . Interview schedule for DSM-5. New York: Oxford University Press.

Bruscia, K.E. (1998). *Defining music therapy, 2<sup>nd</sup> edi.* Gilsum, NH: Barcelona Publishers.

Bunt L, Sarah H. (2002). Music Therapy: Practicalities and Basic Principles of Music Therapy Hove. New York: Brunner-Routledge.

Calvert, S.J. (2011). Attachement to God as a source of struggle and strength : exploring the association between Christian relationship with God and their emotional wellbeing. *Religions*. 2(3), 216-246.

Carter, R.B., & Hindi, A. E. (1999). Counseling Muslim children in school settings. *Professional School Counseling*. :183–188.

Clark, L, Watson, A., & David. (2017). Tripartite model of anxiety and depression: Psychometric evidence and taxonomic implications. *Journal of Abnormal Psychology*, 100(3), 316-336.

Cully, J.A, & Tetan, A.L. (2008). A Therapist's Guide to Brief Cognitive Behavioral Therapy. Department of Veterans Affairs South Central MIRECC, Houston. Department of Veterans Affairs, South Central Mental Illness Research, Education, and Clinical Center (MIRECC), 2008

Damarhud (2005). Nursing interventions. *European Journal of Cardiovascular Nursing*, 6 (4), 253-254.

Darabinia.M., Ali.H., M.Gorji., Muhammad.A.M.(2017).The effect of the Quran recitation on mental health of the Iranian medical staff. Online publication date:6-June-17 Retrieved from <https://doi.org/10.5430/jnep.v7n11p30>.

Delmonte, M.M. (2008) . Meditation and anxiety reduction: a literature review. *Journal of Clinical Psychology*. 5 (8), 91-102.

Dietrich, A. (2006). Transient hypofrontality as a mechanism for the psychological effects of exercise. *Psychiatry Research*, 145, 79-83.

Dover, H.,& Logan, M. (2011). The Varieties of Religious Therapy. Spiritual beliefs in bipolar affective disorder. ;75:247–57.

Esmat, D.(2010). Improving marital adjustment levels of incompatible couples with Islamic counselling. *Psychology Study* . ;6:167–86.

Edward, P. S. (2006). Addressing Issues of Spirituality and Religion in Psychotherapy. DOI: 978-1-59147-377-0.

Elliott, J. A. (2005). *Interdisciplinary perspectives on hope*. Hauppauge, NY: Nova Science Publishers. First, M., Williams, J.B., Benjamin, L. S., & Spitzer, R.L. (2016).

*Structured Clinical Interview for DSM-5 Personality Disorders. Arlington, VA: American Psychiatric Association Publishing.*

*First, M., Williams, J.B., Benjamin, L. S., & Spitzer, R.L. (2016). Structured Clinical Interview for DSM-5 Personality Disorders. Arlington, VA: American Psychiatric Association Publishing.*

Flo98, (2005, June 14). [www.wikipedia.com](http://www.wikipedia.com). Retreived on 2017, March 21.

[https://en.wikipedia.org/wiki/Psychology\\_of\\_religion](https://en.wikipedia.org/wiki/Psychology_of_religion).

Friha.B., Mkacherb.W, Bouzguendac.A. (2017). Effects of listening to Holy Quran recitation and physical training on dialysis efficacy , functional capacity, and psychosocial outcomes in elderly patients undergoing haemodialysis. *Libyan Journal of Medicine* (12)1372032.

Fournier, J.C., DeRubeis, R.J., Shelton, R.C., Hollon, S.D., Amsterdam, J.D., & Gallop, R. (2010). Prediction of response to medication and cognitive therapy in treatment of moderate to severe depression. *Journal of consulting and Clinical Psychology*, 77(4), 775-787.

Frankl, Viktor Emil, (2011). *Man's Search for Meaning: A Classic Tribute to Hope from the Holocaust*. Verlag für Jugend und Volk (Austria) Beacon Press (English)

Garcia, S. O., Babarro. J. M., & Romero, M.T (2017). Systematic Review of studies Using the Brief COPE: Religious coping in Factor analysis. *Universal Journal of psychology*. 5(2)

Garfield, S.L.,& Bergin, A.E. (1978): *Handbook of Psychotherapy and Behavior Change: An Empirical Analysis*. New York, John Wiley & Sons

Gartlehner, G. Gaynes, B.N., Hansen, R.A., et. all. (2008). Comparative benefits and harms of second-generation antidepressants: *background paper for the American College of Physicians*. 149(10):734-50.

Galanter , M. Zoran, M.D.,& Dermatis , H. (2016). An initial FMRI study on neural correlates of prayer in members of Alcoholics . 44-54.

Gilbert, M.(2000). Spirituality in social work groups: Practitioners speak out. *Social Work with Groups* . ;22:67-84.

Girodo, M.(1974). Yoga meditation and flooding in the treatment of anxiety neurosis. *Journal of Behaviour Therapy Experimental Psychiatry*. 5 (12):157-160 .

Ghanem, E. N., & Nubli, M. (2018). The Effect of Recitation Quran on the Human Emotions. *International Journal of Academic Research in Business and Social Sciences*, 8(2), 50–70. Gilbert, M.(2000). Spirituality in social work groups: Practitioners speak out. *Social Work with Groups* . ;22:67-84.

Gold, C., Heldal, T.O., & Dahle, T. W.(2005) Music therapy for schizophrenia or schizophrenia-like illnesses. *Cochrane Database Syst Rev*. 2005;2:CD004025.

Grohol, J. (2018). 15 Common Cognitive Distortions. *Psych Central*. Retrieved from <https://psychcentral.com/lib/15-common-cognitive-distortions>.

Guyatt, G. H., Mills, E. J., & Elbourne, D. (2008). In the era of systematic reviews, does the size of an individual trial still matter. *PLoS Med*, 5(1).

Haidt, J., & Keltner, D. (2003). Approaching awe: A moral, spiritual and aesthetic emotion. *Cognition & Emotion*, 17, 297-314.

implications of spirituality vis-a-vis Islam. *American Journal of Family*

*Therapy*. ;34:139–50.

Hamdan, A. (2008). Cognitive Restructuring: An Islamic Perspective. *Journal of Muslim Mental Health*, 3 :99–116

Hamdan, A. (2008). Cognitive Restructuring: An Islamic Perspective. *Muslim Mental Health*. 3:99–116.

Hamid.A., Hughes.H.(2015). Integration of Religion and Spirituality into Trauma Psychotherapy: An example in Sufism. *Journal of EMDR Practice and Research*, 9(3).

Hanser, S.B., & Thompson, L.W.(1994). Effects of a music therapy strategy on depressed older adults. *Gerontol*. ;49:265–9.

Haque, A. (2004). Psychology from Islamic Perspective: Contributions of Early Muslim Scholars and Challenges to Contemporary Muslim Psychologists. *Journal of Religion and Health*. 43:357–77. Good Word Books Ltd. New Delhi.

Haque, A. (2004). Psychology from Islamic Perspective: Contributions of Early Muslim Scholars and Challenges to Contemporary Muslim Psychologists. *J Relig Health*. 43:357–77.

Harold. G. Koeing, M.D (2001) . Religion and Medicine II: Religion, Mental Health and related behaviors. *The international Journal of psychiatry in medicine*, Vol. 31(1) 97-109.

Harold, G. Koenig .( 2006). The many methods of religious coping: Development and initial validation of the RCOPE" DOI: 10.1002/(SICI)1097-4679(200004).

Hewitt P.L., & Norton, G.R (1993).The Beck Anxiety Inventory: A psychometric analysis .

*Psychological Assessment, 5(4), 408-412. http://doi.org/10.1037/1040-3590.5.4.408*

Heyman, J. B., & Musgrave B, M. (2006). Social workers attention to clients' spirituality.

*Use of spiritual interventions in practice. (30)78–89.*

Hedayat, D. Z. (2000). *Psychotherapy with Muslims, A Handbook of psychotherapy and religious diversity*. Washington DC: American Psychological Association 289–314.

Hodge, D. (2005). Social work and the house of Islam: Orienting practitioners to the beliefs and values of Muslims in the United States. *Social Work*. 50:162–73.

Hodge, D. R., Nadir, A. (2008). Moving toward Culturally Competent Practice with Muslims: Modifying Cognitive Therapy with Islamic Tenets. *Social Work*, 53(1).31-41.

Husain,A., David,R.H.(2016). Islamically modified cognitive behavioral therapy: Enhancing outcomes by increasing the cultural congruence of cognitive behavioral therapy self-statements.

Hussain, A. Hodge, R.D. (2016). Islamically modified cognitive behavioural therapy: Enhancing outcomes by increasing the cultural congruence of cognitive behavioural therapy self –statements outcomes. *International Social Journal*. 59(3), 393-405.

Hwang , K. Hammer, J.H., & Cragan, R..T.(2009). Extending religion-health research to secular minorities: Issues and concerns. *Journal of Religion & Health*, 50: 608-622.

Issa, I. (2000). Does the Muslim religion make a difference in psychopathology. In: Al-Issa I, editor. Al-Junun: *Mental illness in the Islamic world*. Madison CT: International Universities Press; 315–53.

Jabbar, A. J., & Issa, I. (2000). Psychotherapy in Islamic society. In: Al-Issa I, editor. Al-Junun: *Mental illness in the Islamic world*. Madison CT: International Universities Press; 277–93.

Jack, M., & Gorman, M.D. (1997). Comorbid depression and anxiety spectrum disorders. *Pubmed*. 10.1002/(SICI)1520-6394(1996)4:4<160::AID-DA2>3.0.CO;2-J.

James, A., Wells, A., & Bolton. (2003). Religion and mental health: Towards a cognitive-behavioural framework. *British Journal of Health Psychology*. 8, 359–376.

Jennifer, J. G. (2010). Integration of Spirituality and cognitive behaviour therapy for treatment of Depression. *Student Dissertations, Theses and Papers*. Philadelphia College of Osteopathic Medicine.

Johansen, T.M. (2005). Applying individual psychology to work with clients of the Islamic faith. *Individ Psychology*. ;61:174–84.

Kantrowitz, J (2017). *The Long Night : Readings and stories to help you through depression*. Fortress Press.

Kate, L., Jansen, Rebecca, Motley, N., & Joseph, H. (2009). Anxiety, depression and students' religiosity. *Journal of Religion and Mental Health*, 4, 214–217.

Kathryn, M. Carlson., & Antonio, A.G. (2016). Cognitive Behaviour Therapy with Religious and Spiritual Clients: A critical perspective. *Journal of Spirituality in Mental Health*, 18(4): 253-282.

Kasen, S. Wickramaratne, P. Gamaroff, M.J. (2013). Religiosity and longitudinal change in psychosocial functioning in adult offspring of depressed parents at high risk for major depression. *Psychology medicine* 42(3): 509-19.

Keramatil, M., & Aghil, S.N. (2015). Relationship between Religious Orientation and Vitality and Mental Health of Male and Female Prisoners. *Journal of Health Education and Health Promotion*. 3(4):37-50.

Kessler, R.C., et al. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archive General Psychiatry*. 62(6).

Khokhar, W.A., Ali, M. M., Hameed, I. S. ( 2013). Role of islam in treatment of psychiatric disorders. *Journal of Indian Psychiatry*.14: 205-215.

Khalek, A. M. (2007). Religiosity, happiness, health, and psychopathology in a probability sample of Muslim. *Mental Health, Religion & Culture*, 10(6), 571-583.

King , M., Marston, L., McManus, S. & Brugha, T. et., all.(2013). Religion, spirituality and mental health: results from a national study of English households. *British Journal of Psychiatry*, 202: 68-73.

Klm, John. (2017, April 22). Retreived from [www.psychology.com](http://www.psychology.com).  
<https://www.psychologytoday.com/us/blog/the-angry-therapist/201704/5-distorted-thought-patterns-and-how-change-them>

Koenig H, King D, Carson V. (2012). *Handbook of religion and health* (2nd Ed.). New York: Oxford University Press.

Koeing, H.G. (2013). *Spirituality in patient care*, 3<sup>rd</sup> ed. Philadelphia, PA: Tempton Foundation Press.

Koeing, H.G. (2014). The Spiritual care team: Enabling the practice of whole person medicine. *Religions*, 5(4):1161-1174.

Krenawi, A. G. (1997) .Spirit possession and exorcism in the treatment of a Bedouin Psychiatric Patient. *Clinical Social Work* ; 25: 211–22.

Lalbott, J.A., Hales, R.E., Yudofsky,S.C.(1988). The American Psychiatric Press Textbook of Psychiatry. Washington,DC, American Psychiatric Press.

Lisamillerph,D.Virginia . W.P. (2014). Religiosity and Depression: Ten –Years Followup of Depressed Mothers and Offsprings . *Journal of American Academy of Child & Adolescent Psychiatry*.36 (10).1416-1425.

Mahmoud, V. (1996). *African American Muslim families , Ethnicity and family therapy*. 2nd ed. New York: Guilford Press In: McGoldrick M, Giordano J, Pearce JK, editors. 122–128.

Mandy. (2017,March 20). What is CBT? [www.headspace.com](http://www.headspace.com).

<https://www.headspaceleeds.com/therapies/what-is-cbt-and-how-is-it-effective/>

Maqsood, R.W.( 2002). *After Death Life! Thoughts to alleviate the grief of all Muslims facing death* : Goodbooks (India), 115-156.

Marcotte, D. (2003). Addressing the spiritual needs of a drug user living with human immunodeficiency virus: A case study. 9:169–75.

Mardiyono, A. M., & Sulistyowati, D. I. (2007). Effects of zikr therapy in reducing preoperative anxiety for patients undergoing major surgery. *Intensive and Critical Care Nursing*, 20(5), 289-292.

Martin ,B. (2018). In- depth Cognitive Behavioral Therapy. *Psych Central* . Retrieved on Jun 10, 2018, from <https://psychcentral.com/lib/in-depth-cognitive -behavioral-therapy/>

McKee, D.D., & Chappel, J.N. (1992). Spirituality and medical practice. *Journal of Family Practice*, 35, 201-205.

Miller, L . Warner, V. Wickramaratne , P. Weissman, M.(1997) Religiosity and Depression : Ten –Year Followup of Depressed Mothers and Offspring . *Journal of Child Adolescent Psychiatry*. 36(10):1416-1425.

Miller, L. B., & Wickramaratne, M.(2014). Neuroanatomical correlates of religiosity and spirituality: a study in adults at high and low familial risk for depression. 71(2):128-135.

Moser, D. K., Chung, M. L., McKinley, S., Riegel, B. A. (2003). Critical care nursing practice regarding patient anxiety assessment and management. *Intensive and Critical Care Nursing*, 19(5), 276-288

Musnad Imām Aḥmad #3712. Shu'ayb al-Arnāūt (d. 1437 AH) declared its chain of authorities (*isnād*) to be authentic (*sahīh*) in his publishing (*tahqīq*) of the Musnad.

Murad, I. G. (2002). Psychiatry and the Palestinian population. *Psychiatric Bulletin*. 26:28–30.

Murdock, V. (2008) . Religion and spirituality in gerontological social work practice. *Journal of gerontological social work*, 45(1):131-154.

National Institute of Mental Health. (Data from 2013 National Survey on Drug Use and Health.) Retrieved from: [www.nimh.nih.gov/health/statistics/prevalence/major-depression-among-adults.shtml](http://www.nimh.nih.gov/health/statistics/prevalence/major-depression-among-adults.shtml).

Nolen-Hoekseman , susan (2018). Responses to depression and their effects on the duration of depressive episodes. *Journal of Abnormal Psychology* . 4(100),569-582.

Newberg, A. B., Wintering, N. A., J., & Alavi, A ., et.,all . (2015). A case series study of the neurophysiological effects of altered states of mind during intense Islamic prayer. *Journal of Physiology – Paris*, 109, 214-220

Nurbakhsh, J.( 1993). What the Sufis say. Counseling values and objectives: A comparison of Western and Islamic perspectives New York: Khaniqahi - Nimatullahi Publications; Jafari MF.*Islam & Social Science*. 10:3 26–39.

Paukert, Amber, L. Phillips, L., & Jeffery, A., et. all. ( 2009). Integration of Religion into Cognitive behavioural Therapy for Geriatric Anxiety and Depression. *Journal of psychiatric practice* 15(2)103-112.

Pargament, K. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. New York, Guilford Press.

Pargament, K. (2010). *Religion and coping*: The current state of knowledge. In: Folkman S. Oxford mandbook of stress, health, and coping. New York, Oxford University Press.

Porto, P. R., Oliveira , L., Mari J., et., all. (2009). Does cognitive behavioral therapy change the brain. A systematic review of neuroimaging in anxiety disorders. *Journal of Neuropsychiatry & Clinical Neuroscience*, 21, 114-125.

Purwanto, S., & Zulaekah, S. (2007). Effect of religious relaxation in reducing insomnia . Surakarta: University of Muhammadiyah Surakarta.

Razali, S.M.(1999). Conversion Disorder: A case report of treatment with the Main Puteri, a Malay shamanistic healing ceremony. *European Psychiatry* ; 14:470–2.

Raskin, M., Bali, L.R., Peeke , H.V.( 1980). Muscle biofeedback and transcendental meditation. *Archival General of Psychiatry* .10 (37): 93-97.

Razali, S. M., Aminah, K., & Khan, U. A. (2002). Religious-cultural psychotherapy in the management of anxiety patients. *The Malaysian Journal of Nursing*, 39(1), 130-136.

Rob Waller , (2010) . Addressing spirituality in CBT . *The Journal of cognitive Behavior Therapies*. Doi: 10.1017/S1754470X10000073

Ronneberg, C.R., Miller, E.A., Dugan , E., & Porell, F. (2016). The protective effects of Religiosity on Depression. *Geronotologist* , 56(3).421-31.

Rosmarin, D.H., Malloy, M.C., & Forester, B.P. (2014). Spiritual struggle and effective symptoms among geriatric mood disordered patient. *International Journal of Geriatric Psychiatry*: 29(6): 653-660.

Samuel. R. W., Kenneth.I.P (2015). Role of religion and spirituality in mental health. *Journal of health education and health promotion*.27(5).

Sarfraz , A., & Castle , D.(2002) . “A Muslim Suicide,” *Australasian Psychiatry* . ;10 (1) :48-50.

Sattar, S.P., Ahmed, M.S., Madison, J. O., Bhatia, S.C.,et.,all. (2004) . Patient and physician attitudes to using medications with religiously forbidden ingredients. *Journal of Annual Pharmacotherapy* . ; 38: 1830-5.

Schneider, R.H., Nidich, S.I., & Salerno, J.W. (1998). Lower lipid peroxide levels in practitioners of the Transcendental Meditation program. *Psychosomatic Medicine* . ;60: 38-4.

Shafranske, E.P. (2007). The necessary and sufficient conditions for an applied psychology of religion. *Psychology of Religion Newsletter*. 27 (4).

Sharanske, E.P. (2012). A student guide to growth & development through psychotherapy supervision. *Psychye Critiques*. Washington DC, 57(33).

Shapiro, D.H. (1980). **Meditation: Self-Regulation Strategy and Altered States of Consciousness**. New York, Aldine.

Shapiro, D.H.(1982). Overview: clinical and physiological comparison of meditation with other self-control strategies. *American Journal of Psychiatry*; 139:267-274 3.

Shapiro, D.H., Jr. (1984). Walsh RN (Eds): **Meditation: Classic and Contemporary Perspectives**. New York, Aldine.

Sheeran, T., Bruce, M.L., & Byers., et.,all (2010) . Depression care for patients at home intervention, development and implementation .*Home health Nurse*, 29(7):416-426.

Shreve-Neiger, A. K. & Edelstein, B.A. (2004). Religion and anxiety: A critical review of the literature. *Clinical Psychology Review*, 24: 379397.

Simon, D. (2014). Religion and mental Health: A Critical appraisal of the literature . *Official Journal of cultural Psychiatry*. 42-46.

Snyder, M. (1974). Self-monitoring of expressive behavior. *Journal of Personality and Social Psychology*, 30, 526-537

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A.,& et.,all.(1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, 60, 570-585.

Stanley, Amber, L. Bush, M. E. et., all. (2002). Self-regulation and depression. *Self and Identity*, 1(2), 151-157.

Suliman, N. A. (2016). The effectiveness of Islamic cognitive behavioural therapy with selected Islamic content for depressed adults in Libya. Published PhD thesis, Retrieved from: [eprints.usm.my/31638/1](http://eprints.usm.my/31638/1).

Teasdale, M., John ,D., & Zindel , V.( 2017) . Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy.*Journal of Consulting and Clinical Psychology*, 68(4) , 615-623.

Thomas, S. S. (2000). The Myth of Psychotherapy: Mental Healing As Religion, Rhetoric, and Repression. *Journal of Clinical Psychology* 56(4), 519–543.

Vitz. C. Paul, (1994). *Psychology as a religion : A cult of self worship*. Paternoster Publishers

Wahass, S. K. (1997). Coping with auditory hallucinations: A cross-cultural comparison between Western (British) and non-Western (Saudi Arabian) patients. *Journal of Nerv Ment* ;185: 664–8.

Waller , R. ( 2010). Addressing spirituality in CBT. *The Journal of cognitive Behavior Therapies*. 3(3): 95-106.

Wang ,et al. (2007) use of mental health services for anxiety, mood and substance disorders in 17 countries in the WHO world mental health surveys. *The Lancer*, 2007;370(9590)841-50.

Watkins, P. C., Woodward, K., Stone, T., & Kolts, R. L. (2003). Gratitude and happiness: Development of a measure of gratitude, and relationships with subjective well-being. *Social Behavior and Personality*, 31(5), 431-451.

Wayne, K.M., Elizabeth, H.D., & Kurt, K. M. (2006). The Association of depression and anxiety with medical symptoms burden in patients with chronic medical illness. *General hospital Psychiatry*. 29(2). 147-155.

Worthington, E.L., & Sandage, S. J.(2002). *Religion and spirituality*. In: Norcross JC, editor. *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients*. New York: Oxford University Press; 383–99.

Wong, Y. J., Rew, L., & Slaikeu, K. D .(2006). A systematic review of recent research on adolescent religiosity/spirituality and mental health. *Issues in Mental Health Nursing*, 27(2), 161-183.

Youssef, H.A. (1996) . Evidence for the existence of schizophrenia in medieval Islamic society. *History of Psychiatry*. 7:55–62.

Zainuddin, (2009) . Deep acceptance, one of the basic tenets of Islam. *The Malaysian Journal of Nursing*, 1(1), 25-30.

## **Annexures**

Sr No	Symptoms/ Cognitive Errors	Ayaat & Ahaadiis	English Translation	Urdu Translation
1.	Hopelessness	<p>بِيَدِهَا الْبَيْنَ مَأْمُونٌ أَنْتَ يُؤْمِنُ بِالصَّابِرِ وَالصَّابِرُ لِلَّهِ مَعَ الْمُصْبِرِينَ</p> <p>﴿١٧﴾</p>	<p>O Believers; seek help with patience and prayer: no doubt, Allah is with the Patients.</p>	<p>بَشِّرُوكَمْ بِأَنَّمَا يَعْلَمُ بِمَا فِي الْأَنْفُسِ رَبُّكُمْ (١٧) يَعْلَمُ بِمَا فِي الْأَرْضِ وَلَا يَنْهَا عَنْهُ بِشِّرَىٰ (١٨)</p> <p>بَشِّرُوكَمْ بِمَا فِي الْأَرْضِ وَلَا يَنْهَا عَنْهُ بِشِّرَىٰ (١٩)</p>









5.	Vengeful feeling (outward aggression)	<p>نَعْلَمْا رَبِّنَا وَأَنَسِ مَثَلُّنَا فَلَا تَعْزِزْنَا</p> <p>وَاللَّهُ مَعَ الصَّابِرِينَ</p> <p>۝</p>	<p>cross the limit.</p> <p>He therefore prayed to his Lord, saying I am vanquished; do then take revenge for me</p> <p>And Allah is with the steadfast.</p>
		<p>بِتَائِلَةِ الْبَيْعَةِ مَانِعِلَوْا شَيْعَوْا بِالْمَشْبِرِ وَالْمَلَوِّدِ الَّذِي مَنْ أَشْبِرَهُنَّ</p> <p>۝</p>	<p>أَرْدَلْ صَابِرِونَ كَمَّا تَعْزِيْزَهُنَّ</p> <p>۵٠٨٠</p> <p>O Believers; seek help with patience and prayer: no doubt, Allah is with the Patients.</p>
7.	Anger	<p>مَسَاعِدَكُمْ فَيَقْتَلُونَهُنَّ وَقَاتِلُونَهُنَّ</p> <p>الْبَيْعَةِ ضَرِّرُوا أَنْجَرُهُمْ بِأَخْسِرِهِنَّ مَا كَانُوا يَتَنَاهُونَ</p> <p>۝</p>	<p>أَوْرَدَلْ صَابِرِونَ بِرَبِّيَّانَ</p> <p>۷٠٩٢</p> <p>What is with you will be exhausted and what is with Allah is to remain forever, and certainly we shall give to those who are patient that reward befitting to their best work.</p> <p>And Allah is Kind enough over His bondmen.</p> <p>“Whoever curbs his</p>

		<p>anger, while being able to act, Allah will fill his heart with certainty of faith”.</p>		
<p>8. Social Isolation</p>	<p>لَا تباغضُوا وَلَا تحسِنُوا وَلَا تدارُوا وَلَا تَتَاطِعُوا وَكُونُوا عَبْدَ اللَّهِ إِخْرَانًا</p>	<p>Do not hate each other, do not envy each other, do not turn away from each other, but rather be servants of Allah as brothers. Source: <u>Ṣaḥīḥ Muslim 2559</u>, Grade: <u>Sahih</u></p>		
<p>9. Interpersonal conflicts</p>				<p>فَلَا يَنْهَى إِلَّا بِرُثْبِ الْخَيْرِ وَلِغُنْيٍ وَلِبُنْدِ وَلِغُنْفِنِ</p>

### Boding to God Seale (BTGS)

یہ ان مادوں کے محتوا کے میں نامہ کے لیے تکمیل دیا گیا ہے۔ ہر سال کے مامنے پانچ ہزار باتیں ہیں۔ ان میں سے چھوٹی  
پانچ ہزار باتیں (1) نامہ کا ہے۔ یہ میریاں ہر سال کا جواب ضروری ہے۔

نمبر	عنوان	عنوان کی سمجھی	علوم	نامہ	عنوان	نامہ	عنوان	نامہ
1	شیخ نہنہ لے بر قدم پر اللہ کے اپنے قریب خسوس کیا ہے۔							
2	شیخ نہنہ یا واقریب ہو، چہ تاریخی ہوں							
3	شیخ نہنہ اوقاتِ نہاد کو ہوں جاتا رہا جاتی ہوں							
4	شیخ نہنہ و دوست کی اوقاتِ کوہی و کرتہ رکرتی ہوں							
5	شیخ نہنہ کوں ہوتا ہے اسی نہنہ پر زیادہ میریاں نہیں ہے							
6	کے ازیز و امت، قات، شفیقیاں میں اگر رہتا ہے							
7	شیخ نہنہ کوں ہوتا ہے اسی نہنہ سے کسی بات پر زراش ہے							
8	شیخ نہنہ، مذکوب اول اللہ مشفق میں میری نہاد نہیں کرتا							
9	یہ اللہ سے تعلق ہے زیادہ ضمود نہیں ہے							
10	اللہ سے بیشتری کی وہ تو ہوں اور غلطیوں کو ماف کیا ہے							
11	ش سے رابطہ، لے پانچ اوقات نہجہ، بیوی کا سامنا ہوتا ہے							
12	شیخ اللہ پر زیادہ تین نہیں ہے							
13	اللہ سے نیب سے ماتحت پچھلی کنج اچھائیں کیا							
14	یہ ازیز و امت، اوقاتِ اللہ میادا شیخ زرہتا ہے							
15	یہ اللہ سے مادا نہیں کوں نہیں چاہتا							
16	اللہ سے نیجہ، پیچی بی، جس کی مجھے کبھی بھی ضرورت نہیں آئی							
17	اللہ سے اس سب سے بڑا نہ رہے							
18	میں اسے اونچاں، بنتا ماتق							
19	بیوی و شش بھتی ہے اسی نہنہ سے خوش رہے							
20	بیوی اسے پہنچانے کا نہ رہے							
21	بیوی بیوی اللہ کی شہ و دوست بنتی ہے							
22	بیوی نہیں ہوتا ہے اسی نہنہ سے زیادہ دوسروں پر میریاں ہے							
23	اللہ سے اس سب سے بڑی اور سب سے بے							



### Beck Anxiety Inventory

لہنڈی بیویات اپنے بیویوں سے پڑھا اپنی کیفیت کے متعلق اور یہی کچھ بارہٹ میں درست بیبر بیکان ادا کیے

نام	نام	نام	نام	نام	نام	نام	نام
بھر میں اور دل تھی مٹا لی تھی کا سوچنا							
بھر میں ترقی کا انتہا (گزی گلن)							
بھر میں مل جان تھا (کیکا بھت کا طاری ہے)							
بھر میں تھا							
بھر میں حالات کا خلف رہنا							
بھر کا نام کا بھر کی بیان							
بھر کی وجہ کوں کا بھوکی ہے (جیز بھوکا)							
بھر میں کی تیزی رہنا							
بھر اہم تھا							
بھر تھا							
بھر میں بھوکی ہے							
بھر میں کا کاپ							
بھر دیکھی کی کی							
بھر کا آنا (جچائی)							
بھاری میں دھوکاری							
بھر کا خوفزدہ							
بھر کا نکارہ							
بھر کا نکارہ میں تکلیف زدہ							
بھر کی کاٹاری ہے							
بھر سے سرگزی ملنا وہی سچا کا کاٹا چکا							
بھر کی کے پہنچانا							

بیک ڈپریشن انوشنری

انگلیش شیعیت

13

1

۱۷۳

(10) شکریہ اس نکتہ پر کے میں نہیں  
 (11) شکریہ اس نکتہ پر کے میں نہیں  
 (12) شکریہ اس نکتہ پر کے میں نہیں

۱۰۷

(۱۰) میں پہلی آپ سے ملائیں تھیں اور  
 (۱۱) میں پہلی آپ سے ملائیں تھیں  
 (۱۲) میں پہلی آپ سے ملائیں تھیں اور  
 (۱۳) میں پہلی آپ سے ملائیں تھیں

10

(۱۰) میں یہ مجموعیں لے کر، ۲۰۰۰ میں تھے ۲۰۰۰ میں  
 (۱۱) تھے اپنی تیس سالہ مدد و مددی پر پہنچا اپنے تھے اپنے ۲۰۰۰ میں  
 (۱۲) میں اپنے تھے اپنے ۲۰۰۰ میں اپنے تھے اپنے ۲۰۰۰ میں  
 (۱۳) تھے اپنی تھے اپنی تھے اپنے ۲۰۰۰ میں اپنے ۲۰۰۰ میں

۱۴۰

(۱۰) یہ سالانی تیز خود ہے۔ شے مول تھے تیرے  
 (۱۱) یہ سالانی بیس خود ہے۔ بہترے و تکمیلے تھے تیرے۔ ملٹی پلٹیں دیں۔  
 (۱۲) کیا اپنا آپ بیوی کو بیوی کو  
 (۱۳) اے بھائی، تھی تھی خود ہے۔ بیوی کو

۱۰۰

(۱۰) سی اکتوبر سے یادوں کی تکمیل کی جائے گی۔  
 (۱۱) مسابقہ پتے سے یادوں کی تکمیل کی جائے گی۔  
 (۱۲) میں آپ، اتنی، اتنیں  
 (۱۳) پلیس اسی یہودیہ کو میں آپ، اتنی، اتنیں کی جائے گی۔

11

۱۰) میں پہنچ کر پہاڑوں میں کامیاب ہوں  
۱۱) اپنے شوپ پر اپنے شوپ کی سیکھی میں کامیاب ہوں  
۱۲) اپنے شوپ پر اپنے شوپ کی سیکھی میں کامیاب ہوں

۲۷) مجموع تغییر مقدار اگر یکی از عوامل پاره شد، مجموع تغییرات آن

۱۷۰

18

۱۰) سی ای ۲۰ - پنجم مارچ ۱۹۷۷ گذشت

۱۱) سی ای ۲۰ - پنجم فروردین ۱۹۷۷ گذشت

۱۲) سی ای ۲۰ - پنجم اردیبهشت ۱۹۷۷ گذشت

۱۳) سی ای ۲۰ - پنجم خرداد ۱۹۷۷ گذشت

۱۹

۱۰	آن گلی کی سے زندگی میں مل کر کیا ہے
۱۱	تو ہمیں کیوں دیکھ دیتے ہیں یہ دنیا کے
۱۲	تو ہمیں کیوں دیکھ دیتے ہیں یہ دنیا کے
۱۳	کہ سے کوئی گلی کی پرستی نہ کر سکتا ہے

卷之三

۱۰) نگه داشتند و بودند سه نفر از این افراد که در این اتفاق شرکت داشتند

۱۱) نسیانه مملو تهییت شده بودند و آنها را نگه داشتند و بودند

۱۲) نسیانه مملو تهییت شده بودند و آنها را نگه داشتند و بودند

۱۳) نگه داشتند مملو تهییت شده بودند و آنها را نگه داشتند و بودند

**Case No:** 1

**Name:** Sabila Bibi

**Age:** 34 years

**Gender:** Female

**Qualification** M.Ed

**Marital Status:** Married

**Diagnosis:** Generalized Anxiety Disorder

**Group 1:** Islamic CBT

**Personal history:**

Sabila Bibi was a 34 years old woman. She was the second last child of the family among her six siblings. She did her graduation successfully. Her mother was a very strict lady specially towards her daughters she was having very dominating attitude towards them.

According to the client mother was always very critical towards the client and her other four sisters. According to the client mother was having a desire to have sons but Allah gave her five daughters. Client's father was a very loving father. Client told that she was having fearful attitude since her childhood because her mother became very aggressive on her smaller mistakes. When she cleared her graduation she was married with her cousin. Her mother took the decision by herself, did not ask her daughter whether she was willing to marry her cousin or not. Soon after the marriage client started facing marital conflicts. As the husband was not giving proper time to the client and was involved in some extra marital affairs. In the start the client did not share her situation with the mother. But after one year of marriage the conflict started aggravating and client's in-laws also started torturing the client.

Then client told her mother about her husband's extra marital affairs and the behaviour of her in-laws. Her mother was very aggressive on the matter. She at once demanded divorce from her daughter's in-laws, though the client did not want to take divorce. Then her husband divorced her. After one year of her divorce the client married second time. It was client's husband's second marriage also. Now the client is happy with the second husband. But she remains very fearful that her marriage may also break second time. She told that she feels much stressed even while doing very simple tasks like cooking; washing etc. she told that she remains fearful of her husband that on her smaller mistakes her husband may become angry. She also told that she was very worried that if some thing bad happened in her second marriage her mother will became very angry with her and she will not allow her to come back to her home. Client told that she remained stressed most of the time since she got married first time. Due to which she developed symptoms of anxiety.

Therapist derived the chief complaint, that was, the prime reason why the client was seeking treatment and composed a list of the evident problems in the life of the client. Those were emotional states, stressors, relationship problems, communication difficulties and health concerns. Client told that she used to become anxious on trivial matters such as while cooking she remained fearful that her husband might not like what she has cooked. Rahila told that started trembling and sweating when she saw that her husband is disturbed on any matter. During the first session client was mainly concerned about these symptoms of anxiety

- Apprehension
- Fearful
- Anxious
- Trembling
- Restlessness

- Sleep disturbance
- Headache

In the therapeutic process therapist explained the session structure and treatment overview and reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about anxiety was given by the therapist. The client showed a religious orientation. The cognitive behaviour therapy with Islamic concepts went very well on the client. 90% of the symptoms of anxiety were removed during 16<sup>th</sup> session.

### **Case No: 2**

**Name:** Rehmat Ullah

**Gender:** male

**Age :** 55

**Qualification :** Matriculation

**Marital Status:** Married

**Diagnosis:** Depression

**Group 1:** Islamic CBT applied

**No of Kids :** 2

### **Symptoms:**

- Depressed mood
- Insomnia
- Poor appetite
- Negative thoughts about self and others

- Disturbance in relations

### **Personal history**

The client is a 55 year's old employed person. He is married and has two sons. He is a graduate. He is having heart disease also. He had a heart attack a year ago. He is having depression since last few years. He is having aggressive behavior since last few years. He is having problems in job adjustments also. He is very poor in interpersonal relationships in job and at home also. He is having poor relations with parents. Parents are annoyed with him since last 30 years when he got married against their will. He had love marriage. After the marriage he had relationship issues with her wife also. But they were still living together. Wife's family also did not allow her to come back to home to see them for many years. After the death of her father she was allowed to come in her parent's home. The client had two sons who were grown up now. Both were working. The elder son was doing a government job. Rehmat ullah was having good relations with his younger brother. Younger brother respects him but the other siblings and parents did not like him. Rehmat –Ullah wanted his son to marry his brother's daughter so that his connection with his family may renew but son denied and told father that he had decided to marry one of his colleagues. Client got very disturbed. His parents also died few months ago one after other. After the marriage son left the home and went to his office residence. Due to these events client developed the symptoms of depression. In the therapeutic process therapist explained the session structure and treatment overview and reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about anxiety was given by the therapist. The client showed a religious orientation. The cognitive behaviour therapy with Islamic concepts went very well on the client. The client's depression was cured at the 16<sup>th</sup> session.

### **Case No 3**

**Name:** Saira Noor

**Age:** 29 years

**Qualification:** Graduation

**Marital Status:** Married

**Diagnosis:** Generalized Anxiety Disorder

**Group 1:** Islamic CBT applied

#### **Symptoms:**

- Irritability
- Temper Tantrums
- Fear
- Sleep disturbance
- Disturbance in appetite
- Muscle tension and muscle aches
- Fatigue
- Nausea diarrhea
- Excessive worry
- Indecisiveness
- Headaches

#### **Personal History:**

Saira Noor was 37 years old married woman. She belonged to very poor family background. She was a graduate. She got married to a blind person in the age of 24 years. It was a love marriage. Her husband was blind. That blind person was her class fellow in a diploma class.

They were studying. The family was against her marriage with a blind person. But she insisted that she want to marry him at any cost. Father did not attend the marriage. Mother and clients uncle managed the whole function. For three years father did not talk to her and not met her. She shifted to Rawalpindi after marriage. Parents were in Karachi. She has four sons. All were normal healthy children. She was having interpersonal issues with the in-laws also. She was having less contact with the family. She did not visit her parents for years.

After few years of marriage she started developing issues with her sleep. She started becoming aggressive and had quarrels with husbands and in laws. She often became aggressive with her kids also. She was having irritable behaviour most of the time. Her appetite was also disturbed. She always thought that something wrong will happen with the kids or with her. Her in-laws were illiterate they were very critical towards her since start of the marriage. After developing anxiety the in laws were more critical, they criticized her anxious behaviour also. This intensifies the situation. The whole situation was affecting the mother child relations also. Her relationships with her husband were also very disturbed. The client was living with her in-laws in their house because her husband was not affording an independent home. Then suddenly father-in-law saled out the home. Now the client was homeless. Her condition aggravated and she developed symptom of anxiety. Now she was living in a rented house and the husband was demanding for his share. In the therapeutic process therapist explained the session structure and treatment overview and reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about anxiety was given by the therapist. The client showed a religious orientation. The cognitive behaviour therapy with Islamic concepts was applied on the client. Three sub techniques of CBT like Cognitive restructuring with Islamic concepts, imagery with Islamic concepts and home -work assignments with Islamic concepts were used. All these three techniques proved very effective for the client. The post-testing of client showed a maximum

decrease in her symptoms. The client's 90 percept of the symptoms of anxiety was removed at the 16<sup>th</sup> session. Her religious orientation was also improved.

#### **Case No : 4**

**Name:** Ayesha Talpour

**Age:** 45 years

**Gender :** female

**Qualification:** Intermediate

**Maital status:** Married

**Diagnosis:** Depression

**Group 1:** Islamic CBT applied

#### **Symptoms:**

- Depressed Mood
- Reduced interest in pleasure activities
- Sleep disturbance
- Behavior agitation
- Diminished energy
- Thoughts of worthlessness

## **Personal History**

The subject was a 45 year's old married woman. She was having four kids. She belonged to middle class family. Her husband was a businessman. The subject was a graduate. She was married since 20 years. Her parents died soon after her marriage. In the start of the marriage she had very good relations with her husband and in-laws. But after few years of marriage she faced problems in relations with her in-laws. Now from last five to eight years she was facing problems with her husband too. Sometimes they had serious quarrels from trivial matters. The patient herself told that she had a very bad temperament. When her husband disagreed with her on very small day to day matters she became very much angry and a miser situation turned into serious fights. Due to all those situations she used to become very harsh towards her children. She lost her appetite. And was facing serious sleep disturbance. Her social life also got affected. She started avoiding relatives. She started avoiding social gatherings. In the therapeutic process therapist explained the session structure and treatment overview and reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about anxiety was given by the therapist. The client showed a religious orientation. The cognitive behaviour therapy with Islamic concepts went very well on the client. The client's depression was cured at the 16<sup>th</sup> session.

**Case No : 5**

**Name : Israr Ali**

**Age : 37 years**

**Gender : Male**

**Marital Status:** **Married**

**Qualification:** **Intermediate**

**Diagnosis:** **Generalized Anxiety Disorder**

**Group 1:** **Islamic CBT applied**

### **Symptoms**

- **Irritability**
- **Temper**
- **Fear**
- **Sleep disturbance**
- **Disturbance in appetite**
- **Muscle tension and muscle aches**
- **Fatigue**
- **Nausea diarrhea**
- **Excessive worrying**
- **Disability in concentration**
- **Restlessness**
- **Indecisiveness**
- **Headaches**
- **Poor performance**

### **Personal History:**

Israr Ali was 37 years old married male. He belonged to a middle class family. He was the eldest son among his three siblings. The client was brought up in a very strict environment.

He was living in a combined family system. Five families were living in the same house in the village. His father and three uncles with one of their aunt were living in the same house. The whole hold of decision making was in grandmothers hand. Client's mother was very submissive towards her in – laws. The attitude of the in- laws towards the client's mother was very harsh and criticising. Client's father was also a very strict man. On very trivial mistakes he used to beat client's mother. Israr Ali was the eldest son of the family. Grand parents and father used to love him. Client was attached to his mother and was very worried about her position in the home. Mother was having the symptoms of anxiety, so it became very difficult for her to handle trivial matters. When she was given a household task by husband, mother in – law or sister in – law she would do some mistake out of anxiety. Client told that he knew about her mother's condition and when her mother was given a task his legs start trembling that mother would make a mistake and his grandmother and aunts would start shouting at her and this will end at a long hours crying of mother and living without eating for hours. Israr Ali passed his matriculation from a govt school. He joined his college which was away from his village. . He completed his intermediate. Then father told him to do work with him and his uncle's. Now Israr was grown up and was quite caring for his mother. He used to buy clothes for her also. Even he helped her in households. He was not happy in working with uncles in village as a farmer. His most of the cousins and some of uncle's were working in middle east. He also applied for visa of UAE after completing his diploma of an electrician. He got the visa and went there. He went to UAE when he was 24 years old. Behind in Pakistan his grandmother, father and uncle's decided his marriage without his mother's consent with one of his cousin who was 7 years older than him. After three years father called him to Pakistan and told him about the decision, client was very upset and was not willing to marry that girl. But he was not given the option to take decision. He got married in the age of 27 years and his wife was 34 years old. After his marriage he went back to UAE and

remained disturbed most of the time. He was having telephonic contact with his wife , apparently he was OK but he told inwardly he was not happy. He told his work there in UAE was very tough and he remained mentally disturbed most of the time. He told that he started developing work related anxiety, worries how to complete his work , his mood started becoming irritable, remained restless most of the time. Then his wife started calling him and demanding things from him. When client come to know he developed symptoms of generalized Anxiety disorder. In the therapeutic process therapist explained the session structure and treatment overview and reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about anxiety was given by the therapist. The client showed a religious orientation. The cognitive behaviour therapy with Islamic concepts was applied on the client. Three sub techniques of CBT like Cognitive restructuring with Islamic concepts, imagery with Islamic concepts and home -work assignments with Islamic concepts were used. All these three techniques proved very effective for the client. The post-testing of client showed a maximum decrease in his symptoms. The client's most of the symptoms of anxiety were removed at the 16<sup>th</sup> session. His religious orientation was also improved.

**Case No 6**

**Name :** Muneer Ahmad

**Age:** 48

**Gender:** Male

**Marital Status:** Married

**Diagnosis:** Depression

**Qualification:** Graduate

**Group 1:** Islamic CBT

**Personal History:**

Muneer Ahmad was 48 years old. He was a graduate. He was eldest child of his family. He belonged to a village in Attock. He passed his childhood in village living with his grandparents, uncles, aunts in a combined family system. He was having a very strict home environment. The client told that every one living in the home was having the authority to snub or beat any of the children of the family. He completed his matriculation from the village. then his family shifted to Attock city, there he did his graduation. He got job in Pakistan railway. He got married in the age of 25 years to one of his cousin. His first marriage remained 13 years. He was having no kids. His marital relationships remained good in the start 4 to 5 years after that they started developing disputes. Both families were also having some issues on the inherited land. So the dispute increased till the divorce of the client with his first wife. This event effected the client emotionally very much. Even till now he has not forgotten his wife. He got married again after 6 months of his divorce. But he was not having very good relationship with his second wife also. He was also disturbed as not having any kids. The client told that since his marital issues with his first wife he developed psychological issues off and on. Sometimes when the issues were aggravated he was very disturbed and lost his appetite and sleep. But at that time he succeeded in controlling his issues and coming back to normal life. But according to the client now his situation had become worse and he was feeling that everything in his life was finished and he lost his control and strength to combat with the current issues in his life and in him.

Case conceptualization was done by taking personal history, current status, identifying information, family history, developmental history, schooling, medical condition,

relationship, spirituality, past treatment and current level of functioning. Then according to the history treatment plane was scheduled. Therapist derived the chief complaints, that was, the prime reason why the client was seeking treatment. Therapist composed a list of the problems that were evidenced in the life of the client. Those were emotional states (aggression, depressed mood, insomnia, loss of appetite) stressors (breakup issue with first wife,) relationship problems, communication difficulties at work place and with relatives, and health concerns. In the therapeutic process therapist explained the session structure and treatment overview and reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about anxiety was given by the therapist. The client showed a religious orientation. The cognitive behaviour therapy with Islamic concepts went very well on the client. The client's depression was cured at the 16<sup>th</sup> session.

**Case No 7**

<b>Name:</b>	Sami Ullah
<b>Age:</b>	39 years
<b>Gender:</b>	Male
<b>Qualification:</b>	M.Phil
<b>Marital Status:</b>	Married
<b>Diagnosis:</b>	Depression
<b>Group 1:</b>	Islamic CBT applied

**Personal History:**

He is M.Phil in mathematics. He is a subject specialist teacher in Punjab govt. his father is a very strict man. He developed problem with his vertebral column and have severe pain in his back bone and also numbness of lower limbs. Due to that disease his whole life style changed. He was very fond of playing cricket and football. But due to the illness now it is becoming very difficult for him to even walk. It has become difficult for him to continue with his job easily. He had developed some relationship issues with his wife also. He was very active husband and was shouldering all the responsibilities of households. But after the development of disease it became difficult for him to manage everything. Wife was also finding difficulty in sharing some of the responsibilities with husband. The client is having three kids. Client himself told that he was a very polite and loving father but now he often becomes very harsh towards his children on their little mischiefs. He has developed the symptoms of depression since last few months, as he developed insomnia, lost appetite, developed irritable mood and anger outbursts also. In the therapeutic process therapist explained the session structure and treatment overview and reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about anxiety was given by the therapist. The client showed a religious orientation. The cognitive behaviour therapy with Islamic concepts was applied on the client. Three sub techniques of CBT like Cognitive restructuring with Islamic concepts, imagery with Islamic concepts and home -work assignments with Islamic concepts were used. All these three techniques proved very effective for the client. The post-testing of client showed a maximum decrease in his symptoms. The client's most of the symptoms of depression were removed at the 16<sup>th</sup> session. His religious orientation was also improved.

Name: Sagheer Ahmad

Age: 42 years

Gender: Male

Qualification : Graduation

Marital Status: Married

Diagnosis: Depression

Group 1: Islamic CBT

#### Personal History:

Sagheer Ahmad is 42 years old married male. He was a graduate. He got admission in master's in business administration which he could not complete. He was not having any permanent job. He was teaching in private schools and was also giving home tuition to children. He was married since last 11 years. He was not having any kids. He was the 3<sup>rd</sup> child of the family among his six siblings. According to the client he was the most favourite child of his father. His father always cared for his wishes and needs and fulfilled his wishes there and then when he demanded. He was very close to his father. The client told that his father loved him as he considered him as the beautiful child among not only the siblings but among the whole family. Father wanted him to join Army as his elder brother was also an army officer. The client tried but he could not qualify. The client was hurt very much. Because he was having the view that if his elder brother can become an army officer that he could also and he was in the habit of getting everything he wants. It was client's dream to become an Army officer like his brother. Then he started teaching in private schools. He got married when he was 31 year old. 11 years passed to his marriage but he was having no kids. He was very much worried about being issueless. He was not satisfied with his job because

he said I cannot tolerate if some senior of mine tries to dominate me and order me. He keeps on switching his jobs. In the time when he leaves a job and the period when he was jobless he becomes really depressed. He developed ulcer also. Now from few weeks his condition was becoming more disturbed he started shouting at home with his parents and his wife. He developed Major depressive disorder two weeks before when he has a serious argumentation with his wife and she left his home and went to his parent's home. He lost , energy and keeps lying on bed for hours and hours without sleeping. Lost appetite and developed insomnia. In the therapeutic process therapist explained the session structure and treatment overview and reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about anxiety was given by the therapist. The client showed a religious orientation. The cognitive behaviour therapy with Islamic concepts was applied on the client. Three sub techniques of CBT like Cognitive restructuring with Islamic concepts, imagery with Islamic concepts and home -work assignments with Islamic concepts were used. All these three techniques proved very effective for the client. The post-testing of client showed a maximum decrease in his symptoms. The client's most of the symptoms of depression were removed at the 16<sup>th</sup> session. His religious orientation was also improved.

### **Case 9**

Name :	Shehla Razzaq
Age :	46 years
Gender:	Female
Qualification:	Matric
Marital Status:	Unmarried
Diagnosis:	Depression

**Personal history:**

Shehla Razzaq was a 46 year's old married woman. She belonged to lower middle class. She was eldest among her siblings. She was having 5 younger siblings' two brothers and three sisters. Her father died when she completed her matriculation. He had an heart attack and died suddenly. He was working in a private firm. Client's mother was very disturbed. They had serious financial crisis. Client was very fond of studying but she left studies due to financial crisis and started working in a vocational centre. Where she worked from morning till evening. She got diploma of vocational training in stitching and sewing. Then she applied in government sector as vocational teacher. The client got the job and started working as vocational teacher. She was very caring and sensitive about her siblings. She completely provided financial support to her siblings and mother. She worked very hard after job timings in evening she used to stitch clothes . her age was becoming of marriage and she was determined not to marry and complete her responsibility of younger siblings. When the client was 35 years old her mother told her that her uncle wanted her younger sisters to be married with his sons. Client felt little bad that the relatives are not interested in her happiness and they were thinking selfishly even her mother. Then her sisters got married. The younger brother completed intermediate and started a job in railway. Soon after getting job brother asked to get marry one of their cousin. Client was very worried that now her brother should take financial responsibilities. But he was not ready to take the responsibility and wanted to marry. Mother got agreed with son and got him married. Client started feeling alone and depressed as her two younger sisters got married and they left home. Client started becoming very aggressive, she started argumentation with mother on every matter. Though she was very cool and calm since her childhood.the client's youngest brother joined bad company and developed conduct problem. This issue effected client's mother and client too. Client had a

conflict and argumentation with one of his colleague. One day client became very aggressive and the argumentation changed in physical fight. The principal of client was very annoyed with client and she gave her show cause notice. This event emotionally affected the client and she developed major depressive disorder. In the therapeutic process therapist explained the session structure and treatment overview and reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about anxiety was given by the therapist. The client showed a religious orientation. The cognitive behaviour therapy with Islamic concepts was applied on the client. Three sub techniques of CBT like Cognitive restructuring with Islamic concepts, imagery with Islamic concepts and home - work assignments with Islamic concepts were used. All these three techniques proved very effective for the client. The post-testing of client showed a maximum decrease in her symptoms. The client's most of the symptoms of depression were removed at the 16<sup>th</sup> session. His religious orientation was also improved.

**Case No 10**

**Name :** Muhammad Ishaq

**Age :** 42 years

**Gender :** Male

**Qualification:** Intermediate

**Marital Status :** Married

**Diagnosis:** Generalized Anxiety Disorder

**Group 1:** Islamic CBT

## **Personal history :**

Muhammad Ishaq was 42 years old married male. He belonged to a farmer's family. His father owned a big fertile land. The client was second child of the family. Client's father was a very strict man. Client was having 5 brothers and 2 sisters. One brother was elder than him rest of them were younger than him. Client was living in a combined family system. All of the house hold matters were held by client's aunt. Who was elder sister of his father and she was divorced. She was having a very harsh and rough attitude towards the client's mother and his siblings. When client completed his intermediate his father asked him to leave further education and join him in farming. Client was also not much interested in studies; he left his studies. When the client was 19 years old his aunt made decision for his marriage. He was not interested in getting married at that time. He also disliked his cousin to whom they were going to marry him. But father and aunt forced him to get marry. He got married and was having disturbed relations with his wife. He had often severe migraines after his marriage. His mother and wife were having interpersonal conflicts also. The client had three sons. He was very loving to his sons. The client was doing farming with father; he used to drive tractor in his fields for farming purposes. One day a very sad incident happened. He parked his tractor in the side parking of his home. His sons were playing hide and seek, the youngest son went and hide himself under the tractor, the client was asked by brother to move the tractor a little ahead in the parking, the client did not notice that the son was hiding under the tractor. He moved the tractor and son was crushed under the back tyre of tractor, he was injured badly and died on spot. The family was very disturbed and most of the member of the family developed fears and passed through severe bereavement period. The client passed through severe bereavement period. He became socially alienated and started avoiding people. He stopped working and was not willing to participate in any of the family's matter. After four months of his son's death father forced him to work with him in fields. He started working

with father but remained very disturbed. Now his relations with wife became better because on the death of son the wife remained very supporting and caring. Client's mother's and wife's relations were also becoming better. Then client's mother developed heart disease and started remaining sick. Client was very touchy about mother; he also started developing physical symptoms as headache, severe pain in shoulders and developed fears and apprehensions. The family faced some dispute with father's brothers about the inherited land and they had physical fights with each other. The psychological state of the client aggravated and he developed the symptoms of Anxiety Disorder. He was taken to hospital and was diagnosed as having generalized anxiety disorder. In the therapeutic process therapist explained the session structure and treatment overview and reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about anxiety was given by the therapist. The client showed a religious orientation. The cognitive behaviour therapy with Islamic concepts was applied on the client. Three sub techniques of CBT like Cognitive restructuring with Islamic concepts, imagery with Islamic concepts and home -work assignments with Islamic concepts were used. All these three techniques proved very effective for the client. The post-testing of client showed a maximum decrease in her symptoms. The client's most of the symptoms of anxiety were removed at the 16<sup>th</sup> session. Her religious orientation was also improved.

#### **Case No 11**

**Name:** Ghulam Ali

**Age:** 67 years

**Gender:** Male

**Marital Status:** Married with 5 kids , wife died few months ago

**Diagnosis:** Generalized Anxiety Disorder

**Personal History:**

Ghulam Ali was 67 years old male. He was Masters in English and retired from Pakistan Airforce. The client was the first born child of the family. He was having one younger sister and one younger brother. His mother died of tuberculosis when he was studying in three class. Father was loving and caring did not marry after the death of first wife. Father did all the jobs of mother also. Client being eldest became very sensitive. Client took care of younger siblings. Client shared that his childhood was very tough. They were living in a village and father used to do job in the city. Father would used to wake up very early and went to city leaving the kids behind. Client was elder and he helped younger siblings in getting ready for school. When they would come back from school, client himself cooked lunch for him and his younger siblings. Though client himself was very young. The client became very sensitive and responsible. Client's uncle's were living nearby their home but were not helping. Client was very hard working and he studied well. Client's father was spending a very difficult life working at office and then at home all the house hold works he was doing. This was very hurting for the client that his father was working so hard for them. When client did his matriculation, he applied in Air force for job. He got the job and started working. After job he did not stopped his education because his father was very fond of studies. Client wanted to make his father happy at any cost. So he completed his graduation and then masters in English. Client's younger brother was also good in studies but younger sister could not study. Client got married when he did his matriculation and joined Air force. He had five kids. Three sons and two daughters. Client's father died soon after he did his masters. Client was attached with father very much. Client had some problems in his job life and he was retired before time. This event affected him badly and he developed symptoms of anxiety. Four months before his wife died suddenly having infections in her lungs. Client was very

sensitive for his wife. After her death he developed symptoms of anxiety. In the therapeutic process therapist explained the session structure and treatment overview and reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about anxiety was given by the therapist. The client showed a religious orientation. The cognitive behaviour therapy with Islamic concepts was applied on the client. Three sub techniques of CBT like Cognitive restructuring with Islamic concepts, imagery with Islamic concepts and home -work assignments with Islamic concepts were used. All these three techniques proved very effective for the client. The post-testing of client showed a maximum decrease in his symptoms. The client's most of the symptoms of anxiety were removed at the 16<sup>th</sup> session. His religious orientation was also improved.

## **Case No 12**

<b>Name:</b>	<b>Fakhra Batool</b>
<b>Age:</b>	<b>36 years</b>
<b>Gender:</b>	<b>Female</b>
<b>Qualification:</b>	<b>Graduation</b>
<b>Marital Status:</b>	<b>Married with three Kids</b>
<b>Diagnosis:</b>	<b>Generalized Anxiety Disorder</b>

### **Group 1: Islamic CBT**

#### **Personal history:**

Fakhra Batool belonged to a lower middle class. She passed her developmental milestones normally. Fakhra was the eldest among her seven siblings. She was a graduate. Client was very good in studies. Always did her best to make her mother happy of her. Mother was very

strict and was having anxiety. Mother was having very criticising attitude. Fakhra was a very sensitive person. She was very sensitive about mother's criticism also. She told the therapist that whenever mother went out with her father to visit any relative she did a lot to clean the home , did the cooking , took care of the siblings that mother will come and will appreciate her. But she told that every time mother would come and find some mistake and would start criticising Fakhra. Client told that she wept for hours and hours on mother's harsh behaviour but she never tried to console her. When Fakhra did graduation mother decided for her marriage, the client was very fond of studies she asked her mother to get admission in masters but mother said no, if she wanted she can do it after marriage. Client got married. She was having good relations with her husband. They were living in combined family system, the client was having conflicts with mothe-in-law and sisters –in-law also. She was developing a habit of worrying every time. Fakhra had three kids. Her elder two kids were school going than her daughter was born she was having some complications. The child was diagnosed as having cerebral palsy. The client was very disturbed about her daughter's health conditions. She had to take her for physiotherapy everyday; her daughter's developmental milestones were delayed. Fakhra's in-laws especially her sister-in-laws started criticising her for having a special child. Family demanded her to do everything by her own. Husband was also not helping in household matters. His job timings were very long from 9 to 9. Fakhra was feeling herself over stretched and was having complain that husband was not helping and he was very careless about the daughter. They started developing interpersonal conflict and it became a routine to have quarrels. Then Fakhra developed Generalized Anxiety disorder. In the therapeutic process therapist explained the session structure and treatment overview and reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about anxiety was given by the therapist. The client showed a religious orientation. The cognitive behaviour therapy with Islamic concepts was applied on the client.

Three sub techniques of CBT like Cognitive restructuring with Islamic concepts, imagery with Islamic concepts and home -work assignments with Islamic concepts were used. All these three techniques proved very effective for the client. The post-testing of client showed a maximum decrease in his symptoms. The client's most of the symptoms of anxiety were removed at the 16<sup>th</sup> session. His religious orientation was also improved.

### **Case No 13**

**Name :** Faizan Aslam

**Age :** 38 years

**Gender:** Male

**Qualification:** Graduation

**Diagnosis:** Depression

**Group 2:** CBT applied

#### **Personal History:**

Faizan Aslam is a 38 years old married male. He is B. BA. His father died when he was 15 years old in a road accident. He is having three younger siblings. Mother remained in a very stressful situation after death of her husband. She had interpersonal conflicts with her inlaws. She was living in her husbands inherited home together with his in laws. After having serious conflicts with her in- laws she moved from inlaws to her parent's home together with her five children. There again she was having problems with her sister in laws. They also faced serious financial crisis. The client is very attached with her mother being the eldest child of the family. He became very sensitive. He started doing part time jobs when he was in intermediate. He took the responsibility of his younger siblings. But now when sometimes his younger siblings especially his younger brother misbehaves with him or donot obeys him he becomes very disturbed and also very aggressive. He sometimes starts beating his younger

brother who has completed his graduation but still not doing any job. Then his mother takes side of his younger brother and scolds him of being very harsh with younger siblings then he becomes very disturbed. The client is also having some conflicts at the job place also with his colleagues. It also happened that he had hard talks with his colleagues which took the form of physical fight. The client also reported that he becomes very aggressive on negative behaviour of people when he is moving on road and he had history of fights on road also. According to him it's impossible for him to tolerate rude and disrespecting behaviours. The client told that he has lost his appetite since last few weeks and loosing weight rapidly. He is also developing insomnia since his mother and wife had a quarrel and wife left the home.

An accurate case conceptualization was needed before the clinician begins treatment with the client. The case conceptualization was used to help the clinician bring together different aspects about the person (his history, current status, etc to formulate the course of treatment. Therapist collected identifying information regarding the client, which was gathered during the clinicians' interview. That included information related to the Faizan Aslam's history family, development, schooling, medical condition, relationship, religion , past treatment and current level of functioning.

Therapist derived the chief complaints, that was, the prime reason why the client was seeking treatment. Therapist composed a list of the problems that were evidenced in the life of the client. These were emotional states, current stressors in life of Faizan , his relationship problems, communication difficulties, and present health concerns.

At this point in the session 1 explained the session structure and treatment overview. Gave the client a copy of an outline of sessions. Reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about depression was given to the client. pre -testing on BDI and Bonding to God scale was done. Client was

given homework. Cognitive behaviour therapy was applied. Three sub techniques of CBT like cognitive restructuring, cognitive mental imagery and homework assignments were used which helped in treatment of the client. All the three techniques proved effective in decreasing the symptoms of the disorder.

#### **Case No: 14**

<b>Name :</b>	<b>Muneera</b>
<b>Marital Status :</b>	<b>Married having three daughters</b>
<b>Age :</b>	<b>52 years</b>
<b>Qualification :</b>	<b>Graduation</b>

#### **Tentative diagnosis**

**Generalized Anxiety Disorder (GAD)**

**Group 2 : CBT applied**

#### **Symptoms**

- **Excessive, ongoing worry and tension.**
- **An unrealistic view of problems.**
- **Restlessness**
- **Irritability.**
- **Muscle tension.**
- **Headaches.**
- **Sweating.**
- **Difficulty concentrating.**

## **Initial Case Conceptualization**

An accurate case conceptualization was made before the clinician begins treatment with the client. Therapist collected identifying information regarding the client, which was most often gathered during the clinicians' interview. This included information related to the client history ,family history , developmental history , schooling, medical condition, relationship, religion, past treatment and current level of functioning.

Therapist derived the chief complaints, that was, the prime reason why the client was seeking treatment. Therapist composed a list of the problems that were evidenced in the life of Muneera. This included emotional states, stressors, relationship problems, communication difficulties, and health concerns of the client.

At this point in the session I explained the session structure and treatment overview. Gave the client a copy of an outline of sessions. Reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about anxiety was given to the client.

Cognitive behaviour therapy was applied. Three sub techniques of CBT like cognitive restructuring, cognitive mental imagery and homework assignments were used which helped in treatment of the client. All the three techniques proved effective in decreasing the symptoms of the disorder.

## **Case session Report: 15**

<b>Name of the client:</b>	<b>Saba</b>
<b>Age :</b>	<b>31 years</b>
<b>Qualification:</b>	<b>M.Phil</b>
<b>Diagnosis:</b>	<b>Depression</b>
<b>Group 2 :</b>	<b>CBT applied</b>

### **Presenting complaints**

- Procrastination
- Aggression
- Loss of Self- Control
- Loss of appetite
- Sleep disturbance
- Poor interpersonal relationships

### **Psychological tests applied:**

- Bio-data form
- Beck depression Inventory
- Bonding to God scale

### **Personal history**

Saba was 31 years old lady. She was masters in Microbiology. She was the youngest child among her five siblings. Her father was a government servant and mother was a house wife. She lived in a protected and caring environment. She passed her developmental milestones very successfully. She was very good in education than her siblings. Because of that she was the most favorite child of his family. She was always the child gaining good results. So she was always appreciated by father and whole family. She has seen approval in her life. She got engaged after graduation with her cousin. Her cousin was an Army Officer. Her engagement

remained for almost 6 years. In the starting years she had good relations with her fiancé. But after sometime he started ignoring her. He developed interest in some other girl. Then suddenly he refused to marry her. The client was in serious shock. She and her family tried hard to convince him and his family. But all in vain. After few months he got married. It's almost six years of his marriage. The client is still unmarried. She herself accepted that whenever someone sends a proposal I compare him with my ex-fiancé and refuses because no one seems me better than him as he was very handsome and in good profession. Client told that it was her dream to marry army personnel. No other person admires the client. The client told that she always remained depressed. She became very aggressive. She was having poor relation with the family specially parents. She told that she often becomes very harsh towards her parents especially mother. Parents were also very disturbed due to her condition. They were worried about her marriage but she refuses every proposal. Client's mother had developed cancer also. This has aggravated the situation also. Now her symptoms were becoming more severe after the diagnosis of mother as cancer patient. As she was unable to sleep for days. Her job was also affected now by her psychological condition.

#### **Assessment of Cognition and beliefs:**

In the cognitive restructuring model, the first step was the process to identify the client's dysfunctional automatic thoughts and core beliefs. During the assessment process following automatic thoughts were identified. Why is this happening to me? Why not someone else? Nothing good will happen in my life (magnification of the negative events), my job and promotion is not so much important that it can make me happy (minimization of the positive life events)

An accurate case conceptualization was needed before the clinician begins treatment with the client. The case conceptualization was used to help the clinician bring together different

aspects of Saba 's life like her personal history, current status, etc. therapist collected identifying information regarding the client, That included information related to family history , developmental history , schooling, medical condition, relationship issues etc, past treatment and current level of functioning.

Therapist derived the chief complaints, that were sleeplessness, loss in appetite , poor performance at work , serious issues with her relations like issues with her brothers and their wives , aggression and anger .

Therapist composed a list of the problems that were evidenced in Saba's life. These were emotional states, stressors, relationship problems, communication difficulties, and health concerns. In the session one the personal history and bio- data of the client was taken. Rapport was built with the client. The client was told about the therapy and session details.

Consent of the client was taken.

. Gave the client a copy of an outline of sessions. Reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about depression was given. Pre testing was done by using BDI and Bonding to God scale. The client's score on BDI was (73) and Bonding to God scale was (80). Cognitive behaviour therapy was applied. Three sub techniques of CBT like cognitive restructuring, cognitive mental imagery and homework assignments were used which helped in treatment of the client. All the three techniques proved effective in decreasing the symptoms of the disorder.

## **Case Session Report: 16**

**Shagufta Bibi (blind)**

**Age:** 48 years

**Education:** Master's in Islamic studies

**Marital status:** Married

**No of Kids:** one daughter

**Diagnosis:** Depression

**Group 2:** CBT applied

### **Symptoms:**

- Depressed mood
- Insomnia
- Poor appetite
- Crying behavior
- Negative thoughts about self and others
- Disturbance in relations
- Aggression

### **Tests applied**

- Bio- Data form
- Beck's Depression Inventory
- Bonding to God scale

### **Personal History:**

Shagufta Bibi was a 48 years old married women having one daughter. She was born as normal healthy child. When she went to class 3 she developed sudden loss in her vision. Her eye sight was completely lost when she went to matric class. She was seriously disturbed at that time. It was very difficult for her to cope up with the situation. Because now she was in a state that she could not differentiate between light and darkness. One of her sister was living in Karachi , who got married there. She took her along and took care of her and made her to further study. There she did complete her masters in special education. Afterwards she got job as a teacher in special education department in Punjab. Her younger brothers and sister got married when she was doing the job. When she was 40 years old, she was very annoyed with her family that they were not interested in her marriage. According to her, her sisters and brothers were interested in her salary but not in her welfare. Then she had an encounter with a blind person who was having 2 marriages already and 3 kids. She developed interest in him. That blind person also showed interest towards her. Client's family was not interested in her marriage with that person. So the client had court marriage with the person. Family was very annoyed. In the start client remained happy with her husband. After two years of their marriage she had a daughter. Daughter was a healthy normal child. After two years of marriage client's relationships with her husband started getting disturbed. Her husband's inclination was towards the second wife as he divorced his first wife. The client was third wife. Client's husband was very aggressive man though he was blind but still physically abused client a lot of times. Client's relationships with her husband disturbed to a level that husband started saying that he will divorce her. The client's parent's were very old and they also died in last 6 months. Father died 6 months ago and mother died two months ago. Client's relationships with her brother's were not good. They were still angry with her on her marriage. When client's husband went to her second wife's home after having argumentation

with Shagufta, The client was very disturbed and developed symptoms of depression. She developed insomnia, poor appetite and depressed and low mood and severe pain in shoulders and bodily aches. She went to different doctors for her physical conditions then she was referred to psychologist after diagnosis of depression.

### **Initial Case Conceptualization**

An accurate case conceptualization was made before the clinician begins treatment with the client. therapist Collected identifying information regarding the client, That included information related to the Shagufta's personal history , family history , developmental history , schooling, medical condition, relationship issues , religiosity , past treatment and current level of functioning.

Therapist derived the chief complaints, that was, the prime reason why the client was seeking treatment. Therapist composed a list of the problems that were evidenced in Shagufta's life. These were her emotional states as she started weeping on trivial things , was having depressed mood and became very touchy towards her daughter , current stressors in her life, her issues with her husband , death of her parents, relationship issues with brothers , relationship problems, communication difficulties, and health concerns ,severe headaches, body pains and aches and high blood pressure .

At this point in the session 1 explained the session structure and treatment overview. Gave the client a copy of an outline of sessions. Reviewed the importance of completing homework assignments and discussed confidentiality. Cognitive behaviour therapy was applied. Three sub techniques of CBT like cognitive restructuring, cognitive mental imagery and homework

assignments were used which helped in treatment of the client. All the three techniques proved effective in decreasing the symptoms of the disorder.

### **Case No 17**

**Name :** Muhammad Sultan (blind)

**Age:** 23 years

**Qualification :** Matriculation

**Diagnosis :** Depression

**Group 2:** CBT applied

#### **Presenting complaints**

- Procrastination
- Aggression
- Loss of Self- Control
- Loss of appetite
- Sleep disturbance
- Poor interpersonal relationships

#### **Psychological tests applied:**

- Bio data form
- Beck depression Inventory
- Bonding to God Scale

### **Personal history:**

Muhammad Sultan was a 23 years old blind boy. He was the second child of family. Her elder sister was normal child. Client's younger brother was also blind. Client's other four siblings were normal. Client belonged to poor socio-economic status. He was by birth blind. Some of his cousin was also blind. Doctor told the family that due to cousin marriages this disability was coming in the family. Muhammad Sultan passed his developmental milestones in normal age limits. He was admitted in blind school which was away from his residence so he was sent to hostel since class one. He was so young to live alone that he was not able to manage himself. This affected him a lot. The hostel superintendent was a strict man . who used to beat the children on small mistakes. Muhammad Sultan's father was in government service on a low grade. He got retired when client was in matric class. Family was facing serious financial issues. Someone told father to go abroad for earning. He was a simple man he gave all his money to the travelling agent . travelling agent took money from them to sent client's father to Italy. But sent him illegally and client's father was caught up there in Italy being illegal. This incident effected client emotionally . and he developed depression.

### **Initial Case Conceptualization**

An accurate case conceptualization was made before the clinician begins treatment with the client. therapist Collected identifying information regarding the client, That included information related to the Muhammad Sultan's personal history , family history , developmental history , schooling, medical condition, relationship issues , religiosity , past treatment and current level of functioning. Therapist derived the chief complaints, that was, the prime reason why the client was seeking treatment.

**Therapist Composed a list of the problems that were evidenced in Muhammad Sultan's life.**

These were his emotional states as he started weeping on trivial things , was having depressed mood and became very touchy towards her father , current stressors in his life was his father's mishap as he was caughtup in Itally and was having no contact with client or his family, relationship issues with brothers , relationship problems, communication difficulties, and health concerns ,severe headaches, body pains and burning in stomach.

At this point in the session 1 explained the session structure and treatment overview. Gave the client a copy of an outline of sessions.Reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about depression. Client's pre testing was done by using BDI and Bonding to God scale and her scoreon BDI was (73) and on Bonding to God scale was ( 54). Cognitive behaviour therapy was applied. Three sub techniques of CBT like cognitive restructuring, cognitive mental imagery and homework assignments were used which helped in treatment of the client. All the three techniques proved effective in decreasing the symptoms of the disorder.

### **Case No 18**

**Name:** Shahzaib

**Age :** 32 years

**Gender:** Male

**Qualification:** Matriculation

**Marital Status:** Unmarried

**Diagnosis:** Generalized Anxiety Disorder

**Group 2:** CBT

## **Personal History:**

Low vision working in some private company, very particular about personal things, people's view about himself, remains fearful and has apprehensions.

## **Initial Case Conceptualization**

An accurate case conceptualization was made before the clinician begins treatment with the client. therapist Collected identifying information regarding the client, That included information related to the Shahzaib's personal history , family history , developmental history , schooling, medical condition, relationship issues , religiosity , past treatment and current level of functioning. Therapist derived the chief complaints that were the prime reason why the client was seeking treatment.

Therapist composed a list of the problems that were evidenced in Shahzaib's life. These were his emotional states as he was having severe apprehension about future, was having restlessness and was having trembling and sweating, relationship issues with brothers , relationship problems, communication difficulties, and health concerns ,severe headaches, body pains and aches and stomach issues .

At this point in the session 1 explained the session structure and treatment overview. Gave the client a copy of an outline of sessions. Reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about anxiety . Client's pre testing was done by using BAI and Bonding to God scale and his score on BAI was (49) and on Bonding to God scale was (71). Cognitive behaviour therapy was applied. Three sub techniques of CBT like cognitive restructuring, cognitive mental imagery and homework

assignments were used which helped in treatment of the client. All the three techniques proved effective in decreasing the symptoms of the disorder.

**Case No 19**

**Name :** Fozia Kausar

**Age :** 48 years

**Gender:** Female

**Marital Status:** Divorced

**Diagnosis:** Depression

**Group 2:** CBT applied

**Personal history:**

Fauzia Kausar was 48 years old women. She belonged to a lower middle class. She was having one brother only. She did her matriculation from her village. She was enrolled in government school as a physical training instructor. Her father died when she was studying in 5<sup>th</sup> class. Her mother was having financial crisis through out her life. She was having interpersonal relationship conflicts with her in-laws. The client was very attached with her mother. She was very sensitive in nature. She was very disturbed due to her mother's financial crisis and her relationship issues. When the client completed her matriculation. She got job in a govt school as a physical training instructor and started helping her mother financially. Fozia got married in the age of 29 years. Her husband was already married and was working abroad. His first wife was also there. Her husband did not tell his 1<sup>st</sup> wife that he was going to get marry. Someone from the village called his first wife and told her that her

husband got married. She pressurised her husband and threat him to do legal action against him . Fozia's husband left her after 5 days of marriage and went back and sent divorce from abroad after few months. Her mother died when she listened that her daughter is forced retired.

### **Initial Case Conceptualization**

An accurate case conceptualization was made before the clinician begins treatment with the client. therapist Collected identifying information regarding the client, That included information related to Fozia Kausar's personal history , family history , developmental history , schooling, medical condition, relationship issues , religiosity , past treatment and current level of functioning. Therapist derived the chief complaints, that was, the prime reason why the client was seeking treatment.

Therapist Composed a list of the problems that were evidenced in Fozia's life. These were her emotional states as she started weeping on trivial things , was having depressed mood and became very touchy towards her daughter , current stressors in her life, her issues with her husband , death of her parents, relationship issues with brothers , relationship problems, communication difficulties, and health concerns ,severe headaches, body pains and aches and high blood pressure .

At this point in the session I explained the session structure and treatment overview. Gave the client a copy of an outline of sessions. Reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about depression. Client's pre testing was done by using BDI and Bonding to God scale and her score on BDI was (54) and on Bonding to God scale was (67). Cognitive behaviour therapy was applied. Three sub techniques of CBT like cognitive restructuring, cognitive mental imagery and homework

assignments were used which helped in treatment of the client. All the three techniques proved effective in decreasing the symptoms of the disorder.

## **Case 20**

**Name:** Amjad Hussain

**Age:** 45 years

**Gender:** Male

**Qualification:** Matric

**Marital Status:** Married with one son

**Diagnosis:** Depression

**Group 2:** CBT

### **Personal history**

Amjad Hussain was 45 years old married male. He was Matric qualified. He was working in United Arab Emirates since last 15 years. He worked as electronic technician there. He got married in the age of 32 years. He was having one son. Who was 9 years old now. He was living in United Arab Emirates and his wife was living here in Pakistan with his family. His wife and mother were having serious difficulty in interpersonal relationships. They both keep on calling him and telling about their quarrels. This affected him emotionally too much. It was difficult for him to come back and live with his family because he was financially supporting his family, his parents and his younger siblings also. He developed diabetes when he was 35 years old. He was over - weight by 30 K.G . Due to diabetes he developed other medical issues also. Since last four years he is having serious emotional issues. His wife had a quarrel with his mother and she went to her parent's home. He left UAE and came back to Pakistan.

Now he was going through the financial crunch and family issues also. He developed symptoms of depression since last few months and was taking medicines before coming for the therapy.

### **Initial Case Conceptualization**

An accurate case conceptualization was made before the clinician begins treatment with the client. Therapist collected information regarding the client which included information related to the Amjad Hussain's personal history, family history, developmental history, schooling, medical condition, relationship issues, religiosity, past treatment and current level of functioning. Therapist derived the chief complaints that were the prime reason why the client was seeking treatment.

Therapist Composed a list of the problems that were evidenced in Amjad Hussain's life. These were his emotional states as he was having depressed mood and became very touchy towards his son, current stressors in his life, were financial issues as he was jobless here in Pakistan and he left job in UAE, relationship issues with brothers, relationship problems, communication difficulties, and health concerns, severe headaches, body pains and aches and diabetes.

At this point in the session 1 explained the session structure and treatment overview. Gave the client a copy of an outline of sessions. Reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about depression. Client's pre testing was done by using BDI and Bonding to God scale and her score on BDI was () and on Bonding to God scale was (64). Cognitive behaviour therapy was applied. Three sub techniques of CBT like cognitive restructuring, cognitive mental imagery and homework

assignments were used which helped in treatment of the client. All the three techniques proved effective in decreasing the symptoms of the disorder.

**Case No 21**

**Name:** Fatima Bibi

**Age:** 53 years

**Gender:** Female

**Qualification:** Matric

**Marital Status:** Married with two sons

**Diagnosis:** Depression

**Group 2:** CBT applied

**Personal history:**

Fatima Bibi was a 53 year's old married woman. She was having two sons. She was wife of an Air force Officer. Her husband was her first cousin. Before marriage the client was living in a village. Family forced her husband to marry her though he was not willing to marry her as she was less in qualification than him and was a villager and according to him she was unable to move with him in his circle. But family forced him that he has to marry her. Father warned him that he will not allow any other girl to come in his home as his son's wife. So he married the client but he was not happy with the marriage. His attitude towards his wife was very harsh in the start of the marriage. The client was very sensitive in nature. She was the only sister of four brothers. She was very dearly daughter of her father. So the rejecting attitude of her husband affected her too much. After the birth of the first son client's

husband's attitude was quiet better. She had two sons. The client remained suppressed and emotionally deprived most of the time as husband always tried to avoid her. He often went alone in the functions. He did his masters, MPhil and PhD after his marriage and remained busy in studies in the evenings after the job timings and most of the time client was not given any time. This effected the client's thinking pattern and she remained in depressed mood most of the time. Then her sons started grow up. Her elder son did masters in computer sciences and the younger son did MBA. His elder son did love marriage. Client was in quiet favour of her son but father was not in favour. But they accepted the marriage and fully participated in son's marriage. The client's present symptoms of depression started when her son's clashes started with his wife and he divorced his wife suddenly. The client was very disturbed with this shocking news. She developed symptoms of depression. She was getting the treatments from the hospitals since last three years. She becomes a bit better but again when she leaves the medicines the symptoms come back. She develops insomnia, loss of appetite, depressed mood and severe loss of energy.

### **Initial Case Conceptualization**

An accurate case conceptualization was made before the clinician begins treatment with the client. therapist Collected identifying information regarding the client, That included information related to the Fatima Bibi's personal history , family history , developmental history , schooling, medical condition, relationship issues , religiosity , past treatment and current level of functioning. Therapist derived the chief complaints that were the prime reason why the client was seeking treatment.

Therapist composed a list of the problems that were evidenced in Fatima Bibi's life. These were her emotional states as she started weeping on trivial things , was having depressed

mood and became very touchy towards her sons , current stressors in her life, client was having two grand children and was very loving towards them. When her son divorced his wife she went back to her parents, her parents were living in Dubai she took her kids along. Fatima Bibi was really missing her grand children. Fatima also developed relationship issues with her brothers as she had the view that brothers did not help Fatima in the issue of sons divorce. As her son was very attached with his uncle and if he would have advised him not to divorce his wife than he might not divorce her. Fatima also had communication difficulties, and health concerns , as she developed severe headaches, body pains and aches and high blood pressure .

At this point in the session I explained the session structure and treatment overview. Gave the client a copy of an outline of sessions. Reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about depression. Cognitive behaviour therapy was applied. Three sub techniques of CBT like cognitive restructuring, cognitive mental imagery and homework assignments were used which helped in treatment of the client. All the three techniques proved effective in decreasing the symptoms of the disorder.

**Case No 22**

**Name :** Nadeem Shoukat

**Age :** 44 years

**Gender :** Male

**Qualification:** Intermediate

**Marital Status:** Married

**Diagnosis:** Anxiety

**Group 2:** CBT

### **Personal history:**

Nadeem shokat was a 44 years old male. He was married having three daughters. He was Police employee. He lived in a stressed environment. Nadeem Shokat belonged to a lower middle class. He was the first son of the family. He was eldest among his five siblings. His father was a farmer and was very strict man. His attitude towards his wife and children was very harsh and insulting. the client was living in combined family system. His grand parents were also having very critical attitude towards client's mother. and in some respect towards the client also. Client was very attached with mother and remained worried about her mother's position in the family. He tried always to support his mother on small mistakes committed by her which always became a big cause for her insult from her husband and parents -in-laws. Nadeem Shokat was different from other children of his age , he was more sensitive and more serious and was not involved in play or other recreational activities but kept on completing his tasks as early as possible to save himself from father's harsh behaviour. He would try hard to help his mother in household works also. The client completed his matriculation and got admission in intermediate. He developed very sensitive and fearful personality. After completing his intermediate he started searching for jobs. One of his cousin told that there was advertisement in jobs in police. The client applied and got job. Client told that his job was very tough and very tense. His senior's attitude was very insulting. He got married in the age of 25 years and had three daughters. He was having a big desire to have son and his desire was reinforced by the family. The family started pointing about him that he was not having any son. Client was very sensitive and was very touchy about people's comments about him. his job was very tough and people around him were having very rough attitude. His boss was a person who used to insult people on miser mistakes. Client was always worried that boss might insult him, in avoiding this client developed symptoms of generalized anxiety disorder.

## **Initial Case Conceptualization**

An accurate case conceptualization was made before the clinician begins treatment with the client. Therapist collected identifying information regarding the client, that included information related to the Nadeem Shokat's personal history, family history, developmental history, schooling, medical condition, relationship issues, religiosity, past treatment and current level of functioning. Therapist derived the chief complaints which were the prime reason why the client was seeking treatment.

Therapist Composed a list of the problems that were evidenced in Nadeem Shokat's life. These were his emotional states as he started worrying on trivial things, was having fearful attitude and became very touchy towards his daughters, current stressors in his life, were issues related to his job, relationship issues with his boss and colleagues, communication difficulties, and health concerns, severe headaches, body pains and aches and issues related to his stomach like burning or stomach etc.

At this point in the session 1 explained the session structure and treatment overview. Gave the client a copy of an outline of sessions. Reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about Anxiety. Cognitive behaviour therapy was applied. Three sub techniques of CBT like cognitive restructuring, cognitive mental imagery and homework assignments were used which helped in treatment of the client. All the three techniques proved effective in decreasing the symptoms of the disorder.

## **Case No: 23**

<b>Name:</b>	<b>Burya begum</b>
<b>Age:</b>	<b>55 years</b>
<b>Qualification:</b>	<b>Primary</b>
<b>Gender:</b>	<b>Female</b>
<b>Diagnosis:</b>	<b>Generalized Anxiety Disorder</b>
<b>Group 2:</b>	<b>CBT applied</b>

### **Personal history**

The client was a 55 year old married woman. She was having 5 children. She was primary pass. She belonged to lower middle class. She passed her developmental milestones normally. She left school after completing primary class as client belonged to family of farmers and her mother had to do a lot of work in the fields so she was not able to manage household works. Client was very intelligent and was very keen of studying. But she was forced to discontinue her education. From that very young age she started working in her home and also took care of her four younger siblings. She got married in the age of 16 years with one of her cousin who was 33 years old. He was in Army and was very strict man. He used to snub the client on very minor issues. Client developed a fear from her husband instead of developing affection. The client was living in village with her in-laws and her husband was posted to different cities. Client's father -in-law was also very strict and was having very abusive language towards the client on small mistakes. Client was having good relation with her father instead of her mother. Client's father suddenly died of brain haemorrhage. This was very shocking news for the client. After sometime of her father's death client developed symptoms of generalized Anxiety disorder.

### **Symptoms:**

- Trembling
- Poor appetite
- Irritability
- Aggression
- Sleep disturbance
- Bodily aches

### **Session 1 report:**

#### **Initial Case Conceptualization**

An accurate case conceptualization was made before the clinician begins treatment with the client. Therapist collected identifying information regarding the client. That included information related to the Burya Begum's personal history, family history, developmental history, schooling, medical condition, relationship issues, religiosity, past treatment and current level of functioning. Therapist derived the chief complaints that were the prime reason why the client was seeking treatment.

Therapist composed a list of the problems that were evidenced in Burya Begum's life. These were her emotional states as she started trembling on trivial things, was having anxious mood and very fearful about everything happening in her life, current stressors in her life, her issues with her husband, death of her parents, relationship issues with daughter-in-laws, relationship problems, communication difficulties, and health concerns, severe headaches, body pains and aches and poor appetite.

At this point in the session 1 explained the session structure and treatment overview. Gave the client a copy of an outline of sessions. Reviewed the importance of completing homework

assignments and discussed confidentiality. Psycho-education about depression. Client's pre testing was done by using BAI and Bonding to God scale.

At this point in the session 1 explained the session structure and treatment overview . Gave the client a copy of an outline of sessions.Reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about anxiety was given.

Reviewed any question which the client had related to homework Burya Begum discussed her issues that she remained fearful everytime that something bad was going to happen with her. She was always having apprehensive thinking. Cognitive behaviour therapy was applied. Three sub techniques of CBT like cognitive restructuring, cognitive mental imagery and homework assignments were used which helped in treatment of the client. All the three techniques proved effective in decreasing the symptoms of the disorder.

#### **Case No 24**

##### **Bio- Data**

<b>Name:</b>	<b>Muhammad Rafique</b>
<b>Age:</b>	<b>50 years</b>
<b>Gender :</b>	<b>Male</b>
<b>Qualification:</b>	<b>Matric</b>
<b>Marital Status:</b>	<b>Married</b>
<b>Diagnosis:</b>	<b>Generalized Anxiety Disorder</b>
<b>Group 2:</b>	<b>CBT applied</b>

### **Personal history:**

The subject is 50 year old male. He was married having three kids. He was a government servant. He belonged to a lower middle class. He was having symptoms of generalized anxiety disorder such as;

- At work place Irritability
- Temper
- Fear
- Sleep disturbance
- Disturbance in appetite
- Muscle tension and muscle aches
- Fatigue
- Nausea diarrhea
- Excessive worrying
- Disability in concentration
- Restlessness
- Indecisiveness
- Headaches
- Poor performance

### **Session 1 Report**

#### **Initial Case Conceptualization**

An accurate case conceptualization was made before the clinician begins treatment with the client. therapist Collected identifying information regarding the client, That included information related to the Shagufta's personal history , family history , developmental

history , schooling, medical condition, relationship issues , religiosity , past treatment and current level of functioning.

Therapist derived the chief complaints, that was, the prime reason why the client was seeking treatment.

Therapist Composed a list of the problems that were evidenced in Muhammad Rafique's life. These were his emotional states as he started worrying on trivial things , was having anxious mood and became very touchy towards his health , current stressors in his life, his issues with his colleague , relationship issues with brothers , relationship problems, communication difficulties, and health concerns ,severe headaches, body pains and aches and hepatitus .

At this point in the session 1 explained the session structure and treatment overview. Gave the client a copy of an outline of sessions. Reviewed the importance of completing homework assignments and discussed confidentiality. Psycho-education about anxiety. Cognitive behaviour therapy was applied. Three sub techniques of CBT like cognitive restructuring, cognitive mental imagery and homework assignments were used which helped in treatment of the client. All the three techniques proved effective in decreasing the symptoms of the disorder.

