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Bridging science and religion – treatment of depressed Muslim patients using Islamic Integrated Cognitive Behavioural Therapy

Siti Nur Ainina Bt Mohd Yusoff¹, Amira Raudhah², Nathratul Ayesah Zulkifli³, Liyana Azmi⁴

¹Faculty of Medicine & Health Sciences, Universiti Islam Sains Malaysia, Menara B, Persiaran MPAJ, Jalan Pandan Utama, Pandan Indah, 55100, Kuala Lumpur, Malaysia

²Department of Anatomy, Faculty of Medicine & Health Sciences, Universiti Sains Islam Malaysia, Menara B, Persiaran MPAJ, Jalan Pandan Utama, Pandan Indah, 55100, Kuala Lumpur, Malaysia

³Department of Psychiatry, Faculty of Medicine & Health Sciences, Universiti Sains Islam Malaysia, Menara B, Persiaran MPAJ, Jalan Pandan Utama, Pandan Indah, 55100, Kuala Lumpur, Malaysia

E-mail: ayesahzul@usim.edu.my

⁴Department of Microbiology, Faculty of Medicine & Health Sciences, Universiti Sains Islam Malaysia, Menara B, Persiaran MPAJ, Jalan Pandan Utama, Pandan Indah, 55100, Kuala Lumpur, Malaysia

E-mail: liyana.azmi@usim.edu.my

Abstract— Mental illness, particularly depression, is an increasing health problem for many people from all walks of life. Both conventional and non-conventional therapies for mental illnesses including depression have been and are still being put to practice. An alternative method for treatment of depressed patients, particularly Muslims, is through the combination of Cognitive Behavioural Therapy with Islamic values, which is known as Islamic Integrated Cognitive Behavioural Therapy. This review discusses the benefits, limitations and future prospects of Islamic Integrated Cognitive Behavioural Therapy particularly in treating Muslims with depression.

Keywords— Islamic Cognitive Behavioural Therapy, depression, Muslims

I. INTRODUCTION

Psychiatry focuses on diagnosing, treating and preventing mental, emotional and behavioural disorders. These disorders are diagnosed based on the Statistical Manual of Mental Disorders 5th edition (DSM-5) or International Classification of Diseases 10th Edition. Based on the diagnosed illness, treatment can then be applied, which can come in many forms including drug therapy, psychotherapy and psychosocial strategies.

An emerging form of alternative psychiatric ailments involves the spiritual intervention. The combination of Islamic values with conventional psychoanalysis has been documented since the 8th century [1]. Numerous Islamic physicians have discovered and applied the combination of spiritual components with psychiatric treatments. During the

825th – 925th century, Abu Bakar Muhammad Zakaria Al-Razi had described and applied psychotherapy methods. This technique was used to identify and treat mental illnesses. The discussion on this procedure was published in his book entitled ‘El Mansuri’ dan ‘Al Tibb al-Ruhani’. Ibnu Sina refuted claims of mental illnesses caused by demons or spirits. He was able to demonstrate that physiological defects, rather than supernatural forces, lead to mental diseases.

In the 20th century, psychotherapy and psychosocial strategies are used in combination with spiritual components, especially in treating depression and anxiety disorders. Amongst the most popular treatment used for mental illness, particularly depression, is the Cognitive Behavioural Therapy (CBT). Treatment can be modified to suit patients from different backgrounds. This review will discuss the

effectiveness of treating depressed Muslim patients by incorporating Islamic values with CBT.

II. METHODOLOGY

Literature review was done using Google Scholar, Medline and PUBMED electronic databases, as well as books, journals and articles on relevant and associated topics.

III. RESULTS AND DISCUSSION

A. Cognitive Behavioural Therapy

There are several forms of psychotherapies available for treating a variety of mental illnesses in patients from all walks of life. Amongst the most common therapies used to treat psychiatric illness is CBT [2]. CBT is based on a premise that a dysfunctional cognition is the source of illness. Thus, CBT focuses on making cognitive changes such as shifting the negative thoughts, beliefs and/or perspectives that may have led to the disease formation. CBT helps the patient heal by promoting positive coping approaches and develops reliable and supportive beliefs to relief depressive symptoms and improve functional outcomes [3]. According to the CBT model, depressive symptoms in the patient escalate when they are stuck in a vicious cycle of poorly adaptive patterns of thinking, behaviours and emotional responses. This technique helps patients to identify maladaptive thinking patterns and behaviours. Recognising these allows a patient to be aware of the source of the illness thus start taking action by reconstructing positive thoughts to alleviate depressive symptoms. Specifically, for depression, the high success rate (51-87%) for CBT has made it as a first-line treatment for mild or moderate depression [2].

CBT is well accepted by patients [4], is efficient [5], can either be rapid or take time for efficacy [6] and is proven to be one of the most durable and cost-effective monotherapies [7]. The cognitive model emphasizes that behaviours and emotions are determined by a person's cognition. CBT can also help a patient improve cognitive misinterpretations of one's panic attacks. Subsequently it will lessen his irrational fears of future panic attacks.

During CBT, it is vital to establish a therapeutic alliance, emphasize collaboration and active participation between the therapist and the patient. A good connection between both parties will eventually educate the patient on self-therapy thus preventing future relapses. Relapse prevention can be reduced by continuous sessions of CBT [3]. From these structured sessions of CBT, patients could identify, evaluate, and respond to their dysfunctional thoughts and beliefs. Thus, several techniques can be used to change the thinking, mood, and behaviour of the patient.

CBT aims to remove cognitive distortion, which is negative thinking, irrational thoughts and perceptions. Many people experience cognitive distortions to a certain extent. Consequently, an uncontrolled amount of cognitive distortions can be harmful to a person. Cognitive distortions include thinking patterns (Pennsylvania & Welfare, n.d.) which are:

1. All-or-Nothing Thinking

2. Over-generalisation
3. Mental Filter
4. Discounting the Positive
5. Magnification
6. Emotional Reasoning
7. Jumping to Conclusions
8. The "Should-statements"
9. Labelling
10. Personalisation
11. Blame

At times, repeated cognitive distortions in high intensities experienced by a person may cause a person to resort to these aforementioned thinking patterns and ultimately cause distress.

B. Islamic Integrated Cognitive Behavioural Therapy (IICBT)

CBT treatment can be modified to suit a variety of disorders. An example of interventions with CBT is the inclusion of religious components with CBT. In this review, we will discuss the integration of Islamic values with CBT. The integration of CBT with Islamic verses and values are used to treat specifically Muslim patients and are known as Islamic Integrated Cognitive Behavioural Therapy (IICBT). The concept of IICBT is combined and guided by Islamic verses from the Quran and Hadith. IICBT is based on five principles [8]:

1. *The Sharie' compliance stems from the principle that Allah is the only God and prophet Muhammad as the messenger of God (Tauheed).*
2. *The concept of mindfulness on every action and thoughts.*
3. *Through the physical and mental health such exercises, halal diet and prayer.*
4. *Social and community responsibilities e.g., neighbours.*
5. *Avoidance and abstinence followed the guide of halal and haram in Islam.*

In Malaysia, the handbook on IICBT for depressed patients with comorbidities was produced based on the views of the Madhab Syafie' (Ay, n.d.). IICBT adopts the framework of Religiously Integrated Cognitive Behavioural Therapy (RICBT) which integrates religious beliefs, practices, behaviours and resources for patients with mental illness, particularly depression (Townsend, Kladder, Ayele, & Mulligan, 2002). Previous studies show that RICBT has been applied to treat patients of different religions including those practising Buddha, Hinduism and Christianity [8].

According to Malik Badri, in his book "Contemplation: An Islamic Psychospiritual Study", Muslim scholars had already concentrated on internal cognitions by contemplating on God and His Creations, along with self-examination and reflection based on the Quran and Hadith. Internal cognitions were shown to be a strong force for transformation of mind and behaviour. Thus, with the treatment of Muslim patients, the inclusion of these Islamic-centred thoughts, turning to God during tribulations will help patients find sense and reason in adversity.

In the Quran, Surah an-Nahl verse 125, it was stated that:

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

This verse states that cognitive therapy should be approached with wisdom by seeking guidance and remembrance (zikr) to God [11]. The increased reliance on God is thought to provide perspective to the patient’s current mental state, thus indirectly helps with the healing of the patient’s mental state.

IICBT session consists of 10 sessions (Table 1) that are delivered in duration from –five to ten weeks of therapy. After they completed all sessions, patients are encouraged to fill in a daily worksheet to monitor daily progress and identify activities which can alleviate the mood to prevent relapse in the future.

Session	Theme	Activity
1	Building trust between psychiatrist and participant	<ul style="list-style-type: none"> • Introduction to IICBT • Assessing the state of religiousness based on tawheed
2	Behavioural Activation: Walking by Faith	<ul style="list-style-type: none"> • Reinforcing the client’s understanding of the treatment and the role of mood • Introducing ‘self-monitoring’
3	Identifying unhelpful thoughts	<ul style="list-style-type: none"> • Identifying negative emotions and perceptions • Introducing meditation using Quran verses and hadiths
4	Challenging Unhelpful Thoughts	<ul style="list-style-type: none"> • Discussing the trials and tribulations of Muslim scholars through the careful reading and analysis of the Quran and Hadith, •

5	Identifying losses in life	<ul style="list-style-type: none"> • Identifying any dips or losses that has contributed to or caused the illness • Increasing positive thinking guided by the Quran and Hadith
6	Coping with spiritual struggles and negative emotions	<ul style="list-style-type: none"> • Dealing with the core life experiences that has contributed to or caused the illness • Developing healing and spiritual growth for the patient
7	Creating gratitude	<ul style="list-style-type: none"> • Developing a sense of gratitude in the patient • Appreciating life’s smallest blessings and incorporating grateful behaviour
8	Self-reflection	<ul style="list-style-type: none"> • Self-reflection • Generating a ‘new’ self
9	Spiritual self-evaluation	<ul style="list-style-type: none"> • Increasing spirituality based on the trials and tribulations of Islam’s previous scholars and prophets
10	Generating hope and relapse prevention	<ul style="list-style-type: none"> • Developing a sense of hope • Seeking purpose of life and meaning in adversity • Identifying and sustaining spiritual growth

Table 1: Workflow for IICBT.

The aim of Islamic psychotherapy is not only to heal the illness and disturbance but also to enhance the awareness of Allah, to increase the intimacy and strengthen the relationship with Allah, to find and develop potential as a human and increase our faith in Allah. This paradigm is called a ‘Tawheed’ paradigm which differs specifically from the Islamic psychology. Ideally, Muslim patients should be guided by the teachings of the Quran and Hadith [12], [13]. This would enable them to better receive and respond to IICBT. IICBT is designed to then train the patients to perceive stresses as tribulations or tests by Allah. They should also be able to practice remembrance to Allah, the Quran and Hadith, should any future stresses come their way. Studies by Razali et al. and Azhar et al. suggested that Islamic psychotherapy gives faster healing compared to conventional psychotherapy [12], [14].

The core principles of IICBT are applicable if the patients are willing to practice Islamic values in their treatment and lives. Nevertheless, patients who are familiar with Islamic teachings have been observed to respond better to IICBT as opposed to those who are not [15]. Thus, this is a significant limitation on IICBT. Additionally, therapists intending on using IICBT must be well prepared and knowledgeable in the aspect of CBT and religion. They have to undergo professional training and clinical supervision before practising religion-based therapy and seek consultations with expert colleagues [15]. Psychotherapy treatment that are not specifically Islamic oriented could also be implemented for both Muslims and non-Muslims.

C. IICBT usage

Islamic-based psychotherapy is effective for Muslim patients suffering from anxiety, depression and bereavement [16]. The study conducted by Razali *et al.*, (1998) on generalized anxiety disorder and depressed patients at Hospital Universiti Sains Malaysia (HUSM), showed that psychotherapy with Islamic components resulted in improvements among a test group of patients suffering from anxiety and depressive symptoms [12]. Those given psychotherapy with Islamic components showed substantially faster rates of healing compared to those in the control group at the 4th and 12th weeks follow-up. However, at six months follow-up, no difference were observed between the two groups, consistent with the expectation that the control group would improve after six months of treatment. The tested group, however, had already improved three months earlier than the control group.

Azhar *et al.*, (1994) tested IICBT on a group of patients with anxiety disorder. His studies showed that patients who received IICBT fared better after three months of treatment compared to those who received conventional CBT at six months. The Islamic component implemented on the tested group discussed the religious issues specific to the patients, e.g. a patient's practices and habits regarding prayer, as well as encouraging them to perform prayers regularly, reading the Quran and conducting reflections as a form of relaxation. At the end of the study, the tested group showed a better outcome after being assessed using the Hamilton Anxiety Rating Scale [17]. Patients were found to improve faster using religious psychotherapy compared to conventional psychotherapy.

Another study by Azhar *et al.* (1995) in which IICBT was applied on depressed patients showed that the treatment group had rapid improvements after just one to three months of treatment compared to a control group that only received medication treatment and non-religious psychotherapy (p -value = 0.001). The patients also accepted that what had happened in their lives was meant to be and was condoned by Allah. They asked Allah for forgiveness for drifting away from Islamic values and not accepting the *Qada'* and *Qadar* (roughly translated as the believe in fate and destiny, or pre-ordainment).

Azhar *et al.*, encouraged patients to practice Islamic values and apply it to their thoughts, actions and emotions.

When depressed patients incorporate positive religious beliefs and values in their thinking, attitudes and feelings, they heal faster [14], [16], [18].

However, it must be noted that most of the studies conducted in Malaysia were done by researchers at Hospital Universiti Sains Malaysia in Kelantan, and that the participants of these studies tend to be from the same locations and communities. The study participants were Kelantanese and are mostly Malay Muslims who are quite religious and adhere to the practice of Islam as a way of life. This may contribute to some bias in the findings of these studies [19]. Ideally, future studies on IICBT should include patients of different demographic background.

D. Challenges of integrating Islamic values in psychiatric treatment

There are some challenges in integrating Islamic components into existing psychiatric treatment. One of them is the ethical concerns often raised by professional bodies. The American Psychological Association (APA), for example, stated that if psychologists wish to incorporate religious or spiritual components into their clinical practice, they will have to consider ethical issues [2]. This rule is highlighted in APA's Ethics Code, and more specifically through the for Respect, Responsibility, Ethics, Competence and Concern model [20]. This model applies to all mental health practitioners which requires the patients to be advised on all treatment options, their costs and benefits, the importance of religion and spirituality to care. They must also offer consent to implement any religious practices which are incorporated into their psychological treatment [15]. This is to make sure that the patient is suitable and appropriate for this type of treatment.

Finally, social stigmatism – especially for Malay patients, raise a particular concern. Some patients view mental illnesses as being possessed by unnatural sources or is 'jinn' related [21]. Such beliefs may result in patients seeking help from religious and traditional healers, also known as 'bomoh', who are believed to be able to exorcise the 'jinn' responsible for the disease [12]. Such traditional views are usually coupled with a lack of trust in modern Islamic treatment. There are also Malay patients who do not believe that mental illness is physiology related. As there is a tendency to be an element of societal stigmatism associated with such unnatural inflictions, patients would thus rather not admit to having a mental illness, in fear of rejection by the community and society [12]. However, the link between the belief of unnatural sources to be the cause of mental illnesses and social stigma is unknown and could be explored, particularly amongst Muslims.

IV. CONCLUSIONS

Integration of Islamic values into psychiatric treatment is a viable option which should be considered significantly especially when treating Muslims. Unfortunately, the issue of

the integration of religion in psychiatric methods and treatment options is controversial, and thus it is still not widely used. In the future, psychiatrists should include the option of IICBT, particularly to Muslim patients, as to increase the awareness of the combination of Islam and CBT. More studies and reviews of literature on IICBT could reduce the social stigmatism attached to mental illness and shed light on modern Islamic psychiatric treatments.

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