

Islamic integrated cognitive behavioral therapy

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INTRODUCTION

The Islamic version of religiously integrated Cognitive Behavioral Therapy is called Islamic Integrated Cognitive Behavioral Therapy. This adaptation of CBT incorporates religious beliefs, ways of behaving, practices and assets for the treatment of depression in people with persistent clinical ailment (Ahmad Sabki, Zarrina Sa'ari, & Basirah Syed Muhsin, 2018). Islamic Integrated CBT, from an Islamic perspective, is a way to help clients transform their minds and actions with the help of the Qur'an and Hadiths (Abbas Q, 2022).

In today's literature, the efficacy and success rate of Islamic CBT, religious and culturally adopted intervention programs and psychotherapy are prominent. For instance, in Malaysia Subhas, Mukhtar and Munawar (2021) aimed to implement the culturally & religiously adapted CBT which reduced symptomatology. In this single case study, the sample was a 34 year old male with agoraphobia & panic disorder and it was found that the psychological status of participant improved (Abdelati NS, 2016).

Furthermore, Beck Anxiety Inventory was administered at regular intervals and the BAI scores showed effectiveness of adapting the intervention. Perhaps, the only limitation this study could encompass was the extremely small sample size and the data relating to only a specific disorder. Sulaiman Abdelati (2016) also developed & evaluated CBT-IP based on Islamic Principles to treat Muslims with depression. The study took place in Benghazi, in Libya and participants were randomly selected from Gar Yunis University & National Electric Company with a total of 449 participants among which 75 were selected. Survey was done in 2 ways: a questionnaire and an experimental study with 2 groups, one receiving the normal CBT and the other CBT-IP. It was found that the prevalence of depression was 68.8%, esp. in young adults & female. Though there was a lack of information in collecting data, there was a significant effect of age on depression esp. for people of 18-29 groups and lastly, CBT-IP was more effective than CBT in reducing

depression and its participants had good response to therapy (Azhar MZ, 1995).

Additionally, in another study conducted by Abbas, et al. (2022) that aimed to investigate effectiveness of CBT with Islamic Behavioral Interventions (IBI's) in treating MDD (Major Depressive Disorder)-m patients---a randomized control trial of 16-20 weeks was carried out in Faisalabad, in Pakistan. Male and Female participants from 22-46 years were chosen who had major depressive episode diagnosis and questionnaires were administered to them. The results showed that CBT with Islamic behavioral Interventions was proven successful even though most clients preferred medicines over intervention programs due to the lack of awareness and insight. M.Z & S.L (1995) also explored outcome of religious centered psychotherapy in ethnic Malays (Sabki ZA, 2019).

The study took place in Malaysia and patients with dysthymic disorder were chosen and questionnaires were administered to them. 116 patients were screened and 67 were approved but 32 volunteered. Results in the first 3 months with religious intervention were better than those of control group who didn't receive religious centered psychotherapy but after 6 months results from both groups were insignificant. With having said that, it's not unusual for a study to not have limitations of any sort and this study too, had its---mainly further work needed to establish usefulness of the religious integrated therapy (Subhas N, 2021).

In my opinion, cooperating with a Muslim counsellor, you can profit from different CBT techniques, methods rehearsed and carried out with an emphasis on Islamic qualities. These not only strengthen your reliance on and hope in Allah (s.w.t.) but also improve your capacity to identify and change negative thought patterns, unhelpful assumptions, and self-defeating beliefs.

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