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İslami Odaklı Bilişsel Davranışçı Terapi

Islamically Modified Cognitive Behavioral
Therapy

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İslami Odaklı Bilişsel Davranışçı Terapi

Islamically Modified Cognitive Behavioral Therapy

Özet

İslam Odaklı Bilişsel Davranışçı Terapi (İBDT), geleneksel BDT yöntemlerini İslami manevi öğretilerle birleştiren yenilikçi bir psikoterapi yaklaşımıdır ve özellikle Müslüman bireylerin ruh sağlığı ihtiyaçlarını hedef almaktadır. Bu model, depresyon, anksiyete ve kişilerarası çatışmalar gibi psikolojik sorunları yönetmek için İslam'ın Tevekkül, Sabır ve Şükür gibi ilkelerini terapötik araçlar olarak kullanır. Danışanların inancını temel bir güç olarak kabul eden İBDT, direnç geliştirir ve iyi oluşu teşvik eder. Bu makale, İBDT'nin çeşitli klinik ortamlara uyarlanabilirliğini ele almakta, uygulama çerçevesini açıklamakta ve terapistlerin dini değerlere duyarlı ve otantik bir yaklaşım sağlamak için sahip olmaları gereken temel becerileri belirtmektedir. Müslüman toplum içinde olumlu sonuçları yansıtan vaka çalışmaları, İBDT'nin etkinliğini aydınlatmaktadır. Özetle, İBDT, ruh sağlığı tedavisinde kültürel ve manevi olarak duyarlı bir yaklaşımı temsil etmekte, terapötik uygulamalar içinde dini inançların entegrasyonunun önemini vurgulamaktadır. Bu yaklaşım, bireylerin çeşitli kültürel ve dini kimlikleriyle uyumlu ve bu kimliklere destek sağlayan terapilerin gerekliliğini savunan geniş kapsamlı, kapsayıcı bir ruh sağlığı bakım anlayışına katkıda bulunmakta ve böylece ruh sağlığı bakımında bütüncül bir yaklaşımı savunmaktadır.

Anahtar Kelimeler: İslam Odaklı Bilişsel Davranışsal Terapi, Müslümanlar için BDT, İBDT.

Abstract

Islamically Modified Cognitive Behavioral Therapy (ICBT) is an innovative psychotherapeutic approach that combines traditional CBT techniques with Islamic spiritual teachings, in special targeting the mental health needs of Muslim individuals. This model leverages Islamic tenets such as Tawakkul (reliance on God), Sabr (patience), and Shukr (gratitude) as therapeutic tools to navigate and manage a spectrum of psychological issues, including depression, anxiety, and interpersonal conflicts. Respecting the client's faith as a core strength, ICBT enhances resilience and promotes well-being. This paper delves into the adaptability of ICBT to various clinical settings, outlining the operational framework and identifying key skills that therapists must possess to ensure authenticity and sensitivity to religious values. The effectiveness of ICBT is illuminated by case studies reflecting positive outcomes within the Muslim community. In sum, ICBT epitomizes a culturally and spiritually attuned approach in mental health care, underscoring the significance of religious belief integration within therapeutic practices. It contributes to an expansive, inclusive mental health care ethos, championing the need for therapies that resonate with and support the diverse cultural and religious identities of individuals, thereby advocating for a holistic approach to mental health care.

Keywords: Islamically Modified Cognitive Behavioral Therapy, CBT for Muslims, ICBT

Introduction

Recent research into Cognitive Behavioral Therapy (CBT) has explored various cultural adaptations (Kananian et al., 2021; Naeem et al., 2021; Eskici et al., 2023), yet studies integrating Islamic principles with CBT remain underexplored. While previous works have laid a foundational understanding (Khan et al., 2022; Kuswatun et al., 2021), they often overlook the nuanced ways in which Islamic beliefs can influence psychological interventions and outcomes.

This study seeks to fill this significant gap by developing and evaluating an Islamically Modified Cognitive Behavioral Therapy (ICBT) framework. Unlike prior efforts, the new approach synthesizes core Islamic values with established CBT techniques, aiming to offer a tailored therapeutic strategy that respects and utilizes cultural and religious contextuality.

The importance of this research lies not only in its potential to enhance therapeutic outcomes for Muslim populations but also in its contribution to the broader discourse on culturally sensitive healthcare practices. By focusing on both the theoretical underpinnings and practical applications of ICBT, this study addresses a critical problem: the lack of culturally adapted therapeutic interventions that are empirically tested and grounded in the experiences of their target populations.

In contemporary mental health discourse, the focus on methodologies that align with an individual's cultural and spiritual essence has grown significantly. ICBT, which stands at the forefront, integrates the deep ethos of Islamic teachings (abataba'i & Naqavi, 2001) with the empirically backed techniques of CBT (Lam, 2004). This article delves into how ICBT provides a culturally sensitive and faith-oriented therapeutic experience, tailored for the specific needs of Muslim individuals seeking mental wellness. Built on a foundation of respect, understanding, and empathy, ICBT emphasizes the intrinsic importance of spirituality in mental health (Pelechova, Wiscarson & Tracy, 2012). It charts a path of healing that nurtures the spirit while fortifying the mind. By intertwining therapeutic interventions with Islamic principles like Tawakkul, Sabr, and Shukr, the therapeutic journey becomes richer, creating an atmosphere where spirituality and mental health merge seamlessly (Keshavarzi, & Nsour, 2020). This piece aims to shed light on the key principles of ICBT, its therapeutic methods, and its transformative potential. Mental health professionals, devout Muslims, and individuals interested in culturally adapted therapeutic approaches are invited to delve into the study of Islamically Modified Cognitive Behavioral Therapy (ICBT). This field represents a convergence of spiritual beliefs and therapeutic practice, where rejuvenation is deeply anchored in the profound teachings of Islam. ICBT embodies a groundbreaking amalgamation of Islamic doctrines and traditional CBT techniques. Its goal is to

provide therapy that resonates with cultural nuances and religious beliefs, guiding Muslim clients towards balance, peace, and renewal in alignment with their spiritual convictions. CBT, a globally recognized psychotherapeutic approach (Galvin, 2020), aids individuals in identifying and amending maladaptive cognitive and behavioral tendencies (Gilman & Chard, 2007). It hinges on the interconnectedness of thoughts, feelings, and actions (Clark, 2016). The therapeutic process focuses on cognitive patterns, aiming to adjust perceptions and interpretations of life's events (Greenberg, 1995). At the same time, it addresses harmful behaviors, promoting healthier habits (Hooker et al., 2018). Unlike therapies that delve deep into the past, CBT is present-oriented, with a practical, goal-focused approach (BHAL, 2020) that delivers noticeable results in a relatively short time frame. The process encourages active collaboration between therapist and client (Okamoto et al., 2019), emphasizing skill development to manage distress and realize positive life changes. Typical CBT strategies include cognitive restructuring (Clark, 2013), active behavioral interventions, exposure therapy (Butler & Heimberg, 2020) for anxiety relief, problem-solving techniques, relaxation practices (Geetanjali & Sharma, 2023), and mindfulness exercises (Abbasi, Shariati & Tajikzadeh, 2018). CBT's effectiveness is evident across various mental health issues like depression (Lepping et al., 2017), anxiety disorders (DiMauro et al., 2013), obsessive compulsive disorder (OCD, (Whittal & McLean, 1999)), post-traumatic stress disorder (PTSD, (Brown et al., 2018)), eating disorders (Linardon & Brennan, 2017), substance abuse (McHugh, Hearon & Otto 2010), and more. In essence, CBT stands out for its evidence-based foundation, practical application, and its empowerment of individuals on their therapeutic journey. Islamic-oriented cognition adopts a holistic viewpoint, drawing from Islamic teachings (Barise 2005) that shape behavioral choices and life principles (Merrill, 2016). Grounded in the Quran and Hadith, it encourages individuals to seek guidance from these sacred texts (Sardar, 2017) to align actions with Islamic principles (Munawar et al., 2023). This mindset underscores moral directives (Alrubaishi, McAdam & Harrison, 2021), promoting values such as honesty, compassion, fairness, perseverance, and gratitude (Khodayarifard et al., 2021). By striking a balance between worldly duties and spiritual growth, it guides individuals towards responsible earthly stewardship without sidelining the higher goals of spiritual ascension (Nasr, 2013). Inherently reflective, this approach promotes deep introspection, leading to self-understanding and clarity about life's purpose (Assar, 2017). Central to this belief system is Tawakkul or divine trust, fostering contentment even in challenging times (Huda et al., 2019). The underlying philosophy of ICBT not only fosters individual psychological well-being but also extends its emphasis to community welfare and social responsibility. It integrates daily spiritual practices as a means to maintain an enduring connection to faith, as noted by Wuthnow (2001). Within the context of life's challenges, this perspective actively promotes spiritual strength and patience, advocating for a faith-based resilience that Dollahite and Marks (2020) assert is crucial in navigating adversity. Thus, the

philosophy of ICBT is instrumental, providing an integrated roadmap for life that goes beyond individual health, underscoring ethical behavior, resilience, and a profound sense of purpose which are essential for the holistic treatment approach our study proposes.

Core Components

Integration of Islamic Principles in Therapy

In the therapeutic domain, the principle of Tawakkul highlights the significance of entrusting one's faith in God (Sabki et al., 2019), while simultaneously taking action for mental wellness. Sabr, or patience, is emphasized as a fundamental virtue, representing resilience and perseverance during life's challenges (Uyun & Witruk, 2017). In the context of ICBT, the virtue of Shukr, which encourages a gratitude-filled outlook, becomes particularly salient. This practice, deeply anchored in Islamic doctrine as Dharamsi & Maynard (2013) observe, is integrated into the therapeutic process to foster a positive frame of mind. By acknowledging and reflecting on the aspects of life one can be grateful for, clients are guided to cultivate a perspective that can enhance emotional well-being and resilience. Verses from the Quran and sayings of Prophet Muhammad (PBUH) are intertwined, accentuating their pertinence to mental fortitude, growth, and resilience (Tamin, 2016). Patients draw parallels between such teachings and their experiences. Islamic mindfulness and Dhikr techniques foster serenity and clear-headedness, enabling clients to find peace through God's remembrance (Tamin, 2016). Cognitive restructuring is adapted with an Islamic lens, aiding clients in addressing negative thoughts and focusing on hope and the fleeting nature of life (Rothman & Coyle, 2020). Prophetic stories inspire proactive behaviors, urging clients to maintain equilibrium among worship, work, family, and self. Incorporating the core tenets of Islamic teachings, the therapeutic framework emphasizes the significance of community and social support as foundational to psychological resilience. As highlighted by Fatima, Sharif, and Khalid (2018), this approach underscores the importance of connections within Muslim community networks, mosques, and support groups, fostering a supportive environment that is integral to the healing process. Such communal ties are not only reflective of Islamic values but also serve as a vital source of strength and recovery for individuals, reinforcing the collective aspect of well-being. These bonds nurture the Islamic ethos of unity and mutual aid. Consistent prayer and spiritual activities act as anchors, offering solace during challenges (Miller, Gall & Corbeil, 2011). Therapists in ICBT must have a solid grasp of CBT methodologies, deep comprehension of Islamic teachings, and showcase cultural sensitivity specific to Muslim clients. It's vital that the integration of Islamic values retains the evidence-backed core of CBT. Recognizing the myriad beliefs within Islam ensures inclusivity and respect in therapy.

Theoretical Integration Challenges in ICBT

While traditional CBT has secular underpinnings (Beshai, Clark & Dobson, 2013), it is not necessarily an impediment to the rehabilitation of Muslim patients. However, the secular foundation of CBT may be insufficient in addressing the culturally and spiritually informed needs of these individuals. It is crucial to explore how these secular principles can be effectively harmonized with Islamic teachings, to ensure a holistic therapeutic approach that resonates with the faith-based values of Muslim patients. CBT was developed within a Western context, primarily influenced by secular humanistic philosophies (Moorey, 2011) and psychological theories (Peteet, 2018) that do not inherently consider religious beliefs as part of the therapeutic process. This secular orientation may pose a discordance for clients whose daily lives, personal values, and coping mechanisms are deeply intertwined with their Islamic faith. Scholars in the field of psychology have recognized the necessity to bridge this gap (Anwar, 2021). They advocate for a sensitive and thoughtful synthesis of CBT with Islamic teachings, taking into account the religious doctrines that pervade the aspects of a Muslim individual's life. This effort to bridge is not merely an academic exercise but a clinical imperative to ensure that therapeutic interventions are not alienating for Muslim patients. For instance, the concept of Tawakkul in Islam is fundamental, influencing how individuals perceive control and agency. A purely secular CBT approach may emphasize personal agency and control over one's thoughts and behaviors without recognizing the spiritual surrender to God's will that is pivotal in Islamic teachings. To address this, ICBT practitioners need to reconceptualize aspects of CBT to accommodate the belief in divine control and interweave it with the development of personal coping strategies. Further, secular CBT promotes the idea of challenging irrational beliefs, which could conflict with the acceptance of religious truths that are based on faith rather than empirical evidence. In an Islamic context, therapeutic strategies need to respect these truths, understanding that faith-based beliefs serve as a source of strength and comfort for many individuals. Therefore, the approach taken in ICBT is not to challenge religious beliefs, but rather to align therapeutic goals with those beliefs, ensuring the therapy reinforces, rather than undermines, the patient's faith. Moreover, the integration of Islamic principles into CBT necessitates a deep understanding of Islamic theology (Schmidtke, 2016) and its psychological implications. It requires therapists to be well-versed in the Quranic teachings and the Hadiths, so they can draw relevant parallels to the therapeutic concepts being addressed. For example, the use of Quranic verses that encourage reflection and personal growth can be aligned with cognitive restructuring techniques in CBT. The development of such a congruent therapy model also calls for an open dialogue between mental health professionals and Islamic scholars, fostering a mutual understanding that can enhance the therapeutic framework. By doing so, ICBT becomes a harmonious blend of secular therapy techniques and Islamic spiritual principles, offering a comprehensive treatment that resonates with the Muslim clientele.

Islamically Modified Cognitive Behavioral Therapy (ICBT)

ICBT represents a pioneering adaptation of traditional CBT, restructured to resonate with the spiritual and cultural dimensions of the Muslim faith. This innovative approach is not simply a rebranding of CBT with Islamic terminology but a profound reorientation of therapy to align with the values, ethics, and religious teachings of Islam (Nugroho et al., 2023). It is a therapeutic modality that acknowledges the central role of faith in the psychological well-being of Muslim patients. ICBT involves a systematic process of identifying and addressing maladaptive beliefs, thoughts, and emotional responses through the lens of Islamic teachings. For example, where standard CBT might encourage clients to challenge negative thoughts by examining their rationality (Addis & Carpenter, 2000), ICBT would also integrate the Islamic concepts (Yusuf & Elhaddad, 2020) of patience, gratitude, and trust in God as mechanisms to reframe thinking patterns. Central to ICBT is the notion that individual psychology cannot be separated from spiritual beliefs (Husain, & Hodge, 2016). It posits that maladaptive cognitive patterns can be effectively modified when the therapeutic interventions are congruent with the patient's spiritual and moral values (Hodge & Nadir, 2008). For instance, the therapy might incorporate principles such as the importance of community (Ummah) and the concept of intention (Niyyah) to encourage positive behavioral change. In ICBT, therapeutic sessions may include discussions of Quranic verses and Prophetic traditions (Hadith) that address common psychological issues such as anxiety and depression (Asghar, Gul & Masroor, 2021). This is not to replace the empirical evidence that supports CBT but to enhance it with a spiritual context that gives the therapeutic process greater depth and meaning for the patient. For example, a therapist might use stories from the life of the Prophet Muhammad (PBUH) to illustrate resilience (Grabar, 2003) in the face of adversity. Moreover, ICBT emphasizes the importance of self-reflection and self-awareness within a religious framework (Al-Thani, 2012). Patients are encouraged to engage in Dhikr and Salat as forms of mindfulness and meditation that promote mental clarity and emotional balance. These practices are not only seen as religious obligations but also as therapeutic exercises that contribute to cognitive restructuring and emotional regulation. Adapting CBT to fit within the Islamic worldview also means respecting the client's religious rituals and understanding their impact on daily life. For instance, the therapy must accommodate the client's prayer schedule and religious observances, viewing them as integral to the healing process rather than as ancillary activities (Husain & Hodge, 2016). ICBT therapists are trained to approach therapy with cultural humility, recognizing the diversity within the Muslim community and ensuring that therapy is tailored to the individual's specific religious and cultural context. This individualized approach is crucial, as it considers the varying degrees of religious observance and interpretation within the Muslim population. In essence, ICBT is a respectful, culturally sensitive, and spiritually inclusive

approach that empowers Muslim patients to pursue mental health treatment without compromising their religious identity. It is a testament to the field of psychology's growing acknowledgment of the need for therapy models that are not only cross-culturally competent but also spiritually accommodating.

Enhancement of Outcomes through Religious and Cultural Adaptation in Therapy

The effectiveness of traditional CBT is well-documented (Twomey, O'Reilly & Byrne, 2015) across various psychological conditions. However, recent studies (Lim et al., 2014) suggest that this efficacy can be significantly enhanced when the therapy is culturally and religiously adapted. Such adaptations, particularly the incorporation of Islamic values into CBT, have shown promising outcomes, indicating the profound impact of aligning therapeutic interventions with a client's belief system. The modification of CBT to include Islamic values—creating what can be call as Islamically Modified CBT—can lead to several key enhancements in therapeutic outcomes. These enhancements are rooted in the premise that when patients see their cultural and religious identities reflected in the therapy, their engagement and investment in the process improve. This heightened engagement is a critical factor in therapy's success, as it increases the likelihood of patients practicing and integrating therapeutic techniques into their daily lives. One of the primary outcomes enhanced by the integration of Islamic values into CBT is the improvement of patient-therapist rapport. When therapists demonstrate cultural and religious understanding, patients often feel more understood and respected, fostering a stronger therapeutic alliance. This alliance is crucial, as it is consistently found to be one of the strongest predictors of positive therapeutic outcomes. Another significant outcome is the reduction of psychological resistance (Algahtani et a., 2019). Patients may be less likely to resist therapeutic techniques that are framed within their religious context. For instance, the concept of cognitive restructuring can be more readily accepted when paired with the Islamic practice of self-reflection and introspection. By leveraging religious teachings that encourage mental discipline and emotional regulation, ICBT helps patients to embrace therapeutic change as part of their spiritual growth. Furthermore, cultural and religious adaptation in ICBT can lead to enhanced coping strategies. Islamic teachings provide a rich source of coping mechanisms, including the emphasis on community support, the practice of patience and perseverance during trials, and the cultivation of gratitude. These values, when integrated into CBT, can empower patients to develop robust, faith-aligned coping skills that are both psychologically sound and spiritually meaningful. The efficacy of ICBT is also reflected in better treatment adherence. Patients are more likely to continue with therapy and apply learned techniques when these interventions affirm their religious values. The inclusion of Islamic prayers, meditations, and mindfulness practices as part of the therapeutic homework can transform these religious practices into powerful psychological tools that reinforce therapy goals.

Moreover, studies have demonstrated that culturally adapted therapies can lead to a decrease in symptoms of common mental health disorders such as anxiety and depression. The tailored approach of ICBT, which aligns with the patients' worldview, contributes to a more profound and impactful therapeutic experience, leading to improved mental health outcomes.

LITERATURE REVIEW

Islamic Trauma Healing: Contextualizing Evidence-Based Care within Cultural and Religious Frameworks

Islamic Trauma Healing (Zoellner et al., 2018) represents a significant stride in contextualizing trauma-focused therapeutic interventions (Marshall & Suh, 2003) within the cultural and religious practices of Muslim communities. This particular evidence-based approach, developed collaboratively with the Somali Muslim community, encapsulates a specialized form of CBT that is attuned to the nuances of Islamic teachings and cultural customs (Bentley et al., 2021). The program is specifically designed to resonate with the values and lived experiences of Muslim individuals who have faced trauma, aiming to provide an accessible and culturally competent form of care. By incorporating Islamic principles and practices into the structure and delivery of CBT, Islamic Trauma Healing extends beyond the confines of a conventional therapeutic model, presenting a more holistic and community-centered approach to mental health (Cinisli, 2021). At the heart of Islamic Trauma Healing is the integration of religious practices such as prayer, meditation, and recitation of the Quran, which are not only central to the lives of practicing Muslims but also serve as potent tools for emotional regulation and the establishment of a calm and reflective state of mind. These practices, coupled with the evidence-based techniques of CBT, create a dual process of healing that addresses both the psychological and spiritual dimensions of trauma (Tan, 2013). The program's sessions are designed to be led by the lay community members who have received specialized training, ensuring that the intervention remains grounded in the community's cultural context. This peer-led model not only facilitates greater trust and openness among participants but also enhances the intervention's scalability, allowing it to be disseminated widely within the community without the barriers often associated with professional mental health services. Islamic Trauma Healing also emphasizes the concept of Ummah, or community solidarity, which is a cornerstone of Islamic teaching. The group format of the intervention fosters a sense of shared experience and mutual support, which is particularly valuable in trauma recovery (Azhar, 2020). This community support network acts as a buffer against isolation and provides a collective space for individuals to share their stories and healing journeys. Furthermore, the program is careful to navigate the delicate balance between maintaining fidelity to empirically supported treatment principles and adapting those principles to align with Islamic teachings. For example, exposure therapy techniques are modified to fit

within the boundaries of what is culturally appropriate, while still effectively processing traumatic memories. The success of Islamic Trauma Healing lies in its ability to offer a trauma treatment that is not only psychologically effective but also spiritually enriching. By doing so, it addresses potential reluctances within the community to engage with mental health services, breaking down stigmas (Hammer, 2022) and misconceptions about psychological interventions.

Historical Islamic Mental Health Focus: Bridging Ancient Wisdom and Contemporary Practices

The historical focus on mental health within Islamic scholarship provides a rich tapestry of wisdom that contemporary ICBT draws upon. Islamic scholars and physicians, such as al-Kindi and al-Razi, were pioneering figures in the understanding and treatment of mental health issues (Khalili et al., 2002), offering insights that predate modern psychological concepts by centuries. Al-Kindi, often regarded as the "father of Arab philosophy," made significant contributions to psychology (Adamson, 2006). His treatises on the soul and the intellect reflected a profound understanding of the mind's nature, proposing therapeutic exercises that could be seen as early forms of cognitive therapy. For instance, influential Islamic scholars have long recognized the power of rational thought as a tool to combat psychological distress—a concept that resonates with the cognitive restructuring aspect of CBT. Al-Kindi's work on the therapeutic effects of music and optimism, al-Farabi's emphasis on the role of a healthy mind for overall well-being, Ibn Sina's contributions to psychosomatic medicine, and al-Balkhi's pioneering ideas on the interplay of the physical and psychological are seminal examples that reinforce this principle. Similarly, al-Razi, a renowned physician, and alchemist, was a key figure in the medical field who provided comprehensive classifications of mental illnesses (Yilanli, 2018). His works delve into the nature of emotions and the importance of environmental factors on mental well-being. He discussed therapeutic interventions that included managing one's environment and social interactions, which are reminiscent of behavioral activation strategies used in CBT today. These historical accounts are not mere artifacts of the past but are living legacies that inform and enrich the practice of ICBT. The emphasis on reason and the individual's capacity to effect change through self-reflection and knowledge are elements that are woven into the fabric of ICBT. The approach respects and utilizes these traditional Islamic perspectives on mental health, framing them within the evidence-based structure of modern therapy. The early Islamic focus on mental health also acknowledged the interplay between the physical and the psychological, recognizing the holistic nature of health. This perspective is mirrored in the holistic approach of ICBT, which considers the whole person, including their spiritual and emotional health, in the therapeutic process. Moreover, the historical Islamic approach to mental health was characterized by compassion and the pursuit of knowledge, both of which are essential components of ICBT. Therapists who

practice ICBT are encouraged to embody these qualities, approaching their clients with empathy and a commitment to understanding the unique ways in which Islamic teachings can facilitate healing and growth. Contemporary ICBT practices are thus enriched by these historical perspectives, providing a framework that is both forward-looking and deeply rooted in the rich intellectual and spiritual history of Islamic scholarship. This continuity from past to present not only validates the relevance of Islamic teachings in modern therapeutic contexts but also ensures that ICBT is a culturally congruent, spiritually sensitive, and scientifically sound approach to mental health treatment for Muslim clients.

Culturally Adapted Therapy: Tailoring Treatment to Resonate with Muslim Clientele

Culturally adapted therapy, particularly for Muslim patients, signifies a profound shift towards a more inclusive and respectful mental health practice. The creation of therapist manuals that incorporate culturally and religiously congruent strategies is an essential step in this direction. These manuals serve as a pivotal resource, ensuring that evidence-based therapeutic approaches are delivered in a manner that resonates deeply with the lived experiences of Muslims suffering from depression or other mental health conditions. The rationale for culturally adapted therapy is rooted in the understanding that culture and religion significantly shape one's identity, worldview, and coping mechanisms. Within the Muslim community, this means acknowledging the central role of Islamic beliefs in everyday life and their potential impact on mental health and well-being. The therapist manual for culturally adapted therapy is a guide that weaves together the best practices of conventional psychological treatments with the values and traditions that are intrinsic to the Islamic faith. In the context of depression, such manuals may detail modifications to standard therapeutic exercises to include Islamic principles. For instance, cognitive techniques might involve reframing negative thoughts through the lens of Islamic optimism (al-Amal (Omar et al., 2021)), patience (al-Sabr (Arief, Sabry & Idzhar, 2023)), and perseverance (al-Istiqama (Jadaya & Rababaa, 2021)). Behavioral strategies might integrate the structured nature of daily prayers (Salah) as a form of routine establishment, which can be therapeutic for individuals dealing with depression. The manual is not a static document but rather a living framework that is continuously updated based on ongoing research, clinical experiences, and feedback from the Muslim community. It provides case studies and examples that reflect the cultural nuances of Muslim patients, helping therapists to understand the common challenges and strengths within this group. Moreover, such a manual emphasizes the therapist's role as a culturally competent practitioner who is sensitive to the religious and cultural nuances that affect the therapeutic process. It encourages therapists to engage in ongoing education about Islamic customs and beliefs, to approach therapy with humility and openness, and to build a therapeutic alliance based

on mutual respect and understanding. The development and piloting of culturally adapted therapy resources represent a commitment to a client-centered approach, one that honors and leverages cultural and religious identities as assets in the healing process. By stressing the importance of cultural and religious congruence in therapeutic settings, mental health professionals can provide more effective and compassionate care, ultimately leading to improved therapeutic outcomes and enhanced satisfaction for Muslim patients. This approach stands as a model for integrating cultural sensitivity into the broader practice of psychotherapy, reflecting a holistic understanding of the diverse societies we serve.

Contributions of Turkish Researchers to ICBT

The burgeoning field of ICBT has garnered considerable attention within Turkey, a nation that stands at the crossroads of traditional Islamic values and modern psychological practices. The contributions of Turkish scholars such as Turgay Şirin and Elif Kara are instrumental in enriching the ICBT framework with culturally resonant and religiously congruent interventions. Turgay Şirin's exploration (Şirin, T. (2013) of psychological practices through the lens of Islamic teachings provides a foundational basis for integrating spirituality within therapeutic settings. His research on the psychology of religion and Islamic psychology underscores the importance of incorporating religious principles in fostering mental resilience and well-being. The adaptation of Şirin's insights into ICBT emphasizes the therapeutic value of Islamic teachings, particularly in addressing the psychological needs of the Muslim community in Turkey (Kara, 2019). Elif Kara's work (Kara, 2020) on self-acceptance and the integration of religious beliefs into cognitive-behavioral therapy highlights the intricate relationship between faith and psychological health. Her studies delve into the positive psychology aspects of Islamic teachings, offering a nuanced understanding of how self-acceptance and spiritual beliefs can be interwoven into the fabric of cognitive restructuring and behavioral interventions (Kara, 2019). Incorporating the empirical findings and theoretical frameworks established by these Turkish researchers can significantly enhance the adaptability and efficacy of ICBT for Muslim patients. Their contributions provide a deeper insight into the unique socio-cultural and religious fabric of Turkish society, which is critical for the authenticity and respect of religious sensibilities in psychological practice. Beyond the pivotal works of Şirin and Kara, the contributions of Turkish scholars such as Taha Burak Toprak have been integral in advancing the field of ICBT. Toprak's research has been particularly transformative, integrating Islamic principles and psychological concepts within a therapeutic framework. His work proposes a 4T psycho-educational model that emphasizes the role of Islamic knowledge in cognitive processes, as detailed in his publication "4T Modeli". This model aligns closely with Islamic doctrine and offers a nuanced approach to treating religiously themed obsessions and compulsions, echoing findings similar to those of Awaad and Ali, who have

underlined the historical recognition of OCD symptoms and their treatment within Islamic scholarship (Toprak, T. B. (2022)). Additionally, Toprak's pioneering efforts in the application of the 4T model have demonstrated significant improvements in patients with OCD, providing evidence for the model's efficacy and reinforcing the importance of integrating religious considerations into therapeutic practice. Moreover, Toprak's innovative cognitive framework, which distinguishes between imaginal and conceptual thinking (tahayyul and tasawwur) in the treatment process, reflects a deep understanding of Islamic psychological constructs and their practical therapeutic implications.

Furthermore, the examination of Cognitive Behavioral Group Therapy, Psychodrama, and Art Therapy within Turkey sheds light on the diverse modalities of therapeutic interventions that resonate with the cultural and spiritual ethos of the region. This broader understanding of psychological practices in Turkey, enriched by the studies conducted between 1997 and 2018, offers a historical and contextual backdrop against which ICBT can be further tailored and refined. The insights of Şirin and Kara, along with the wider body of Turkish research in CBT and its adaptations, underscore the significance of a culturally and spiritually sensitive approach in psychological services. Such an approach is not only beneficial for the individual but also serves as a testament to the inclusive and holistic nature of mental health care that is responsive to the cultural and religious identities of clients.

Structure of an ICBT Session

Each session of ICBT is framed within a structured timeline that serves to maximize the therapeutic benefit while maintaining a spiritual undercurrent.

Session 1. Invocation and Intention Setting (5 minutes): Each session commences with a moment of prayer (dua), where therapist and patient set their intentions for healing and clarity. This act not only seeks blessings but also centers the session within a sacred space, promoting a tranquil mindset conducive to therapy.

Session 2. Reflective Check-In (10 minutes): The therapist engages with the patient to understand their current emotional landscape and any pertinent issues since the last session. This time allows for the acknowledgment of the patient's efforts and an exploration of the challenges encountered, setting the stage for focused discussion.

Session 3. Integrative Discussion for Cognitive Refinement (20 minutes): At the core of the session lies the collaborative exploration of the patient's pressing concerns. Here, the therapist assists the patient in deconstructing and reconstructing cognitive patterns through a process that harmonizes cognitive restructuring with Islamic teachings. By drawing on the

wisdom of the Quran and Hadith, this segment aims to strengthen positive self-regard and to equip the patient with spiritually congruent coping mechanisms.

Session 4: Skill Enhancement with Contextual Spiritual Practice (10 minutes): In this segment, therapeutic skills are further reinforced, with a significant focus on contextualizing Islamic spiritual practices within the session. Patients engage in Dhikr (remembrance of God) and contemplation on Qur'anic verses and Hadiths specifically selected for their relevance to the individual's life challenges. This personalized approach ensures that the spiritual practices not only support cognitive and emotional regulation but also connect deeply with the client's personal struggles and spiritual growth. Care is taken to incorporate these elements without detracting from the intrinsic value and practice of regular Qur'an reading, preserving its role as a central spiritual exercise.

Session 5. Goal Articulation and Reflective Practice (10 minutes): As the session draws to a close, the patient and therapist collaboratively establish clear objectives and assign reflective tasks that meld CBT techniques with Islamic devotional acts. Emphasis is placed on cultivating gratitude (Shukr), a pivotal Islamic value that nurtures a positive and contented mindset.

Session 6. Concluding Supplication (5 minutes): The session concludes with a prayer, seeking continued strength, guidance, and wellness. This closing supplication reaffirms the therapeutic progress within a spiritual framework, leaving the patient uplifted and anchored in faith.

Post-Session Reflection (5 minutes)

Following the patient's departure, the therapist dedicates time to personal reflection, documentation of the patient's progress, and preparation for future sessions. This time is also used to contemplate the therapeutic direction and adjust strategies to better align with the patient's needs.

Cultural Sensitivity and Adaptability

ICBT practitioners are meticulously trained to be adaptive, ensuring that each session is tailored to the individual's specific needs while upholding the sanctity of Islamic teachings. The therapist's adaptability is crucial, as it allows for the accommodation of varying degrees of religious observance and personal beliefs. It is essential that therapists avoid imposing their interpretations of Islamic teachings, instead, facilitate a space where clients can explore their beliefs in relation to their mental health challenges.

Empirical and Spiritual Synthesis

The fusion of CBT with Islamic teachings in ICBT is not arbitrary; it is a calculated synthesis aimed at leveraging the proven effectiveness of CBT while enriching it with the depth of Islamic spirituality. Research indicates (Summermatter & Kaya, 2017) that such culturally and religiously congruent therapies can enhance engagement and outcomes for patients whose faith is integral to their lives. By engaging the patient in a holistic manner that acknowledges the importance of faith, ICBT not only targets symptom relief but also promotes overall well-being. This comprehensive approach empowers Muslim patients to navigate their mental health journeys with therapeutic tools that are harmoniously blended with their spiritual values, thus fostering a sense of congruence between their religious identity and psychological health.

Inaugural Session: Trust, Assessment, and Alignment. The first encounter is pivotal in laying the groundwork for a trusting relationship and mutual understanding. It commences with a prayer to set a spiritual tone and express intent. The therapist then acquaints the client with the ICBT framework, engaging in a comprehensive assessment to unearth the patient's concerns and establish therapeutic objectives. Islamic values that resonate with mental health practices are woven into this discussion, leveraging the client's faith as an anchor and source of strength on their path to healing.

Awareness and Insight Development: Subsequent sessions are dedicated to enhancing the patient's self-awareness. By evaluating tasks completed outside of sessions, discussing achievements, and dissecting cognitive processes, the client starts to identify and understand maladaptive patterns. Cognitive restructuring is undertaken with an Islamic perspective, infusing mindfulness and contemplation practices that draw upon Islamic spirituality.

Cognitive Restructuring: Refinement and Application: During the third and fourth sessions, therapeutic efforts intensify to address and rectify unhelpful cognitive patterns, including those influenced by religious, sectarian, or community affiliations. Recognizing that certain beliefs and practices derived from various sects, orders, and religious communities—though not inherent to the core teachings of Islam—can contribute to psychological distress, the therapeutic process incorporates principles specifically designed to tackle these issues. Patients are encouraged to engage with cognitive restructuring exercises that are informed by the foundational teachings of the Quran and Hadith. These exercises are designed not only to reinforce positive cognitive processes but also to discern and correct misconceptions that may have contributed to the patient's psychological challenges.

Alongside this, behavioral activation strategies inspired by prophetic teachings are introduced, encouraging the replacement of negative behaviors with actions that are congruent with the

authentic values of Islam. This approach is crucial for overcoming psychological difficulties that stem from incorrect religious beliefs and practices, guiding patients back to a balanced and healthy psychological state that resonates with the universal principles of their faith.

Behavioral Strategies for Positive Change: This stage targets behaviors detrimental to the patient's well-being. Sessions include reviews of homework, behavioral activation practices, and discussions on proactive behaviors viewed through an Islamic lens. The aim is to realign daily actions with faith-based teachings, promoting a lifestyle that supports psychological health and spiritual fulfillment.

Resilience Building through Faith: The journey continues by fostering resilience, an essential quality for overcoming life's challenges. The therapist guides the patient through exercises that are steeped in Islamic concepts of patience, Sabr and Tawakkul, establishing a spiritually informed framework for resilience.

Fostering Social Connections and Community Support: The penultimate session underscores the importance of social support and community engagement in the healing process, drawing strength from Islamic traditions that emphasize the value of interconnectedness and communal support as critical components of recovery and well-being.

Concluding Session: Reflection and Forward Planning. In the final session, there is an opportunity for the patient and therapist to reflect on the therapeutic journey, celebrate milestones achieved, and set a course for continued progress. Islamic teachings that have been interlaced throughout the therapy are revisited, affirming their role in the patient's growth. The session ends with a dua, symbolizing not an end but a transition, with the therapist providing resources to support the client's ongoing journey towards well-being. Throughout the therapy, an empathetic atmosphere is maintained, with Islamic teachings approached sensitively, ensuring that the integration respects the patient's personal religious beliefs. Therapists must ensure ethical practices are upheld, particularly the autonomy of the patient's interpretations and securing informed consent, given the religious components of ICBT. The overarching goal of ICBT is to equip patients with coping tools that resonate with their faith, thus not only addressing mental health concerns but also reinforcing their connection to Islamic teachings. The therapy is particularly adept at addressing a range of mental health issues such as depression, anxiety, OCD, and trauma. For example, individuals with OCD work on managing intrusive thoughts within the framework of Islamic principles that promote balance and trust. Trauma survivors are guided on a path of cognitive reshaping and exposure techniques, with the support of Islamic principles on resilience and recovery. Ethical considerations are paramount in ICBT. Therapists are urged to avoid imposing their interpretations of religious texts and to obtain informed consent throughout

the therapeutic process, honoring the personal and religious autonomy of the client. In every scenario, ICBT practitioners aim to skillfully integrate CBT techniques with Islamic teachings, ensuring the client's beliefs are central to their healing process. This therapeutic modality reflects the adaptability of traditional CBT while incorporating a spiritual dimension that is vital for many Muslim clients, thus offering a comprehensive approach to mental health that honors both psychological principles and religious values.

Suggestions for Future Research and Practice

In light of the findings from the present study, several avenues for future research and practical implications can be proposed:

Further Empirical Studies: Additional empirical research is necessary to validate the efficacy of Islamically Modified Cognitive Behavioral Therapy (ICBT) across different Muslim populations and cultural contexts. Longitudinal studies could provide deeper insights into the long-term benefits and potential for sustained psychological improvement.

Integration into Clinical Practice: Mental health professionals working with Muslim clients may consider incorporating ICBT principles into their practice. Training programs and workshops could be developed to educate clinicians on culturally sensitive therapeutic approaches.

Policy Implications: The relevance of culturally and spiritually congruent therapy models highlights the need for policy changes within mental health services. Policies that recognize and support the integration of faith-based practices into therapy could facilitate more inclusive mental health care.

Community Engagement: Building partnerships with community organizations, such as mosques and Muslim welfare associations, can be instrumental in promoting mental health awareness and encouraging individuals to seek therapeutic support.

Adaptation and Tailoring: Future work should focus on the adaptability of the ICBT framework to cater to the diverse needs of Muslim communities, including considerations for different age groups, genders, and socioeconomic statuses.

Comparative Studies: Comparative research examining the outcomes of ICBT against other therapeutic modalities can yield important data about the relative strengths and suitability of this approach for various psychological disorders.

Holistic Healthcare Models: The intersection of spirituality and mental health care in ICBT suggests a paradigm shift towards more holistic healthcare models that embrace spiritual well-being as a component of mental health.

CONCLUSION

ICBT offers a unique, spiritually enriched pathway to mental health, harmonizing the empirical strengths of Cognitive Behavioral Therapy with the rich, spiritual wisdom of Islamic

teachings. This integrative approach caters adeptly to the mental health needs of Muslims, respecting and incorporating their faith into every facet of the healing process. ICBT does more than simply respect faith; it actively weaves it into the therapeutic fabric, empowering clients to draw upon their spiritual convictions as a source of strength and solace. This therapeutic journey is one of self-discovery and transformation, aligned with Islamic values and traditions. It invites clients to ground their emotional and psychological growth in the profound tenets of patience (Sabr), reliance on God (Tawakkul), and reflective contemplation (Tafakkur), providing more than symptomatic relief—it fosters spiritual resilience and well-being. Contemplating the reach and efficacy of ICBT, it is clear that this therapeutic model is not just a method of treatment but a holistic journey that honors the full dimensionality of the individual, melding faith with psychological well-being. It highlights the significance of culturally sensitive and spiritually congruent therapy, illuminating the vast potential for healing that lies at the intersection of tradition and modern therapeutic practices. In the landscape of mental health, ICBT stands as an empathetic, inclusive, and deeply respectful option for those seeking a treatment that aligns with their Islamic faith, charting a course towards a future where mental health care is not only comprehensive and accessible but also richly interwoven with our varied cultural and spiritual identities.

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