

Effectiveness of Religious Cognitive-behavioral Therapy in Comparison with Conventional Cognitive-behavioral Therapy in Improving the Affect and Hope of Patients with Depression

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Abstract

Background and Objective: Some studies show that religion and spirituality play a role in increasing mental well-being. The aim of this study was to evaluate the effectiveness of religious cognitive-behavioral therapy in comparison with conventional cognitive-behavioral therapy in improving the affect and hope in the patients with depression.

Methods: This is an experimental study with a pre-test post-test design. The participants were selected from people with depression who referred to counseling centers. In this study, 42 participants were included, and finally 30 remained until the end of the study. Fifteen patients received conventional cognitive-behavioral therapy and 15 received religious cognitive-behavioral therapy individually. Data collection instruments included semi-structured DSM-based interviews (SCID-I), Glark and Stock Religiosity Questionnaires (CRS), Beck Depression Second Edition (BDI-II), Watson's Positive and Negative Affect Schedule (PANAS), and Snyder's Adult Hope Scale (AHS). The participants answered the questionnaires one week before the treatment and one week after the end of the treatment sessions. Each protocol consisted of ten sessions. Data were analyzed using covariance analysis. In this study, all the ethical considerations were observed and the authors reported no conflict of interests.

Results: The findings showed that religious cognitive behavioral therapy significantly increases hope and its components more than conventional cognitive behavioral therapy ($P < 0.001$). The findings also showed that although both religious and conventional treatments significantly increased positive affect and decreased negative affect, their effectiveness did not differ significantly.

Conclusion: Although religious cognitive-behavioral therapy promotes people's hope, but it should be promoted in terms of components and psychological techniques combined with spirituality to increase its effectiveness in increasing positive affect and reducing negative affect.



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Summary

Background and Objective

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(i.e., Research on Religion & Health)

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Depression is accompanied by negative affect and disappointment. Negative affect includes different moods including fear, anger, feeling guilty and

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inability. Therefore, it is highly correlated with depression (2). One of the best ways for treatment of depression is cognitive-behavioral therapy. This approach improves depression by promoting concentration on incompatible thoughts and beliefs (3). Based on the cognitive-behavioral therapy, depressed people suffer from negative, inflexible and extremist assumptions (4). These inefficient assumptions cause an individual to have inappropriate view of him/herself and others leading him/her to experience more negative affects and show inappropriate behaviors being stuck in a vicious circle that leads to suffering and disrupted performance (5).

There is evidence to show that religious beliefs lead an individual to focus on spiritual goals and promote the feeling of spiritual sense in him/her (6, 7). As a result, his/her attention is deviated from the thoughts related to lack and excessive attention to internal thoughts and feelings are reduced (8).

In Islam, religious beliefs create an optimistic and hopeful attitude to life and events by creating and promoting the sense of life and changing an individual's interpretation of events. In this way, they help to deal with the negative behaviors and cognitions associated with depression (9). Many of the life events that are primarily evaluated as negative are evaluated as positive in the secondary evaluations arising from spiritual viewpoints. Generally, positive spiritual attitudes increase individual resilience against the problems (10).

Koenig et al. developed the religious cognitive-behavioral therapy for different religions and implemented it for treatment of depression in some groups (11). In his study the effect of treatment on affect and hope was not evaluated. Accordingly, the present study attempted to replicate Koenig et al.'s study and to examine the effect of treatment on individual hope and affect. The research hypotheses of the study included the following:

- 1) Religious CBT is more effective than conventional CBT in improving positive affect.
- 2) Religious CBT is more effective than conventional CBT in reducing negative affect.
- 3) Religious CBT is more efficient than conventional CBT in increasing hope and its components.

Methods

Compliance with ethical guidelines: to follow the ethical guidelines, the following considerations were taken into account: 1) Respecting the confidentiality of the information related to the participants, 2) briefing the

participants on the method of implementation of the study, 3) obtaining written consent from the participants for participation in the treatment sessions, 4) continuing the treatment if necessary even after the end of the study, 5) leaving the participants free to withdraw from the study anytime they wanted to, and 6) not asking for additional costs for participation in the study.

This is an experimental study with a pre-test post-test design. The statistical population of the study included the people with depression who had referred to counseling centers in Qom, Iran in 2020. Overall, 42 participants were included, and to cancel out the effect of demographic variables, they were divided into two groups of 21 who were homogeneous in terms of gender, age, and education. Finally, 30 (15 in each group) remained until the end of the study and completed the questionnaires.

The data collection instruments included structured DSM-based interview, Glark and Stock's Religiosity Questionnaires (CRS), Beck's Depression Second Edition (BDI-II), Watson's *Positive and Negative Affect Schedule* (PANAS), Snyder's Adult Hope Scale (AHS), conventional cognitive-behavioral treatment and religious cognitive-behavioral treatment.

Results

The findings showed that like the conventional cognitive behavioral therapy, religious cognitive behavioral therapy increased positive affect and reduced negative affect. But no significant difference was found between the conventional and religious methods in this respect. However, the findings revealed that the religious cognitive behavioral therapy was more efficient in increasing hope and its components than the conventional cognitive behavioral therapy.

Conclusion

Islamic cognitive-behavioral therapy promotes hope effectively. This finding is inconsistent with the results of some studies including that of Azhar and Varma (14), who showed that religious cognitive behavioral therapy is more effective than conventional therapy. The results of the present study are, however, matched with the findings of Nadi et al (15) in terms of the higher effectiveness of religious cognitive behavioral therapy in promoting hope.

In explanation for these findings, it can be stated that chanting to God and asking Him for help and feeling a personal relationship with a superiorbeing leads to a positive attitude toward life (5) creating a sense of meaningfulness in life

and hope for a better future (13). The researchers expected the religious cognitive behavioral therapy to be more effective than the conventional cognitive behavioral therapy in increasing positive affect and reducing negative affect; therefore, given the fact that the findings were unexpected, we looked for intervening and mediating variables and consulted with experts in cognitive behavioral therapy. The results showed the following intervening and moderating variables:

1) The care provider's expertise and capabilities are effective in the effectiveness of the therapy; 2) being of the same gender: in the present study, all the participants had relatively high levels of religiosity. In both groups, when the care provider and the patients were of the same gender, a better therapeutic relationship developed increasing the effectiveness of the therapy; 3) weak therapeutic plan: in consultation with the experts in cognitive behavioral therapy with an Islamic approach, it was revealed that many of the Islamic teachings are effective in treatment of depression and appropriate for becoming integrated with cognitive behavioral therapy. Nevertheless, they have not been used in Koenig's protocol. The most important spiritual dimensions suggested in the present study include: giving spiritual meaning, spiritual hope, spiritual resilience, being thankful to God, attention to spiritual development following problems in life, attention to promising Quranic verses, attention to God's help, determining spiritual goals, attention to spiritual sources, attracting social support from friends and believers, praying and chanting to God, attending religious centers, and participating in charity activities.

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Ethical considerations

The Ethics Committee in Biomedical Research of Shahid Beheshti University of Medical Sciences approved this study under the ethics code of [IR.SBMU.RETECH.REC.1396.740](https://doi.org/10.2196/1396.740).

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Conflict of interest

The authors reported no conflict of interests.

Authors' contribution

Care provider in one of the groups and translating the instructions for cognitive behavioral therapy: first author; supervising the study and providing advice on the religious dimensions of the instructions: second author; helping to recruit care providers and holding treatment sessions: third author; evaluation of the research background and drafting the article: fourth author; serving as care provider for one of the groups and statistical analysis: fifth author.

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تأثير العلاج المعرفي-السلوكي الديني بالمقارنة مع العلاج المعرفي-السلوكي التقليدي على تحسين السلوك العاطفي والأمل لدى المصابين بالكآبة العميقة

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معلومات المادة

الوصول: ١٨ ذى الحجة ١٤٤٢
وصول النص النهائي: ١ صفر ١٤٤٣
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النشر الإلكتروني: ٢٧ جمادى الاولى ١٤٤٤

الكلمات الرئيسية:

الأمل
العلاج المعرفي-السلوكي الديني
العلاج المعرفي-السلوكي التقليدي
العاطفة الإيجابية
العاطفة السلبية

الملخص

خلفية البحث وأهدافه: تشير بعض الدراسات أن للدين والنزعة الدينية دور بارز في تحسين مستوى الحياة النفسية. ونظراً لهذا الأمر تهدف هذه الورقة البحثية إلى دراسة دور العلاج المعرفي-السلوكي الديني مقارنة بدور العلاج المعرفي-السلوكي التقليدي في تحسين السلوك العاطفي والأمل لدى المصابين بالكآبة العميقة.

منهجية البحث: المنهجية التي اعتمدها الدراسة هي منهجية الإختبار العشوائي ومنهج ماقبل الإختبار/مابعد الإختبار. وقد اختير ٤٢ شخصاً من بين المصابين بالكآبة العميقة ممن زاروا المراكز الإستشارية. وابتقت الدراسة ٣٠ مشاركاً من مجموع المشاركين في الدراسة، لإجراء البحوث النهائية. وتلقى ١٥ شخصاً العلاج المعرفي-السلوكي التقليدي و ١٥ شخصاً العلاج المعرفي-السلوكي الديني بصورة منفردة. اما آلية جمع المعلومات التي اعتمدت عليها الدراسة فهي تشمل اللقاءات شبه البنوية على أساس (SCID-I) DSM5، واستبيان النزعة الدينية لدى جلاك واستاك (CRS)، وأيضاً استبيان بك حول الكآبة (BDI-II)، والعاطفة الإيجابية والسلبية لدى واتسون (PANAS) واستبيان الأمل لدى اشنايدر (AHS). وقد أجاب المشاركون على الإستبيانات بأسبوع قبل بدء الدورة العلاجية وأسبوع بعد انتهاء الجلسات العلاجية. وقد امتد العلاج لعشرة جلسات علاجية استغرقت كل جلسة خميسن دقيقة. واعتمدت الدراسة لفرز المعطيات وتحليلها على منهج الإنحدار المتعدد. يذكر أنه تمت مراعاة جميع الموارد الأخلاقية في هذا البحث وأن مؤلفي البحث لم يشيروا إلى أي تضارب في المصالح.

المعطيات: اظهرت النتائج أن العلاج المعرفي-السلوكي الديني يحقق نتائج أكثر إيجابية مقارنة بالعلاج المعرفي-السلوكي التقليدي ويرفع مستوى الأمل لدى المصابين بالكآبة ($P < 0.001$). فصحيح أن كلا العلاجين الديني والتقليدي يؤديان إلى تحسين المعنويات وتعزيز العاطفة الإيجابية وخفض مستوى العاطفة السلبية، إلا أن تأثير كل منهما لا يختلف بشكل كبير وملحوظ.

الاستنتاج: على الرغم من أن العلاج المعرفي-السلوكي الديني يؤدي إلى تعزيز الشعور بالأمل لدى الأفراد؛ لكن لابد من تعزيز الأساليب والفنون العلاجية ذات النزعة الدينية والإعتماد عليها بشكل أكبر لتحقيق التأثير الإيجابي في المشاعر الإيجابية وخفض تأثير الشعور السلبي.

يتم استناد المقالة على الترتيب التالي:

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اثربخشی درمان شناختی-رفتاری مذهبی در مقایسه با درمان شناختی-رفتاری سنتی بر بهبود عاطفه و امید مبتلایان به افسردگی اساسی

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چکیده

سابقه و هدف: برخی از پژوهش‌ها نشان می‌دهد که دین و معنویت در افزایش بهزیستی روانی نقش دارد. هدف پژوهش حاضر بررسی اثربخشی درمان شناختی-رفتاری مذهبی در مقایسه با درمان شناختی-رفتاری سنتی در بهبود عاطفه و امید مبتلایان به افسردگی بود.

روش کار: روش این پژوهش کارآزمایی تصادفی با پیش‌آزمون-پس‌آزمون است. از میان افراد مبتلا به افسردگی که به مراکز مشاوره مراجعه کرده بودند، ۴۲ نفر انتخاب شدند و در نهایت ۳۰ نفر تا اتمام پژوهش باقی ماندند. ۱۵ نفر درمان شناختی-رفتاری سنتی و ۱۵ نفر درمان شناختی-رفتاری مذهبی را به صورت فردی دریافت کردند. ابزار گردآوری داده‌ها شامل مصاحبه نیمه‌ساختاریافته بر اساس DSM5 (SCID-I)، پرسش‌نامه‌های دین‌داری گلارک و استاک (CRS)، افسردگی بک؛ ویراست دوم (BDI-II)، عاطفه مثبت و منفی واتسون (PANAS) و امید اشنايدر (AHS) بود که شرکت‌کنندگان یک هفته پیش از شروع درمان و یک هفته بعد از اتمام جلسات درمانی به پرسش‌نامه‌ها پاسخ دادند. هر شیوه‌نامه شامل ۱۰ جلسه ۵۰ دقیقه‌ای بود. داده‌ها با استفاده از آزمون تحلیل کوواریانس تجزیه و تحلیل شد. در این پژوهش همه موارد اخلاقی رعایت شده است و مؤلفان تضاد منافی گزارش نکرده‌اند.

یافته‌ها: یافته‌های پژوهش نشان داد که درمان شناختی-رفتاری مذهبی به صورت معناداری بیش از درمان شناختی-رفتاری سنتی موجب افزایش امید و مؤلفه‌های آن شد ($P < 0.001$). همچنین، اگرچه دو درمان مذهبی و سنتی به طور معناداری موجب افزایش عاطفه مثبت و کاهش عاطفه منفی شدند، اما اثربخشی آنها با یکدیگر تفاوت معناداری نداشت.

نتیجه‌گیری: اگرچه درمان شناختی-رفتاری مذهبی موجب تقویت امید افراد می‌شود اما باید به لحاظ مؤلفه‌ها و فنون روان‌شناختی آمیخته به معنویت تقویت شود تا اثربخشی آن در افزایش عاطفه مثبت و کاهش عاطفه منفی بیشتر شود.

اطلاعات مقاله

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واژگان کلیدی:

امید
درمان شناختی-رفتاری
درمان شناختی-رفتاری مذهبی
عاطفه مثبت
عاطفه منفی

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