

## Management of Depression and Anxiety from An Islamic Perspective: An Integrated Psychological Approach to Mental Health

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### Abstract

The current study highlights the integration of didactic therapy and cognitive restructuring according to religious beliefs and Islamic practices while coping with depression and anxiety in adolescents (N = 80) between the ages of 12 to 18 years. It was hypothesized that participants in the experimental group who received integration of didactic therapy and cognitive restructuring in an Islamic milieu would have significantly lower scores on the scales of depression and anxiety than participants in the control group. This study was executed as a pretest-posttest experimental group design with random assignment of participants. The translated Urdu versions of depression and anxiety scales were used as assessment tools. The distinctive feature of this psychological intervention was to provide didactic therapy and cognitive restructuring in the Islamic milieu to the experimental group consisting of six sessions of 90 minutes duration in a classroom setting in comparison to the control group. Results of the study ( $p < 0.001$ ) supported the adoption of didactic therapy integrated with cognitive restructuring in the Islamic context for managing depression and anxiety in vulnerable adolescents. Overall, results of the current study are encouraging which provide evidence for the efficacy of integration of didactic therapy and cognitive restructuring according to the religious beliefs and Islamic practices while coping with depression and anxiety in adolescents.

**Keywords:** Depression, Anxiety, Didactic Therapy, Cognitive Restructuring, Islamic Perspective

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## 1. Introduction

Depression and anxiety are health concerns that have detrimental consequences, such as dysfunctional psychological functioning (Essau, 2004) and unhealthy social relations (Wijnhoven et al., 2014). Due to the high prevalence of depression and anxiety in adolescents, many therapeutic approaches, techniques, and intervention programs have been devised. Most of the intervention programs for these psychological problems are based on cognitive behavioral therapy (Beck, 1967) that addresses maladaptive behaviors. Research has demonstrated the efficacy of the integration of religious beliefs and practices into psychotherapy i.e., how individuals' faith and religion affect the therapeutic process (Hamdan, 2008). The monotheistic religion of Islam, is based on the revelations to Prophet Muhammad (salutations and peace be upon him), which were compiled in the Holy Quran. 'Islam' is an Arabic word that means "submission", which implies 'submission to Allah (SWT)'. The religion Islam is a complete code of life that eloquently provides a guideline to mankind that helps people tolerate and develop adaptive managing strategies to cope with the stresses of life. 'Shariah' in Islam refers to the path that people should follow to lead their lives. It highlights the guidelines for two kinds of interactions; those between man and Allah (SWT); and those between men to men (i.e., social transactions). The sources of 'Shariah' are the Holy book, 'Quran' of Allah (SWT), and 'Sunnah' i.e., religious practices that are established by Prophet Muhammad (salutations and peace be upon him). Previous research on Muslims that incorporated religious beliefs and practices with cognitive behavior therapy for depression and anxiety demonstrated positive results as compared to the therapeutic modality that was not modified from the Islamic perspective (Azhar & Varma, 2000).

The materialistic concerns, negative thinking and events in life overwhelm people which are the major precipitating factors for depression and anxiety. Islam provides an effective guideline for mankind to deal with situations that help people in the prevention and treatment of psychological disorders such as depression and anxiety. The religion Islam advises people to keep themselves away from negative thoughts and actions and encourages them to stay hopeful in the face of life stresses as there is always Allah's mercy and blessings which provide them with solace and satisfaction and calm the soul. Allah (SWT) says in the Holy Quran:

*"So verily, with the hardship, there is relief, verily, with the hardship, there is relief."* (Quran, 94:5-6).

On another occasion, Allah (SWT) says:

*"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).

As followers of Islam, Muslims should have firm faith in Allah (SWT) who is the Ultimate reality. He is the All Knowing, All Seeing, All Fair, and All Wise.

As 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).

Research has shown that cognitive errors are common in both depression and anxiety due to co-morbidity disorders (Beck, 1967). People's cognitive errors in depression and anxiety, such as 'life is an ordeal,' I cannot cope with the stresses of life,' I am worthless, and No one loves or helps me' are normally observed. Such people are advised to place their trust in Allah (SWT) and seek His help as He is always there to replace their worries and hardships with joy and ease, and fears into a sense of security. Allah (SWT) says:

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

Prophet Muhammad (salutations and peace be upon him) once 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).

One technique of cognitive restructuring from the Islamic perspective is that man should not feel incapacitated and put his trust in Allah (SWT). When a man relies upon Allah (SWT), He protects him from distress and his heart and soul get indescribable strength, relief, and satisfaction which dispel all depression and anxiety.

*Allah (SWT) says, "And whosoever puts his trust in Allah, then He will suffice him..."* (Quran, 65:3).

Adopting a positive attitude in life and instilling hope that Allah (SWT) tests His creatures in every situation and bestows whatever is beneficial for them is an effective technique of positive cognitive restructuring. When depression and anxiety befall people, the door of supplication (dua') is open and the Most Generous and the Most Merciful, Allah (SWT) responds to invocations and dispels the problems, worries, and distress of the supplicants.

Another effective technique for finding solace, satisfaction, and contentment is to remember Allah (SWT). This remembrance of Allah (SWT) i.e., Zikr' has a great effect on relaxing the soul and relieving depression and anxiety. Allah (SWT) says:

*"... Verily, in the remembrance of Allah do hearts find satisfaction."* (Quran, 13:28).

Allah (SWT) says: *"And seek help in patience and al-salat (the prayer) ..."* (Quran, 2:45).

The Holy Quran also teaches:

*"O you who believe! Let not your property or your children divert you from the remembrance of Allah. And whosoever does that, then they are the losers."* (Quran, 63:9).

Previous research has shown that didactic therapy is effective and helps in obtaining potentially greater benefits (White,

2010). It has been documented in the literature that didactic therapy incorporating cognitive restructuring is considered to be efficacious in treating depression and anxiety in adolescents in group settings (Zafar & Khalily, 2015). As the symptoms of depression and anxiety substantially overlap, hence intervention programs should be executed in such a way that focuses on these psychological problems simultaneously. The current study was planned to assess the efficacy of the integration of didactic therapy (White, 2010) and cognitive restructuring from the Islamic perspective in reducing high levels of depression and anxiety symptoms in adolescents.

The hypothesis of the current study posits that adolescent participants in the experimental group, who receive an integrated approach combining didactic therapy and cognitive restructuring within an Islamic milieu, will exhibit significantly lower scores on depression and anxiety scales as compared to those in the control group.

## 2. Methods

### 2.1 Sample

The sample ( $N = 80$ ) consisted of male ( $n = 40$ ) and female ( $n = 40$ ) adolescent students between the ages of 12 to 18 years ( $M = 14.4$ ,  $SD = 1.98$ ) for the current study. They were taken from different educational institutions in Rawalpindi and Islamabad (Pakistan) through convenience sampling techniques with the permission of the heads of the educational institutions. The inclusion criterion was 1) male and female adolescents between the ages of 12 to 18 years who scored high on depression and anxiety scales (subscales of DASS) at the pretest and were willing to participate in the intervention program. The exclusion criterion was that adolescents already receive indoor or outdoor treatment for any problem concerning mental health. The adolescents who met the inclusion criteria were randomly assigned by the third independent party to one of the two conditions: experimental ( $n = 40$ ) and control ( $n = 40$ ) groups.

### 2.2 Instruments

DASS was used to measure depression, anxiety, and stress. This scale consists of 42 items. There were 14 items for each variable in each scale to measure individuals' scores on depression, anxiety, and stress. The Depression subscale measures hopelessness, self-deprecation, dysphoria, inertia, lack of interest, and dysphoria. The Anxiety subscale measures the subjective experience of anxious affect and autonomic arousal. The Urdu-translated versions of the Depression and Anxiety scales (Zafar & Khalily, 2014) were used for the current study. Each scale contains 14 items. The respondents were asked to use 4-point severity scales to rate the extent to which they have experienced each state over the past week. The scores for each scale were calculated by summing up the scores for the relevant items. Items of the scales were scored on a 0 to 3 scale. Higher scores on these scales suggest higher levels of depression and anxiety. Cronbach's alpha coefficients for the subscales of DASS range from .84 to .91 (Lovebird & Lovibond, 1995). Alpha reliability coefficients of the translated Urdu versions of depression and anxiety scales were reported as .63 and .60 respectively.

### 2.3 Demographic Information

It was administered to collect information regarding age and gender of the adolescent sample.

### 2.4 Procedure

The Board of Advanced Study and Research of the University initially approved the current study. Ethical approval was sought by the Department of Psychology, Ethics Committee (DPEC), and International Islamic University Islamabad, Pakistan. After seeking permission from the heads of the educational institutions located in

Rawalpindi and Islamabad, the participants were approached by visiting in person. Ethical considerations outlined by the American Psychological Association were followed in carrying out the study with the prospective participants. The permission of the parents/guardians of the prospective participants as well as the consent of the participants was also obtained to participate in the study. A total of 100 students were initially recruited for the study. The aim of the current study was conveyed to the participants.

They were assessed for depression and anxiety to screen out high-risk adolescents having higher levels of depression and anxiety symptoms. After the screening process, participants ( $N = 80$ ) were randomized to either the experimental or control group by the independent statistician and assigned random numbers to the participants. Matching of both groups was ensured. The treatment period of didactic therapy incorporating cognitive restructuring from an Islamic perspective consisted of six sessions of 90 minutes duration in a classroom setting every week. The experimental group ( $n = 40$ ) was provided with 6 sessions each. The sessions were structured to keep participants engaged with maximum concentration and interest. Extensive task demands were not placed on the participants to sustain their commitment to the therapy. This helped to overcome the attrition/drop-out of the participants.

The current study was designed so that adolescents assigned to the experimental group underwent didactic therapy incorporating cognitive behavioral techniques from the Islamic perspective. As per the research design, participants after an introductory orientation session were encouraged and convinced for their full participation in the therapy sessions for positive outcomes. They were told about depression and anxiety as mental health problems and how to overcome them from the Islamic perspective. In the next session, the participants were asked to examine the relationship between activating events, their irrational beliefs, and emotional consequences. The therapeutic sessions involved effectively managing participants' maladaptive cognitions and then modifying and replacing those thoughts with more constructive thoughts to positively affect emotions and behavior.

## 3. Results

Statistical analyses were run to test the significance of the results. Participants' scores on depression and anxiety from pre-test to post-test group intervention were analyzed using a t-test for paired samples to find whether changes reached any significance. The control group did not differ in baseline and post-test measures. The participants' scores of the experimental group showed significant improvements. Paired t-test analyses revealed significant differences between baseline measures (pretest T1) and posttest (T2).

**Table1**

*Frequency and percentages of sample with regard to gender and age ( $N = 80$ )*

Variables	<i>f</i>	%
Gender		
Male	40	50%
Female	40	50%
Age (in year)		
12-18	80	100%

Table 1 shows the division of total sample based on gender and age

Table 2

**Mean scores, Standard Deviations, Alpha Reliability coefficients, Kurtosis and Skewness on the Depression and Anxiety scales (N=80)**

Variable	Mean	SD	$\alpha$	Kurtosis	Skewness	Range	
						actual	Potential
Depression	33.6	5.8	.63	-1,3	-.02	23-42	0-42
Anxiety	33.3	6.4	.60	-1,3	-.02	20-42	0-42

Table 3

**Descriptive statistics and t-test scores on pre and post-test of the experimental group for Depression and Anxiety (N = 40)**

Descriptive statistics and t-test scores on pre- and post-test of the experimental group for Depression and Anxiety (N = 107)									
Outcomes variable	Paired Differences				<i>r</i>	<i>t</i> (39)	95%CI for mean difference		Cohen's <i>d</i>
	Pretest		Posttest				<i>LL</i>	<i>UL</i>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>					
Depression	34	5.7	22.8	2.5	.038	11.66***	9.46	13.43	2.61
Anxiety	33	6.4	22.5	3.3	.047	9.73***	8.63	13.16	2.14

Note. CI = Confidence interval; LL = Lower limit; UL = Upper limit \*\*\* $p < 0.001$ 

Table 4

**Descriptive statistics and t-test scores on pre and post-test of the control group for Depression and Anxiety (N = 40)**

							95% CI for mean difference		Cohen's
Variable	Pretest		Posttest		<i>r</i>	<i>t</i> (39)			<i>D</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>	
Depression	33.0	5.9	33.9	5.2	.76	-1.3	-2.0	.43	0.16
Anxiety	33.3	5.8	34.0	5.9	.78	-1.1	-1.8	.55	0.11

Note. CI = Confidence interval; LL = Lower limit; UL = Upper limit

Table 2 shows the mean and standard deviation scores of the study participants on Depression and Anxiety scales which were  $M = 33.6$  and  $SD = 5.8$ ;  $M = 33.3$  and  $SD = 6.4$  respectively.

Table 3 shows pre and post-test mean scores, standard deviations and t-test scores of the experimental group on depression and anxiety. The pre-test mean scores and standard deviation of the experimental group on depression and anxiety were  $M = 34$  and  $SD = 5.7$ ,  $M = 33$  and  $SD = 6.4$  respectively; whereas the post-test mean scores and standard deviations of the experimental group on depression and anxiety were  $M = 22.8$  and  $SD = 2.5$ ,  $M = 22.5$  and  $SD = 3.3$  respectively.

Table 4 shows pre and post-test mean scores, standard deviations and t-test scores of the control group on depression and anxiety. The pretest mean scores and standard deviations of the control group on depression and anxiety were  $M = 33.0$  and  $SD = 5.9$ ,  $M = 33.3$  and  $SD = 5.8$  respectively; whereas the post-test mean scores and standard deviations of the control group on depression and anxiety were  $M = 33.9$  and  $SD = 5.2$ ,  $M = 34.0$  and  $SD = 5.9$  respectively.

#### 4. Discussion

Adolescence is a stressful period in life (Ollendick et al., 2003) that may lead to depression and anxiety as it is accompanied by numerous challenges (Cole, Nolen-Hoeksema, Girgus & Paul, 2006). For the current study, it was hypothesized that didactic therapy involving cognitive restructuring from an Islamic perspective for the management of depression and anxiety in adolescents would be helpful for the experimental group in ameliorating the symptoms of depression and anxiety in comparison to the control group (that would not receive any interventional measure). The current study, hence, examined the effectiveness of didactic therapy integrated with cognitive restructuring from the Islamic perspective. The study was executed as

a pretest-posttest control group experimental design. The translated Urdu versions of depression and anxiety scales (Zafar & Khalily, 2014) were used as measuring instruments to identify levels of depression and anxiety in 12 to 18-year-old male and female adolescents ( $N = 80$ ). The participants who scored higher on depression and anxiety scales were eligible for the study. An integrated psychological approach involving didactic therapy and cognitive restructuring from the Islamic perspective was delivered to the adolescents (in the experimental group) in a group format which proved to be an efficacious therapeutic modality with inherent advantages and reasonable outcomes for improving the condition of the vulnerable group. Didactic therapy (White, 2010) provides guidelines for developing coping skills and managing future challenges of life (Dyck et al., 2002). It was successfully provided to the experimental group. This group of adolescents also conveyed the essence of Islamic teachings and practices that strengthened their trust in Allah (SWT), instilled hope in them, and made it easier to face the challenges of life and to bear pains, afflictions, hardships, and distress with courage. Being Muslims, the participants in the experimental group realized that Muslims firmly believe that any kind of suffering or happiness is from Allah (SWT) and that He is the only one who provides strength and forbearance to face the suffering. They also realized that any loss is a trial from Allah (SWT) to people, of how they would face their sufferings with patience and trust in Allah's mercy as Allah (SWT) says:

*'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 tidings to*



*those who patiently persevere. Who says, when afflicted with calamity: To Allah we belong, and to him is our return.'* (Quran, 2:155-157).

The experimental group benefitted by equipping themselves with Islamic injunctions, thoughts, and beliefs and practicing those in their daily life. The daily prayers (namaz/salah) strengthened their bonding with Allah (SWT) and they refrained themselves from bad deeds and sins. This helped them to lead a balanced physical, psychological, social, and spiritual life. In the therapeutic process, the sufferers improved their conditions with interventions that focused on these Islamic thoughts and beliefs. Relaxation exercises and cognitive restructuring proved to be efficacious techniques for the management of depression and anxiety. Listening to the recitation of the Quranic verses and meditation (Muraqaba) are religious mechanisms of coping that helped the experimental group relieve their depression and anxiety symptoms. Participants in this group enhanced their meditation by reciting the names and attributes of Allah (SWT) such as Allah ho Akbar (Allah is great), Alhamdulillah (praise be to Allah), and Subhan Allah (glory be to Allah) which gave them a feeling that they were in proximity with the Creator of the Universe, Allah (SWT) and hence provided them relaxation, strength, and peace of mind and heart (Qalb). These participants also improved their communication, problem-solving, social, and coping skills. They further developed the ability to control themselves (Nafs). Overall, the results of the current study demonstrated a positive role of didactic therapy integrated with Islamic faith and beliefs for the management of depression and anxiety in adolescents.

### Conclusion

The current study aimed to provide a six-session (90-minute duration each) group intervention to adolescents aged 12 to 18 years experiencing symptoms of depression and anxiety. Didactic therapy involving cognitive restructuring in the light of Islamic beliefs and practices was provided to the experimental group in comparison to the control group which positively contributed to the evidence-based prevention of depression and anxiety in adolescents. Therefore, it is recommended that an integrated approach should be adopted to manage depression and anxiety in adolescents.

### Limitations

The present study has certain limitations that should be considered. Firstly, the sample size was limited, which may affect the generalizability of the findings. Future studies should aim to include larger and more diverse samples to enhance the reliability and applicability of the results. Secondly, the study employed a cross-sectional design, which restricts the ability to assess long-term outcomes. Conducting longitudinal studies with follow-up assessments would provide valuable insights into the sustained effectiveness of the integrated approach over time. Addressing these limitations in future research will contribute to a more comprehensive understanding of the study's findings.

### Implications of the study

There are many anticipated benefits of the study. It would provide understanding and knowledge to adolescents, parents, researchers, health professionals, educationists, organizations, and to the community at large. Moreover, the clinicians would be in a better position to address the problems of the clients in the religious milieu and provide them with culturally sensitive therapies.

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