
Effectiveness of Traditional Islamically Integrated Psychotherapy (TIIP): A Case Study of Major Depressive Disorder in Young Pakistani FemaleFiza Rehman^a, Neelam Ehsan^a^a Department of Clinical Psychology, Shifa Tameer-e-Millat University Islamabad, Pakistan**Abstract**

This study aims to investigate the effectiveness of Traditional Islamically Integrated Psychotherapy (TIIP) as a mode of treatment with a client suffering from major depression. The case study of a Pakistani female is used to evaluate the success of Traditional Islamically Integrated Psychotherapy (TIIP) (Keshavarzi & Haque, 2018). Therapy began with initial two sessions of intake and assessment in-person. The Beck Depression Inventory-II (BDI-II) was administered for recording the subject's baseline score (BDI II=27, moderate depression) prior to session one; and was re-administered following the successful termination of therapy (Post termination BDI II=14, mild depression). The client also reported significant difficulty in decision-making and lack of hope and optimism which was recorded through detailed interviews from the client. The therapeutic modality employed in this case to treat the patient was Traditional Islamically Integrated Psychotherapy, TIIP, the model of which is culturally adapted and underpinned by Cognitive Behavioral Therapy (CBT). The therapy lasted 8 sessions, which addressed her maladaptive thought processes, diminished cognitive distortions, and established insight. Results showed a significant decrease in depressive symptoms and improved decision-making skills and increased levels of faith in God (Tawakkul). This study highlights that integrating Islamic values into therapy resonates deeply with Muslim clients, making mental health care more accessible and reducing stigma. This alignment with cultural and religious beliefs had been found to increase therapy acceptance and effectiveness.

Keywords: *Traditionally Islamically Integrated Psychotherapy, Major Depressive Disorder*

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1. Introduction

Mental health is a fundamental facet of inclusive well-being, which directly influence how people think, feel, and behave in daily life (National Institute of Mental Health, 2022). It affects our ability to cope with stress, build relationships, and make decisions. Neglecting mental health can lead to serious consequences, including chronic stress, reduced productivity, and a diminished quality of life (World Health Organization, 2022).

The paper under discussion pertains to the most common mental illness, which is Major Depressive Disorder. DSM-5TR defines Major Depressive Disorder as a mental illness that includes a depressed mood, loss of interest in activities, or both, and may be accompanied by significant cognitive or physical symptoms that are persistent for at least two weeks. These treatments help patients realize their presence and make them believe in it; thus, these affect the outcome of the patient positively (Gonçalves et al., 2015). TIIP is the therapeutic model that incorporates the knowledge of Islam into modern psychological interventions. Hooman Keshavarzi and Amber Haque introduced this therapy model in 2013 by incorporating behavioral science into an Islamic epistemological and ontological framework (Keshavarzi & Haque, 2013). Later, in 2018, Keshavarzi and Khan expanded and formalized this approach, naming it TIIP.

The term "traditional" highlights its roots in classical Sunni theology. The TIIP model focuses on four primary goals during therapy: *Inkishāf*: Facilitating introspective self-discovery, *Inqiyād*: Promoting treatment compliance and motivation, *I'tidāl*: Achieving equilibrium in various life aspects, and *Itihād*: Fostering holistic integration. Interventions in TIIP are intended to target aspects of the human mind, including 'Aql, Nafs, Rūh, and Ihsās. It presents a care model based on the wisdom of early Muslim scholars (Khalil Center, 2018). In its treatment approach, TIIP, by Keshavarzi et al. 2020, incorporates elements of Islamic principles such as Tawakkul (trust in God), Taubah (repentance), and Sabr (patience) within therapeutic interventions. It uses culture- and religion-specific practices of the patient that might include praying, fasting, and reading from the Holy Qur'an, integrating these during treatment (Keshavarzi & Khan, 2018). The model helps circumvent cultural and religious barriers encountered by Muslims in accessing conventional mental health services. It focuses on building a therapeutic environment that respects and accommodates the religious beliefs of the client. These treatments help patients realize their presence and make them believe in it; thus, these affect the outcome of the patient positively (Gonçalves et al., 2015).

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center, 2018). The TIIP treatment approach integrates Tawakkul (trust in God), Taubah (repentance), and Sabr (forbearance) as the Islamic components of therapeutic interventions (Keshavarzi et al., 2020). The treatment utilizes cultural and religious elements such as prayer, fasting, and recital of the Quran as part of the treatment (Keshavarzi & Khan, 2018). This is done in an effort to eliminate cultural and religious barriers that Muslims face in accessing standard mental health services. The attempt is to create a therapeutic system that is sensitive to the religious needs of the client.

A first major book published in 2020 goes much deeper to explore the theoretical underpinnings and practical uses of TIIP. Many insightful thoughts were provided by gracious contributors, and this best of theirs has been synthesized to form a complete therapeutic model. That is the most common application of this model, referred to as TIIP, for the treatment of trauma, depression, anxiety, obsessive-compulsive disorder, and marital problems, especially by the Khalil Center, one of the most prominent Islamically-oriented mental health centers based near Chicago. Data from the Khalil Center confirms the effectiveness of TIIP in reducing psychological and functional distress. The center has also developed a structured three-level training program for practitioners. Level I introduces TIIP principles, Level II dives into advanced applications, and Level III provides clinical supervision, culminating in certification. The program has gained international acclaim, with trainings conducted in the U.S., Canada, Türkiye, and Pakistan, meeting growing global demand for this culturally sensitive approach to mental health care.

In recent years, the incorporation of various religious and cultural elements in psychological interventions has attracted tremendous attention, with various studies attributing significant importance and effectiveness to them. A host of research has shown that attending to the clients' religious beliefs and cultural backgrounds in therapy may stabilize and channel the mental health disorder. A systematic review stated that religion-based therapies have proven useful in combating anxiety, depression, psychological stress, and alcohol dependence (Kurahde et al., 2022). Research further revealed that Islamic-based interventions significantly reduce symptoms of depression and anxiety. A study with 62 Muslim patients indicated that those who received an Islamic-based intervention had significantly reduced anxiety among women (effect size $d = 0.75$) and depression among men (effect size $d = 0.80$) when related to control groups (Saged et al., 2022).

A methodical review and meta-analysis examined the impact of religious-based interventions on depression. The results always revealed that such interventions reduced depressive symptoms significantly in different populations, including those with chronic medical conditions, pregnant women, and the elderly. The results indicated that religious-based interventions often have the highest effects compared to standard interventions and their use should be crucial in addressing patients' treatment plans by considering a patient's religious background (Marques et al., 2022).

Another article offers a session-by-session case illustration of Traditional Islamically Integrated Psychotherapy (TIIP). Secular therapeutic models, usually based on Western models, might be perceived as incompatible with Islamic philosophy or foreign to the Muslim psyche and thus could jeopardize the alliance in therapy and create mistrust between the therapist and the client. Even though this case concerns a Muslim client suffering from Social Anxiety Disorder,

the general principles of change under the TIIP model are largely applicable to other conditions (Khan et al., 2023). TIIP's integrative nature is flexible, thereby allowing the incorporation and modification of mainstream psychotherapeutic methods while staying true to its core objectives and principles. For other conditions, therapeutic aims and understandings must be adjusted according to their specific presentations (Khan et al., 2023). Given that TIIP is both theological and pastoral in nature, the TIIP model can also be adapted for use in pastoral contexts or by Islamic chaplains offering clinical pastoral care. Therapists using this approach are encouraged to have a foundational understanding of Islamic theology and Muslim mental health to maximize its effectiveness (Khan et al., 2023).

Another study involved a Muslim client, who was diagnosed with Social Anxiety Disorder, whose worsening symptoms were successfully treated by applying the principles of TIIP structure, which was generally adaptable to other conditions as well (Khan et al., 2023). Keshavarzi and Khan (2018) elaborated the basic framework by providing a description of its diverse application in traumatology, depression, anxiety, OCD, and couple discord. Evidence from the Khalil Center, which is an Islamic-centered mental health facility, substantiates the claims of treatment efficacy by TIIP in decreasing psychological and functional distress.

Within many Muslim-majority countries, including Pakistan, adopting Islamic teachings and practices into personal identity, coping apparatuses, and overall well-being have been observed. Therefore, creating psychotherapy within an Islamic framework remains critical to make it more relevant and sensitive for clients. Growing needs for culturally and religiously sensitive therapeutic measures for Muslim individuals suffering psychological distress formed the basis of this study. Several traditional Western psychological frameworks do not completely account for the unique cultural and religious standards that shape the outlooks and coping mechanisms of Muslim clients. Therefore, they may face challenges in optimizing therapeutic alliance-building and addressing the emotional needs and the spiritual concerns of the clients. The need to apply culturally adaptive treatment models is thus addressed by this study. By using Traditional Islamically Integrated Psychotherapy (TIIP), which combines Islamic spirituality with cognitive-behavioural techniques, this study offers a promising model for treating mental health issues within cultural context.

Case History

Miss MM is a 35-year-old, single, Pakistani female currently a dentist who belongs to an upper middle-class family. She is last born among 5 siblings. She presented with the complaints of low mood, lack of energy to do anything, lack of interest in things and people around her, feelings of worthlessness, loss of appetite and excessive sleep (approximately 14-15 hours a day). Ms. MM started having these symptoms almost four months ago which had persisted during these months most of the days and had affected the clients' life. The precipitating factors for the current episode were familial conflicts that still remain unresolved. MM reported to have multiple conflicts with her family from time to time for many years including conflicts regarding her marriage choices, job choices, friendship choices and other life decisions in which her family does not agree to her most of the time. She reported of having low mood episodes almost twice a year for approximately last 10 years and is stuck with the thought that God will never take her out of this situation. This is the first time she

is seeking professional help as she feels helpless at present and is unable to cope with her symptoms.

2. Method

The objective of the study is to evaluate the effectiveness of Traditional Islamically Integrated Psychotherapy (TIIP) in reducing depressive symptoms, improving decision-making skills, and enhancing faith in God (Tawakkul). It was hypothesized that Traditional Islamically Integrated Psychotherapy (TIIP) will lead to marked reduction in depressive symptoms, improve decision-making skills, and enhance faith in God (Tawakkul).

2.1 Research Design

The paper employed a case study to measure the effectiveness of Traditional Islamically Integrated Psychotherapy (TIIP) in addressing depressive symptoms, decision-making difficulties, and faith in God (Tawakkul) in a Pakistani female. This design enabled an in-depth analysis of therapeutic progress in a culturally and religiously informed clinical context.

2.2 Sample

The participant was Ms. MM, a 35-year-old unmarried female residing in Islamabad, Pakistan. She presented with moderate depressive symptoms, difficulty in decision-making, and a lack of hope and optimism. She self-referred for therapy to address these challenges, citing a desire for a culturally and spiritually sensitive approach to treatment.

2.3 Instruments

2.3.1 Beck Depression Inventory-II (BDI-II): BDI II is used to assess the severity of depressive symptoms at baseline and post-therapy. The BDI-II is a widely used, validated 21-item self-report questionnaire.

2.3.2 Self-Reported Outcomes: The client provided qualitative feedback on her decision-making abilities, sense of hope, and level of faith (Tawakkul) before starting the therapy, during therapy and post-termination.

2.4 Procedure

The therapeutic process began with two initial intake sessions. During these sessions, a detailed clinical interview was conducted to understand Ms. MM's presenting problems, personal history, and cultural/religious context. The BDI-II was administered to establish baseline depressive symptom severity ($BDI II=24$). Client also reported significant difficulty in decision making and reported lack of hope and optimism. The therapy was conducted over eight sessions afterward using the TIIP framework, which integrates principles of Islamic spirituality with a cognitive-behavioural approach. Session-wise detail is illustrated below.

Session 1: Psychoeducation: First session was used to explain the relationship between thoughts, emotions, and behaviors within both Islamic and CBT frameworks, educating the client on Islamic principles of *Tawakkul* (trust in God), *Sabr* (patience), and *Taubah* (repentance).

Session 2, 3 and 4: Cognitive Restructuring: Three sessions spread over the period of 3 weeks were conducted to identify and challenge the maladaptive thought patterns that contributed to her depressive symptoms. Automatic thought record was used to help the client identify their maladaptive thoughts, and later she was facilitated to generate an alternative thought that could help her address her schemas of unlovability and incompetence in the light of Islamic teachings. Furthermore, the client was aided in replacing cognitive distortions with positive faith-based thoughts with an Islamic foundation.

Session 5 and 6: Behavioral Activation: The client was encouraged to engage in meaningful activities that she used to be in her past life. For example, spending quality time with family members and positive dialogues on general topics to improve communication patterns.

Session 7: Enhancing Spiritual Practices: The client was guided to strengthen her connection with God through guided Dhikr (remembering God) and reflective journaling on gratitude and hope. Furthermore, client was facilitated on her will to maintain a daily log of prayers that helped her to manage her religious commitment to pray on time, maintain the log if she misses any prayer to stay mindful about the reasons of missing on her committed tasks (praying). This activity helped her connect with Allah and developed Tawakkul in her.

Session 8: Decision-Making Skills Training: The last session considered her difficulties in decision-making by teaching some more problem-solving techniques, including Shura (Consultation), where the advice of respected mentors, teachers, or family is sought before making a decision (Qur'an 42:38), Tawakkul (Trusting God), which means to make one's decision based on full intuition but trusting that God will see to its outcome, and Du'a (Supplication) to help with decision-making.

3. Result

The results of the BDI-II pretest and post-test showed significant improvement in the participant's depressive symptoms. The participant's score on the BDI-II at baseline was 27, which falls within the category of moderate depression. Post-Test (After 8 Sessions of TIIP): After completing eight sessions of TIIP, the participant's score on the BDI-II was 14, placing her in the mild depression category. This marked a noticeable reduction in the severity of depressive symptoms.

In addition to the quantitative reduction in depression, Ms. MM reported feeling more hopeful, with improved decision-making skills and increased trust in God (*Tawakkul*). These subjective reports further supported the objective findings from the BDI-II, reinforcing the efficacy of TIIP in addressing both psychological and spiritual needs.

Limitations and Suggestions

Firstly, the study employs a single-subject design, which, while valuable for exploring individual experiences, limits the generalizability of the findings to a broader population. Secondly, the study relies on self-reported data from the participant, which may be influenced by biases such as social desirability, recall bias, or the participant's subjective interpretation of their progress. Although objective measures like the BDI-II were used to assess depression, the participant's personal reflections on decision-making and Tawakkul may not fully capture the changes in these domains. Thirdly, the results may be more applicable to clients from similar cultural and religious backgrounds (e.g., Pakistani Muslims) and may not necessarily generalize to individuals from other cultural or religious contexts. Lastly, while the BDI-II was used to measure depressive symptoms, incorporating additional assessments exploring other psychological constructs—such as anxiety, self-esteem, or spiritual well-being—could provide a more holistic understanding of the intervention's effectiveness.

Implications

This study is crucial as it aims to assess the efficacy of TIIP in reducing depressive symptoms, improving decision-making, and strengthening faith in God (*Tawakkul*), which are common struggles faced by clients in Pakistan. By evaluating the effectiveness of this

culturally tailored psychotherapy model, this research contributes to the growing body of knowledge on the integration of religion and culture in mental health care. The results could inform future therapeutic practices, promoting more inclusive and effective treatment modalities for clients facing psychological distress.

Conclusion

The results of this study have indicated that TIIP can be a very effective therapy for treating depression in Muslim clients. Through the integration of Islamic principles such as Tawakkul (trust in God), Sabr (patience), and Taubah (repentance) alongside cognitive-behavioral techniques, the clients can exhibit significant improvement in their emotional regulation, decision-making skills, and resilience. Although this study gives a good insight into the effectiveness of TIIP, further research with larger sample sizes and randomized controlled designs would be beneficial to further establish its generalizability and effectiveness for long-term.

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