



RESEARCH PAPER

Effectiveness of Eclectic Islamic Therapy with Generalized Anxiety Disorder: A Clinical Trial

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ABSTRACT

This study examined the effectiveness of an Islamic therapy introduced in this study for the first time as; Eclectic Islamic Therapy (EIT) a comprehensive therapy in treating Generalized Anxiety Disorder (GAD). There is a growing interest in culturally and spiritually integrated approaches for the purpose of treatment of psychological disorders, such as Islamically integrated therapy. The aim of the study was to find out efficacy of Eclectic Islamic Therapy with GAD. Sample was selected from clinical population; purposive and convenience sampling technique was used as data collection was done with the help of availability of cases of GAD (diagnosed) age range of 18 to 60 years were selected, for sustained period of time for treatment intervention. After detailed clinical interview, psychological testing (total N=5) and tentative diagnosis, treatment was started. For study purpose they were assessed with the help of IPAT Anxiety Scale (Cattell R. B., Krug, S. E. & Scheir, I. H. 1976) for pre and post measures. For additional assessment, DSM 5 TR based symptoms check lists for was used as well. Given the small sample size (for clinical trial), data for the research was analyzed by SPSS 25, and non-parametric test; Wilcoxon Signed Rank test was used. Findings revealed a significant impact of Islamic principle-based intervention as an effective treatment approach for GAD population. Wilcoxon Signed-Rank Test revealed a significant change after treatment with large effect size for IPAT as well as GADSCL. Looking at the effectiveness of EIT with GAD, further studies should be structured for other populations and it is highly important to establish structured intervention guidelines and manuals for EIT to facilitate replication of the study in future.

Keywords: Generalized Anxiety Disorder, Eclectic Islamic Therapy, IPAT Anxiety Scale

Introduction

Eclectic Islamic Therapy, (EIT) is the term used for first time in this work as per Islamic tradition and psychotherapy that will combine techniques from different approaches in Islamic therapy, and it will focus upon different domains of problem of an individual. It is a new approach designed to integrate Islamic/ spiritual principles within psychological interventions. "EIT is an approach to treatment according to Islamic perspective for the problems of emotional and psychological nature, that will emphasize the use of combination of techniques from Quranic teaching, Sunnah, prayers, the Muslim philosophers and psychotherapist work and contribution to best suit the needs of client and their problem". While using this mode of treatment, mental health professional will mostly be in need to remain in consultation with religious scholars of the time for the purpose of understanding, evaluation and treatment of problem according to Islamic concepts. EIT seeks to provide a cultural and religious alternative treatment approach for Muslim clients, The techniques that were used in EIT for dealing with disorder under research are outlined briefly here.

In EIT techniques were selectively taken and applied for symptoms reduction and prevention. Some of the techniques are mentioned here,

Techniques in EIT, as per Islamic principles often focused upon practices such as Sala (prayers), Dhikr (recitation and remembrance of Allah), (Muhamad et al., 2021; Al-Khattab, 2019).

For relaxation exercise with clients, listening to 99-Names of Allah (Hamdan, 2008; Al-Munajjid, 2000; Prophetic Medication, 2003), Meditation (Azhar et al., 1994; Azhar & Varma, 1995; Hawwa, 2001; Badri, 2000), Listening to Surah Rahman (Rafique, Anjum & Raheem, 2017) were used.

For problems in thinking, guilt feeling etc., Cognitive Restructuring by Applying Islamic Principles (Hamdan, 2008; Al-Thani & Mooreb, 2012, Razali & Najib, 1998), Behavioural activation by religious practices (Bukhari, 2007; Shafi, 2005, pp. 108-109; Al-Attas, 1995; Sayeed & Prakash, 2013; Doufesh et al., 2014; Javeed, 2012; Prophetic Medication, 2003, p. 265), recitation (Dikhar) (Rahman, 1980), sleep hygiene was also maintained according to Sunnah (Bahammam, & Gozal, 2012).

Literature Review

According to western perspective, *Diagnostic and Statistical Manual for Mental Disorder DSM 5TR* (APA, 2022) *Generalized Anxiety Disorder* (GAD) is classified as mental illness, having uncontrolled anxiety, apprehensions and worries towards different activities during last 6 months, associated with restlessness, fatigue, difficulty concentration, irritability tension in muscles and sleep disturbance etc. Besides, it is also defined as unrealistic or excessive worry in life such as being concerned towards the plight of a child (when the child is not even in danger) or being worried about finance (without any reasonable cause) (Abdullah et al., 2012).

A significant increase was seen in the percentage of adults experiencing symptoms of anxiety and symptoms of depression between 2019 and 2022 (Terlizzi & Zanoltsky, 2024). The reason for the increase counted back to Covid, isolation, financial constraints during the time period.

In psychotherapy there remain a rich literature that has been evolved previously (Fancher, 1995; Cushman, 1992; Rosner, 2014; Wampold & Imel, 2015) and one force came up with a different concept from previous one either fulfilling the gaps and deficiencies of previous one or modifying previous concepts.

The important concern for healthcare professionals who work with Muslim clients is, to have good knowledge and understanding of Islamic belief system and practices and they need to incorporate culturally adapted and effective treatment techniques in the process of psychotherapy.

In the Islamic perspective, anxiety is psycho-spiritual disease that grows from a person's heart or soul (Abdullah et al., 2012). Najati (1992) and Zakaria et al. (2012) also discussed that one's own attitude can lead to the development of sense of fear and anxiety. It is most probably due to the lack of spiritual aspects that a person may feel restless and worried which leads to further development of features like depression, psychotic state, neurosis, irrational fears and other problems.

Najati (1985) stated that if one can achieve great power of man (having strong faith in Allah Ta'ala) it can prevent anxiety and excessive fear. Al-Ghazali described anxiety as a psycho-spiritual disease that is developed by heart and it grows in an unhealthy soul of a person (Iswa, 1970). In Islamic tradition there is explanation of fear and insecurities according to Abdallâh ibne Umar explanation Prophet Muhammad (SAWS) said once Your Lord, Allah Ta'ala says that He shall not bring two fears together upon a servant, nor shall he bring together two securities upon him. This explains if He fears you in this world, you shall have no fear in the other; and if you feels secure from Him in this world, then you shall have no security in the World-there- after.

Current research is significant because it has proposed a conceptually-grounded model of Islamic therapy. Although other forms of therapies have proven effective in treating mental health problems, but they lacks the spiritual and cultural components necessary for addressing the root causes of distress and disturbances as can be done with integration of Islamic approaches. The concept of Eclectic Islamic Therapy (EIT) is used for the first time in Islamic tradition, to describe that the focus of interventions was extensive in terms application of strategies related to thoughts, beliefs, emotions and domains of behaviours and symptomatology of the person with problem. More specifically, the study explains in detail the implementation of Islamic philosophy in psychotherapy in order to improve effectiveness of the treatment of psychological disorders. It has been identified initially in personal therapeutic practice with clients and later from researches that majority of the problems in clients are the result of them incongruence between religious knowledge and actual actions and behaviours. As a human being all people do have their negative and positive forces within them which, when gets power manifested into behaviours but, if the manifestation into behaviours seems in contrast to religious values, then the real disturbance starts. Present study seeks to evaluate the efficacy of EIT reducing symptoms of GAD, as culturally and religiously tailored intervention strategy. The study is designed to select and integrate different therapeutic strategies from Islamic traditions and present it in the form of a comprehensive therapeutic model that directly focus upon the causes related to one's religious value system that can lead to psycho-spiritual disorders and to provide treatment accordingly. This study is proposed to serve as a cornerstone for establishing a link of problems and deficiencies in once religious and spiritual aspects of life to their emotional and behavioural disturbance.

Hypotheses

- H1 There will be significant decrease in anxiety scores on IPAT Scale of individuals suffering from GAD, receiving Eclectic Islamic Therapy, on post-test as compared to pre- test.
- H2 There will be significant decrease in anxiety scores on GADSCL of individuals suffering from GAD, receiving Eclectic Islamic Therapy, on post-test as compared to pre- test.

Material and Methods

Sample

For the current study purposive and convenient sampling technique was used and data was be collected by referral system. For the study within subject experimental design was used. The sample size for the study was 05, (N=05), participants having age

range of 18-60 years. This was a clinical trial with extensive treatment sessions, (Minimum 15 and Maximum 25 sessions, each one of 50 minutes). Such studies are conducted mostly with very few clients in clinical trial with extensive therapeutic sessions, the study is experimental in nature and due to ethical consideration in psychotherapy it had certain methodological compromises in terms of sample size (Billingham, 2012; Kreamer, 1981).

Inclusion Criteria

In includes clients with Generalized Anxiety Disorder and age range of 18-60 were included in study. Clients not using psychotropic medication / or any other treatment for their problem were included, only Muslim clients were taken in sample, educated clients (at least 10th grade) were included, both genders were included.

Exclusion criteria

Clients with comorbid other psychological disorders and associated severe medical problems were not part of the study.

Instruments

Consent form

This form was used to collect information and consent of client to participate in the study. Clients were given details of the study purpose and they were informed of no harm during research rather as an incentive they would get free treatment. They were given free choice to be part of the study or to refuse to participate in case they are not interested. Confidentiality was assured. At the end they were provided with details to contact if needed.

Semi structured clinical interview

This form of interview is used in clinical setting to collect information about the client's bio data (name, age, gender, education, marital status, employment) and other important details were sought etc.

IPAT Anxiety Scale (Self Analysis form) (Cattell, Krug & Scheir, 1976)

It is also known as self-analysis form. Inside this scale there are 40 questions, dealing with difficulties that most people experience at some time. Total items are divided into two sub parts A and B, respondent needs to answer by simple Yes or No. The reliability of IPAT scale is +0.89 for overt and +0.83 for overt sub scales.

GADSCL; Generalized Anxiety Disorder Symptoms checklist (extracted from DSM 5TR)

GADSCL; a 10 items symptoms checklist for Generalized Anxiety Disorder DSM 5 TR based on diagnostic criteria of GAD symptoms. The check list consists of symptoms and criteria used for diagnosis of GAD.

Procedure

Treatment Procedure

The systematic procedure for treatment of clients included three phases of treatment. Initial assessment and evaluation in first phase, in second phase there was practical use of techniques and third phase was of termination in the process of treatment. For every client post assessment was done after fifteen (15) sessions.

Table 1
Treatment Procedure

Total No of sessions and weeks planned		First Phase of Treatment		Second Phase of Treatment		Last Phase of Treatment	
Sessions	Week	Sessions	Week	Sessions	Week	Sessions	Week
15	7	3	1	9-11	4-5	2	2-3

Later-on follow up sessions with clients varied and continued as per requirement of clients. Each session consisted of face-to-face interaction with client for 50 minutes per session. In last termination phase clients were assessed for follow up sessions and prepared for termination. The procedure of treatment with clients in three phases of treatment is discussed below:

1st Phase (Initial Phase of treatment)

There were 3 to 4 sessions (45 to 50 minutes per day) in initial phase. Detailed assessment and psychological evaluation were done. Clients were given informed consent for participation in the study and they were also informed about no possible harm, free of cost treatment as an incentive for the participation, choice to participate or dropout during treatment and they were informed about possible length of treatment.

2nd Phase (Middle / Active Phase)

The second phase of treatment is active phase in which practical implementation of different therapeutic interventions for EIT were done. There were total 9 to 11 sessions planned for this phase of treatment (table A). This phase of treatment is an active phase in terms application of techniques suitable for clients in EIT being a new form of therapy included techniques that are briefly introduced here and in initial chapter of introduction too:

EIT Interventions

EIT is religiously and culturally tailored intervention that incorporates evidenced based psychological techniques with spiritual practices derived from Islamic teaching. In EIT practice, techniques were selectively taken and applied for symptoms reduction and prevention. Following are the techniques:

Relaxation Exercises

Following are the techniques used with clients for the purpose of Relaxation in EIT approach.

- **Relaxation by Listening Names of Allah Ta'ala-** For relaxation exercise with clients, they were guided to listen to 99- Names of Allah (Asma'ul Husna) (Hamdan, 2008; Al-Munajjid, 2000; Prophetic Medication, 2003 p. 257), as a part of meditation.
- **Relaxation by Surah Al Rehman with White light induction (with snese of purification)-** (Rafique, Anjum & Raheem, 2017)

- **Dhikkar (Recitation from holy Quaran)** (Rahman, 1980, Muhamad et al., 2021))
- **Meditation** Clients are guided to practice present moment awareness in order to cultivate focus and manage intrusive thoughts (Azhar et al., 1994; Azhar & Varma, 1995; Hawwa, 2001; Badri 2000)

Cognitive techniques

Cognitive reformation This is an approach that helps us identify negative thought patterns and replace them with more balanced and adaptive and Islamic ones. (Hodge & Nadir, 2008)

Overcoming Fear and Phobia

- **Management of anxiety and fear:**
- **Therapy of Opposites** (Al Ghazali in Rizvi, A. S. 1989);

Therapy of Opposites (Balkhi 849–934 CE; Al Ghazali in Rizvi, 1989; Gutas, 2001; Dhanani, 2021) refers to a cognitive and emotional approach to treat psychological issues by countering negative emotions and behaviour opposite to the maladaptive one.

Counterbalancing Fear, phobia and apprehensions:

- **Creating a Fear Hierarchy (Step-by-Step listing of fear situation):** In this step list was prepared with client for fears from least to most distressing situation.
- **Deep Relaxation Techniques:**
- **Cognitive change with Islamic Perspective:** For good and fluent communication alternative dua may be added, for communication, ease in situations and exams.
- **Gradual Exposure While Staying Relaxed:**
- **Home tasks:**

Behavioural Activation by Religious practices

- **Sleep hygiene according to Sunnah (Prophetic Medication, 2003 pg. 304)** From sunnah we have very clear and effective ways to maintain quality sleep (Bahammam, & Gozal, 2012; **Prophetic Medication, 2003**).

Third Phase (Termination Phase)

In this phase reassessment and evaluation of clients were be done. Number of sessions per week were reduced and clients were prepared for termination. Although post assessment for all the clients was done after 15th session but for some clients follow up sessions were carried on as per requirement.

Results and Discussion

The data was analyzed with Wilcoxon signed rank test for repeated measures (pre-post comparisons).

Table 2
Psychometric properties for IPAT and GADSCL scales

<i>Scales</i>	<i>No of items</i>	<i>M</i>	<i>SD</i>	<i>Range</i>	<i>Cronbach's Alpha</i>
IPAT	40	43.8	14.41	0-80	.91
GADSCL	10	5.10	2.76	0-10	.74

Note: IPAT, also called Self-Analysis form, GADSCL; a 10 items symptoms checklist for Generalized Anxiety Disorder used for pre to post treatment outcomes in treatment group.

The table shows Cronbach's Alpha coefficient as computed to assess internal consistency of IPAT. The attained value for IPAT is .91 high internal consistency. Further this table also shows the descriptive statistics for measurement of IPAT scale. This table applies mean value for IPAT is 43.8 and standard deviation is 14.41. The table shows Cronbach's Alpha coefficient as computed to assess internal consistency of GADSCL. The attained value for GADSCL is .74 indicates moderate internal consistency in acceptable level. Further this table also shows the descriptive statistics for measurement of GADSC, maximum mean value for GADSCL is 10 and minimum value is 0.

Table 3
Wilcoxon Signed-Rank Test for Paired Differences Between ITPATSten and PTIPTATSten for EIT intervention group

Measure	N	Mean Rank	Sum of Ranks	Z	p (2-tailed)	Effect size (r)
Negative Ranks (PTITPATSten < IPTATSten)	5	3.00	15.00	-2.070	.038	0.93
Positive Ranks (PTIPATSten > IPTATSten)	0	—	—			
Test Statistic (W)			15.00			

Note: IPATSten= IPAT sten score for pre-treatment level and PTIPATSten= post treatment IPAT Sten score for clients diagnosed with GAD for EIT group.

Wilcoxon Signed-Rank Test was used to determine whether there was a significant change after treatment. A significant difference was found between ITPATSten and PTIPTATSten ($p = .038$). Test result revealed that PTIPATSten scores for post treatment were significantly lower after intervention ($Md = 6, n = 5$) compared to pre-treatment IPTATSten score ($Md = 9, n = 5$), $z = -2.070$, $p = .038$, with larger effect size, $r = -0.93$.

Table 4
Wilcoxon Signed-Rank Test for Paired Differences Between TGADSCL and PTTGADSCL for EIT intervention group

Measure	N	Mean Rank	Sum of Ranks	Z	p (2-tailed)	Effect size (r)
Negative Ranks (PTTGADSCL < TGADSCL)	4	2.50	10.00	-1.826	.068	0.82 (large)
Positive Ranks (PTTGADSCL > TGADSCL)	0	—	—			
Test Statistic (W)			10.00			

Note: TGADSCL= Total score for GAD symptoms check list based upon DSM 5 TR diagnostic Criteria, and PTGADSCL= Post treatment Score for GAD clients in EIT group by GAD symptoms checklist.

Wilcoxon Signed-Rank Test was used to determine whether there was a significant change after treatment in symptoms presentation of clients as per DSM 5

criteria. A non-significant difference was found between TGADSCL and PTTGADSCL ($p = .068$). Test result revealed that scores for post treatment were not much significantly lower after intervention, although mean rank and the median score shows decrease in symptoms ($Md = 3, n = 5$) compared to pre-treatment score ($Md = 9, n = 5$), $z = -1.826, p = .068$, with larger effect size, $r = -0.82$.

Discussion

The findings indicate a significant positive impact of Islamic-based interventions on psychological well-being, with clients indicated by their post assessment results and their report regarding reduction in their problem presentation and improved functional abilities. These results are parallel to the previous research (Ahmed & Saeed, 2020; Khan, 2019), which highlights the role of spiritual coping strategies in enhancing resilience and balancing mental health.

It was hypothesized that EIT would be an effective intervention for GAD, leading to significant improvements from pre- to post-treatment. The results of the Wilcoxon signed-rank test supported the hypothesis, showing a significant positive change in GAD symptoms following EIT treatment measured by IPAT scale. The findings revealed that participants in the EIT group experienced a significant reduction in GAD symptoms from pre- to post-treatment, as indicated by a statistically significant Wilcoxon signed Rank test result ($Z = -2.070, p = .038$). This suggests that EIT effectively alleviated symptoms of anxiety over time. The effect size ($r = .93$) further indicates a large practical impact of EIT, supporting the clinical relevance of the intervention. These results are similar to the prior researches mainly within culturally appropriate contexts, highlighting the potential of spiritually integrated therapies in addressing mental health issues and concerns (Azhar & Varma, 2000; Koenig, 2012; Pearce et al., 2018; Razali et al., 2000).

In the study pre and post treatment changes were also additionally assessed by check lists for the under study disorder. For GAD, along with IPAT scale, Generalized Anxiety Disorder Symptoms Checklist (GADSCL), based upon the stringent diagnostic criteria of DSM 5, was used. GADSCL assessed symptoms presentation of the clients and the total score (TGADSCL) for pre-treatment and (PTTGADSCL) Post-Treatment score for GADSCL, were also compared.

To evaluate the effectiveness of the intervention with the help of DSM 5 based criteria for GAD, a Wilcoxon signed-rank test was conducted to compare pre-treatment (TGADSCL) and post-treatment (PTTGADSCL) scores for EIT intervention. The results indicated a near to significant change ($Z = -1.826, p = .068$), statistical significance at the conventional 0.05 level, although the findings do not show a statistically significant improvement in GADSCL scores from pre- to post-treatment, the p-value of .068 is non-significant statistically, but the effect size $r = .82$ is large enough suggesting a potential trend toward improvement in EIT practical implementation. The decrease in scores indicated by negative ranks signify that majority of cases experienced reductions in anxiety symptoms, but the variability among the responses of clients might have limited the ability to distinguish a statistically significant effect with the small sample used in this current study.

These results might also be influenced by several other factors, including individual differences in symptoms presentations, their responses to treatment,

motivation and regularity in session and adherence to treatment, religious commitment in EIT as described by other studies too (Abu-Raiya & Pargament, 2010).

Conclusion

The study aimed to evaluate the effectiveness of EIT as a new intervention for Generalized Anxiety Disorder (GAD). It was hypothesized that EIT would be an effective intervention for GAD, leading to significant improvements from pre- to post-treatment. Sample for the study was purely clinical, diagnosed clients with need for interventions. Based upon their detail histories their problem areas were identified and they were treated as intervention (EIT) group and specific number of sessions (15 for all), were taken for post assessment.

The findings indicate a significant positive impact of Islamic-based interventions on psychological well-being, with clients indicated by their post assessment results and their report regarding reduction in their problem presentation and improved functional abilities. These results are parallel to the previous research (Ahmed & Saeed, 2020; Khan, 2019), which highlights the role of spiritual coping strategies in enhancing resilience and balancing mental health.

The findings from the study reveals significant outcomes measured by IPAT scale for GAD, from their pre-treatment levels to Post treatment level. Eclectic Islamic Therapy holds substantial promise as a culturally responsive and theoretically robust approach to mental health treatment.

Recommendations For Future Research

- There is a need to conduct large-scale, randomized controlled trials (RCTs) comparing EIT with other therapies to establish its efficacy in treating GAD. Further studies should include diverse populations and religious context to enhance generalizability.
- It is highly important to establish structured intervention guidelines and manuals for EIT to facilitate replication which is the future plan of researcher.
- Secondly it is high need to create training programs for therapists to ensure consistent application of EIT techniques with specific principles and procedure.
- Future researchers best utilize the proposal to conduct longitudinal studies to evaluate the sustainability of therapeutic gains from EIT and compare relapse rates

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