

EFFICACY OF RELIGIOUS AFFIRMATIONS AND POSITIVE GROUP PSYCHOTHERAPY AMONG INDIVIDUALS WITH DEPRESSION: A QUASI EXPERIMENTAL STUDY

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The present study aims to explore the effect of positive religious affirmations as an intervention in combination with Positive Group Psychotherapy, among subjects with depression. In a pre-post quasi experimental design, 14 depressed individuals were approached from Karachi, Pakistan through purposive sampling technique. Randomly, seven individuals were assigned to Group A and seven were assigned to Group B. Group A received 7 therapeutic group sessions consisting of religious affirmations along with positive psychotherapy. Group B received 7 therapeutic group sessions including purely positive psychotherapy interventions. Comparison of depression levels was made between pre intervention and post intervention. Siddiqui Shah Depression Scale was used for the measurement of level of depression. Results of the study indicated that positive religious affirmations in combination with positive group psychotherapy lead to a significant decline in depression level when compared pre-test and post-test, but post test results indicated insignificant level of difference between depression level of Group A and Group B. Current study has important implications for clinical and psychotherapeutic settings.

Keywords: Positive group psychotherapy, depression, quasi experimental design

Positive psychotherapy is a trending branch of psychology which is being widely used for the treatment of depression, as well as to generally cultivate a positive mindset among the masses. This approach is being used both as a treatment approach, as well as a world view, which tends to bring an individual out of shackles of negativity and darkness, which tend to be the root cause of depression. Positive psychotherapy interventions focus on building on positive emotions, cognitions and worldview in a person which impacts his behavior, relationships and his life on the whole. The concept was initially given by Seligman in 2000 (Dowlatabadi et al., 2016).

Scientific research suggests that surrendering to a higher being cultivates that sense of satisfaction and peace in a person, that it creates biological changes in a person's brain. A few researches have been conducted, which observed the kind of changes that *Namaz* and *Ziker* created in a person's brain and neuroimages found out that while Muslims performed both these activities, it led to a decrease in frontal lobe activity, which was measured by cerebral blood flow (Abdul-Rehman, 2017).

A study was conducted by Meer and Mir (2014) to examine the role of religion in therapy for the treatment of depression for Muslim clients. The study confirmed that religious faith has clear significance with regard to health.

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Another study was conducted in Iran by Fallah, Golzari, Datani & Akbari (2011) who sought to investigate the effectiveness of Islamic interventions in increasing hope, spirituality and life satisfaction in women suffering from breast cancer. Results showed that the Islamic interventions that were used, lead to increased hope, happiness and life satisfaction. Further studies have also shown that higher religiosity lead to a better quality of life in women suffering from breast cancer (Jafari, et al.,2013).

This research aimed to compare the efficacy of positive religious affirmations along with Positive Group Psychotherapy, with pure Positive Group Psychotherapy, among individuals with depression. It aims to explore if religious affirmations can be used as a therapeutic intervention in combination with positive psychotherapy for depressed clients.

Method

Research Design

The current research employed a pre-post quasi experimental design in which Group A and Group B were compared before and after the intervention.

Participants

A total of 14 female individuals with depression were approached from Karachi, Pakistan. The participants were approached through an invitation brochure that was circulated over social media, stating the purpose of the group sessions, along with venue details. Purposive sampling technique was used to approach the participants. The participants belonged to a Sunni Muslim community. After selection of the sample, participants were matched between both the groups on the basis of their scores on religious orientation scale in order to get the same amount of religiosity in both the groups. The group sessions were conducted at Umeed e Nau Clinic, Bahria University Karachi Campus.

The following is the inclusion criteria used for the selection of the participants for this research:

- All the participants selected for this research were females.
- The participants were in their early adulthood i.e they were 20 – 40 years of age.
- All the participants scored above mild level of depression in Siddiqui Shah Depression Scale (Siddiqui & Shah, 1997).
- The participants possessed a high level of intrinsic religious orientation and low level of extrinsic religious orientation according to the Religious Orientation Scale (Khan, Ghous& Malik, 2016).
- Minimum educational level requirement for the clients was intermediate education.
- The participants had not taken any prior treatment for depression, including psychotherapy or medication.

Exclusion criteria for the selection of participants used in this study was as follows with each factor listing those not included in this research:

- Males were excluded.
- Individuals who belonged to any age group other than early adulthood.
- Individuals with a mild level of depression or a lower scores on the Siddiqui Shah Depression Scale.

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- Individuals who possessed low level of religious orientation according to the Religious Orientation Scale.
- Individuals educated below intermediate level of education.
- Individuals who had previously taken any form of treatment for depression, i.e in the form of psychotherapy or medication.

Measures

Following measures were used in the current study:

Informed consent. The informed consent sheet that was signed by the participants informed the participants about the title of the research, its purpose and usage. The participants were informed that any identifying information would not be shared with anyone and the results that were obtained as a result of the research would be used for the development of new interventions for people suffering from depression.

Demographic information sheet. It inquired about the necessary information regarding the client including gender, age, education level, socio economic status, number of earning members, and the marital status.

Siddiqui Shah Depression scale. It has a test re-test reliability of 0.85. It is a 36 items scale, which provides measures of depression, having 4 point scale. Here 0 is denoted for *no sadness*, 1 for *normal sadness*, 2 for *mild depression*, and 3 for *severe depression*. Taking a score of 26 as the lower limit and a score of 36 as the upper limit are indicative of “*mild depression*”, scores ranging from 37-49 are interpretable as “*moderate depression*”, whereas a score of 50 and above depicts the presence of “*severe depression*” (Siddiqui & Shah, 1997).

Religious orientation scale. The Urdu version of religious orientation scale was used in this research to match the participants between experimental group and control group. It was ensured that the participants of both the groups possess the same level of religious orientation. Religious orientation scale is a 14 item Likert Scale. It consists of two sub scales measuring an individual’s orientation toward religion. Items range from 1 (strongly disagree) to 5 (strongly agree; Khan, Ghous & Malik, 2016).

Clifton’s Strengths Finder. It was created under the leadership of educational psychologist Donald Clifton. The assessment consists of lists of strengths which identify the test taker’s most prominent strengths and places them in four broad categories; including executing, influencing, relationship building and strategic thinking (Gallup, 2020).

Procedure

In order to conduct this research, first of all the participants went through a pre-test and those who fulfilled the inclusion criteria were then divided in two groups. Group A received a combination of religious affirmations and positive psychotherapy interventions. Group B received standard positive psychotherapy sessions given by Rashid (2015) as mentioned below in Table 1. After the intervention a post-test was conducted and participants were debriefed about the study.

Table 1
Therapeutic Plans for the Current Study

Session	Group A (Combination of Religious Affirmation and Positive Psychotherapy)	Group B (Positive Psychotherapy)
1	<p>The session started with the recitation of <i>Surah Ad – Duhaa</i>. The clients were requested to close their eyes and focus upon the recitation and its translation while being completely relaxed. When the recitation and translation was completed, the clients were asked to give feedback regarding what they understood from these verses. After that, the clients were oriented regarding the importance of positivity in our religion and how positivity impacts our daily life. Once this practice was over, the introduction of the clients started. Each client was requested to make a positive introduction and at the end of the session, the clients were requested to write a one page story about their life, while keeping the positivity from the verses in their hearts. They were also asked to end the story positively.</p>	<p>The clients were oriented with positive emotions, engagement, relationships, meaning and accomplishment. Each member provided a positive introduction for his own self. Clients wrote a one page real life story which ended positively. Feedback at the end of the session was taken in the form of check out statements from all the participants.</p>
2	<p>The session started with the recitation of <i>Surah Teen</i>. The same practice was repeated in which the clients were asked to close their eyes and internalize the verses and their translation. Discussion upon the verses was conducted and the clients were told that Allah has created each human being with certain characteristics and strengths which need to be identified. Importance of seeing the good in other people was emphasized and the clients were told to find their character strengths from Clifton’s Strengths Finder.</p>	<p>Clients identified their signature strengths with the help of Clifton’s Strengths Finder and the other group members also identified their five most salient signature strengths. The therapist oriented them about character strengths emphasizing how they are a part of our personality and due to some circumstances; they get filtered out by us.</p>
Session	Group A (Combination of Religious Affirmation and Positive Psychotherapy)	Group B (Positive Psychotherapy)
3	<p>The session started with the recitation and translation of <i>Surah Ar – Rahman</i> verses 1 – 13. The clients were educated regarding the importance of remembering the good memories in life and being thankful for them.</p>	<p>The role of negative and positive memories was highlighted. Blessings journal was introduced to the clients in which they had to record three good things every night (big or small).</p>

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After that, the clients were told to close their eyes for a few moments and think of all the blessings that they are thankful to Allah for and silently repeat “*Alhamdulillah*” with a deep breath. The clients were told to keep a blessings journal in which they record three blessings every night and each blessing starts with “*Alhamdulillah* for blessing me with this”.

- 4 The session started with the recitation and translation of *Surah Ash-Shura* verses 40 – 43. Discussion on the importance of forgiveness was held and its impact upon mental peace was discussed. Each client discussed an event when he was transgressed but couldn’t express it. A letter to the transgressor was written ending with the phrase “*I forgive you for my eternal peace and greater reward*”.
- 5 The session starts with the recitation and translation of *Surah Luqman* verses 10 - 12. Importance of thankfulness was reinforced in this session and discussion was held upon why Allah has declared thankfulness to be beneficial for us. Clients wrote and delivered a gratitude letter to someone they have never properly thanked before.
- 6 The session opens with the recitation and translation of *Surah Inshirah*. Message of hope is reinforced to the clients by bringing their attention to the fact that with every hardship, Allah has kept an opportunity for us. To further reinforce this concept, one door closed, two doors open activity was carried out where the clients discuss how an opportunity missed turned out to be better for them in the long run.
- 7 The session starts with the recitation and translation of *Surah Al – Muminoon* verses 112– 115. The meaning of life was discussed in this session, reinforcing the message that each of us serves a special purpose in this world, for which he has been sent to this world. Our goal is to understand that purpose and work upon it,

Clients described a transgression that deeply affected them, its related emotions and wrote a pledge to forgive the transgressor. The clients were given this option not to deliver the forgiveness letter to the respective individual, if they did not feel like it. Resulting feelings in the form of check out were taken from the clients, to describe how they felt after forgiving the person who hurt them.

Roles of good and bad memories were discussed again in this session, with an emphasis on gratitude. Clients wrote a gratitude letter to someone they have never properly thanked before, and were encouraged to deliver the letter, whenever they got the opportunity.

In this session, the one door closes one door opens activity was carried out. The clients were asked to think of the times when important things were lost but other opportunities opened up. Check out feedback was taken from the clients, to find out the experience that they had due to looking at things from a broader perspective, in the form of getting some opportunity due to losing a chance.

Full life was discussed as the integration of pleasure, engagement and meaning. Therapeutic gains and experiences were discussed and ways to sustain positive changes that were experienced through these sessions were devised.

which would keep us mentally healthy and at peace. Ways of being consistent with the achieved therapeutic goals were discussed.

The above mentioned table shows the session plan used in the current study i.e. combination of religious affirmation and positive psychotherapy and positive psychotherapy only. (Seligman & Rashid, 2015).

Ethical Considerations

In this research, ethical standards of confidentiality and objectivity were followed. It was ensured that the data obtained through this research is not used for any purpose other than analysis of results for this research. It was also ensured that standard of objectivity is maintained so that the experimenter’s subjective bias does not contaminate the results of this research. A proper closure session was conducted to properly terminate the therapeutic process that was initiated. Selection of Quranic verses was done after discussion with a religious scholar to ensure that they match with the sessional themes.

Results

The data was analyzed through SPSS, in which paired sample t-test and independent sample t-test was used to analyze the data.

Table 1

Descriptive Statistics and paired sample t-values of depression and religious orientation before and after religious affirmations and positive psychotherapy (Group A n=7)

Variables	Before Therapy		After Therapy		t	p	Cohen’s d
	M	SD	M	SD			
Depression	58.85	12.69	28.71	19.85	1.16	.01	1.9
Religious Orientation	50.71	5.49	52.14	5.72	-9.56	.37	0.25
Intrinsic Religious Orientation	32.28	6.31	34.28	5.18	-1.19	.27	0.35
Extrinsic Religious Orientation	18.42	1.90	17.85	2.968	.57	.58	0.23

Table 1 presents the descriptive statistics of participants in Group A, before and after therapy, on the variables of depression and religious orientation. Results indicate significant level of decline in depression level after therapy, which suggests the efficacy and success of the intervention. The difference level found in religious orientation before and after therapy was insignificant.

Table 2

Descriptive Statistics and paired sample t-values of Depression and Religious Orientation before and after Therapy in Positive Psychotherapy Group (Group B n=7)

Variables	Before Therapy		After Therapy		t	p	Cohen’s d
	M	SD	M	SD			

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Depression	58.14	17.96	50.57	24.36	.62	.55	0.35
Religious Orientation	49.14	7.90	46.57	5.72	.93	.38	0.37
Intrinsic Religious Orientation	34.42	5.47	31.85	7.28	.79	.45	0.4
Extrinsic Religious Orientation	14.71	3.81	14.71	5.37	.00	.10	0

Table 2 presents the descriptive statistics of participants in Group B, before and after therapy, on the variables of depression and religious orientation. Results indicate that no significant difference in depression level was found after therapy, which indicates that the treatment was not significantly effective to manage depression level of the participants.

Table 3

Independent samples t-test for Differences in Depression between Participants who Received Religious Affirmations & Positive Psychotherapy and who received Positive Psychotherapy alone

Variable	Group A (n=7)		Group B (n=7)		<i>t</i>	<i>df</i>	<i>p</i>	Cohen's <i>d</i>
	<i>MD</i>	<i>SD</i>	<i>MD</i>	<i>SD</i>				
Depression	28.71	19.85	50.57	24.36	-1.84	12	.09	0.98

Table 3 presents the descriptive statistics of participants in Group A and Group B. A comparison between the depression levels of both the groups after receiving therapy has been made. The table indicates that the difference between depression levels of both the groups post intervention is insignificant, as level of significance is more than .05.

Discussion

The objective of the current study was to explore the efficacy of religious affirmations in combination with positive group psychotherapy for the treatment of depression. It was also assumed that Group A (Positive Psychotherapy & Religious Affirmation) will show more difference in depression levels post intervention in comparison to Group B (Positive Psychotherapy), but this hypothesis was not accepted as the difference of depression between both the groups tended to exist but it was non-significant. This implies that positive religious affirmations can be used in combination with positive psychotherapy interventions to reinforce and complement the message but it will not cause a huge difference from standard interventions that are being followed.

It also aimed to check the efficacy of religious affirmations in combination with positive psychotherapy, by testing the levels of depression pre intervention and post intervention. Results showed significant differences in depression levels, when they were tested pre intervention and post intervention. This indicated that the treatment procedure is significantly effective in bringing down depression levels of the people who are suffering. If it is compared with standard positive psychotherapy interventions, it did not show a significant difference but when solely its own efficacy was tested, however it proves to be very strong as a treatment procedure.

A similar study was conducted by Ali & Yousaf (2017), where religious story telling was used as a treatment approach for fostering gratitude among underprivileged orphaned females. Findings of the study showed that the intervention alone was not significantly effective in increasing the level of gratitude among participants. But when the intervention

was compared with standard psychotherapy interventions group, significant differences were found, showing that it was more effective than positive psychotherapy interventions being used alone.

A study was conducted by Tepper, Rogers, Coleman and Malony to gain an understanding of the connection between religious coping and symptom severity of various mental illnesses, along with overall functioning of those people. Results of the study indicated that 80 percent of the participants used religious beliefs or activities to cope with daily difficulties or frustrations. Most of the participants shared that they spend as much as half of their total coping time in religious practices. Praying was the most commonly used act for religious coping. Results of the study suggested that increased level of religious activity is associated with reduced symptoms of mental illness. Religion serves as an effective method of coping for people with mental illness, which shows that the idea can be applied in psychiatric and psychological facilities and practices (Tepper, Rogers, Coleman, & Malony, 2001).

Another study conducted by Stanley and colleagues examined whether patients prefer to incorporate religion and spirituality into therapy for anxiety or depression and to examine the factors that determine patient preferences such as religious and spiritual coping styles, beliefs and behaviors. Results of the study indicated that most of the participants preferred including religion or spirituality in therapy for anxiety and depression. It was observed that those participants, who were in favour of including religion and spirituality in therapy, reported mostly using religious coping styles. Their strength of faith in the religion that they were practicing was higher than participants who did not think it was important (Stanley et al., 2011).

Implications of the study

The study provides a framework of therapeutic interventions which would facilitate practitioners to combine religious affirmations with positive psychotherapy interventions. It opens a horizon to allow religious oriented people to take therapy and feel the connection that they resonate with. This research will open ways for the upcoming researchers to see the effect of religious interventions and positive psychotherapy, and how it can work for a number of other mental conditions, other than depression.

Limitations of the study

The study had a few limitations which need to be taken into account for future researches to improve the quality of findings. Firstly, the study was conducted just on female clients. Future researches can make a gender based comparison to generate relevant results. The sample size was less. Future researches can increase group size to improve the generalization potential of results. The study only consisted of young adults. To make an age based comparison, future researches can be done with selecting people from different age groups.

Conclusion

Based on the current study it can be concluded that approach of positive religious affirmations in combination with positive psychotherapy, prove to be very strong in bringing a change in depression levels, and can open future prospects for trying out different interventions in combination with religious affirmations.

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References

- Abdul-Rehman, Z. (2017). *Islamic Spirituality and Mental Well-Being*. Retrieved August 18, 2018, from <https://yaqeeninstitute.org/en/zohair/islamic-spirituality-and-mental-well-being/>
- Ali, H. K. & Yousaf, T. (2017, December 22-24). *Fostering gratitude in underprivileged female orphans using religious storytelling in group process* [Paper Presentation]. 1st International Conference on Emerging Trends in Psychology, Foundation University, Islamabad, Pakistan.
- Dowlatabadi, M. M., Ahmadi, S. M., Sorbi, M. H., Beiki, O., Razavi, T. K., & Bidaki, R. (2016). The effectiveness of group positive psychotherapy on depression and happiness in breast cancer patients: A randomized controlled trial. *Electronic Physician*, 8(3), 2175–2180. <https://doi.org/10.19082/2175>
- Fallah, R., Golzari, M., Dastani, M., & Akbari, M. E. (2011). Integrating spirituality into a group psychotherapy program for women surviving from breast cancer. *Iranian Journal of Cancer Prevention*, 4(3), 141. <https://ncbi.nlm.nih.gov/pmc/articles/PMC4551298/>
- Jafari, N., Farajzadegan, Z., Zamani, A., Bahrami, F., Emami, H., Loghmani, A., & Jafari, N. (2013). Spiritual therapy to improve the spiritual well-being of Iranian women with breast cancer: a randomized controlled trial. *Hindawi Publishing Corporation*. <http://dx.doi.org/10.1155/2013/353262>
- Tepper, L., Rogers, S. A., Coleman, E. M., & Malony, H. N. (2001). The Prevalence of Religious Coping Among Persons With Persistent Mental Illness. *Psychiatric Services*, 52(5), 660–665. <https://doi.org/10.1176/appi.ps.52.5.660>
- Khan, A., Ghous, R., & Malik, J. A. (2016). Validation of the Urdu version of the religious orientation scale. *Journal of Pakistan Psychiatric Society*, 13 (2), 8-11.
- Meer, S., & Mir, G. (2014). Muslims and depression: the role of religious beliefs in therapy. *Journal of Integrative Psychology & Therapeutics*, 2(1), 2. doi: 10.7243/2054-4723-2-2.
- Rashid, T. (2015). Positive psychotherapy: A strength-based approach. *The Journal of Positive Psychology*, 10(1), 25–40. <https://doi.org/10.1080/17439760.2014.920411>
- Siddiqui, S., & Ali Shah, S. A. (1997). Siddiqui-shah depression scale (SSDS): development and validation. *Psychology & Developing Societies*, 9(2), 245-262.
- Stanley, M. A., Bush, A. L., Camp, M. E., Jameson, J. P., Phillips, L. L., Barber, C. R., & Cully, J. A. (2011). Older adults' preferences for religion/spirituality in treatment for anxiety and depression. *Aging & Mental Health*, 15(3), 334–343. <https://doi.org/10.1080/13607863.2010.519326>