

Religion-Adapted Cognitive Behavioral Therapy Over the Past Five Years: A Systematic Review

Terapia Cognitivo-Conductual Adaptada a la Religión en los Últimos Cinco Años: Una Revisión Sistemática

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ABSTRACT

This mini systematic review examines the effectiveness of religion-adapted cognitive behavioral therapy across different religious contexts. Studies involving Muslim and Orthodox Jewish participants stress the value of integrating religious beliefs into treatment. The studies reviewed have reported that CBT is adaptable in Muslim and Jewish contexts with diverse approaches, considering that limitations in sample size and diversity must be addressed. Future research should further explore religion-adapted cognitive behavioral therapy in response to these limitations and other religious contexts

Keywords: cognitive behavioral therapy, mental health, religion

RESUMEN

Esta mini revisión sistemática examina la eficacia de la terapia cognitivo-conductual adaptada a la religión en diferentes contextos religiosos. Los estudios que involucran a participantes musulmanes y judíos ortodoxos enfatizan el valor de integrar las creencias religiosas en el tratamiento. Los estudios revisados han informado que la TCC es adaptable en contextos musulmanes y judíos con diversos enfoques, considerando que se deben abordar las limitaciones en el tamaño de la muestra y la diversidad. Las investigaciones futuras deberían explorar más a fondo la terapia cognitivo-conductual adaptada a la religión en respuesta a estas limitaciones y otros contextos religiosos.

Palabras clave: religión, salud mental, terapia cognitivo conductual

Religion and spirituality, despite being distinct concepts share the same goal: alleviating human suffering (Van Niekerk, 2018). Religion refers to an established system of traditions centered around specific deities, while spirituality embraces flexibility in the exploration of a variety of interpretations of a relationship with a higher existence. Cook (2020) mentioned the contextually significant role religiosity has in a person's situation, thereby emphasizing the reciprocal relationship between faith and mental health. This suggests that achieving quality care centered on the individual requires recognizing the potential co-existing relationship between psychiatry and religion.

Drew et al. (2021) reported the unfamiliarity of clinical practitioners in integrating religious elements into treatment plans. However, a study by Božek et al. (2020) highlighted the positively correlated role of spirituality and health-related behaviors within the context of psychological wellness. Cognitive behavioral therapy (CBT) aims to identify and modify maladaptive thought patterns with adaptive

ones (Hofmann, 2012; APA, 2023). Butler et al. (2006) observed CBT to be a more effective alternative to other treatments such as medication in the treatment of depression, and response prevention for OCD. Therefore, it's crucial to explore the effectiveness involved in religion-adapted cognitive behavioral therapy in mental health treatment outcomes. This systematic review aims to address the following question: Among adults aged 18 years and older, what is the effectiveness of religiously adapted cognitive therapy in addressing mental health outcomes?

Method

The queries were conducted through the following databases: ScienceDirect, Semantic Scholar, Taylor & Francis, PubMed, and SpringerLink; all of which are filtered within the year range 2018-2023. The inclusion/exclusion criteria for the selection of articles based on titles and abstracts are detailed in Table 1. The initial search was conducted on ScienceDirect using the

Table 1

Inclusion/exclusion criteria for the systematic review

	Inclusion criteria	Exclusion criteria
Study type	<ul style="list-style-type: none"> • Randomized controlled clinical trials • Experimental studies • Quantitative studies • Qualitative studies • Publications in English 	<ul style="list-style-type: none"> • Meta-Analysis • Literature reviews • Systematic reviews • Publications in Spanish
Population	<ul style="list-style-type: none"> • Adults aged 18 and above. 	<ul style="list-style-type: none"> • Adolescents and children
Intervention	<ul style="list-style-type: none"> • The mention of cognitive behavioral therapy and religion • Focused on the treatment of mental health disorders 	<ul style="list-style-type: none"> • Other forms of psychotherapy that are unrelated to CBT • Absence of religious adaptations • Focused only on the treatment of physical illnesses

keywords “behavioral cognitive therapy” and “religious adaptation”. Then, a filter was applied to include only “research articles” which yielded 377 results in which two articles were selected. The second search was conducted on Semantic Scholar with the same keywords which yielded 573 results, none of which were selected. The third search was conducted again on Semantic Scholar with the keywords “behavioral cognitive therapy, religion, spirituality” which was filtered to include research articles, yielding 145 results of which four articles were selected.

Taylor & Francis generated 48 results for “cognitive behavioral therapy” and “religious adaptation”, filtered by the *Journal of Mental Health, Religion, and Culture*, focusing solely on articles. No articles were selected. The search was conducted again in the same database with the same filters through the keywords “religion, cognitive behavioral therapy” which yielded 92 results in which one article was selected. A search in PubMed filtered to “randomized controlled trials” and “clinical trials” was conducted using the keywords “behavioral cognitive therapy, religious adaptation” which generated 2 results, none of which were selected.

Another search in the same database with the same filter was conducted using the keywords “religion, cognitive-behavioral therapy” and generated 78 results, none of which were selected. A search on Springer generated 273 results through the keywords “behavioral cognitive therapy, religious adaptation” followed by the filters: English, articles, psychology, psychology general. No articles were selected. The final search was conducted again on SpringerLink with 236 results generated by the keywords “cognitive behavioral therapy, religion” followed by the same filters. As a result, two articles were selected from SpringerLink. A total of 10 articles were selected and assessed from the searches of the five databases.

The PRISMA diagram as shown in Figure 1 illustrates the data collection and extraction process. A total of four articles are accepted and included in the revision as shown in Table 2.

Results

Three studies employed experimental approaches with different objectives (Alagheband et al., 2019; Zamani et al., 2019; Rosmarin et al., 2019). For instance, Zamani et al. (2019) investigated an integrated approach that merges CBT, resilience training rooted in Islamic spiritual teachings, and cognitive flexibility in the treatment of postpartum depression symptoms among 40 pregnant Muslim women. In contrast, Rosmarin et al. (2019) tested the effectiveness of CBT in Orthodox Jewish participants and control participants in the treatment of anxiety and depression. Notably, only one study used a randomized clinical trial to assess religious behavioral therapy among Iranian Muslim adult participants who were divided into an experimental group ($n = 72$) and a control group ($n = 72$) to analyze the impact of religious CBT (RCBT).

On the other hand, Bahattab and AlHadi (2021) undertook a qualitative approach to exploring the impact ACT group therapy has on a sample of eight Saudi Muslim women. Participants had 60-minute interviews about their experiences with ACT after the eight-week sessions.

Effectiveness based on intervention type

Regarding the treatment of depression and anxiety, Zamani et al. (2019) and Rosmarin et al. (2019) indicate that religiously adapted CBT is effective across experimental and control groups. Zamani et al. (2019) showcased the effectiveness of a combined intervention in which CBT is merged with resiliency training based on Islamic spirituality instructions and cognitive flexibility. This combined approach seeks to address the influence of religious beliefs on individuals’

Figure 1

PRISMA diagram

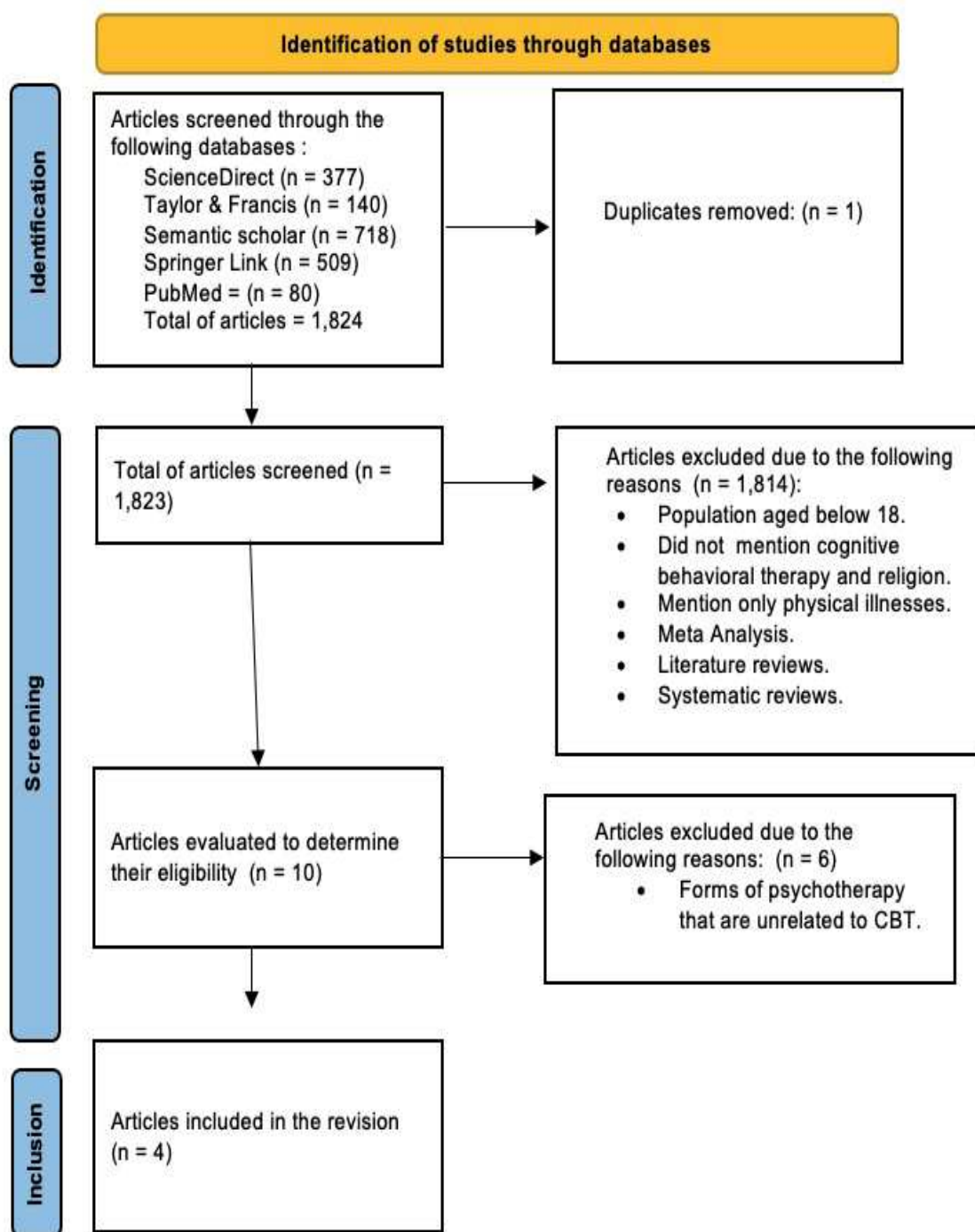


Table 2*Articles accepted in the systematic review*

Study	Authors	Sample	Intervention type	Variables and tools	Results
Effectiveness of Cognitive Behavioral Therapy for Anxiety and Depression Among Orthodox Jews	Rosmarin et al. (2019)	64 Orthodox Jewish participants 42 control participants (non-religious)	CBT	<ul style="list-style-type: none"> Anxiety (General Anxiety Disorder-7 or GAD-7) Depression (Patient Health Questionnaire-9 or PHQ-9) 	There are no significant differences between Orthodox Jewish participants and control patients in anxiety ($p = .49$) and depression ($p = .076$) treatment outcomes.
Acceptance and commitment group therapy among Saudi Muslim females with mental health disorders	Bahattab & AlHadi (2021)	8 Saudi Muslim females	ACT group therapy	<ul style="list-style-type: none"> Anxiety (previously diagnosed) Depression (previously diagnosed) 	Findings suggest that ACT demonstrates potential in the management of depression and anxiety symptoms in addition to reported improvements in attitudes and increased self-confidence.
The impact of religious cognitive behavioral therapy on general health among Iranians	Alagheband et al. (2019)	100 participants from Yazd, Iran	RCBT (Religious cognitive therapy)	General Health Questionnaire (GHQ-28): <ul style="list-style-type: none"> Somatic symptoms Anxiety/Insomnia Depression Social dysfunction 	The experimental group demonstrated significant post-test score mental health score improvements ($p < .001$).
Effectiveness of Combination of CBT and Resilience Training Based on Islamic Spirituality and Cognitive Flexibility on Postpartum Depression.	Zamani et al. (2019)	40 pregnant women	CBT with resiliency training based on Islamic spirituality instructions and cognitive flexibility	<ul style="list-style-type: none"> Postpartum depression (Edinburg Postnatal Depression Scale) Fear of labor pain (Fear of Pain questionnaire) Quality of life (Short Form 12) 	The post-test and follow up assessments revealed significant differences between the experimental and control group in all three domains ($p < 0.01$).

emotions and behaviors through the use of Islamic teaching and integrating cognitive flexibility to address maladaptive thought patterns. Results revealed that significant differences between the experimental group and the control group were found regarding the three domains tested: life, fear of labor pain, and postpartum depression. The effectiveness of the program was evidenced by the reduction of postpartum depression symptoms in the experimental group as well as the rise in quality of life and reduction of fear of labor pain. It was suggested that the improvement of psychological flexibility with the aid of religious resources would allow women to adapt to their current situation in remembrance of the potential struggles associated with child labor.

Rosmarin et al. (2019) evaluated the efficacy of CBT by conducting a comparative analysis between two groups: Orthodox Jewish participants (experimental group) and a control group. The study outcomes revealed that no significant differences emerged between the two groups, implying that the intervention demonstrated comparable effectiveness for both cohorts. Furthermore, an observation was made that the Orthodox Jewish participants required a lengthier duration to complete treatment, attributed to the disruption arising from religious holidays.

Alagheband et al. (2019) applied the General Health Questionnaire to evaluate participants' overall health before and after ten RCBT sessions. MANCOVA results revealed the reduction of anxiety/insomnia symptoms, social dysfunction, and depression outcomes by the end of treatment of both groups. Furthermore, the study found homogeneity in both groups in terms of age, gender, marital status, education level, and occupation, as supported by Chi-squared results ($p > .05$).

Bahattab and AlHadi (2021) suggest that ACT group therapy demonstrates potential in the management of depression and anxiety symptoms as evidenced by self-

reported improvements in attitudes and increased self-confidence. Participants found experiential exercises, group discussions, and assignments to be beneficial, contributing to their enrichment. Mindfulness exercises positively impacted sleep quality and enhanced emotional regulation skills, while the use of metaphors in the protocol received favorable feedback from participants.

Religious adaptations utilized

Three studies described the religious adaptation techniques during treatment (Rosmarin et al., 2019; Zamani et al., 2019; Alagheband et al. 2019). Rosmarin et al. (2019) incorporated the following adaptations: Religious framing in which CBT treatment concepts are explained by the use of religious terminology, utilization of religious beliefs as a resource to help individuals modify their negative thought patterns and integrating religious practices directly into the treatment process to regulate emotions. Another religious adaptation is to provide individuals with information to help them understand when their religious or spiritual beliefs are consistent with their faith and when they might be experiencing symptoms of a mental disorder that affects their religious life. This distinction is paramount in cases in which psychopathological symptoms masquerade as religious experiences and clarifying these boundaries can aid in appropriate treatment and support.

In Zamani et al. (2019), religious adaptation was achieved through the incorporation of religious concepts during the sessions such as the exploration of repentance, forgiveness exercises, discussing beliefs tied to modeling after spiritual leaders, composing spiritual letters, and documentation of spiritual experiences. Alagheband et al. (2019) employed the following adaptations: praying in connection to God, using Quranic verses to accompany behavioral cognitive strategies to confront irrational cognitive distortions.

Two studies contain an exploratory aspect that examines the interplay between religious beliefs and CBT (Rosmarin et al., 2019; Bahattab & AlHadi, 2021). For instance, this was achieved through the exploration of two case studies by Rosmarin et al. (2019) which highlighted three essential themes: the importance of collaboration with a spiritual leader regarding the patient's willingness to continue treatment, establishing goals without diminishing the patient's religious responsibilities, validating religious concerns while acknowledging the distress linked to internal religious. For example, In the first case study, the patient recognized her tendency to be overly critical of herself when addressing her religious guilt in acknowledging her parents' lack of support. During treatment, she was encouraged to communicate with her parents about these issues. The patient in the second case study practiced behavioral activation by participating in religious activities to address agoraphobia while simultaneously fulfilling his religious obligations.

Bahattab and AlHadi (2021) delved further into the perceptions of Saudi Muslim participants engaging in ACT group therapy. One of the prominent themes is the fact that all the participants expressed that ACT is in alignment with Islamic principles, especially the concepts of acceptance, in reference to the Quran and Hadith.

Discussion

The objective of this paper is to explore the effectiveness of religion-adapted CBT in mental health treatment outcomes. Religiously adapted cognitive therapy is found to be equally effective across experimental and control groups in the treatment of depression and anxiety outcomes (Alagheband et al., 2019; Rosmarin et al., 2019). Three studies focused on Muslim participants and one focused on Orthodox Jewish participants (Alagheband et al., 2019; Rosmarin et al., 2019; Zamani et al., 2019).

The most common religious adaptation is the use of religious beliefs as a resource to help confront maladaptive thought patterns as observed in Rosmarin (2019) and Alagheband et al. (2019). All studies stressed aligning treatment with religious purpose, and fulfilling religious obligations. Rosmarin (2019) emphasized the mitzvah which played a role in encouraging the patient in the second case study to continue treatment. Zamani et al. (2019) explored Quranic themes such as repentance and forgiveness, and Bahattab and AlHadi (2021) addressed the Quranic concept of acceptance during ACT group therapy.

Two studies addressed the small sample size as a limitation (Alagheband et al., 2019; Bahattab & AlHadi, 2021). Additional limitations in Alagheband et al. (2019) included a predominantly 40-49 aged sample, a lack of diverse religious backgrounds, and a focus on the Iranian context. Zamani et al. (2019) is the only study that conducted follow-ups after the end of treatment unlike the two other experimental studies (Rosmarin et al., 2019; Alagheband et al., 2019). A potential limitation in Bahattab & AlHadi (2021) is the reported initial anxiety and unfamiliarity with the group format of ACT therapy. Another noteworthy limitation would be that the majority of the studies focused on predominantly female samples as is the case with Zamani et al. (2019) with a primary focus on pregnant Muslim women as well as Bahattab and AlHadi (2021) with women diagnosed with depression or anxiety disorders. In Rosmarin et al. (2019), women remained the predominant gender in both the experimental and control groups (59.2% vs 69.8%).

Rosmarin et al. (2019) achieved ecological validity by incorporating a non-Orthodox control group, vital for comparative assessment and generalizability. However, limitations include a lack of treatment standardization, personalized rather than standardized religious-cultural adaptations,

and a diverse sample which hinders the generalizability of findings.

Conclusion

Based on the studies discussed, religion-adapted cognitive behavioral therapy is shown to be adaptable within Jewish and Muslim contexts for addressing mental health outcomes including anxiety, depression, and postpartum depression. These interventions feature diverse approaches, but CBT remains the principal element in each. Further research is recommended to explore the adaptability and effectiveness of religion-adapted cognitive behavioral therapy in other religious contexts while addressing the limitations identified in the studies discussed.

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