Effectiveness of Islamic Counseling Protocol (ICP) on Depression, Anxiety and Stress among University Students at IUB

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Abstract:

This study was carried out to estimate the effectiveness of newly developed Islamic Counseling Protocol (ICP) in managing the level of stress, anxiety and depression of university students at IUB. For this purpose, a pilottesting was conducted on a sample of (N=24) volunteer university students who scored higher on DASS-42 scale. The participants were further divided into two groups (n=12) experimental group and (n=12) control group. After the screening process (pre-testing), the Islamic Counseling Protocol (ICP) was administered as a treatment/intervention on a sample of (n=12)participants of experimental group. The control group did not receive any treatment or intervention. After completing the 8-weeks sessions of Islamic Counseling, the post-test analysis was conducted. The follow-up session was conducted for 3 months. The results from pre-test, post-test and follow-up analysis revealed a significant healing effect of using Islamic Counseling Protocol (ICP) on the mental health of university students. The statistical analysis (Paired sample t-test and Mean differences) showed a significant reduced level of mental health problems in the participants of experimental group (post-test analysis). Similarly, the follow-up assessment also showed reduced mental health problems for 3 months. Hence, the Islamic Counseling Protocol (ICP) proved as a significant tool to manage the mental health issues of the university students.

Keywords: Islamic Counseling (IC), Stress, Anxiety, Depression, Islamic Counseling, Experimental group, Control Group

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Introduction

Depression, anxiety and stress are known as a common mental health issue among the university students in all the educational institution in the globe. According to an estimate the prevalence of depression among general population is 10-25% in adult women 15-24% and 5-12% in men. Depression is considered as a multi-problematic mood disturbance which impairs the occupational, social, educational and interpersonal functions of the individuals.

The individuals with depression often experience the symptoms of sadness, grief along with multiple physical symptoms, low appetite, fatigue, sleep disturbances and suicidal thoughts. But clinical depression comes in different episodes or forms. Therefore, the symptoms of depression vary according to the types and episode of depression. In the first type of depression the physiological symptoms are clearly noticeable. This type is known as melancholic type or major depressive disorder (MDD). The most prominent symptoms of this type of depression are hopelessness, loneliness and intense feelings of grief which affect the functioning of the sufferers in many areas of life including work at university or college, social and family relationships. The individuals with this type of depression often lose their interest in routine activities. The second type of depression refers to the depression with psychotic features. In this type of depression the individuals experience delusions (false beliefs) and hallucination (false perceptions). The people with third type of depression show the faulty or strange behaviors known as catatonic behaviors. In the fourth type the people show positive reactions to some events, weight gain or hypersomnia.³

Anxiety refers to the unconscious fear of apprehension and distress. The individuals with anxiety experience the symptoms of muscles tense, pounded heart rate, sense of sudden dread, tremor and numbness. These symptoms interfere with the social and occupational functioning and experience autonomic

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¹ Asif, Saba, Azka Mudassar, Talala Zainab Shahzad, Mobeen Raouf, and Tehmina Pervaiz. "Frequency of depression, anxiety and stress among university students." *Pakistan journal of medical sciences* 36, no. 5 (2020): 971.

² Mahmoud, Jihan Saber Raja, Ruth "Topsy Staten, Lynne A. Hall, and Terry A. Lennie. "The relationship among young adult college students' depression, anxiety, stress, demographics, life satisfaction, and coping styles." *Issues in mental health nursing* 33, no. 3 (2012):pp 149-156.

³ Martin, Garry, and Joseph J. Pear. *Behavior modification: What it is and how to do it.* Psychology Press, 2015.

neural responses during social decision-making.⁴ It has also been observed that the anxious individuals cannot interact with other peoples due to anxiety. It is because during the onset of anxiety the medial prefrontal cortex (the area of the brain responsible for social cognition) diminishes and consequently impaired the social decision making.⁵ Like depression, anxiety also comes in many forms and types. Therefore, the symptoms also vary according to the specific type of anxiety disorder. The Posttraumatic Stress Disorder occurs due to sudden accident or exposure to any bad event. Therefore this type of disorder is known as a situation bound disorder. The individuals with Posttraumatic Stress Disorder often show the symptoms of intrusive memories, negative mood and cognition and hyper arousal or reactivity.⁶

Usually Posttraumatic Stress Disorder (PTSD) co-morbid with many other disorders in which the individual feel or experience fear or anxiety like symptoms i.e. phobias. According to the recent estimation, there is a 3% prevalence of GAD among older adults characterized by uncontrolled worry about events or daily life activities. The symptoms of this disorder include restlessness, poor concentration, irritability, sleep disturbance and fatigue. Usually, symptoms of anxiety also mixed with Obsessive Compulsive Disorder (OCD) in which the individual experience intense worry about minor things, feel tension or repetition of acts like in OCD hand washing, delay in performing task, frequent checking of the accomplished tasks and feelings of incompetency.

⁴ Rilling, James K., and Alan G. Sanfey. "The neuroscience of social decision-making." *Annual review of psychology* 62 (2011): pp23-48.

⁵ Sripada, Chandra Sehkar, Mike Angstadt, Sarah Banks, Pradeep J. Nathan, Israel Liberzon, and K. Luan Phan. "Functional neuroimaging of mentalizing during the trust game in social anxiety disorder." *Neuroreport* 20, no. 11 (2009):pp 984.

⁶ Naifeh, James A., Matthew K. Nock, Catherine L. Dempsey, Matthew W. Georg, Pablo A. Aliaga, Hieu M. Dinh, Carol S. Fullerton et al. "Association of emotion reactivity and distress intolerance with suicide attempts in US Army soldiers." *Suicide and Life-Threatening Behavior* (2021).

⁷ Comer, Ronald J., Ottilia Boross, Bea Ehman, and Zsuzsa Mirnics. *A lélek betegségei:* pszichopatológia. Osiris, 2005.

⁸ Mennin, Douglas S., Richard G. Heimberg, and MacAndrew S. Jack. "Comorbid generalized anxiety disorder in primary social phobia: symptom severity, functional

The researchers have revealed that the individuals with anxiety symptoms cannot talk in social situation and showed a low level of confidence. They feel that other peoples are noticing them. Such false fear made them helpless and they cannot overcome this irrational cognitive cycle. They know that the fear is irrational but feel powerless or unable to overcome the fear. The most common symptoms of Social Anxiety Disorder (SAD) are blushing, nausea, sweating, trembling, and rapid heart rate. Mental health issues exist in each culture. In Pakistan, majority of the population is facing such mental health issues like depression, stress, and anxiety. They use many intervention methods to treat depression, anxiety and stress. They consider that the ultimate solution of these mental health issues lies in teachings of Islam. Our religion Islam emphasizes and values the importance of psychological well-being. The Holly Quran also guide us how to get ride from emotional distress and how to improve the quality of life. Hence, there is a dire need to discuss the role of Islamic Counseling in managing the depression, anxiety and stress.

Concept of Islamic Counseling

The word counseling refers to the interpersonal bonding or a form of interaction between two persons. One is known as a skillful individual a counselor who assists or helps the other person known as client or counselee. It is a process in which the client seeks assistance from the counselor who conduct the counseling sessions with the client or discuss in detail his or her conflicts, problems and triggers which are becoming a cause of hurdle in his personal, social or occupational functioning. The sole purpose of counseling is to bring a change in the individuals thought, feelings and behavior. The concept of Islamic Counseling is providing a conscious awareness about the teachings of the Holly Quran to the client during the counseling process. The Islamic Counseling focuses on the biological, social and spiritual aspects of the client by emphasizing on the religious and cultural values. In Western countries there is a growing awareness about the concept of Islamic Counseling. They incorporated the Islamic concept of human existence in this universe and utilized the teachings of the Holly Quran into counseling process for assisting the Muslim clients. The approaches they

impairment, and treatment response." *Journal of Anxiety disorders* 14, no. 4 (2000): pp325-343.

⁹ Zaider, Talia I., Richard G. Heimberg, D. M. Fresco, F. R. Schneier, and M. R. Liebowitz. "Evaluation of the clinical global impression scale among individuals with social anxiety disorder." *Psychological medicine* 33, no. 4 (2003): pp611-622.

used are telling the Syrah of the Holly Prophet (PBUH), recitation of Holly Quran and providing ts such as forgiveness, patience and tawakal. There are many evidences or writings awareness about performing prayer, ziker and methods used to treat the mental health problems. 11

Literature Review

An abundant literature is available in relation to the mental health problems and its cure by using Islamic Counseling such as Subramani (2019) conducted a study to explore the level and causes of academic stress among the university students. It was a cross-sectional survey on a sample of (N=336) university students. The results from the collected responses revealed that 48% students were experiencing higher level of stress. The study concluded that the cause of higher stress were the fear of failure and higher academic pressure. Therefore, the study recommended taking necessary action to alleviate the higher stress. ¹²

Damota (2019) conducted a cross-sectional survey to find out the psychopathological symptoms. The results from a randomly selected sample of (n=384) students, it revealed that majority of the students were facing mental health issues. The study on the basis of the results suggested providing mental health awareness to the victimized students.¹³

Olum (2020) conducted a study to check the prevalence of depression among a sample of (n=331) university students. They founded that 22% university students were suffering from severe depression due to academic worry. The study suggested the authorities to alleviate the severity of the depression from the vulnerable students. Another research by Dagnew (2020) revealed a higher level of depression among the students from a respondents of (n=389) university students. The results of the study reported that 35% students were facing mental

¹⁰ Park, Nansook, Christopher Peterson, and Martin EP Seligman. "Strengths of character and well-being." *Journal of social and Clinical Psychology* 23, no. 5 (2004): pp603-619.

¹¹ Al-Thani, Aisha Salman. *An Islamic modification of the person-centered counseling approach*. Bloomsbury Qatar Foundation Journals, 2012.

¹² Subramani, C., and J. Venkatachalam. "Sources of Academic Stress among Higher Secondary School Students." *International Review of Social Sciences and Humanities* 9, no. 7 (2019): pp488-492.

¹³ Damota, Mulugeta Deribe, Emebet Girma Mekuria, and Alemihun Fenta Bitew. "The Prevalence and Correlates of Psychological Distress Among Undergraduate Students of Madda Walabu University, Ethiopia." *Prevalence* 61 (2019).

health problems. On the basis of the results, the study recommended to psychoeducate the vulnerable students and provides necessary intervention for reducing the depression among the students.¹⁴

Atkinson (2020) assessed the level of mental distress among the university students and reported a moderate level of stress, depression and anxiety. He also revealed that the female students were facing higher mental distress than the male students. Therefore, on the basis of the findings he suggested to the authorities to plan a mental health awareness program to reduce the mental distress among the students. He are the students and the students are the students are the students.

Mirza (2021) measured the prevalence of mental illness among the university students. The results from the cross-sectional data showed higher symptoms of psychological distress among the students. The level of depression was higher among female students as compared with male students.¹⁷

Uyun (2019) conducted a study to argue that teachings of Islam during counseling sessions revealed a noticeable change among the clients. They also evaluated the effects of Tawba (repentance) and Istighfar (forgiveness) in connection to heal the mental health of the Muslims. The results after conducting eight sessions revealed a successful out comes in improving the overall mental health of the students.¹⁸

Hamjah and Akhir (2014) revealed that the Islamic practices such as patience, strong believed on Allah (SWT) heal the mental distress. Similarly,

¹⁴ Olum, Ronald, Frederick Nelson Nakwagala, and Raymond Odokonyero. "Prevalence and factors associated with depression among medical students at makerere University,

Uganda." Advances in Medical Education and Practice 11 (2020): pp853.

¹⁵ Dagnew, Baye, Henok Dagne, and Zewudu Andualem. "Depression and its determinant factors among University of Gondar medical and health science students, Northwest Ethiopia: institution-based cross-sectional study." *Neuropsychiatric disease and treatment* 16 (2020): pp839.

¹⁶ Atkinson, Sean R. "Elevated psychological distress in undergraduate and graduate entry students entering first year medical school." *PloS one* 15, no. 8 (2020): e0237008.

¹⁷ Mirza, Ahmad A., Mukhtiar Baig, Ghada M. Beyari, Mohammed Aiman Halawani, and Abdulrahim A. Mirza. "Depression and anxiety among medical students: a brief overview." *Advances in Medical Education and Practice* 12 (2021): p393.

¹⁸ Uyun, Qurotul, Irwan Nuryana Kurniawan, and Nahdhata Jaufalaily. "Repentance and seeking forgiveness: the effects of spiritual therapy based on Islamic tenets to improve mental health." *Mental Health, Religion & Culture* 22, no. 2 (2019): pp185-194.

Isgandarova (2004) reported that dua, prayer and healing words for others heal the negative emotions and cure the psychological sufferings. Al-Banna (2009) founded that by listening the Holly Quran we can heal our mind from vicious thinking and can feel relax.¹⁹

Anderson (2016) assessed the effects of performing prayer on mental health by integrating the past researches. The results from the systematic review reported positive effects of performing prayer on mental health of the individuals. Rainville (2018) revealed the reducing effects of worship (prayer) on the level of stress among the individuals.²⁰

Amjadian (2020) conducted a study to assess the effects of Islamic religious breathing on mental health. They found significant effects of intervention in experimental group as compared with the control group.²¹

Methodology

Problem Statement of the Study

Being a Muslim I do believe that the real happiness and peace of mind can only be achieved by adopting the teachings of the Holly Quran. Therefore, incorporating the religious practices in the light of the Holly Quran during the counseling sessions is pivotal. So, this pilot-testing study was carried out to estimate the effectiveness of Islamic Counseling on mental health issues by using the Islamic Counseling Protocol (ICP).

¹⁹ Hamjah, Salasiah Hanin, and Noor Shakirah Mat Akhir. "Islamic approach in counseling." *Journal of religion and health* 53, no. 1 (2014): pp279-289.

²⁰ Anderson, James W., and Paige A. Nunnelley. "Private prayer associations with depression, anxiety and other health conditions: an analytical review of clinical studies." *Postgraduate medicine* 128, no. 7 (2016): pp635-641.

²¹ Amjadian, Mohiadin, Hadi Bahrami Ehsan, Kaivan Saboni, Siamak Vahedi, Reza Rostami, and Daem Roshani. "A pilot randomized controlled trial to assess the effect of Islamic spiritual intervention and of breathing technique with heart rate variability feedback on anxiety, depression and psycho-physiologic coherence in patients after coronary artery bypass surgery." *Annals of General Psychiatry* 19, no. 1 (2020): pp1-10.

Participants of the Study

The participants of this experimental pilot-testing study were the male and female volunteer students studying in different educational faculties of the Islamia University of the Bahawalpur.

Research Design of the Study

Quai-experimental research design (with pre-test and post test measures) was used in this study. The respondents of the study was selected and assigned in groups (experimental group & control group) after randomization process.

Procedure

After giving them information about the research procedure and signing the written informed consent from the respondents, all the respondents filled the DASS-42 scale for measuring the symptoms of depression, anxiety and stress. After pre-testing (baseline) the respondents who screened out with mild, moderate and sever symptoms were than assigned into two groups. The experimental group who received the intervention (8-weeks sessions of Islamic Counseling) and the control group who do not receive the intervention. The allocation of these groups was done through the process of randomization. It was assured that all the participants of study were fulfilling the inclusion criteria and had equal chance for selection. The experimental group undergoes the 8-weeks sessions of the Islamic Counseling. At the end follow-up sessions were conducted with those who completed the sessions of Islamic counseling. Lastly, post-test analysis was conducted and the results were analyzed by comparing the pre-post and follow up scores of the respondents.

Measurement of Variables

Two types of measurement methods were used in this study. In the first step of the study DASS-42 item scale was used to screen out the psychological problems of the students. This scale was originally developed by Lovibond & Lovibond (1996) and translated/adopted into Urdu in Pakistan by Husain & Gulzar (2020). After screening or developing the baseline, the participants were divided into two groups (experimental & control groups) the Islamic Counseling Protocol developed by Khan & Nadeem (2021) was applied as a treatment/intervention only to the experimental group. Lastly, after the follow up

sessions post-test analysis was conducted again by applying the DASS-42 item scale and the statistical analysis was conducted by using SPSS. ²² ²³ ²⁴

Inclusion and Exclusion Criteria

The inclusion criteria of this experimental study were the respondents with no history of medical disease, no intake of anti-depressant or anxiety medicine, no smoking habit. All the participants belongs to the religion of Islam, participants with the minimum age of 20 years were included in the study. The participants below 20 years and non-Muslims were excluded from the study.

Ethical Considerations

Ethical approval certificate was taken from Institutional Bioethical Research Committee (IBC) of the Office of Research Innovation and Commercialization (ORIC, the Islamia University of Bahawalpur. The researcher submitted the affidavit for the compliance of the APA ethical standards during screening and conducting the Islamic Counseling sessions with the students.

Objectives of the Study

- 1. To screen out the students for pilot-testing.
- 2. To conduct the sessions of the Islamic Counseling (IC) with the students having symptoms of mental health problems.
- 3. To assess the effectiveness of 8-weeks sessions of Islamic Counseling (IC) by comparing pre and post test analysis.

Research Question

1. Does use of Islamic counseling protocol (ICP) (8-weeks sessions) reveal a noticeable change in mental health of the university students?

²² Lovibond, Sydney H., and Peter F. Lovibond. *Manual for the depression anxiety stress scales*. Psychology Foundation of Australia, 1996.

²³ Husain, Waqar, and Amir Gulzar. "Translation, adaptation and validation of Depression, Anxiety and Stress Scale in Urdu." *Insights Depress Anxiety* 4, no. 1 (2020).

²⁴ Khan, Aqeel Ahmad, and Masood Nadeem. "ENGLISH-2 Development of Islamic Counseling Protocol for Pakistani Muslim Adults to Manage their Mental Health Problems." *Al-Aijaz Research Journal of Islamic Studies & Humanities* 5, no. 1 (2021): pp13-21.

Hypotheses

- 1. The Islamic Counseling (IC) will significantly reduce the mental health problems of the university students?
- 2. There will be a significant change in before and after the implementation of Islamic Counseling (IC) in the participants of experimental groups (within group).
- 3. There will be no any significant in the symptoms of stress, anxiety and depression before and after the implementation of Islamic Counseling (IC) among the participants of control groups (within group).
- 4. There will be a significant change in symptoms of stress, anxiety and depression after the implementation of Islamic Counseling (IC) between the participants of the experimental group and control group (between groups).
- 5. There will be a significant change in symptoms of stress, anxiety and depression after the implementation of Islamic Counseling (IC) in the participants of the experimental group, control group and follow-up group (Inter groups).

Results of Study

The responses of the participants from control group, experimental group and follow-up group were analyzed and discussed according hypothesis of the study by using SPSS.

Table 1: Comparison of Experimental and Control group for pre-test and post-test

Experimental and		Mean (S.D)		Paired	D
Control Group Comparison		Before	After	Sample T-Test	P
Experimental Group	Depression	19.92 (11.35)	10.00 (7.66)	8.20	0.000**
	Anxiety	14.75 (7.78)	7.92 (4.74)	6.60	0.000**
	Stress	25.75 (9.86)	14.42 (7.44)	12.38	0.000**
Control Group	Depression	19.33 (9.95)	18.92 (9.52)	1.33	0.210

Experimental and		Mean (S.D)		Paired	D
Control Group Comparison		Before	After	Sample T-Test	Р
Experimental	Depression	19.92 (11.35)	10.00 (7.66)	8.20	0.000**
	Anxiety	17.08 (9.96)	16.67 (8.59)	0.73	0.480
	Stress	24.33 (11.46)	24.17 (10.95)	0.80	0.438

The above table displays a comparison of the mental health problems in experimental and control group before and after treatment. The before and after treatment comparison showed a significant change (reduced level) of mental health problems in experimental group. While in the control group there is no any noticeable difference.

Table 2: Comparison of Experimental and Control groups with effect of pretest and posttest

		Descriptive Statistics			
		Before	After	Follow-up	
Variables	Groups	Mean (SD)	Mean (SD)	Mean (SD)	
Depression	Experimental	19.92 (11.35)	10.00 (7.66)	9.50 (6.53)	
	Control	19.33 (9.95)	18.92 (9.52)	17.50 (7.65)	
Anxiety	Experimental	14.75 (7.78)	7.92 (4.74)	7.58 (4.06)	
	Control	17.08 (9.96)	16.67 (8.59)	15.33 (7.04)	
Stress	Experimental	25.75 (9.86)	14.42 (7.44)	13.33 (5.99)	
	Control	24.33 (11.46)	24.27 (10.95)	21.00 (8.32)	

In the above, table there is a significant minimum level of mental illness in all groups. While, there is no significant noticeable difference in the control group. Hence, the statistical analysis showed the healing effects of Islamic Counseling(IC) among the participants of treatment and follow-up group.

Discussion and Conclusion

The findings of the study revealed that Islamic Counseling Protocol (ICP) proved as significant and effective in reducing the mental health problems among the students. The results of this study are similar with the past studies. Such as, Reza (2002) conducted a study to find out the significant reducing effects of Islamic practices such as Ibada practices (prayer, ziker& recitation of Holly Quran) on depression, anxiety and stress.²⁵ Koszycki (2010) assessed that faith is a significant healer of psychopathological symptoms among the individuals with depression, anxiety and stress. They reported that by developing a good faith we can reduce the level of mental illness among the individuals.²⁶ Mehraby (2003) revealed that strong believe on the teachings of Holly Quran or practicing sabar (patience) in a situation of great loss and death or during a unbearable stressor provide strength and heal the mental health problems of the Muslims.²⁷ Another by Aghababaei1 and Tabik (2015) revealed that during the hardships and daily hassles the teachings of the Holly Quran (saber, tawakal and belief on God) lower down the level of depression and anxiety. They also reported that using Islamic teachings also groom the personality of the patients. 28 So, in the light of the above relevant studies or from the findings of this study it concluded that the teachings of the Holly Quran are one of the potential sources to reduce the depression, anxiety and stress among the individual.



²⁵ Reza, Mohammed Faruque, Yuji Urakami, and Yukio Mano. "Evaluation of a new physical exercise taken from salat (prayer) as a short-duration and frequent physical activity in the rehabilitation of geriatric and disabled patients." *Annals of Saudi medicine* 22, no. 3-4 (2002): pp177-180.

²⁶ Koszycki, Diana, Kelley Raab, Fahad Aldosary, and Jacques Bradwejn. "A multifaith spiritually based intervention for generalized anxiety disorder: A pilot randomized trial." *Journal of clinical psychology* 66, no. 4 (2010): pp430-441.

²⁷ Mehraby, Nooria. "Psychotherapy with Islamic clients facing loss and grief." *Psychotherapy in Australia* 9, no. 2 (2003).

²⁸ Aahababaei, N., and T. Tabik. "Patience and mental health in Iranian students." *Iran J Psychiatry Behav Sci* 9, no. 3 (2015):pp 1-4.