

SPIRITUALLY INFORMED COGNITIVE BEHAVIOUR THERAPY FOR THE
TREATMENT OF DEPRESSION IN PATIENTS WITH CARDIAC ILLNESSES



ERUM KAUSAR
05-274152-001

A thesis submitted in fulfilment of the
requirements for the award of the degree of
Doctor of Philosophy (Clinical Psychology)

Institute of Professional Psychology

BAHRIA UNIVERSITY ISLAMABAD

MARCH 2022

ACKNOWLEDGEMENT

Foremost, I would like to express my sincere gratitude to my supervisor Professor Dr. Zainab Hussain Bhutto; Dean & Director/Principal of the Institute of Professional Psychology, Bahria University Karachi, for the continuous support of my PhD study and research, for her patience, motivation, enthusiasm, and immense knowledge. Her guidance helped me in all the time of research and writing of this thesis. I could not have imagined having a better advisor and mentor for my PhD research.

Besides my advisor, I would like to thank Mrs. Farzana Amir, Head of Department, Preventive Cardiology and Cardiac Rehabilitation and Director, Allied Health Sciences, DGM, Tabba Heart Institute for her encouragement, insightful comments and providing me support in data collection.

My sincere thanks goes to the HR team, Research Board and staff members of Preventive Cardiology and Cardiac Rehabilitation department of the Tabba Heart Institute for allowing me and supporting me throughout data collection process.

A special thanks to all participants of my research. Their participation and precious time helped me a lot in my data collection.

I am also highly thankful to the formal Dean and Director, Dr. Zainab Fotowwat Zadeh (Institute of Professional Psychology, Bahria University) and Dr. Kiran Bashir Ahmad, Head of the Department; Institute of Professional Psychology, Bahria University Karachi. Also, I would like to extend my special thanks to my senior fellows, colleagues and my dear friends; specially Mr. Saad Ahmed, Ms. Farah Nasir, Ms. Sidra Shoaib and Ms. Sehr Sulaimen for her availability, facilitation and her worthy suggestions, comments and inputs in my research work.

Last but not the least beyond the academic world, I must express my heartfelt gratitude for the love and support of my parents, Ghulam Hussain and Anwari Begum and my niece Areeba Asad. This accomplishment could truly not have been achieved without the unconditional love, support and prayers from my family. Thank you, thank you, thank you. I have reached this place not only by my efforts, but also through their support and love.

ABSTRACT

The aim of the current research is to see the efficacy of Spiritually Informed Cognitive Behaviour Therapy in reducing depression in patients with cardiac illnesses. For this, it was hypothesized that there will be a significant difference in the level of depression in patients with cardiac illness before and after the treatment of Spiritually Informed Cognitive Behaviour Therapy. Another hypothesis stated that there will be a significant difference in the level of depression of patients with cardiac illness in the experimental group (experiencing Spiritually Informed Cognitive Behaviour Therapy) as compared to the waitlist control group. It was also hypothesized that there will be a significant difference in the number of cognitive distortions of patients with cardiac illness in the experimental group as compared to the waitlist control group, and there will be a significant gender difference in the level of depression of patients with cardiac illness after receiving Spiritually Informed Cognitive Behaviour Therapy. Two focus groups (respectively 10 and 8 number of participants) were conducted. The purpose of conducting focus groups was to gain an indigenous insight into prevailing cognitive distortions among patients with cardiac illnesses. The results of the focus group after verbatim analysis showed 3 cognitive distortions in the cardiac patients with depression including all-or-nothing thinking, emotional reasoning and mislabeling. The second phase of the research included a pre-post research design, whereby 50 patients with cardiac illness were recruited as participants from a private cardiac hospital in Karachi, Pakistan. These patients with cardiac illnesses also having a moderate or severe level of depression were selected, and divided into experimental and waitlist control groups. Those who gave consent for the intervention were included in an experimental group and those, who were

not willing for intervention or unable to continue to long therapy procedure due to any of their personal limitations were included in a waitlist control group (25 experimental and 25 waitlist control group). The participants belonged to the age group of 35 – 65 years with a mean age of 53.8 years (experimental group $M= 54.84$, $SD= 7.38$; waitlist control group $M= 54.92$, $SD=7.33$). Depression in Chronic Illnesses Scale (Yaseen, 2014) was used in pre and post-intervention stages to record the changes in the level of depression and to test the efficacy of the treatment utilized. Paired sample t-test indicated that the intervention is effective for reducing depression in patients with cardiac illness. The results showed verification of the first three hypotheses indicating a significant difference in the level of depression in patients with cardiac illness before and after the treatment of Spiritually Informed Cognitive Behaviour Therapy in the experimental group. The results also showed a significant reduction in the number of cognitive distortions of patients with cardiac illness in the experimental group as compared to the waitlist control group. Independent sample t-test showed no gender difference in the level of depression of patients with cardiac illness after receiving the therapy indicating the effectiveness of the intervention for both genders. Based on the results, it is recommended that in future researches more diverse populations from other religious faiths and cities could be used for analysing the significance of Spiritually Informed Cognitive Behaviour Therapy.

TABLE OF CONTENTS

CHAPTER	TITLE	PAGE
	APPROVAL FOR EXAMINATION	ii
	AUTHOR’S DECLARATION	iii
	PLAGIARISM UNDERTAKING	iv
	DEDICATION	v
	ACKNOWLEDGMENT	vi
	ABSTRACT	vii
	TABLE OF CONTENTS	ix
	LIST OF TABLES	xiii
	LIST OF FIGURES	xv
	LIST OF APPENDICES	xvi
1	INTRODUCTION	1
	1.1 Background of the Research	1
	1.2 Problem Statement	5
	1.3 Research Objectives	7
	1.4 Research Questions	7
	1.5 Significance of Research	8
	1.6 Operational Definitions of Key Terms	10
	1.7 Definitions of Key Terms	11
	1.8 Structure of the Thesis	12
	1.9 Summary	12
2	LITERATURE REVIEW	13
	2.1 Cardiovascular Disease	13
	2.1.1 Cardiovascular Disease and Depression	15
	2.2 Depression	18

2.2.1 Theories of Depression	18
2.2.1.1 Psychoanalytic Theory	18
2.2.1.2 Cognitive Theory	19
2.2.1.3 Behavioural Theory	22
2.2.1.4 Biological Theory	22
2.3 Major Depressive Disorder	23
2.4 Diagnostic Criteria in DSM 5	23
2.4.1 Symptoms of Depression	24
2.4.1.1 Mood	24
2.4.1.2 Cognitive	25
2.4.1.3 Motor	28
2.4.1.4 Physiological	29
2.5 Available Treatments for Major Depressive Disorder	32
2.5.1 Pharmacological Treatment	32
2.5.2 Behavioural Approaches	33
2.5.3 Cognitive Behaviour Treatment	36
2.5.4 Spirituality as Intervention for Depression	46
2.6 Spirituality	48
2.6.1 Definition	48
2.6.2 Important Elements of Spirituality	49
2.7 Treatment Through Spirituality	50
2.7.1 Background	55
2.7.2 Cultural Differences/ Considerations	52
2.7.3 Spirituality and Benefits	53
2.7.3.1 Health Benefits	53
2.7.4 Spiritual Interventions	57
2.7.4.1 Prayer	58
2.7.4.2 Mindfulness/ Meditation	62
2.7.4.3 Biblical Guidelines	64
2.7.4.4 Quranic Guidelines	67
2.7.4.5 Lessons from Lives of Prophets	69

	2.7.4.6 Factors of Surrender and Control	81
	2.7.4.7 Counsellor Role and Competencies	84
	2.8 Spirituality and Cognitive Behavioural Treatments	89
	2.8.1 Spiritually Modified Cognitive Therapy	89
	2.8.2 Religious Cognitive Behavioural Therapy	90
	2.9 Differences in Cultures and Considerations	92
	2.10 Spirituality Assessment	96
	2.11 Clinical Issues	97
	2.12 Benefits of Spirituality	99
	2.12.1 Benefits of Spirituality in Physical Health	99
	2.12.2 Benefits of Spirituality in Mental Health	101
	2.13 Other Chronic Illnesses	104
	2.13.1 Relationship of Depression with Chronic Illnesses	105
	2.13.2 Cancer	107
	2.13.3 Diabetes Mellitus	109
	2.13.4 Rheumatoid Arthritis	110
	2.13.5 Asthma	111
	2.13.6 Renal Diseases	112
	2.13.7 Multiple Sclerosis	113
	2.14 Summary	115
3	THEORETICAL FRAMEWORK	116
	3.1 Hypotheses	120
	3.2 Summary	120
4	METHODOLOGY	122
	4.1 Research Design	122
	4.2 Participants	122
	4.3 Inclusion and Exclusion Criteria	123
	4.4 Measures	124
	4.5 Procedure	125

	4.6 Ethical Consideration	142
	4.7 Summary	143
5	RESULTS	144
	5.1 Summary	155
6	DISCUSSION	156
	6.1 Conclusion	163
	6.2 Implications	164
	6.3 Limitations and Recommendations	164
	REFERENCES	167
	Appendices A-J; A1-K2	199
	Turnitin Originality Report	252

LIST OF TABLES

TABLE NO.	TITLE	PAGE
1	Demographics of the Participants of Experimental and Wait List Control Group (N=50)	144
2	Percentages of Cognitive Distortions in First Focus Group (N=10)	146
3	Percentages of Cognitive Distortions in Second Focus Group (N=8)	147
4	Cronbach's Alpha Reliability Test of Depression in Chronic Illnesses Scale (N=50)	148
5	Descriptive Statistics for the Depression in Chronic Illnesses Scale of Experimental Group (n=25)	148
6	Descriptive Statistics for the Depression in Chronic Illnesses Scale of Wait List Control Group (n=25)	149
7	Paired Sample t-Test Results Showing Comparison of Depression between Pre-Test and Post-Test of Experimental Group (n=25)	149
8	Paired Sample t-Test Results Showing Comparison of Depression between Pre-Test and Post-Test of Wait List Control Group (n=25)	150
9	Independent Sample t-Test Results Showing Comparison of Depression between Pre-Test and Post-Test of Experimental and Wait List Control Group (N=50)	151
10	Independent Sample t-Test Results Showing Comparison of Depression Based on Gender Among Experimental Group in Post-Test (n=25)	152
11	Paired Sample t-Test Results Showing Comparison of Depression between Pre-Test and Post-Test of Females and Males of Experimental Group (n=25)	153

12	t-Test Results Showing Comparison of Cognitive Distortions between Pre-Test and Post-Test of Experimental Group (n=25)	154
13	t-Test Results Showing Comparison of Cognitive Distortions between Pre-Test and Post-Test of Wait List Control Group (n=25)	155

LIST OF FIGURES

FIGURE NO.	TITLE	PAGE
1	Theoretical Framework of the Current Research	119
2	Percentages of Cognitive Distortions in First Focus Group (N=10)	146
3	Percentages of Cognitive Distortions in Second Focus Group (N=8)	147
4	Mean Differences of Depression between Pre-Test and Post-Test of Experimental Group (n=25)	150
5	Mean Differences of Depression between Pre-Test and Post-Test of Wait List Control Group (n=25)	151
6	Mean Differences of Depression Based on Gender Among Experimental Group in the Post-Test (n=25)	152
7	Mean Differences of Depression between Pre-Test and Post-Test of Females and Males of Experimental Group (n=25)	154

LIST OF APPENDICES

APPENDIX	TITLE	PAGE
A	Ethical Review Committee Permission	200
B	Permission Letter	201
C	Permission Letter from the Tabba Heart Institute for Data Collection	202
D	Permission Letter for Conducting Focus Group from the Tabba Heart Institute	203
E	Consent Form	204
F	Demographic Information Form	205
G	Depression in Chronic Illnesses Scale (DCIS; Yaseen, 2014)	206
H	Semi-Structured Interview Form	207
I	Permission for Using Scale; Depression in Chronic Illnesses Scale (DCIS) by Asfia Yaseen (2014)	208
J	Permission for using the Spiritually Informed Cognitive Behavioural Treatment Plan by Jennifer J. Good (2010)	209
A1	Spiritual Assessment Tool	210
A2	Depression Symptoms Questionnaire	211
A3	List of Questions to Assess Suicidality by Leahy and Holland (2000)	212
A4	Depression Information	213
A5	Cognitive Behavioural Therapy	214
A6	Quranic Verses/ Quranic Guidelines	215
B1	Questions to Review Ways that Spirituality has Positively Impacted One's Life	216

B2	Spiritual Coping Strategies	217
B3	Prayer for Session Two	218
B4	Weekly Activity Monitoring Schedule	219
C1	List of Behavioural Symptoms	220
C2	Doing More Questions	221
C3	Weekly Checklist	222
C4	Potential Rewards	223
C5	Prayer for Session Three	224
D1	Shaping Procedure	225
D2	Inward Spiritual Growth	226
D3	Doing Less Questions	227
D4	Prompts to Assess the Client's Level of Bitterness/ Unforgiveness	228
D5	Questions related to Overindulgence	229
D6	Prayer for Session Four	230
E1	Depression Cognitions	231
E2	Exercise to Identify the Source from Past to Related Current Personal Beliefs	232
E3	Prayer for Session Five	233
E4	Cognitive Log	234
F1	List of Cognitive Distortions	235
F2	Spiritually Informed Dysfunctional Thought Record	236
F3	Prayer for Session Six	237
G1	Verbal and Visual Beliefs	238

G2	Quranic Guidelines for Challenging Cognitive Distortions	239
G3	Prayer for Session Seven	240
H1	The Cognitive Quadrant	241
H2	List of Questions Related to Beliefs for Modification According to the Spiritual Doctrine	242
H3	Prayer for Session Eight	243
I1	Calming Breathing Exercise and Guided Imagery Exercise	244
I2	Prayer for Session Nine	245
J1	The Serenity Prayer	246
J2	Counting Breaths	247
J3	Mantra Meditation	248
J4	Prayer for Session Ten	249
K1	Progressive Muscle Relaxation	250
K2	Prayer for Session Eleven	251