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

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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.

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