



Effect of Islamic Integrated Cognitive Behavior Therapy on Negative Automatic Thoughts in Young Adult Females

Dania Mufasir¹, Erum Kausar*², Saad Ahmed³

¹Visiting Faculty, Institute of Professional Psychology, Bahria University Karachi Campus, Sindh, Pakistan, **ORCID No:** <https://orcid.org/0009-0003-2662-1569>

²*Senior Assistant Professor, Institute of Professional Psychology, Bahria University Karachi Campus, Sindh, Pakistan, **ORCID No:** <https://orcid.org/0009-0000-2536-241X>, **Scopus ID:** 57221418103.

³MS Scholar, Institute of Professional Psychology, Bahria University Karachi Campus, Sindh, Pakistan.

Corresponding author: erumkausar.ipp@bahria.edu.pk

Keywords: Negative Automatic Thoughts, Islamic Integrated Cognitive Behavior Therapy, Religiosity, Cognitive Distortions

DOI No:

<https://doi.org/10.56976/jsom.v5i1.405>

The aim of research was to assess the effectiveness of Islamic Integrated Cognitive Behaviour Therapy (IICBT) to reduce negative automatic thoughts of young adult females. This therapy can help Muslim patients in addressing their negative and distorted thinking patterns (Salami & Khan, 2019). It was hypothesized that there will be a significant decrease in negative automatic thoughts before and after the treatment of (IICBT) in experimental group. Pre-post quantitative research design employing convenient purposive sampling was used. Including young adult females (18-25 years), enrolled total 20 participants (experimental group = 10, wait list control group = 10). The current research shows the significance at (p <0.05) which provides clear indications that the NATs of participants enrolled in experimental group significantly reduces in post-test. Further, Male individuals can also be added in future researches to provide generalize results of the given treatment.



1. Introduction

Every human goes through the unpleasant moments at least once in their life however the prevalence of experiencing negative events is almost 64% in young adults (Frazier et al., 2009) and it has recorded that almost 55% of young adult females had gone through mental health services (Adams et al., 2022). It's being noticed that young adults age, 18 till 29 years are more vulnerable financially and socially which increase the chances of psychological distress includes depression, anxiety and stress (Arnett, 2023). One of the core reasons to develop mental health issues especially is because of the transition this population did from adolescence to adulthood which makes them more vulnerable towards stress related issues (Schwartz & Petrova., 2019). The prevalence data of depression shows an increase from 9% to almost 39% and anxiety symptoms have increased from 9% to 21% in young adults compare to other population (Daly & Robinson, 2021, Ettman et al., 2020).

The person who experienced depressive symptoms has more pessimistic kind of approach towards life as their centre of focus is mainly on their inadequacy, stressful life event and past losses or failures, another feature of depressive individuals is that they blame and continuously criticize themselves of every bad thing happened in their surrounding (Herrera et al, 2021). The findings analyzed that students are one of the most affected population from depression (Mei et al, 2020). Researchers from various countries shared the data which shows its high prevalence among students (Sarikhani et al., 2020; Akhtar et al., 2020; Gao et al., 2020). Another research indicated that 37.9% of undergraduate students felt anxiousness and 37.1% of young adults experienced the symptoms of depression (Martínez-Líbano et al., 2023; Valdés et al., 2022). Moreover, there is an association between few of the common life changing experiences and psychological distress for instance, bad experiences related to relationship, education, employments and others may affect the individual's overall mental health negatively which unfortunately leads to other prominent and more disturbing illnesses like bipolar or anxiety related disorders (Vethasalam, 2023). As the young adults are mostly students which can experience educational failure or whatever lacking in their learning also leads to low self-esteem which increase the intensity of repetitive negative thinking (Brueckmann et al., 2025).

Some other research carried out which shows the percentage of 64% in females whose thinking are more inclined towards negative automatic thoughts and the themes were much related to helplessness and lack of self-esteem (Tahir & Sadiq, 2022). also, cognitive theorists explain negative automatic thoughts as the formation of negative thought process above one's own self, for others and for the upcoming events of life (Goksan, 2023). Furthermore, another major factor which results in negative automatic thoughts especially in females are the concern of gaining weight, the females perceive their self-image as flawed and feels inadequate (Samajdar & Halder, 2025). Similarly, the relationship between automatic negative thoughts with psychological distress is also very significant (Alipour et al., 2025).

Negative automatic thoughts are defined as unintentional and uncontrollable negative, pessimistic and illogical view. These negative thoughts are the mastermind behind the prominent psychological conditions mainly anxiety and depression (Beck, 1979; Arnett, 2023) as they automatically reacted in particular situations due to negative cognitive schema and

beliefs which influenced the individual's emotional and behavior reactions (Takeda, 2024). Going forward, the consistency in negative involuntary thoughts can cause hopelessness and worthlessness in an individual which results in suicidal ideation or attempts (Yeşiloğlu et al., 2023) that needs serious consideration. Therefore, one of the effective therapy name cognitive behavior therapy helps the depressive patients to deal with negative behavior and progress more accurate and positive behavior along with reduction of depressive symptoms and enhance daily life functioning (Cuijpers et al., 2013; Vethasalam, 2023).

CBT based model stated that depressive symptoms of patients become exacerbate, because they are unable to break vicious cycle of their thoughts, behavior and actions. Hence, CBT helps depressive individual to deal with their symptoms by becoming their own therapist and learning to remove negative thoughts. Moreover, the aim of CBT is to alter behavior and feelings of depressive patients by changing their inaccurate thoughts and ideas. However, it is noticed that CBT is effective in treating depressive patients but unable to cater patient's religious believes in therapy. Several studies focused on the need of incorporating religion into treatment process (Hodge, 2006; Hook et al., 2010; McCullough, 1999; Pargament, 2005; Rose et al., 2001; Smith et al., 2007; Worthington et al., 2011; Yeşiloğlu et al., 2023). It appears that one of the therapies which can be effective in treating certain negative automatic thoughts could be spiritual based therapies which contribute in bringing calmness, love, hope and happiness through prayers and meditation (Zamaniyan et al., 2016)

Moreover, several researchers have researched that many Muslims in western countries are not comfortable in pursuing therapy for their mental health (Richards & Bergin, 2000; McGoldrick et al., 2005; Tahir & Sadiq., 2022). One of the reasons behind this idea, may be due to the differences in their beliefs. Consequently, in order to avoid being in conflict due to their religious belief, they might stop taking psychological help. For this reason, there is an important need to establish and make use of an effective treatment program which can focus on religion and able to provide treatment as well as counseling for different psychological illness. I.e. depression. Because the interventions and treatment introduced by west might not be compatible with Islamic cultures and belief system (Hamdan, 2008; Daly & Robinson., 2021).

It is important to understand that for Muslim, faith in an integral part of their religion which is also consider as important aspect of psychological wellbeing. Similarly, Islamic based cognitive behavior therapies help Muslim patients to gain strength and confidence to recover as soon as possible (Ismail, 2008). Additionally, Muslim patients are motivated to adopt Islamic value and culture which helps them built positive thoughts and emotions (Azhar, 1994; Brueckmann et al., 2025).

2. Literature Review

2.1 Negative Automatic Thoughts

Negative automatic thoughts are the thinking pattern which activates due to negative core beliefs and negative schema whenever any situation occurs, this pattern effects the emotional and behavior well-being of an adult. These thoughts work on the pessimistic approach and lacks logic (Takeda, 2024). Another dark side of these negative automatic

thoughts are that they also poison the emotions and results in hurt, guilt, sadness and anxiousness. (Türkçapar et al., 1994). Pessimistic way of thinking and due to negative automatic thoughts, it becomes difficult for them to focus and participate in normal activities.

Additionally, according to Beck, there are three types of schemas in depress individual which contributes in negative thinking process; negative schemas about the self, the world and the future. They think that we are not perfect, all the things which we do will results in failure and they assume that their future is not bright and successful. Combining these schemas make a triangle known as negative cognitive triad. It is predicted that those people who have these prominent schemas are more likely to develop depression if it's not already occurred (Beck, 1967) and as much as depression increases the negative automatic thoughts also increases not only this, but it also results in the increase of depressive situations in life and it becomes a never ending vicious cycle of negativity (Bozkurt, 1998). This shows evident connection between negative automatic thoughts and depression. Therefore, Negative automatic thoughts confidently goes through the mind and it becomes difficult to control them if they not identified and treated on time (Valitabar & Hossein Sabet, 2017). One of the researches also highlighted that the effective management of negative automatic thought is very important to reduce the psychological distress occurred due to these involuntary thoughts (Secundino-Guadarrama et al., 2021; Shen et al., 2024)

2.2 Cognitive Behavioral Therapy

CBT is defined as a useful treatment approach that works on obstructive thinking process and behaviors to eliminate or inclined distress and improve coping (Hollon & Beck, 2013). Also, CBT is a form of psychotherapy that facilitate individuals to aware how they can evaluate and alter their disturbed thinking process that badly affects individual's behavioral and emotional wellbeing (Hofmann et al., 2012).

2.3 Religious Integrated Cognitive Behavioral Therapy

One of the types of Cognitive Behavioral Therapy is a new approach and little amount of researches have been done on this type of therapy which is known as religious integrated cognitive behavioral therapy. This therapeutic approach is a part of treatment protocol which initially created by (Beck et al. 1979). RCBT consist of five religiously integrated treatments: In the Jewish treatment manual, the Torah and Talmud are used as the main sacred scriptures; in the Christian manual, the Holy Bible; in the Hindu manual, the Bhagavad Gita (containing the essence of all four Vedas that were revealed through Brahman); in the Buddhist manual, the Dhammapada (a collection of several hundred short wise sayings or verses attributed to the Buddha); and in the Muslim manual, the Holy Qur'an (Pearce et al., 2015). The Muslim version of RCBT is known as Islamic integrated cognitive behavioral therapy.

2.4 Islamic Integrated Cognitive Behavior Therapy

Islamic Integrated Cognitive Behavioral therapy comprises of Quran and Hadiths to treat Muslims. The main goal of this therapy is to identify and replace negative thoughts and behavior by applying teachings of Quran and Sunnah that leads to the improvement of

individual's mental health. The concepts of forgiveness, gratitude, generosity and altruism were used to modify behavioral patterns to fight against negative symptoms (sabki et al, 2019).

Further, Salami and Khan acknowledged the effectiveness of IICBT and stated that this therapy can help Muslim patients in addressing their negative and distorted thinking patterns, emotional disturbances, and attaining optimal psychological functioning (Salami & Khan, 2019). Nonetheless, it is noticed that all of the mentioned researchers aren't able to establish an empirical based connection, specifically between Islamic integrated cognitive behavioral therapy and negative thinking pattern. As a result of it, there were a need of conducting a research that investigate the usefulness of Islamic based CBT in treating negative automatic thoughts.

2.5 Research Hypothesis

There is a significant relationship between negative automatic thoughts before and after the treatment of Islamic Integrated Cognitive behavioural therapy in experimental group.

2.6 Theoretical Framework

The cognitive triad is formed by connecting three aspects of negative thinking; Negative view of one self, negative view of the world and negative view of future. Beck believes that these schemas occurs when a person is surrounded by the feelings of hopelessness and helplessness. In addition, when these aspects interrelate, they hinder the normal thinking process which can cause damage in perception, recollection of memory and problem-solving skills (Beck, 1967). Furthermore, it is also noticed that individuals having negative self-schema develop error in logical thinking, because they focus only one side of the event while ignoring all the other sides of it. These error in logical thinking are self-defeating in nature. (Beck & Alford, 2009). For this reason, Aron Beck introduced Cognitive Behavioral Therapy. In addition, the Islamic concepts are incorporated in Cognitive behavioral Therapy to treat depression.

Figure No 1: Pictorial representation of Aron Beck's Negative cognitive triad, (Beck, 1979)

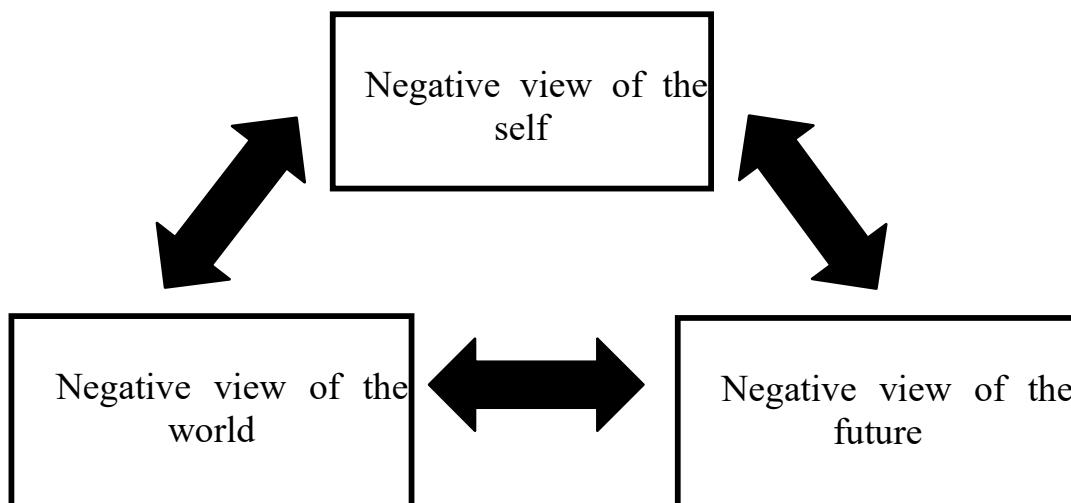
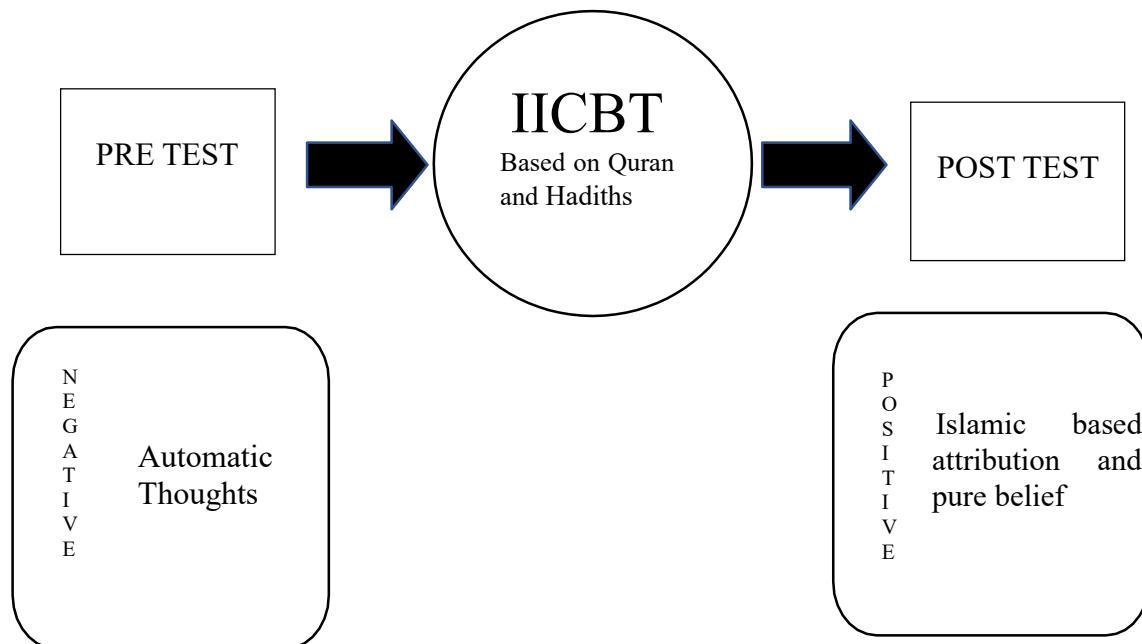


Figure No 2: Theoretical framework of current research; the use of IICBT in treating Negative automatic thoughts thorough pre-posttest



This process involves the replacement of negative belief and assumptions about one's self, others and world into positive and Islamic based attribution and pure belief (Azhar & Varma, 1994; Azhar & Varma, 1995). Al Ghazali, an Islamic theorist also explained the concept of negative automatic thoughts in his theory he stated that cognition, affects /feelings and actions/ behaviors are the patterns of human functioning that combine to form a self. According to him, this is a theoretical base in which cognitive principle of modern psychology also depends (Al-Ghazali, 2011).

3. Material and Methods

A quantitative research design was used in the current research in which pre-post test have done followed by 10-week intervention plan after which a post test was conducted. Participants were selected from Karachi, by using convenient purposive sampling. Total sample size was 20 (where n=10 were in experimental group and n=10 in waitlist control group) the participants were suffered from depressive symptoms between the age ranges of 18 to 25 years.

3.1 Inclusion Criteria

- Participants should be Muslim females between the age ranges of 18 to 25 years.
- Participants who can comprehend, read and write Basic English, Urdu as well as can read Quran.
- The depressive symptoms of the participants were placing within the moderate or severe level, as measured by Centre for Epidemiologic Studies- Depression (CES- D).

- Participants who did not receive any psychological, psychiatric or medical treatment for depression prior to the research. This included a psychologist providing treatment, a physician or a membership to a religious organization.
- Participants also did not have ongoing, or a history of problems with substance abuse.

Participants who didn't meet the inclusion criteria were excluded from the research.

3.2 Measures

International Islamic University Malaysia (IIUM) Religiosity Scale (modified version) includes the basic concept of Tawheed (Islam, Iman and Ihsan). These concepts are taken from the hadith which is called as “Hadīth Jibril” (Sahih al-Bukhari, Vol. 6, Book 60, Number 300, Hadīth 47). The score of this scale ranges from 10 to 40, with higher scores indicating greater religiosity. There is 4-point Likert scale; 1=strongly disagree, 2= disagree, 3= agree and 4= strongly agree. It consists of 10 items with a Cronbach alpha value of ($\alpha = 0.92$).

The negative automatic thoughts were identified through the scale name Automatic Thought Questionnaire (ATQ-N). This is used to assess negative self-statements (Hollon & Kendall, 1980). It is 30 items long self-report scale which consists of 6 number of factors (personal maladjustment, desire for change, negative self-concepts, negative expectations, low self-esteem and Helplessness). The items were scores with in the ranges of; 1 = not at all 2 = sometimes 3 = moderately often 4 = often 5 = all the time. Split half as well as coefficient alpha reliability were analyzed to assess the efficacy of this scale. The odd vs. even items split half reliability was .97, $p < .001$ and the alpha reliability was of ($\alpha = 0.96$).

Islamic Integrated Cognitive Behavior Therapy Manual consists of total 10 sessions which were covered within 10 to 15 weeks of time period. Each session comprised of 50 to 60 minutes. This approach helped the clients to incorporate their religious beliefs, practices, and resources in the session with the aim to reduce depressive symptoms. The objective of this intervention was to change manipulative cognition and help participants to develop a meaningful, hopeful, and optimistic worldview by integrating Islamic behaviors, teachings and believes in the therapeutic setting. Moreover, each week, participants read Quranic verse or Hadith along with working on conventional concept of CBT such as; Gratitude, altruism etc.

3.3 Procedure

The participants (experimental and wait list control group) were enrolled from different universities. Those participants who scored high in Automatic Thought Questionnaire were enrolled in experimental group. The Intervention based sessions were conducted for approx 50 minutes each week and use clinical setting to get accurate results and in order to have formal and professional environment. Ethical road map given by American Psychological Association was followed. Participants were provided with informed consent and briefly told about the research purpose. Confidentiality of participants were maintained throughout the process.

The aims to cover the concepts of Islamic Integrated CBT are given below;

1. Substitution of negative and inappropriate thought process with the Islamic teachings which helps in the enhancement of mental health.

2. Applying the concepts such as; thankfulness, forgiveness and act of kindness along with the performance of Namaz and building positive relationship with Muslim community members.
3. Convening the concepts of Imam Al-Ghazali (inner/outer-self and cleansing of heart)
4. Therapist conveyed the importance of each session and the treatment to her participants. Contact information have to be exchange to avoid communication gap.
5. Therapist used a journal to make proper notes to keep the track of each session and data gathered from the participant. Consent form was filled by the participants which explains the major motive of the treatment (Use of Islamic ideology in the therapy.)
6. Moreover, ethical boundaries were cleared within the initial session to avoid any misunderstandings.
7. Therapist provided an overview of conventional and Islamic based CBT to the participant so they can find the importance and differences between the two frameworks.
8. There are two workbooks of IICBT; one focuses entirely on participant's version and the other one is for therapist guidance.
9. Each of the session carries home-based assignments which needed to be evaluate in the end of every session. If not done at home then participants need to do it in the session.

Figure No 3: Therapist Guide to Islamic Integrated Cognitive Behavioral Therapy





4. Results and Discussion

Table No 1: Demographics Information of the participants of Experimental and Wait-List Control Group (N=20)

Characteristics	f (%)	M(SD)
Experimental		
Group		20 (1.49)
Age		
Gender	Female	10(100)
Residence	Karachi	10(100)
Marital status		
	Single	9(90)
	In a relationship	1(10)
Qualification		
	BS (Psychology)	4(40)
	MBBS & BDS	4(40)
	Student	
	BBA	1(10)
	DPT	1(10)
Any family history of psychological illness		
	Yes	6(60)
	No	4(40)
Wait-List Control		
Group		20.8(2.3)
Age		
Gender		

Table No 2: Paired sample t-test values of change in the Automatic thoughts before and after the treatment of IICBT in experimental group.

	M	N	SD	t	df	Sig (2-tailed)
Pre-test	108.8	10	19.48			
Automatic Thought Questionnaire Intervention Group				11.56	9	.000
Post-test	44.1	10	4.12			

Table No 3: Cronbach's Alpha of Test of Internal Consistency of Automatic Thought Questionnaire (ATQ) scale

	α	No. of items
Automatic Thought Questionnaire (ATQ)	.90	60

Table 2. indicates that the negative automatic thoughts of participants enrolled in experimental group significantly reduces with Islamic Integrated Cognitive Behavioral Therapy. Hence shows significance at $p < 0.05$ which approved that there will be a decrease in negative automatic thoughts before and after the treatment of Islamic Integrated Cognitive behavioral therapy in experimental group. The use of Islamic theological perspective and reasoning helped the participants to altered their negative thoughts and beliefs.

Further, Table 3. displays the upright internal consistency between the items Automatic Thought Questionnaire (ATQ) scale which tells that the scale is reliable and all the items were measured the same construct. This reliability provides the solid rationale for Muslims having negative thought process. For instance, “Tawakkul” or “active surrender” to Allah makes a person rely on to Him and build a trust. This facilitates the participants in battling with their negative thoughts. Similarly, when participants were told that they are being tested by Allah and reminded them about Allah’s sayings that Allah will not test the person beyond his capabilities, helped the participants in challenging their irrational thoughts (Husain & Hodge, 2016). Furthermore, it is also a beneficiary point in favor of Islamic concepts that these concepts never change unlike the traditional CBT self-statements for defeating the negative thoughts (D’Souza & Rodrigo, 2004; Hamdan, 2008). This notion is also supported by Beitel and his colleagues that the concepts build on the basis of spiritual values lives longer then the secular grounds (Beitel et al., 2007; Margolin et al., 2006).

5. Conclusion

The present research aimed to identify the efficacy of Islamic Integrated Cognitive Behavioral Therapy for the reduction of negative automatic thoughts in young adult females. The findings of this research describe that there are significant effect of Islamic Integrated Cognitive Behavioral Therapy in treating negative automatic thoughts. However, limited number of participants and inclusion of female participants only limits the generalizability of current research and could be the area of exploration for other researchers.

5.1 Recommendations

After analyzing the effectiveness of Islamic Integrated Cognitive Behavioral Therapy, mental health practitioners could integrate this treatment module in their sessions as this research provides a baseline to other psychotherapists. Moreover, researchers could also investigate the efficacy of Islamic Integrated Cognitive Behavioral Therapy on various mental health conditions such as anxiety, OCD etc.



6. References

Adams, S. H., Schaub, J. P., Nagata, J. M., Park, M. J., Brindis, C. D., & Irwin Jr, C. E. (2022). Young adult anxiety or depressive symptoms and mental health service utilization during the COVID-19 pandemic. *Journal of Adolescent Health, 70*(6), 985-988.

Akhtar, P., Ma, L., Waqas, A., Naveed, S., Li, Y., Rahman, A., & Wang, Y. (2020). Prevalence of depression among university students in low- and middle-income countries (LMICs): a systematic review and meta-analysis. *Journal of affective disorders, 274*, 911-919. <https://doi.org/10.1016/j.jad.2020.03.183>

Al-Ghazali, A. (2011). al-Munqidh min al-Dalal (Deliverance From Error). *Rasael al-Imam al-Ghazali*. Beirut: Dar al-Kotob al-Ilmiyah, 7, 1-132. <https://www.aub.edu.lb/fas/cvsp/Documents/Al-ghazaliMcCarthytr.pdf>

Alipour, A., Rahimi, A., Shadnia, S., Rahimi, M., Evini, P. E. T., Hosseini, S. M., & Mostafazadeh, B. (2025). Investigating the relationship between automatic negative thoughts and experiential avoidance with psychological distress and the mediating role of cognitive emotion regulation in patients with a history of suicide attempt. *Iranian Journal of Psychiatry, 20*(1), 12. doi: 10.18502/ijps.v20i1.17397

Arnett, J. J., & Schwab, J. (2012). 2012 Poll of Emerging Adults [Thriving, Struggling & Hopeful]. https://commons.clarku.edu/clarkuni_poll/1

Arnett, J. J. (2023). *Emerging adulthood: The winding road from the late teens through the twenties*. Oxford University Press. DOI: 10.1093/oso/9780197695937.001.0001

Azhar M, Varma S, Dharap A.(1994). Religious psychotherapy in anxiety disorder patients. *Acta Psychiatrica Scandinavica, 90*(1):1-3. doi:10.1111/j.1600-0447.1994.tb01545.x

Azhar, M. Z., & Varma, S. L. (1995). Religious Psychotherapy in Depressive Patients. *Psychotherapy and Psychosomatics, 63*(3-4), 165-168. doi:10.1159/000288954

Beck, A. T. (1967). *Depression: Clinical, Experimental, and Theoretical Aspects*. New York: Harper & Row. <https://www.worldcat.org/title/depression-clinical-experimental-and-theoretical-aspects/oclc/2648585>

Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive Therapy of Depression*. New York: The Guilford Press. doi: 10.1046/j.1440-1614.2002.t01-4-01015.x

Beck, A. T., & Alford, B. A. (2009). *Depression: Causes and Treatment*. University Of Pennsylvania Press. <https://psycnet.apa.org/record/2009-05809-000>

Beck, J. S., & Beck, A. T. (2011). *Cognitive Behavior Therapy. New York: Basics and Beyond*. Guilford Publication.

Beitel, M., Genova, M., Schuman-Olivier, Z., Arnold, R., Avants, S. K., & Margolin, A. (2007). Reflections By Inner-City Drug Users On A Buddhist-Based Spirituality-Focused Therapy: A qualitative study. *American Journal of Orthopsychiatry, 77*(1), 1-9. <https://doi.org/10.1037/0002-9432.77.1.1>

Bozkurt, N. (1998). The relationship between depression, automatic thoughts and school achievements in high school students. Doctoral dissertation, Dokuz Eylül University, İzmir, Turkey. DOI: 10.5772/66622



Brueckmann, M., Hachenberger, J., Wild, E., & Lemola, S. (2025). Repetitive negative thinking mediates the relationship between self-esteem and burnout in an ecological momentary assessment study. *Communications Psychology, 3*(1), 134. DOI <https://doi.org/10.1038/s44271-025-00318-2>

Clark, D. A., Beck, A. T., Alford, B. A., Bieling, P. J., & Segal, Z. V. (2000). Scientific Foundations of Cognitive Theory and Therapy of Depression. doi: 10.1891/0889-8391.14.1.100

Cuijpers, P., Berking, M., Andersson, G., Quigley, L., Kleiboer, A., & Dobson, K. S. (2013). A meta-analysis of cognitive-behavioural therapy for adult depression, alone and in comparison with other treatments. *The Canadian Journal of Psychiatry, 58*(7), 376-385. <https://doi.org/10.1177/070674371305800702>

Daly, M., & Robinson, E. (2021). Anxiety reported by US adults in 2019 and during the 2020 COVID-19 pandemic: Population-based evidence from two nationally representative samples. *Journal of affective disorders, 286*, 296-300. doi: 10.1016/j.jad.2021.02.054

D'Souza, R. F., & Rodrigo, A. (2004). Spiritually Augmented Cognitive Behavioural Therapy. *Australasian Psychiatry, 12*(2), 148-152. <https://doi.org/10.1080/j.1039-8562.2004.02095.x>

Ettman, C. K., Abdalla, S. M., Cohen, G. H., Sampson, L., Vivier, P. M., & Galea, S. (2020). Prevalence of depression symptoms in US adults before and during the COVID-19 pandemic. *JAMA network open, 3*(9), e2019686-e2019686. doi: 10.1001/jamanetworkopen.2020.19686

Frazier, P., Anders, S., Perera, S., Tomich, P., Tennen, H., Park, C., & Tashiro, T. (2009). Traumatic events among under-graduate students: Prevalence and associated symptoms. *Journal of Counseling Psychology, 56*(3), 450-460.

Gao, J., Zheng, P., Jia, Y., Chen, H., Mao, Y., Chen, S., ... & Dai, J. (2020). Mental health problems and social media exposure during COVID-19 outbreak. *Plos one, 15*(4), e0231924. <https://doi.org/10.1371/journal.pone.0231924>

Goksan Yavuz, B., Acar, E., Sancak, B., Sayin, E., Yalinay Dikmen, P., & Ilgaz Aydinlar, E. (2023). The role of metacognition, negative automatic thoughts and emotions in migraine-related disability among adult migraine patients. *Psychology, Health & Medicine, 28*(10), 3177-3189. <https://doi.org/10.1080/13548506.2022.2104884>

Hamdan, A. (2008). Cognitive Restructuring: An Islamic Perspective. *Journal of Muslim Mental Health, 3*(1), 99-116. <https://doi.org/10.1080/15564900802035268>

Hofmann, S. G, Asnaani, A., Vonk, I. J., Sawyer, A. T., Fang, A. (2012). the Efficacy of Cognitive Behavioral Therapy: A Review of Meta-Analyses. *Cognitive Theory Research, 36*(5):427-440. doi: 10.1007/s10608-012-9476-1

Hollon, S. D., & Kendall, P. C. (1980). Cognitive Self-Statements in Depression: Development of an Automatic Thoughts Questionnaire. *Cognitive therapy and research, 4*(4), 383-395. <https://doi.org/10.1007/BF01178214>

Hollon, S., & Beck, A. (2013). Cognitive and Cognitive Behavioral Therapies. In M. Lambert (Ed.), Bergin and Garfield's Handbook of Psychotherapy and Behavior Change (6th ed, pp. 393-442). Hoboken, NJ: John Wiley and Sons Press.



Hodge, D. R. (2006). Spiritually Modified Cognitive Therapy: A Review Of The Literature. *Social Work*, 51(2), 157-166. <https://doi.org/10.1093/sw/51.2.157>

Hook, J. N., Worthington Jr, E. L., Davis, D. E., Jennings, D. J., Gartner, A. L., & Hook, J. P. (2010). Empirically Supported Religious and Spiritual Therapies. *Journal of Clinical Psychology*, 66(1), 46-72. <https://psycnet.apa.org/record/2010-00890-004>

Husain, A., & Hodge, D. R. (2016). Islamically Modified Cognitive Behavioral Therapy: Enhancing Outcomes by Increasing the Cultural Congruence of Cognitive Behavioral Therapy Self-Statements. *International Social Work*, 59(3), 393-405. <https://doi.org/10.1177/0020872816629193>

Ismail, G. A. (2008). *Islam, Sufism & Psychotherapy: In Search Of Unifying Values and Epistemologies* (Doctoral dissertation, James Madison University). <https://doi.org/10.1027/1016-9040/a000297>

Lakdawalla, Z., Hankin, B. L., & Mermelstein, R. (2007). Cognitive theories of depression in children and adolescents: A conceptual and quantitative review. *Clinical child and family psychology review*, 10(1), 1-24. <https://doi.org/10.1007/s10567-006-0013-1>

McCullough, M. E. (1999). Research on Religion-Accommodative Counselling: Review and Meta-Analysis. *Journal of Counselling Psychology*, 46(1), 92. doi: 10.1037/0022-0167.46.1.92

McGoldrick, M., Giordano, J., & Garcia-Preto, N. (Eds.). (2005). *Ethnicity and family therapy*. Guilford Press. <https://www.guilford.com/books/Ethnicity-and-Family-Therapy/McGoldrick-Giordano-Preto/9781593850203>

Marum, G., Clench-Aas, J., Nes, R. B., & Raanaas, R. K. (2014). The relationship between negative life events, psychological distress and life satisfaction: a population-based study. *Quality of Life Research*, 23(2), 601-611. <http://doi.org/10.1007/s11136-013-0512-8>

Margolin, A., Beitel, M., Schuman-Olivier, Z., & Avants, S. K. (2006). A Controlled Study of a Spirituality-Focused Intervention for Increasing Motivation for HIV Prevention among Drug Users. *AIDS Education & Prevention*, 18(4), 311-322. <https://doi.org/10.1521/aeap.2006.18.4.311>

Martínez-Libano, J., Torres-Vallejos, J., Oyanedel, J. C., González-Campusano, N., Calderón-Herrera, G., & Yeomans-Cabrera, M. M. (2023). Prevalence and variables associated with depression, anxiety, and stress among Chilean higher education students, post-pandemic. *Frontiers in Psychiatry*, 14. <https://doi.org/10.3389/fpsyg.2023.1139946>

Mei, G., Xu, W., Li, L., Zhao, Z., Li, H., Liu, W., & Jiao, Y. (2020). The role of campus data in representing depression among college students: exploratory research. *JMIR mental health*, 7(1), e12503. doi: 10.2196/12503

National Research Council, Board on Children, Youth, Committee on Depression, Parenting Practices, & the Healthy Development of Children. (2009). Depression in parents, parenting, and children: Opportunities to improve identification, treatment, and prevention.

Pargament, K. I., Murray-Swank, N. A., & Tarakeshwar, N. (2005). An Empirically-Based Rationale for a Spiritually-Integrated Psychotherapy. <https://doi.org/10.1080/13694670500138940>



Pearce, M. J., Koenig, H. G., Robins, C. J., Nelson, B., Shaw, S. F., Cohen, H. J., & King, M. B. (2015). Religiously Integrated Cognitive Behavioral Therapy: A New Method Of Treatment For Major Depression In Patients With Chronic Medical Illness. *Psychotherapy*, 52(1), 56. doi: 10.1037/a0036448

Richards, P. S., & Bergin, A. E. (2000). *Handbook of Psychotherapy and Religious*. Washington, DC: American Psychological Association. <https://doi.org/10.1037/10347-000>

Rose, E. M., Westefeld, J. S., & Anseley, T. N. (2001). Spiritual Issues in Counseling: Clients' Beliefs and Preferences. *Journal of Counselling Psychology*, 48(1), 61. DOI: 10.1037/0022-0167.48.1.61

Santomauro, D. F., Herrera, A. M. M., Shadid, J., Zheng, P., Ashbaugh, C., Pigott, D. M., ... & Ferrari, A. J. (2021). Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. *The Lancet*, 398(10312), 1700-1712.

Schwartz, S. J., & Petrova, M. (2019). Prevention science in emerging adulthood: A field coming of age. *Prevention Science*, 20(3), 305-309. doi: 10.1007/s11121-019-0975-0

Sabki, Z. A., Sa'ari, C. Z., Muhsin, S. B. S., Kheng, G. L., Sulaiman, A. H., & Koenig, H. G. (2019). Islamic Integrated Cognitive Behavior Therapy: A Shari'ah- Compliant Intervention for Muslims with Depression. *Malaysian Journal of Psychiatry*, 28(1), 29-38. ISSN: 2232-0385

Salami, M., & Khan, R. (2019). Islam and Cognitive Behaviour Psychology: An Introduction. In *10th International Symposium On Islam, Civilization And Science (ISICAS 2019)* (p. 17). ISBN 978-967-17506-0-5

Samajdar, S., & Halder, S. (2025). Exploring Automatic Thoughts among Young Adult Females with Overweight Level of Body Mass Index (BMI). *DY Patil Journal of Health Sciences*, 13(3), 190-193. DOI: 10.4103/DYPJ.DYPJ_85_24

Sarokhani, D., Sarokhani, M., Hasanpour Dehkordi, A., Ghanei Gheshlagh, R., & Fakhri, M. (2020). Prevalence of obesity and overweight in Iranian students: a systematic review and meta-analysis. *Journal of Pediatric Endocrinology and Metabolism*, 33(4), 453-468. <https://doi.org/10.1515/jpem-2019-0474>

Smith, T. B., Bartz, J., & Richards, P. S. (2007). Outcomes of Religious and Spiritual Adaptations to Psychotherapy: A Meta-Analytic Review. *Psychotherapy Research*. <http://www.Tandfonline.Com/Doi/Abstract/10.1080/10503300701250347>

Sheppard, L. C., & Teasdale, J. D. (2000). Dysfunctional Thinking in Major Depressive Disorder: A Deficit in Metacognitive Monitoring? *Journal of Abnormal Psychology*, 109(4), 768. <https://doi.org/10.1037/0021-843X.109.4.768>

Secundino-Guadarrama, G., Veytia-López, M., Guadarrama-Guadarrama, R., & Míguez, M. C. (2021). Depressive symptoms and automatic negative thoughts as predictors of suicidal ideation in Mexican adolescents. *Salud Mental*, 44(1), 3-10. <https://doi.org/10.17711/sm.0185-3325.2021.002>



Shen, Y., Chen, D., Ying, J., Wang, C., & You, J. (2024). The association between negative automatic thoughts and suicidal ideation: A longitudinal serial mediation model. *Current Psychology*, 43(11), 9909–9919. <https://doi.org/10.1007/s12144-023-04860-7>

Spinhoven, P., Roelofs, K., Hovens, J. G., Elzinga, B. M., van Oppen, P., Zitman, F. G., & Penninx, B. W. (2011). Personality, life events and the course of anxiety and depression. *European Journal of Personality*, 25(6), 443–452. <https://doi.org/10.1002/per.808>

Tahir, F., & Sadiq, R. (2022). Automatic negative thoughts as contributing factors to adults with conversion disorder. *JPMA. The Journal of the Pakistan Medical Association*, 72(9), 1708-1711. DOI: <https://doi.org/10.47391/JPMA.2169>

Takeda, T., Nakataki, M., Umehara, H., & Numata, S. (2024). Associations between negative and positive automatic thoughts and clinical variables in patients with schizophrenia. *Schizophrenia Research: Cognition*, 35, 100298. DOI: [10.1016/j.scog.2023.100298](https://doi.org/10.1016/j.scog.2023.100298)

Türkçapar, M.H., Sungur, M.Z. & Akdemir, A. (1994). Cognitive therapies in children and adolescents. *Turkish Journal of Child and Adolescent Mental Health*, 2(2), 93–100. <https://doi.org/10.21547/jss.256702>

Valitabar, Z., & Hossein Sabet, F. (2017). The Role of Negative Automatic Thoughts, Negative Attitudes and Intrusive Memories at Depression. *Clinical Psychology Studies*, 7(26), 165-179. <https://doi.org/10.22054/jcps.2017.7398>

Valdés, J. M., Díaz, F. J., Christiansen, P. M., Lorca, G. A., Solorza, F. J., Alvear, M., Ramírez, S., Nuñez, D., Araya, R., & Gaete, J. (2022). Mental Health and Related Factors Among Undergraduate Students During SARS-CoV-2 Pandemic: A Cross-Sectional Study. *Frontiers in Psychiatry*, 13. <https://doi.org/10.3389/fpsyg.2022.833263>

Vethasalam, R. (2023). *Mental health cases among youth a worrying trend, says Dr Zaliha*. *The Star*. Retrieved from <https://www.thestar.com.my/news/nation/2023/10/22/mental-health-casesamong-youth-a-worrying-trend-says-dr-zaliha>

Worthington Jr, E. L., Hook, J. N., Davis, D. E., & McDaniel, M. A. (2011). Religion and Spirituality. Retrieved from [Https://doi.Org/10.1002/Jclp.20760](https://doi.org/10.1002/Jclp.20760)

Zamaniyan, S., Bolhari, J., Naziri, G., Akrami, M., & Hosseini, S. (2016). Effectiveness of spiritual group therapy on quality of life and spiritual well-being among patients with breast cancer. *Iranian journal of medical sciences*, 41(2), 140. PMCID: [PMC4764964](https://doi.org/10.1007/s12144-023-04860-7)