Study of effectiveness integrated spiritual-cognitive-behavioral group therapy with Islamic Mysticism approach of anxiety and self esteem

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Abstract
Anxiety disorders are the most common psychiatric disorders in the general population recent decade, the integrated spiritual-cognitive-behavioral treatment approach was used. In order to, treat anxiety base on this case, The Islamic approach in spiritual-cognitive-behavioral framework for treatment for mental disorders, particularly anxiety, has considerable importance. In this study, experimental research design with pretest, posttest and control group used. 84 female residents of Shiraz Sahl Abad were selected by the accessible sampling and participated in ten sessions of two hours of treatment. The participants in this study, responded to Beck Anxiety Scale (1990), Rosenberg Self-Esteem Scale (1989) before and after treatment, and ultimately, data were analyzed by descriptive statistics and analysis of covariance. The data results showed that integrated spiritual-cognitive-behavioral therapy with Islamic Mysticism approach to decrease anxiety and increase self-esteem compared to the control group was significantly more effective (p< 0.001). The result was shown in this study, integrated spiritual-cognitive-behavioral therapy base on Islamic Mysticism has been able to substantially reduce anxiety and increased self-esteem to be effective

Key words: Integrated spiritual-cognitive-behavioral treatment, Islamic Mysticism, anxiety, self-esteem

Introduction
Anxiety disorders are the most common psychiatric disorders in the general population almost double the proportion of women than men, these disorders are associated with significant morbidity and often chronic and resistant to treatment. Anxiety, if vague, sweeping along with the autonomic nervous system arousal, Headache, sweating, palpitations, muscle cramps, breast and gastrointestinal disorders (Kaplan and Sadvak, 2007). Even in non-clinical chronic anxiety levels are a risk factor for a number of major health problems such as asthma (Sdnbrog et al., 2000), diabetes (Su and Lam, 2009), Pain (Byzdv et al., 2009) and heart disease - cardiovascular (Poroshat, Dyj and Taylor, 2009) is known.Medication and behavioral therapy - Cognitive therapy of anxiety disorders are effective, (Pin quart and Dabrstyn, 2007). However, the risks associated with drugs (eg, falls, hip fractures, memory problems) and Patients fear the side effects of drug therapy has been limited (Elaine, Bento -Ferr, Pollard, Aqua Vpalat, 2005; pattern, and Lfrrooych Dafuyl, 2002). On the other hand, the practical interest of the effect of religion and spirituality in the treatment of mental illness, including anxiety and depression over, in the last twenty years has been expanded (stefanenk, 2004). As far as today, religion and spirituality and their effects on physical and psychological

Stefanenk\textsuperscript{1,2}  
Breitbart et al\textsuperscript{3}  
Nelson et al\textsuperscript{4}  
Nelson, Rosenfeld, Breitbart, & Galietta\textsuperscript{4}  
Phisaiphanh\textsuperscript{5}  
Meraviglia\textsuperscript{6}  
Rippentrop, Altmaier, Chen, Found, & Keffala\textsuperscript{7}
health is the subject of much research and clinical practice (Breitbart et al., 2010, Nelson et al., 2009, Nelson, Rosenfeld, Breitbart, & Galietta, 2007, Phisaiphanth, 2007, Meraviglia, 2004 and 2006, Rippentrop, Altmaier, Chen, Found, & Keffala, 2005). For this reason, the literature contains a considerable amount of research that indicates a positive relationship between religion and spirituality, and mental and physical health (Newman and Foucault, 2007; Moss and Dobson, 2006; Fyvtns and Bernstein, 2006; McCauley et al., 2005; Davison, 2005; Larson and Larson, 2003; Koenig and Lar Sun, 2001; Stand, 1998). And the importance of religion and spirituality in providing context, meaning and psychological well-being of breeding individuals (Aymvn, 2005; Pargamnt and we Huni, 2005), Improve health outcomes (Hodge, 2006) and especially the quality of life (Smith, Bartz, & Richards, 2007) have shown. Initial investigations demonstrated the effectiveness of treatment, spiritual, religious, for some diseases (Hodge, 2006 Kazuki et al., 2010; McCullough, 1999; Parkrt et al., 2011); Research aimed at treating Azgham spiritual, religious and traditional therapies for the treatment of generalized anxiety in adults was designed to demonstrate the efficacy of this treatment method has been So that means the combination of religion / spirituality as a potential treatment strategy for reducing dropout rates and treatment, enhance the effectiveness of current treatments for cognitive – behavioral for the treatment of anxiety has become adults (Stanley et al., 2011). The results of many studies show positive effects of the integration of spirituality / religion and psychotherapy for clients (Kilmer, 2012) empirical investigations have shown that Spirituality / religion can be an important reference for dealing with the problems of clients who have mental or physical chronic pain (Young Kshvl, 2001) in fact, the integration of spirituality in counseling can create insight, hope and change any of the basic elements useful treatment (Daly et al., 2011). In fact, the whole spiritual efficacy of treatment due to excessive expansion of psychotherapy and the study focused on a condition similar quality hard (Amber et al., 2010). But due to high rates of depression and anxiety were also (Murphy et al., 2004) systematic influence of psychotherapy on this disorder integrated spirituality / religion spread to this side (Amber et al., 2010). Religion / spirituality, helped by better coping style with life stressors, reduce stress through the effect of the daily decision-making, including how to deal with others, (generosity, altruism, gratitude and forgiveness), Lifestyle (marital fidelity, crime, Crime and Crime and performance in school and the workplace) and health behaviors (use of alcohol, drug use and sexually Transmitted diseases) on mental health and the impact of depression and anxiety (Daly et al., 2011: According to Kilmer, 2012). On the other hand, the use of spirituality in the treatment group as one of the most influential and important factors which can improve social support and coping in matters of health is (Revheim & Greenberg, 2007). Group therapy, spiritual - religious form of therapy that uses certain principles and application of spiritual practices - helps religious to perceptual learning material itself, world events and phenomena found through links with the world beyond physical health and growth gain (Richards Vebrgyn, 2007) while cognitive and vision-oriented approach can help clients to understand the basis of perceived emotional distress based on her life experiences, Spiritually oriented interventions, the individual learns through personal knowledge of spiritual experiences (which ultimately it is God and morality) to put events in a broader perspective is the (Koenig, 2012). Also, trust in God through positive religious coping (Pargamnt, 1997) spiritual support in times of stress and promote a sense of connection to a higher power, and / or feelings of positive spiritual inspiration, meaning, hope, and thanksgiving, and as a source of emotional and logical act. In contrast, the belief that God created negative perceptions of threats and malicious may increase risk assessment, especially in situations that are out of control or become unpredictable. Mistrust in God may further exacerbate stress by promoting the fundamental moral questions, doubts, conflicts with Allah. In addition, the study found a negative correlation between anxiety and self-esteem (Svl-Carmena, Lopez-Lyyna and iPod Vancouver - Ganvra, 2013; Alnyma, Rosenberg, Archer and Garcia, 2013), and also, studies show the influence of religious beliefs on the performance of the

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Hodge, 2006
Smith, Bartz, & Richards, 2007
anley et al.
Murphy et al.
Revheim & Greenberg, 2007
individual with success in situations causing stress, improve mental health and self-esteem. Increased self-esteem and inner religious feedback inhibition plays a major role (Majdi, Salimi, Hoby, and Moradi, 2009). The research showed that those who are more religious have higher self-esteem (Baggaley and Milk, 1999; Yang and Rebecca, 2001). Benson and Espyka (1973) showed that the amount of self-esteem and positive relationship with the love of God and accepting the idea of rejection and denial of God has a negative relationship. In other words, self-esteem is strongly influenced by the thought of God. The results of another study showed that self-esteem is higher Muslim students from non-Muslim students (Krystylu, 2008). According to what was said and the fact that Iran is one of the first countries that have been on the treatment of religious foundations (Rosmarin, 2010). With the aim of the effectiveness of cognitive-behavioral group therapy approach is a combination of spiritual Islamic Sufism, On anxiety, depression in non-clinical to control and the efficacy of cognitive-behavioral group therapy approach is a combination of spiritual Islamic Sufism. On self-esteem, In non-clinical depression than the control group to check.

**Method**

This study applied research, and the research due to the control group of experimental research with pre-test - post-test "The statistic population" is the study of all women in the 92-91 years living in the city of Shiraz was easy in the neighborhood due to complaints of depression and anxiety come home Sahl Abad district. In this study, the sampling method was used. To carry out this study in the first part of the recall and brochures of early signs of anxiety were those who were invited to attend the speech. During the speech information on depression and anxiety symptoms and ways to deal with it, group therapy and treatment of cognitive-behavioral and spiritual approach to Islamic mysticism to present their questions answered, At the end of the program than those who were willing to take part in the course were asked to complete the measures related to this research, after considering those measures which were appropriate for groups depression and anxiety were not serious and after a phone call they were asked to participate in the interview. Bio-psycho-social-spiritual during the interview, interview the researcher for this study was designed with the Islamic approach was used. Clients without severe mental disorder, personality disorder, chronic illness, physical and religious beliefs, religious beliefs and the others received terms of diagnosis were referred for appropriate treatment. After the end of the process participants, including 84 women were living in the neighborhood Sahl Abad after cloning the control and experimental groups, with mean age (34.38 and 34.09) and Standard deviation (8.36 and 8.81) were divided intervention was done during the sessions for the group at the end of their respective Measures referred once again filled.

**Tools**

1. **Beck Anxiety Inventory**, the Beck Anxiety Inventory in 1990, Aaron Beck and his colleagues introduced BAI- specifically subjects the severity of clinical anxiety symptoms in clinical anxiety measures (Beck & Steer, 1990). Their findings in two studies presented normative and psychometric scale. The first study was conducted on 160 patients (Beck, Epstein, Brown, & Steer, 1988). On completion of this study, another study was performed on 367 outpatients (Beck & Steer, 1991), both studies suggest the validity of this scale to measure anxiety. The next study the use and validity of this scale in different positions approved (Osman, Kopper, Barrios, Osman, & Wade, 1997; Osman et al., 2002). Beck et al reliability of this scale open trial on 85 patients out within a week, 0.75 respectively. 0.92 alpha coefficient for this scale on 160 outpatients obtained. In addition, Beck and colleagues presented the findings of credible studies on appropriate internal consistency and test-retest reliability and good the distinction convergent validity and reliability for the Beck Anxiety Inventory – BAI by testing of clinical specimens and test reliability and validity of the scale confirmed student (Fydrich, Dowdall, & Chambless, 1992). Fydrich et al in 1992, 0.67 reliability coefficient alpha coefficient 0.94 to 40 outpatients reported (Gras-marl, 1996; quoted Akbari et al., 2008) the results showed that in Iran The validity of the test is appropriate (0.72 = r) correlation.
between the class and test scores indicate good perennial \((0.83 = r)\) CD Bach alpha coefficient obtained \(0.92\) (Kavyani et al., 2009).

2. Rosenberg self-esteem scale, which contains 10 words, including the words general and in those five negative and five positive words such as speech and for each question, multiple-choice answers on the Likert screw. The question of the scale in terms of positive and negative, direct and inverse done. The scale scores of 0 to 3 balls and score the highest possible score is 30. Scores higher than 25 indicate high self-esteem, between 15 and 25 represents the average self-esteem and low self-esteem were less than 15 shows (Rosenberg, 1979). The results Palmn and Alik (2000) has shown that the internal validity of the scale factor is 84/0 with results Rosenberg (1979) is very similar. Correlation coefficients retest interval of two weeks, five months and one year, respectively, 0.84, 0.68 and 0.62 have been reported. Numerous studies confirm the validity and reliability of the Persian version of the scale (poor, 2006, Ali-Zadeh, 2005; B. Poor, 2003; quoted enjoyment et al., 2008; Mohammadi 2005). Opening time trial of the scale factor values, with an interval of 1,2 and 3 weeks, respectively, 0.77, 0.73, 0.78, respectively (Mohammadi, 2005) CD Bach alpha coefficient for the self-esteem Rosenberg 0.74 has been calculated.

**Intellectual-cognitive-behavioral intervention program with the approach of Islamic Sufism**

The combination of spiritual, cognitive therapy treatment program by the investigator and based on ideas, research and numerous books (Yalvm, 2011; Yalvm and Mulys Lshych, 1390, Corey and Corey, 2011; Kashani, 1388; Attar, 2009; Leahy, 2008, Ansari, 2008; Hjvry, 2008, Suhrawardi, 2007; Qshyry, 2006, Shamshire, 2006; Siraj al, 2003; Mohammad al, 2002; Sanfy, 2002; Guhryn, 1984; Hong, 2004; Romaryn et al., 2010; Farah, 2011, H. et al., 2013) during the two-hour sessions on eight mystical place (Tears, repentance, piety, piety, patience, sugar, trust and satisfaction) was developed. The plan assumes that the authorities should first session of any place worthy of its capacity to achieve some degree of knowledge and understanding, Then the knowledge and understanding of the changes in mood and conditions that he provide for the operation and maintenance of the claim and the same behavior that causes lasting changes he comes (Ghazali, 2002). In this way the authorities are paid per meeting to examine possible problems to the change in her consolidation and at the end of each session assignments given to him In order to maintain their relationship with management. The assignments include a worksheet stipulation, meditation, calculated by the investigator and by virtue of (Siraj al, 2003; Muhammad al-Ghazali, 1381, Amelie, 2001, Imam Khomeini, in 2001, Principles enough, 1992) and Meditation by mentioning that according to (Benson, 2000; Said, Antnasy and Blach, 2010; Hafn, Sawyer, White and Oh, 2010; Moss, 2012; Jurbk and Walsh, 2012; Tabatabai Alnjfy, 1996, Wayne Dyer, 2002) Developed by researchers and over 10 health targets is presented in Table A was carried out.

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Rosenberg20
Table 1. Describes the spiritual goals of cognitive-behavioral intervention sessions with the approach of Islamic Sufism

<table>
<thead>
<tr>
<th>Session</th>
<th>Time</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>The first session (Introduction)</td>
<td>120 minutes</td>
<td>Meet the objectives of the treatment process, familiar with the rules and norms of the group. Members are familiar with the duties and roles.</td>
</tr>
<tr>
<td>The second session (tears)</td>
<td>120 minutes</td>
<td>Participants described their current status and identify their real and compared. Participants meet their emotional states. Familiar with their thoughts and cognitive errors due to changes in their cause.</td>
</tr>
<tr>
<td>Third session (repentance)</td>
<td>120 minutes</td>
<td>Participants about themselves, their consciousness. Participants will learn how to observe. Participants learn to take care of their own. Participants walk in the path of God’s love.</td>
</tr>
<tr>
<td>Fourth session (Vara)</td>
<td>120 minutes</td>
<td>Participants learn how united their word, causing harm to themselves or others. Participants will learn the impact that created speech. Participants with errors of language, are familiar. Participants will have to deal with these errors or fall.</td>
</tr>
<tr>
<td>Fifth Session (piety)</td>
<td>120 minutes</td>
<td>Participants learn to identify their real objectives. Participants familiar with the difference between goals and actions are. The participants are familiar ways following the objectives and obstacles. Participants identified obstacles and named Recent familiar with the pros and cons of this kind of life and their willingness to change its problems will be discussed.</td>
</tr>
<tr>
<td>Sixth session (wait)</td>
<td>120 minutes</td>
<td>Participants are familiar with the structure and concept of patience. Participants are familiar with gains and losses being patient. Participants will learn practical ways that cannot be patient. Participants are ways to deal with these errors either. Participants are encouraged to check for errors which occur in their lives.</td>
</tr>
<tr>
<td>Seventh session (sugar)</td>
<td>120 minutes</td>
<td>Participants are familiar with the structure and concept. Participant sugar and sugar users are familiar with the benefits. Participants are familiar with the types of sugar. Participants are familiar with the ways of development of sugar in their lives.</td>
</tr>
<tr>
<td>Eighth session (trust)</td>
<td>120 minutes</td>
<td>Participants are familiar with the concept of trust. Participants argue about the effects of trust in their lives. Participants with obstacles that prevent them from establishing and maintaining trust in their lives to be met.</td>
</tr>
<tr>
<td>Ninth session (MR)</td>
<td>120 minutes</td>
<td>Participants open their nose to past events. The positive effects of bad events, participants learn to eat again define their meaning in suffering. Participant good faith and belief in God to do the test. Participants will examine barriers unconditional acceptance and unconditional acceptance of the events in their lives studying.</td>
</tr>
<tr>
<td>Tenth session (end)</td>
<td>120 minutes</td>
<td>Integrate information and processes prior meetings, group therapy sessions and explain its effects, taking feedback from members about the feelings and views of the Group, training its members to leave the group and its achievements, conclusions and closing Group.</td>
</tr>
</tbody>
</table>

Finding

Table 2 Descriptive statistics of the variables used in this study to separate the two groups (control and test) is presented.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Control Before Treatment</th>
<th>Experimental Before Treatment</th>
<th>Control After Treatment</th>
<th>Experimental After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>22.79</td>
<td>22.6</td>
<td>12.26</td>
<td>25.02</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>33.04</td>
<td>32.80</td>
<td>39.58</td>
<td>33.1</td>
</tr>
</tbody>
</table>

To evaluate the efficacy of cognitive-behavioral approach to Islamic mysticism spiritual combination of analysis of covariance was used. In this test, post-test anxiety and self-esteem as the dependent variable and group (control and test) as the independent variable and the scores obtained in the pre-test anxiety and self-esteem Kuryt variable is used. A significant level during the test for these variables 0.31 and 0.18 respectively is which is not significant. As a result, the default will be the same variances are met. Table 2 shows the effects of the group.
Table 3. The results of the univariate analysis of covariance, the anxiety and self-esteem with Kvrrty pre-test and post-test scores

<table>
<thead>
<tr>
<th>variable</th>
<th>source of variance</th>
<th>Sum of squares</th>
<th>df</th>
<th>Mean square</th>
<th>F</th>
<th>Square ETA</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>Group</td>
<td>2056.93</td>
<td>1</td>
<td>2065.93</td>
<td>35.94</td>
<td>0.38</td>
<td>0.0001</td>
</tr>
<tr>
<td></td>
<td>Error</td>
<td>4138.57</td>
<td>72</td>
<td>57.48</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>total</td>
<td>33986.00</td>
<td>76</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>Group</td>
<td>835.12</td>
<td>1</td>
<td>835.12</td>
<td>35.11</td>
<td>0.44</td>
<td>0.0001</td>
</tr>
<tr>
<td></td>
<td>Error</td>
<td>1712.87</td>
<td>72</td>
<td>23.79</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>total</td>
<td>3495.00</td>
<td>76</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3 shows that, between groups in scores of anxiety and self-esteem is a significant difference in the post-test (F = 53.94 and P = 0.0001, F = 35.11 and P = 0.0001). This means that test anxiety and self-esteem scores in the experimental group was significantly different from the control group and the effectiveness of treatment, and 38 and 44 percent.

Table 4. Average Adjusted dependent variable of anxiety and self-esteem

<table>
<thead>
<tr>
<th>variable</th>
<th>group</th>
<th>Adjusted Average</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>experimental</td>
<td>12.18</td>
<td>1.3</td>
</tr>
<tr>
<td></td>
<td>control</td>
<td>25.68</td>
<td>1.17</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>experimental</td>
<td>39.52</td>
<td>0.84</td>
</tr>
<tr>
<td></td>
<td>control</td>
<td>33.18</td>
<td>0.75</td>
</tr>
</tbody>
</table>

Table 4, the average adjusted dependent variable of anxiety and self-esteem it has been shown in experimental and control groups, and figure 1 shows changes in mean variables of anxiety and self-esteem before and after the treatment and control groups shows.

Figure 1, anxiety and self-esteem scores before and after treatment

Conclusion
The first findings suggest that combination therapy of spiritual, cognitive - behavioral approach of Islamic Sufism, significantly reduced anxiety in the experimental group. This finding many results (McCullough, 1999; Hodge, 2006; Pakrt et al., 2009; Kazuki et al., 2010; Amber et al., 2010; Stanley et al., 2011; Parkrt et al., 2011; Barra, Zenou, be, and Barber, 2012) was in line. The effectiveness of this therapeutic approach to anxiety may be due to several reasons. First, religious beliefs / spiritual practices to cope with stressful situations such as that. In fact, religion and spirituality are able to reduce the stress of coping is through solutions (Koenig, 2012) and that is why the perceived stress and negative relationships with our

Koenig, Tuck, Alleyne, & Thinganjana
Behar, DiMarco, Hekler, Mohlman, & Staples
spirituality and spirituality is effective in reducing perceived stress (Tuck, Alleyne, & Thinganjana 2006). Second, in explaining the effectiveness of the therapy on anxiety can be argued that, trust in God through positive religious coping (Pargamnt, 1997) to promote spiritual support in times of stress, Sense of connection to a higher power, and / or feelings of positive spiritual inspiration, meaning, hope, and thanksgiving, and acts as a source of psychological and logical. In contrast, Belief in God which may cause malicious threats and increased negative perceptions of risk assessment, especially in situations that are uncontrollable or unpredictable, the world in which God is perfectly informed, strong and good with positive evaluations and prevent or reduce negative assessment of stressful life events can effectively reduce anxiety and stress. The lack of trust in God with reductions in uncontrollability and unpredictability are important factors in maintaining cognitive concern in reducing the symptoms of stress and anxiety effective (Behar, DiMarco, Hekler, Mohlman, & Staples, 2009). Third, we can say that people are anxious because of the tendency too, the future will be to safeguard your anxiety states (Kabat-Zin, 2003) provide a more flexible response to stressful situations and through belief in the supreme being he received help from the due attention and meditation could be another reason for the effectiveness of this type of treatment is to reduce client anxiety. In fact, this type of therapy, trying to change the style of avoidant coping resources, by changing the inner experience of Reference (Hayes SC, Luoma JB, Bond FW, Masuda A, Lillis, 2006) to effectively control the anxiety references, This results in many of the studies (Benson, 2000; Bauer, 2003; Grossman, Niemann, Schmidt, and Valach, 2004; Ledesma & Kumano, 2008; Ryzanarakan Kidd, Krisanaprakornkit, Krisanaprakornkit, Piyawhatkul, & Laopaiboon, 2006, Hayes SC, Luoma JB, Bond FW, Masuda A, Lillis, 2007, Ando et al., 2009, Saeed, Antonacci, & Bloch, 2010, Hofmann, Sawyer, Witt, & Oh, 2010, Moss et al., 2012, Fjorback & Walach, 2012). The second finding showed that combination therapy of spiritual, cognitive - behavioral approach to Islamic mysticism, has increased significantly in the experimental group self-esteem. This is a spiritual approach - and conveying religious and spiritual traditions and religion can have a positive impact on the personality and psychological characteristics - behavioral individuals approved and accepted by different researchers (Richards and Bryyn, 1999; West, 1999; translated Shahidi, 2004). Various researches the effectiveness of this approach in the treatment group increased self-esteem and other psychological problems - behavior has been confirmed. For example, research Sanaei and Nasir (2000) showed that Teaching religious concepts and participate in group therapy based on a significant impact on the religious and spiritual content Reduce anxiety and depression, and the positive attitude towards the environment and the future that all the components are self-efficient. We also study the safety and Malik (2001) showed that read more prayer can reduce test anxiety and self-esteem is largely in response to questions is consistent. On the other hand, In line with the results, Hassan Abad (2006), Mc Manus (2009), and Babak, Hashemabadi and Mohammedian Sherbaf (2010) showed that group therapy is an effective treatment for increasing self-esteem. First explanation of this method as Benson and Asplyka (1973) showed that Self-esteem is the love of God, His acceptance and positive relationship with perceived rejection and rejection of God is negative. In other words, self-esteem is strongly influenced by the thought of God. It can be acknowledged from both faith and love and acceptance of our relationship with God can be a factor effective in increasing levels of self-esteem, Clients and the change that by understanding the changes in the beliefs and thoughts are created, Leading to increased self-esteem and depression and anxiety is subject. That is why the belief in the existence of God and the universe, as well as monitoring and the observance of the Lord lead to human and religious values - attend and improve the level of trust in their religious rites (Hassan Abadi, 2006). Another reason is that the effect of this treatment on self-esteem by virtue of the definition of the Rosenberg Self-Esteem as "Good and bad attitude towards themselves" (quoted by John and McArthur, 2004) you can argues that, self-esteem on all aspects of

Hayes SC, Luoma JB, Bond FW, Masuda A, Lillis, 2004

Ledesma & Kumano, 2008

Krisanaprakornkit, Krisanaprakornkit, Piyawhatkul, & Laopaiboon, 2006


Ando et al., 2009

Saeed, Antonacci, & Bloch, 2010

Hofmann, Sawyer, Witt, & Oh, 2010

Moss et al., 2012

Fjorback & Walach, 2012
people’s lives and their ability to influence their attitudes. If you feel there is a wealth of Quran verses and God looks at the man as a creature worthy successor and caliph and placed him on the ground of review, You can see how this can change views about human recognition and increase the sense of love and respect for the holy will of God time and the change in beliefs. Emotions can effectively explain the effectiveness of treatment. The overall effectiveness of this treatment can be said in explanation-based treatment approaches Islamic mysticism, on the knowledge of man and his relationship with the Lord rests, The case of the man with the power to change the view of your own free will and the ideas presented which is always and everywhere under the umbrella of God’s mercy, This change in cognitive framework makes references to his emotional states by the hope that the future will change, and therefore prone to mood swings that her actions stems, That his relationship with the Lord and improve upon arrival in the direction of strengthening the action gets, actions expansion and thereby change the belief that the authorities can improve outcomes and to fit it finds.

Reference


