

## Integrated Approaches to Depression Treatment: A Review of Common Methods and their Effectiveness

Noraishah P. Othman<sup>1,2</sup>, Siti Norlina Muhamad<sup>3</sup>, Siti Aisyah Panatik @ Abd Rahman<sup>4</sup> & Nik Rosila Nik Yaacob<sup>5</sup>

<sup>1</sup>PhD Candidate Islamic Civilization Academy, Faculty of Social Sciences and Humanities, Universiti Teknologi Malaysia 81310 Johor Bahru, Johor, <sup>2</sup>Lecturer, Academy of Contemporary Islamic Studies (ACIS) UiTM Johor, Pasir Gudang Branch, 81750 Masai, Johor, <sup>3</sup>Associate Professor, Islamic Civilization Academy, Faculty of Social Sciences and Humanities, Universiti Teknologi Malaysia 81310 Johor Bahru, Johor, <sup>4</sup>Professor, Chair of School, School of Human Resource Development & Psychology, Faculty of Social Sciences and Humanities, Universiti Teknologi Malaysia 81310 Johor Bahru, Johor, Associate Professor, School of Educational Studies, University Science Malaysia, 11800 Penang, Malaysia

To Link this Article: <http://dx.doi.org/10.6007/IJARBSS/v14-i9/22404>

DOI:10.6007/IJARBSS/v14-i9/22404

**Published Date:** 01 September 2024

### Abstract

Depression, a prevalent mental health disorder, is often addressed through conventional methods such as pharmacotherapy and psychotherapy. However, gaps remain in understanding the effectiveness of these treatments compared to alternative approaches, particularly psychospiritual therapies. This paper aims to address these gaps by systematically examining and comparing the most commonly used treatments for depression, including pharmacotherapy, psychotherapy, and Islamic psychospiritual therapy. This study explores the treatment of depression through a comprehensive qualitative content analysis, focusing on the integration of pharmacotherapy, psychotherapy, and Islamic psychospiritual approaches. The findings suggest that integrating Islamic psychospiritual elements can provide a holistic approach to mental health, offering culturally sensitive treatment options that resonate with patients' spiritual and emotional needs, ultimately leading to improved therapeutic outcomes. This study contributes to the growing body of literature advocating for culturally informed mental health care practices that align with patients' beliefs and values.

**Keywords:** Depression, Psychotherapy, Pharmacotherapy, Islamic Psychospiritual.

### Introduction

Depression is a widespread condition affecting millions of people worldwide. According to the World Health Organization (WHO), more than 264 million people of all ages suffer from

depression globally. It is a leading cause of disability and contributes significantly to the global burden of disease. The social impact of depression extends far beyond the individual level, affecting families and communities in profound ways. Individuals struggling with depression often experience strained relationships as they may withdraw from social interactions, leading to feelings of isolation and misunderstandings (Ge et al. 2017; Kushibiki, 2024). This withdrawal can result in a series of challenges, including family problems where the emotional burden placed on family members can be overwhelming as they struggle to provide support while managing their own well-being (Zhang, 2024). The reduced quality of life experienced by both individuals with depression and their loved ones can create a cycle of distress and impaired functioning across various aspects of life (Santini et al., 2020).

Furthermore, depression also significantly impacts individuals' ability to work, study, and engage in daily activities, leading to decreased productivity and an increased economic burden. Research has shown that depression is a major contributor to productivity loss in the workplace, resulting in substantial economic costs (Wang et al., 2003; Birney et al., 2016; Langlieb & Kahn, 2005; Hsieh & Qin, 2017). The economic burden of depression includes costs related to absenteeism, presenteeism, and disability, with employers bearing a significant portion of these costs (Birney et al., 2016; Langlieb & Kahn, 2005). Depression affects individual work performance and influences coworkers' productivity and the overall work environment (Vollmann et al., 2021).

Moreover, depression is projected to be one of the leading causes of burden of disease globally, emphasizing its widespread impact (Mathers & Lončar, 2006). Studies have highlighted the multifaceted impact of depression on job performance, including decreased innovation, communication, problem-solving abilities, and increased turnover rates (Martin et al., 2018). The economic implications of depression extend beyond direct healthcare costs, with most of the economic burden arising from indirect costs such as labor productivity loss (Hsieh & Qin, 2017). Workplace interventions and treatments for depression have been explored to mitigate the economic consequences associated with the condition (Yunus et al., 2017; Evans-Lacko et al., 2016). Additionally, depression has been linked to a toxic work environment, further diminishing worker productivity (Rasool et al., 2019).

Research has shown that depression can co-occur with chronic physical conditions, impacting overall well-being and treatment outcomes. Studies emphasize the two way influence between mental health symptoms and physical health conditions, highlighting the importance of a comprehensive approach to care (Ferenchick et al. 2019; Hoy-Ellis & Fredriksen-Goldsen, 2016; O'Neal et al., 2022; Bhattacharya et al., 2016; Kanthariya et al., 2021; Low et al., 2018; Jiang et al., 2020; Pan et al., 2021; Aoki et al., 2020;). Given the extensive and multifaceted impact of depression, it is crucial to explore and implement effective treatment methods. This includes traditional approaches like pharmacotherapy, psychotherapy, and emerging and alternative therapies. Addressing depression through a holistic and personalized treatment plan can help reduce its far-reaching effects, improving not only individual well-being but also societal health and productivity.

Therefore, this paper aims to address these gaps by systematically examining and comparing the most commonly used treatments for depression, including pharmacotherapy, psychotherapy, and alternative therapies, such as psychospiritual therapy. By evaluating

these treatments' effectiveness, benefits, and limitations, this research seeks to provide a comprehensive understanding of the best practices for managing depression.

### **Literature Review**

The treatment of depression has been a focal point of psychiatric research for decades, given its profound impact on individuals and society. This literature review aims to provide a comprehensive overview of the most commonly used methods for treating depression, including pharmacotherapy, psychotherapy, and alternative treatments. Firstly, for pharmacotherapy, the most common method used to treat depression involves a combination of antidepressant medications. There are many types of antidepressants, such as SSRIs, SNRIs, serotonin modulators, and atypical antidepressants. SSRIs such as fluoxetine, sertraline, escitalopram, and citalopram, as well as serotonin-norepinephrine reuptake inhibitors. Fluoxetine is particularly recommended for juvenile depression due to its efficacy and approval, while sertraline, escitalopram, and citalopram are considered second-choice options for this age group. While SNRIs such as venlafaxine (Effexor), duloxetine (Cymbalta), desvenlafaxine (Pristiq), and levomilnacipran (fetzima) are typically prescribed when SSRIs are not effective or when a dual-action approach is needed to target both serotonin and norepinephrine. These medications work by altering neurotransmitter levels in the brain, which can help alleviate depressive symptoms.

Psychotherapy offers various types of therapy, such as cognitive-behavioral therapy (CBT), dialectical behavior therapy (DBT), psychodynamic therapy, interpersonal therapy (IPT), rational emotive behavior therapy (REBT), and acceptance and commitment therapy (ACT), and others type of therapy. These therapies focus on changing patients' thought patterns and behaviors to improve their mental health (Dawei Li, 2022; Heather et al., 2023). Below is the brief explanation of each of these psychotherapies:

i. **Cognitive-behavioral therapy (CBT)**

Cognitive-Behavioral Therapy (CBT) is a widely practiced psychotherapy focusing on the interrelation among thoughts, behaviors, feelings, and sensations. CBT operates on the premise that cognitive processes, including thoughts, interpretations, perceptions, and beliefs, influence individual responses, behavior, and emotions. This therapy aims to help individuals identify and challenge negative thought patterns and develop more adaptive ways of thinking and behaving (Lorenzo-Luaces et al. 2021; Vranceanu & Safren, 2011).

ii. **Dialectical behavior therapy (DBT)**

DBT is a comprehensive program combining cognitive-behavioral techniques with mindfulness practices and acceptance strategies to help individuals regulate their emotions, tolerate distress, and develop adaptive coping skills (Harned et al., 2021). It emphasizes the balance between acceptance and change, encouraging individuals to accept their current circumstances while working towards positive behavioral changes (Rizvi et al., 2013).

iii. **Psychodynamic therapy**

Psychodynamic therapy is a form of psychotherapy that focuses on exploring the unconscious mind, childhood experiences, and interpersonal relationships to understand and address emotional and psychological issues. This therapeutic approach is rooted in the principles of

psychoanalysis developed by Sigmund Freud and has evolved over time to incorporate various techniques and concepts from psychodynamic theory (Fonagy, 2015).

#### **Interpersonal Therapy (IPT)**

Interpersonal Psychotherapy (IPT) is a time-limited psychotherapy focusing on relationship stressors and ways to adaptively engage with social supports (Werner, 2000). It is an evidence-based psychotherapy that aims to alleviate the suffering of clients and improve their interpersonal functioning (Samad, 2023). IPT is a brief, time-limited therapy that focuses on improving interpersonal functioning and targeting strategies to improve interpersonal problems (Tanofsky-Kraff & Wilfley, 2010). It is a structured outpatient treatment based on cognitive-behavioral principles developed to address interpersonal issues in depression (Opiyo et al., 2016).

#### ***Rational Emotive Behavior Therapy (REBT)***

Rational Emotive Behavior Therapy (REBT) is a form of cognitive-behavioral therapy developed by psychologist Albert Ellis. REBT focuses on helping individuals identify and challenge irrational beliefs and thought patterns that contribute to emotional distress and behavioral issues. The therapy aims to help individuals replace irrational and more rational and adaptive beliefs, improving emotional well-being and coping strategies. REBT emphasizes the ABC model, which stands for Activating event, Beliefs, and Consequences, to help individuals understand how their beliefs about events influence their emotional and behavioral responses (Onuigbo et al. 2018).

#### **Acceptance and Commitment Therapy (ACT)**

Acceptance and Commitment Therapy (ACT) is a form of psychotherapy that focuses on helping individuals accept their thoughts and feelings rather than trying to suppress or control them. ACT aims to help individuals clarify their values and take committed action towards living a meaningful and fulfilling life. The therapy emphasizes mindfulness, acceptance, and behavioral change strategies to help individuals develop psychological flexibility and resilience (Yi & Hu, 2022).

The third one is psychospiritual therapy, or Islamic Psychospiritual can be describe as a concept and methodologies of therapy focusing on spiritual, mental, emotional, and behavioral aspects grounded in the teachings and traditions of Islam originating from the Qur'an, the Sunnah, the practices of the early righteous generations (*salaf al-salih*), particularly the Sufis, and knowledge that aligns with the principles of Shari'ah (Saari & Borhan, 2008; Abdul Aziz, 2009). Alongside the term psychospiritual or spiritual psychology, Islamic psychotherapy is frequently utilized to emphasize its practical dimension. These fields strive towards fostering sound mental and spiritual well-being in individuals through attaining a natural stability within oneself and fulfilling social and religious duties (Hamzah & Maitafsir, 2002). This therapy integrates spiritual practices with psychological treatment, aiming to address both the mental and spiritual aspects of a person. It recognizes the role of spirituality in healing and recovery, which can be particularly important for individuals who find meaning and support in their faith or spiritual practices.

The key components of the Islamic psychospiritual framework are multifaceted, integrating both psychological and spiritual elements rooted in Islamic principles. Central to

this framework is the concept of *tazkiyah al-nafs*, or soul purification, which is essential for achieving well-being and happiness in both this world and the Hereafter (Mohd Saiful Amri, et.al, 2022; Mohd Safwan, 2023). This purification process involves self-reflection, self-control, and self-improvement, aligning closely with psychological principles and aiming for moral excellence and personal growth (G.H Rasool, 2023). The framework also emphasizes the importance of basic religious knowledge and a therapeutic support system, which are crucial for the recovery and prevention of drug addiction among Muslim individuals (Mohd Saiful Amri, et.al, 2022; Rosni Wazir et.al, 2020). Additionally, the prayers of Prophet Ibrahim AS, as recorded in the Quran, highlight the psychospiritual elements of Iman (faith), Ibadah (worship), and Tasawwuf (spirituality), which contribute to a healthy psychospiritual state (Farah et.al, 2023). The ultimate objective of this framework is to seek the pleasure of Allah Almighty, which is achieved through the formation of self-actualization and spiritual enhancement (Rosni Wazir et.al, 2020).

## **Method**

The present study aims to investigate the compilations of diverse forms of literature. Various primary and secondary sources were utilized in this investigation to elaborate on the gathered information. Primary sources consist of original research projects or works, encompassing empirical research, scientific analysis, and relevant reporting. Supplementary articles are provided to emphasize the key components identified in academic journals, publications, and encyclopedias.

This research is qualitative in nature, involving an exploration of numerous literary works in libraries and different narrative aspects (Lapan, 2012). Subsequently, the researcher presents a comprehensive narrative, generating insightful ideas to explain each theory discussed. Utilizing available variables, categories, and content tabulations, the researcher then conducts a deductive content analysis from the cited material. In content analysis, researchers identify significant themes or study scopes by analyzing and reporting data, refining findings, and drawing conclusions (Louirs Cohen et al. in Cowen, 2011).

## **Result and Discussion**

The findings of this paper will be organized into three primary categories: pharmacotherapy, psychotherapy, and psychospiritual therapy. Each section will systematically explore the distinct characteristics, benefits, and limitations associated with these therapeutic approaches in the treatment of depression.

### **Pharmacotherapy**

Pharmacotherapy for depression has both benefits and drawbacks. On the positive side, second-generation antidepressants, such as selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs), are considered first-line treatments due to their efficacy and relatively favorable side effect profiles compared to older medications like tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs) (Heather et.al, 2023; Sandhana & Avinash, 2021). These newer agents have become the most commonly prescribed medications for U.S. adults aged 20 to 59, reflecting their widespread acceptance and use. Additionally, in palliative care settings, certain antidepressants like mirtazapine and quetiapine can provide rapid symptom relief, which is crucial for patients with limited life expectancy (Heather et.al, 2023). For patients with major depressive disorder



(MDD) who do not respond adequately to standard treatments, newer pharmacological options such as brexpiprazole, nasal esketamine, and intravenous ketamine have shown promise. Brexpiprazole, when used in conjunction with traditional antidepressants, has been effective in alleviating symptoms of MDD, while ketamine and riluzole offer new hope for treatment-resistant depression (TRD)

However, there are significant downsides to consider. The delayed onset of action of many antidepressants means that patients may not experience immediate relief, which can be particularly problematic in severe cases or end-of-life care (Jakub & Mateusz, 2019). Moreover, the risk of relapse or recurrence of depressive symptoms increases when antidepressants are discontinued, necessitating careful management and often a gradual tapering of the dosage (Heather et.al. 2023). Other than that, the most frequently reported side effects include gastrointestinal disturbances, such as nausea and weight gain, and central nervous system effects like insomnia, anxiety, and dizziness (Arzoo et.al, 2024; V.S Kushwaha et.al, 2022). Sexual dysfunction is notably prevalent among patients taking selective serotonin reuptake inhibitors (SSRIs). Additionally, both depression and the use of antidepressants are associated with adverse outcomes such as preterm birth, highlighting the need for caution, especially during pregnancy (Heather et.al, 2023).

### **Psychotherapy**

The discussion on psychotherapy within this paper will be systematically divided into six primary therapeutic approaches that are commonly applied in the treatment of depression: Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Psychodynamic Therapy, Interpersonal Psychotherapy (IPT), Rational-Emotive Behavior Therapy (REBT), and Acceptance and Commitment Therapy (ACT). Each section will provide a detailed examination of these therapies' principles, techniques, and effectiveness, along with a discussion of their respective strengths and challenges in addressing depressive symptoms.

Firstly, Cognitive Behavioral Therapy (CBT) is a widely recognized and empirically supported treatment for various psychological disorders, offering both positive and negative aspects. On the positive side, CBT is highly effective in reducing symptoms of mental health issues such as depression and anxiety, with approximately 70% of clients showing improvement (Kerry & Mothersill, 2016). It employs structured, goal-directed strategies like cognitive restructuring to modify maladaptive thoughts, which can lead to significant symptom relief and improved rational thinking. Recent advancements like Positive CBT focus on enhancing well-being by shifting the therapeutic focus from problems to strengths, drawing on positive psychology and solution-focused brief therapy to improve client and therapist well-being (Fedrike, 2017).

However, CBT is not without its drawbacks. Side effects are common, even in well-delivered CBT, with therapists reporting issues such as negative well-being, worsening of symptoms, and strains in family relations in a significant number of patients (Marie et.al, 2018). Moreover, some clients experience a poor response in positive affect (PA) during treatment, with studies showing that PA can significantly worsen in some individuals even as negative affect (NA) and worry improve (Hannah et.al, 2018). Furthermore, a notable percentage of clients either drop out of treatment or do not sustain the benefits, with dropout rates averaging around 16.6% for depression and up to 19.7% across various disorders. This

suggests that while CBT is effective for many, it may not be sufficient for all, highlighting the need for further refinements and the incorporation of strategies that also enhance positive functioning and adaptive thought patterns (Kerry & Mothersill, 2016). Thus, while CBT offers substantial benefits, it also presents challenges that must be addressed to maximize its efficacy and sustainability.

Secondly, Dialectical Behavior Therapy (DBT) has shown significant promise in treating depression, particularly in adolescents with bipolar disorder and those exhibiting high emotional dysregulation. The positive aspects of DBT include its effectiveness in reducing suicide attempts and improving emotional regulation, which is crucial for individuals with mood disorders. Studies have demonstrated that youth who received DBT reported significantly fewer suicide attempts compared to those who received standard psychotherapy, with notable improvements in emotional regulation and a corresponding decrease in suicide risk (Mark, 2024). Additionally, DBT-A (DBT adapted for adolescents) has been effective in treating emotional dysregulation and depressive symptoms, especially when delivered in a multifamily format, which also positively impacts depressive symptoms (Catalina et.al, 2023).

There are some limitations and potential downsides to DBT. One concern is the high dropout rate observed in some studies, which may limit the generalizability of the findings <sup>[1]</sup>. Moreover, while DBT is effective for emotional regulation, it may not address all underlying factors of depression, such as neurobiological components. For instance, deep brain stimulation (DBS) has been shown to improve depression and anxiety symptoms by regulating the dopaminergic system and modulating astrocytic activity, suggesting that a combination of therapies might be necessary for comprehensive treatment (Fang et.al, 2024 & Ana et.al, 2023). Additionally, the effectiveness of DBT can be influenced by the presence of comorbid conditions, such as borderline personality disorder, which may complicate treatment outcomes (Mark, 2024). Overall, while DBT offers substantial benefits for emotional regulation and reducing suicidal behavior, its limitations highlight the need for a multifaceted approach to treating depression, incorporating both psychotherapeutic and neurobiological interventions.

Thirdly, psychodynamic psychotherapy (PDP) has both positive and negative aspects when used to treat depression. On the positive side, PDP can be highly effective for individuals who prefer psychotherapy over pharmacological treatments, as it helps them explore underlying emotional conflicts and past experiences that contribute to their depressive symptoms. This approach can lead to significant improvements in mood and interpersonal relationships, as evidenced by the high rates of positive changes reported in various areas such as improved mood and better relationships with parents (Xiaobai & Qi, 2019; Bernhard et.al, 2021). Additionally, PDP can be particularly beneficial for those with difficult-to-treat depression, as it addresses comorbid conditions, contextual factors, and cognitive reactivity, thereby facilitating a more comprehensive recovery when combined with pharmacotherapy (Melissa et.al, 2012).

PDP are also have notable downsides. Adverse effects are not uncommon, with patients reporting experiences of unpleasant memories and feelings, and a lack of understanding of the treatment or therapist, which can hinder the therapeutic process.

Furthermore, issues of malpractice, such as feeling violated by therapist statements, have been reported, although these are less frequent (Bernhard et.al, 2021). The Positive and Negative Effects of Psychotherapy Scale (PANEPS) study also highlights that while positive effects are prevalent, a significant portion of patients experience side effects and malpractice, challenging the assumption that some destabilization is necessary for improvement (Steffen et.al, 2019). Therefore, while PDP offers substantial benefits, it is crucial to monitor and address its potential negative effects to optimize treatment outcomes for depression.

The fourth type of therapy is Interpersonal Psychotherapy (IPT) has several positive aspects and some limitations when it comes to treating depression. On the positive side, IPT is particularly effective for individuals whose depression is closely linked to interpersonal issues such as conflicts, role transitions, complicated grief, or social isolation (Eva & Brakemeier, 2023; Elisabeth et.al, 2016). It has been adapted to meet the needs of specific populations, such as socioeconomically disadvantaged pregnant women, offering rapid relief from suffering and reducing practical barriers to care through Brief IPT (IPT-B) (Holly et.al, 2024). This adaptability makes IPT a convenient option for treating perinatal depression, which is crucial for preventing chronicity and promoting the psychosocial growth of infants. Additionally, IPT has shown efficacy in improving interpersonal functioning, which is often a significant factor in the onset and maintenance of depressive symptoms (Goksen et.al, 2015).

One major drawback is that its effectiveness can be influenced by the severity of symptoms, comorbidities, and sociodemographic factors such as low educational attainment or unemployment, which are associated with poorer prognoses. Moreover, the generalizability of IPT's effectiveness is sometimes questioned due to excluding patients with poor prognoses from randomized controlled trials (RCTs), which can skew the results (Mariia et.al, 2023). Another limitation is that while IPT is effective, it may not be sufficient as a standalone treatment for all patients, particularly those with severe or chronic depression, who might benefit more from a combination of medical treatment and psychotherapy (Goksen et.al, 2015). Therefore, while IPT offers significant benefits, especially in improving interpersonal relationships and providing rapid relief, its limitations must be considered, particularly regarding patient selection and the need for comprehensive treatment plans.

The fifth type is rational-emotive behavior therapy (REBT) offers several positive aspects in treating depression, primarily through its focus on altering irrational beliefs that lead to emotional disturbances. By employing the ABC model, REBT helps individuals reinterpret negative activating events in a rational manner, thereby fostering functional emotions and behaviors instead of dysfunctional ones like depression and inactivity (Daniel et.al, 2019). This approach particularly benefits teenagers, as it teaches them to identify and internalize healthy, long-term coping mechanisms, which can be applied across various situational contexts, thus promoting sustainable mental health (Swati, 2023). Additionally, REBT's effectiveness in modifying key depressive beliefs has been well-documented, making it a reliable early intervention technique (Kyung-Hee Byun, 2024).

One downside is that while it effectively addresses cognitive distortions, it may not fully tackle anhedonia, a core symptom of depression characterized by a loss of interest and pleasure in activities. Traditional cognitive behavioral therapy (CBT), including REBT, has been criticized for not adequately targeting the psychological mechanisms that maintain



anhedonia, suggesting a need for novel techniques to better address this aspect of depression (Barnaby & Dunn, 2019). Furthermore, while REBT is effective in the initial stages of treatment, it may require complementary therapies like mindfulness-based cognitive therapy (MBCT) for long-term maintenance and prevention of relapse, as MBCT focuses on present-moment awareness and cognitive defusion, which are crucial for sustained recovery (Kyung-Hee Byun, 2024). Thus, while REBT is a powerful tool for immediate cognitive restructuring and emotional regulation, its limitations in addressing anhedonia and the need for supplementary therapies highlight areas for improvement in comprehensive depression treatment.

The last one is Acceptance and Commitment Therapy (ACT) has shown both positive and negative aspects in treating depression. On the positive side, ACT has been found to be effective in reducing negative cognition among patients with depressive symptoms. A study involving 10 subjects demonstrated that those who received ACT showed a statistically significant reduction in negative cognition compared to those who received treatment as usual (TAU) (Chrisma et.al, 2019). This suggests that ACT can help patients manage their depressive symptoms by altering their negative thought patterns. Additionally, engaging in positive activities, a component often included in ACT, can create a positive mood cycle and an upward spiral, further aiding in the treatment of depression.

However, there are also potential downsides to consider. Research indicates that while positive effects are commonly reported, adverse events are not uncommon. Approximately half of the patients undergoing psychotherapy, including those receiving ACT, reported experiencing at least one adverse event. These adverse events included side effects (38.5%), malpractice (26.7%), and unethical conduct (8.1%) (Steffen, 2019). This highlights the importance of monitoring and addressing any negative experiences that may arise during therapy. The findings suggest a need for improved treatment guidelines and mechanisms to monitor and mitigate these adverse effects. Therefore, while ACT can be beneficial in reducing negative cognition and promoting positive activities, it is crucial to be aware of and address any potential adverse events to ensure comprehensive and effective treatment for depression.

### **Psychospiritual Therapy**

Psychospiritual therapy for depression integrates both psychological and spiritual dimensions to address the multifaceted nature of the disorder. One of the key principles is the individualized approach to treatment, which involves careful assessment and sensitivity to the patient's needs, beliefs, and preferences, ensuring that the treatment is a mutual enterprise between the therapist and the patient (Ian, 2014). Spiritual care, as a component of holistic care, addresses the spiritual crises that patients with depression often experience, such as low self-esteem and negative attitudes toward life goals, by incorporating spiritual interventions that focus on body-mind-spirit aspects (Chia et. al, 2018). Psychospiritual therapy, which integrates psychological and spiritual elements, has shown promising results in treating depression (Hammizah et.al, 2024). A meta-analysis comparing religion and spiritually-based therapies to non-religion treatments found that religion-based therapies are moderately more efficacious, particularly for patients with strong religious and spiritual affiliations, with significant improvements in both symptoms and functioning (Annette et.al, 2023). Additionally, spirituality and religiosity play significant roles in improving mood,

increasing self-esteem, and enhancing treatment adherence, making them valuable components of psychospiritual therapy. Mental health professionals are encouraged to evaluate and incorporate patients' spiritual and religious aspects to synergistically work with clinical management for better outcomes (Vinicius et.al, 2020).

The treatment of depression often involves a combination of pharmacotherapy and psychotherapy. Research supports the efficacy of antidepressant pharmacotherapy and structured psychotherapy for managing depression (Simon et al., 2004). Treatment guidelines recommend a combination of psychotherapy and pharmacotherapy for moderate to severe depression (Weitz et al., 2017). The American Psychiatric Association suggests the initial treatment for moderate to severe major depressive disorder should be a combination of psychotherapy and antidepressant medication (Agarwal et al., 2013). Moreover, a combination of psychotherapy and pharmacotherapy has shown promise in treating dissociative identity disorder by addressing both psychological and biological aspects of the disorder (Han, 2023). This holistic facilitates a thorough treatment plan that tackles the physiological and emotional dimensions of depression, ultimately fostering improved symptom control and sustained recuperation (Prescott & White, 2017).

The integration of pharmacotherapy, psychotherapy, and psychospiritual therapy for depression offers a holistic approach to addressing the multifaceted needs of patients. By combining personalized psychological care with spiritual interventions, this comprehensive treatment strategy aims to facilitate healing on emotional, mental, and spiritual levels. Psychospiritual therapy, which merges religion and spirituality, can complement traditional pharmacotherapy and psychotherapy by providing patients with a sense of purpose, connection, and inner peace (Ferdous et al., 2023). This integrated approach acknowledges the significance of not only treating the symptoms of depression but also considering the spiritual and existential aspects of individuals' well-being.

While pharmacotherapy and psychotherapy have been extensively researched and validated for managing depression (Thase & Kupfer, 1996), the incorporation of psychospiritual therapy introduces a unique dimension to patient care. By integrating spiritual practices, such as prayer or mindfulness, into the treatment plan, individuals with depression may discover comfort, meaning, and resilience in their spiritual beliefs. This integrative model recognizes the interconnectedness of mind, body, and spirit in the healing process and underscores the importance of tailored, holistic care for individuals with depression.

In summary, the combination of pharmacotherapy, psychotherapy, and psychospiritual therapy offers a comprehensive approach to treating depression that caters to the diverse needs of patients. By merging psychological care with spiritual interventions, this holistic treatment strategy aims to facilitate recovery on multiple levels, fostering emotional healing, personal growth, and spiritual well-being in individuals grappling with depression. Further research and clinical investigation of this integrative model are warranted to enhance our understanding of its effectiveness and potential benefits for individuals with depression.

## **Conclusion**

In addressing the complex and multifaceted nature of depression, it is essential to adopt a comprehensive treatment approach that integrates pharmacological, psychotherapeutic, and Islamic psychospiritual therapies. Each of these methods plays a crucial role in managing depression, with pharmacotherapy providing necessary biochemical intervention, psychotherapy offering cognitive and behavioral support, and Islamic psychospiritual therapy contributing to the spiritual and existential well-being of patients.

Pharmacotherapy remains a cornerstone of depression treatment, particularly for moderate to severe cases, where it effectively alleviates symptoms through the regulation of neurotransmitter imbalances. Psychotherapy, particularly approaches such as Cognitive Behavioral Therapy (CBT), complements pharmacological treatment by helping patients develop coping strategies, address negative thought patterns, and improve interpersonal relationships. The integration of Islamic psychospiritual therapy adds an important dimension, addressing the spiritual and moral aspects of depression, which are particularly relevant in Muslim-majority societies or for individuals whose faith plays a central role in their lives. This approach fosters a holistic healing process by encouraging spiritual practices, such as prayer and reflection, which can instill a sense of peace, purpose, and resilience.

This study is motivated by the recognition that a singular approach to depression may not fully address the diverse needs of all patients. By integrating these three modalities—pharmacotherapy, psychotherapy, and Islamic psychospiritual therapy—we aim to provide a more nuanced and inclusive framework for treatment. Our research highlights the importance of considering cultural and spiritual dimensions in therapeutic practices, thereby promoting a more personalized and effective approach to managing depression.

The contribution of this study lies in its effort to bridge gaps between traditional and modern therapeutic practices, offering a model that respects and incorporates the values and beliefs of individuals from various backgrounds. By emphasizing the synergistic benefits of combining these therapies, we advocate for a treatment paradigm that not only targets the symptoms of depression but also enhances overall well-being through a comprehensive, culturally sensitive approach. Future clinical practices and research should focus on refining and promoting the integration of these therapies to provide more effective, personalized, and culturally relevant treatment options for depression, ultimately improving patient outcomes and quality of life.

## References

- Annette, J., Bouwhuis-Van, K., Jurriijn, K., Liesbeth, E., Christien, H., Gerrit, G. (2023). The evaluation of religious and spirituality-based therapy compared to standard treatment in mental health care: A multi-level meta-analysis of randomized controlled trials.. *Psychotherapy Research*, 1-14. doi: 10.1080/10503307.2023.2241626
- Aoki, T., Yamamoto, Y., Shimizu, S., & Fukuhara, S. (2020). Physical multimorbidity patterns and depressive symptoms: a nationwide cross-sectional study in Japan. *Family Medicine and Community Health*, 8(1), e000234. <https://doi.org/10.1136/fmch-2019-000234>
- Arzoo, S. P., Ramesh, K. G. (2024). From Evidence to Practice: A Comprehensive Analysis of Side Effects in Synthetic Anti-Depressant Therapy.. *Current Drug Safety*, doi: 10.2174/0115748863301630240417071353
- Barnaby, D., Dunn. (2019). Augmenting Cognitive Behavioral Therapy to Build Positive Mood in Depression. doi: 10.1093/OXFORDHB/9780190653200.013.33
- Bernhard, S., Romina, Ga., Andrea, S., Dominique, F. (2021). Negative effects of psychotherapy: estimating the prevalence in a random national sample. 7(6) doi: 10.1192/BJO.2021.1025
- Bhattacharya, R., Shen, C., Wachholtz, A., Dwibedi, N., & Sambamoorthi, U. (2016). Depression treatment decreases healthcare expenditures among working age patients with comorbid conditions and type 2 diabetes mellitus along with newly-diagnosed depression. *BMC Psychiatry*, 16(1). <https://doi.org/10.1186/s12888-016-0964-9>
- Birney, A. J., Gunn, R., Russell, J. K., & Ary, D. V. (2016). Moodhacker mobile web app with email for adults to self-manage mild-to-moderate depression: randomized controlled trial. *JMIR mHealth and uHealth*, 4(1), e8. <https://doi.org/10.2196/mhealth.4231>
- Catalina, A., Diana, L., Clavijo, B., Mar, A., Luisa, F., Antonio, N., Juliana, R., Sara, Y. V. (2023). Effectiveness of Dialectic Behavioral Therapy in Adolescents (DBT-A) in the treatment of depression and emotional dysregulation: A Colombian prospective cohort study. doi: 10.21203/rs.3.rs-3617181/v1
- Chia-Chan, K., Yu-Hua, L. (2018). Spiritual Care of Patients With Depression. *The journal of nursing (China)*, 65(3):17-21. doi: 10.6224/JN.201806\_65(3).04
- Chrishma, V., D'Souza. (2016). Effectiveness of Acceptance and Commitment Therapy (Act) On Negative Cognition Among Patients with Depression – A Preliminary Analysis. *International Journal of Nursing*, 5(2)
- Daniel, D., Roxana, A. I., Cardoso, D. C., Horea, O., Simona, S. (2019). REBT and Depressive Disorders. 23-44. doi: 10.1007/978-3-030-02723-0\_2
- Dawei, Li. 2022. "Treatment of depression from both biological and psychological aspects," Proc. SPIE 12458, International Conference on Biomedical and Intelligent Systems (IC-BIS 2022).
- Elisabeth, S., Susan, M., Eckhard, D. (2016). Die IPT der Depression als störungsorientierter Ansatz. 27(3):31-34. doi: 10.1007/S15016-016-5485-8
- Eva-Lotta, B. (2023). Interpersonelle Psychotherapie (IPT). *Psych up2date*, 17:337-357. doi: 10.1055/a-1949-7268
- Evans-Lacko, S., Koeser, L., Knapp, M., Longhitano, C., Zohar, J., & Kühn, K. G. (2016). Evaluating the economic impact of screening and treatment for depression in the workplace. *European Neuropsychopharmacology*, 26(6), 1004-1013. <https://doi.org/10.1016/j.euroneuro.2016.03.005>
- Fang, W., Mei, X., Xuefei, L., Liang, Chun, L., Cheng, W., Lulin, D., Chaojie, Z., Kaiyi, C., Xuefei, Y., Qi, G., Bolun, L., Tao, W., Shikun, Z., Dianyou, L., Xiaoxiao, Z., Halimureti, P., Yunping,

- Z., Jianjun, L., Bomin, S. (2024). Effects of deep brain stimulation on dopamine D2 receptor binding in patients with treatment-refractory depression.. *Journal of Affective Disorders*, doi: 10.1016/j.jad.2024.04.082
- Farah, M. F., Mohd, M. M. A., Hamdi, I. (2023). Elements of Islamic Psychotherapy on Prophet Ibrahim AS'S Prayer. *International Journal of Academic Research in Progressive Education and Development*, 12(2) doi: 10.6007/ijarped/v12-i2/16727
- Fredrike, B. (2017). Positive CBT in Practice. 15-28. doi: 10.1007/978-3-319-51787-2\_2
- Ferdous, F. M., Akib, M. M. M., & Ishak, H. (2023). Elements of Islamic psychotherapy on Prophet Ibrahim as's prayer. *International Journal of Academic Research in Progressive Education and Development*, 12(2). <https://doi.org/10.6007/ijarped/v12-i2/16727>
- Ferenchick, E., Ramanuj, P. P., & Pincus, H. A. (2019). Depression in primary care: part 1—screening and diagnosis. *BMJ*, 1794. <https://doi.org/10.1136/bmj.l794>
- Fonagy, P. (2015). The effectiveness of psychodynamic psychotherapies: an update. *World Psychiatry*, 14(2), 137-150. <https://doi.org/10.1002/wps.20235>
- Ge, L., Yap, C. W., Ong, R., & Heng, B. H. (2017). Social isolation, loneliness and their relationships with depressive symptoms: a population-based study. *Plos One*, 12(8), e0182145. <https://doi.org/10.1371/journal.pone.0182145>
- GH, Ra., Zuleyha, K. (2023). Positioning the self (nafs) in Islāmic psycho-spirituality. *Journal of Spirituality in Mental Health*, doi: 10.1080/19349637.2023.2264848
- Goksen, Y., Nazan, A., Oguz, O. (2015). IPT in Postpartum Depression. *clinics in Mother and Child Health*, 12(4):1-2. doi: 10.4172/2090-7214.1000206
- Hamizah, M., Nurul, A. A. A. R., Nor, S. M. S., Sabihah, J., Suhaili, A. (2024). The impact of psychospiritual program on state of depression, anxiety and stress among female juvenile delinquents. *International Journal of Public Health Science*, 13(2):872-872. doi: 10.11591/ijphs.v13i2.23315
- Harned, M. S., Korslund, K. E., Schmidt, S., & Gallop, R. (2021). The dialectical behavior therapy adherence coding scale (dbt acs): psychometric properties.. *Psychological Assessment*, 33(6), 552-561. <https://doi.org/10.1037/pas0000999>
- Hoy-Ellis, C. P., and Fredriksen-Goldsen, K. I. (2016). Lesbian, gay, & bisexual older adults: linking internal minority stressors, chronic health conditions, and depression. *Aging & Mental Health*, 20(11), 1119-1130. <https://doi.org/10.1080/13607863.2016.1168362>
- Hsieh, C. and Qin, X. (2017). Depression hurts, depression costs: the medical spending attributable to depression and depressive symptoms in china. *Health Economics*, 27(3), 525-544. <https://doi.org/10.1002/hec.3604>
- Ian, M., Anderson. (2011). Principles of therapy. 27-43. doi: 10.1007/978-1-84996-465-4\_4
- Jiang, C., Zhu, F., & Qin, T. (2020). Relationships between chronic diseases and depression among middle-aged and elderly people in china: a prospective study from charls. *Current Medical Science*, 40(5), 858-870. <https://doi.org/10.1007/s11596-020-2270-5>
- Kanthariya, V. B., Patel, K. B., & Patel, M. (2021). Prevalence of depression among patients with chronic painful physical condition and its association with quality of life. *International Journal of Health Sciences and Research*, 11(10), 17-25. <https://doi.org/10.52403/ijhsr.20211004>
- Kerry, J., Mothersill. (2016). Enhancing Positivity in Cognitive Behavioural Therapy. *Canadian Psychology*, 57(1):1-. doi: 10.1037/CAP0000045
- Kushibiki, N., Aiba, M., Midorikawa, H., Komura, K., Sugawara, D., Shiratori, Y., ... & Tachikawa, H. (2024). How do social networks, perception of social isolation, and loneliness affect



- depressive symptoms among japanese adults?. *Plos One*, 19(4), e0300401. <https://doi.org/10.1371/journal.pone.0300401>
- Kyung-Hee, Byun. (2024). A review of the current status of REBT and MBCT based treatment in the treatment of depression in Korea. doi: 10.54382/krecbt.2024.4.1.66
- Langlieb, A. M. and Kahn, J. P. (2005). How much does quality mental health care profit employers?. *Journal of Occupational and Environmental Medicine*, 47(11), 1099-1109. <https://doi.org/10.1097/01.jom.0000177124.60460.25>
- Lorenzo-Luaces, L., Lemmens, L. H., Keefe, J. R., Cuijpers, C., & Bockting, C. (2021). The efficacy of cognitive behavioral therapy for emotional disorders.. *Handbook of Cognitive Behavioral Therapy: Overview and Approaches (Vol. 1).*, 51-89. <https://doi.org/10.1037/0000218-003>
- Low, Y. M., Setia, S., & Lima, G. (2018). Drug&ndash;drug interactions involving antidepressants: focus on desvenlafaxine. *Neuropsychiatric Disease and Treatment*, Volume 14, 567-580. <https://doi.org/10.2147/ndt.s157708>
- Mark, M. (2024). DBT Found Effective in Treating Suicidal Youth With Bipolar Disorder. *Psychiatric news*, 59(02) doi: 10.1176/appi.pn.2024.02.1.19
- Martin, A., Woods, M., & Dawkins, S. (2018). How managers experience situations involving employee mental ill-health. *International Journal of Workplace Health Management*, 11(6), 442-463. <https://doi.org/10.1108/ijwhm-09-2017-0069>
- Mathers, C. and Lončar, D. (2006). Projections of global mortality and burden of disease from 2002 to 2030. *PLoS Medicine*, 3(11), e442. <https://doi.org/10.1371/journal.pmed.0030442>
- Muhammad, S. H. (2023). Islamic Psychospiritual Theory According to the Perspective of Maqasid al-Sharia. *Islamiyat*, doi: 10.17576/islamiyyat-2023-4501-07
- O'Neal, L., Jo, A., Scarton, L., & Bruce, M. A. (2022). Food insecurity is associated with mental–physical comorbidities among u.s. adults: nhanes 2013 to 2016. *International Journal of Environmental Research and Public Health*, 19(3), 1672. <https://doi.org/10.3390/ijerph19031672>
- Onuigbo, L. N., Eseadi, C., Ugwoke, S. C., Nwobi, A. U., Anyanwu, J. I., Okeke, F. C., ... & Eze, P. (2018). Effect of rational emotive behavior therapy on stress management and irrational beliefs of special education teachers in nigerian elementary schools. *Medicine*, 97(37), e12191. <https://doi.org/10.1097/md.00000000000012191>
- Opiyo, E. A., Ongeru, L., Rota, G., Verdelli, H., Neylan, T. C., & Meffert, S. M. (2016). Collaborative interpersonal psychotherapy for hiv-positive women in kenya: a case study from the mental health, hiv and domestic violence (mind) study. *Journal of Clinical Psychology*, 72(8), 779-783. <https://doi.org/10.1002/jclp.22359>
- Pan, T., Mercer, S. W., Zhao, Y., McPake, B., Desloge, A., Atun, R., ... & Lee, J. T. (2021). The association between mental-physical multimorbidity and disability, work productivity, and social participation in china: a panel data analysis. *BMC Public Health*, 21(1). <https://doi.org/10.1186/s12889-021-10414-7>
- Rasool, S. F., Maqbool, R., Samma, M., Zhao, Y., & Anjum, A. (2019). Positioning depression as a critical factor in creating a toxic workplace environment for diminishing worker productivity. *Sustainability*, 11(9), 2589. <https://doi.org/10.3390/su11092589>
- Rizvi, S. L., Steffel, L., & Carson-Wong, A. (2013). An overview of dialectical behavior therapy for professional psychologists.. *Professional Psychology: Research and Practice*, 44(2), 73-80. <https://doi.org/10.1037/a0029808>

- Samad, F. D., Pereira, X. V., Chong, S. K., & Abdul Latif, M. H. B. (2023). Interpersonal psychotherapy for traumatic grief following a loss due to covid-19: a case report. *Frontiers in Psychiatry*, 14. <https://doi.org/10.3389/fpsy.2023.1218715>
- Santini, Z. I., Jose, P. E., Cornwell, E. Y., Koyanagi, A., Nielsen, L., Hinrichsen, C., ... & Koushede, V. (2020). Social disconnectedness, perceived isolation, and symptoms of depression and anxiety among older americans (nshap): a longitudinal mediation analysis. *The Lancet Public Health*, 5(1), e62-e70. [https://doi.org/10.1016/s2468-2667\(19\)30230-0](https://doi.org/10.1016/s2468-2667(19)30230-0)
- Swati, K. (2023). REBT for Depression in Teens. *Journal of Indian Association for Child and Adolescent Mental Health*, 19:104-107. doi: 10.1177/09731342231181762
- Vranceanu, A., and Safren, S. (2011). Cognitive-behavioral therapy for hand and arm pain. *Journal of Hand Therapy*, 24(2), 124-131. <https://doi.org/10.1016/j.jht.2010.08.005>
- Vollmann, M., Schwierien, C., Mattern, M., & Schnell, K. (2021). Let the team fix it?— performance and mood of depressed workers and coworkers in different work contexts. *Plos One*, 16(10), e0256553. <https://doi.org/10.1371/journal.pone.0256553>
- Wang, P. S., Simon, G. E., & Kessler, R. C. (2003). The economic burden of depression and the cost-effectiveness of treatment. *International Journal of Methods in Psychiatric Research*, 12(1), 22-33. <https://doi.org/10.1002/mpr.139>
- Werner, A. (2000). Interpersonal psychotherapy for dysthymic disorder. *American Journal of Psychiatry*, 157(11), 1900-1901. <https://doi.org/10.1176/appi.ajp.157.11.1900>
- Yi, X. and Hu, W. (2022). Advances in adoptive cellular therapy for colorectal cancer: a narrative review. *Annals of Translational Medicine*, 10(24), 1404-1404. <https://doi.org/10.21037/atm-22-6196>
- Yunus, W. M. A. W. M., Musiat, P., & Brown, J. (2017). Systematic review of universal and targeted workplace interventions for depression. *Occupational and Environmental Medicine*, 75(1), 66-75. <https://doi.org/10.1136/oemed-2017-104532>
- Zhang, Y., Hu, Y., & Yang, M. (2024). The relationship between family communication and family resilience in chinese parents of depressed adolescents: a serial multiple mediation of social support and psychological resilience. *BMC Psychology*, 12(1). <https://doi.org/10.1186/s40359-023-01514-7>