

**CAPITAL UNIVERSITY OF SCIENCE AND
TECHNOLOGY, ISLAMABAD**



**Exploring the Interplay of Religiosity and
Existential Meaning in Psychotherapy:
Perspectives of Pakistani Psychotherapists**

by

Syeda Quratulain Naqvi

A thesis submitted in partial fulfillment for the
degree of Master of Science

in the

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Department of Psychology**

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(Syeda Quratulain Naqvi)

Abstract

This research study aimed to examine the interplay between religiosity and existential meaning of clients in psychotherapy from the point of view of psychotherapists working in Pakistan. To gain culturally relevant insights, this research study sought to explore psychotherapists' views on the influence of clients' religiosity within the therapeutic process, and specifically its impact on the existential questions related to the meaning or purpose in life. To accomplish the above objectives, a qualitative narrative approach was employed. Interviews were conducted with 13 practicing psychotherapists working in Rawalpindi and Islamabad. The data was analyzed through thematic analysis approach, from which four main themes were emerged: (1) Presence and Psychological Significance of Religiosity in Therapy, (2) Functional duality of religiosity in Psychological Well-being, (3) Ethical and Professional Navigation of Religiosity in Psychotherapy, and (4) Therapeutic Integration of Religiosity and Existential Concerns. This research provides culturally relevant insights to address existential meaning related concerns when clients' religious beliefs play a significant role. By listening closely to the perspectives of practitioners, the researcher aimed to provides insights into the culturally sensitive ways of how psychotherapists are currently integrating religious and existential concerns into their therapies. The findings of the present study highlight the challenges that psychotherapists face when dealing with existential and religious concerns, and how they manage the existential concerns. Which also suggests the need for further research and the development of training models for psychotherapists that support culturally sensitive approaches to addressing existential and religious factors within psychotherapy.

Keywords: Religiosity, Existential Meaning, Psychotherapy, Psychotherapists, Qualitative Research, Narrative Inquiry, Thematic Analysis, Cultural Sensitivity, Meaning in Life, Pakistan

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Abbreviations

APA American Psychological Association

P Participants

Chapter 1

Introduction

1.1 Background of the Study

The lived experiences of human beings are very much related to religion, not just because of the set of rituals practiced and beliefs held but because it determines the way humans perceive themselves, others, and the environment around them ([Abu-Ras et al., 2022](#)). The findings of several research studies show that religion provides the basis of making sense in which individuals find their lives being connected with some greater purpose ([Prinzing et al., 2021](#)). Even though individuals can derive the sense of meaning from other sources as well, religion can help to make meaning by answering questions of life and death ([Wnuk, 2024](#)). As per [Yalom \(1980\)](#) meaninglessness is one of the most fundamental existential concerns. Human beings are said to have an inherent capacity to find meaning even when circumstances are difficult ([Frankl, 1985](#)). Contemporary research studies support that meaning in life is psychologically significant ([He et al., 2023](#)), having its specific association with lower psychological distress, depression and anxiety ([He et al., 2023](#); [Boreham and Schutte, 2023](#)).

In psychological literature the search for meaning is indicated to be an instinctual human drive or a psychological and existential need ([Haugan and Dezutter, 2021](#)). Evidence suggests that sense of meaning or purpose in life can significantly reduce existential discomfort and enhances emotional stability ([Wang et al., 2025](#)). As

per Augustine (2024), clients that believe they have a purposeful life find it easier to cope with difficult circumstances and connect their behavior with their basic assumptions, which helps in increasing the sense of happiness they feel overall. It is believed that a lack of meaning in one's life is linked with increased levels of psychological distress and depression and anxiety, indicating the importance of meaning experiences in mental health outcomes (He et al., 2023). According to Wüthrich-Grossenbacher (2024), the concept of health should be expanded to incorporate the spiritual aspects of wellbeing, highlighting evidence linking spiritual distress caused by conflicts between different belief systems to poor physical and mental health.

Apart from meaning in life, religiosity in general has an association with psychological wellbeing (Villani et al., 2019). In the present study, religiosity refers to the ways in which clients' religious beliefs, values, practices, traditions, and understandings of God or the sacred are experienced, expressed, and incorporated into their lives (Cucchi and Qoronfleh, 2025). While the current study concerns only religiosity, the literature on religion and spirituality (R/S) is discussed as well since contemporary psychotherapy research tends to look into the religious and spiritual beliefs together, especially when discussing meaning-making, coping, values and engagement (Oxhandler et al., 2021; Morbach et al., 2025). Research studies indicate that a warm and welcoming approach to religion can enhance confidence and emotional security; while demanding or fear-driven instruction could lead to shame, anxiety, or internal struggle (Swargiary, 2024). Further religious practices and engagement has been studied to enhance resilience, lower levels of depression, and a greater sense of life satisfaction (Ano and Vasconcelles, 2005; Koenig, 2012). Due to this significance, understanding the role of religion and meaning becomes clinically important, especially in religiously embedded contexts such as Pakistan, where faith often informs identity and coping strategies (Anh, 2025).

In psychotherapy it's particularly important to assess how religion is presented to clients so that it can be integrated effectively into therapeutic processes (Cap-tari et al., 2018). In Pakistan therapists often deal with people whose religious

beliefs play an important role in their perception of the world and coping mechanisms ([Anwar, 2021](#)). In order to provide appropriate treatment approaches that take into account the religious needs of their clients, therapists have to combine themes of autonomy and meaning that exist within the religious views of their clients ([Palitsky et al., 2023](#)). Studies carried out to investigate religion-adapted psychotherapy have focused on how religious elements can be integrated in aspects like cognitive restructuring, psychoeducation, motivation, prayer, religious activities, values, and coping ([De Abreu Costa and Moreira-Almeida, 2021](#)), and faith-based cognitive behavioral therapy has also proved effective in dealing with conditions like depression and anxiety ([Anderson and Kirkpatrick, 2015](#)). Psychotherapeutic treatment programs that were rooted in Islam have comprised direct applications of Islamic elements, like purpose in life and spiritualism, as well as integration of Islamic elements within mainstream therapeutic methods like CBT and logotherapy ([Ahmad et al., 2026](#)).

In particular, [Fereydouni and Forstmeier \(2022\)](#) examined how an Islamic version of logotherapy could be effective in lowering depression, anxiety, and stress levels of Iranian university students, hence proving the potential of integrating Islamic spirituality within meaning-centered psychological approaches [Fereydouni and Forstmeier \(2022\)](#). Existential issues have been addressed through Islamic-based interventions in the form of fear of death by showing that spirituality-focused psychological counseling lowers fear of death among Shia Muslim patients on chronic hemodialysis ([Hosseini et al., 2022](#)). In Pakistan, [Hajra and Saleem \(2021\)](#) studied how Islamic patterned art therapy lowered depression, anxiety, and stress levels and improved psychological wellbeing among university students in Islamabad and Rawalpindi. Collectively, these studies have shown the potential of using psychotherapy from an Islamic standpoint, addressing psychological issues through integration of Islamic spirituality and meaning in existing models of psychotherapy ([Ahmad et al., 2026](#); [Fereydouni and Forstmeier, 2022](#)). The careful listening to how clients construct their life meaning in relation to beliefs was the basis for the conduct of this study aimed at looking at psychotherapists' work with clients in terms of their religiosity and search for life meaning.

1.2 Gap Analysis

Culturally responsive studies within Pakistan have highlighted the importance of understanding how religious values can be meaningfully incorporated into psychotherapeutic practice (Khan et al., 2024; Khan and Nadeem, 2021). Research studies indicate the presence of psychological distress due to perceived contradiction in religious beliefs and search for meaning and purpose within young adults (Mahboob, 2024; Hashmi et al., 2024). The impact of R/S themes has also been studied to enhance resilience and positive therapeutic outcomes as well as challenges in therapeutic process due to psychological distress associated with spiritual struggles and supernatural beliefs (Jawaid, 2020; Rathod et al., 2023). Therefore there have been efforts to examine the efficacy of religiously adapted techniques, including Islamic counseling approaches and adaptations of CBT models (Khan and Nadeem, 2021; Irfan et al., 2017).

A considerable portion of available research studies in Pakistan has focused on the development and evaluation of Islamically integrated therapeutic interventions. The Islamic counseling protocol for adult Muslims living in Pakistan was created by Khan and Nadeem (2021) by incorporating the Islamic counseling literature and including Quranic verses and teachings from the Quran and Sunnah to help patients overcome stress, anxiety, and depression using a six-session protocol (Khan and Nadeem, 2021). The concept of forgiveness in light of Islamic teaching has been studied to develop Enright's process model to formulate Religiously Integrated Forgiveness Therapy by Bashir et al. (2024) among Pakistani patients with chronic widespread pain, with their randomized controlled trial demonstrating reductions in depression and pain and improvements in forgiveness (Bashir et al., 2024). In the area of existential concerns, Khan and Hanif (2025) examined the efficacy of a 10-week Islamically Integrated Logotherapy approach that included Islamic principles with logotherapeutic techniques and found reductions in depression and anxiety, and increase in the presence of meaning among Pakistani women experiencing psychological distress (Khan and Hanif, 2025).

Further the systematic review findings demonstrates that Pakistani literature on

Islamic interventions has largely emphasized the application and effectiveness of integrated interventions, including religiously integrated cognitive behavioral therapy, integrated Islamic art therapy, and spiritually integrated CBT, with reported improvements in outcomes such as depression, anxiety, anger, guilt, and impulse control (Mushtaq et al., 2025). Therefore, the existing literature can largely be understood as following the pathway of Islamic Principles → Therapeutic model → Structured Intervention → Patient Outcomes. Conclusively, this research has shown that Islamic concepts are used in the process of building a therapy approach, organizing an intervention, and testing it against client outcomes (Khan and Nadeem, 2021; Bashir et al., 2024; Khan and Hanif, 2025). In general, while there is enough information about the effectiveness of interventions combining religion and psychotherapy, there is need for attention on how psychotherapists practice when it comes to their clients' religiosity in the framework of everyday psychotherapy sessions (Khan et al., 2024; Rathod et al., 2023).

The context of training in the education system in Pakistan is another sign of the necessity for practitioners to be more ready to deal with religious issues, since the survey conducted at national level of psychology courses in Pakistan has shown that only 33% of the surveyed universities provide a course/module in Islamic psychology, whereas 67% do not provide this kind of course content (Ahmed et al., 2023). Thus, the researchers have pointed out the need for additional training in Islamic psychology and religion-based therapy (Ahmed et al., 2023). In such a way, despite the fact that the existing literature in Pakistan has already proved the importance and effectiveness of religious approaches to psychological treatment, the process of working out the strategy on how to integrate clients' religiosity into psychotherapy practice has remained rather vague (Khan et al., 2024; Rathod et al., 2023; Mushtaq et al., 2025).

1.3 Problem Statement

Religion may influence the way people perceive their psychological problems, suffering, and sense of meaning, thus, making religious issues pertinent for the field

of psychotherapy (Wüthrich-Grossenbacher, 2024; De Abreu Costa and Moreira-Almeida, 2021). Studies conducted on Muslim population indicate that religion could be used as a basis for existing therapies and contribute to psychological wellbeing and meaning-related outcomes (Ahmad et al., 2026; Fereydouni and Forstmeier, 2022). In Pakistan, religion is closely inter-linked with social and cultural aspects, whereas clients may suffer from psychological issues together with religious and existential problems (Khan et al., 2024; Mahboob, 2024; Hashmi et al., 2024). In addition, psychotherapists might find themselves facing some challenges when the clients come in with spiritual issues or religious/supernatural-related problems (Rathod et al., 2023). To enable psychotherapy to address adequately with such challenges, religious knowledge should not be understood only in terms of the use of religious techniques but should include the religious and existential issues that emerge in the therapeutic process and the therapist's response to them (De Abreu Costa and Moreira-Almeida, 2021; Rathod et al., 2023). Though there is a number of studies conducted in Pakistan that have proven the significance and efficiency of using religious methods of therapy, there is a need for in-depth exploration regarding the lived therapeutic process through which Pakistani psychotherapists come across their clients' religiosity and search for meaning (Khan et al., 2024; Rathod et al., 2023). The present study therefore aims to explore psychotherapists' narratives of engaging with clients' religiosity and existential search for meaning during psychotherapy in Pakistan.

1.4 Research Questions

This research will answer the following questions:

Research Question 1 What are Psychotherapists' views on how clients' religiosity influences the therapeutic process?

Research Question 2 How do psychotherapists address clients' search for existential meaning during psychotherapy?

Research Question 3 How do psychotherapists perceive the interplay between religiosity and meaning-making in clients' psychological well-being?

1.5 Research Objectives for this Study

Objectives of the study are as follows:

Research objective 1

To explore psychotherapists' perspectives on how clients' religiosity influences the therapeutic process.

Research objective 2

To examine the ways psychotherapists address clients' search for existential meaning during psychotherapy.

Research objective 3

To understand how psychotherapists perceive the interplay between religiosity and meaning making in clients' psychological well-being.

Chapter 2

Literature Review

2.1 Religious Beliefs from a Psychological Perspective

This chapter provides literature of psychological approaches to religion that can be traced to the early thinkers of the field who tried to make sense of religious experience as a psychological phenomenon, as well as contemporary findings. William James was one of the earliest thinkers to approach the study of religion not as a dogma or a system but as an experience that is lived from within, focusing on the personal and affective aspects of religious experience as being most relevant to its psychological significance ([James, 1902](#)).

By contrast, Sigmund Freud developed a psychoanalytic approach to understanding religion as an illusion based on unconscious desires and unresolved childhood dependencies. Freud saw religion as a set of psychological defenses against existential fears, especially the fear of death and powerlessness, and thus religion as a collective neurosis rather than a source of psychological development ([Freud, 1927](#)). Although this approach has been widely criticized for its reductionism, it is still important for its insight into the emotional and unconscious role that religion may play in human experience.

A more integrative and affirming approach was offered by Carl Jung, he gave idea

of collective unconscious. As per Jung religion was proposed as a manifestation of archetypal symbols that arise out of the collective unconscious. In his theory religious symbols and stories have psychological significance because they enable the process of individuation, or the integration of conscious and unconscious parts of the personality, and offer a way of tapping into a deeper level of meaning (Jung, 1938). Jung's approach integrated psychology and spirituality, arguing that religious experiences, when properly integrated, could lead to wholeness rather than pathology. Developmental and relational theories have also explored how early relational experiences influence religious representations. It has been found that people tend to have a relation with God as they have had with their caregivers in early life, and a secure relation leads to a comforting image of God, while an insecure relation leads to a distant or punishing image of God (Kirkpatrick, 2005). This approach views religion as a part of developmental psychology. Talking about modern psychology, it has also extended the understanding of religion using cognitive and evolutionary approaches. Cognitive psychologists have proposed that religion is a natural outcome of cognitive processes such as agency detection and causal cognition, locating religion as an evolutionary by-product rather than a psychological anomaly (Barrett, 2004). Simultaneously, empirical study in positive and clinical psychology have showed the possible role of religion in dealing with stress, resilience, and psychological well-being, especially when one's beliefs are internalized in a positive and meaningful manner (Akbar and Ketan, 2024). Collectively, these approaches make it clear that there is not a unified, single psychological approach to clinically understand religion. Rather, it has a multi-dimensional understanding of religion, one that considers it to be an illusion, a symbol, an attachment, a cognitive style, and a source of meaning.

2.1.1 Religious Worldviews and Psychological Well-being Across Cultures

Religious worldviews affect psychological well-being in culturally unique ways. In most of the Western psychological literature, religion has been investigated using

individualistic constructs such as personal belief, intrinsic religiosity, and subjective well-being, and findings have consistently demonstrated that religious participation is related to lower levels of depression, higher resilience, and higher levels of life satisfaction (Koenig, 2012; Diener et al., 2011). In Sufi philosophy, well-being is associated with ma'na (inner meaning), sabr (patience), tawakkul (trust in God), and the purification of the self (tazkiyah al-nafs), in which psychological suffering is viewed as a problem of one's relation to the Divine, rather than simply an intrapsychic problem (Knysh, 2017; Schimmel, 1975).

Suffering, in this view, is not necessarily pathological but rather may be a catalyst for spiritual transformation and existential meaning Bhitai, as cited in (Kalhor, 2018). Research studies have indicated that whereas Western approaches tend to define mental health in terms of the diminution of symptoms and the augmentation of personal control, religious cultures rooted in Islamic and Sufi traditions tend to focus on the concepts of surrender, acceptance, and spiritual integration as a means of achieving psychological well-being (Joshi, 2014).

These approaches tend to influence the expression of distress, which tends to be expressed in terms of identity confusion or a lack of purpose by Western clients, as opposed to a sense of spiritual emptiness, loss of faith, or existential separation from Allah by Muslim clients (Mahmood, 2016; Abu-Raiya and Pargament, 2015). To gain insight into psychological well-being across cultures, by incorporating insights from both Western psychology and Sufi existential philosophy, it is possible to gain a deeper understanding of the role of faith traditions in shaping inner experiences of well-being and suffering (Pargament, 2013).

2.2 Intersection of Religious Beliefs and Meaning in Life

In human experience, faith and meaning are rarely isolated from each other but intersect in the ways that people make sense of their lives, their suffering, and

their place in the world ([Hall and Hill, 2019](#)). As psychological and existential scholars have long observed, the search for meaning is not a minor but a central human concern, one that comes to the fore when life is disrupted by loss, uncertainty, or inner turmoil ([Routledge and FioRito, 2021](#)). For many people, faith provides a language and a framework within which this search takes place, such that meaning can be discovered not as a concept but as a lived experience ([Park, 2010](#)). Late existential philosopher has stressed that meaning is made through engagement with the inevitable realities of life, such as death, freedom, responsibility, and isolation, rather than found in pre-existing given answers ([Yalom, 1980](#)).

When people are faced with events that threaten their beliefs about the world, religious meanings can play an important role in re-establishing meaning and emotional equilibrium ([Park, 2005](#)). The relationship between faith and meaning, however, is culturally mediated. As earlier comparison described, In Western cultures, faith tends to be viewed as an individual choice that carries personal meaning and identity, whereas in religiously embedded cultures, meaning is more relationally and spiritually based ([Sasaki and Kim, 2011](#)). In Islamic and Sufi traditions, meaning (ma'na) is not something that is pursued apart from faith but is instead achieved through self-surrender, righteous living, and a relationship with the Divine. In these traditions, existential fulfillment is inseparably linked with spiritual self-purification (tazkiyah al-nafs) and reliance on Allah (tawakkul), such that faith is understood as a process rather than a set of propositions ([Schimmel, 1975](#); [Knysh, 2017](#)).

In short, it appears that the literature suggests that faith and meaning are interplaying points within the human experience. These points of intersection become especially important in the therapeutic setting, where issues of meaning and existential crises are often communicated in spiritual terms rather than in a clearly defined psychological symptom ([Pargament, 2013](#)). It is at these points of intersection that the human experience of distress and the possibilities of healing can be understood.

2.2.1 The Role of Therapist's Beliefs in Meaning-centered Psychotherapy

The way therapists understand and respond to clients' religiosity and meaning is determined not only by their theoretical orientation but also by their personal experiences, views, and cultural up-bringing. Studies have found that patients' and therapists' religious values play a role in psychotherapy, and that therapists convey their values, either consciously or unconsciously, in the therapeutic encounter, which can be either facilitating or obstructing of meaning-centered work ([Vieten et al., 2023](#)). In various mental health care professions, there are variations in how practitioners integrate faith or religiosity into the practice. Many psychologists recognize the importance of faith to mental health issues but tend to be insufficiently trained to integrate it into their work ([Dein, 2013, 2004](#)).

Insufficiencies in professional training are often due to delicate considerations where therapists do not directly address issues related to meaning or religiosity but address them indirectly ([Diener et al., 2011](#); [Koenig, 2012](#)). Such issues are not necessarily due to a lack of interest in integrating faith into therapy but due to broader social settings that emphasize more secular explanations of distress ([Gonsiorek et al., 2009](#)) .

With a meaning-based approach, therapists incorporating religiosity often establish a setting where clients can express meaning associated with religiosity using client language, with the therapist not imposing any meaning in terms of religiosity ([Park, 2010](#); [Pargament, 2013](#)). Findings from qualitative studies reveal that, within a religiosity-replete setting, therapists would rather rely on communication, presence, or narrative, allowing meaning to emerge more naturally within the therapeutic relationship, rather than structuring religiosity on specific communication techniques ([Pagis et al., 2024](#)). Listening to therapists' stories would become pivotal within meaning-based existentialist contexts to comprehend the negotiation of religiosity, meaning, and existential meaning as interpreted within

personal beliefs, responsibilities, and religiosity, as well as cultural values ([Aten et al., 2019](#); [Oxhandler et al., 2021](#)).

2.3 Mechanisms of Action of Religious and Spiritual Themes Across Psychotherapeutic Processes

The themes related to religion and spirituality R/S might have an effect on the therapeutic outcome depending on the psychotherapeutic modality used and the way religion, spirituality, struggles related to religion, as well as religious values and practices, are employed during therapy ([Keulen et al., 2023](#)). The religious and spiritual aspect of R/S might be employed in terms of cognitive restructuring, making meaning of things, acceptance, behavioral activation, emotional regulation, and value-based living rather than acting as an additional therapeutic factor ([Captari et al., 2021](#)). The relevance of R/S themes in therapy is determined by their importance for the client's worldview, and their use can make the therapy more personally relevant and acceptable ([Keulen et al., 2023](#)). From this perspective, religion-related approaches are aimed at working within the client's beliefs rather than outside them ([Keulen et al., 2023](#)).

Within religion-adapted cognitive behavioral therapy (R-CBT), religious themes are clinically assessed and approached through cognitive and behavioral mechanisms ([De Abreu Costa and Moreira-Almeida, 2021](#)). Maladaptive interpretation can be addressed by applying religious content using conventional therapy methods such as cognitive restructuring, thus tailoring the therapy process to be aligned with the religious context of the individual ([Cucchi and Qoronfleh, 2025](#)). The HEART model described by Lodi (2018) highlights how Islam can be integrated into cognitive therapy by tailoring conventional CBT procedures to the client's Islamic perspective. For instance, the Socratic questioning process can be tailored to the teachings of Prophet Muhammad while cognitive restructuring can be based on the instructions of the Quran ([Cucchi and Qoronfleh, 2025](#)). Study within a

muslim population suggests that religious teachings or practices can also be integrated within therapy to facilitate behavioral activation which makes the therapy more aligned for muslim clients (Dawood et al., 2023). Religious beliefs are further viewed as coping strategies that provide clients with alternative ways of understanding and responding to stressful experiences (Britt et al., 2026). Thus, the mechanism of R-CBT involves connecting established CBT processes with personally meaningful religious beliefs and practices, allowing cognitive and behavioral change to occur within a framework that is familiar and meaningful to the client (De Abreu Costa and Moreira-Almeida, 2021). Further, Depression and anxiety symptoms are indicated to reduce alongside reduction in religious concerns, which illustrated the association between religious struggles and psychological symptoms (Seesink et al., 2022). This association can also be seen in individuals with major depressive disorder, as presence of higher level of existential thinking is examined in individuals who experience R/S struggles as compared to others (Kéri, 2025). Therefore, R/S struggles may represent a significant area in clients psychological wellbeing that can contribute to psychological distress and may require attention within the therapeutic process (Campbell, 2022).

In acceptance and commitment therapy (ACT), the mechanism of action for religious themes may different from CBT. In Religion-adapted ACT religious themes are integrated into the processes of accepting difficult internal experiences, bringing psychological flexibility, facilitating value clarification and building committed action (Dehaghi et al., 2024). In mental health conditions like OCD symptoms can be presented as religious obsessions and scrupulosity, in which religious concerns become closely intertwined with obsessive thoughts, compulsive responses, and dysfunctional religious beliefs (Morón et al., 2022). Dehaghi et al. (2024) explain that, religion-adapted ACT is more effective than conventional ACT in reducing purity/impurity obsessions and dysfunctional religious beliefs among Muslim participants with OCD due to its personal relevance with clients religious value system that helps them develop a different relationship with distressing thoughts and feelings (Dehaghi et al., 2024). Thus, the integration of religious content in ACT may help the client to effectively respond to the religiously distressing thoughts

and compulsive behaviours in ways that can help them in reducing guilt, facilitate treatment engagement, and remain consistent with their authentic religious values and practices (Zhang, 2025). The mechanism of integration of religious themes can also be understood through mindfulness-based interventions (MBIs). Research studies presents that individuals religious beliefs can also impact on their responses towards mindfulness based interventions depending on whether the intervention is framed in Buddhist, secular, or spiritual terms (Anderson et al., 2022). An experimental research study demonstrated participants greater receptivity with an MBI when it's more close to their religious/spiritual worldview as compared to secular approaches (Palitsky et al., 2022). Further evidence suggests that a specific framing of MBIs whether its secular, spiritual, or Buddhist can not be universally superior across religiously diverse populations, which indicates the importance of tailoring interventions with client's worldview (Palitsky et al., 2022). Therefore, within mindfulness-based approaches, religious themes may influence therapeutic engagement of clients and receptivity through their relevance with the client's religious belief system and the way mindfulness practices are interpreted within that framework (Haidar et al., 2023).

Internal Family Systems (IFS) provides another view on the potential role of religious themes in psychotherapy. The psychological experiences within IFS are conceptualized in terms of a stable self and different parts of self which are particularly shaped by traumatic experiences and their protective or reactive role (Brenner et al., 2023; Comeau et al., 2024). The framework of IFS resonates with religious understanding of selfhood, values and introspection, that may provide a framework through which clients may interpret their internal experiences and develop a more integrated relationship with different parts of themselves (Kennel, 2021). In this sense religious values may facilitate the IFS components within clients existing R/S understanding of self, which may support self-understanding, inner harmony and acceptance of different parts of self rather than direct introduction of religious practices into the treatment (Hill, 2023).

Within these approaches discussed, meaning-making represents an important mechanism through which religious and existential themes may influence psychological

functioning, as religious and spiritual narratives can shape how individuals understand their experiences of suffering and their sense of self (Finley, 2023). For many individuals the existential questions are closely linked with religious and spiritual beliefs that may provide guidance or become a source of conflict or struggle (Kéri, 2025). Such struggles involve tension, conflict, or strain due to doubts, moral conflicts, experiences of divine anger or abandonment, questions of ultimate meaning, and interpersonal tensions related to religion (Pargament and Exline, 2021; Exline et al., 2024). Such struggles can also be non-pathological, Berra (2025) conceptualizes existential reflection as a process that can emerge from deeper consideration of the meaning and nature of existence and may provide an opportunity for a more authentic understanding of life. Whereas findings also suggest that R/S struggles are associated with psychological distress (Cowden et al., 2021). This distinction is very important to understand the distress inducing or protective nature of religious themes. Particular existential concerns including death, meaninglessness, purpose, uncertainty, and loneliness have been found to have association with depression, general anxiety and stress (Alshehri et al., 2024). Existential anxiety is further studied to have an mediating effect on the relationship between the experience of meaning and depression severity, which indicates that the way individuals experience and respond to questions of meaning can have influence on their depressive symptoms (Pellens et al., 2022). At the same time, meaning in life may also mediate the relationship between religiosity and depression, suggesting that religion may influence mental health partly by contributing to a sense of meaning and purpose (Giannone et al., 2019). That's why incorporating religion and spirituality into psychotherapy could lead to therapeutic change by addressing the religious, spiritual, and existential issues of clients through person-centered therapy (Keulen et al., 2023).

In general, however, the mechanisms that facilitate the influence of religious themes are unique for different schools of psychotherapy. In R-CBT, religious themes are mostly used in cognitive restructuring, behavioral activation, motivation, and religious coping (De Abreu Costa and Moreira-Almeida, 2021). In religion-centered

ACT, religious themes become part of the acceptance, psychological flexibility, values, and committed action, especially when the patient's symptoms are religious in nature (Dehaghi et al., 2024). In mindfulness-based therapies, the mechanism seems to include worldviews consistency, acceptability, engagement, and affective response to either the religious or secular interpretation of mindfulness (Anderson et al., 2022; Palitsky and Kaplan, 2019; Palitsky et al., 2022). On the broader side, existentially and spiritually based approaches utilize religious concepts through processes such as making meanings, resolving spiritual conflicts, developing coherence, and changing disturbing meanings of suffering (Pargament and Exline, 2021; Captari et al., 2021). This suggests that the significance of religious themes in therapy lies not merely in the aspect of religiosity, but in the way in which these religious themes interact with the process of therapy itself.

2.4 Theoretical Framework

The theory used to guide the research process is of existential psychotherapy from Yalom's perspective. As per Yalom (1980), the basic assumption of existential psychotherapy is that human beings necessarily confront four ultimate existential questions: death, loneliness, freedom, and meaninglessness Yalom (1980), as cited in (Musliu, 2020)). The existential conflict, as Yalom has explained, stems from the conflict between human consciousness of such ultimate concerns and the natural impulse to escape existential anxiety (Yalom (1980), as cited in Vayas, 2024). This gives rise to the development of defense mechanisms that, although initially shielding, can also prevent genuine participation in life's inherent uncertainties (Yalom (1980), as cited in Vayas, 2024). Yalom (1980) argues that therapeutic work is frequently about assisting clients in identifying these defense mechanisms and prompting a more honest confrontation with the realities of existence.

Within this framework, Yalom's conceptualization of meaninglessness explains that psychological problems may arise through the experience of feelings of emptiness, boredom, apathy, and a lack of direction in one's life. This problem arises as an existential problem rather than a clinical depressive state, when people have

lost their traditional instincts about how to live life and hence do not know what holds meaning and purpose in their life (Yalom (1980) cited by (Snyder, 2025)). The current age of globalization and an ever-present state of knowledge concerning worldwide issues, such as wars, injustice, the environment, and instability, can exacerbate feelings of being powerless, confused, and lacking direction or sense of purpose in life (Youvan, 2024).

The process of making sense out of life for people belonging to cultures with a theistic and religious background, is highly influenced by religiosity. As Unser and Riegel have stated, religiosity offers a set of global meanings that help people integrate their stressful experiences into spirituality and regain coherence in times of crisis (Unser and Riegel, 2023). In this case, the use of Yalom's existential approach is appropriate because, as part of his theory, existential meaninglessness emerges as one of the major existential themes when no inherent meaning exists; at the same time, Yalom recognizes people's need to depend on external frameworks, such as religion. Based on Irvin D. Yalom's "existential givens" theory, this research seeks to explore the views of psychotherapists regarding how religiosity affects the meaning-making process of clients during psychotherapy.

2.5 Rationale

Meaning plays a part in psychotherapy regardless of which type of therapy is practiced since meaning might be perceived differently in each therapeutic technique (Locher et al., 2019). As per Locher et al. (2019) in psychotherapy, meaning is seen as something that is possible to transform in the context of psychotherapy, whereas McLeod (2011) see psychotherapy as a process of constructing meaningful ways of life. Concerns about meaning are not exclusive to existential psychotherapy since Heidenreich et al. (2021) state that concerns about meaninglessness, responsibility, death, and isolation, which belong to existential concerns, may be encountered by cognitive behaviour therapists too. Therefore, meaning can come to psychotherapy irrespective of whether it is an aim of the particular therapeutic

approach or not (Locher et al., 2019; Heidenreich et al., 2021; McLeod, 2011).

Within this understanding of meaning, religiosity becomes relevant because being religious has been associated with meaning in life among Muslim populations. Abu-Hilal et al. (2017) found a strong relation between being religious and meaning in life among Muslim college students, further experiential religiousness was found to be directly associated with meaning in life and general well-being among university students and community members in Pakistan. Religiosity may therefore become relevant when clients are making sense of their lives, particularly when meaning is considered within Muslim contexts (Abu-Hilal et al., 2017; Khan et al., 2015). Recent research has also demonstrated that the Islamic framework is used by Muslims in their interpretation of psychological problems and help-seeking, such as beliefs about jinn, black magic, the evil eye, testings, punishments, and weakened faith (Mahmood and McAloney-Kocaman, 2026). The research by Mahmood and McAloney-Kocaman (2026) has also revealed that the Islamic framework influences the mental health experience of Muslim clients.

Once religious concerns are introduced to the therapy process, the manner in which therapists handle them becomes crucial as well. According to Campbell (2022), religious and spiritual issues may be examined in the process of the therapeutic interaction and therapist's presence, which means that such issues may be addressed using the therapeutic process itself and not using a formal religious approach. However, therapists can face issues handling religious issues because of lack of training and confidence in dealing with religion and spirituality (Hunt, 2024). As Hunt (2024) claims, more than half of trainees and recent trainees did not receive any training in religion and spirituality, while one third received only minimal training.

This concern has particular relevance in Pakistan, where evidence also points to limited formal preparation in Islamic psychology and religion-based therapeutic approaches. Ahmed et al. (2023) found that 33% of psychology programs surveyed in Pakistan offered a course or module on Islamic psychology, whereas 67% did

not, and the authors highlighted the need for greater training in Islamic psychology and religion-based therapeutic approaches (Ahmed et al., 2023). This training context is relevant alongside the Pakistani evidence linking Muslim experiential religiousness with meaning in life and general well-being Khan et al. (2015). Taken together, the literature connects three areas that are important for the present study: meaning is addressed across psychotherapy approaches, religiosity is associated with meaning in Muslim populations including Pakistan, and religious concerns can enter the therapeutic relationship while therapists may have limited preparation for engaging with them (Locher et al., 2019; Heidenreich et al., 2021; Abu-Hilal et al., 2017; Khan et al., 2015; Campbell, 2022; Hunt, 2024; Ahmed et al., 2023). Therefore, exploring Pakistani psychotherapists' narratives can provide an understanding of how religiosity and existential meaning are encountered, understood, and engaged with during psychotherapy in the Pakistani context.

Chapter 3

Research Methodology

3.1 Research Design

The present study adopted qualitative research methodology, as the primary purpose of the study was to understand and explore the perspectives of psychotherapists regarding the influence and interplay of religiosity and existential meaning of clients during psychotherapy. Research questions were aimed at capturing the subjective experience, professional judgments, and clinical interpretative processes in detail rather than objective measures. Qualitative research particularly is suitable when the purpose is to understand, explain and assign meaning to complex personal and professional experiences within specific social and cultural contexts ([Creswell and Poth, 2018](#)). Through quantitative methods such perspectives cannot be adequately captured, as they involve nuanced reasoning, ethical considerations, and contextual responsiveness of therapists that extend beyond objective measures ([Willig, 2013](#)).

3.1.1 Type of the Study

Within the qualitative framework a narrative research design was adopted to explore how Pakistani psychotherapists understand and work with issues of religiosity and existential meaning within psychotherapy. A narrative research design allows these experiences to be explored in a manner that remains close to the participants'

own ways of expression, rather than fragmenting them into predefined categories (Clandinin and Connelly, 2000). By attending to both what is said and how it is said, the narrative design makes it possible to explore complexities that are often overlooked in more structured research approaches (Creswell and Poth, 2018).

3.1.2 Sample and Sampling Criteria

The population selected for this study consisted of practicing psychotherapists in Pakistan who have experience with clinical population. To recruit participants, purposive sampling was used. Purposive sampling enables the researcher to intentionally select individuals who have specific professional experience and insight into the phenomenon under investigation, which is essential in qualitative research that prioritizes depth of understanding over statistical representation (Vasileiou et al., 2018).

Narrative and other interview based qualitative designs typically involve relatively small sample sizes to allow for detailed, in depth exploration of each participant's story and perspective (Vasileiou et al., 2018). Accordingly, 13 psychotherapists were recruited in accordance with the guidelines of Consensual Qualitative Research (CQR), with the sample size selected to prioritize narrative richness (Hill, 2014).

3.1.3 Inclusion and Exclusion Criteria

To ensure that participants could provide informative and meaningful narratives, structural inclusion criteria were set. This included requiring that psychotherapists have a minimum of one year of clinical experience. Although qualitative methodology does not prescribe a specific threshold for years of experience, setting this criterion helps ensure that participants have had sufficient exposure to real world clinical practice and have encountered a variety of therapeutic situations, which enhances the quality of the data (Creswell and Poth, 2018).

Similarly, a requirement for a minimum of a master's degree in psychology was included to ensure that participants possess foundational theoretical knowledge

and clinical training. In qualitative research, it is common to set such criteria to identify participants who have relevant expertise to speak meaningfully about the focus of the study (Creswell and Poth, 2018; Merriam and Tisdell, 2016).

3.2 Data Collection Procedure

Data for this study were collected using semi-structured interviews, conducted either in-person or online, depending on the participant's convenience and comfort. Each interview lasted approximately 45 to 60 minutes. Prior to the interviews, participants provided informed consent for both participation and audio recording. All interviews were audio-recorded to ensure accuracy in capturing participants' responses.

The semi-structured format allowed the researcher to follow a flexible interview guide, while also providing space for participants to elaborate on topics that were personally or professionally significant to them. This approach is consistent with narrative research, which prioritizes the collection of rich, detailed stories rather than structured or pre-coded responses (Riessman, 2008).

Following the interviews, the recordings were transcribed verbatim, capturing participants' exact words, pauses, and expressions. This allowed for accurate analysis of their narratives, preserving the nuance, tone, and contextual meaning of each account. Verbatim transcription is a common practice in qualitative research to ensure that the data reflect the participants' perspectives as closely as possible (Braun and Clarke, 2013).

3.2.1 Demographic Sheet

A demographic data sheet was utilized to gather information on participant's age, gender, educational qualification and work setting.

3.2.2 Interview Guide

The interview guide was developed based on the principles and characteristics of narrative interviewing as proposed by (Artioli et al., 2019). In accordance with

narrative methodology, the interview guide was designed to encourage participants to share their experiences in the form of stories with few probing prompts for follow-up exploration. Further more the guide was organized to promote non-judgmental listening, active engagement and exploration of participants' experiences and perspectives through non-directive questions ([Anderson and Kirkpatrick, 2015](#)). The base line of the interview was developed to align it directly with the research objectives and questions of the study. It was designed to explore three primary areas:

- i. Psychotherapists' perspectives on clients' religiosity in therapy, including how clients' faith influences therapeutic understanding, coping mechanisms, and the therapist's responses.
- ii. Addressing clients' search for existential meaning, covering how therapists recognize existential struggles, facilitate discussions on life purpose, and integrate these concerns with immediate psychological needs.
- iii. The interplay between religiosity and existential meaning, including how therapists perceive the connection between faith and meaning, manage potential conflicts, and consider cultural and social factors in Pakistan. Prior to the main study, the interview guide was pilot-tested with two participants to assess its clarity, appropriateness, and relevance.

3.3 Pilot Study

Pilot study helps researchers identify potential ambiguities, refine questions, and ensure that the instrument is capable of capturing rich and meaningful data aligned with the research objectives ([Creswell and Poth, 2018](#)). For the present study, a pilot study was conducted with two participants to evaluate the effectiveness of the interview guide developed to explore the research objectives. Initially, the interview guideline was formulated to examine psychotherapists' perspectives on religiosity, existential meaning, and their interplay within psychotherapy. Given the sensitive nature of these themes and their close connection to personal beliefs and professional values, the pilot study was undertaken to assess how accurately and openly the interview guide enabled participants to share their experiences.

Prior to the pilot interview, the participants were informed about the purpose and rationale of the pilot study and was requested to provide feedback on the clarity and relevance of the questions. The pilot interview revealed that most of the questions were appropriate and facilitated meaningful discussion aligned with the research objectives. However, a small number of questions were identified as ambiguous in wording, which led to varied interpretations by the participant. These questions were subsequently revised to enhance clarity and simplicity. Additionally, a few questions were discarded as they appeared to generate repetitive responses or conveyed overlapping meanings. The insights gained from the pilot study contributed to refining the interview guide, ensuring that it was clear, culturally sensitive, and capable of eliciting rich narrative data. The finalized interview guide was then used for the main phase of data collection.

3.4 Ethical Considerations

The formal ethical guideline followed for this research was of APA (7th Edition), in addition, prior to data collection the synopsis has gone through Ethics Review Committee which is a part of Faculty of Management Social Sciences at CUST (Capital University of Science and Technology). Additionally, the ethical considerations in qualitative inquiry are not limited to initial approval procedures but rather are continuously maintained throughout the research process, particularly in regards of informed consent, confidentiality and privacy ([Shaw, 2008](#)).

Therefore, ethical considerations were carefully observed throughout all stages of the research process, given the sensitive nature of the study and its focus on religiosity and existential meaning in psychotherapy. Prior to data collection, participants were provided with a clear explanation of the purpose, scope, and focus of the study, including the key themes and variables to be explored. This was done to ensure transparency and to minimize any potential feelings of uncertainty or emotional overwhelm among participants.

Participation in the study was entirely voluntary, and participants were informed of their right to withdraw from the study at any stage without providing a reason or facing any consequences. Informed consent was obtained prior to conducting

the interviews, including consent for audio recording. Importantly, participants were not asked to disclose their personal religious orientation or beliefs, as the study aimed to explore professional perspectives rather than personal religious identities. This approach helped maintain professional boundaries and reduced the risk of discomfort or perceived intrusion.

Privacy and confidentiality were strictly maintained throughout the research process. Participants were assured that their identities would remain anonymous, and all identifying information was removed from interview transcripts. Pseudonyms or codes were used in place of real names during transcription and analysis. Audio recordings and transcripts were stored securely, accessible only to the researcher, and were used solely for research purposes. Digital data were kept in password-protected files, and all materials will be retained and disposed of in accordance with ethical research guidelines.

More importantly during the interview process, particular attention was given to participants' emotional well-being. The interviewer remained attentive and responsive to signs of discomfort. In one instance, when a participant expressed emotional discomfort while discussing an existential topic, the interview was immediately paused, and the participant's well-being was checked. The interview was only resumed after the participant explicitly indicated comfort and willingness to continue. This ensured that participants' emotional safety remained a priority throughout the data collection process.

The interview questions were designed to be non-provocative and respectful, and participants' responses were approached without judgment. Care was taken not to evaluate or critique participants' clinical practices or perspectives, even when responses reflected differing theoretical orientations or ethical viewpoints. The researcher maintained a stance of professional neutrality while remaining open and receptive, allowing participants to express their experiences freely without fear of evaluation or correction. Overall, ethical responsibility was maintained not only through formal procedures such as informed consent and confidentiality, but also

through ongoing ethical reflexivity during the interviews, ensuring that participants were respected, supported, and safeguarded throughout their involvement in the study.

3.5 Data Analysis

The current research employed Reflexive Thematic Analysis (TA), as described by [Braun and Clarke \(2006\)](#), to examine the qualitative data gathered from in-depth interviews. This analysis offered flexibility and is suggested to produce rich findings. This method involved the following steps for identifying, analyzing, and interpreting themes in qualitative data.

3.5.1 Familiarization with Data

The audio records were heard twice of each participant to note down emotional tone, response intensity and specific responses of clients before transcriptions. After that transcriptions were made as it of each interview. Entire dataset was repeatedly read, until the researcher fully and completely emerged in participants responses. Initially notes were taken to fully understand the data, each response were given meaning by researcher before codes for better reflexivity.

3.5.2 Initial Coding

One whole data set was comprehensively read and understood each interview gone through initial coding. Relevant responses were given a category as per their meaning not only by the words. Once each interview was coded, another round of reviewing of codes were made to see similar patterns and broad cluster of codes were made.

3.5.3 Theme Development

The next step involved expanding individual participants codes to analyzing the shared patterns. On this step the codes which are similar to each other or may

give similar meaning were grouped together to generate clusters leading to theme and sub themes generation. Each theme was named appropriately which captures the essence of codes within it.

3.5.4 Interpretation of Themes

In this stage each theme was reviewed through two steps. Firstly, whether the themes are aligned with the codes or not, secondly whether the accurately represent the whole data set and are addressing research questions or not.

3.5.5 Connecting Themes

At this stage themes were defined and labeled by narrowing the details of each theme and knowing their interrelations, essence and scope.

3.5.6 Reporting

Final stage involved writing up and reporting the detailed description of each theme. It also incorporated visual prompts and quotes from the data to discuss the broader implication of the results.

3.6 Rigor

In qualitative research, rigor is a process or a goal of research that assures quality, credibility, and integrity in all aspects of the research process ([McLeod, 2024](#)). The main tool used to gather data in qualitative research is the researcher himself; hence, it is critical to have established rigor standards through the whole research process ([Johnson et al., 2020](#)). Trustworthiness is a key framework used in qualitative research to ensure rigor in the research ([Lim, 2024](#)). Instead of using criteria like validity, reliability, and objectivity, which are mainly applicable in quantitative research, trustworthiness gives qualitative researchers criteria to show quality, integrity, and authenticity of their research process.

The trustworthiness in this research study has been attained through the use of the criteria set out by [Guba and Lincoln \(1994\)](#) , which include the criteria of credibility, transferability, reliability, and confirmability. In order to make sure that the application of such criteria is in line with the current qualitative research approach, the criteria were used according to the updated recommendations by [King and King \(2020\)](#). The following methods were thus used to increase the rigor of the study.

3.6.1 Credibility

i. Peer debriefing

During the whole research methodology and coding and interpretation were discussed with supervisors in order to minimize biases and increase the validity of results.

ii. Negative case analysis

Formation of themes involved a constant process of checking and double checking contradictory or deviant responses in order to include all of the variations of participants' narratives.

iii. Saturation

The data gathering process was continued until no new themes were being identified, suggesting that adequate saturation had been reached.

3.6.2 Transferability

i. Thick description: The detailed description of the research context, participant, inclusion criteria, verbatim and the coding process was given to enable the readers to judge the relevance of the results.

3.6.3 Dependability

i. Audit trail

Detailed documentation of the methodological choices, coding methods, and analysis procedure has been maintained to ensure consistency and transparency in the

research process.

3.6.4 Confirmability

i. Reflexivity

In the course of reflection reflective notes were kept about one's personal views, assumptions, feelings, observations and methodology choices. This was done throughout the course of the research to evaluate their possible impact on the research. A comprehensive summary of the researcher's reflexivity is given in Appendix 1 in Therapist Reflexivity.

Chapter 4

Results

This section will provide all the results of the study, which were gathered through qualitative interviews of the participants, using thematic analysis. The participants were belong to field of psychology majorly clinical psychology. The thematic analysis has yielded some major themes that together represent the views of psychotherapists regarding the interplay of religiosity and meaning in life in the context of psychotherapy. Before the presentation of the themes, brief information on the demographic details of the participants is given below to give context to the findings.

4.1 Master Theme 1: Presence and Psychological Significance of Religiosity in Therapy

The first theme that emerged across the interviews captures the central role of religiosity in psycho therapeutic practice as observed by participants. Psychotherapists highlighted that religiosity is pervasive across the clients, not only in individuals who have certain religious orientation but also those who identify as non-religious and often represents a sensitive and meaningful aspect of their lives. Additionally, participants described religiosity as being shaped by sociocultural, familial, and legal contexts, including family influences, social and cultural norms, and interactions with religious authorities/scholars or legal frameworks. This

TABLE 4.1: Demographic Details of All Participants

Ppts	Age	Gender	Qualification	Work Setting	Therapeutic tion	Orienta- tion	Training (R/S-Informed chotherapy)	Exposure Psy-
P1	45	F	PhD	Clinical Setting	Eclectic		No	
P2	35	F	MS	Private Practice	CBT; Psychodynamic		Somewhat (e.g., workshops, short courses)	
P3	28	F	MS	In-house Therapist	CBT; Psychodynamic; Hu- manistic		No	
P4	27	F	MS	Hospital & Clinical Setting	CBT and Integrative		Somewhat (e.g., workshops, short courses)	
P5	27	F	MS	Hospital	Humanistic		Somewhat (e.g., workshops, short courses)	
P6	27	F	MS	Teletherapy/Private Practice	Integrative		No	
P7	35	F	MS	Hospital and Private Clinic	Humanistic		No	
P8	29	F	MS	Private Practice	Humanistic		No	
P9	27	F	MS	Teletherapy/Private Setup	Integrative		No	
P10	35	F	PhD	Private Practice & Clinical	CBT; Integrative; Human- istic		Somewhat (e.g., workshops, short courses)	
P11	35	M	MS	Academic/Clinical/Hospital	Integrative		No	
P12	28	F	MS	Hospital	CBT; Integrative; Human- istic; Psychodynamic		No	
P13	36	F	MS	Clinical Setting	Integrative		No	

theme represents how religiosity functions as both an inherent part of clients' identities and a contextual factor that therapists must cater carefully, integrating it into their clinical work while respecting its psychological and sociocultural significance. Below, the author has mentioned a tabular form to illustrate this Master theme 1, and its subsequent sub themes and major codes.

TABLE 4.2: Thematic Table: Presence and Psychological Significance of Religiosity in Therapy

Master Theme	Sub-Themes	Major Codes
1. Presence and Psychological Significance of Religiosity in Therapy	1.1 Pervasiveness of Religiosity in Psychotherapeutic Work	1.1.1 Broad conceptualization of religiosity
		1.1.2 Religiosity as a frequent and sensitive clinical theme
		1.1.3 Explicit discussion of religiosity in therapy
		1.1.4 Addressing religious beliefs as necessary in the Pakistani cultural context
	1.2 Sociocultural Construction of Religiosity and Its Psychological Impact	1.2.1 Family and upbringing as foundations of religiosity
		1.2.2 Social pressure, judgment, and psychological distress
		1.2.3 Religion, culture, and misinterpretation
		1.2.4 Religious authority and misattribution to spiritual causes
		1.2.5 Media influence on identity conflict and contemporary questioning

4.1.1 Sub-theme 1.1: Pervasiveness of Religiosity in Psycho-therapeutic Work

This sub-theme captures psychotherapists' views about how religiosity of clients consistently and naturally emerges within psycho-therapeutic settings. Religiosity was described not as an occasional factor in therapy, but as a recurrent and often unavoidable aspect of therapeutic work. The participants shared a broad understanding of religiosity, its frequent presence among both religious and non-religious clients, its sensitive nature within therapy, and the ways in some instances when it's explicitly discussed by the clients. Below are the major codes that were identified under this sub-theme, along with responses from the participants.

4.1.1.1 Broad Conceptualization of Religiosity

Participants talked about the client's religiosity in more general terms, going beyond the more specific definitions that focused solely on religious behavior. Religiosity was also found to exist among clients who claim to be non-religious, agnostic, or atheist. The participants emphasized that belief systems and dogmatic beliefs can arise irrespective of religious affiliation.

“agar koi agnostic hai, theek hai, agar koi atheist hai, to unka bhi koi, koi dogmatic approach rakhta hai, to unka bhi aata hai.” (Participant 1)

4.1.1.2 Religiosity as a Frequent and Sensitive Clinical Theme

Across the psychotherapists' responses, clients' religious beliefs were said to have emerged as a frequent and almost natural part of psychotherapy encounters in Pakistan. As per the psychotherapists, clients often describe and make sense of their psychological struggles through religious lenses. Rather than being a specific topic, it tends to come in quite organically during sessions, reflecting how deeply it is embedded in everyday life and thinking of clients. As mentioned earlier, many clients were described as interpreting their distress through a religious lens, where difficulties are linked to concepts like tests, divine will, or spiritual trial. In several instances, psychological suffering is also experienced as a form of punishment

or consequence, shaping both the emotional tone and meaning attached to their struggles. Overall, religiosity appears less as an occasional theme and more like a lived framework through which clients understand and make sense of their experiences.

”while interacting with the clients during sessions, almost I would say around more than half the time, religiosity does come in and play the part, because, you know, whenever we are going through a new struggle, or our first way of thinking is that either it’s a test or something like that, Allah tala is watching us, or you know, faith plays a huge role in sometimes settling in or unsettling the clients as well...” (Participant 8).

4.1.1.3 Explicit and Implicit Discussion of Religiosity in Therapy

Psychotherapists described that religiosity in psychotherapy appears in both forms, explicit and implicit, which depends on the client and the context of discussion. In some cases, clients directly verbalize how religious practices, values, and moral frameworks are actively practiced within their homes, bringing these aspects into therapy as part of their daily routine. At the same time, religiosity also surfaces in more indirect ways, when clients interpret their experiences through faith such as references to Allah’s will, concepts of sabr, dua, or ideas of reward and punishment.

“Kabhi kabhi wo directly is baat mein baat karte hain, aur sometimes religion does come up indirectly. Jaise for example, saying ke ye to Allah ki marzi hai, ya sabr jaise concept ke bare mein baat karna, dua ke bare mein baat karna, reward and punishment ke bare mein baat karna”. (Participant 9).

4.1.1.4 Addressing Religious Beliefs as Necessary in Pakistani Cultural Context

Participants also consider religion as an important variable in psycho-therapeutic process which can’t be sidelined while working with the clients in Pakistani cultural context.

”I believe we cannot take out religion in our therapeutic process in Pakistan. Is

population mein hum religion ko side pe nahi rakh sakte therapy. It is quite deep-rooted.” (Participant 7)

4.1.2 Sociocultural, Familial and Institutional Shapers of Religiosity

This sub-theme captures the fact that religiosity in psychotherapy is not an individual or intra-personal phenomenon, but it’s also influenced by wider sociocultural, familial, and institutional contexts as described earlier. The participants indicated that legal systems, cultures, religious institutions, family systems, and social contexts play a very important role in shaping clients’ religiosity and their engagement with therapy. The following are the major codes that emerged under this sub-theme, along with some responses from the participants.

4.1.2.1 Family and Upbringing as Foundations of Religiosity

Psychotherapists consistently mentioned clients’ religiosity less as an individually formed belief system and more as something that has been passed through upbringing. In most accounts, religious and moral values were portrayed as being “borrowed” by elders, gradually absorbed through daily life rather than actively learned or critically explored through authentic resources.

”Humari upbringing mein, mostly logon ke faith ya religion ya unke religious beliefs wo elders se seekhte hain. Aur agar aap faith ya religion ya un beliefs ko question karte ho, jo aapke elders ne bataye, to wo disrespectful lagta hai, jaise elders ki disrespect. Toh yehi humari society ka pattern hai, ke aap directly Quranic books ya religious books se learning nahi lete. Hum religious beliefs elders se lete hain, jo hume batate hain ke beliefs kya hain. ” (Participant 9)

Psychotherapists also mentioned the collective weight of family expectations and interpretations on client’s mental health; they noted that therapy can sometimes become complicated when these family-influenced belief systems strongly guide how distress is understood and what forms of help are acceptable. Within this dynamic, the alignment or misalignment between a client’s own understanding and their family’s belief system was seen as particularly significant.

”Family ke religious beliefs aur client ke apne religious beliefs agar match karte hain ya nahi, yeh bhi bohat matter karta hai. Agar surroundings same beliefs reject karte hon, toh struggle barh jati hai.” (Participant 5).

4.1.2.2 Sociocultural Influence and Environmental Shaping

Psychotherapists collectively emphasized that in Pakistan People have mixed up religious beliefs with subcontinental cultural identity. Religious understanding of clients is less shaped through direct or structured learning and more through culturally passed on traditions. In such a way cultural values and religious beliefs often come intertwined. They also strongly posed this observation that this passive, culturally enforced learning can sometimes create confusion or internal inconsistency, as individuals may adopt beliefs and practices that are not fully aligned with core or “authentic” religious teachings.

”So what happens is that ke cultures, social pressure and religion ki tino cheezen bohot zyada mix up hoti hain. People who study religion.....are very well read, unmein aapko anxiety, confusion of what should I choose... this and that, and what should I make as my purpose? Ye nahi aata... They are very well set, because, you know, again, they are well read.... they can make a congruent choice between their hobbies, their idea of life and at the same time being religion oriented.” (Participant 8)

4.1.2.3 Social Pressure, Judgment and Psychological Distress

Psychotherapists pointed out society’s judgmental stance on religious practices as an important factor that plays a significant role in shaping psychological distress within the Pakistani context. Religion, morality, and social expectations holistically create an environment where deviations from perceived religious conduct often led to strong feelings of guilt, shame, and depression. In such contexts, psychological distress is not only internalized by clients but also socially reinforced, as individuals may interpret mental health difficulties as a reflection of weak faith or not being close to religion, which further delays help-seeking and engagement

with therapy. Participants described their clients facing inner conflict due to incongruence between personal and collective beliefs in their surroundings. In such instances other factors were said to play a part to mediate the effect of social pressure, such as legal permissions, access to legal recognition or structured societal frameworks were described as having a stabilizing psychological effect.

“main India ke haavale se keh deti hu....(example) unka ab ek special marriage act bhi aaya hai, Marriage between people of different faiths. Uske tahat, usse pehle kuch arse pehle tak ye nahi tha. To agar usme wo problem hoti thi, to wo ek nfsyati uljhan ka shikar sirf religious basis pe nahi hote the. Unko us conflict se azaad hone ke liye agar unhe ek legal rasta mil jata tha, to it gives peace even psychologically as well.” (Participant 1)

4.1.2.4 Religious Authority and Misattribution to Spiritual Causes

Psychotherapists highlighted the strong influence of “molvi culture” and other informal religious figures in shaping how religiosity and psychological distress are understood in the Pakistani context. This influence was observed to create fear-based beliefs that create distress among clients. People seek help for their psychological struggles through religious figures that delay treatment seeking through professionals. As a consequence, clients were also observed by participants to label psychological and developmental issues as supernatural struggles.

“there was a very critical condition near-developmental issue hai, lekin jo le ke aayi hain hamare paas bachcha, woh keh rahi hain ke ye to kisi chees py allah ny pakad kar liya hai, aur ab ye to bilkul saai ban gaya hai. Ye use to call him saai.” (Participant 10)”

4.1.2.5 Media Influence on Identity Conflict and Contemporary Questioning

Participants described that there is a strong influence on the media on religious beliefs as well. Older generations who have less access to media as compared to younger generations face more incongruence due to conflict between environmental teachings and global religious concepts.

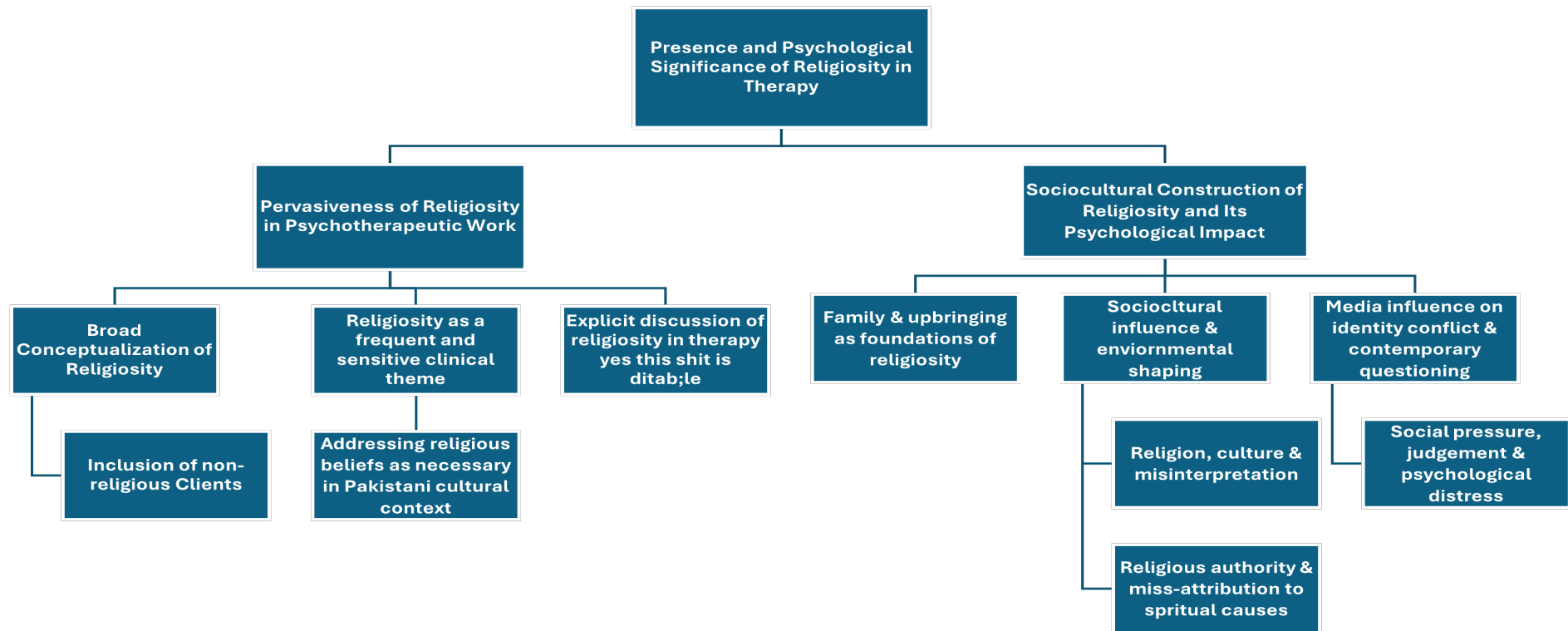


FIGURE 4.1: Theme: Presence and Psychological Significance of Religiosity in Therapy

They also described clients' situations in today's environment where they see the insignificant practicality of religious teachings in daily life.

“they feel that maybe what we were told is not applicable in today's world. Let me give you an example. Ab hukum yeh hai ke aap ne rishwat nahi deni kyun ke rishwat lene aur देने वाला dono aag mein hain.... police ne kisi traffic के उपर रोक है और police वाले ये कह रहे हैं के भाई तुम मुझे पांच सौ हज़ार पांच हज़ार दे दो, तो तुम चले जाओ यहाँ से, अन्यथा तुम के जेल में जाओगे या थाने में जाओगे, तुम्हारी गाड़ी भी बंद होगी. अब अगर वो ये करता है के वो पैसे नहीं देता जो रिशwat के पैसे हैं तो फिर क्या होगा? उस की गाड़ी भी गयी और वो जेल में भी जायेगा और फिर पता नहीं क्या होगा उस के साथ....So, so now there comes this conflict, huge conflict. So, you know, they start questioning के you know, what should I do and whether what I was told or what I learned, what I was taught, is it applicable in today's world or not?” (Participant 11)

4.2 Master Theme 2: Functional Duality of Religiosity in Psychological Well-being

This master theme identifies the complex and sometimes contradictory nature of religiosity in the construction of psychological well-being. Participants have identified the nature of religiosity as both a source of pain and maladaptive coping, as well as a protective and meaning-making process. On the one hand, internalized beliefs, fear-based interpretations, dogmatic practices, and religious norms were identified as sources of guilt, anxiety, depression, which also leads to treatment resistance. On the other hand, religiosity was also identified as a core framework for meaning making in life, moral decision-making, coping with difficulties, and psychological resilience. This theme illustrates the dynamic interplay between religious beliefs, practices, and values, and individual, family, and cultural factors that shape the mental health and treatment engagement of clients. They also described clients' situations in today's environment where they see the insignificant

practicality of religious teachings in daily life.

TABLE 4.3: Thematic Table: Functional Duality of Religiosity in Psychological Well-being

Master Theme	Sub-Themes	Major Codes
2.Functional Duality of Religiosity in Psychological Well-being	2.1 Pathological and Distress-Inducing Religious Interpretations	2.1.1 Internalized Religious Beliefs, Misinterpretation, and Fear-Based Meaning Making
		2.1.2 Social and Cultural Construction of Religiosity and External Reinforcement
		2.1.3 Conflict Between Religious Beliefs, Reality, and Psychological Functioning
	2.2 Protective and Meaning-Enhancing Functions of Religiosity	2.2.1 Religiosity as a Source of Coping, Stability, and Psychological Support 2.2.2 Religiosity as a Framework for Meaning, Purpose, and Identity

“they feel that maybe what we were told is not applicable in today’s world. Let me give you an example. Ab hukum yeh hai ke aap ne rishwat nahi deni kyun ke rishwat lene aur देने वाला dono aag mein hain.... police ne kisi traffic के उपर roka hai aur police वाले yeh keh rahe hain ke bhai tum mujhe paanch sau hazaar paanch hazaar दे दो, तो तुम चले जाओ यहाँ से, otherwise तुम के jail mein जाओगे या थाने mein जाओगे, तुम्हारी गाड़ी भी बंद होगी. Ab अगर वो यeh करता है के वो पैसे नहीं देता जो rishwat के पैसे हैं तो फिर क्या होगा? Us की गाड़ी भी गयी और वो jail mein भी जायेगा और फिर पता नहीं क्या होगा us के साथ....So, so now there comes this conflict, huge conflict. So, you know, they start questioning

ke you know, what should I do and whether what I was told or what I learned, what I was taught, is it applicable in today's world or not?" (Participant 11)

4.2.1 Subtheme 2.1: Pathological and Distress-Inducing Religious Interpretations

This subtheme reflects the idea that religiosity, when given a certain maladaptive interpretation or meaning, can be a contributing factor to psychological distress and hinder the progress of therapy. Participants shared instances when fear, guilt, inflexible practices, and radical religious beliefs resulted in the repression of emotions, resistance to therapy, and maladaptive coping of clients. Such distressing interpretations were often influenced by cultural, familial, or educational variables, and sometimes by early religious indoctrination. The following are the key codes that emerged for this subtheme, along with some examples of participant verbatims.

4.2.1.1 Internalized Religious Beliefs, Misinterpretation and Fear-based Meaning Making

Psychotherapists described that the impact of clients' religiosity on their psychological wellbeing is shaped by how they perceive, internalize, and interpret their religion rather than religion itself. As per them, clients in psychotherapy are observed to link psychological struggles like anxiety and depression as punishment, sin, test of faith and spiritual weakness. And these interpretations then lead to guilt, shame, self-blame and fear. Such fear-based beliefs are noticed by participants to foster self-criticism, leading to low self-worth. As per the participants, when a client experience struggles that don't match with their expectation to the divine help they often struggle with existential meaninglessness. Some therapists also discussed clients' dogmatic beliefs to hinder therapeutic healing. Therapists also highlighted maladaptive religious coping by clients, that make them overly rely on ritualistic practices then actively problem solving.

"Mere paas ek case tha,.... kuch relationship issues chal rahe thay... To unka mindset is cheez mein bohat pakka ho chuka tha ke jo bhi uski life mein ho raha hai,

wo ho sakta hai gunah hai,... To ab jo cheezein ho rahi thi, wo ya to nazar hai, ya hasad hai, ya phir wo uske gunah hain. To is mindset ko is irrational belief ko todne mein mujhe kaafi mushkil hui thi.” (Participant 2)

4.2.1.2 Social and Cultural Construction of Religiosity and External Reinforcement

As presented earlier under cultural influences, psychotherapists perceive the role of culture and religious figures as a major factor in creating distress. Therapists shared clients’ experiences with religion as driven by fear, where it results in guilt and shame. Therapists also discussed the low treatment compliance due to seeking help outside the therapy by religious figures etc. Mental health concerns were often described as being mislabeled through spiritual or supernatural explanations, with symptoms attributed to factors such as jin, nazar, divine influence, or other non-clinical causes.

4.2.1.3 Conflict Between Religious Beliefs, Reality and Psychological Functioning

Psychotherapists also discussed the distress that clients face when there is a conflict between their personal values and religious beliefs. They noted that this distress can give rise to existential concerns, as individuals try to balance between inherited beliefs, personal aspirations, and growing understanding of themselves. For some, this process involves questioning their beliefs or feeling disappointed when answers are not provided. Such instances are particularly observed in the younger population by the therapists who may encounter alternative means of learning about religion rather than only by surroundings. In some cases, these abrupt shifts in beliefs can result in emotional instability and often social withdrawal where society is practicing religion.

“us ko (client) stress tha, us ko depression tha. Woh poora poora din room se nahi nikalti thi, poora poora din room mein rehti thi. Phir jab woh apni university jati thi to woh kisi se relationship build up nahi kar pati thi. Kyun ke aap society

ke andar bhi adjust nahi kar paate. Dekhein aap Islamic environment mein rehte hain.” P13

4.2.2 Subtheme 2.2: Protective and Meaning-Enhancing Functions of Religiosity

This subtheme captures the aspect of religiosity as a source of strength, meaning, and coping for clients. The participants indicated that religiosity acts as a core life orientation framework that assists in moral decision-making, coping strategies, and enhancing psychological well-being. The major codes for this subtheme are presented below, together with examples of verbatims from the participants.

4.2.2.1 Religiosity as a Source of Coping, Stability, and Psychological Support

On the positive influence of religious beliefs on clients’ mental health psychotherapists described religiosity as an important source for coping through life struggles, emotional support and psychological stability specifically when religious beliefs were introduced to the clients in a healthier way. Across responses as per the psychotherapists, faith-based practices such as prayer, dua, Quran recitation, and other spiritual activities were found to manage distress, regulate emotions, and create a sense of relief by clients in hard times. They observed that clients perceive religion as a support system, and when aligned with healthy coping, it often provides comfort and meaning. Beyond coping, psychotherapists emphasized the influence of religion in providing structure, routine, hope, and a framework through which individuals make sense of themselves and the world around them. Within therapy participants highlighted the importance of working within the client’s belief system as a resource for psychological healing. In some cases, they observed faith fostering compassion, forgiveness, and divine mercy helping clients move away from self-blame. Through clinical lens they termed religion as “protective factor” in client’s life during the periods of severe psychological distress, even religious prohibitions against suicide were reported to act as safeguards for some individuals experiencing suicidal ideation. Overall, participants portrayed

religiosity as a meaningful psychological resource that can promote coping, hope, healing, and resilience when experienced within a supportive and balanced way. "ek dafa ek patient tha jismein suicidal ideation thi, lekin attempt nahi hua tha, kyun ke woh yeh sochta tha ke suicide haram hai aur woh Allah ko naraaz nahi karna chahta." (Participant 5)

4.2.2.2 Religiosity as a Framework for Meaning, Purpose and Identity

Another major influence of religion observed by psychotherapists on their clients was a sense of meaning and purpose in life. They consistently described religiosity as a central way through which clients make sense of their life, specifically when going through suffering and existential concerns.

"Maine yeh pattern observe kiya hai ke jin logon ka religious belief strong hota hai, Jo log spiritually strong hotay hainunki meaning of life bhi kaafi clear hoti hai. Unko ek direction pata hoti hai." (Participant 2)

Religion was said to be the focal lens for meaning making, where personal experiences are interpreted with narratives of afterlife, purpose, destiny, and code of conduct in life. Within this context, the religiosity of clients was also seen to be closely linked with identity formation, often shaping self-perception as well. Therapists highlighted that religious beliefs supported by health and a positive environment can contribute to a coherent sense of self.

"Religiosity zindagi ko samajhne aur adversity mein meaning find karne ka framework deti hai. Bohat se clients apni suffering ko isi framework ke zariye interpret karte hain." P3

4.3 Master Theme 3: Ethical and Professional Navigation of Religiosity in Psychotherapy

This master theme encapsulates the way psychotherapists deal with the complex process of integrating religiosity in therapy while adhering to ethical principles.

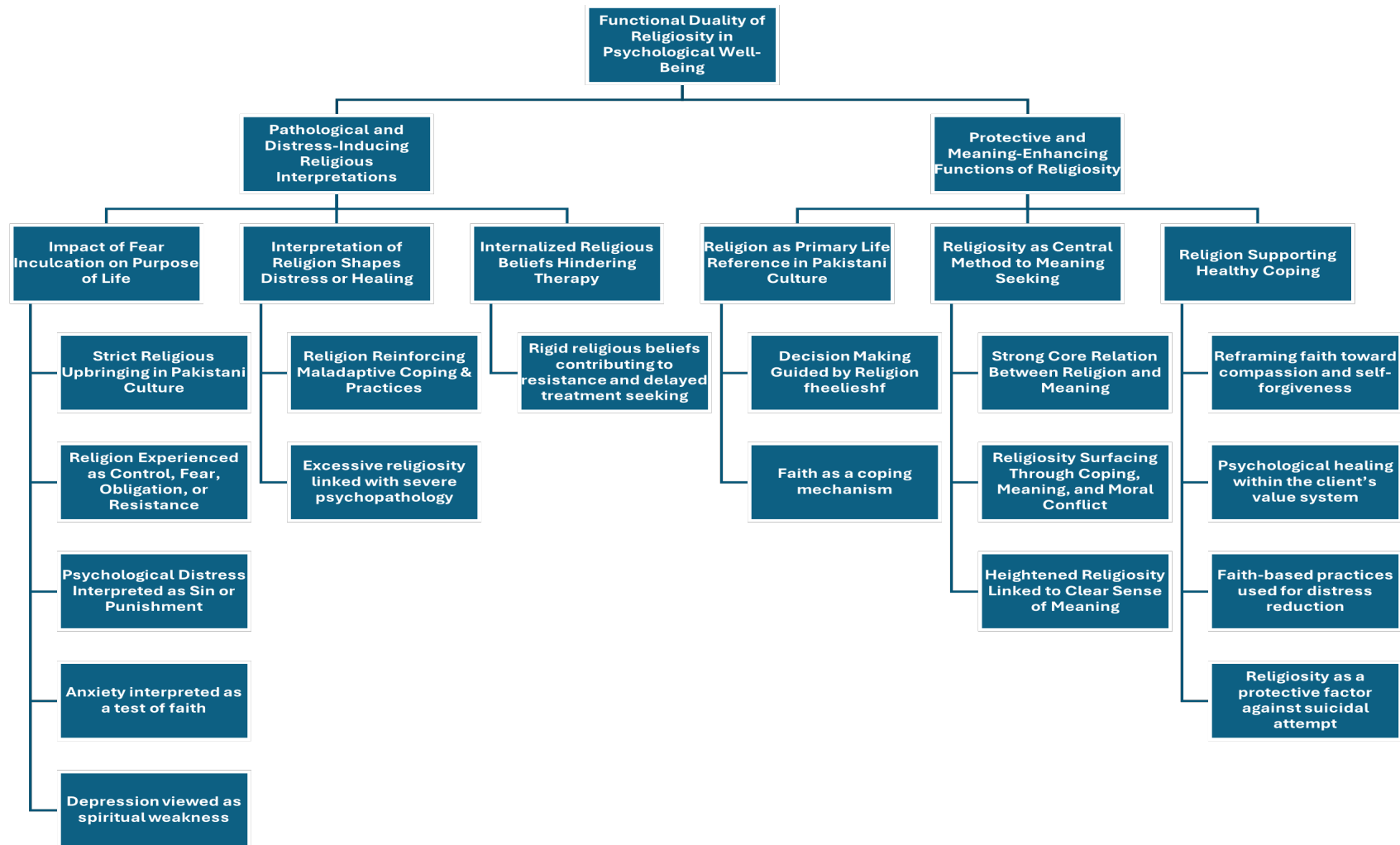


FIGURE 4.2: Theme: Functional Duality of Religiosity in Psychological Well-being

The participants underlined the significance of ethical reflection, self-awareness about personal religiosity, and countertransference to ensure that therapy is client-centered and evidence-based.

TABLE 4.4: Thematic Table: Ethical and Professional Navigation of Religiosity in Psychotherapy

Master Theme	Sub-Themes	Major Codes
3. Ethical and Professional Navigation of Religiosity in Psychotherapy	3.1 Ethical Reflexivity and Boundary Management in Religious Integration	3.1.1 Maintaining professional boundaries
		3.1.2 Ethical awareness of limitations leading to referral
		3.1.3 Managing countertransference
		3.1.4 Sensitive need for maintaining confidentiality and privacy
	3.2 Role of Theoretical and Existential Competence in Religious Work	3.2.1 Need for in-depth religious and theoretical knowledge
		3.2.2 Need for indigenous and contextually sensitive framework

4.3.1 Theme 3.1: Ethical Reflexivity and Boundary Management in Religious Integration

This subtheme reflects the process of psychotherapists dealing with the integration of religiosity in therapy sessions while adhering to ethical principles. The participants emphasized the need for self-awareness, reflexivity, and mindfulness in dealing with countertransference, preventing the therapy session from turning

into spiritual direction, and adhering to evidence-based practice.

The following are the key codes that emerged under this subtheme, along with the corresponding illustrative verbatims of the participants.

4.3.1.1 Maintaining Professional Boundaries

Psychotherapists consistently and very objectively described some ethical consideration while dealing with existential concerns along with the interplay of religion. They actively positioned themselves as a psychological practitioner rather than a religious scholar or a preacher. Professional role clarity was one thing congruent across the participant where they mentioned to be very much aware of the boundaries of a professional role, stating that their role is to provide psychological support not religious guidance.

“We have to be true to our craft..... I’m not mufti, I’m not imam, I’m no, no religious scholar, vo client mere paas aaye hain psychological help lene. Or main claim bhi yahi karti hoon, ki main apko psychological help de sakti hoon. To mera standard jo hai, vo psychological help hota hai. Or main ussi angle se aage badhti hoon.” (P1)

They highlighted that it often gets risky in Pakistani cultural context to manage this challenge because clients pose such questions. And because all the psychotherapists were themselves Muslims, they highlighted that while they hold personal religious beliefs, these should not be brought into the therapeutic space. For that boundary management was said to be practiced by the participants. That included avoiding the role of explaining religious philosophies in therapy and restraining non-therapeutic self-disclosure regarding the belief system of therapists. “kabhi kabhi hum (therapist) excited ho kar apni personal information share kar dete hain jaise ‘main jab depressed hoti hoon to yeh karti hoon’... yeh ethically sahi nahi hota... is se clinical space disturb hota hai aur client ke liye confusion create hoti hai...” P12

4.3.1.2 Ethical Awareness of Limitations Leading to Referral

Therapists' Own Religiosity Awareness Another major way to maintain ethical grounding was described by therapists as reflecting actively upon their own beliefs during sessions. They emphasized the importance of keeping yourself in check regarding therapists' own beliefs and emotions so that it can't interfere with the therapeutic process. Participants also observed that without ongoing reflective practice, there is a risk of unintentionally sharing personal beliefs or even influencing clients' interpretation that does not have a therapeutic use.

"Sab se important cheez therapist ki self-reflection aur reflexivity hai. Kabhi kabhi therapist apna personal experience unknowingly share kar deta hai." (P4)

Referral as a Means of Maintaining Therapeutic Objectivity Key aspect to deal with personal biases was referral, where therapists encountered that their personal beliefs are triggering, or when the presenting issue fell outside their clinical expertise, particularly in cases involving strong religious conflict, existential distress or beliefs that they felt unable to understand or work with. Referrals were also used when therapists felt their own emotional responses; anxiety or personal orientation can interfere with their clinical judgment. Additionally, some therapists described situations when clients explicitly seek religious guidance or pose such questions in such instances where it was only spiritual struggle and there was no need for psychological intervention, they ethically redirected to more appropriate professionals.

"The rule of thumb is to not carry out your therapeutic process with a client with whom you have a bias,... After that therapy will not work. So yes, it has happened to me a few times and I have tried to refer them to someone else." P7

4.3.1.3 Managing Countertransference

Strategies to avoid countertransference were actively discussed by psychotherapists. They described a strong ethical commitment to maintaining psychotherapy as psychological and scientifically grounded. In this regard they highlighted the

need to consciously link client discussions to therapeutic frameworks and interventions rather turning whole session into spiritual session, requiring therapists to maintain neutral and non-judgmental stance very carefully and mindfully.

“Before answering or before reacting to clients’ conversations or concerns, you have to put in a repeated effort to evaluate your response, your reactions, and how you’re going to answer their concerns. So, to maintain this, we need to be very mindful and very logical.” (P2)

Psychotherapists further shared the role of supervision, seeking professional peer consultation and reflective approach in managing emotional reactions and maintaining professional boundaries. When countertransference related to religious beliefs arises, they actively seek additional guidance and inform clients, when necessary, as a way of ensuring ethical transparency. Few techniques suggested were mindfulness and reflective pauses before reacting impulsive to the client’s religious content or existential questions.

“har ek ki religious interpretation mukhtalif hai, under one umbrella. Agar aisa kuch aa raha hota hai, to usme I try to understand, uh, where they are coming from, right? Or usme main additional help bhi le leti hoon, aur us help ke bare mein client ko bhi inform kar deti hoon.....So many times, usme aage additional help leke client ko bhi inform karte hue, phir use aage leke chalte hain.” (P1)

4.3.1.4 Maintaining Confidentiality and Privacy

Another major ethical concern with religious themes during therapy described by psychotherapists was the sensitive need for “privacy and confidentiality”, particularly when family members are involved or when religious details emerge indirectly through clients’ broader social system. They emphasized the importance of strict confidentiality and avoided the use of third-party information in a way that could

harm therapeutic relationships. Participants further discussed the heightened sensitivity surrounding certain religious thoughts and experiences, particularly blasphemous or religiously intrusive thoughts which may carry significant social consequences to the clients. Such experiences were described as often accompanied by shame, fear, and reluctance to disclose due to the seriousness with which they are perceived by society.

“For example, kuch logon ko generally kuch thoughts aate hain aur woh us ko blasphemous thoughts consider karte hain. Somehow hote bhi hain. But kyun ke blasphemy is a very big thing for us, as Muslims, aur phir zahir hai jo is se go through kar raha hota hai, the one who is suffering from such issues, us ke saath problem yeh bhi hota hai ke woh yeh wale thoughts dusron se to dusron se, apne aap se share karte hue bhi ghabrata hai, sharmata hai, lehaz karta hai. ...they hide what they are actually going through.” P11

4.3.2 Theme 3.2: Role of Theoretical and Existential Competence in Religious Work

This sub-theme underlines the need for therapists to possess in-depth theoretical, cultural, and existential knowledge to successfully integrate religiosity into psychotherapy. The need for therapists to possess in-depth knowledge has been emphasized by the participants, as superficial knowledge has been found to be counterproductive.

The following are the key codes that have been identified for this sub-theme, along with some examples of verbatims.

4.3.3 Need for In-Depth Religious and Theoretical Knowledge

Other than ethical boundaries, the key aspect shared by participants was the need for strong competency to deal with religious and existential themes in therapy. Surface level understanding of cultural norms, religious beliefs, and client's

context was said to be a major concern. Participants further highlighted that limitations in knowledge can restrict effective implication of culturally informed frameworks, particularly where clients present questions around meaning, identity, and religiosity. In such cases, the therapist described the need for in-depth knowledge to engage with clients in a meaningful way to bridge the gap between culturally sound therapeutic approaches.

“Behtar tareeqa yeh hai to have a lot of knowledge about psychological underpinnings of the human mind, and exceptional knowledge of culture, religion, to phir aap isko handle kar sakte hain... surface level knowledge help nahi karegi, balkay isko kharab kar dein gi.” (P1)

4.3.3.1 Need for Indigenous and Contextually Sensitive Therapeutic Frameworks

Participants further emphasized the need for culturally specific frameworks to effectively cater religious beliefs of clients within psychotherapy in Pakistan. Across accounts, there was a shared recognition that within the local context there is a need for developing structured approaches or guidelines that can meaningfully address these themes. At a systematic level participants noticed the absence of standardized national or culturally grounded framework for addressing religious themes into psychological practice. They also mentioned limitations in professional training, noting that existing educational programs often discourage direct engagement with religious content in therapy without providing structural alternatives for culturally informed integration. “To therapist ko bohat mindful rehna padta hai.... Aur ek problem ye bhi hai ke proper ethical guidelines ya models present nahi hain jo specifically religion aur existential crisis ko deal karein”. P6

4.4 Master Theme 4: Therapeutic Integration of Religiosity and Existential Concerns

This theme reflects that how psychotherapists combine religiosity and existential issues in their practice to promote the psychological well-being. The theme focuses

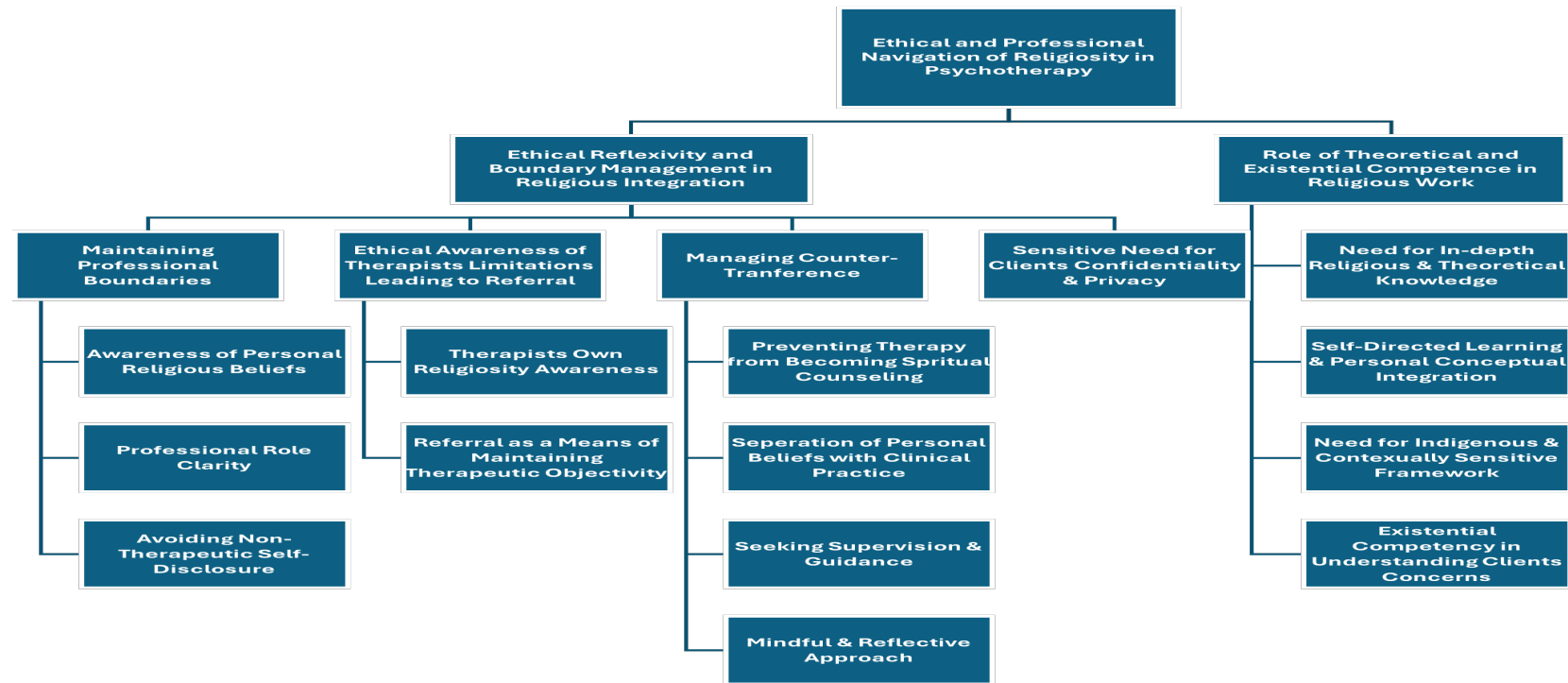


FIGURE 4.3: Ethical and Professional Navigation of Religiosity in Psychotherapy

TABLE 4.5: Thematic Table: Therapeutic Integration of Religiosity and Existential Concerns

Master Theme	Subtheme	Major Codes
4. Therapeutic Integration of Religiosity and Existential Concerns	4.1 Clinical Decision-Making to Integrate Religiosity	4.1.1 Clinical Judgement Guides Use of Religious Themes When Helpful
		4.1.2 Avoiding Unprompted Religious Context and Maintaining Therapeutic Neutrality
	4.2 Clinical Understanding of Origins and Functions of Religiosity	4.2.1 Psychological–Emotional Functioning & Clinical Interpretation of Religiosity
	4.3 Therapeutic Strategies for Integrating Religiosity into Psychotherapy	4.3.1 Psychological & Client-Centered Framing of Religiosity
		4.3.2 Therapeutic Neutrality, Validation, and Rapport Building
		4.3.3 Integration of Religious and Spiritual Resources into Therapy
		4.3.4 Structured Therapeutic Guidance & Intervention Planning
	4.4 Clinical Indicators of Existential Meaninglessness	4.4.1 Existential Questions as Indicators of Meaning Struggle
		4.4.2 Emotional Expression of Meaninglessness
		4.4.3 Behavioral Disengagement from Life
		4.4.4 Religious and Philosophical Preoccupation
		4.4.5 Contextual Indicators and Risk Factors
	4.5 Therapeutic Responses to Meaninglessness and Existential Distress	4.5.1 Establishing a Non-Directive, Exploratory Therapeutic Stance
		4.5.2 Guided Existential Exploration Through Dialogue
		4.5.3 Structured Cognitive–Behavioral Reconstruction of Meaning
		4.5.4 Integration of Religiosity and Cultural Frameworks
		4.5.5 Eclectic and Adaptive Therapeutic Orientation

on clinical decision-making regarding the inclusion of religious themes, the comprehension of the origins and psychological functions of religiosity and therapeutic approaches to integrate religiosity with existential meaning-making. The participants emphasized the significance of flexibility, dialogue, and culturally informed approaches to ensure that the therapy remains ethical, effective, and meaningful.

4.4.1 Subtheme 4.1: Clinical Decision-Making while Integrate Religiosity

This subtheme captures the way in which psychotherapists make decisions about the integration of religiosity within therapy, with the aim of ensuring that religious material is relevant and client-led that contributes to psychological well-being. The psychotherapists made it clear that religious themes are only explored if they impact dysfunction or have meaningful coping themes.

4.4.1.1 Clinical Judgement Guides Use of Religious Themes When Helpful

Participants/Psychotherapists described that inclusion of religious themes in therapy is largely decided by clinical judgment, particularly by assessing whether it supports or hinders the client's psychological functioning. Religion was seen as therapeutically relevant when it naturally contributed to coping, emotional stability or meaning making and when it aligns with clients lived experiences and values. In such instances, the therapist assessed its functional role. Whether it's reducing distress, fostering resilience, or healthy coping. "Agar to mujy lgay ke there is positive impact or coping strategy then, So I do integrate religious themes in doing my therapy, but only when the client brings them up aur main clearly dekh sakti hoon ke it is value. Only then I integrate." P9

Another indicator to incorporate religiosity was said to be when it's dysfunctional, when it impacts the client's psychological state in a way that now has a significant impact on their day-to-day life and causes distress. In these moments, religious content is not treated as separate intervention but as a part of clients' own coping framework that needs to be enhanced or restructured if maladaptive.

Rather than focusing on theology as an abstract concept, they emphasized its psychological functioning, particularly how it shapes cognition, meaning-making and metacognitive interpretations of experiences. Within this understanding, participants described the importance of assessing religiosity across emotional, behavioral, and psychological levels.

“Usme main yeh bhi dekhu, ki ke religiosity jo vo use kar rahe hain, vo psychologically kaha hai? Emotional level pe hai, behavior ke level pe hai. Vo kis level pe hai” (Participant 1).

As per participants, some clients of participants reported inability to pray during depression, which was not only experienced as emotional withdrawal but also interpreted as spiritual disconnection by clients. In obsessive-compulsive presentations as well, religiosity appeared in patterns of excessive prayer, heightened guilt showing how religious content can become intertwined with psychopathology. Other than dysfunctional behaviors, therapists also shared them exploring clients’ relational pattern with God that often resembles attachment dynamics, were client experiences of closeness, abandonment, or conditional acceptance.

”You do not have to cater to the theology ... but you can address the emotion related to it, the feeling related to it... for example, if someone says that I haven’t been reading Namaz for so many days and it feels like Allah is not happy with me. And whenever I do something, Allah is not happy with me. So, I will ask them, this feeling of keeping everyone happy, where do you think is the root cause? ” P7

4.4.3 Subtheme 4.3: Therapeutic Strategies for Integrating Religiosity into Psychotherapy

This subtheme shows how therapists incorporate the religiosity of clients into psychotherapy in a strategic, respectful, and psychologically safe way. The emphasis is on client-centered approaches, the maintenance of therapeutic neutrality, and the integration of psychological interventions with religious/spiritual resources when appropriate.

4.4.3.1 Psychological and Client-centered Framing of Religiosity

Psychotherapists described their interventions as being guided by psychological principals rather than religious or spiritually oriented framework, even when clients present their concerns that are under influence of religious language or interpretations. They mentioned that they try to work on the maladaptive religious beliefs through a neuropsychological lens by focusing on the psychological aspects of the belief pattern, without religious correctness. They emphasized understanding how religious meanings were being internalized and interpreted by the clients rather than evaluating the validity and correctness of the beliefs themselves. A central strategy described by the psychotherapists involved exploring psychological functioning of the beliefs and practices, like a participant said; “Kuch log... aankhen band karke namaz parh loon... aur kuch nahi... anxiety driven ya natural best... main jaanne ki koshish karti hoon” (Participant 1).

Another commonly reported intervention involved reframing the religious concerns of clients into psychological and scientific explanation through psychoeducation. Participants explained that the clients’ emotions state might have an influence on how they perceive, interpret and react to religious content. Doing such was said to be the strategy to deal with the religious theme in therapy while keeping the therapy evidence based and psychologically grounded.

“There was an individual who was in a psychologically vulnerable state because he or she was going through depression at some point in time. And they consumed some religious content, which made them very upset, or what should I say, it triggered them. Now, for me, it is important that because of that vulnerable time, and that vulnerable time was of a psychological nature, they are consuming stuff, and they consume stuff because of that vulnerable time, and that vulnerable time was of a psychological nature. This is why it is hitting them differently. And this is why they are unable to, you know, overcome that thing, which they otherwise would have done. So, when I explain this and I address that vulnerable state, then this thing becomes relatively less significant. ” P11

4.4.3.2 Therapeutic Neutrality, Validation and Rapport Building

Participants presented the importance of creating a safe space for clients to vent and discuss religious concerns openly without fear of judgment, correction, or direct negation. They expressed the need for a respectful and client-centered approach while maintaining therapeutic neutrality through reflective listening and validating the emotions associated with belief. To ensure the rapport building psychotherapist show genuine curiosity to clients' narrations and then address back to their emotions linked with the beliefs.

“Client aap ke paas aata hai....woh yeh soch kar aata hai ke yehyeh mujhe comfort zone mein le kar aayega mujhe unbiased dekhe ga lekin agar to aap is ko halka sa bhi is tarah ka fear de dein ya aap apne andar le aayen is tarah ka gesture agarwoh show ho jaye ga.....phir to woh aap ka client hi nhi hai.... phir to aap biased ho gaye.” P13

4.4.3.3 Integration of Religious and Spiritual Resources into Therapy

Most participants suggest integration of religious content when it is useful and aligned with adapting coping as a resource while maintaining the boundaries. Rather than treating it as an extraneous variable, they discussed that they work with the clients with existing spiritual coping patterns and strengthen them within a psychological framework.

One participant noted that when clients report on the effectiveness of religious coping, they consider incorporating it. Similarly, as per participants for some clients' religion works as a protective factor as described in the earlier presentation of the results. In addition, religious framing was sometimes observed to be an initial grounding tool for the clients experiencing distress which therapists later expand into psychological restructuring. Therapists also told their practices where they translate the psychological concepts into religious language, to make it more relatable and acceptable to the clients.;

“Jo religion aur faith mein healing bhi dhoondhta hai... you link it in their language, and you help them improve it” (P2).

Similarly, they reported relating the relevance of psychological interventions with the religious practices like ; “Quran pak parhna bhi mindfulness hai... agar aap present moment mein focus kar rahe hain” (P7).

So, the major theme was the therapists’ practices to adapt their intervention according to the clients cultural and religious concept to bridge towards psychological insight while not directly touching the theology. And when clients show religious inclination, therapists use it as a motivating factor to inculcate hope in moments of despair.

4.4.3.4 Structured Therapeutic Guidance and Intervention Planning

Therapists presented that in cases where clients religiosity is involved, they make therapeutic plan through structured reasoning, ethical caution as discussed earlier and client-centered formulation. Goal Setting techniques were frequently used by the participants to address the religiously influenced struggles, such as when client expresses their struggles regarding not practicing the religious customs, in such cases therapist break down the overwhelming goals into smaller and achievable steps for behavioral activation. Several participants highlighted such use of structured activities as homework assignments, behavioral activation, and expressive techniques like art therapy.

”when you’re giving homework, you can include things that might help the client in that aspect (religious) as well. For example, when we cannot do something, agar dill nahi chahta kuch karne ka, we often suggest, ya give a certain hint, ki agar kabhi koi bahot bada step lena ho toh uske chote chote tukde kar-kar lena chahiye. Take a small step se chalte hue, big step le sake.” P7

In family context, therapists also reported use of family interventions as belief system mostly are borrowed by parents as per the participants; the effective intervention also involved family therapy. Such holistic work was reported to prevent the reinforcement of maladaptive relational patterns, resulting in parallel improvements in emotional expression and interpersonal functioning of the client. Apart

from that, history taking was described as a central clinical tool by a participant that gives a complete picture of the belief system and contextual understanding of the client before therapeutic strategies are designed. This involved understanding the developmental, familial and religious history of the clients to prevent any premature assumption.

“When you have a history and you integrate it with the patient’s formulation, you understand many things, that is a Snapchat actually. That gives you a very good picture of the individual.” P1

4.4.4 Subtheme 4.4: Clinical Indicators of Existential Meaninglessness

4.4.4.1 Existential Questions as Indicators of Meaning Struggle

Across the data, existential questioning was said to be a major clinical indicator for meaning-related distress. As per therapist’s client, frequently raise concerns that are related to purpose, value, morality and mortality. As noted by the participants, such questions usually emerge in the form of queries like “Main kyun hoon?”, “Mera role kya hai?”, and “Zindagi ka matlab kya hai?”, which were associated with emotional isolation and internal confusion.

4.4.4.2 Emotional Experiences of Meaninglessness

Results also present emotional experiences of meaninglessness. Therapists described that meaninglessness is also reflected through emotional indicators like feeling lost, emptiness, confusion, and loss of purpose. A prominent experience of clients as reported by the participants was persistent emptiness, where they have reduced enthusiasm and loss of interest in previously enjoyable activities. Participants also noted in such cases that clients initially perceive themselves as “different” or “weird” for having such thoughts indicating a process of self-othering that can lead to isolation. Another commonly reported experience was confusion that comes from an unclear or unstructured value system. “when they say “No, nothing matters anymore..... Aur unko ab bade bade achievements se bhi khushi

nahi ho rahi. Haan, aa gaya ye grade, to kya hua , right? Haan lag gaya fifty thousand ka increment, to kya hua? For example, ye chote chote indicators hote hain,.... jo batate hain ke unka life se jo ek khushi thi woh uth gayi hai ya uttar gayi hai.” P7

4.4.4.3 Behavioral Disengagement from Life

Withdrawal as a behavioral response to the experiences of meaninglessness was also described by the therapists. They observed that clients gradually withdraw from their surroundings when emotional and existential distress is intensified, social withdrawal was frequently reported by the participants as a key indicator where clients appeared to be detached from their family systems and workplace connections. Another significant response was disinterest in life activities that were previously meaningful. The shift from prior functioning was considered a strong observable indicator.

4.4.4.4 Religious and Philosophical Preoccupation

Therapist described use of excessive philosophical and religious preoccupation and speech by clients as an indicator of underlying meaning struggle. They shared observations where client presents abstract thinking, existential questioning and excessive focus on spirituality. Participant 1 noted that “some people are very, very, very well read... wo books vagairah, newer generation zara podcast vagairah sunke aa jaate hain, aur bade philosophical si talk ho jati hai.” Further, the shift towards religious and spiritual aspects during distress was also presented as an indicator of attempts to make sense of life’s meaning. Participants also emphasized such focus also involves loss of faith in God alongside the feelings of hopelessness and emptiness.

4.4.4.5 Contextual Indicators and Risk Factors

Therapists identified several contextual and demographic factors that were noted with clients struggling through existential meaning. Age was consistently highlighted by participants as a key determinant, such as younger individuals tend

to experience and articulate purpose of life concerns more explicitly. In contrast, the meaning making process was described as varying significantly across the life span. Participant 11 emphasizing that “for a teenager, the meaning of life can be different... for an individual in their 20s, it can be different... for 30s, 40s, 50s, it can be different,” indicating a developmental shift in existential concerns. Gender differences in meaning of life was reported as well, such as role of employment in male clients and marriage as central framework for meaning in female clients. Participants emphasized that personal history, social learning, and current life conditions collectively influence the meaning of life. Additionally, therapists highlighted that religious and existential struggles are not limited to a single diagnosis, but it appears with other psychological conditions. As noted by the participants, OCD, PTSD and severe depression cases may experience heightened religiosity, loneliness, social withdrawal, and detachment from reality, sometimes creating internal “fantasy worlds” as a coping response. This highlights the trans-diagnostic nature of religious-existential preoccupation in clinical settings.

4.4.5 Sub-theme 4.5: Therapeutic Responses to Existential Meaninglessness

4.4.5.1 Establishing a Non-Directive, Exploratory Therapeutic Stance

Therapists consistently stressed non-directive and exploratory approach as the foundation for working with religious and existential concerns in therapy. A central technique highlighted was listening over fixing, where participants noted that active listening in value-faith conflict can give space to participants to articulate both religious beliefs and their personal values without interruption, which is crucial to get in-depth insights. Another frequently reported technique was normalizing and structuring the existential confusion, where therapists help the client to re-frame their distress and make it less overwhelming for clients.

”In general, if I tell you, most of the time I think I start with normalizing the crisis a bit and trying to normalize the loss of meaning they are having.” P9 Normalizing meaninglessness as part of human psychological functioning was reported to inculcate self-compassion. From a broader clinical approach, therapists reported using

a humanistic perspective on capacity building of clients to make them equipped to find and explore meaning in life.

4.4.5.2 Guided Existential Exploration Through Dialogue

Further therapists reported Socratic questioning as an important tool to facilitate meaning-making through questioning, reflection and client-led insights generation. Participants highlighted that asking probing questions helps clients to reconnect with sources of motivation, family roles, future goals, and relational responsibilities. This was further extended by exploring and contrasting past and present motivating factors, where therapists examine and change client's life narratives to identify meaning.

4.4.5.3 Structured Cognitive-behavioral Reconstruction of Meaning

Therapists described using structured CBT based techniques to help clients reorganize their existential confusion. This included journaling, and guided imagery. Several therapists emphasized the importance of translating abstract thinking into practical steps. "Aap usko le kay aatay hain, route kartay hain actionable point me... resources ki taraf route kartay hain... aur wo us uljhan se azaad ho jaatay hain jiske saath wo aatay hain" (P1). Goal setting and mindfulness strategies were described by the participants to work on the meaning of reconstruction.

4.4.5.4 Integration of Religiosity and Cultural Frameworks

Therapists reported that sometimes clients experience the conflict between religious beliefs and personal meaning that leads to existential distress. Due to which client faces cognitive distortion. In such cases, therapists explore both domains to assess what is the more strengthening factor.

"Main explore karti hoon ke unke religious beliefs kahan se aaye hain... phir main yeh bhi explore karti hoon ke unka purpose of life kahan se aa raha hai" (P2).

And as presented in previous themes, religiosity was frequently described as a

foundational framework for meaning making. In such cases, therapists emphasized respectful integration of religiosity within existential work, ensuring that therapy remains reflective rather than prescriptive: “Main religiosity aur meaning ko respectfully integrate karti hoon” (P3).

4.4.5.5 Eclectic and Adaptive Therapeutic Orientation

Therapists reported their clinical orientation as eclectic and highly adaptive, which is sensitive to complex existential and religious concerns for clients. Rather than following a fixed single model, therapist described the need for flexibility and responsiveness to client’s needs. Therapists described to adopt multiple theoretical frameworks such as CBT as described earlier, psychoanalytic approaches and Humanistic interventions.

Several structured techniques were used in this process, including value clarification, acceptance of uncertainty, and narrative-based techniques. Therapists highlighted the importance of helping clients tolerate unpredictability of future, with one stating, “acceptance towards uncertainty... it’s okay if you don’t get the answers” (P9), demonstrating an uncertainty-tolerance intervention strategy. Clients were also guided to reconnect with pre-crisis identities and previously meaningful life domains: “I try to link it with something that they value... before this crisis” (P9), reflecting a life-narrative re-consolidation technique. In complex cases, therapists reported the use of collateral information from families to understand clients’ dynamics. As described, some clients are emotionally shut down, and “aise cases mein therapist ko collateral information lena parta hai” (P13), highlighting the importance of system-based assessment and environmental triangulation in meaning-related distress.

Environmental and systemic interventions were identified to be sustainable approach. A participant explained that client remain stuck despite the individual therapy sessions, “uska environment change karna padta hai...family bhi unhi cheezon ko reinforce kar rahi ho” (P10), indicating multi-level intervention planning.

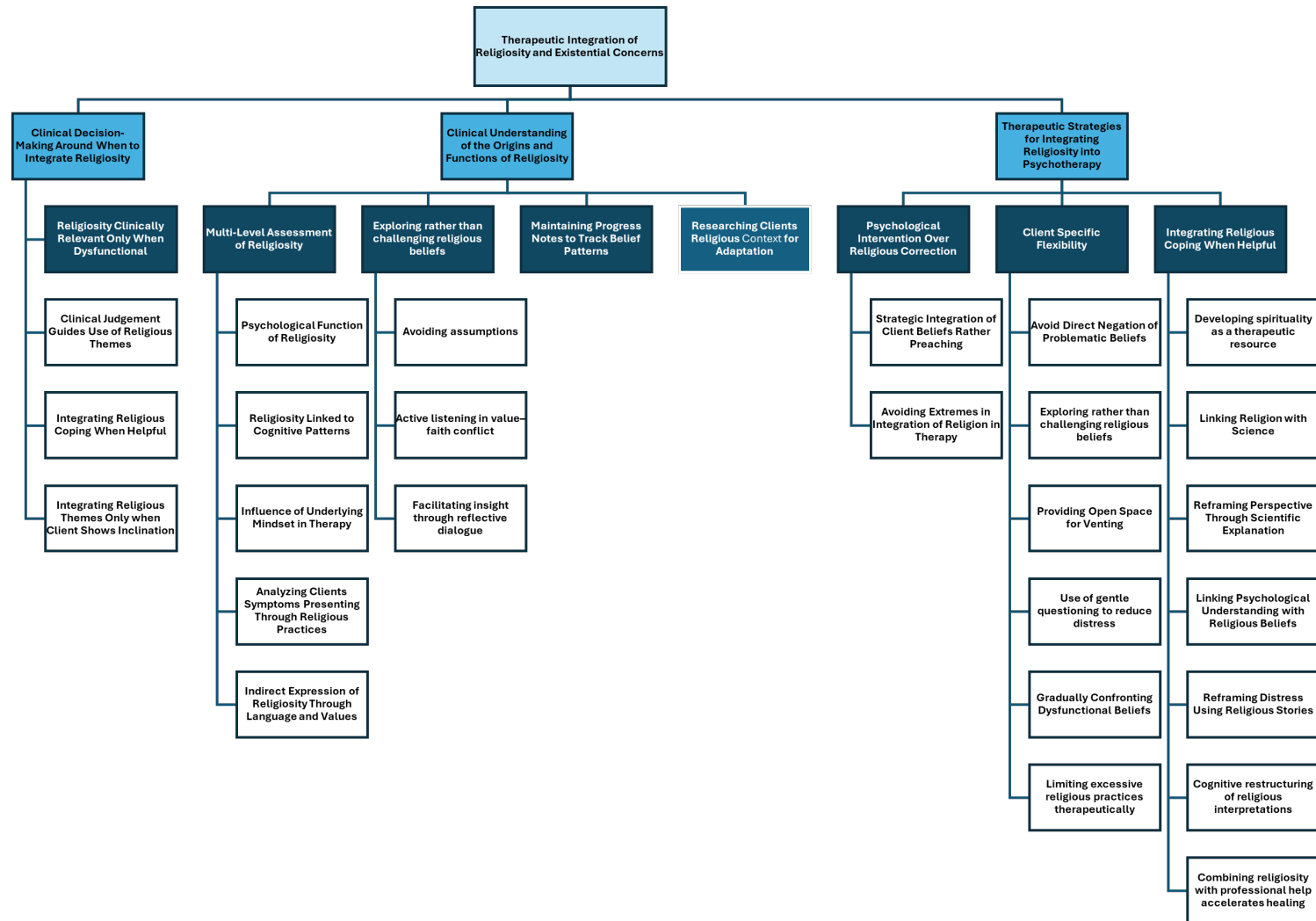


FIGURE 4.4: Theme: Therapeutic Integration of Religiosity and Existential Concerns

Chapter 5

Discussion and Conclusion

The objectives of this study were to explore psychotherapists' views on religiosity and meaning in life in the context of psycho-therapeutic processes and their effects on psychological well-being within a religious and cultural setting. Qualitative analysis of the study revealed four master themes from themes related to the views and processes of psychotherapists concerning their clients' religiosity and meaning in life. This chapter has been written according to the objectives of the study, where each objective has been discussed in terms of the master themes and sub-themes associated with exploring the study's findings. This chapter includes an overview of the study's findings and relevant literature to discuss the implications and differences between this study and previous literature.

5.1 Research Objective 1

To explore psychotherapists' perspectives on how clients' religiosity influences the therapeutic process. Below are the master themes and sub-themes that are aligned with research objective one of the present study.

Master Theme 1: Presence and Psychological Significance of Religiosity in Therapy

The participants stressed the omnipresence of religiosity in psycho-therapeutic practice, underscoring the regularity and importance of religion-related beliefs and values in psychotherapy. They also stressed the fact that religiosity was treated as

a sensitive issue or theme in psychotherapy, which could be directly or indirectly mentioned by the client. For this, readers are advised to refer to section “Results,” which describes the codes associated with the participants and the breadth and frequency of religiosity.

Further, the participants were able to emphasize the sociocultural, family, and institutional factors that shape religiosity. The idea here is that religiosity in clients’ lives can be affected in different ways by their backgrounds, culture, and even laws governing their societies. The clients’ religiosity can be affected by different factors in their lives, including those around them who may not be considered to be religious practitioners themselves. The effects of religiosity on clients’ mental health cannot be considered in isolation from these factors; they form a vital consideration in cultural therapies. The participants of this study always noted that religiosity seems to be an important and sensitive construct that frequently manifests in the therapeutic process. They also noted that talks about religiosity tend to appear in the therapeutic process, which underscores its all-pervasiveness in the lives of the clients, regardless of their level of religiosity. The therapists noted that the clients tend to carry their spirituality or religiosity values into the therapeutic process, either explicitly or implicitly.

This pervasiveness has also shown consistency with the writings of [Haque \(2000\)](#), which emphasized the significance of the interfusion of religion and psychology in mental health practice, and that the recognition of the clients’ religious perspectives could lead to a positive outcome. In addition, the research conducted in Aotearoa New Zealand by [Lee \(2016\)](#) also found that psychologists acknowledged the practical value of incorporating the religiosity and spirituality of the clients, particularly in dealing with their concerns about grief, existential concerns, and coping with life’s challenges. This understanding is also advocated by [Gebauer and Sedikides \(2020\)](#) in explaining the role of cultural religiosity in the moderation of the impact of personal religiosity on psychological outcomes. Also notable in advancing an understanding of the intricate relationship between religion and culture is the emphasis by [Scheer \(2022\)](#) on the need to understand religion as

part of the larger social and political settings within history; this understanding of religion resonates with some of the participant observations on the need in therapy to focus on the different layers of understanding when dealing with religiosity. The literature also emphasizes the practical significance of the aforementioned points.

For instance, studies done by [Boateng et al. \(2023\)](#) indicated that, in most instances, clients tend to trust their religious and spiritual service providers as opposed to secular mental health service providers, especially in instances when clients identify with religion. [Tahir et al. \(2024\)](#) established that both religiosity and spirituality had a positive prediction of client psychological well-being, highlighting the positive impact of religion-based models in a society where it played a central role in people's lives. The studies coincide with the fact that participants encountered clients who used religiosity as a framework within which they lived.

The literature and participant insights both point together toward the fact that religiosity is a recurring theme in psychotherapy, as well as a complex construct influenced by cultural, familial, and institutional factors. This underlines for therapists the need to pay attention respectfully and thoughtfully to religiosity, with a sensitivity toward the cultural context in which it occurs, for respect in relation to clients' worldviews and leveraging these beliefs for psychological therapeutic well-being and meaning-making.

Master Theme 2: Functional Duality of Religiosity

The literature under Master Theme 2 illustrate the complex and dual nature of religiosity in relation to the regulation of psychological well-being; again, this parallels the focus of Objective 1 as it is intended to explore the relationship between religiosity and mental health from the relevant cultural and clinical context. In both studies, religiosity maintains a dual role as protective and potentially pathological in nature, illustrating the dual functionality of religiosity with profound implications for the field of mental health. Research illustrates the clear and powerful benefits of religiosity in terms of psychological well-being.

Religious beliefs and practices provide individuals with a sense of significance, direction, and purpose that enhances their resilience during adversities. Faith can

be used to comfort, soothe, and emotionally support individuals in their struggle with stress, coping with life's challenges, and maintaining a healthy self-concept. According to [Dein \(2004\)](#), religiosity has been associated with increased levels of hope, optimism, and life satisfaction, together with reduced depressive symptoms and lower levels of substance abuse.

Likewise, facilitated supportive religious communities, such as those depicted in the Christian and Orthodox Jewish traditions, provide individuals with a sense of belonging and security, which are essential for the promotion and maintenance of mental health. Furthermore, positive religious experiences, such as supportive religious clerks and engaging supportive religious communities, have been found to promote self-confidence and adaptive coping styles ([Lloyd and Reid, 2022](#); [Baker, 2010](#)). This demonstrates that religiosity, when delivered in a balanced and supportive style, can be used as a protective resource for psychological health and emotional resilience. However, religiosity also has the potential of causing psychological distress, especially if it takes an authoritarian or fearful form.

Religious Trauma Syndrome (RTS), as explained by [Ma'rief and Sukmawati \(2025\)](#), is a notable example of the pathological side of religiosity. Consequently, individuals who have been subjected to extreme religiosity, spiritual abuse perpetrated by persons of the clergy, dogmatic beliefs, and social stigmatization among religious groups tend to have a sense of guilt, shame, and anxiety, among other self-identity issues. [Coyne and Gregor \(2025\)](#) emphasize that obsessive and narrow religious practices, such as extreme religious rituals and perfectionism in morality, can further perpetuate mental disturbances. Religious beliefs indicating self-denial, fear of divine punishment, and perceived inadequacy in morality can influence self-identity and make one more prone to stress, mostly in a religious environment without adequate guidance.

These adverse consequences are further mediated by cultural factors, as evidenced by a study by [Rehan \(2023\)](#), wherein her findings revealed that mental illness, in the Pakistani Muslim community, is commonly associated with being caused

by a combination of factors, including jinn possessions. Among these, religiosity contributes to erroneous perceptions that may result in an over-reliance on faith-based forms of therapy, thereby compromising professional mental health practices. Collectively, these studies reinforce the thematic duality of religiosity as a functional entity. Religiosity, in one capacity, is seen as a source of positive psychosocial strength that cultivates hope, meaningfulness, resilience, and social integration.

Simultaneously, however, it is visible as a contributing factor to untoward outcomes when religiosity is taken in an inflexible, authoritarian, fear-based, or punitive capacity. Here, it is clear that, as a psychosocial construct, religiosity is neither uniformly positive nor negative in terms of its contribution to mental health functioning, but contingent upon beliefs in terms of type, context, and social setting.

Master Theme 3: Ethical and Professional Navigation of Religiosity in Psychotherapy

Religiosity within psychotherapy equally conveys both therapeutic opportunities and ethical challenges, especially in the case of highly religious clients. Many scholars stress throughout the literature that religious considerations are not only clinically relevant but often form the backbone upon which a culturally sensitive and effective therapy can build (Lomax et al., 2002; Gonsiorek et al., 2009; Karamanlı, 2022). With this in mind, Objective 1-explore the influence of religiosity on psychotherapeutic processes-is tightly bound to the issue of these ethical dimensions.

A central ethical consideration is therapist competence. While religious beliefs of the clients can give important insight into cognitive and emotional functioning, therapists generally receive insufficient training to deal with such issues competently (Karamanlı, 2022; Saçar, 2022). There is evidence that a therapist's personal religious affiliation in itself does not confer competency; instead, a competence-based approach-formal training, ongoing supervision, consultation, and continuing professional development-is necessary to ethically and effectively introduce religious content into therapy (Gonsiorek et al., 2009; Palinkas et al., 2015).

Competence may thus be established to avoid causing any harm or making other ethical violations, such as failing to understand the faith-related concerns of a client or imposing one's own beliefs on the client (Hawkins and Bullock, 1995; Johnson, 2001). Yet another important consideration among the core ethical factors is the assessment and exploration of religious beliefs in therapy settings. The literature has been consistent in advocating that a therapist should critically assess whether religious beliefs, which may be a contributing factor in addressing problems, play a role in a client's problems. Such an assessment is also likely to guide a therapist in determining a viable plan of action for addressing client problems (Lomax et al., 2002; Karamanli, 2022). Even questions such as, "Are your religious beliefs important to you?" or "Would you like to address your religious or spiritual concerns in therapy?" help a therapist explore client religiosity without injecting their own point of view, hence promoting client autonomy while at the same time respecting neutrality (Walker et al., 2016).

Ethical integration also involves setting boundaries and preventing therapeutic abuse of religion. Research indicates that therapists can be guilty of therapeutic abuse if they impose their personal agenda by using their client for conversion or religion, or by violating the psycho-therapeutic neutrality principle (Lomax et al., 2002; Gonsiorek et al., 2009). The key to an effective religion-therapy integration involves close attention to professional boundaries, client-practitioner information exchange, and the ability to manage the complex dynamic dance between counselling and spirituality (Gonsiorek et al., 2009). This includes cooperation with clergy and the flexible adjustment of interventions to fit into religious frameworks (Karamanli, 2022).

Thirdly, the ethical integration of religiosity not only means doing no harm but also can also positively contribute to therapeutic outcomes if done competently. Research on religiously integrated cognitive-behavioral interventions has shown that faith-based modalities, such as contemplative prayer, religiously congruent cognitive restructuring, or spiritually adapted CBT, may help patients undergo

emotional healing and cognitive restructuring without compromising ethical standards, provided the therapist is properly trained and sensitive to the client's values. Authors include [Garzon \(2004\)](#), [Hamdan \(2008\)](#), [Pearce et al. \(2015\)](#), and [Worthington \(1988\)](#). Master Theme 3, in essence, emphasizes that ethical integration of religiosity is an integral part of culturally responsive psychotherapy in direct support of Objective 1.

Competence should be maintained, religious influences should be systematically assessed and explored, professional boundaries need to be upheld, and religion should serve as a resource but not a means of coercion. This would not only prevent ethical violations but also allow for an enhancement of the therapeutic process in general, especially for religious clients whose faith forms part of their identity and cognitive schema. References include ([Lomax et al., 2002](#); [Gonsiorek et al., 2009](#); [Karamanli, 2022](#)).

Master Theme 4: Therapeutic Integration of Religiosity in Clinical Conceptualization and Practice

Master Theme 4 emphasizes religiosity as it is conceptualized and therapeutically worked with. The results indicate that religiosity is recognized as an important psychological cognitive domain that may, in turn, affect emotional resilience, vulnerability, and treatment outcomes. Instead of being viewed as inherently protective and detrimental, religious beliefs were viewed as an organized system of meaning that interacts with cognitive, emotional, and developmental processes, which is supported by schema-based research showing that religiosity may play an important role as an organized cognitive schema that affects mental health outcomes, specifically depression and anxiety ([Shaban, 2024](#)).

Their narratives implied that therapists tacitly understood that religious beliefs are, more often than not, deeply embedded and highly salient, especially within conservative religious contexts. This corresponds to empirical findings that rigid or negatively valenced religious schemata confer vulnerability to psychological

distress insofar as they emphasize fear, punishment, or conditional worth [Shaban \(2024\)](#). Simultaneously, participants acknowledged that religiosity may serve adaptive functions when integrated ethically and congruently within therapy in a manner echoing broader findings from religiously integrated psychotherapeutic approaches.

Subtheme 4.1: Assessment and Intentional Integration of Religiosity

A major theme within this was of considered assessment prior to integration of religiosity in therapy. Participants reported assessing the role religious beliefs played in the client's psychological functioning prior to taking that material into formulation or intervention. This approach is concurrent with ethical recommendations that highlight the clinical pitfalls of both neglecting clients' faith and including faith unquestioningly in therapy ([Shaler, 2019](#)). This is also consistent with religiously integrated models of treatment, which emphasize the therapeutic use of religious material should be client-led and situated within the individual's belief system rather than introduced by the clinician ([Pearce et al., 2015](#)).

Participants' accounts suggested that religiosity was most salient where clients themselves conceptualized their distress in religious or moral frameworks—a concept strengthened by respect for clients' faith orientations coupled with the clinician's maintenance of neutrality ([Shaler, 2019](#)). On the other hand, therapists noted that the issue of religiosity frequently emerged as clinically relevant to the extent that it became related to the client's emotional issues in terms of moral judgment, guilt, and meaning. This is in line with the empirical evidence noted by [Razmyar and Reeve \(2013\)](#) to the effect that greater levels of religiosity, where these are related to fundamentalism or rigidity of religious beliefs, potentially have a positive correlation with the aetiology of emotional issues in clients. Religiosity was, therefore, seen as a factor to be assessed in order to determine its maladaptive or adaptive role in the client's cognitive system.

Subtheme 4.3: Therapeutic Strategies for Engaging Religious Cognitions

With regard to intervention, modifications to existing and renowned cognitively and schema-based therapeutic interventions were applied to suit and comply with

the religious beliefs of clients. Rather than challenging religious beliefs, it was important to help clients and therapeutic psychologists facilitate and enhance understanding of religious beliefs. This approach tended to favor models of religiously adapted CR therapeutical interventions, which emphasize and acknowledge the reinterpretation and reframing of beliefs, as opposed to views and beliefs which are deemed more adaptive and useful to clients ([Hamdan, 2008](#)). This type of therapeutic intervention was almost similar to effective and renowned therapeutic models on religiously integrated CBT, which not only emphasize and acknowledge the value and nature of religion in CBT interventions, even for clients who have more entrenched religious beliefs, in order to enhance therapeutic change and intervention efficacy.

Furthermore, clinical examples of contemplative and prayer-based approaches to cognitive restructuring models also underscore the potential of religion-consistent interventions in enhancing the modification of central detrimental attitudes while at the same time not affecting the beliefs held by clients ([Garzon, 2004](#)). The findings are also in line with scientific literature that suggests that religion can be used to create cognitive schemata, which affect aspects like depression and anxiety ([Razmyar and Reeve, 2013](#); [Shaban, 2024](#)). With proper and ethical intervention, religiosity can be used in creating cognitive/schematherapy, which can potentially add to emotional healing ([Hamdan, 2008](#); [Pearce et al., 2015](#)).

5.2 Research Objective 2

To examine the ways psychotherapists, address clients' search for existential meaning during psychotherapy.

The current aim of the research objective sought to examine the clinical indicators of existential meaninglessness and the clinical strategies which are implemented to treat clients experiencing existential distress, with specific focus on how a psychotherapist perceives and understands clients' experiences of meaninglessness. In

light of the current study's objectives, Master Theme 4 emerged in direct alignment. This theme aligns with the current study to the extent it encapsulates clients' experienced realities of existential distress and the ways in which a therapist attempts to intervene to assist clients in dealing with their existential concerns. With specific focus on the clinical indicators and intervention practices, the theme enables the current practice to bridge the gap between clients' experienced reality and the clinical practices of therapists.

The issue of existential meaninglessness is recognized as a fundamental and complex therapeutic challenge and is manifested at the cognitive level, the emotional level, and finally at the level of existence in its entirety. The symptomatologic manifestations of meaninglessness are primarily experienced as feelings of emptiness or insignificance towards one's life purpose, and they tend to be manifested in different populations ranging from youth to elderly individuals, implying that it lacks specific developmental stage-related implications but rather represents an experience that cuts across different stages of human existence ([Vanhooren, 2019](#); [Fu et al., 2023](#); [Hashmi et al., 2024](#)).

At a micro level, meaninglessness takes the form of a felt experience of emptiness or disconnection; at the meso level, meaninglessness is expressed narratively by individuals with reference to their struggles with issues in life, marked by dissatisfaction, alienation, or regrets; and at the macro level, the philosophical dimensions of meaninglessness include experiences of groundlessness and questioning of the ultimate purpose of life ([Vanhooren, 2019](#); [van Selm, 1998](#)). In a clinical context, these would also include experiences of high death anxiety, guilt for the failures of one's life, and disconnection from one's social networks ([Hashmi et al., 2024](#)).

Existential meaninglessness is felt most evidently while transitioning through various life stages such as adolescence, young adulthood, and older adulthood. Concerning young adults, studies show that 44% experience anxiety because of life's aimlessness, 69% report feelings of emptiness, and 61% have distress about guilt

(Hashmi et al., 2024). In older adulthood, on the other hand, confronting the finitude of one's life and the urge to realign the personal meaning structure instigates existential anxiety; however, active engagement in reflective practices and/or educational engagement may protect against such effects of life evaluations (Fabiś and Muszyński, 2024). The micro-, meso-, and macro-level interventions by person-centered and experiential-existential psychotherapies invite the client to reflect upon their immediate felt experiences, their narrative accounts, and their existential concerns, respectively.

Existential empathy is revealed as a significant form of therapy. Empathy, from this perspective, has been found to “refer to the therapist’s capacity for deep resonating with the client’s existential concerns, catching a glimpse of the shared human condition, but being present without any haste towards problem-solving” (Vanhooren, 2022). Studies have indicated that, by employing existential empathy, a therapist could more effectively help individuals cope with their perceptions of meaninglessness, “help them investigate issues such as lifemeaning, death, freedom, and responsibility—safely contained within a therapeutic space” (Frediani et al., 2022). When applied within culturally sensitive contexts, such as among Muslim young adults in Pakistan, “spiritual and religious approaches can offer a constructive path towards meaning restoration and existential anxiety reduction” (Hashmi et al., 2024).

In the context of older adults, it has also been shown that facing issues of existential concerns through education, social engagement, and interventions is linked to adaptive identification processes, maturity, and psychological well-being (Fabiś and Muszyński, 2024; van Selm, 1998). It should, however, be noted that tackling issues of existential meaninglessness is not without its challenges. Counselors and practitioners have expressed that, more often than not, they get overwhelmed or confronted by issues of existential meaninglessness tackled by their clients (Vanhooren, 2022). In addition, a delicate balance is also needed for effective interventions that not only validate the client’s suffering but also help create an

integration of meaning and finding meaning within life, through reframing, existential, spiritual, or narrative approaches ([Freud, 1927](#); [Vanhooren, 2019](#)). In conclusion, issues of existential meaninglessness are multidimensional, and certain factors are identified by their clinical signs, and psychological correlates can also be quantified.

5.3 Research Objective 3

To understand how psychotherapists perceive the interplay between religiosity and meaning-making in clients' psychological well-being.

The results of this study showed the dual role that religiosity plays in clients' existential meaning-making, representing dimensions that are both protective and distress-inducing. Throughout the participants' narratives, attention has been drawn to how existential concerns-such as those relating to mortality, purpose, and personal values-tend to intermingle with religious beliefs, practices, and cultural norms. Such interplay between religiosity and existential meaning was found to stand out mostly in instances where the client experienced either a framework of support for coping or, on the other hand, internal conflict tied to rigid or distressing religious interpretation.

5.3.1 Positive Functions of Religiosity in Meaning-making

A significant aspect of participants' answers highlighted that religiosity can play a significant role as a main framework that helps with decision-making, moral thinking, and methods of coping with stress. These results were similar to those found by ([Aflakseir, 2012](#)). Muslim students who practiced their religious beliefs showed higher levels of existential meanings along with psychological well-being, indicating that beliefs can serve as scaffolding that helps with understanding their experiences in a understandable manner. Furthermore, [Mahapatra and Mahapatra \(2024\)](#) observed that higher religiosity corresponds with higher levels of hope and existential anxiety, indicating that religious beliefs play a role in enhancing well-being. Religiosity, the authors found, may have a function of serving as

a resource of coping, particularly when it came to dealing with existential distress. Prayer, involvement in religious rituals, and spiritual beliefs were found to ease self-compassion and helpful coping skills. This is supported by [Saçar \(2022\)](#), who provided insights into the ways existentially guided therapy addresses issues of spiritual and religious resources with the goal of promoting sustainable coping. [Palitsky et al. \(2023\)](#) accordingly highlighted the benefits of integrating spiritual and existential elements within therapy, raising clients' engagement and involvement with meaningful experiences and experiences of healing. The existential questions, when examined from the context of the clients' beliefs, facilitated meaning-making has also contributed to the idea that therapy, when considered from a spiritual context, is more effective.

5.3.2 Negative or Distress-inducing Functions of Religiosity

On the other hand, the participants equally narrated situations where religiosity had an association with psychological distress, which related to the pathological or mal-adaptive side of religion. This involved manifestations of guilt, fear, and inner conflict precipitated by fundamental religious concepts, seeing emotional unwellness as a form of punishment, anxiety as a test of religiosity, and depression as a measure of spirituality. There were observations made about the aspects of the participants' narrative surrounding strict upbringing and religious responsibilities as stipulated by culture that related to mal-adaptive coping mechanisms, reflecting some of the key concerns mentioned by [Hoffman \(2010\)](#) about the impact of fundamental or unquestioning religiosity. Clinicians indicated that internally rigid clients often resisted psychological treatment or became late seekers of it, implying a barrier effect for maladaptive religiosity in therapeutic engagement. This also finds resonances in the broader existential literature concerning religious practices that deny human vulnerabilities or the complex nature of suffering. Here, existential concerns and religiosity converge in igniting distress, calling for nuanced clinical attention to both dimensions.

5.3.3 Therapeutic Integration of Religiosity and Existential Meaning

The strategies used by the therapists were found to promote a recognition and validation of religious-spirituality while at the same time facilitating therapeutic inquiry into existential issues such as meaninglessness, morality, and mortality. The therapeutic indicators of existential—and potentially pathological meaninglessness included religious talk, morality, and life purpose, providing clear examples of this connection between existential issues and religiosity.

Therapeutic modalities emphasized respectful inclusiveness; reconciling cultural and spiritual factors with personal genuineness. The therapeutic modalities administered were active hearing, analysis of dissonance between religious acceptations and personal meaning, and therapeutic reframing of religious acceptations conducive to personal self-compassion, forgiveness, and coping. These therapeutic modalities mirror the contentions posited by [Palitsky et al. \(2023\)](#); [Saçar \(2022\)](#) with regards to cultured sensitivity in therapeutic engagement that gathers spiritual resources of clients without forcing any religious dogmatic assessment.

At the same time, the findings also underscore the need for therapists to have an awareness of their own existential views, which is also related to the construct of existential empathy, as proposed by ([Vanhooren, 2022](#)) . By being completely immersed and present with the religious and existential concerns of their clients, it becomes possible for therapists to help their clients make positive meaning, regardless of whether it is through religious or existential constructs, or a combination of both.

Overall, the present study proves that religiosity has a two-fold impact on the process of existential meaning-making. While it offers a protective and positive construct that offers hope, positivity, and well-being, it can also, through less healthy perceptions of religiosity that center around fears, create problems for existential meaning and therapy. Therapeutic work involves an integration of both existential and religious constructs that ensues within a particular culture and is also sensitive to the needs of each client.

5.4 Research Limitations

i. Socially Desirable Answers

Discussing religion could have made participants react in a socially acceptable way or be hesitant to share their own opinions.

ii. Therapist Self-Presentation Bias

As mental health practitioners, the participants might have tried to portray themselves as professionally objective, downplaying the role of personal religion or cultural beliefs to preserve an image of clinical professionalism in keeping with international psychological standards.

iii. Geographical Limitation: In this study, only psychotherapists from Islamabad and Rawalpindi were involved. It is possible that the results do not cover all the views of psychotherapists from other parts of Pakistan because of different cultural, religious, social, and institutional backgrounds.

iv. Researcher–Participant Influence: Since the researcher was actively engaged in the process of interviewing and analyzing the results, it is possible that the researcher-participant interaction had an impact on the way the participants responded, especially because of the nature of the research topic.

5.5 Theoretical Implications

i. The study provides insights into the culturally sensitive ways of how psychotherapists are currently integrating religious and existential concerns into their therapies.

ii. It describes the challenges that psychotherapists face when dealing with existential and religious concerns, and how they manage the existential concerns.

iii. Considering the present findings, this study highlights the need for further research and the development of training models for psychotherapists that support culturally sensitive approaches to addressing existential and religious factors within psychotherapy.

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Appendix A

RESEARCHER'S REFLECTION

My interest in this research topic particularly developed through my early clinical exposure in a drug rehabilitation center in Islamabad, Pakistan, where there was a specific routine for individuals regarding their prayer time, Quranic recitation, and other religious practices. I used to reflect and ask my onsite supervisor regarding the clinical efficacy of such practices. Later, when I worked in a mental health clinic, there were many cases presented by my onsite supervisor that had themes relevant to the existential and religious concerns of clients. I also observed some terms related to mental health concerns being widely used in layman language, like religious OCD, etc. So, there are a bunch of my clinical and personal experiences that brought curiosity to my mind regarding religious, existential needs, and psychotherapy. The first reflective thought I had in my mind was whether such concerns are presented in the clinical population and how they are being addressed by practitioners. In the initial stages, when I was deciding on the research topic, I looked into the existing literature on this topic, specifically in Pakistan, then expanded it to Asian and Western cultures. The first reflective thought that I had was how to measure this topic. Looking into the pre-existing literature provoked more reflections and more questions. After having several sessions with my supervisor, a specific topic within this broad concept was selected. Initially, I chose a phenomenological approach as a research design; during supervisor debriefing, it was highly challenged. I also started studying existential psychotherapy and different thinkers within this domain. So, the theoretical model that I used had a high influence on my personal choice of therapeutic orientation. Yalom's existential work and his specific narration style in *Love's Executioner and Other*

Tales of Psychotherapy or Staring at the Sun gave me an initial idea regarding the narrative or storytelling way of clinical case representation. Although initially the research design to capture findings was preliminarily chosen as a phenomenological approach, later I thoroughly revisited my research topic and objectives to examine what could be the best-suited method to use. A narrative research design was decided upon to appropriately capture the narrations of the participants/practitioners. Finalizing the research objectives and questions was the most challenging. I personally believe my writing expression is very weak. I had to go through different phases of re-writing my research objectives and questions, as they were ambiguous in their wording. The phrasing of the objectives was also highly challenged at the stage of the synopsis presentation. During this time period, I also documented my personal views, emotions, and frustration so that they did not have an impact on the research process. So, my methodological choices as well as the research objectives have gone through extensive peer debriefing. Keeping the sensitive nature of the topic in mind and setting the initial blueprints for the ethical research process was an ongoing task. It started with instrument development. To keep my personal biases aside, I initially wrote all the questions, directive or non-directive, personal views, personal clinical experiences, and observations. A few I can discuss here. In my personal opinion, psychotherapists in Pakistan, which I specifically observed in the surroundings of Rawalpindi and Islamabad, highly integrate religious themes within therapy without measuring their clinical efficacy. Like in my early clinical experience, a therapist suggested that she treats people with Quranic teachings. Or in the rehabilitation center, there were set daily religious practices, but the pre- and post-results were not objectively measured. So initially, I reflected on all the directive questions to identify my own biases, and later eliminated all those questions and made them more open-ended, which were not aligned with my own opinions and were more exploratory in nature regarding the topic. The initial interview guide was also subjected to change when it was reviewed by my supervisor. To bring more balance to it, I also used a guideline, which is mentioned in the interview guide section. Side by side, I also practiced my interview conduction skills. My facial expressions are very expressive, so bringing

a non-judgmental and perspective-taking stance naturally, rather than pretending, was also a self-exploratory journey. To capture the participants' narratives effectively, the guide and the interview process were executed while keeping characteristics such as temporality, sociality, and place in mind.

These are the key characteristics presented by Clandinin et al. (2018), as cited in "The Structure of the Narrative Interview" by Artioli et al. (2019). These key concepts guided how the narrative interview should explore the phenomena in its past, present, and future dimensions, which are affected by individuals' motivations, desires, and feelings, as well as social influences like environment, surroundings, and the social bond between the researcher and the participant. All the eight characteristics of narrative interviewing suggested by the guide were adopted. During the interview, I had many observations, which can be both objective or subjective. I observed some participants' narrations sometimes to be contradictory. At some point, they highly emphasized the need to address the religious concerns and that in Pakistan there is a need to integrate these concerns, but when they were asked when they decide at which stage they have to integrate, they totally left that on the client to bring it up. In my opinion, that might be due to a lack of formal training to integrate religious work in their practice, which is indicated in the demographic details that none of the participants, although they were from different educational institutions, had undergone formal training. So, to present ethical grounds, participants were imposing on the idea that religious elements should not be explored by therapists themselves unless or until clients bring it up. Although they emphasized how important this variable is in the meaning-making process.

Another contradiction, which was, in my opinion, was that the therapeutic orientation that they identified in the demographic sheet was not aligned with the mechanism of action regarding what they are implying to address meaning-making with religious themes. Most of them expressed an eclectic approach. I also observed in the responses of participants the challenge they face due to delayed help-seeking due to religious scholars; they presented it in a way that shows a lack

of alliance as well, or an attitude towards it in a totally negative way. Which indicates the need for collaboration. All of these views were journaled throughout the process to keep my points of view aside at the exploratory stage and data analysis.

To eliminate the personal biases, probing questions were practiced to erase the perspectival subjectivity by acquiring multiple perspectives from the participants on the same topic. That ensured that the interpretation was close to the voice of the participant. During the interview, I was mindful about the comfort of the participants. Maintaining privacy in such a situation was very tricky for me as an early researcher. This was very important, although narrative interviews are meant to be open-ended and in-depth, the participants sometimes get ‘carried away’ with their conversations and reveal personal information. For example, one participant, when talking about the existential meaning, went on discussing existential anxiety as well, followed by their personal circumstances regarding how it developed. When I sensed the discomfort in the participant’s body language, I took a pause, asked for their consent to move forward after a brief moment, and after that, the conversation turned towards their interpretive stance on how they see the relevancy of it in psychotherapy in terms of managing counter-transference. It helped the participant to manage their privacy.

I also practiced reflective listening mindfully by avoiding any unnecessary prompts. Maintaining the non-verbal communication was a helpful tool in that regard. The interviews were also conducted online, so my facial expressions were the major tool to make them feel heard. On the foundational level, I abided by the guideline of APA 7 regarding telepsychology. Although online interviews were not a deliberate methodological choice, due to unrest in Islamabad regarding the fuel shortage and participants’ convenience, we had to shift towards the virtual medium for data collection. One of the positive aspects that I noticed during the process was cooperation by the practitioners. The participants were selected through different practice settings, and during recruitment, I did not face any major hurdle. Moving towards the analysis of data, it consisted of the same procedure of peer debriefing and journaling to maintain balance in subjectivity. At each stage, themes

were re-examined to present the data holistically. Overall, engaging in reflexivity throughout the process helped me to be aware of my personal views, assumptions, emotions, and experiences and their potential influence on the research process. It allowed me to critically examine my interpretations and remain mindful of the participants' perspectives.

Appendix B

Informed Consent Form

I, Syeda Qurat Ul Ain Naqvi, an MS Clinical Psychology student at Capital University of Science and Technology, would like to invite you to join my research study: "Exploring the Interplay of Religiosity and Existential Meaning in Psychotherapy: Perspectives of Pakistani Psychotherapists." You will be asked to participate in a semi-structured interview focused on your experiences, perspectives, and approaches as a psychotherapist when addressing religiosity and the search for existential meaning in clients during psychotherapy. The interview should take about 45-60 minutes. Your cooperation is purely voluntary, and you can withdraw at any point in time without repercussions. If you withdraw prior to the completion of the interview, no data will be collected. If you withdraw after the interview has been fully taken, your answers will be discarded and will not be included in the final analysis. Your answers will be kept confidential, and your information will not be disclosed in any reports, slideshows, or publications resulting from this study. All the data will be stored securely for three years and will be deleted permanently after that.

If you have any queries or questions regarding this study, please don't hesitate to contact me at:

(syedanaqvi747h@gmail.com)

By signing below, you acknowledge that you have read and have an understanding of the study information and freely consent to participate.

Participant's Signature:

Date

Interview Guide

(Guided by: Artioli, G., Cosentino, C., Taffurelli, C., Ferri, P., & Foà, C. (2019). The narrative interview for the assessment of the assisted person: structure, method and data analysis. *Acta bio-medica : Atenei Parmensis*, 90(6-S), 7–16. <https://doi.org/10.23750/abm.v90i6-S.8640>)

Phase 1: Initial Phase Introduction

Thank you for agreeing to participate in this research. This interview aims to understand your experiences and perspectives regarding how clients' religiosity and search for existential meaning emerge and are addressed during psychotherapy. You are encouraged to speak freely and draw on experiences that feel meaningful to you.

Opening Narrative Prompt

"To begin, can you tell me about your experiences of working with clients where religion, faith, spirituality, or questions about meaning in life became part of psychotherapy?" Possible probes:

- i. Can you recall a situation that stands out?
- ii. How did the experience unfold?
- iii. What made it significant for you?

Phase 2: Central Phase Clients' Religiosity Within the Therapeutic Process (Objective 1) Main Prompt

"Can you describe experiences where clients' religiosity became relevant during therapy and tell me how you experienced and responded to those situations?"

Possible narrative probes:

- i. How did clients usually bring religion or faith into therapy?
- ii. In what ways did their beliefs shape how they understood distress, healing, or change?
- iii. Can you recall a situation where religiosity appeared to support or interfere with therapeutic progress?
- iv. How did you maintain cultural and religious sensitivity while preserving therapeutic neutrality?
- v. Were there experiences that made you reflect on your own reactions or therapeutic position?

vi. How did you decide whether and how religious themes became part of therapy?

Clients' Search for Existential Meaning During Psychotherapy (Objective 2) Main Prompt

"Can you tell me about experiences where clients appeared to struggle with questions related to meaning, purpose, existence, or understanding their lives?"

Possible narrative probes:

- i. How did you recognize these concerns?
- ii. Can you describe a case where questions of meaning became central in therapy?
- iii. How did you work with those experiences?
- iv. Can you describe experiences of working with clients who seemed to lose or reconstruct meaning?
- v. What challenges emerged while facilitating these conversations?
- vi. How has your own understanding of existential issues influenced your work?

Interplay Between Religiosity and Existential Meaning (Objective 3)

"Can you describe experiences where clients' religiosity and their search for meaning seemed connected during psychotherapy?"

Possible narrative probes:

- i. In what ways did clients use religion or spirituality in making sense of meaning?
- ii. Looking back, what role do you think religiosity played in shaping coping, resilience, or meaning?
- iii. How do you think cultural and social influences in Pakistan shape these experiences?
- iv. Based on your experiences, what helps therapists address religious and existential concerns together?

Phase 3: Final Phase Closing Questions

- i. Looking across your experiences, what feels most important to understand about the relationship between religiosity and existential meaning in psychotherapy?
- ii. Is there anything that we have not discussed that you think is important to include?

Closing Statement: Thank you for sharing your experiences and reflections. Your contribution is valuable for understanding how psychotherapists experience and work with clients' religiosity and existential meaning within psychotherapy.

Demographic Sheet

1. **Participant Code (for researcher use only):** _____
2. **Name (optional):** _____
3. **Age:**
 - 25–30
 - 31–35
 - 36–40
 - 41–45
 - 46 and above
4. **Gender:**
 - Male
 - Female
 - Prefer not to say
 - Other: _____
5. **Religious Affiliation:**
 - Islam
 - Christianity
 - Hinduism
 - Other: _____
 - Prefer not to disclose
6. **Educational Qualification:**
 - M.Sc./MS Clinical Psychology
 - M.Phil Clinical Psychology
 - Ph.D. Clinical Psychology
 - Other (please specify): _____
7. **Years of Experience as a Psychotherapist:**
 - Less than 1 year
 - 1–3 years
 - 4–6 years
 - 7–10 years
 - More than 10 years
8. **Therapeutic Approaches Used (check all that apply):**
 - Cognitive Behavioral Therapy (CBT)
 - Humanistic/Person-Centered Therapy
 - Existential Therapy
 - Psychodynamic Therapy
 - Integrative Approach
 - Other (please specify): _____
9. **Work Setting(s):**
 - Private Practice
 - Hospital/Clinical Setting
 - Academic Institution
 - Non-Profit Organization
 - Online/Teletherapy
 - Other: _____
10. **Have you received any formal training in spiritually-integrated/religiously-informed psychotherapy?**
 - Yes
 - No
 - Somewhat (e.g., workshops, short courses)

FIGURE 1: Demographic Sheet

Appendix C

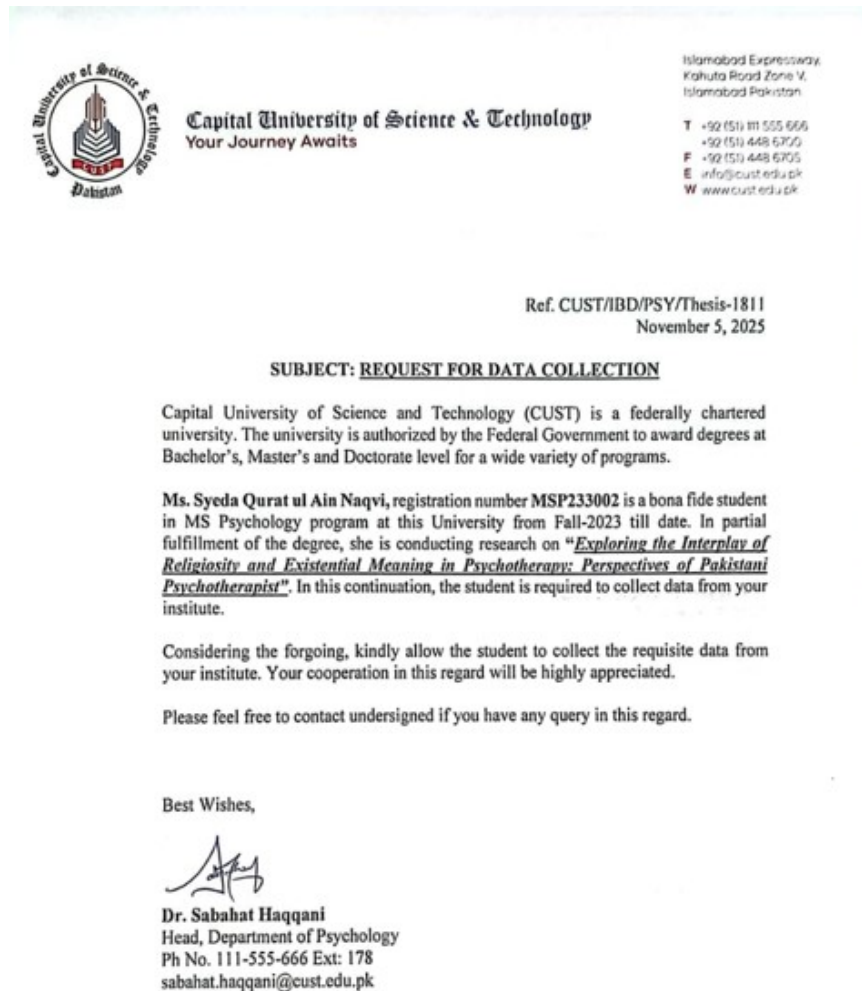


FIGURE 2: Data Collection Letter



Capital University of Science & Technology
Your Journey Awaits

Islamabad Expressway,
Kohata Road Zone V,
Islamabad Pakistan

T +92 (51) 111 555 666
+92 (51) 448 6700
F +92 (51) 448 6705
E info@cust.edu.pk
W www.cust.edu.pk

Ref: CUST/FMSS/REC/2025-68
November 04, 2025

RESEARCH ETHICS COMMITTEE CERTIFICATE OF REVIEW AND SUPPORT

This is to certify that Project titled: *"Exploring the Interplay of Religiosity and Existential Meaning in Psychotherapy: Perspectives of Pakistani Psychotherapist"* submitted by Scholar: Syeda Qurat Ul Ain Naqvi MSP233002 and supervised by: Dr. Uzma Rani reviewed by the Research Ethics Committee of Faculty of Management and Social Science, meets the requirements of the American Psychological Association's Ethical guidelines for Human Research and is **REVIEWED** and **APPROVED** by Research Ethics Committee of Faculty of Management and Social Sciences.

It is the Scholar's responsibility to ensure that all researchers associated with this project are aware of the conditions of approval and which documents have been approved.

The Scholar is required to notify the Research Ethics Committee in case of any amendment in the project, specifically:

- Any significant change to the project and the reason for that change, including an indication of ethical implications (if any)
- Serious adverse effects on participants and the actions taken to address those effects
- Any other unforeseen events or unexpected developments that merit notification
- The inability of the Principal Investigator to continue in that role, or any other change in research personnel involved in the project
- A delay of more than 12 months in the commencement of the project; and,
- Termination or closure of the project.



Dr. Sabahat Haqqani
Convener, Research Ethics Committee
Faculty of Management and Social Sciences
Capital University of Science and Technology
Islamabad

FIGURE 3: Ethics Review form