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## The Effectiveness of a Religious Counseling Program in Reducing Symptoms of Obsessive-Compulsive Disorder among Philadelphia University Students فاعلية برنامج إرشادي ديني في خفض أعراض الوسواس القهري لدى طلبة جامعة فيلادلفيا

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## **The Effectiveness of a Religious Counseling Program in Reducing Symptoms of Obsessive-Compulsive Disorder among Philadelphia University Students**

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### **Abstract:**

The study seeks to identify the effectiveness of a religious counseling program in reducing symptoms of obsessive compulsive disorder among Philadelphia University students. The study population consisted of all students for the academic year 2018/2019, where the obsessive-compulsive measure was applied as a pre-test on students who have desire to participate in the program, they were (60).The sample was chosen from students who received moderate and high scores on the OCD scale were randomly divided into two groups (experimental and control)(20) students each group.To demonstrate the statistical differences significance between means (MANCOVA) was used, also (t) test was used for samples related to the experimental group scores on the post and follow-up scale. The results of statistical analysis showed, it is clear the effectiveness of the program in reducingOCD symptoms among Philadelphia University students, there were no statistically significant differences in response to the program due to gender, but there were due to faculty.

**Key Words:** Religious Counseling Program, Symptoms of Obsessive-Compulsive Disorder, Students of Philadelphia University.

## فاعلية برنامج إرشادي ديني في خفض أعراض الوسواس القهري لدى طلبة جامعة فيلادلفيا

د. سناء ناصر الخوالدة\*

## ملخص:

تسعى الدراسة إلى التعرف إلى فاعلية برنامج إرشادي ديني في خفض أعراض الوسواس القهري لدى طلبة جامعة فيلادلفيا. تكون مجتمع الدراسة من جميع طلبة جامعة فيلادلفيا للعام الدراسي 2018/2019، إذ تم تطبيق مقياس (الوسواس القهري) كاختبار قبلي على الطلبة الذين أبدوا رغبتهم بالاشتراك في البرنامج، وقد بلغ عددهم (60) طالباً، ثم تم اختيار عينة الدراسة من الطلبة الذين حصلوا على درجات متوسطة ومرتفعة على مقياس الوسواس القهري، تم توزيعهم بطريقة عشوائية إلى مجموعتين تجريبية وضابطة بواقع (20) طالباً في كل مجموعة.

ولبيان دلالة الفروق الإحصائية بين المتوسطات الحسابية تم استخدام تحليل التباين المشترك (MANCOVA)، واستخدام اختبار (ت) للعينات المرتبطة لدرجات المجموعة التجريبية (التي خضعت للبرنامج الإرشادي) على المقياس البعدي والمتابعة، وبناءً على نتائج التحليل الإحصائي تتضح فاعلية البرنامج في خفض أعراض الوسواس القهري لدى طلبة جامعة فيلادلفيا وعلى عدم وجود فروق ذات دلالة احصائية للاستجابة للبرنامج تعزى لمتغير الجنس ووجود فروق بالاستجابة للبرنامج تعزى للكلية.

الكلمات المفتاحية: برنامج إرشادي ديني، الوسواس القهري، طلبة جامعة فيلادلفيا.

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## 1. Introduction

Allah created human being and he knows who created, and he knows how to become a human straight, set the laws of heaven, he knows what spoils man and knows the way to protect and maintain him. Also, he is the one who knows how to treat and reform him. Allah says (Does he who created not know, while he is the Subtle, the Acquainted) **Surah Al-Mulk 14**. Thus, Qur'an, the prophetic Hadiths, the Islamic religious teachings and precepts preceded the science and the scholars who tried to interpret the human soul through theories that study the personal and the human psyche (Sa'adat, 2014)

Religious counseling is defined as a set of specialized services offered by psychologists in counseling to people who suffer from psychological, personal or social incompatibility (Corey, 2005). The religious counseling aims to help individuals avoid psychological, social or family problems or tribulations, reduce their effects if they occur, provide them with religious and scientific knowledge and technical skills to improve their psychological compatibility with these circumstances, guided by religious practices and values such as piety, trust, patience, and on the other hand, the exploitation of the techniques and methods of psychological counseling theories of various kinds as a means to help the guide to achieve self-growth and assume social responsibility and achieve its legitimate goals in terms of religious capacity and potential plain (Al Sahl, 2002).

The spiritual (religious) feeling leads to satisfaction, happiness, conviction and faith in the ability of Allah, which helps the person and makes him strong to face the pressures and gives the certainty, confidence and strength to face the crises, problems and challenges in his life so he has refuge during distress time, feel safe enough and not fear from pessimism, to make sure that Allah is the path of events for the better always, and reaches the human certainty through prayer and thanksgiving, which provides him with the highest forms of support and reassurance (Frame, 2003). Religious counseling is a set of specialized services offered by psychologists to people who suffer from psychological, personal or social incompetence to help them avoid psychological, social or family problems, reduce their effects if they occur, and provide them with religious and scientific knowledge to improve their psychological compatibility with these conditions guided by religious practices and values such as piety, trust, patience, faith of destiny and prayer. And on the other hand exploit the techniques and methods of psychological counseling theories of all kinds as

a means to help the guide on achieving self-growth, social responsibility and achieving his religiously legitimate goals within his capacity and potential. (Faddah, El Faki & Ahmed, 2010).

Religious counseling is a process that has its goals, techniques, principles, and stages, but no religions have been defined, for this reason, the researcher with religious psychological counseling intends to Islamic religious psychological counseling, because it includes all heavenly messages. Where the Islamic religion gave a complete perception of the human soul in its health and disease, as it is the final message, which came to suit every time and place and for humanity in general. It is clear from the previous presentation of the concept of psychological counseling from an Islamic perspective that is focused on a form of modern psychological counseling that derives its fundamentals and techniques from Islam, and that it is effective in relieving mental disorders, which contributes to achieving spiritual balance and psychological stability in the end (Al-Khatib, 2002).

Obsessive-compulsive disorder is a psychological disturbance and not a mental disorder. This disorder occurs at any age. It is spread among children as it is spread among young people, adults and old people. It is characterized by repeated thoughts that the person does not want, even against his attempts to remove them. The person who is affected by this disease acts of coercion that he cannot refrain from; because these acts ease his anxiety, and this concern reduces for a limited period, and then back again, which requires the patient of obsessive-compulsive disorder to repeat his acts of coercion exaggerated; may lead to waste time and his moral and material loss (Attayah 2002).

Religion interprets psychological disorder as an abnormal response to the conscience of the patient due to neglect or as a result of an individual's behavior that includes a kind of blatant challenge to the power of conscience. These symptoms are behavioral signs of the disorder, where the more accurately it can be identified early, and the better in the therapeutic terms (Zahran, 2005).

Hence this study tries to find out the effectiveness of techniques of religious counseling in reducing obsessive-compulsive disorder among Philadelphia University students.

### **Study Problem:**

The symptoms associated with obsessive-compulsive disorder are characterized by their appearance and disappearance, they may improve or worsen with time, and appear in the form of repeated and urgent thoughts

and concerns that may occur in a person with obsessive-compulsive disorder that may cause him anxiety, such as the desire to make things in an ideal or similar manner, and others. As for motives and behaviors, such as obsessive cleaning or excessive hand-washing, organizing things accurately and specifically, re-checking and checking things frequently, such as making sure the doors are closed repeatedly, counting and computing things compulsively and out of control, in addition to sudden and short actions and frequent such as frequent eye winking, facial irritation, shoulders or head shaking. A person with obsessive-compulsive disorder cannot control these behaviors and thoughts even if they are aware that they are exaggerated matters, just as a person with obsessive-compulsive disorder does not feel comfortable or enjoyable when carrying out these behaviors, but it relieves a simple way of anxiety caused by ideas, and the patient spends one hour on less than his day is preoccupied with these behaviors or ideas, which affects all aspects of the student's personality, including the social, behavioral, mental, and emotional side and its impact on the extent of his adaptation to the university's environment and consequently his effect on his academic performance and his future life. The study problem can be formulated in the following question:

**How effective is a program based on religious counseling techniques in relieving the symptoms of obsessive-compulsive disorder among Philadelphia University students.**

## **2. Objectives of the study:**

The current study aims to identify the effectiveness of a program based on the techniques of religious counseling in reducing the symptoms of obsessive-compulsive disorder among Philadelphia University students by answering the following questions:

1. Are there statistically significant differences at the level of ( $\alpha = 0.05$ ) between the mean scores of the experimental group members and the mean of the control group on the obsessive-compulsive disorder measure, due to the mentoring program based on religious counseling techniques?
2. Are there statistically significant differences at the level of ( $\alpha = 0.05$ ) between the mean scores of the experimental group members on the obsessive-compulsive disorder scale between the post scale and the measurement during the follow-up period, due to the mentoring program based on religious counseling techniques?
3. Are there statistically significant differences at the level of ( $\alpha = 0.05$ ) between the mean scores of the experimental group members on the

measure of obsessive-compulsive disorder attributed to the gender and the faculty variables?

### 3. Importance of Study:

Theoretically, the importance of this study is to design a program based on religious counseling techniques to reduce the symptoms of obsessive-compulsive disorder. While in practice, the study attempts to provide students with skills that help reduce the symptoms of obsessive-compulsive disorder, which increases their ability on adaptation and psychological and social compatibility.

### 4. Conceptual and Operational Terms of the Study:

**Religious Counseling Technicians:** it is a group of specialized services provided by psychologists to people who have mental, personal or social difficulties to help them avoid psychological, social or family problems, reduce their effects if they occur, and provide them with religious and scientific knowledge and technical skills to improve their psychological compatibility with these circumstances based on religious worship and values, such as piety, trust, patience, faith in Allah, and prayer, in addition to exploiting the techniques and methods of psychological counseling as a means of assisting the guide to achieve self-growth, social responsibility and the achieving of legitimate goals in terms of religious capacity and potential (Faddah, etal., 2010). The techniques and methods found in the religious counseling program developed for the present study are known procedurally.

**Obsessive-Compulsive Disorder:** A psychiatric condition that affects the individual and appears in the form of anomalous thoughts and behaviors that he frequently controls without being able to get rid of them (Attar, 2017) and is defined by the degree to which the examinee obtains the OCD used in this study.

### 5. Study Limitations:

- This study is limited to Philadelphia University students' sample for the academic year 2018/2019.
- The determinants of the study include the dimensions of the study tools as well as the methodology used to answer the study questions.

### 6. Study variables:

The study variables were determined according to the following:

- Independent Variable:
  1. Acounseling program based on religious counseling techniques.

2. Gender: (Male/Female).

3. Faculty: (Scientific/Humanities).

- Dependent variables: symptoms of obsessive-compulsive disorder.

## 7. Study Tools:

### **Yale-Brown Obsessive Compulsive Scale:**

This measure consists of ten dimensions of Obsessive Compulsive Disorder (five of which measure obsessive-compulsive disorder and five others measure coercive acts), each divided into five degrees starting from zero (no symptoms) to four (severe symptoms), the psychologists measure the time spent by obsession and compulsive acts, the degree of its effect on job performance, the level of anxiety, and attempts to resist and control symptoms. The self-confidence was 0.92, which is statistically significant and the coefficient of reliability (re-application) 0.90 and thus has a degree of stability. A score from 0-7 indicates the severity of obsessive-compulsive disorder with a very mild degree, and a score from 8-15 indicates the severity of the disorder with a moderate degree. And the degree from 16-23 to the severity of the disorder with a moderate degree, the degree from 24-31 to the severity of the symptoms of the disorder significantly, and the degree 32-40 the severity of the symptoms of the disorder with a severe degree.

**A mentoring program based on religious counseling techniques and uses the techniques and methods of cognitive behavior counseling, worship, and religious and scientific knowledge prepared by the researcher.**

After reviewing the previous literature and studies that dealt with the subject, such as studies (Yahya, 2015), (Faddah, et al, 200), (Al-Essawi, 2002) the program consisting of fifteenth sessions was prepared and the researcher presented the program to ten specialists to ensure that certify the content.

- First session: Getting acquainted with the indicative program
- Second session: The concept of mental health and its indicators
- Third session: The concept of obsessive-compulsive disorder, its symptoms and causes
- Fourth session: Restructuring the cognitive structure of obsessive thoughts to help participants learn how to recognize their ideas and observe the ideas specifically related to obsessive and compulsive rituals.
- Fifth Session: Clarifying the concept of religious counseling and linking it with the counseling methods

- Sixth session: clarifying the religious methods used to deal with anxiety, such as prayer, is a therapeutic technique appropriate to reduce anxiety among individuals, so the individual learns from them that relaxation, which contributes as a technique to spiritual (religious) psychological therapy in alleviating difficult life crises and forming good and appropriate directions to deal with the conditions of the life, and the conviction that the whole thing is in the hands of God.
- Seventh Session: Clarification of the method of counseling and foresight, which depends on the individual's knowledge of himself, his Lord, and his religion, and of the spiritual and moral values and principles, and this multifaceted knowledge is a torch that guides the individual in his world, and increases his foresight by himself, his actions, and the ways of his compatibility in his present and future.
- Eighth Session: Clarifying the concept of faith in God's judiciary and its value as a consensual and influencing method to reduce anxiety and accept life events and feelings of contentment, which increases the individual's ability to face pressures and solve problems that he is exposed to correctly.
- Ninth session: clarifying the concept of self, honesty with the self, acceptance of the self and its role in knowing the strengths and weaknesses of a person, and reaching satisfaction that is reflected in mental health, and thus the ability to deal with anxiety and solve problems in a consensual way.
- Tenth session: Clarification of the principle of the ability to change and change behavior, where Islam emphasizes the importance of reason and thinking and the ability of a person to learn.
- Eleventh session: Clarifying the gradual change in behavior from simple to difficult, as Islam recognizes the principle of gradual elimination of bad habits and behaviors and learning new behaviors instead.
- Twelfth session: Using exposure techniques and preventing response in practice. Participants are exposed to a source of his anxiety (or from his obsessive sources) and teaching him how to prevent a compulsive response that he always performs when exposed to this situation.
- Thirteenth session: It is in the form of amending the ideas in a different direction, contrary to the obsessive thoughts after the exposure took place and the participants were able to prevent the response. In it, some of the participants 'wrong thinking is corrected, and the therapist uses cognitive therapy techniques to help correct thinking errors.

- Fourteenth session: The goal is to teach participants self-monitoring, in which participants are taught how to monitor their thoughts, feelings, behaviors or responses in situations.
- Fifteenth Session: The aim is to rehabilitate and raise motivation and self-confidence, in which the counselor examines the difficulties that the participant may encounter again and what might make him relapse and then teaches him how to work with that.

## 8. Method and procedures

### Study Approach:

The current study is a semi-experimental study, where the study individuals were divided into two groups: the first experimental and the second control each of them consist of 20 students. The experimental group received training on the religious counseling program, while the control group did not receive any kind of training.

### Study Population:

The study population consisted of all Philadelphia University students for the academic year 2018/2019, who expressed a desire to join the study, (60) students.

### The Study Sample:

The study sample consisted of (40) students who expressed a desire to participate in the program, who obtained a medium and high degree on the OCD scale. In order to apply the study and its tools, the sample was distributed into two groups (control, experimental).

**Table (1): Distribution of the study subjects according to the program:**

Group	Number	Faculty	Gender
control	9	Scientific	Male
	11	Humanities	Female
experimental	8	Scientific	Male
	12	Humanities	Female

## Theoretical framework

### Religious Counseling:

Religious counseling refers to the use of the principles and ideas of religion in guiding the behavior of individuals in accordance with these principles and provisions, and is also used to achieve preventive, therapeutic and developmental goals. We mean of the therapeutic goals to treat the individual's diseases and psychological disorders. The developmental goals mean to enable the individual to use his energies and personal and environmental resources to satisfy all needs in accordance with religion and

achieve a good consensus in the present life and good turned in the afterlife (Al-Maliki, 2005).

**Principles of religious Counseling: Religious counseling is based on the following principles:**

- It is a constructive and problem-oriented counseling to reduce tension.
- Behavior modifiable to emphasis of the Islamic religion on the importance of mind, thinking and human ability to learn and acquire habits and professional skills.
- Taking into account individual differences, each individual is free to make his own decisions and choose the appropriate activities which Allah has permitted.
- Both the Holy Qur'an and Sunnah are the source of both Islamic religious counseling techniques and the counseling process.
- Allah created human being and knows the causes of corruption and deviation of his behavior and teaches him ways of protection and treatment.
- Faith has a great influence on the human being, so the religious person (who is not austere or extremist) has a normal personality, has mental health and does not suffer from diseases and mental disorders (Sa'adat, 2014).

**Steps of Religious Counseling**

- Recognition: is how man discloses himself to Allah, which removes the feelings of sin, ease the torment of conscience and shows the troubled soul and restore her reassurance (Abu Assad, Arabiyat, 2009).
- Ista'dah (seek the protection of): A position in which the human being seeks for Allah to protect him from evil.
- Repentance: is a method of cleansing the soul of sins and makes the individual feel psychological comfort, which leads the individual to assert himself and accept it again. Repentance has three pillars: science, action and situation.
- Foresight: is how an individual can understand the causes of his mental illness and psychological problems and motives that led to the commission of sin.
- Learning: involves the acquisition of new skills, values and attitudes, through self-acceptance, acceptance of others, self-control, responsibility and the ability to form social relationships based on

mutual trust, the ability to sacrifice, serve others, and attain achievable goals.

- The formation of orientations and values of the mentor: This is done when the mentor can modify the person's idea of himself, and make it a center for new cognitive and emotional experiences (Yahya, 2015).

### **Conditions of Religious Counseling**

**The use of religious counseling methods depends on the following conditions:**

1. The guide should know that the use of any therapeutic technique helps to achieve positive reinforcement of the religious aspect of the guide.
2. The mentor should use the techniques found in the religion he believes in, as well as other techniques such as: psychoanalytic, behavioral, cognitive, existential or other.
3. Religious integration which is the religious participation between the therapist and the guide, which leads to a strong relationship and eliminates any differences between them (Faddah, etal, 2010).

### **Obsessive-Compulsive Disorder**

Obsessive-compulsive disorder is a behavioral disorder, characterized by a strong desire of the person to control his motives and actions, as well as the existence of repeated ideas, which come against him, even after trying to remove and get rid of them. This anxiety is reduced for a limited period and then comes back again, which requires the patient to have obsessive-compulsive disorder to repeat excessive acts that may lead to wasting his time and moral and material loss, in addition to some forced acts lead to physical damage to the person such as frequent washing of certain places in the body (Aga, 2009)

Inserted OCDs act as stimuli that may trigger certain patterns of negative spontaneous thoughts. Consequently, an interchangeable idea may lead to a mood disorder in a situation, if these negative spontaneous ideas are invoked only through the interaction between the interchangeable idea and the coordination of the beliefs of the individual. This is the possibility of OCD being aware of their recurring ideas of unacceptable events as expressing the same events. For example, the idea of sin is just as bad as sin itself (Salkovskis, 1985).

### **Diagnosis of obsessive-compulsive disorder:**

One of the most important diagnostic tests in light of the fourth diagnostic guide to mental disorders "DSM-IV".

**A. compulsive obsessive, includes:**

1. Frequent and persistent thoughts, impulses, or fantasies that the individual tells most of the time during the disturbance and seems intrusive and inappropriate that cause anxiety, distress and obvious psychological pain.
2. Thoughts, impulses or fantasies do not cause any disturbance or excessive preoccupation with the problems of everyday life.
3. The person's constant attempt to ignore and suppress these thoughts, impulses and fantasies or neutralize them with certain thoughts, actions.
4. The person knows that these thoughts, impulses and fantasies of the product of his mind is not imposed him from outside.

**B. compulsive actions, include:**

1. Repetitive behaviors such as: (hand washing - order - examination) or mental actions such as: (Count-speak words in silence) and the person feels driven and submissive to perform repeatedly according to strict rules.
2. These mental behaviors aim to prevent or reduce an appalling accident or situation and that these mental behaviors either do not relate in a realistic way with what they planned to neutralize or are excessive and unreasonable.

**C. During the disorder, a person is aware that obsessions and compulsive acts are excessive or unreasonable and illogical.****D. Obsessions and compulsive acts that cause obvious distress and agitation that are wasting time (lasting more than one hour per day), interfere with or affect the normal daily order, professional (academic) or normal social activities or relationships with others.****E. Obsessive-compulsive disorder (OCD) is not attributable to direct physiological effects of substance abuse (e.g. misuse of drug) or as a result of general medical condition.****Causes of Obsessive-Compulsive Disorder**

The causes of obsessive-compulsive disorder can be explained by the following:

Serious or chronic infectious diseases. The conflict between the elements of good and evil in the individual and the existence of non-ideological desires are expressed in the form of obsessive thought and compulsive behavior. The constant frustration in society, the constant threat of deprivation and loss of sense of security. Fear and lack of self-confidence

and repression. The wrong socialization, authoritarian education, cruelty and punishment practiced by parents on children, the behavior of parents or adults suffering from obsessive-compulsive disorder, feelings of guilt, guilt, guilt and the patient's unconscious attempt to punish himself. 2017)

### **Explanatory theories of obsessive-compulsive disorder**

#### **The Theory of Psychoanalysis:**

Freud believed that obsessive-compulsive behavior symptoms of internal psychological conflicts, as a result of experiences of the individual in the childhood stage, finding it a relatively safe way to express his thoughts and feelings repressed. (Joudeh, 2004)

#### **Behavioral Theory:**

Behaviorists explain Obsessive Compulsive Disorder in light of learning theory. Obsessive-compulsive disorder, like any learned behavior from the environment, is that obsessive thoughts have the potential to provoke anxiety, a new pattern of behavior has been learned, and compulsive actions occur when a person discovers that certain work is associated with intuitional ideas may ease anxiety gradually and because of the interest in relieving anxiety, this act becomes fixed through the learner's model of behavior (Al-Azzami, 2015).

#### **Cognitive Theory:**

Cognitive theory points out that cognitive factors are essential to Obsessive Compulsive Disorder. Obsessive Compulsive Disorder is a manifestation of a particular pattern. The person's perception of control plays an important role and his theory begins to recognize that most of the characters have intrusive thoughts that do not become offensive or disturbing. The stage is prepared for the growth of obsessive-compulsive disorder if several factors combine at the same time (Joudeh, 2004).

#### **Social Theory:**

From the point of view of this theory, most features of a person with obsessive compulsiveness are learned and acquired responses, because they reduce anxiety or any other negative emotion. The parents of these children have been unable to create an atmosphere of fun, spontaneity and laughter; the child is punished for doing such things, and the parents of these children seek to absorb the child, assimilate him to the orders of them and preserve the expected rules. (Issawi, 2004)

**Literary Review:****Introduction:**

- **Adam, 2018** study aimed to identify the impact of religious counseling in changing values and social behavior, the study sought to know the seriousness of mental illness, which is not addressed only by psychological counseling, wisdom and good advice. One of the most important findings of the study is that the objectivity of religious counseling is the criterion that determines the social values and behavior that motivate man to maintain psychological processes, such as the development of spiritual and material abilities. The researcher used the descriptive and analytical approach to uncover the importance of psychological counseling in building human behavior in all areas of life.
- **Al-Azzami, 2015** study aimed at identifying the effectiveness of cognitive behavioral therapy program in reducing obsessive-compulsive disorder in a sample of obsessive-compulsive disorder patients. The sample was divided into two experimental and control groups in each group (12) After the program was implemented. The study found that the program had an impact on relieving the symptoms of obsessive-compulsive disorder and recommended training of specialists in treatment centers on how to prepare and implement programs.
- **Ahmed, 2015** A study aimed at identifying the exploration of the effectiveness of a psychological program based on religious psychotherapy in alleviating the symptoms of obsessive-compulsive disorder in a sample size of Taibah University in Saudi Arabia. The researcher used the personal interview, the Yale-Brown Obsessive Compulsive Scale. The study concluded the effectiveness of the psychological therapy program in relieving the symptoms of obsessive-compulsive disorder
- **Yahya, 2015** conducted a study aimed at identifying the role of psychological counseling in achieving psychological compatibility among adolescent students in some of the secondary schools of Massila and Busa'ada. There were statistically significant differences in the level of psychological compatibility among adolescent girls in the secondary stage due to the variables of age, school year, school, and economic level. The study reached the following results: Religious counseling has a great role in achieving psychological compatibility among adolescent students, there were no statistically significant differences in the level of

psychological compatibility among adolescent girls due to the variable (age, school year, section, study, economic level, and attendance of Quranic schools) and there were statistically significant differences in the level of psychological compatibility among adolescent girls due to the variable of learning and was in favor of the observances of Quranic schools.

- **Faddah, etal. 2010** A study aimed at identifying the effectiveness of religious psychotherapy in alleviating the symptoms of obsessive-compulsive disorder in a sample of university students. The study sample consisted of 20 students of the university who were diagnosed with MOCI& YBOCS for obsessive-compulsive disorder. The study included personal interview, socio-economic and cultural measures, and psychosocial therapy. The experimental group received a religious counseling program aimed at reducing obsessive-compulsive disorder. The results showed a significant reduction in OCD for the experimental group.
- **Tolin, Hannan, Maltby, Diefenbach, Worhunsky, & Brady ,2007** conducted a study aimed at comparing cognitive self-therapy and cognitive-behavioral therapy by a therapist in the treatment of obsessive-compulsive disorder. The study sample consisted of (37) adults with obsessive-compulsive disorder (72) females and (26) males. The study tools were: personal interview, the YBOCD, the Beck Depression List (BDI), self-treatment protocol based on response prevention, and a treatment program based on the therapist. The results of this study showed the effectiveness of the CBT-based cognitive-behavioral therapy, and the need to resort to the therapist in the case of severe disorders; while early intervention and self-treatment could be relied upon in simple cases. However, the effectiveness of both treatments have proven to reduce the symptoms of compulsive and obsessive thoughts.

The results of previous studies showed the effectiveness of counseling and therapeutic programs that use religious counseling and cognitive-behavioral counseling techniques to bring about psychological compatibility, increase the quality of life and alleviate symptoms of obsessive-compulsive disorder.

### **Results of the Study:**

- **The results of the study questions are presented below:**

The first question: **Are there statistically significant differences at the level of ( $\alpha=0.05$ ) between the mean scores of the experimental group**

**members and the mean of the control group on the obsessive-compulsive disorder measure, due to the mentoring program based on religious counseling techniques?**

To test this hypothesis, the results of the Wilks Lambda test were extracted to reveal the effect of the program on the teachers' overall scores on the scale as in Table (2)

**Table (2): Wilks Lambda test results to reveal the effect of the program in the overall degree on the scale**

Variables	(Wilks Lambda)	<i>f</i>	Sig.
Pre-test	<b>0.55</b>	<b>0.48</b>	<b>0.53</b>
Counseling Course	<b>0.34</b>	<b>408.08</b>	<b>000</b>

It is noted through table (2) that the level of significance for the pre-test has reached (0.55) and it indicates that there were no statistically significant differences at the level ( $\alpha \leq 0.05$ ), which confirms that the performance of the experimental and control group did not change due to the lack of application of the program, while it reached a level The significance of the post-test according to the members of the group (000), which indicates the presence of statistically significant differences at the level ( $\alpha \leq 0.05$ ), Consequently, the group is expected to have a statistically significant effect on one or more dimensions of the scale, and to indicate the significance of the statistical differences between the arithmetic means. A common variance analysis (MANCOVA) was used, and Table (3) shows that:

**Table 3: Analysis of (MANCOVA) on the students in the experimental and the control group on obsessive-compulsive disorder**

Source	Variation	Sum of squares	<i>df</i>	Mean squares	<i>f</i>	Sig	Eta
<b>Pre-test</b>	The amount of time the obsessive thoughts take	.160	1	.160	.008	.93	
	The amount of inconsistency caused by obsessive thoughts	5.50	1	5.50	.48	.49	
	The amount of tension and anxiety accompanying	57.59	1	57.59	3.65	.06	
	The amount of effort to resist obsessive thoughts	6.13	1	6.13	.54	.46	
	How much control you obsessive	1.89	1	1.89	.12	.72	

Source	Variation	Sum of squares	df	Mean squares	f	Sig	Eta
	thoughts						
<b>Counseling Program</b>	The amount of time the obsessive thoughts take	2049.31	1	2049.31	99.62	.02	.81
	The amount of inconsistency caused by obsessive thoughts	2199.75	1	2199.75	194.64	.03	.77
	The amount of tension and anxiety accompanying	2131.77	1	2131.77	135.41	0.00	.71
	The amount of effort to resist obsessive thoughts	2099.20	1	2099.27	187.63	0.00	.76
	How much control you obsessive thoughts	1836.50	1	1836.50	119.65	0.00	.81
<b>Err.</b>	The amount of time the obsessive thoughts take	493.69	37	20.57			
	The amount of inconsistency caused by obsessive thoughts	271.22	37	11.30			
	The amount of tension and anxiety accompanying	377.80	37	15.74			
	The amount of effort to resist obsessive thoughts	268.51	37	11.18			
	How much control you obsessive thoughts	368.35	37	15.34			
<b>Total</b>	The amount of time the obsessive thoughts take	2570.66	40				
	The amount of inconsistency caused by obsessive thoughts	2525.63	40				
	The amount of tension and anxiety accompanying	2668.00	40				

Source	Variation	Sum of squares	df	Mean squares	f	Sig	Eta
	The amount of effort to resist obsessive thoughts	2422.66	40				
	How much control you obsessive thoughts	2240.66	40				

The results of the accompanying co-variance analysis in Table (3) indicated that there was a statistically significant effect at the level ( $\alpha \leq 0.5$ ) of the indicative program variable between the mean marks of the individuals in the study sample in each of the two groups (experimental, and control) on the scale of post-compulsive disorder dimensions where the *f*value of "time that obsessive thoughts take" (99.62), the phrase "the amount of inconsistency caused by obsessive ideas" (194.64), "the amount of tension and anxiety accompanying" had (135.41) while "the amount of effort exerted in resisting obsessive thoughts" was (187.63) and for "the amount of your control over the obsessive ideas" (119.65). The scale as a whole had (423.517), this value is indicative at the level of (0.000). The difference came in advantage to the experimental group that received the indicative program, and this result means that the program helped reduce the level of obsessive-compulsive disorder of the experimental group, which indicates the acceptance of the alternative hypothesis, and the effect size has been found, using the EtaSquare, as is shown in table (3).

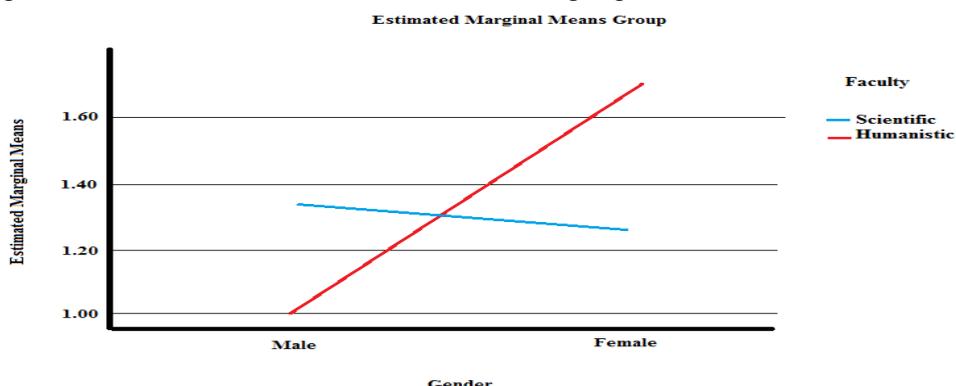
The reason for this is due to the program's methods of providing them with religious and scientific knowledge and technical skills to improve their psychological compatibility with these conditions by relying on religious practices and values, such as piety, trust, patience, belief in the judiciary, destiny, and supplication, in addition to exploiting the techniques and methods of psychological counseling theories with its various types as specific means of helping the mentor to achieve self-development and bear social responsibility and achieve its legitimate goals from the religious point of view in the scope of his capabilities and capabilities, and this is consistent with a study (Fadda, et al, 2010).

The researcher obtained a mono-contrast test to determine the interaction between sex and the college as shown in the table

**Table4: Analyzing the co-variance of the gender-college interaction indication on the OCD scale**

Source	Sum of Square	df	Mean Square	f	Sig.
Pre-test	.818	1	.818	4.298	.045
Gender	.008	1	.008	.043	.837
Faculty	1.177	1	1.177	6.189	.018
Gender* Faculty	6.848	36	.190		
Err.	6.848	36	.190		
Total	85.000	40			

The results indicated that there were statistically significant differences attributed to the interaction between the sex and the faculty. As the level of significance reached (0.018), and the following figure shows that:



**The second question: 2. Are there statistically significant differences at the level of ( $\alpha=0.05$ ) between the mean of the experimental group members on the obsessive-compulsive disorder scale between the post scale and the measurement during the follow-up period, due to the mentoring program based on religious counseling techniques?**

The (t-test) of the samples associated with the experimental group scores (which were underwent the training program) was used on the post- and follow-up scale. Table (5) shows that:

**Table (5): Mean Standard Deviations and (t) Value to Determine the Significance of Differences between Post- and follow-up Measurement Measure according to the Experimental Group Scores on the Obsessive Compulsive Scale and on Each Dimension**

Variable	Pre		Post		t Value	Significance Level
	Mean	Standard Deviation	Mean	Standard Deviation		
The amount of	2.798	0.46	2.859	0.32	-4.32	0.44

Variable	Pre		Post		t Value	Significance Level
	Mean	Standard Deviation	Mean	Standard Deviation		
time the obsessive thoughts take						
The amount of inconsistency caused by obsessive thoughts	2.625	0.23	2.748	0.54	-7.43	0.09
The amount of tension and anxiety accompanying	2.514	0.92	2.99	0.19	5.18	0.32
The amount of effort to resist obsessive thoughts	2.618	0.91	2.728	0.86	4.90	0.64
How much control you obsessive thoughts	2.423	0.10	2.836	0.81	-3.16	0.11
Total	2.596	0.48	2.832	0.09	-4.11	0.49

Table (5) shows that there was no statistically significant difference at the level of ( $\alpha = 0.05$ ) between the mean students' performance in the obsessive-compulsive disorder measure at the pre level, in the experimental group for post, follow-up, and all dimensions.

**The Third question: Are there statistically significant differences at the level of ( $\alpha = 0.05$ ) between the mean of the experimental group members on the obsessive-compulsive disorder scale attributed to the gender and the faculty variable?**

The t-test of the independent samples of experimental group scores (which underwent to religious counseling program) was used on the post and follow-up scale, table (6) showed that:

**Table (6): Mean, standard deviations and (t) value to determine the significance of the differences between the post and follow-up scale according to the variable (gender, faculty) on the OCD**

Independent variable	Independent variable divisions	Mean	Standard deviation	t value	Significance Level
Gender	Male	.232	0.55	-18.3	0.103
	Female	2.55	0.43		

Independent variable	Independent variable divisions	Mean	Standard deviation	t value	Significance Level
Faculty	Scientific	1.87	0.65	4.20	0.00
	Humanistic	2.56	0.48		

Table (6) shows that there was no statistically significant difference at the level of ( $\alpha = 0.05$ ) between the mean students' performance in the obsessive-compulsive disorder measure due to the sex variable, but there were statistically significant differences at the level of ( $\alpha = 0.05$ ) due to the faculty (for the humanities, in the experimental group).

### Recommendations:

1. Targeting different psychological and behavioral disorders to learn about the effect of the program based on the techniques of religious counseling.
2. The application of the program to different age groups, university workers. Training instructors at universities on programs based on the techniques of religious counseling and taking advantage of the counseling procedures in dealing with the problems faced by university students.
3. Training university counselors on programs based on the techniques of religious counseling and benefiting from counseling measures in dealing with problems faced by university students.
4. Educating university students on methods of dealing with mental disorders through methods of religious counseling, so that these methods are an approach used in daily life.
5. Incorporating religious counseling methods into university requirements that allow the practice of Islamic culture.
6. Cooperation between researchers specialized in psychological counseling and Islamic sciences to expand in the field of research in the methods of religious psychological counseling and reach deep and specialized results.

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