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POSTER PRESENTATION

POSTER BİLDİRİLER

POSTER PRESENTATION

Religious Practices within ACT's Psychological Flexibility Framework: A Review

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Introduction: Psychotherapy is frequently conceptualized as a process that is tailored to clients' contexts and needs (Norcross & Wampold, 2011). Acceptance and Commitment Therapy (ACT), with its functional contextualist foundation, offers substantial flexibility for adapting interventions to clients' personal, cultural, and religious backgrounds. This flexibility is particularly relevant when working with religious Muslim clients, for whom integrating religious resources may support therapeutic engagement and outcomes (Karekla & Constantinou, 2010; Nieuwsma, 2016; Tanhan, 2014).

The present narrative review synthesizes religious concepts and practices from the Islamic tradition that have been discussed in conceptual and empirical literature as potential therapeutic tools, and evaluates how these practices may function within ACT's psychological flexibility processes.

Methods: A narrative methodology was employed using Web of Science, EBSCO, Dergipark, and JSTOR databases. Studies published in Turkish and English that proposed or utilized Islamic religious practices as therapeutic interventions were included, with no date restrictions due to the limited number of available sources.

Results: Analysis identified eight practices and one model relevant to ACT processes: taubat and istighfar, muraqabah, mushahada, tafakkur, muhasabah, sabr and shukr, dhikr, tasawwur, and the 4T cognitive model. Taubat and istighfar, understood as behavioral turning away from prohibited actions and seeking divine forgiveness, resonate with ACT's emphasis on values clarification and committed action. Their application as daily behavioral exercises or discussion-based interventions has been shown to reduce ruminative thinking and support acceptance, defusion, and contact with values (Uyun & Kurniawan, 2018; Haque & Keshavarzi, 2014; K. F. Yavuz, 2016). Muraqabah, a contemplative practice involving self-observation in the awareness of God, aligns with mindfulness-based interventions and has been conceptualized as supporting acceptance, present-moment awareness, and self-as-context. Its structured use as a self-monitoring tool (Keshavarzi & Nsour, 2021) demonstrates compatibility with ACT processes such as cognitive defusion and contact with inner experiences without entanglement (Isgandarova, 2019). Mushahada, a foundational stage of muraqabah, is used clinically to help clients attend to internal experiences through sustained attentional focus and nonjudgmental observation (Isgandarova, 2019). Applications include integrating religious themes during reflection or encouraging mindful awareness of daily activities with spiritual relevance (Çınar, 2022). These uses suggest mushahada may support defusion, present-moment awareness, values contact, and values-consistent behavior. Tafakkur—deep contemplative reflection on religious texts, creation, or life circumstances—has been proposed as an alternative for clients resistant to meditation practices (Thomas et al., 2016, 2017). Studies show tafakkur can facilitate perspective-taking (Kara, 2019; Keskinoglu & Ekşi, 2019), identification of cognitive rules (Isgandarova, 2019; Sabki et al., 2018), and cognitive reframing (Yusuf & Elhaddad, 2021). Thus, tafakkur appears compatible with values clarification, cognitive defusion, and meaning-making processes central to psychological flexibility.

Muhasabah, often translated as self-examination, supports the identification of dysfunctional behaviors and intrusive thoughts (Isgandarova, 2019). Its implementation via behavioral self-monitoring or ABC analysis (Haque & Keshavarzi, 2014; Keshavarzi & Nsour, 2021) parallels ACT's creative hopelessness and behavioral awareness strategies. Sabr and shukr, central Islamic virtues, can be practiced through psychoeducation (K.F. Yavuz, 2016), storytelling, religious reflections, gratitude journaling, or behavioral assignments such as expressing thanks (Sabki et al., 2019; O. Yavuz, 2022). These practices foster openness to internal experiences and engagement in values-consistent actions, contributing to acceptance and committed action (Tanhan, 2019; K. F. Yavuz, 2016).

Dhikr, a widely used practice involving the repetition of divine names or phrases, facilitates grounding in the present moment and reconnecting with spiritual values (Isgandarova, 2019; K. F. Yavuz, 2016). Clinical applications demonstrating its potential to support defusion, self-as-context, and values-driven behavior (Haque & Keshavarzi, 2014; Keshavarzi & Nsour, 2021).

Tasawwur, a guided form of imagery in which individuals visualize themselves before God, the Prophet, or a spiritual

guide, has been adapted to ACT exercises by Keshavarzi & Keshavarzi (2021). These adaptations suggest tasawwur may enhance acceptance, defusion, perspective-taking, and compassionate self-relation. Finally, the 4T model—comprising tahayyul, tasawwur, taaqqul, and tasdiq—offers a hierarchical framework for understanding cognitive processes. Its use as a psychoeducational tool has shown promise for increasing cognitive defusion, especially among clients experiencing religious OCD, by helping them distinguish involuntary thoughts from intentional reasoning and action (Toprak, 2018).

Discussion: Across these nine practices, multiple points of convergence emerged with ACT's psychological flexibility model. The breadth of these overlaps highlights the potential of Islamic practices as culturally congruent therapeutic tools for Muslim clients and as valuable resources for clinicians seeking to tailor ACT interventions to religious contexts. However, existing literature remains limited, and many of the documented interventions originate within cognitive-behavioral therapy rather than ACT specifically. Future research—particularly randomized controlled trials—will be essential for evaluating the efficacy, mechanisms, and cultural acceptability of these practices when delivered explicitly through the psychological flexibility model. Such work could contribute significantly to culturally responsive mental health care and expand the empirical basis for integrating religiously grounded practices into modern psychotherapy.

Keywords: Acceptance and commitment therapy, psychological flexibility, religious interventions

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POSTER PRESENTATION

Case Report of an Adolescent Patient with Major Depressive Disorder and Recurrent Suicide Attempts

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Introduction: Major depression is a mood disorder that develops following genetic, environmental, or hormonal disturbances (Ozmen et al., 2004). Major depressive disorder is the psychiatric condition with the highest rates of suicide (Çelik & Hocaoğlu, 2016). While suicide generally ranks lower among causes of death in adults, it is the third leading cause of death among children and adolescents aged 10–24 (Kırcı, 2017). Additionally, uncontrolled and excessive internet use, especially during the critical period of adolescence, can lead to health problems such as obesity (Yıldırım, 2016).

Case Report: Z.A. lives in a family in which the mother has a depressive temperament and anger problems, the father has physical and mild intellectual disabilities, and the older brother is unemployed. Z.A. is at a level of morbid obesity and has no additional medical illnesses. The patient is being followed with the diagnoses of major depressive disorder, social anxiety disorder, and gaming disorder. In the outpatient clinic, the patient was using Abizol 15 mg, Sitoles 20 mg, Concerta 36 mg, and Gyrex 20 mg; the Concerta dose was increased to 54 mg. Rexapin Easy Tab 5 mg was recommended as needed. The patient has a history of multiple suicide attempts and self-harm behaviors, with the most recent attempt occurring in June 2025 by cutting the wrist. The patient experiences intense anxiety in social situations; spends most of the time playing games, eating, and sleeping; and develops self-harm thoughts as a way to relieve distress. The patient describes sexual orientation as being attracted to women and not attracted to men. Psychometric evaluations revealed Young Internet Addiction Scale (Turkish short form; *Kutlu et al.*, 2016) score: 57, Kutcher Adolescent Depression Scale (KADS-11): 25 (severe depression; Atabay, 2024), Social Anxiety Scale for Children: 79 (high social anxiety; Demir et al., 2000) Beck Hopelessness Scale: 20/20 (severe hopelessness; Turkish adaptation: Seber et al., 1993). Due to the increase in suicidal ideation, the patient was scheduled for weekly follow up. Based on the brother's statements, the patient was called back to the clinic for evaluation of hospitalization, and upon returning for follow up, a decision for inpatient admission was made on 04.09.2025.

Discussion: Z.A.'s risky internet use, combined with social anxiety, reinforces social isolation, thereby exacerbating both psychological symptoms and a sedentary lifestyle, which contributes to an increase in body mass index. This situation strengthens the negative cycle in which both depression and morbid obesity feed into each other, posing additional risks to physical health and mental well being. At the same time, family factors play a significant role in the patient's psychopathology. The mother's depressive temperament and anger issues, along with the father's physical and mild intellectual disability, may limit Z.A.'s support system and reduce stress tolerance.

Ethical Consent: The patient was informed about being included in the case report on the condition that their personal information would remain confidential, and this was approved by both the patient and their legal guardian through the completion of a consent form.

Keywords: Adolescent Depression, Recurrent Suicide Attempts, Internet Addiction, Child Obesity

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Impulse Control Disorder in a Forensic Context: A Case of Kleptomania

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Introduction: Kleptomania is an impulse control disorder characterized by frequent, irresistible urges to steal items that are often unnecessary and of little monetary value (American Psychiatric Association, 2013). Individuals with this diagnosis may face legal proceedings as a result of actions performed due to their inability to control impulses (İçin, 2022). This case report presents the psychiatric evaluation findings of a case with a history of two documented stealing episodes.

Case Report: The patient, KC, is a 1974 born, divorced, high school educated male who resides in a rented apartment in Istanbul. He previously worked in the textile sector, earning approximately two to three times the minimum wage, until he went bankrupt in 2017. After his divorce in 2019, he experienced psychological difficulties such as irritability, guilt, social withdrawal, and fear of loneliness. He had previously been diagnosed with obsessive–compulsive disorder (OCD) and was treated with sertraline (100 mg/day, later increased to 150 mg/day) and risperidone (0.5 mg/day, three times daily). These medications reduced his irritability and provided a calming effect. He also stated that one of the factors that positively influenced his sense of well being was re-establishing his relationship with his former spouse. Due to chronic thyroid dysfunction, he has been taking levothyroxine (75 µg/day). The patient engaged in two episodes of stealing in 2024, occurring within approximately one hour of each other. He reported that he had not made any deliberate plans prior to the incidents and that the behavior resulted from a sudden impulse. During and after the events, he experienced intense remorse, felt anger toward himself, and promised that he would not repeat the behavior. He stated that he "lost control" at the moment of the theft and described the behavior as the result of a brief lapse of awareness. He was apprehended following the second incident. The legal process is ongoing; however, he compensated the victim's financial loss, after which the complainant withdrew the charges. This pattern of behavior can be explained by impulsivity and impaired impulse control characteristic of kleptomania (Barratt Impulsiveness Scale-11; Güleç et al., 2008: total 42; motor 11, attention 15, non-planning 16). Mild obsessive compulsive symptoms (Yale Brown Obsessive Compulsive Scale; Y-BOCS; Koçoğlu & Bahtiyar, 2021; score: 14) and moderate depressive symptoms (Beck Depression Inventory; BDI; Hisli, 1988; score: 23) were evaluated as additional psychopathological risk factors contributing to difficulties in controlling impulses.

Discussion: The prevalence of kleptomania is estimated to be 0.6% (Grant & Kim, 2002). Despite these rates, kleptomania is suggested to be more prevalent in the general population than previously estimated. Disorders associated with kleptomania include mood disorders, anxiety disorders, eating disorders, obsessive compulsive disorder, sexual dysfunctions, substance use, and personality disorders (Tamam, Özpoyraz, & Ünal, 1997). The Turkish Penal Code stipulates that individuals with mental disorders shall be held criminally responsible in proportion to the extent to which the disorder impairs their capacity for culpability (Kandemir et al., 2014). From a public health standpoint, increasing awareness among legal professionals about the clinical features of individuals with kleptomania would help support both patient well being and broader societal interests (Blum et al., 2018). Early identification and treatment particularly SSRIs, cognitive behavioral therapies, and impulse control interventions may help prevent recurrent legal issues.

Ethical Approval: The patient provided written informed consent for publication of this case report, with all identifying information kept confidential.

Keywords: Kleptomania, Impulse Control Disorders, Obsessive Compulsive Disorder, Forensic Psychiatry

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