

## ORIGINAL ARTICLE

**Islamic Cognitive Restructuring for Posttraumatic Stress Disorder**Rafidah Bahari<sup>1</sup> and Amyra Lyana Mohamad Muzafar<sup>2</sup><sup>1</sup> Department of Psychiatry, Faculty of Medicine, Cyberjaya University College of Medical Sciences, Persiaran Bestari, Cyber 11, 63000 Cyberjaya, Malaysia.<sup>2</sup> Fourth Year Medical Student, Faculty of Medicine, Cyberjaya University College of Medical Sciences, Persiaran Bestari, Cyber 11, 63000 Cyberjaya, Malaysia.**ABSTRACT**

**Introduction:** Psychological consequences of traumatic events are often overlooked by both medical professionals and patients themselves. Post-traumatic stress disorder (PTSD) is the most serious condition in the spectrum of trauma- and stressor-related disorders. Left untreated, it may result in physical and mental illnesses as well as social and occupational dysfunction. In the Malaysian Muslim population, stigma against mental illnesses frequently deter individuals suffering from psychological trauma from presenting to mental health services. These people prefer the use of spiritual and religious healing approaches to manage their post-traumatic stress symptoms. The objective of this study was to describe the Islamic cognitive restructuring techniques employed by motor vehicle accident victims for post-traumatic stress. **Methods:** An exploratory qualitative study involving 9 Muslim motor vehicle accidents victims was conducted from May to September 2015. Subjects were interviewed in-depth using semi-structured interview schedules. These interviews were recorded, transcribed verbatim and analysed with the aid of Atlas.ti software. **Results:** Psychological intervention such as cognitive restructuring is an effective technique to overcome post-traumatic stress. In this study, our subjects employ cognitive restructuring techniques with predominantly Islamic content. Almost half of the subjects believe that God will not create hardship but some good will come out of it. Other subjects approach cognitive restructuring by being thankful for the small tests of hardships and compared their situation with others of worse fate. **Conclusion:** Islamic cognitive restructuring is a useful technique to manage posttraumatic stress symptoms. Further research is needed to determine the effectiveness of this approach.

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**INTRODUCTION**

Motor vehicle accidents are exceedingly common in Malaysia. In 2010, there were almost 415000 road accidents reported with 7000 road fatalities and these figures are expected to rise every year (1). Following an accident, identification and management physical injuries are performed with excellent competency and speed. However, serious psychological conditions especially those in the spectrum of trauma- and stressor-related disorders may develop later on and are frequently overlooked by both medical professionals and patients.

Post-traumatic stress disorder (PTSD) is the most serious condition in the spectrum of trauma- and stressor-related disorders. The condition is diagnosed when intrusion symptoms, avoidance of certain stimuli, negative alterations in mood and cognitions as well as alteration

in arousal and reactivity persists for more than 1 month after an exposure to a traumatic event (2). It is estimated that 7.4% of survivors of motor vehicle accidents in Malaysia develop PTSD (3). Although PTSD can be self-limiting, and patients may recover spontaneously over time, the symptoms when they are present can be very distressing and impacts patients' ability to function in occupational and social settings. In the Malaysian Muslim population, some patients are not even aware of their PTSD symptoms, while others do not seek medical treatment due to deep rooted stigma against mental illnesses (4). These people prefer the use of spiritual and religious healing techniques to manage their post-traumatic stress symptoms (5).

In order to effectively manage PTSD, it is important for mental health professionals be sensitive to the needs and values of the community (6). For the Malaysian Muslim patients, this may include integrating spiritual and religious healing approaches into established psychotherapeutic modalities such as Cognitive Behavioural Therapy (CBT). Cognitive restructuring is a technique frequently used in CBT in which patients are trained to analyse and assess thoughts for dysfunctional

core beliefs or assumptions which in turn result in dysfunctional behaviour. It is easily adapted for use in the Muslim community by incorporating Islamic contents into its structure (7). The aim of this paper is to describe Islamic cognitive restructuring techniques employed by motor vehicle accident victims for managing post-traumatic stress symptoms.

**MATERIALS AND METHODS**

**Design**

This study required researches to delve deep into the experiences of motor vehicle accident victims in Malaysia and to explore, in-depth, their thoughts, beliefs, values, and emotions. Hence, an exploratory qualitative design was utilised, and the main mechanism of exploration was in-depth interviews guided by semi-structured interview schedules. Participants were interviewed at least once either individually or in pairs.

**Study population**

A list of eligible participants was drawn up which consisted of attendees of the Emergency Department of University Kebangsaan Malaysia Medical Centre (UKMMC) from May 2014 until September 2014 following motor vehicle accidents. The UKMMC is a large public hospital situated in Kuala Lumpur and serves both urban as well as rural areas. From the list, study participants were selected using purposive sampling. This necessary step was taken to ensure maximum variation of participants and those in different age groups, gender, marital status, education, socio-economic status and transport during accident were represented.

Only those participants who are Malaysian, Muslim, aged 18 years and above and fluent in Malay or English were included in the qualitative study. Those who presented to the department for other reasons other than motor vehicle accidents, suffered significant head injury during the accident and have severe communication difficulties were excluded. Recruitment continued up to the point of saturation, in which no new information is obtained from the last person, is reached. Participants were given the choice to choose their own venue so that they feel comfortable to be interviewed while maintaining privacy and disruptions reduced.

**Procedures**

The study obtained ethical approval from the UKMMC Ethics Committee prior to its commencement. All of the interviews were led by the main researcher (RB) and were done with at least another team member present. At every interview, observations were documented and participants’ responses were noted down in the interview schedule. The interviews were also recorded as audio and video if the participant consented.

Most of the time, participants were interviewed again

for a second time to obtain more information and fill in gaps and lapses from the previous interview. For some, they were even interviewed further. Interviews lasted for at least 45 minutes. A total of four key informants were also interviewed based on the need to validate findings from participants. They consisted of a senior consultant psychiatrist, a Malay culture expert with special interest in Malay traditional medicine, an Islamic Medicine practitioner and an academician in Islamic Studies who is a part-time Islamic Medicine practitioner.

**Data analysis**

Prior to analysis, audio recordings of the interview were transcribed verbatim and then converted into analysable text. Trustworthiness of the findings was determined by triangulating information obtained from participants, key informants and other tangible products. Tangible product meant any phrases from books, quotes from websites, verses from the Quran and captions from magazines and newspapers that were referred to by participants. These were obtained and used to verify participants’ information. Materials obtained from key informants were not included in the analysis but were only used to validate findings. Debriefing sessions were done immediately following interviews and meetings to share information between team members were regularly held. This also strengthened the validity of findings.

**RESULTS**

**Participant’s characteristics**

At the point of saturation, 9 participants were included in the study. Their age ranged between 21-60 years old and participants’ gender and marital status were evenly distributed. As for their education background, the lowest educational attainment was up to Form 5 and the highest was undergraduate degree (Table I).

**Table I:** Characteristics of subjects included in the study

Subject	Age	Sex	Marital Status	Ethnicity	Highest Qualification	Occupation
1	41	female	Married	Malay	SPM	Housewife
2	48	Male	Married	Malay	SPM	Police officer (special force)
3	64	male	Married	Malay	SPM equivalent	Retired army
4	20	Male	Single	Malay	Foundation studies	Undergraduate student
5	20	male	Single	Malay	Foundation studies	Undergraduate student
6	23	Female	Married	Rohingya	Certificate	translator
7	35	Female	Married	Malay	Diploma	nurse
8	24	Male	Single	Malay	Degree	Bank executive
9	29	Female	single	Malay	Degree	Engineer

**Islamic cognitive restructuring**

**Gratefulness**

It was found that Islamic cognitive restructuring was a commonly used technique among the participants to manage post-traumatic stress symptoms. The content of Islamic cognitive restructuring used can be divided

into four subthemes and the most frequently mentioned was being grateful for the minor tribulations of life. In Islam, an expression of this gratefulness is to praise God by saying 'Alhamdulillah' (All praises to Allah). The following narratives illustrate this point beautifully:

*"Apa yang dia cakap ini betul-betul. Apa yang dia cakap pada saya. Apa yang kita pernah rasa susah. Saya rasa apa yang dia cakap ini semua atas pengalaman dia sendiri. Dia selalu cakap, jangan fikir kita susah, ada yang lebih susah lagi."* (There is truth in what he said. What he told me. How we have faced difficulties. What he told me, I think was based on his experience. He always told me "Don't think we were the only ones facing difficulties, many are less fortunate".) (41-year-old housewife)

*"Sebab saya pernah tengok orang yang lebih teruk. Ada yang MVA sampai lumpuh. Sampai terbaring macam tu kan. Tu jadi macam, oh, kita ini sikit je. Alhamdulillah sebab sikit je daripada orang lain".* (Because I have seen people who were worse off. Became paralyzed due to MVA, bedridden. That's why I always think that this is just a small matter. Alhamdulillah because it is minimal compare to other people). (35-year-old female nurse)

*"Saya rasa trauma yang sedih itu mungkin sebab duduk lama di hospital. Yang tu kan nak kena bayar bil rawatan hospital, out-patient, sakit, macam tu kan? Macam saya ini, saya rasa sikit je sebab kita still (mampu) untuk buat benda lain. Yang patah tangan kiri, tangan kanan still lagi boleh menulis, makan. Kita boleh meneruskan kehidupan. So, cepatlah lupa, kita dah start kerja".* (I think people become traumatised because of the long hospital stay. They have to pay hospital bills, attend out-patient, bear the pain, isn't it? For me, I think this is a small matter because I am still (able) to do other things. I broke my left hand, I can still write and eat using my right hand. I can continue with my life. So, got over it quickly once I started working.) (35-year-old female nurse)

### Acceptance

Being able to accept that everything that happens have been pre-determined by God is central to the religion of Islam. It is so important, that it is the final core belief that every Muslim have to subscribe to. Thus, by believing in fate, it is easier for the person to accept their destiny so that they can take proactive action to handle the situation. Many of the participants stated that acceptance is the key to recovery. Once they have accepted the event and all its consequences, their symptoms reduced, and they were able to be more active in seeking relief for their distress. As a 48-year-old policeman succinctly put it:

*"Benda itu kan, (sama ada) kita terima secara mudah atau susah"* (It is up to us, to accept the event easily

or with great difficulty). (48-year-old policeman)

### With hardship, comes ease

The ability to have faith that there will be light at the end of the tunnel is certainly powerful in instilling hope for the future. In these Muslim participants, this comes from belief in God and His Word (the Quran), in particular a verse in Quran that says with every hardship comes ease (Surah no 94, Verse 5 and 6). At the time, just after their accidents and symptoms were particularly distressing, it is this belief that helped them to continue to have hope. Now, many months after the event, they are able to reflect on how true God's Word is. A 48-year-old policeman described how, during the difficult period, God made certain things easy for them. And it is when he focussed on those help from God, he was able to face the difficulty better, and somehow it was not so bad.

*"Nasib baik, Alhamdulillah masa tu masa kejadian bulan 11 kan. Tengah cuti sekolah. Jadi bagi dia (anak kedua) bantu. Jadi benda itu berlaku dalam situasi banyak kan? Tapi alhamdulillah. Orang kata banyak kemudahan Tuhan tu tunjukkan. Jadi senanglah. Tak ada kesukaran sangat. Memang padahal kalau kita susah macam mana sekalipun, Tuhan tetap bagi kita ruang. Itulah, macam dekat hospital jugakan? Walaupun dah setengah orang dia dah suruh balik kan, balik datang balik. Macam saya tak. Prof tu masih tolong untuk cepatkan saya punya 'operation'. Mudahlah".* (Fortunately, thank God, when it (the accident) occurred, it was November, the school holidays. So, I told her (second daughter) to help out. This happens in many other situations, right? But thank God, as people say God will make it easy somehow. So, it became easier. It was not too a difficult time for us. No matter how tough things get, God will always give us relief. Like, when she (wife) was in the hospital (after the accident). Most people were told to go home and come back another day for their operation. But not in my case. That professor help us and booked her in for an earlier operation. So it was made easy for us.)

Another participant, a thoughtful young man believed that the ease which is mentioned in the above verse is not just after the negative event, but maybe even during it. He is confident that with every negative occurrence, there will be a positive outcome. In the case of the accident, he believes that God wants him to have a new experience so that he can learn from it and become a better person. The 20-year-old male student related the following:

*"Macam benda ini kadang-kadang ada kebajikannya. Salah satu ialah untuk diri saya sendirilah. Macam pengajaran atau pengalaman baru untuk saya. Macam tu, lebih kurang macam tulah."* (For example, some good will come out of this thing (the accident). One of them is, for me, a lesson or new experience.

Something like that).

### Expiation of sin

Another recurring theme is that negative events occur as a result of their wrongdoings. Participants believed that to cleanse themselves from their sins, they had to bear hardship with patience, and God will expiate their sins. This is illustrated in the following narratives:

*“Sebab saya fikir kemalangan ini penghapus dosa-dosa kecil kita. Balasan kita. Adalah itu kita buat salah apa-apa. Macam itulah saya fikir”.* (Because I think this accident will expiate my small sins. An atonement. Probably for my wrongdoings. That’s what I think). (29-year-old female engineer)

*“Orang cakap sakit ini penghapus dosa. (Kita masih) diberi peluanglah. Sempat lagi untuk kita orang berubah.”* (People say that pain cleanses us from sins. (We are) given a second chance. It is not too late for us to change). (20-year-old male student)

## DISCUSSION

Cognitive restructuring is a technique commonly used in the treatment of mental illness. To best understand this approach, we must first comprehend the mechanisms by which human responses are brought about. To put it simply, our complex responses are the product of our previous experiences, emotions and conceptualizations and determines how we make decisions, the way we think and what we believe in. This is how cognitive restructuring can play its role in changing mind sets by targeting a person’s conscious thinking. As mentioned earlier, patients with dysfunctional thoughts are trained to be mindful of these thoughts and modify them so that with time, a more positive way of thinking establishes itself. In Islamic cognitive therapy, integration of conscious thinking and action is done through focussing the thinking on God’s creations and His infinite bounties. This way, not only a more positive way of thinking emerges, but the person’s faith in Islam will also increase. Interestingly, some techniques akin to what we now call cognitive restructuring had been described by Muslim scholars of the past which are undoubtedly inspired by the Quran and teaching of the Prophet Muhammad (pbuh). An example is Al-Ghazali’s opposite technique, in which patients were asked to first identify the root cause of their dysfunctional behaviour (the dysfunctional thoughts), imagine doing the opposite and later incorporating them into their actions (8).

This study found that each and every one of the subjects in our study utilises cognitive restructuring technique, most of the time with religious and/or spiritual context. This is hardly surprising, given that religion and spirituality is very much ingrained in our culture, as with the other Eastern traditions (9). However, even in the West the importance of spirituality and its role in the management

of mental illness are gaining momentum (10,11). New treatments integrating religion and spirituality with the more established interventions are being developed and evidences for them are mounting (12–14).

In our sample, assimilating Islamic content into cognitive restructuring helped our subjects to successfully control their PTSD symptoms. This is in keeping with results from studies which uses Islamically modified cognitive therapies for anxiety, depression, bereavement and schizophrenia (15). In these studies, especially for religious participants, patients achieved faster resolution in symptoms (16). Nevertheless, these studies so far had been small scaled and hence the results may be purely coincidental.

In the field of psychological trauma, some work has been done to incorporate religion and spirituality in psychotherapy (Pearce et al., 2018). Some similar concepts are used by our subjects mainly in using religion and spirituality to make sense of the traumatic event, acceptance and forgiveness as well as engagement with religious practices or community.

## CONCLUSION

Islamic cognitive restructuring is a useful technique for the management posttraumatic stress symptoms. Incorporating modern medicine with religion and spirituality may not been a recent movement, since it had been discussed since the time of Al-Ghazali. Especially in the context of the Malaysian Muslims, integration of modern psychology with religion and spirituality has great potential due to the affinity of religious and spiritual approaches in the community. However, further research is needed to determine the effectiveness of this approach by conducting a proper randomised controlled trial with a sufficiently calculated sample size.

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