



Your Lord Has Not Forsaken You: Addressing the Impact of Trauma on Faith

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Giving a Voice to Unbearable Pain

When you hear the word “trauma,” images of a soldier in combat, holding on to dear life while people all around him are being violently killed, may come to your mind. Or maybe you envision a refugee who forcefully left her beloved home to relocate to safety, only to have her entire family drown at sea. Trauma can provoke a wide range of ideas, but if you are like most people the clinical term feels exceptional and uncommon, and like something that doesn’t happen to average people like us. But what if you don’t need to travel to different corners of the world to bear witness to experienced trauma? What if these struggles are much closer to home—something your friend endured as a child, an event your sibling has kept private to themselves, or a load that you have been quietly carrying with you without even realizing it?

According to the Adverse Childhood Experiences (ACEs) Study, in a sample of over 17,000 individuals, researchers found that 64% of the people surveyed had experienced something traumatic during their childhood years.¹ Contrary to the images of trauma we discussed before, like war and violence, these more commonly experienced traumatic incidents included emotional abuse, physical abuse, sexual abuse, domestic violence, household substance abuse, household mental illness, parental separation/divorce, incarceration of a household member, emotional neglect, and physical neglect. When you walk down the street, two out of every three people you pass by has experienced at least one of these significant traumas during their childhood. These substantial traumas are sometimes called ‘big T’ traumas.

Now imagine what the numbers would look like throughout a person’s life span, especially during the tumultuous years of early adulthood when most people are experiencing intimate relationships for the first time, having children, coping with major changes like entering the workforce and adjusting relationship expectations

¹ Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258. doi:10.1016/S0749-3797(98)00017-8

with parents. Allah ﷻ tells us, *“Do the people think that they will be left to say: We believe, and they will not be tried? But we have certainly tried those before them, and Allah will surely make evident those who are truthful, and He will surely make evident the liars”* (Qur’an, 29:2-3). Adverse experiences and traumas are much more common than we might expect and can include conflict with family (spouse, parents, or children), extreme stress at work, natural disasters, financial trouble, unexpected illness, divorce, or legal issues. These smaller, but still significant traumas, are sometimes called ‘small t’ traumas. When we broaden the definition of trauma in this way, then everyone has likely been touched by trauma in one way or another.

Trauma, even trauma we may not realize has impacted us, can manifest itself in ways we cannot anticipate. We may see signs of trauma all around us, like heightened anxiety, nightmares, irritability, and depression but completely overlook the connection of what we experienced in the past with our current day-to-day lives. The huge blow-out with your spouse that left you shaky for a day, that shame you felt as a child when your parent hit you for something you didn’t do, the racial slur you heard at the supermarket when you were a teenager all invisibly piled up in your nervous system without you knowing and one day you wake up feeling really unhappy and have no idea why. Did you know that many people who think they have chronic depression and anxiety actually have residual trauma? Did you know that some individuals who appear to have ADHD or fits of uncontrollable anger are actually acting this way because of unhealed trauma? Even physical ailments like frequent headaches, stomach issues, and body aches can be linked to trauma when no physiological reasons can be found. Many times in trying to figure our own selves out we look to the byproducts of our trauma, like anxiety and depression, instead of the actual source itself—leaving us vexed as to why we can’t heal that part of us that seems to be ever beyond our grasp.

Does it feel like your soul is tired no matter how much rest you get?

Are you overcome with restlessness and anxiety, even when you think you should feel safe?

Do you feel a sense of emptiness and struggle to connect with others in a genuine way?

Do you find yourself losing your temper over seemingly small things because a bigger cloud is overshadowing you?

Do you feel that you cannot trust anyone because nobody has your best interests at heart?

Are you numb and completely disengaged from your life and relationships?

Do you struggle to deal with stress effectively and find yourself always fighting or running away from conflict?

Are you angry with Allah because it feels like your load is too heavy to bear?

Do you find yourself crying frequently and unable to shake a sadness weighing you down?

Do you struggle to find joy in your daily life or even to get menial tasks completed?

Do you carry a deep sense of shame and feelings of unworthiness?

These painful feelings can all be residual effects of trauma, and when you begin to heal your trauma at the source, what is weighing heavily on your mind, body, and soul will begin to disappear. Healing will make space for connecting with others, experiencing joy, revitalizing your relationship with Allah ﷻ, and regaining a sense of control over your emotions, thoughts, and responses to situations. When we are overwhelmed by the circumstances that surround us, we tend to lose parts of our identities and ourselves. Through healing, we can regain the parts that have been lost and replace the puzzle pieces that trauma has removed from our minds, bodies, and hearts to allow ourselves to be whole once again.

The Science Behind Trauma

As two therapists who have seen scores of individuals and families in our private practices over the years, we have borne witness to the tremendous impact that trauma can have on people and the community. Trauma affects both the brain and body, altering the biological stress response system. Unbeknownst to many, ‘big T’

trauma and compounded ‘little t’ trauma can embed themselves into our bodies insidiously without us realizing it. Research shows that even when we no longer think about a trauma, it still hides in our body so hypothetically something that happened to you at age 7 can still be affecting how you cope with stress, and how you manage your relationships today.²

During exposure to trauma, our mind and body create an adaptive response necessary for our survival as human beings. In particular, the amygdala causes alarm bells to start ringing, our muscles tense, we breathe faster and our hearts begin to pump faster to ensure that more blood and oxygen can access our muscles. This is called the “fight, flight, or freeze” response, which prepares our bodies to deal with a threat or difficult situation that is happening around us. Basically, during stressful situations, we have three options: we attack and defend ourselves, run away toward safety, or freeze and self-paralyze.³ The sympathetic nervous system is responsible for mobilizing the body’s resources during stressful situations, which induces the fight, flight, or freeze response.

In normal stressful situations, experiencing intense emotions and bodily sensations is a healthy response. Although symptoms can feel overpowering during and immediately after a stressful event, they are usually transitory and don’t cause any prolonged negative impact on day-to-day life. Our amygdala, which warns us of impending danger and activates the body’s stress response, is moderated by the frontal lobes, particularly the medial prefrontal cortex (MPFC).⁴ The MPFC helps us make judgments about what is dangerous and what is not by observing what is going on, and predicting what will happen depending on how we choose to respond.

Issues begin to arise when our sympathetic nervous system can’t turn off. This can happen when extreme stress persists over a prolonged period of time, or an incident is so traumatic that the amygdala can’t turn off, constantly reacting as though the

² van der Kolk, B. A. (1994). The body keeps the score: Memory and the evolving psychobiology of posttraumatic Stress. *Harvard Review of Psychiatry*, 1, 253-65. doi:10.3109/10673229409017088

³ Roozendaal, B., McEwen, B. S., & Chattarji, S. (2009). Stress, memory and the amygdala. *Nature Reviews Neuroscience*, 10, 423-433. doi:10.1038/nrn2651

⁴ Shin, L. M., Rauch, S. L., & Pitman, R. K. (2006). Amygdala, medial prefrontal cortex, and hippocampal function in PTSD. *Annals of the New York Academy of Sciences*, 1071, 67-79. doi: 10.1196/annals.1364.007

danger has returned, when it has not. The more our nervous system is in a traumatized state, the more we will perceive threat all around us. The MPFC cannot be effective when constantly in fight, flight, or freeze mode, causing physiological imbalances and struggles in day-to-day functioning. Patterns develop that cause us to become overly focused on perceived hypothetical dangers, leading us to experience powerlessness, fear, hopelessness, and a constant state of alert. Sometimes trauma or stress can be so overpowering that an individual can begin to disassociate or disconnect from feelings, identity, and memories of oneself.

In the current climate in which we have unprecedented exposure to every tragedy that unfolds through the news, Facebook, and other apps, most people are exposed to trauma on a constant basis without even realizing it. Indirect exposure to trauma, including viewing graphic news reports, hearing a detailed traumatic story from another person, hearing that someone you care about has experienced something traumatic, and working in a field that exposes you to others' suffering, can yield the same symptoms as experiencing a trauma yourself. This is called vicarious trauma or secondary traumatic stress.⁵ In the same way as experiencing something traumatic yourself, we can get stuck in “fight, flight, or freeze” mode, where we no longer feel safe and feel like we have to defend against a threat that is no longer present. After direct trauma or vicarious trauma, our nervous system changes and relates to the world in a very different way than before,⁶ with increased hypervigilance and difficulty in fully engaging in life.

Growth and Healing Are Possible

This series of articles seeks to address trauma from a spiritual, mental, emotional, and physical perspective. The unique focus of these articles will be on working through the depressive feelings, worries, and doubts that may arise as negative experiences impact our faith. There is no easy fix for trauma. However, healing is

⁵ Stamm, B. H. (Ed.). (1995). *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators*. Baltimore, MD: The Sidran Press.

⁶ van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Penguin Books.

very possible. You can move past your pain. We see it in therapy all the time, and it is incredible to behold. There is even a name for it: Post-Traumatic Growth.

Although trauma can profoundly change an individual's life-narrative, thought patterns, beliefs, and ability to manage emotional distress, positive psychological changes can be experienced as well.⁷ It sounds counterintuitive. However, there is growing research on this amazing phenomenon. Post-traumatic growth is a concept that researchers define as the ability to thrive after enduring a traumatic event and includes positive changes such as the development of new perspectives and personal growth.⁸ Researchers have identified five areas of post-traumatic growth,⁹ and our intent in the writing of this series of articles is to help you to rediscover yourself through the lens of growth and healing in all of these areas:

1. A greater appreciation of life – After being buried in grief and overwhelming trauma, emergence from the rubble can lead to a changed perspective and much gratefulness, making the mundane details of life seem like extraordinary blessings.
2. Increased closeness in relationships – Experiencing the severance of a relationship or living through trauma can increase the appreciation we feel for significant people in our lives and allow us to be more empathetic toward them.
3. Identification of new possibilities – Life-changing events shift our priorities. Suddenly things can seem clearer and opportunities that may have been there all along are suddenly discernible.
4. Increased personal strength – Before enduring particularly difficult circumstances, you may have thought that everything you are currently handling would have been impossible for you. Once you've been through tremendous hardships, future challenges do not seem as daunting.

⁷ Sheikh A. I. (2008). Posttraumatic growth in trauma survivors: Implications for practice. *Counselling Psychology Quarterly*, 21(1), 85-97. doi:10.1080/09515070801896186

⁸ Zoellner, T., & Maercker, A. (2006). Posttraumatic growth in clinical psychology: A critical review and introduction of a two-component model. *Clinical Psychology Review*, 26(5), 626-653. doi:10.1016/j.cpr.2006.01.008

⁹ King, L. A., & Hicks, J. A. (2009). Detecting and constructing meaning in life events. *The Journal of Positive Psychology*, 4(5), 317-330. doi:10.1080/17439760902992316

5. Greater spiritual development – Going through suffering can result in a sense of spiritual and religious renewal and a greater sense of closeness to Allah ﷻ. When our priorities change, God becomes a more integral part of our daily lives, which adds to a sense of stability and growth.

Post-traumatic growth shows you that there is a light at the end of the tunnel, and that your trauma does not define who you are or where you can go in life. You are enough. You are capable of handling this seemingly insurmountable situation. You are perfectly equipped to deal with everything you face because you were meant to face it. And if Allah ﷻ has chosen you to face these tests, then you are guaranteed to have the ability to succeed through them due to His promise, “*Allah does not charge a soul except [with that within] its capacity*” (Qur’an 2:286). You are resilient even if you feel like you can barely hold on right now. The strength, courage, and capacity for healing are embedded within you and we pray that this series of articles will be a starting-point to help you to achieve it.

Goals of this Series

We have many goals and several intended audiences for this series. First and foremost, we want this to be a resource for Muslims around the world. The articles are easy to read and can be completed in chunks or sections at a time. We want the information to be easy to digest so that a busy mother can read it throughout the day or a professional who is working two jobs to make ends meet can read it during his/her lunch break. Although this series is not directly intended for clinicians, we also hope that mental health professionals can use it to supplement their therapy with clients who could benefit from reinforcement of concepts discussed during sessions. Lastly, we want this series to be a guide for imams and community leaders who are on the frontlines dealing with their congregations’ individual and communal problems. Since many imams and community leaders are typically not trained in the field of psychology, we hope this series can be a resource to enhance the spiritual counseling they already do on a daily basis.

Before we discuss the purpose and intended use of the series further, we also would like to take a moment to discuss what this series is *not*. As two licensed

psychotherapists who have been in the field for over 20 years combined, we know that the topic of trauma is one of the most complex and ever-changing topics in our field. Every day, new research and methodologies are being published in attempts to help those suffering from the effects of trauma. Having attended multiple trauma trainings and having worked with several hundreds of clients with trauma, we also recognize the importance of pursuing psychotherapy to heal the innermost complexities of symptoms.

This series is not meant to be a substitute for therapy but only an introduction to the topic and how to begin the healing process. We will discuss, in depth, what trauma is and provide practical exercises to help address your symptoms, but please know that most individuals do not find complete relief without talking to a professional. A psychotherapist will help you uncover, process, and heal the unique parts of your trauma that can never be sufficiently addressed in a workbook or speaking to someone who doesn't have expertise in this field. If at any time you have flashbacks, feel like you are about to harm yourself or someone else, feel incapacitated by emotion or that the contents of this series are too triggering for you, stop reading and seek professional help immediately.

Now that what we have discussed who this publication is for and what it's about, let's look at its intended purposes.

1. *A Healing*

The primary purpose of this series is to provide a refuge and healing for those who have silently endured trauma, perhaps not fully understanding what is happening to them and not knowing how or where to get help. Trauma is multifaceted and often carries with it very heavy and challenging emotions including deep sadness, paralyzing fear, unrelenting anxiety, and the suffocating feeling of being trapped and unsafe. Early in the process of contemplating seeking help, individuals may be cautious and would rather learn about the topic on their own. This series is a safe way to begin the healing process and a first stepping-stone for those individuals.

2. *Establishing the Connection Between Trauma and Faith*

There is extensive research about how spirituality helps individuals cope with trauma and how trauma can deepen faith,¹⁰ but not much literature about how trauma can negatively impact a person's faith. In our clinical experience, we have observed a strong link between trauma and faith-based doubts, which contributes to an increase in atheism and agnosticism. In our experiences as therapists, we have seen a wide range of responses to traumatic experiences but one fact remains true: Spirituality and a connection with Allah, whether it was present before the trauma or not, is very helpful as people strive to move forward following a tragedy. Trauma has a unique way of throwing us off balance; when the devastation of trauma spills over into an individual's belief system in a negative way, it can lead to the deepening of difficult thoughts and emotions impacting spirituality, even to the point of abandoning faith altogether. This is commonly seen when people ask after a trauma, "Why does God allow bad things to happen?" "If God existed, He wouldn't have allowed this," or "If God permitted this trauma to happen to me then I don't want to have anything to do with religion." One of the best forms of armor we can equip ourselves with to protect our connection with Allah during difficult times is to strengthen it during times of ease and stability. When we practice this mentality in our thoughts and actions during good times, it is easier to tap into that resource during struggles.

The link between trauma and faith-based doubts is important in many ways. If our hypothesis is correct, that many Muslims are struggling with faith because of trauma-related issues, then how can healing trauma potentially affect faith? We suspect that healing trauma and reconciling tainted views about religion can increase faith. Rewiring our response to trauma can have a profound effect on every facet of our being, including the spiritual part of ourselves. One of our goals in writing this series is to help ourselves and our readers to find faith that can aid us in getting through our troubles. We are calling on faith-based researchers to further explore this through qualitative and quantitative studies as results can

¹⁰ Mental Health Foundation (2006). The impact of spirituality on mental health: A review of the literature. Retrieved on November 7, 2018 from <https://www.mentalhealth.org.uk/sites/default/files/impact-spirituality.pdf>

potentially have many implications for both secular and Islamic psychology. We also want to highlight the link between trauma and adverse views towards faith for imams and those who give *dawah* (Muslim missionaries) so the subject can be broached with due diligence and sensitivity.

3. Provide a Comprehensive Approach and Framework

The primary methodology of treating trauma around the world currently focuses heavily on alleviating symptomology through interventions for the mind and body. For Muslims and other individuals who believe in a Higher Power, this framework falls short and is incomplete from a holistic perspective. While our paradigm will be discussed in more depth in the next section, one of the purposes of this series is to address trauma in the mind and body as well as in the heart and soul.

4. Promote Psychology Literacy

Lastly, we hope that this series will be a means of promoting psychology literacy. The field of psychology is vast and most students around the world do not take psychology during grade school, and only a percentage of those who go to college will take an introductory class. The lack of exposure to psychological knowledge contributes to misconceptions surrounding this subject, which further deepens the stigma associated with the field of psychology and psychotherapy. While this series will barely scratch the surface of the field of psychology, one of our goals is to touch on a variety of basic psychological terms, concepts, and techniques so the average Muslim can walk away feeling more empowered about their understanding of mental health and well-being.

Paradigm Used in this Series

This series uses a holistic and Islamic approach to treating trauma. Secular psychology seeks to address trauma primarily through the mind and body, whereas Islamic psychology incorporates the mind as well as the heart, *ruh* (soul), and *nafs*.

For the purposes and limited scope of this series, we will focus primarily on healing trauma through the mind, heart, and body.

The Mind

The importance of thoughts and cognitions is evident in the Islamic tradition:

*[We sent them] with clear proofs and written ordinances. And We revealed to you the message that you may make clear to the people what was sent down to them and that they might give **thought**.* (Qur'an, 16:44)

There are many additional *ayat* that emphasize the importance of thought, some of them being:

*Say, "I only advise you of one [thing] - that you stand for Allah, [seeking truth] in pairs and individually, and then give **thought**." There is not in your companion any madness. He is only a warner to you before a severe punishment.* (Qur'an, 34:46)

*Indeed, in the creation of the heavens and the earth and the alternation of the night and the day are signs for those of understanding. Who remember Allah while standing or sitting or [lying] on their sides and give **thought** to the creation of the heavens and the earth, [saying], "Our Lord, You did not create this aimlessly; exalted are You [above such a thing]; then protect us from the punishment of the Fire." (Qur'an, 3:190-191)*

Allah ﷻ teaches us that thinking is important for reflecting, observing, and believing.

In the field of psychology, cognitive therapy and cognitive behavioral therapy are some of the most popular treatment modalities due to their practicality, versatility, and well-documented efficacy.¹¹

¹¹ Hofmann, S. G., Asnaani, A., Vonk, I. J. J., Sawyer, A. T., & Fang, A. (2012). The efficacy of cognitive behavioral therapy: A review of meta-analyses. *Cognitive Therapy and Research*, 36(5), 427–440. doi:10.1007/s10608-012-9476-1

Cognitive theory states that how individuals perceive and interpret the world around them influences how they feel and behave.¹² On a day-to-day, minute-to-minute basis individuals rapidly interpret stimuli in their environment into thoughts of varying types of awareness. Many of these thoughts are ‘automatic thoughts’ whose content is assumed to be correct, although it might actually be incorrect. Over time, thoughts are interpreted and grouped into categories of information, called ‘schemas,’ based on relationships between the thoughts. Chronic negative thoughts can lead to dysfunctional schemas or ‘cognitive distortions,’ which may subsequently lead to maladaptive feelings and/or behaviors.

In simple terms: Our thoughts affect our feelings, which in turn affect our behavior, and when we modify our thoughts, we can change our emotions and how we interact with the world. Once thoughts become conscious, we can make a choice to keep them or alter them. If we choose healthy, positive, and Islamically congruent thoughts, then our mood and behavior will likely follow. If we choose unhealthy thoughts (although sometimes they can be very difficult to manage and change, especially with trauma) then our mood and behavior will likely reflect our outlook. Aaron Beck, the father of cognitive therapy, identified many common cognitive distortions, or unhealthy ways of thinking, that we all experience from time to time. Those who suffer from anxiety, depression, and trauma, are much more susceptible to these cognitive distortions.

Each article in this series will address one of the ten most common types of cognitive distortions linked to common faith-based questions.¹³ Through the cognitive approach employed throughout you will understand why you have the negative thoughts that you do and how you can change them in an effort to decrease your overall feelings of anxiety, depression, and the impact of the trauma you have experienced.

¹² Knapp, P. & Beck, A. T. (2008). Cognitive therapy: Foundations, conceptual models, applications and research. *Brazilian Journal of Psychiatry*. Retrieved from http://www.scielo.br/pdf/rbp/v30s2/en_a02v30s2.pdf

¹³ Please find a table containing definitions of each of the ten cognitive distortions at the end of this article.

The Heart

In Islamic psychology, there is special emphasis on the heart in reasoning, belief, and psychological healing. The heart is mentioned over 100 times in the Qur'an and is central to our thinking and feeling.

So have they not traveled through the earth and have hearts by which to reason and ears by which to hear? For indeed, it is not eyes that are blinded, but blinded are the hearts which are within the chests. (Qur'an 22:46)

The Qur'an indicates that the heart has the capacity to reason, and today scientists are discovering that our bodies have cardiac consciousness showing that the heart has a way to communicate with the mind, although not much is known about this connection.¹⁴ The supremacy of the heart is demonstrated in the following *hadith*:

There lies within the body a piece of flesh. If it is sound, the whole body is sound; and if it is corrupted, the whole body is corrupted. Verily, this piece is the heart. (Bukhari and Muslim)

There are several ways to soften the heart in Islam, but in this series of articles, we have chosen to incorporate Islamic techniques based on the Qur'an, primarily focused on how Allah ﷻ speaks to Prophet Muhammed ﷺ in Surat ad-Duha when he was sad and anxious. *Ad-Duha* is the Arabic word for “dawn,” which is quite an appropriate metaphor for what this *surah* offers—a light at the end of a tunnel of darkness. Before this *surah* was revealed, the Prophet ﷺ had not received revelation from Allah ﷻ in some time, which really distressed him. Furthermore, some of those who disbelieved in his message mocked him, saying that Allah was displeased with him. How did Allah ﷻ comfort him?

*By the morning brightness
And [by] the night when it covers with darkness,*

¹⁴ Hassanpour, M. S., Yan, L., Wang, D. J. J., Lapidus, R. C., Arevian, A. C., Simmons, W. K., Feusner, J. D., & Khalsa, S. S. (2016). How the heart speaks to the brain: Neural activity during cardiorespiratory interoceptive stimulation. *Philosophical Transactions of The Royal Society B: Biological Sciences*, 371(1708), doi:10.1098/rstb.2016.0017

Your Lord has not forsaken you, [O Muhammad], nor has He detested [you].

And the Hereafter is better for you than the first [life].

And your Lord is going to give you, and you will be satisfied.

Did He not find you an orphan and give [you] refuge?

And He found you lost and guided [you],

And He found you poor and made [you] self-sufficient.

So as for the orphan, do not oppress [him].

And as for the petitioner, do not repel [him].

And as for the favor of your Lord, report [it].

As we examined this chapter of the Qur'an, it was apparent to us that it offers an answer to the question of how can we heal from psychological trauma. The chapter provides us with a glimpse as to how Allah, the One and Only God, comforted Prophet Muhammad, the best of mankind. What fascinated us, as professionals in this field, was the variety of clinical research we've stumbled upon in the course of writing these articles, which further confirmed the method that Allah used to comfort Muhammad, peace be upon him, while he underwent such a traumatic time in his life. While we believe that Allah is capable of changing one's psychological state at will, perhaps the inference that even the best of humans is vulnerable to life's traumatic events was meant to provide us with a sense of comfort that we're not alone in facing life's darkest challenges. Based on this framework, which we coined ***The Duha Approach***, we attempt to bring to our readers a comprehensive and Islamically sound approach to treating trauma. Let's take a brief look at a few of these interventions and how you will see them throughout the articles in this series.

Attachment

In the third *ayah* of Surat Ad-Duha Allah states, “*Your Lord has not forsaken you, [O Muhammad], nor has He detested [you],*” comforting The Prophet ﷺ that, despite the suspension in revelation, Allah ﷻ had not abandoned him. The same concept applies to you and your hardships or trauma. The traumas in your life are not because Allah ﷻ hates you or has ever stopped protecting you. Keep in mind

that prior to this time of angst, the Prophet ﷺ experienced many events that would be considered traumatic to the average person; some of these included orphanhood, poverty, being a victim of physical assault and emotional abuse. He was also a war veteran. In this series we hope to regrow your attachment and connection to Allah and for you to know that your trauma is not a means of pushing you away from faith, but bringing you closer to Him. Secure attachment to a Higher Power is linked to psychological wellness.¹⁵

Shifting Perspective

In the third and fourth *ayat* in Surat ad-Duha, Allah states, “*And the Hereafter is better for you than the first [life]. And your Lord is going to give you, and you will be satisfied,*” which gives perspective to the Prophet ﷺ that, although he is in pain and experiencing distress now, matters will get better. When we experience trauma, it can feel as though we are trapped in a dark tunnel, with no way out and a sense of certainty that we will be stuck there forever. Allah ﷻ is assuring the Prophet ﷺ, and indirectly the believers, that not only will the difficulties in this world come to an end, but the Hereafter will be better and filled with contentment. Our series addresses perspective-changing, both cognitively and through an Islamic framework. Shifting perspective is an important part of cognitive therapy as well as dialectical behavior therapy (DBT), which are both effective in treating a myriad of psychological ailments.^{16,17}

Cognitive Therapy

In the fifth, sixth, and seventh *ayat* in Surat ad-Duha Allah states, “*Did He not find you an orphan and give [you] refuge? And He found you lost and guided [you], And He found you poor and made [you] self-sufficient.*” In these *ayat*, Allah ﷻ is

¹⁵ Leman, J., Hunter III, W., Fergus, T., & Rowatt, W. (2018). Secure attachment to God uniquely linked to psychological health in a national, random sample of American adults. *The International Journal for the Psychology of Religion*, 28(3), 162-173. doi:10.1080/10508619.2018.1477401

¹⁶ Linehan, M. M., Dimeff, L., Koemer, K. & Miga, E. M. (2013). Research on Dialectical Behavior Therapy: Summary of non- RTC studies. Retrieved on November 7, 2018 from: https://behavioraltech.org/downloads/Research-on-DBT_Summary-of-Data-to-Date.pdf

¹⁷ Hofmann, S. G., Asnaani, A., Vonk, I. J. J., Sawyer, A. T., & Fang, A. (2012). The efficacy of cognitive behavioral therapy: A review of meta-analyses. *Cognitive Therapy and Research*, 36(5), 427–440. doi:10.1007/s10608-012-9476-1

directly working on the cognitions of the Prophet ﷺ. He gently confronts him by pointing out his blessings and reshaping how he was thinking about his current state of affairs, which is one of the most fundamental techniques of cognitive therapy. We have already discussed the value of the cognitive approach, but wanted to further point out the merit of this approach as Allah ﷻ also used it with the Prophet ﷺ.

Behavioral Activation

In the eighth and ninth *ayat* in Surat ad-Duha Allah ﷻ states, “*So as for the orphan, do not oppress [him]. And as for the petitioner, do not repel [him],*” emphasizing the importance of taking action. Cognitive behavioral theory states that not only do our cognitions affect our behavior but our behavior also reinforces our cognitions.¹⁸ When we take action this strengthens the neural pathways of desired thoughts and behaviors, increasing the likelihood of repeating the same thoughts and behaviors in the future, and achieving the goal of change. It’s not enough for us to simply change our thoughts, but to accompany our new thoughts with new actions. The workbook section in each article of this series will help prepare you to implement specific strategies in your day-to-day life so your new behaviors can strengthen your new, healthier mindset.

Cultivating Gratitude

In the last *ayah* of Surat ad-Duha, Allah ﷻ states “*And as for the favor of your Lord, report [it],*” instructing the Prophet ﷺ to acknowledge and proclaim his blessings. In this series, we will discuss the importance of identifying and reflecting on blessings, and how science finds these small practices to have an immense impact on well-being.¹⁹

¹⁸ Chartier, I.S., & Provencher, M. D. (2013). Behavioural activation for depression: Efficacy, effectiveness and dissemination. *Journal of Affective Disorders*, 145(3), 292-299. doi:10.1016/j.jad.2012.07.023

¹⁹ Wood, A. M., Froh, J.J., & Geraghty, A. SW. A. (2010). Gratitude and well-being: A review and theoretical integration. *Clinical Psychology Review*, 30(7), 890-905. doi:10.1016/j.cpr.2010.03.005

Additionally, at the end of each article, we include an inspirational *ayat* and *hadith* section for further contemplation and remembrance, as thinking about and reflecting on Allah ﷻ is important for softening the heart:

...Then woe to those whose hearts are hardened against the remembrance of Allah. Those are in manifest error... (Qur'an 39:22)

Has the time not come for those who have believed that their hearts should become humbly submissive at the remembrance of Allah and what has come down of the truth? And let them not be like those who were given the Scripture before, and a long period passed over them, so their hearts hardened; and many of them are defiantly disobedient. (Qur'an, 57:16)

We believe that this combination of techniques will address what many hearts are desperately seeking and cannot find in secular trauma treatment.

The Body

In the past two decades, there has been a tremendous amount of research pointing to how trauma is stored in the body.²⁰ Researchers have found that trauma is kept in somatic memory and creates long-term chronic physiological alterations. When one thinks of trauma the average person might figure that trauma is solely processed and kept in the brain; however, research shows that while trauma is processed in the brain, unprocessed trauma stays in the body.²¹ While the mind forgets over time, the body does not, and can develop psychosomatic symptoms such as stomachaches, headaches, or other inexplicable pain and discomfort.

Psychosomatic symptoms are well documented in scientific literature and also mentioned in the Qur'an. When Prophet Yaqub عليه السلام experienced the trauma of what he thought was the loss of his son, Prophet Yusuf عليه السلام, he became blind; his psychological state affected his physiological state:

²⁰ van der Kolk, B. A. (1994). The body keeps the score: Memory and the evolving psychobiology of posttraumatic Stress. *Harvard Review of Psychiatry*, 1, 253-265. doi:10.3109/10673229409017088.

²¹ Ibid.

And he turned away from them and said, “Oh, my sorrow over Yusuf,” and his eyes became white from grief, for he was [of that] a suppressor. (Qur’an, 12:84)

Expressive therapies, which are different from talk therapy and can include art, movement, visualization and breathing exercises, are effective in supplementing therapy, particularly when someone has experienced complex trauma over time.²²

While not all of our articles will include expressive therapy techniques, the strategies we share are applicable to all of our articles.

Series Format

The articles from Part 2 of the series are designed to be independent so that if a person wanted to seek out a particular issue, they would be able to get help and relief without having to read the entire series. We do, however, recommend reading the series in its entirety as important information and different interventions will be interwoven throughout it. Most interventions are described in detail in separate articles, but some important ones do resurface.

Each article has a specific topic (such as death, infidelity, or chronic toxic relationships) and addresses one of the ten most common cognitive distortions from the cognitive behavioral framework. Additionally, each article is paired with one of the most common questions that comes up in the midst of the trauma and faith crisis today, such as:

Why does Allah hate me?

Why does Allah allow these things to happen? Why do bad things happen to good people?

My iman should be stronger. Why else would I be feeling this way?

Other articles address basic questions related to trauma such as:

²² Dunphy, K., Mullane, S., & Jacobsson, M. (2013). The effectiveness of expressive arts therapies: A review of the literature. *Psychotherapy and Counselling Journal of Australia*. Retrieved on November 7, 2018 from <http://pacfa.org.au/wp-content/uploads/2012/10/expressiveartsreviewnov20131.pdf>

Why do only bad things happen to me?

Why bother living if the future is filled with pain. The world would be better without me.

Why is everybody's life better than mine?

Each article has the same format and includes:

- A Case Study
- Why is this Happening to Me?
- Understanding your Thoughts and Emotions
- Changing Your Mind, Body, and Heart
- Inspirational *Hadith* and *Ayat* for Reflection
- Practical Exercises
- The Case Study Revisited

Part 3 contains common coping skills from the articles and additional coping skills we thought would be useful for readers to know as well. The coping skills are written in an easy-to-access fashion for quick reference while reading or after completing the entire series.

Part 4 contains resources and tips on how to get help beyond this series of articles.

Opening *Du'aa*

As you are about to begin the primary section of this series, we encourage you to identify your intentions to help guide you in the best way. Intentionality is an important concept in Islam, mindfulness, as well as healing.

'Umar bin Al Khattab reported the Apostle of Allah (peace be upon him) as saying "Actions are to be judged only by intentions and a man will have only what he intended..." (Sunan Abi Dawud, 2201)

We thought it would be helpful to begin our journey with a *du'aa*. You may decide to use it or not. Feel free to modify the *du'aa* however you like to suit your needs.

O Allah, please reward me for seeking the first steps in my healing journey so that I can become the best possible version of myself and Muslim I can be. Allah, please accept my attempts in seeking nearness to You and building a stronger relationship with You. Allah, please open my heart to receive the contents of this series in the best way, and make it easy for me to work through and implement the strategies. Allah, please count me as those who seek knowledge for the betterment of myself, my faith, and those around me.

As you begin to internalize the messages within this series, we pray for healing that will allow you to feel like your best self, and that the past will no longer hold the same power over you. We ask Allah that the daily struggles that come your way will be met with resilience and that you will feel empowered to face the present moment with serenity and strength. We pray that through a strengthened connection with yourself and Allah ﷻ, you will find yourself at home within your life once again.

We sincerely hope you will benefit and enjoy growth from this series of articles. Best wishes in starting your healing journey.

10 Most Common Cognitive Distortions

Cognitive Distortion	Definition
All-or-Nothing Thinking	Seeing things in black-and-white categories. Falling short of perfection is viewed as a total failure. This involves the inability to see gray in between the two extremes.
Overgeneralization	Coming to a general conclusion based on a single event or one piece of evidence. A single negative event leads to assuming a never-ending pattern of negativity.
Filtering	Skews how a person views the world, making everything perceived from a negative bias. This includes focusing on a single negative detail and dwelling on it to the extent that it appears that your entire reality is painted through this lens.
Disqualifying the Positive	Rejecting positive experiences by insisting that they “don’t count.” Only negative beliefs are maintained due to not allowing positive experiences to play a role in determining your reality.
Jumping to Conclusions	Creating a negative interpretation about something even though there are no definite facts that convincingly support that conclusion. Jumping to conclusions can occur in two ways: 1) “Mind-reading” involves a person thinking that others are negatively evaluating them or have bad intentions toward them. 2) “Fortune-telling” involves predicting a negative future outcome or deciding that situations will turn out for the worst before the situation has even occurred.

Magnification & Minimization	Magnification: Occurs when you look at your own errors, fears, or imperfections and exaggerate their importance. This also includes overly focusing on negative events in your life. Minimization: Occurs when you look at your strengths or positive things in your life as small and inconsequential.
Emotional Reasoning	Assuming that your negative emotions reflect reality. It is the assumption that because you feel something, it must be true.
Should Statements	Using “should,” “ought,” or “must” statements, which can set up unrealistic expectations of ourselves and others. It involves operating by rigid rules and not allowing for flexibility.
Labeling	Overgeneralizing by taking one incident or characteristic of a person and applying it to the whole person rather than considering the situation or behavior objectively.
Personalization	Seeing yourself as the cause of a negative external event which you were not primarily responsible for. This involves accepting fault with the main purpose of making yourself feel bad or punishing yourself.