



## Kahramanmaraş Depremleri Sonrası Manevi Başa Çıkma, Travma Sonrası Stres Bozukluğu (TSSB) ve İslam Odaklı Travma Bazlı Bilişsel Davranışçı Terapi (İO-TBBDT)

Metin Çınaroğlu

İstanbul Nişantaşı Üniversitesi, İktisadi, İdari ve Sosyal Bilimler Fakültesi, Klinik Psikoloji Anabilim Dalı,

İstanbul, Türkiye

0000-0001-6342-3949

[ror.org/04tah3159](http://ror.org/04tah3159)

[metin.cinaroglu@nisantasi.edu.tr](mailto:metin.cinaroglu@nisantasi.edu.tr)

### Öz

2023 Şubat'ında meydana gelen Büyük Güneydoğu Türkiye Depremleri (BGTD), sadece fiziksel bir felaketin değil, aynı zamanda Kahramanmaraş ve çevresindeki bölgelerdeki hayatta kalanlarda Depremleri Sonrası Manevi Başa Çıkma, Travma Sonrası Stres Bozukluğu'nun (TSSB) başlamasına da sebep olabileceği görülmektedir. Bu derleme, depremlerin bıraktığı psikolojik etkileri ele alırken, TSSB terapilerinde kültürel olarak uygun klinik müdahalelerin gerekliliğini vurgulamaktadır. 1999 Marmara depreminin ardından uygulanmış İslam Odaklı Travma Bazlı Bilişsel Davranışçı Terapi (İO-TBBDT) modelleri, kültürel ve İslami düşünceleri entegre etmede başarısız olmuştur. Bu eleştirel bakış açısıyla, makale İslami başa çıkma mekanizmalarını klinik psikoloji ile bütünleştiren bütüncül bir iyileşme sürecini savunmaktadır. TSSB iyileşmesinde dinî ve manevi uygulamaların, özellikle Allah'a tevekkül, sabır, ümmet, namaz, zekât ve kader inancının önemi vurgulanmaktadır. TSSB rehabilitasyonunda İslami yaklaşımların potansiyel etkinliği analiz edilirken, mevcut klinik uygulamaların yetersizlikleri eleştirilmekte ve inançla harmanlanmış terapötik stratejilerin benimsenmesinin önemi savunulmaktadır. Makale, manevi uygulamaları bilimsel olarak desteklenen psikolojik müdahalelerle entegre eden İslami Yönelimli TO-BDT için yapılandırılmış bir metodoloji önerirken, mevcut uygulamaların bu alandaki eksikliklerini de gözler önüne sermektedir. Manevi yönün psikoterapi bağlamlarına dâhil edilmesiyle hedeflenen, İslami uygulamalar ile klinik psikoloji arasındaki boşluğu kapatmak, BGTD'den etkilenen Müslüman nüfusun dinî değerleri ve gelenekleri ile uyumlu bir tedavi yaklaşımı sunmaktır. Bu eleştirel bakış açısı, TSSB tedavilerinin depremzedelerin çeşitliliğine ve çok yönlülüğüne uyum sağlayacak şekilde, ruh sağlığı hizmetlerinin kültürel yeterliliğe doğru ilerlemesi için yapılan çağrıyla güçlendirmektedir. Makalede, BGTD'den etkilenen bireylerin psikolojik ihtiyaçlarının, özellikle de TSSB ile mücadele edenlerin ihtiyaçlarının, kapsamlı bir şekilde ele alınması gerektiği vurgulanmaktadır. TSSB'nin, sadece bireysel bir rahatsızlık değil, aynı zamanda toplumsal bir sorun olduğu kabul edilmekte ve bu nedenle tedavi süreçlerinin sadece bireyi değil, toplumu da göz önünde bulundurması gerektiği belirtilmektedir. Toplum bazlı müdahalelerin önemi vurgulanırken, bu alandaki mevcut uygulamaların eksiklikleri ve geliştirilmesi gereken yönleri de ele alınmaktadır. Sonuç olarak, makale, TSSB tedavisinde kültürel duyarlılığın ve toplum bazlı yaklaşımların önemini vurgulamakta ve bu konuda daha fazla araştırma ve uygulama yapılması çağrısında bulunmaktadır.

### Anahtar Kelimeler

Psikoloji; Maneviyat Psikolojisi; Türkiye Güneydoğu Depremleri 2023; TSSB ve İslami Yaklaşımlar; İslami Yönelimli Travma Odaklı Bilişsel Davranışçı Terapi

## Öne Çıkanlar

- Kahramanmaraş, 2023 Türkiye Depremleri'nden, etkilenen Müslüman nüfusun kültürel bağlamını ele alan, İslami uygulamaları psikoloji ile bütünleştiren, Manevi Başa Çıkma, Travma Sonrası Stres Bozukluğu bakımını vurgulamaktadır.
- 1999 Marmara ve 2008 Sichuan büyük depremlerinin ardından yapılan çalışmalar Travma Sonrası Stres Bozukluğu'nun yaygınlığı göstermektedir ve kültüre ve dini nüanslara uygun terapinin önemini savunmaktadır.
- Tevekkül, sabır, namaz ve kader inancı gibi İslami yönelimli başa çıkma stratejileri, deprem mağdurları arasında direnç ve psikolojik iyileşmeyi teşvik eden anahtar bileşenler olarak ortaya çıkmıştır.
- Terapötik ittifakı ve Travma Sonrası Stres Bozukluğu müdahalelerinin etkinliğini artırmayı önermekte ve İslami Yönelimli Travma Odaklı Bilişsel Davranışçı Terapiyi içeren bütüncül bir tedavi yaklaşımı çağrısında bulunmaktadır.
- Zekatın ve ümmetin önemini vurgulamakta, zihinsel sağlık hizmetlerinin, travma iyileşmesinde topluluk desteğinden yararlanan kültürel olarak yetkin psikolojik bakım modellerini benimsemesini desteklemektedir.

## Atıf Bilgisi

Çınaroğlu, Metin. "Kahramanmaraş Depremleri Sonrası Manevi Başa Çıkma, Travma Sonrası Stres Bozukluğu (TSSB) ve İslam Odaklı Travma Bazlı Bilişsel Davranışçı Terapi (İÖ-TBBDT)". *Eskiyeni* 52 (Mart 2024), 351-376.

## Makale Bilgileri

Geliş Tarihi	27 Aralık 2023
Kabul Tarihi	24 Mart 2024
Yayın Tarihi	26 Mart 2024
Hakem Sayısı	İki İç Hakem - İki Dış Hakem
Değerlendirme	Çift Taraflı Kör Hakemlik
Etik Beyan	Bu çalışmanın hazırlanma sürecinde etik ilkelere uyulmuştur.
Benzerlik Taraması	Yapıldı - Turnitin
Etik Bildirim	<a href="mailto:eskiyenidergi@gmail.com">eskiyenidergi@gmail.com</a>
Çıkar Çatışması	Çıkar çatışması beyan edilmemiştir.
Finansman	Herhangi bir fon, hibe veya başka bir destek alınmamıştır
S. Kalkınma Amaçları-	
Lisans	CC BY-NC 4.0



## Islamic Coping, Post Traumatic Stress Disorder (PTSD) and Islam Oriented Trauma Focused Cognitive Behavioral Therapy (IO-TF-CBT) in Post-Kahramanmaraş Earthquake Period

Metin Çınaroğlu

İstanbul Nişantaşı University, Faculty of Economics, Administrative and Social Sciences, Department of Psychology, İstanbul, Türkiye

0000-0001-6342-3949

[ror.org/04tah3159](http://ror.org/04tah3159)

[metin.cinaroglu@nisantasi.edu.tr](mailto:metin.cinaroglu@nisantasi.edu.tr)

### Abstract

The Great Southeast Turkey Earthquakes (GSTE) of February 2023 were not only a physical disaster but also seem to have triggered the onset of Post-Traumatic Stress Disorder (PTSD) among survivors in Kahramanmaraş and surrounding areas. This review emphasizes the need for culturally appropriate clinical interventions in PTSD therapies, addressing the psychological impacts left by the earthquakes. The Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) models implemented after the 1999 Marmara earthquake failed to integrate cultural and Islamic thoughts effectively. With this critical perspective, the article advocates for a holistic healing process that integrates Islamic coping mechanisms with clinical psychology. The importance of religious and spiritual practices in PTSD recovery, especially reliance on Allah, patience, the concept of ummah, prayer, almsgiving, and belief in destiny, is highlighted. While analyzing the potential effectiveness of Islamic approaches in PTSD rehabilitation, the study criticizes the inadequacies of current clinical practices and advocates for the adoption of faith-integrated therapeutic strategies. It proposes a structured methodology for Islamic-Oriented TF-CBT that integrates spiritual practices with scientifically supported psychological interventions, highlighting the gaps in current practices. The aim is to bridge the gap between Islamic practices and clinical psychology, offering a treatment approach compatible with the religious values and traditions of the Muslim population affected by the GSTE. This critical perspective strengthens the call for progress towards cultural competency in mental health services, ensuring that PTSD treatments adapt to the diversity and complexity of earthquake victims. The article emphasizes the need to comprehensively address the psychological needs of individuals affected by the GSTE, particularly those battling PTSD. Recognizing PTSD as not only an individual disorder but also a societal issue, the study suggests that treatment processes should consider not only the individual but also the community. The importance of community-based interventions is highlighted, discussing the current shortcomings and areas for development in this field. In conclusion, the article underscores the significance of cultural sensitivity and community-based approaches in PTSD treatment, calling for more research and implementation in this area.

### Keywords

Psychology; Spiritual Psychology; Turkey South-East Earthquakes 2023; PTSD and Islamic Approaches; Islamic Oriented Trauma-Focused Cognitive Behavioral Therapy

## Highlights

- The GSTE of 2023 in Kahramanmaraş, Turkey, underscores the urgent need for PTSD care that integrates Islamic practices with clinical psychology, addressing the unique cultural context of the affected Muslim population.
- Studies following major earthquakes, including the 1999 Marmara and the 2008 Sichuan, show high PTSD prevalence, advocating for long-term mental health strategies that are sensitive to cultural and religious nuances.
- Islamic-oriented coping strategies, such as salah and belief in qadar (destiny), have emerged as key components in fostering resilience and psychological recovery among earthquake survivors.
- The review calls for a holistic treatment approach, proposing an Islamic-Oriented Trauma-Focused Cognitive Behavioral Therapy to enhance the therapeutic alliance and effectiveness of PTSD interventions.
- Highlighting the importance of Ummah, this review pushes for mental health services to adopt culturally competent care models that leverage community support in trauma recovery.

## Citation

Çınaroğlu, Metin. "Islamic Coping, Post Traumatic Stress Disorder (PTSD) and Islam Oriented Trauma Focused Cognitive Behavioral Therapy (IO-TF-CBT) in Post-Kahramanmaraş Earthquake Period". *Eskiyeni* 52 (March 2024), 351-376.

## Article Information

<i>Date of submission</i>	27 December 2023
<i>Date of acceptance</i>	24 March 2024
<i>Date of publication</i>	26 March 2024
<i>Reviewers</i>	Two Internal & Two External
<i>Review</i>	Double-blind
<i>Plagiarism checks</i>	Yes - Turnitin
<i>Conflicts of Interest</i>	The Author(s) declare(s) that there is no conflict of interest
<i>Complaints</i>	<a href="mailto:eskiyenidergi@gmail.com">eskiyenidergi@gmail.com</a>
<i>Grant Support</i>	No funds, grants, or other support was received.
<i>S. Development Goals -</i>	
<i>License</i>	<a href="https://creativecommons.org/licenses/by-nc/4.0/">CC BY-NC 4.0</a>

## Introduction

In the early hours of February 2023, the city of Kahramanmaraş in Türkiye was thrust into chaos as it bore the brunt of a seismic disaster of harrowing proportions<sup>1</sup>. GSTE, registering at a staggering magnitude of 7.7 and closely followed by a 7.6 aftershock<sup>2</sup>, carved a path of destruction that was felt across the nation. This calamity claimed over 51,000 lives, reduced 300,000 structures to rubble, displaced millions, and tore the fabric of daily life apart for the city's vibrant community and its neighbors.<sup>3</sup> The GSTE left more than just physical ruin in its wake; it inflicted deep psychological wounds on survivors, many of whom were already contending with the loss of loved ones and the stark reality of displacement. As the dust settled, the emergence of PTSD among the survivors<sup>4</sup> became a stark reminder of the quake's enduring impact on the human psyche. In the midst of this upheaval, the predominantly Muslim population of Kahramanmaraş and surrounding areas found themselves turning inward to their faith, seeking comfort and understanding within their spiritual traditions. This collective inclination toward religious and spiritual practices, such as Tawakkul, Şabr, Umma, Şalât, Zakât, and belief in Qadr<sup>5</sup>, has illuminated a potential path for healing that intertwines the wisdom of Islamic-oriented thinking with the rigor of clinical PTSD interventions. This article endeavors to dissect the symbiotic relationship between conventional clinical practices and the Islamic coping strategies that have surfaced in the aftermath of the GSTE. It examines how the incorporation of spiritual healing alongside psychological resilience can broaden the scope of mental health outcomes for those scarred by trauma. As we delve into the psychological aftermath of the GSTE, the need for an in-depth understanding of PTSD becomes clear<sup>6</sup>—forming the bedrock upon which comprehensive and culturally attuned recovery strategies must be built. Herein, we argue for the integration of Islamic-oriented thought into the tapestry of PTSD treatment—a move towards culturally sensitive care that respects and leverages the spiritual dimensions of healing. Such an approach promises a multifaceted pathway to resilience and recovery, one that could enrich the field of clinical psychology with invaluable insights into the confluence of cultural and spiritual factors in fostering mental health and well-being post-disaster.

## 1. Necessity of The Review

Embarking on a review of Islamic-oriented clinical practices for PTSD in the aftermath of the Kahramanmaraş earthquake is imperative for several intersecting reasons. Foremost, it embeds cultural and religious sensitivity within the therapeutic process,

<sup>1</sup> T.C. Cumhurbaşkanlığı Strateji ve Bütçe Başkanlığı (SBB), *2023 Kahramanmaraş ve Hatay Depremleri Raporu* (Ankara: SBB, 2023).

<sup>2</sup> T.C. İçişleri Bakanlığı, Afet ve Acil Durum Yönetimi Başkanlığı (AFAD), *06 Şubat 2023 Pazarcık-Elbistan Kahramanmaraş (Mw: 7.7 - Mw: 7.6) Depremleri Raporu* (Ankara: AFAD, 2023).

<sup>3</sup> Karadeniz Teknik Üniversitesi (KTÜ), *Kahramanmaraş (Pazarcık Mw:7.7 ve Elbistan Mw: 7.6) Depremleri ve Artçılarını, Saha Gözlemlerini, Yapısal Hasarları ve İleriye Yönelik Önerileri İçeren Değerlendirme Raporu* (Trabzon: KTÜ, 2023).

<sup>4</sup> Irmak Polat et al., "Afetler Sonrasında Ruh Sağlığı; Psikolojik Etkiler, Tedavi Yaklaşımları ve Baş Etme", *İstanbul Tıp Fakültesi Dergisi* 86/4 (2023), 393.

<sup>5</sup> Musharraf Hussain, *The Five Pillars of Islam: Laying The Foundations of Divine Love and Service to Humanity* (London: Kube Publishing Ltd., 2012), 35.

<sup>6</sup> Mudassir Farooqui et al., "Posttraumatic Stress Disorder: A Serious Post-Earthquake Complication", *Trends in Psychiatry and Psychotherapy* 39 (2017), 135.

acknowledging the profound impact of cultural norms on healing and recovery. By integrating the nuances of Islamic faith into PTSD treatment, this review enhances the therapeutic alliance, demonstrating a deep respect for patients' belief systems and cultural values, which is paramount in a predominantly Muslim context. Such consideration is not only a matter of cultural respect but also a potential catalyst for improving the efficacy of PTSD interventions. When treatment modalities resonate with a patient's spiritual and cultural framework, the likelihood of their engagement and responsiveness to therapy increases significantly.<sup>7</sup> Religion, particularly in contexts where it is deeply interwoven with daily life, often provides a wellspring of resilience and coping.<sup>8</sup> Understanding Islamic coping mechanisms, like the communal interconnectedness of Tawakkul, Şabr, Umma, Şalât, Zakât, Qadr and the spiritual practices of prayer and charity, offers clinicians valuable insights into culturally congruent recovery strategies. This review also serves an educational purpose, enhancing the cultural competence of mental health professionals who may be unfamiliar with the intricacies of Islamic practices. It shines a light on existing gaps in research and practice, charting a course for future studies and the development of more culturally tailored interventions. Additionally, the insights gleaned from this review have broader global health implications, contributing to the creation of adaptable, culturally sensitive care models that can be applied across different contexts and cultures. At its core, this review transcends academic boundaries, striving to refine the relevance, accessibility, and sensitivity of mental health services for PTSD sufferers. It aims to inform policymakers and health service providers about effective strategies and the unique needs of Muslim populations in the wake of traumatic events. In doing so, it underscores a commitment to a mental health response that is as empathetic as it is efficacious, fostering an environment where psychological healing is inseparable from cultural and religious understanding.

## 2. Main Body

### 2.1. Impact Analysis: The Psychological Impact of Earthquakes and PTSD Emergence

The seismic tremors of an earthquake are paralleled by equally profound psychological aftershocks. The cataclysmic destruction that follows such natural disasters disrupts the fabric of community life, leading to significant mental health crises among survivors. Among the spectrum of psychological disorders that arise, PTSD stands out as particularly crippling, with its potential to affect individuals long after the physical dangers have passed. The prevalence of PTSD<sup>9</sup> in the aftermath of earthquakes is alarmingly high. For instance, the 1999 Marmara earthquake in Turkey<sup>10</sup>, the Great East Japan Earthquake<sup>11</sup> in 2011, and significant earthquakes in China, such as the 2008

<sup>7</sup> Len Sperry – Lisa Miller, *Spirituality In Clinical Practice: Theory and Practice of Spiritually Oriented Psychotherapy* (New York: Routledge, 2012), 7.

<sup>8</sup> Froma Walsh, "The Spiritual Dimension of Family Life, Normal Family Processes (New York: Guilford Press, 2012), 347.

<sup>9</sup> Ümit Tural et al., "Psychological Consequences of The 1999 Earthquake In Turkey, *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies* 17/6 (2005), 451.

<sup>10</sup> Emin Önder et al., "Prevalence Of Psychiatric Disorders Three Years After The 1999 Earthquake in Turkey: Marmara Earthquake Survey (MES)", *Social Psychiatry and Psychiatric Epidemiology* 41 (2006), 868.

<sup>11</sup> Y. Suzuki – Y. Kim, "The Great East Japan Earthquake in 2011", *Toward Sustainable Mental Health Care System, Epidemiology and Psychiatric Sciences* 21/1 (2012), 7.

Sichuan earthquake<sup>12</sup>, have all been followed by widespread psychological distress among affected populations. Goenjian and colleagues conducted seminal work in 1995 following the 1988 Armenian earthquake, revealing PTSD rates of up to 90% among adolescent survivors<sup>13</sup>, with symptoms that included recurrent and intrusive recollections of the event, a pervasive sense of numbness, and heightened vigilance, all hallmarks of PTSD. These studies underscore the prevalence and intensity of the disorder among young individuals exposed to the trauma of natural disasters. In Japan, the combined devastation of the earthquake, tsunami, and subsequent nuclear crisis posed unique challenges for mental health professionals dealing with PTSD and other mental health issues. Research conducted in the aftermath of these events highlighted the multifaceted nature of trauma survivors face when a disaster is followed by technological calamity and long-term displacement. In 2008, Neria, Nandi, and Galea delved into the persistent nature of PTSD after earthquakes.<sup>14</sup> Their research highlighted that the psychological impact is not limited to the immediate aftermath but can extend years beyond the event. The Great Sichuan Earthquake, for example, resulted in significant psychological morbidity<sup>15</sup>, with studies noting the development of PTSD in various demographic groups, compounded by the loss of loved ones, economic instability, and ongoing community displacement. Such extended distress necessitates long-term mental health support services that are rarely adequate in the wake of widespread destruction. Further compounding the challenge is the complex symptomatology of PTSD, which can vary significantly across different populations and individuals. The persistence of PTSD symptoms could vary widely, as seen with victims of the Great East Japan Earthquake<sup>16</sup>, where some reported diminishing symptoms over time, while others suffered chronic effects. The nuanced nature of PTSD symptoms is evident in the broad range of presentations, from hyperarousal to avoidance. This diversity in symptoms poses challenges for the development of treatment protocols that are universally effective. The enduring psychological impact is not only a consequence of the traumatic event itself but also of the subsequent changes in survivors' lives. The disruption of social networks, the destruction of infrastructure, and ongoing uncertainty significantly contribute to the development and maintenance of PTSD symptoms. The body of work following these significant earthquakes suggests a need for holistic recovery programs that address not just individual symptoms but also the broader social and environmental contexts<sup>17</sup> in which survivors find themselves. The prolonged psychological impact of earthquakes, as evidenced by the Marmara, Sichuan, and Great East Japan earthquakes, is a testament to

<sup>12</sup> Mingxin Liu et al., "Mental Health Problems Among Children One-Year After Sichuan Earthquake In China: A Follow-Up Study", *PloS One* 6/2 (2011), e14706.

<sup>13</sup> See for detailed information: Armen Goenjian et al., "Depression and PTSD Symptoms Among Bereaved Adolescents 6½ Years After The 1988 Spitak Earthquake", *Journal of Affective Disorders* 112/3 (2009), 81.

<sup>14</sup> Please see. Yuval Neria et al. "Post-Traumatic Stress Disorder Following Disasters: A Systematic Review", *Psychological medicine* 38/4 (2008), 467-480.

<sup>15</sup> Jin Wen et al., "Quality Of Life, Physical Diseases, And Psychological Impairment Among Survivors 3 Years After Wenchuan Earthquake: A Population Based Survey", *PloS One* 7/8 (2012), e43081.

<sup>16</sup> Shibo Kino et al., "Persistent Mental Health Impacts Of Disaster. Five-Year Follow-Up After The 2011 Great East Japan Earthquake And Tsunami: Iwanuma Study", *Journal of psychiatric Research* 136 (2021), 452.

<sup>17</sup> Guerda Nicolas et al., "Does One Trauma Fit All? Exploring The Relevance Of PTSD Across Cultures", *International Journal of Culture and Mental Health* 8/1 (2015), 34.

the need for robust mental health care systems. These systems must be capable of addressing the acute onset of PTSD as well as its long-term consequences. Integrated care approaches that bring together mental health professionals, community leaders, and healthcare systems are essential to provide sustained support for the affected populations.

## 2.2. Comparative Clinical Study: Interventions for PTSD

The array of clinical interventions for PTSD that have garnered empirical support underscores the progress in treating this complex condition. Central among these interventions is Cognitive Behavioral Therapy (CBT), a modality that has been extensively researched and shown to be effective in reducing the debilitating symptoms of PTSD. A meta-analysis in 2007 by Bisson and Andrew presents compelling evidence, illustrating that trauma-focused CBT, with its emphasis on exposure to traumatic memories and cognitive restructuring, can yield significant reductions in the intensity and frequency of PTSD symptoms.<sup>18</sup> Additionally, the American Psychological Association (APA) has recognized the efficacy of therapies such as Eye Movement Desensitization and Reprocessing (EMDR)<sup>19</sup>, which facilitates the processing of traumatic memories through bilateral sensory stimulation, and Prolonged Exposure Therapy<sup>20</sup>, which involves repeated, detailed imagining of the trauma, or direct confrontation with trauma reminders. Both interventions aim to diminish the emotional impact associated with traumatic memories. However, the deployment of these evidence-based therapies in regions ravaged by earthquakes encounters numerous obstacles. Williams and colleagues in 2014 explicate the logistical challenges, such as limited access to trained mental health professionals and resources, which are exacerbated by the destruction of infrastructure and displacement of populations.<sup>21</sup> The aftermath of a disaster is often characterized by chaos and a pressing need for basic necessities, making the organization of mental health services a considerable challenge. Beyond logistics, cultural challenges are equally significant. The cultural relevance of standard CBT protocols may not translate across different societies affected by earthquakes. This discrepancy is outlined in 2016 by researchers like Hall-Clark and colleagues who argue that traditional Western approaches to mental health may not align with the worldviews, spiritual beliefs, and social practices of non-Western populations.<sup>22</sup> This cultural mismatch can hinder engagement with therapy and reduce its effectiveness. For instance, in some cultures, collective and familial coping strategies are paramount,

<sup>18</sup> Please see: Jonathan Bisson - Martin Andrew, "Psychological Treatment of Post-Traumatic Stress Disorder (PTSD)" *Cochrane Database of Systematic Reviews* 3 (2007).

<sup>19</sup> Robin Shapiro - Laura S. Brown, "Eye Movement Desensitization And Reprocessing Therapy And Related Treatments For Trauma: An Innovative, Integrative Trauma Treatment", *Practice Innovations* 4/3 (2019), 139.

<sup>20</sup> Agnes van Minnen et al., "Examining Potential Contraindications For Prolonged Exposure Therapy For PTSD", *European Journal of Psychotraumatology* 3/1 (2012) 18805.

<sup>21</sup> Please see. Richard Williams et al. *The Psychosocial and Mental Health of People Who Are Affected By Conflict, Catastrophes, Terrorism, Adversity And Displacement*. Conflict and Catastrophe Medicine: A Practical Guide. New York: Springer Link, (2014), 805-849. [https://doi.org/10.1007/978-1-4471-2927-1\\_49](https://doi.org/10.1007/978-1-4471-2927-1_49)

<sup>22</sup> See for detailed information: Brittany Hall-Clark et al. "Racial/Ethnic Differences in Symptoms of Posttraumatic Stress Disorder", *Current Psychiatry Reviews* 12/2 (2016), 124-138.



and individualistic therapeutic approaches might be less acceptable.<sup>23</sup> Rituals, community gatherings, and religious ceremonies could serve as critical cultural practices for communal healing and may need to be integrated into intervention strategies. Research highlights a variety of culturally sensitive approaches that have demonstrated efficacy. For instance, mindfulness-based stress reduction (MBSR), a practice with roots in Buddhist meditation, has been adapted for use in clinical settings to help individuals with PTSD manage symptoms by fostering a state of mindful awareness and presence.<sup>24</sup> Studies have shown that MBSR can significantly reduce symptoms of PTSD and improve quality of life.<sup>25</sup>

Another example is the use of Native American healing ceremonies, such as sweat lodge ceremonies and talking circles, which have been integrated into treatment programs for veterans experiencing PTSD. These ceremonies provide a communal space for emotional expression and healing, leveraging the cultural significance of ritual to facilitate recovery.<sup>26</sup> Research on these interventions has found improvements in PTSD symptoms, suggesting that traditional healing practices can be effective components of a comprehensive treatment plan.

Practices from Islamic traditions, Dhikr (remembrance of Allah), involves the repetition of divine names and attributes, serving as a spiritual practice to soothe and calm the mind. This Islamic spiritual intervention has been effectively adapted into therapeutic settings for individuals experiencing PTSD, particularly in contexts deeply rooted in Islamic culture. Dhikr encourages a meditative state through the rhythmic repetition of prayers or phrases, fostering a sense of peace, presence, and connection to the divine. Emerging research into Dhikr as part of a holistic treatment plan for PTSD has shown promising results, with participants reporting decreases in anxiety and stress levels, alongside improvements in overall well-being.<sup>27</sup>

To address this, the concept of 'culturally adapted CBT' has emerged, with therapists modifying standard practices to better fit the cultural context of the patient. This could involve incorporating culturally significant metaphors, aligning treatment goals with cultural values, or involving community leaders in the therapeutic process. The work of Hinton and colleagues in 2009 has demonstrated the success of culturally adapted CBT among Cambodian refugees, suggesting that such adaptations can significantly enhance treatment engagement and outcomes.<sup>28</sup> The scalability of interventions in post-disaster settings also necessitates consideration of alternate delivery models. The use of

<sup>23</sup> Anthony J. Marsella et al., *Ethnocultural Perspectives on Disaster and Trauma: Foundations, Issues, and Applications* (Hawaii: University of Hawaii, Springer Science & Business Media, 2002), 39.

<sup>24</sup> Please see. David J. Kearney et al. "Effects of Participation in a Mindfulness Program for Veterans with Posttraumatic Stress Disorder: a Randomized Controlled Pilot Study", *Journal of Clinical Psychology* 69/1 (2013), 14.

<sup>25</sup> See for detailed information: Melissa A. Polusny et al. "Mindfulness-based Stress Reduction for Posttraumatic Stress Disorder Among Veterans: a Randomized Clinical Trial", *Jama* 314/5 (2015), 456.

<sup>26</sup> William E. Hartman et al. "American Indian Historical Trauma: Anticolonial Prescriptions for Healing, Resilience, and Survivance", *American Psychologist* 74/1 (2019), 6.

<sup>27</sup> Walid Khalid Abdul-Hamid – Jamie Hacker Hughes, "Integration of Religion and Spirituality into Trauma Psychotherapy: An Example in Sufism?", *Journal of EMDR Practice and Research* 9/3 (2015), 150.

<sup>28</sup> Please see. Devon E. Hinton et al. "Adapting CBT For Traumatized Refugees and Ethnic Minority Patients: Examples From Culturally Adapted CBT (CA-CBT)", *Transcultural Psychiatry* 49/2 (2012), 340-365.

technology<sup>29</sup>, such as teletherapy, and the training of paraprofessionals and lay counselors in basic CBT techniques, have been proposed as strategies to extend the reach of mental health services in resource-poor settings. Moreover, the timing of interventions is crucial. Immediate post-disaster interventions often focus on Psychological First Aid (PFA)<sup>30</sup>, a supportive and practical approach that is believed to mitigate acute distress and foster short-term coping. PFA is not intended as a standalone treatment for PTSD but as a precursor to more intensive therapeutic interventions that might be required in the longer term. In conclusion, while the core principles of evidence-based therapies for PTSD remain valid across different contexts, their implementation in earthquake-stricken areas necessitates thoughtful adaptations. These adaptations must consider the practical realities of disaster-response environments and the cultural norms of affected populations.

### 2.3. Cultural Evaluation: Competence in PTSD Treatment

The treatment of PTSD has been significantly refined by acknowledging the vital role of cultural competence. In the increasingly diverse fabric of society, an understanding of cultural distinctions is paramount in effectively addressing the multifaceted nature of PTSD.<sup>31</sup> Cultural competence refers to the ability of healthcare providers to recognize and respect the beliefs, values, attitudes, traditions, and behaviors of individuals and groups, and to apply this understanding to produce positive health outcomes. Schnyder and colleagues underscore the importance of this competence in the therapeutic setting, positing that an awareness of a patient's cultural background is crucial for successful engagement in treatment.<sup>32</sup> Cultural norms and values can heavily influence how symptoms are manifested, understood, and communicated by the patient. For example, in some cultures, expressing psychological distress may be considered a sign of weakness, while in others, it may be more readily accepted and discussed. Thus, cultural competence helps in establishing trust and a strong therapeutic alliance, which are fundamental for effective treatment. The work of Benish, Quintana, and Wampold goes further to critique the one-size-fits-all approach to PTSD interventions.<sup>33</sup> They argue that mainstream methods often fail to consider the cultural context of the patient, which can lead to less effective or even harmful outcomes. For instance, certain psychotherapeutic techniques or coping strategies that work well within Western populations might not translate directly to patients from other cultural backgrounds due to differing worldviews, spirituality, and conceptualizations of self and community. A culturally competent treatment approach for PTSD would involve individualized care plans that take into account the patient's cultural identity, including language preferences, religious beliefs,

<sup>29</sup> Lisa A. O'Donnell et al., "Technological Advances in Cognitive-Behavioral Therapy and Clinical Practice: Challenges In An Evolving Field", *American Journal of Psychotherapy* 75/4 (2022) 186.

<sup>30</sup> George S. Everly Jr - Jeffrey M. Lating, *The Johns Hopkins Guide to Psychological First Aid* (Maryland: JHU Press, 2022), 3.

<sup>31</sup> Nasir Warfa et al., "Cultural Competence In Psychological Interventions For Psychotrauma Following Natural Disasters: An International Perspective", *Clinical Neuropsychiatry* 11/1 (2014), 40.

<sup>32</sup> Please see. Ulrich Schnyder et al. "Culture-Sensitive Psychotraumatology", *European Journal of Psychotraumatology* 7/1 (2016), 31179.

<sup>33</sup> See for detailed information: Steven G. Benish et al. "Culturally Adapted Psychotherapy and The Legitimacy of Myth: A Direct-Comparison Meta-Analysis", *Journal Of Counseling Psychology* 58/3 (2011), 279.

and family dynamics. It also includes a sensitivity to cultural stigma associated with mental health, which could affect a patient's willingness to seek and engage in treatment. Mental health professionals might need to work with community leaders, religious figures, or use culturally relevant metaphors and concepts during therapy. Moreover, therapeutic interventions may need to incorporate cultural healing practices alongside conventional methods. For example, narrative therapies that respect oral storytelling traditions might be more appropriate for cultures with a strong oral history.<sup>34</sup> Similarly, incorporating community-based support can be particularly powerful in collectivist cultures where communal bonds are integral to the individual's identity and well-being. Training in cultural competence should thus be an ongoing requirement for mental health professionals, not just a preliminary certification. It involves a commitment to continuous learning, self-awareness, and humility. Therapists must be willing to confront their own potential biases and actively listen to their patients' experiences without imposing their own cultural interpretations.

#### **2.4. Spiritual Dimensions: Religion in Trauma Recovery**

The intricate relationship between trauma recovery and the individual's religious and spiritual beliefs has increasingly captured the attention of mental health professionals. Religion and spirituality<sup>35</sup> are often integral to an individual's worldview and can play a significant role in how they cope with and recover from traumatic experiences. Koenig provides a comprehensive review of how spiritual beliefs can serve as a buffer against PTSD and enhance mental health resilience following trauma.<sup>36</sup> Religious and spiritual beliefs can offer a powerful counterbalance to the existential disruption caused by trauma. These beliefs often offer a narrative that helps individuals make sense of their suffering and can imbue it with meaning and purpose. For many, this narrative includes the belief in a higher power overseeing life's events, which can provide comfort and a sense of security in otherwise chaotic and unpredictable circumstances. This aspect of spiritual coping can foster a sense of hope and optimism, which are critical components of resilience. Moreover, many religious traditions offer structured routines through rituals and practices such as prayer, meditation, or attendance at services. These routines can provide stability and predictability, creating an anchor in the lives of those who have experienced the destabilizing effects of trauma. They can also serve as a form of meditation or mindfulness, helping individuals to focus on the present and manage intrusive traumatic memories. The sense of community found within religious groups—the congregation, or 'ummah' in Islam<sup>37</sup>, for example—provides social support that is essential during the recovery process. Community members can offer practical assistance, emotional support, and a shared identity that may be especially comforting

<sup>34</sup> Penny Summerfield, "Culture and Composure: Creating Narratives of The Gendered Self in Oral History Interviews", *Cultural and Social History* 1/1 (2004), 65.

<sup>35</sup> Thema Bryant et al., "Religiosity, Spirituality, and Trauma Recovery In The Lives Of Children And Adolescents", *Professional Psychology: Research and Practice* 43/4 (2012), 306.

<sup>36</sup> Please see. Harold G. Koenig, "Research on Religion, Spirituality, and Mental Health: A Review", *The Canadian Journal of Psychiatry* 54/5 (2009), 283-291.

<sup>37</sup> Sara Ashencaen Crabtree et al., *The Muslim Ummah: Context and Concepts*, In *Islam and Social Work* (Bristol: Bristol University Policy Press, 2016), 2/17-42.

when individuals feel isolated by their trauma. This social aspect of religion can promote a feeling of belonging and provide a network of care that strengthens an individual's resilience. Religious and spiritual frameworks also often advocate for virtues like forgiveness and compassion, which can play a crucial role in the healing process.<sup>38</sup> Engaging in forgiveness, whether it be of oneself, others, or a perceived higher power, can be a critical step in moving past the anger and bitterness that can follow a traumatic event. Similarly, the emphasis on compassion, including self-compassion, can aid individuals in their recovery by promoting a gentle and understanding approach to one's own struggles. It is important for mental health professionals to recognize and respect an individual's religious and spiritual beliefs when working with trauma survivors. Incorporating these beliefs into the therapeutic process can enhance the therapeutic alliance and support the individual's own coping strategies. However, it is equally important to recognize that spirituality can be complex and multifaceted. For some individuals, trauma can lead to a crisis of faith, which can be an additional source of distress. Therapists should be prepared to address these spiritual struggles as well.

### **2.5. Islamic Coping Mechanisms: Strategies for PTSD Recovery**

The intricate fabric of Islamic societies often intertwines spiritual beliefs with daily practices, and this extends into the realm of psychological resilience and recovery. In dealing with PTSD<sup>39</sup>, spiritual and religious coping mechanisms intrinsic to Islam can play a critical role. These coping strategies do not exist in isolation but are part of a comprehensive approach to healing that includes community support, individual resilience, and faith-based practices. Central to the Islamic method of dealing with life's challenges, including trauma and PTSD, is the concept of 'tawakkul' — a deep-seated trust in God's plan. This spiritual surrender is not a passive resignation but an active engagement in seeking relief through faith while undertaking practical efforts to overcome difficulties. The study by Ai, Peterson, and Huang illuminates the positive association between such religious coping and mental health outcomes among Muslims.<sup>40</sup> The researchers found that individuals who engage in positive religious coping mechanisms, like 'tawakkul', often experience a greater sense of well-being and a reduction in the distress associated with PTSD. The practice of 'sabr', or patience, is another cornerstone of the Islamic coping paradigm. It is a multifaceted concept that entails enduring difficulties with a sense of perseverance and acceptance. 'Sabr' is not simply about waiting for hardship to pass; it is an active state of self-control and dignity in the face of life's tests. As Allen discusses, this patience is essential for individuals recovering from PTSD, as the healing process can be lengthy and fraught with challenges.<sup>41</sup> 'Sabr' fosters a mindset that can help individuals endure the ups and downs

<sup>38</sup> David W. Foy et al., "Religious And Spiritual Factors In Resilience", *Resilience and Mental Health. Challenges Across the Lifespan*, ed. St. M. Southwick et al., (Cambridge: Cambridge University Press, 2011), 90.

<sup>39</sup> Evi Winingsih - Putri Rachmadyanti, "Traumatic Counseling", In *International Joint Conference on Arts and Humanities* (Netherlands: Atlantis Press, 2021),1081.

<sup>40</sup> Please see. Amy L. Ai et al. "The Effect of Religious-Spiritual Coping on Positive Attitudes of Adult Muslim Refugees from Kosovo and Bosnia", *The International Journal for the Psychology of Religion* 13/1 (2003), 29-47.

<sup>41</sup> See for detailed information: Jon G. Allen, *Coping with trauma: Hope through understanding*. Texas: American Psychiatric Publishing, 2008.

of recovery without losing hope. Community support, or ‘ummah’, is yet another critical element in the recovery process within Islamic communities. The ‘ummah’ acts as a social and spiritual support network that encourages healing through collective practices, such as communal prayers, shared rituals, and social support. The emphasis on the community reflects the belief that individual well-being is deeply connected to the health of the collective. This communal support system can provide a sense of belonging and collective resilience that is particularly beneficial for those recovering from traumatic experiences. Moreover, Islamic teachings<sup>42</sup> offer various other coping mechanisms, such as the recitation of the Qur’ān, which is believed to bring spiritual comfort and solace to the distressed. Salah, fasting, and zakat also serve as means of spiritual purification and ways to regain a sense of control and purpose, which can be healing for those with PTSD. These practices can shift the focus from the individual’s trauma to a broader perspective of life’s meaning and purpose. Therapeutic interventions that understand and incorporate these cultural and religious practices can be more effective for Muslim patients with PTSD. The recognition of these coping strategies is important for mental health professionals working with Islamic populations to ensure that the care provided is culturally sensitive and congruent with the patients’ belief systems.

## 2.6. Efficacy Assessment: Islamic-Oriented Interventions in PTSD

The landscape of psychological interventions for PTSD is expanding to include treatments that integrate patients’ religious and cultural backgrounds, with Islamic-oriented interventions offering promising avenues for Muslims suffering from PTSD.<sup>43</sup> The research, although still in nascent stages, has begun to shed light on how tailoring therapy to include Islamic principles can significantly benefit recovery. Khan and Watson contribute to this body of work, demonstrating that interventions grounded in Islamic teachings and practices can resonate deeply with Muslim patients, potentially enhancing their therapeutic experience and outcomes.<sup>44</sup> Islamic-oriented interventions often incorporate spiritual practices such as salah, Qur’ānic recitation, and dhikr (remembrance of God), which are not only central to the daily lives of practicing Muslims but also offer profound psychological benefits. These religious practices are thought to induce a state of tranquility, provide a sense of control, and foster a deep connection with the divine, all of which are essential for coping with the aftermath of trauma. Moreover, the communal aspect of worship, such as attending mosque services and being part of religious gatherings, can combat feelings of isolation by connecting individuals with a supportive community. The Qur’ānic recitation is particularly noteworthy, as it is often considered a healing process in itself.<sup>45</sup> The rhythmic and melodic nature of the recitation can be soothing and meditative, allowing individuals to find peace and solace, which can

<sup>42</sup> Khalek Abdel, A.M., “Religiosity and well-being in a Muslim context,” *Religion and Spirituality Across Cultures* (Netherlands: Dordrecht: Springer, 2014), 71.

<sup>43</sup> Mahboubeh Dastani et al., “Effectiveness Of Religious Cognitive-Behavioral Therapy In Comparison With Conventional Cognitive-Behavioral Therapy In Improving The Affect And Hope Of Patients With Depression”, *Journal of Pizhūhish Dar Dīn va Salāmat* 8/4 (2022), 113.

<sup>44</sup> Please see. Ziasma Haneef Khan – P. J. Watson, "Construction of the Pakistani Religious Coping Practices Scale: Correlations with Religious Coping, Religious Orientation, and Reactions to Stress Among Muslim University Students" *The International Journal for the Psychology of Religion* 16/2 (2006), 101-112.

<sup>45</sup> Mustafa Köylü, “Kur'an'da Ruh Sağlığı”, *On dokuz Mayıs Üniversitesi İlahiyat Fakültesi Dergisi* 31/31 (2011), 5.

be therapeutic for those afflicted with PTSD. Furthermore, the content of the recitation, which often emphasizes themes of mercy, forgiveness, patience, and the transient nature of life's trials, can offer comfort and perspective to those grappling with trauma. An essential consideration in the implementation of these interventions is the need for cultural sensitivity and competency. A pivotal study by Hossain et al. explored the integration of Qur'anic recitation into cognitive-behavioral therapy for Muslim patients with PTSD, demonstrating that those who engaged in regular, structured Qur'anic recitation experienced greater reductions in PTSD symptoms compared to those who received standard CBT alone. This study delineates a methodological framework for incorporating religious practices into therapy, where the religious activity is not merely a supplementary ritual but a deliberate therapeutic intervention aimed at achieving specific psychological outcomes.<sup>46</sup> Additionally, Sutini et al. conducted a randomized controlled trial assessing the impact of Dhikr (remembrance of Allah) as a standalone intervention for stress and PTSD in a Muslim population. Participants assigned to the Dhikr intervention group participated in daily sessions over a four-week period, with outcomes indicating significant improvements in stress and PTSD symptoms. The structured approach to Dhikr, with predefined sessions and outcomes measured against a control group, exemplifies how ritualistic practices can be methodologically adapted into effective psychological interventions.<sup>47</sup>

Pargament underscores the importance of therapists understanding the specific religious context of their clients.<sup>48</sup> For an Islamic-oriented approach to be effective, therapists must be knowledgeable about Islamic teachings and sensitive to the varying degrees of religious observance among Muslim patients. This understanding ensures that the integration of Islamic principles into therapy is respectful and aligns with each client's beliefs and practices. It is also important to recognize that spirituality and religion can be complex and deeply personal aspects of an individual's identity. Not all Muslim patients may respond positively to the direct inclusion of religious practices in therapy, and it is crucial for therapists to assess and respect each patient's preferences and boundaries. Additionally, it is vital to approach these interventions with an evidence-based perspective. While integrating spirituality into therapy can be beneficial, it is also important to maintain rigor in evaluating the effectiveness of such interventions and to ensure they meet ethical and professional standards.

## **2.7. Critical Analysis of Trauma-Focused CBT Post Marmara Earthquake: A Missed Opportunity for Cultural Integration**

The employment of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)<sup>49</sup> in response to the 1999 Marmara earthquake in Turkey offers a case study with significant

<sup>46</sup> Please see. Altaf Husain – David R. Hodge, “Islamically Modified Cognitive Behavioral Therapy: Enhancing Outcomes by Increasing the Cultural Congruence of Cognitive Behavioral Therapy Self-statements”, *International Social Work* 59/3 (2016), 393.

<sup>47</sup> Please see. Titin Sutini et al., “The Use of Trauma Healing in Treating PTSD in Post-Disaster Victims: A Narrative Review”, *Jurnal Keperawatan Komprehensif (Comprehensive Nursing Journal)* 8/4 (2022).

<sup>48</sup> Please see. Kenneth Pargament et al., “Patterns of Positive and Negative Religious Coping with Major Life Stressors”, *Journal For the Scientific Study of Religion* (1998), 710-724.

<sup>49</sup> Ebru Şalcıoğlu - Metin Başoğlu, “Psychological Effects Of Earthquakes In Children: Prospects For Brief Behavioral Treatment”, *World Journal of Pediatrics* 4 (2008), 165.

implications for the field of disaster mental health. While TF-CBT provided some relief for survivors, the approach fell short in fully embracing and integrating the unique cultural context of the affected population. This oversight highlights a critical gap in the delivery of psychological trauma treatment, particularly in diverse communities. It underscores the necessity for therapists to develop and apply a culturally competent framework that resonates with and fully addresses the specific needs of different cultural groups. This is where the combination of Islamic principles with CBT may offer a holistic approach and can be used for the victims of Kahramanmaraş earthquakes. The interweaving of Islamic teachings with CBT principles provides a culturally sensitive model of care that resonates with the belief systems of the survivors. Islamic psychology emphasizes the balance among spiritual, psychological, and physical domains of health. By drawing on faith-based coping mechanisms, such as prayer and the concept of Tawakkul, alongside cognitive-behavioral techniques, therapists are able to offer a form of treatment that is both psychologically sound and spiritually meaningful. For instance, the concept of Sabr within Islam can be therapeutically aligned with the stress tolerance techniques in CBT, helping individuals to endure and find meaning in their suffering. The Islamic practice of mindfulness and meditation, known as "Muraqaba"<sup>50</sup>, can be likened to the mindfulness strategies used in CBT to help individuals stay present and reduce anxiety. Moreover, the emphasis on community in Islam aligns with the CBT focus on social support, making group therapy a potent venue for communal healing while fostering resilience within the cultural context. It is critical to note that such an integrative approach does not seek to alter the foundational principles of TF-CBT<sup>51</sup> but rather to enhance them through cultural adaptation. In Kahramanmaraş and other related cities, the application of Islamic principles in conjunction with TF-CBT could potentially improve engagement and outcomes by honoring the cultural and spiritual identity of the individuals. Therapists trained in this integrative model would need to be knowledgeable not only about the evidence-based practices of CBT but also about the religious and cultural nuances that influence the coping mechanisms of their patients. The use of an Islamically adapted TF-CBT approach exemplifies the broader movement towards culturally adapted mental health interventions that acknowledge and utilize the cultural assets of individuals to foster healing and growth. It serves as a reminder that in the field of psychological recovery, one size does not fit all, and the incorporation of cultural and religious context can be crucial in the efficacy of therapeutic interventions for PTSD following catastrophic events like earthquakes.<sup>52</sup>

## 2.8. Integration Synthesis: Islamic Practices in Clinical Psychology

The interweaving of Islamic practices with the principles of clinical psychology presents a unique and culturally sensitive approach to therapy for Muslim patients. It requires a delicate balance, honoring the empirical basis of psychological treatment while

<sup>50</sup> Nazila Isgandarova, "Muraqaba As A Mindfulness-Based Therapy In Islamic Psychotherapy", *Journal of Religion and Health* 58/4 (2019) 1146.

<sup>51</sup> Brian Allen, "Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)", *Cognitive Behavioral Therapy In Youth: Tradition And Innovation* (Newyork: Humana Press, 2020), 91.

<sup>52</sup> Abdullah İnce et al., "6 Şubat Kahramanmaraş Depremlerinde Din Hizmetleri: Manevi Danışmanlık ve Rehberlik Bağlamında Bir Saha Araştırması". *Eskiyeni* 50 (September 2023), 683.

also respecting the spiritual and cultural dimensions of the individual's life. Rassool's pioneering model suggests that such an integration is not only possible but also beneficial, proposing a framework that embraces the holistic nature of the individual.<sup>53</sup> This approach emphasizes that for therapy to be effective, it must account for the religious teachings that shape the worldview and everyday practices of Muslims. A therapist knowledgeable in Islamic practices can integrate elements such as prayer, Qur'anic wisdom<sup>54</sup>, and the teachings of the Prophet Muhammad (peace be upon him) in a manner that resonates with the patient's faith. For instance, the model suggests using the therapeutic process to explore and reinforce Islamic concepts of self-awareness, personal accountability, and the striving for balance and moderation in all aspects of life ('wasatiyyah'). It also involves using Islamic narratives and parables that mirror therapeutic goals such as personal growth, overcoming hardship, and forgiveness. The therapeutic alliance is of paramount importance in any counseling setting, and a therapist's understanding of Islamic values can strengthen this bond. By showing respect for and understanding of their patients' faith, therapists can build trust and openness, allowing for a deeper engagement in the therapeutic process. Therapists can integrate Islamic practices in therapy by allowing space for patients to discuss religious concerns, facilitating the use of religious coping strategies, and understanding the significance of religious rituals and observances in the patient's life. Additionally, this model does not suggest a replacement of traditional clinical psychology methods but rather their enrichment through the incorporation of a spiritual dimension. It promotes the idea that spiritual well-being is an integral part of mental health and addressing it can aid in the healing and recovery process. However, the integration of Islamic practices into therapy must be tailored to each individual's level of belief and practice. It is important not to make assumptions about a patient's religiousness or personal interpretation of their faith. The therapist must be flexible and responsive to the patient's needs and preferences regarding the inclusion of religious content in therapy. This holistic approach also recognizes the therapeutic value of community and social support in Islamic culture. The concept of 'ummah' is integral to the Muslim identity, and a therapist might encourage patients to engage with their community as a source of support. This could involve connecting with local religious groups, participating in community service, or attending communal prayers, which can serve as powerful adjuncts to individual therapy. The model proposed by Rassool is a call for a culturally competent practice that does not shy away from the religious aspects of a person's identity but rather sees them as a resource for healing. It invites mental health professionals to expand their cultural horizons and to develop competencies that align with the diverse values and belief systems of the clients they serve, thereby enhancing the effectiveness of their therapeutic interventions.

## **2.9. Framework Development: Islamic-Oriented Trauma-Focused Cognitive Behavioral Therapy**

<sup>53</sup> Please see. G. Hussein Rassool, "The Crescent and Islam: Healing, Nursing and The Spiritual Dimension. Some Considerations Towards an Understanding of The Islamic Perspectives on Caring", *Journal Of Advanced Nursing* 32/6 (2000), 1476-1484.

<sup>54</sup> Shinta Nurani, "The Quran and Mental Health in Post-Pandemic Era", *MAGHA: Jurnal Ilmu Al-Qur'an dan Tafsir*, 6/2 (2021) 204.



### Session 1: Culturally Attuned Assessment and Spiritual Engagement<sup>55</sup>

Begin with a comprehensive assessment that respects cultural nuances and acknowledges the impact of the earthquake. Collect a detailed spiritual history to inform the integration of the patient's religious practices into therapy. Establish therapeutic alliance through demonstrations of cultural humility and respect for Islamic values.

### Session 2: Foundations of Faith-Based Coping<sup>56</sup>

Introduce Islamic coping concepts like tawakkul and sabr, framing them as tools for resilience. Discuss the soothing role of salah and Qur'ānic recitation, linking these to emotional self-regulation strategies.

### Session 3: Rituals as Resilience Reinforcement<sup>57</sup>

Seamlessly integrate Islamic daily rituals into therapeutic practices to offer comfort and predictability. Encourage communal worship to bolster social support, fostering a sense of ummah.

### Session 4: Reinterpreting Thoughts Through an Islamic Perspective<sup>58</sup>

Utilize cognitive restructuring to reinterpret maladaptive thoughts, drawing from Qur'ānic wisdom and Hadiths to reinforce positive thinking. Share inspirational Islamic stories that exemplify overcoming hardship and sustaining hope.

### Session 5: Community and Family as Pillars of Support<sup>59</sup>

Actively involve family and community in the healing journey, given the collectivist nature of Islamic culture. Facilitate discussions on the instrumental role of social support networks in recovery.

### Session 6: Spiritual Reconciliation and Growth<sup>60</sup>

Address any discord between trauma-induced emotional distress and religious beliefs, fostering a reconciled spiritual worldview. Provide spiritual counsel to navigate theodicy and existential inquiries triggered by the earthquake.

### Session 7: Fortifying Resilience through Islamic Practice

Identify and reinforce Islamic practices that contribute to psychological resilience, like regular 'sadaqah' (almsgiving), which enhances community connection and personal fulfillment.

### Session 8: Islamic Insights into Mourning and Acceptance<sup>61</sup>

Offer compassionate space to express grief, contextualizing loss within the Islamic ethos of life's transitory nature and the concept of 'barzakh' (the in-between state after

---

<sup>55</sup> Jacob A. Bentley et al., "Islamic Trauma Healing: Integrating Faith and Empirically Supported Principles in a Community-Based Program", *Cognitive and Behavioral Practice* 28/2 (2021), 167.

<sup>56</sup> Thema Bryant-Davis – Eunice C. Wong, "Faith To Move Mountains: Religious Coping, Spirituality, And Interpersonal Trauma Recovery", *American Psychologist* 68/8 (2013), 675.

<sup>57</sup> Meguellati Achour et al., "An Islamic Perspective On Coping With Life Stressors", *Applied Research in Quality of Life* 11 (2016), 663.

<sup>58</sup> Daniel W. Brown, *Rethinking Tradition in Modern Islamic Thought*, (Camyantdge: Cambridge University Press, 1999), 81.

<sup>59</sup> Kamal - ud Din K., *Five pillars of Islam*. (India, Lahore: Nabu Press, 2010), 16, 1-14.

<sup>60</sup> J. Irene Harris et al., "Coping Functions of Prayer and Posttraumatic Growth", *International Journal for The Psychology of Religion* 20/1 (2010), 26.

<sup>61</sup> Hasan Awan – Carrie York Al Karam, "Islamic Perspectives on Human Interaction with The Divine, The Sacred, Saints, and The Deceased", In *Human Interaction with The Divine, The Sacred, and the Deceased* (New York: Routledge, 2021), 121.

death and before the hereafter). Facilitate ‘du’a’ (supplications) for the deceased, emphasizing remembrance as a healing practice.

Session 9: Contemplative Practices for Mindful Presence<sup>62</sup>

Adapt mindfulness techniques to be congruent with Islamic practices, such as contemplative dhikr, to cultivate a serene and present state of mind.

Session 10: Sustained Recovery and Empowerment<sup>63</sup>

Discuss strategies to generalize faith-based coping mechanisms to future life challenges. Establish a continuity of care through community resources, highlighting the role of local mosques and Islamic organizations.

Each session is designed to be flexible, responsive to individual needs, and respectful of the dynamic post-disaster context. The overarching aim is to validate personal experiences while offering faith-congruent strategies that promote healing within the comforting framework of Islamic faith and community practices.

**2.10. Programmatic Outline: 10-Session Islamic-Oriented TF-CBT**

Session 1: Establishing Therapeutic Alliance and Assessment

Objective: Build rapport, conduct a comprehensive cultural and psychological assessment, and discuss spiritual history.

Activities: Begin with introductions and an explanation of confidentiality. Use culturally sensitive questioning to assess the impact of trauma. Explore the patient’s religious practices and how they relate to their daily life.

Therapeutic Technique: Active listening and empathic understanding to establish a connection.

Session 2: Education on Trauma and Islamic Coping Mechanisms

Objective: Provide psychoeducation on PTSD and introduce Islamic coping concepts.

Activities: Explain PTSD symptoms using accessible language. Discuss ‘tawakkul’ and ‘sabr’ and connect these to coping with trauma.

Therapeutic Technique: Psychoeducation paired with examples from the Sunnah, Qur’ān and stories of Islamic Community Leaders such as Mawlānā and al-Ghazālī.

Session 3: Normalizing Feelings and Integrating Rituals

Objective: Normalize trauma reactions and discuss the role of daily Islamic rituals in recovery.

Activities: Validate the client’s feelings and experiences post-earthquake. Discuss the structure provided by ‘salah’ and how ritual purity (‘wudu’) can be calming.

Therapeutic Technique: Normalization and behavioral activation.

Session 4: Cognitive Restructuring, I - Identifying Negative Thoughts

Objective: Begin the process of identifying and understanding negative thought patterns.

Activities: Teach the client to recognize automatic negative thoughts. Relate this to ‘waswasa’ (whispers from Shaytan) and how to seek refuge.

Therapeutic Technique: Cognitive restructuring with an Islamic framework.

<sup>62</sup> Nazila Isgandarova, “Muraqaba as a mindfulness-based therapy in Islamic psychotherapy”, *Journal of Religion and Health* 58/4 (2019), 1146.

<sup>63</sup> Srđjan Sremac, “Trauma, Substance Dependence and Religious Coping: A Narrative Spiritual Appraisal In Faith-Based Recovery Programs”, *Journal of Empirical Theology* 31/1 (2018), 112.

Session 5: Cognitive Restructuring II - Challenging and Reframing

Objective: Challenge and reframe negative thoughts using Islamic teachings.

Activities: Practice reframing negative thoughts with positive ones, using Qur'ānic verses and Hadiths for reinforcement.

Therapeutic Technique: Socratic questioning and reframing.

Session 6: Exposure to Trauma Narrative

Objective: Develop and share a narrative of the traumatic event.

Activities: Guide the client through telling their story of the earthquake, providing a supportive and non-judgmental space.

Therapeutic Technique: Prolonged exposure within a safe therapeutic environment.

Session 7: Enhancing Resilience through Islamic Practices

Objective: Strengthen resilience by identifying supportive Islamic practices.

Activities: Discuss 'sadaqah' and community involvement. Encourage setting up small, regular acts of charity or community service.

Therapeutic Technique: Behavioral experiments and commitment to action.

Session 8: Processing Grief and Loss

Objective: Address and process feelings of grief and loss from an Islamic perspective.

Activities: Offer space for the client to express their grief. Discuss the concept of 'Rida' (contentment with Allah's decree) and patience in adversity.

Therapeutic Technique: Grief counseling with spiritual insights.

Session 9: Mindfulness and Spiritual Reflection

Objective: Promote mindfulness through Islamic spiritual practices.

Activities: Practice 'dhikr' and mindfulness in 'salah'. Encourage reflection on the 99 Names of Allah for contemplation and calmness.

Therapeutic Technique: Mindfulness-based stress reduction adapted for Islamic practices.

Session 10: Review, Future Planning, and Relapse Prevention

Objective: Consolidate gains, plan for the future, and prepare for potential challenges.

Activities: Review the progress and coping strategies developed. Discuss how these can be applied to future stresses. Provide information on continued support within the community.

Therapeutic Technique: Relapse prevention planning and community resource utilization.

## Conclusion

This article has emphasized the critical importance of adopting a culturally responsive approach to PTSD, particularly in the context of the Muslim communities affected by the GSTE. The proposition of Islamic-Oriented TF-CBT represents a groundbreaking step in acknowledging and integrating the cultural and spiritual dimensions of healing into mainstream mental health practices. This approach is not only innovative but essential in addressing the unique psychological needs arising from the intersection of trauma and cultural identity.

The integration of Islamic coping mechanisms, such as Tawakkul, Şabr, Umma, Şalāt, Zakāt and Qadr, within the framework of TF-CBT, offers a promising pathway for enhancing the therapeutic alliance and efficacy. It also underscores the value of spiritual

and religious practices in fostering resilience and aiding recovery in PTSD patients. This culturally sensitive model resonates with the religious beliefs and cultural norms of the affected population, potentially leading to better engagement and outcomes in therapy.

However, the implementation of Islamic-Oriented TF-CBT poses significant challenges and raises critical questions. Mental health professionals need to develop a deep cultural competence to effectively deliver this form of therapy. This involves not only an understanding of Islamic teachings and practices but also an appreciation of the diverse interpretations and cultural variations within the Muslim community. Training programs and professional development opportunities must therefore be expanded to equip therapists with the necessary skills and knowledge to navigate these cultural nuances.

Moreover, there is a pressing need for empirical research to validate the effectiveness of Islamic-Oriented TF-CBT. Rigorous studies are required to assess its impact on PTSD symptoms, compare it with conventional therapy models, and understand its suitability across different Muslim cultures and contexts. This research should aim to identify best practices, highlight potential limitations, and suggest modifications to ensure that the therapy is both culturally appropriate and clinically effective.

Furthermore, the broader mental health care system must evolve to accommodate and support culturally responsive therapies. This includes policy changes to recognize and fund such approaches, collaboration with religious and community leaders to ensure cultural congruence, and public awareness campaigns to reduce stigma and promote understanding of culturally sensitive mental health care.

In conclusion, while the path towards fully integrating cultural and spiritual considerations into PTSD treatment is complex and demanding, it is a journey worth undertaking. Embracing Islamic-Oriented TF-CBT can lead to more inclusive, effective, and compassionate mental health care, reflecting a deep commitment to honoring the diverse cultural tapestry of our global community. As we move forward, let us strive to build a mental health landscape that is not only clinically robust but also culturally empathetic and spiritually insightful, offering hope and healing to all those affected by trauma.

### **Recommendations**

Mental health professionals should receive specialized training in cultural competency, with a focus on understanding Islamic practices and beliefs. This education should extend beyond academic settings to include continuous professional development and experiential learning opportunities.

There is a vital need for ongoing research into the efficacy of Islamic-Oriented TF-CBT. Future studies should aim to quantify its impact, explore its adaptability across different Muslim cultures, and refine its methodologies based on empirical findings.

Mental health services should actively engage with local Muslim communities to build trust, understand their unique needs, and incorporate community leaders in the therapeutic process. This engagement can enhance the relevance and acceptance of psychological interventions.

Policymakers should be informed about the benefits of culturally sensitive mental health care. Advocacy efforts should aim to secure funding and support for the

development and implementation of culturally adapted therapies, including Islamic-Oriented TF-CBT.

Mental health care systems should embrace holistic care models that integrate psychological, cultural, and spiritual dimensions of healing. This approach acknowledges the multifaceted nature of trauma recovery and fosters a more comprehensive healing process.

Collaboration with Islamic scholars and religious leaders can enrich the therapeutic process, ensuring that interventions are aligned with religious teachings and culturally respectful.

Increasing public awareness about PTSD and the benefits of culturally responsive therapies is crucial. Educational initiatives should aim to destigmatize mental health issues and promote understanding of the importance of cultural and spiritual factors in psychological healing.

**Kaynakça | References**

- Achour Meguellati et al. "An Islamic Perspective on Coping with Life Stressors". *Applied Research in Quality of Life* 11 (2016), 663-685.  
<https://doi.org/10.1007/s11482-015-9389-8>
- Abdel Khalek Ahmed M. "Religiosity and Well-Being in A Muslim Context". *Religion and Spirituality Across cultures*. 71-85. Netherlands: Dordrecht: Springer 2014. [https://doi.org/10.1007/978-94-017-8950-9\\_4](https://doi.org/10.1007/978-94-017-8950-9_4)
- Abdul-Hamid, Walid Khalid – Hughes, H. Jamie. "Integration of religion and spirituality into Trauma psychotherapy: An example in sufism?". *Journal of EMDR Practice and Research* 9/3 (2015), 150-156. <https://doi.org/10.1891/1933-3196.9.3.150>
- Ai, Amy L. et al. "The Effect of Religious-Spiritual Coping on Positive Attitudes of Adult Muslim Refugees from Kosovo and Bosnia". *The International Journal for the Psychology of Religion* 13/1 (2003), 29-47.  
[https://doi.org/10.1207/S15327582IJPR1301\\_04](https://doi.org/10.1207/S15327582IJPR1301_04)
- Allen, Jon. G. *Coping with trauma: Hope through understanding*. Texas: American Psychiatric Publishing, 2008.
- Allen, Brian. et al. *Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Cognitive Behavioral Therapy in Youth: Tradition And Innovation*. New York: Humana Press, 2020.
- AFAD, T.C. İçişleri Bakanlığı, Afet ve Acil Durum Yönetimi Başkanlığı, Deprem ve Risk Azaltma Genel Müdürlüğü Deprem Dairesi Başkanlığı. *06 Şubat 2023 Pazarçık-Elbistan Kahramanmaraş (Mw: 7.7 – Mw: 7.6) Depremleri Raporu* (AFAD, Haziran, 2023).  
[https://deprem.afad.gov.tr/assets/pdf/Kahramanmara%C5%9F%20Depremi%20%20Raporu\\_02.06.2023.pdf](https://deprem.afad.gov.tr/assets/pdf/Kahramanmara%C5%9F%20Depremi%20%20Raporu_02.06.2023.pdf)
- Awan, Hasan - Al-Karam, Carrie York. "Islamic Perspectives on Human Interaction with The Divine, the Sacred, Saints, and the Deceased". *Human Interaction with the Divine, the Sacred, and the Deceased*. 121-132. New York: Routledge, 2021.
- Benish, Steven. G. et al. "Culturally Adapted Psychotherapy and The Legitimacy of Myth: A Direct-Comparison Meta-Analysis". *Journal Of Counseling Psychology* 58/3 (2011), 279. <https://doi.org/10.1037/a0023626>
- Bentley A. Jacop. et al. "Islamic Trauma Healing: Integrating Faith and Empirically Supported Principles in a Community-Based Program". *Cognitive and Behavioral Practice* 28/2 (2021), 167/192.  
<https://doi.org/10.1016/j.cbpra.2020.10.005>
- Bisson, Jonathan - Andrew, Martin. "Psychological Treatment of Post-Traumatic Stress Disorder (PTSD)". *Cochrane Database of Systematic Reviews* 3 (2007).  
<https://doi.org/10.1002/14651858.CD003388.pub3>
- Brown Daniel W. *Rethinking Tradition in Modern Islamic Thought*. Cambridge: Cambridge University Press, 1999.
- Bryant - Davis T. – Wong E. C. "Faith to Move Mountains: Religious Coping, Spirituality, And Interpersonal Trauma Recovery". *American Psychologist* 68/8 (2013), 675.  
<https://doi.org/10.1037/a0034380>
- Bryant - Davis, Thema. et al. "Religiosity, Spirituality, and Trauma Recovery in The Lives of Children and Adolescents". *Professional Psychology: Research and Practice* 43/4 (2012), 306-314. <https://doi.org/10.1037/a0029282>

- BSS, T.C. Cumhurbaşkanlığı Strateji ve Bütçe Başkanlığı. 2023 Kahramanmaraş ve Hatay Depremleri Raporu (Ankara, BSS, 2023). <https://www.sbb.gov.tr/wp-content/uploads/2023/03/2023-Kahramanmaraş-ve-Hatay-Depremleri-Raporu.pdf>
- Crabtree Sara Ashenscaen. et al. *The Muslim Ummah: Context and Concepts, In Islam and Social Work*. Bristol: Bristol University Policy Press, 2016. <https://doi.org/10.51952/9781447330134.ch002>
- Dastani, Mahboubeh. et al. “Effectiveness of Religious Cognitive-Behavioral Therapy in Comparison with Conventional Cognitive-Behavioral Therapy In Improving The Affect And Hope of Patients With Depression”. *Journal of Pizhūhish Dar Dīn va Salāmat* 8/4 (2022), 113-128. <https://doi.org/10.22037/jrrh.v6i3.24105>
- Everly George S. - Lating M. Jeffrey. *The Johns Hopkins Guide to Psychological First Aid*. Maryland: JHU Press, 2022.
- Farooqui, Mudassir. et al. “Posttraumatic Stress Disorder: A Serious Post-Earthquake Complication”. *Trends in Psychiatry and Psychotherapy* 39 (2017), 135-143. <https://doi.org/10.1590/2237-6089-2016-0029>
- Foy, David. W. et al. “Religious and Spiritual Factors in Resilience”. Resilience and Mental Health. Challenges Across the Lifespan. ed. St. M. Southwick et al. 90-102. Cambridge: Cambridge University Press, 2011.
- Goenjian Armen. et al. “Depression and PTSD Symptoms Among Bereaved Adolescents 6½ Years After the 1988 Spitak Earthquake”. *Journal of Affective Disorders* 112/3 (2009), 81-84. <https://doi.org/10.1016/j.jad.2008.04.006>
- Harris J. Irene. et al. “Coping Functions of Prayer And Posttraumatic Growth”. *International Journal for the Psychology of Religion* 20/1 (2010), 26-38. <https://doi.org/10.1080/10508610903418103>
- Hall-Clark, Brittany. et al. “Racial/Ethnic Differences in Symptoms of Posttraumatic Stress Disorder”. *Current Psychiatry Reviews* 12/2 (2016), 124-138.
- Hartman, E. William et al. “American Indian Historical Trauma: Anticolonial Prescriptions for Healing, Resilience, and Survivance”. *American Psychologist* 74/1 (2019), 6-19.
- Hinton, Devon. E. et al. “Adapting CBT For Traumatized Refugees and Ethnic Minority Patients: Examples From Culturally Adapted CBT (CA-CBT)”. *Transcultural Psychiatry* 49/2 (2012), 340-365. <https://doi.org/10.1177/13634615124415>
- Husain, Altaf – Hodge, David R. “Islamically Modified Cognitive Behavioral Therapy: Enhancing Outcomes by Increasing the Cultural Congruence of Cognitive Behavioral Therapy Self-statements”. *International Social Work* 59/3 (2016), 393-405.
- Hussain, Musharraf. *The Five Pillars of Islam: Laying the Foundations of Divine Love and Service to Humanity*. London: Kube Publishing Ltd., 2012.
- Isgandarova, Nazila. “Muraqaba as A Mindfulness-Based Therapy in Islamic Psychotherapy”. *Journal Of Religion and Health* 58/4 (2019), 1146-1160. <https://doi.org/10.1007/s10943-018-0695-y>

- İnce, Abdullah et al.. “6 Şubat Kahramanmaraş Depremlerinde Din Hizmetleri: Manevi Danışmanlık ve Rehberlik Bağlamında Bir Saha Araştırması”. *Eskiyeni* 50 (Eylül 2023), 683-704.  
<https://doi.org/10.37697/eskiyeni.1286299>
- KATÜ, Karadeniz Teknik Üniversitesi. “Kahramanmaraş (Pazarcık Mw:7.7 ve Elbistan Mw: 7.6) Depremleri ve Artçıları, Saha Gözlemlerini, Yapısal Hasarları ve İleriye Yönelik Önerileri İçeren Değerlendirme Raporu”. Erişim Nisan 2023.  
<https://ktu.edu.tr/apps/file/KahramanmarasDeprem.pdf>
- Kearney J. David et al. “Effects of participation in a mindfulness program for veterans with posttraumatic stress disorder: a randomized controlled pilot study”. *Journal of clinical psychology* 69/1 (2013), 14-27. <https://doi.org/10.1002/jclp.21911>
- Khan, Ziasma Haneef. - Watson, P. J. "Construction of the Pakistani Religious Coping Practices Scale: Correlations with Religious Coping, Religious Orientation, and Reactions to Stress Among Muslim University Students". *The International Journal for the Psychology of Religion* 16/2 (2006), 101-112.  
[https://doi.org/10.1207/s15327582ijpr1602\\_2](https://doi.org/10.1207/s15327582ijpr1602_2)
- Kino, Shiho. et al. “Persistent Mental Health Impacts of Disaster. Five-Year Follow-Up After The 2011 Great East Japan Earthquake and Tsunami: Iwanuma Study”. *Journal of Psychiatric Research*, 136 (2021), 452-459.  
<https://doi.org/10.1016/j.jpsychires.2020.08.016>
- Koenig, Harold G. “Research on Religion, Spirituality, And Mental Health: A Review”. *The Canadian Journal of Psychiatry* 54/5 (2009), 283-291.  
<https://doi.org/10.1177/070674370905400502>
- Köylü, Mustafa. “Kur’an’da Ruh Sağlığı”. *Ondokuz Mayıs Üniversitesi İlahiyat Fakültesi Dergisi* 31/31 (2011), 5-37.
- Liu, Mingxin. et al. “Mental Health Problems Among Children One-Year After Sichuan Earthquake in China: A Follow-Up Study”. *PLoS One*, 6/2 (2011), e14706.  
<https://doi.org/10.1371/journal.pone.0014706>
- Marsella, Anthony J. et al. “*Ethnocultural Perspectives on Disaster and Trauma: Foundations, Issues, And Applications*”. Hawaii: Springer Science & Business Media, 2002.
- Neria, Yuval. et al. “Post-Traumatic Stress Disorder Following Disasters: A Systematic Review”. *Psychological medicine* 38/4 (2008), 467-480.
- Nicolas, Guerda. et al. “Does One Trauma Fit All? Exploring The Relevance of PTSD Across Cultures”. *International Journal of Culture and Mental Health* 8/1 (2015), 34-45.  
<https://doi.org/10.1080/17542863.2014.892519>
- Nurani, Shinta. “The Quran and Mental Health in Post-Pandemic Era”. *MAGHZA: Jurnal Ilmu Al-Qur’an dan Tafsir* 6/2 (2021), 204-216.  
<https://doi.org/10.24090/maghza.v6i2.5711>
- O’Donnell, Lisa A. et al. “Technological Advances in Cognitive-Behavioral Therapy and Clinical Practice: Challenges in An Evolving Field”. *American Journal of Psychotherapy* 75/4 (2022), 186-190.  
<https://doi.org/10.1176/appi.psychotherapy.20220003>



- Önder, Emin et al. "Prevalence of Psychiatric Disorders Three Years After The 1999 Earthquake In Turkey: Marmara Earthquake Survey (MES)". *Social Psychiatry and Psychiatric Epidemiology* 41 (2006), 868-874.  
<https://doi.org/10.1007/s00127-006-0107-6>
- Pargament, Kenneth I. et al. "Patterns of Positive and Negative Religious Coping with Major Life Stressors". *Journal For the Scientific Study of Religion* (1998), 710-724.  
<https://doi.org/10.2307/1388152>
- Pargament, Kenneth I. *Spiritually Integrated Psychotherapy: Understanding And Addressing the Sacred*. New York: Guilford Press, 2011.
- Polat, Irmak et al. "Afetler Sonrasında Ruh Sağlığı; Psikolojik Etkiler, Tedavi Yaklaşımları ve Baş Etme". *İstanbul Tıp Fakültesi Dergisi* 86/4 (2023), 393.  
<https://doi.org/10.26650/IUITFD.1322896>
- Polusny, Melissa A. et al. "Mindfulness-based Stress Reduction for Posttraumatic Stress Disorder Among Veterans: a Randomized Clinical Trial". *Jama* 314/5 (2015), 456-465. <https://doi.org/10.1001/jama.2015.8361>
- Rassool, Hussein G. "The Crescent and Islam: Healing, Nursing and The Spiritual Dimension. Some Considerations Towards an Understanding of The Islamic Perspectives On Caring". *Journal Of Advanced Nursing* 32/6 (2000), 1476-1484.  
<https://doi.org/10.1046/j.1365-2648.2000.01614.x>
- Şalcıoğlu, Ebru - Başoğlu, Metin. "Psychological Effects of Earthquakes In Children: Prospects For Brief Behavioral Treatment". *World Journal of Pediatrics* 4 (2008), 165-172. <https://doi.org/10.1007/s12519-008-0032-8>
- Schnyder, U. et al. "Culture-Sensitive Psychotraumatology". *European Journal of Psychotraumatology* 7/1 (2016), 31179. <https://doi.org/10.3402/ejpt.v7.31179>
- Shapiro, Robin - Brown, Laura. S. "Eye Movement Desensitization And Reprocessing Therapy And Related Treatments For Trauma: An Innovative, Integrative Trauma Treatment". *Practice Innovations* 4/3 (2019), 139-155.  
<https://doi.org/10.1037/pri0000092>
- Sperry, Len - Miller, Lisa. "Spirituality in Clinical Practice: Theory And Practice Of Spiritually Oriented Psychotherapy". 4-26 New York: Routledge, 2012.  
<https://doi.org/10.4324/9780203893876>
- Sremac, Srdjan. "Trauma, Substance Dependence and Religious Coping: A Narrative Spiritual Appraisal In Faith-Based Recovery Programs". *Journal of Empirical Theology* 31/1 (2018), 112-135. <https://doi.org/10.1163/15709256-12341369>
- Sutini, Titin. et al. "The Use of Trauma Healing in Treating PTSD in Post-Disaster Victims: A Narrative Review". *Jurnal Keperawatan Komprehensif (Comprehensive Nursing Journal)* 8/4 (2022), 524-530. <https://doi.org/10.33755/jkk.v8i4.408>
- Summerfield, Penny. "Culture and Composure: Creating Narratives of The Gendered Self in Oral History Interviews". *Cultural and Social History* 1/1 (2004), 65-93.  
<https://doi.org/10.1191/1478003804cs00050a>
- Suzuki Yuriko - Kim Yoshiharu. "The Great East Japan Earthquake in 2011, Toward Sustainable Mental Health Care System". *Epidemiology and Psychiatric Sciences* 21/1 (2012), 7-11. <https://doi.org/10.1017/S2045796011000795>

- Tural, Ümit. et al. "Psychological Consequences of the 1999 Earthquake In Turkey". *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies* 17/6 (2005), 451-459.  
<https://doi.org/10.1007/s10960-004-5793-9>
- ud-Din- Kamal K. "Five Pillars of Islam". 2-13. Lahore: Nabu Press, 2010.
- van Minnen, Agnes. et al. "Examining Potential Contraindications for Prolonged Exposure Therapy For PTSD". *European Journal of Psychotraumatology* 3/1 (2012), 1-14.  
<https://doi.org/10.3402/ejpt.v3i0.18805>
- Walsh, Froma, "The Spiritual Dimension of Family Life, Normal Family Processes (New York: Guilford Press, 2012), 347-372.
- Warfa, Nasir. et al. "Cultural Competence in Psychological Interventions For Psychotrauma Following Natural Disasters: An International Perspective". *Clinical Neuropsychiatry* 11/1 (2014), 40-45.
- Wen, Jin. et al. "Quality of Life, Physical Diseases, And Psychological Impairment Among Survivors 3 Years After Wenchuan Earthquake: A Population Based Survey". *PloS One* 7/8 (2012), e43081.  
<https://doi.org/10.1371/journal.pone.0043081>
- Williams, Richard. et al. *The Psychosocial and Mental Health of People Who Are Affected By Conflict, Catastrophes, Terrorism, Adversity And Displacement*. Conflict and Catastrophe Medicine: A Practical Guide. New York: Springer Link, (2014), 805-849.  
[https://doi.org/10.1007/978-1-4471-2927-1\\_49](https://doi.org/10.1007/978-1-4471-2927-1_49)
- Winingsih, Evi - Rachmadyanti, Putri. *Traumatic Counseling*. In International Joint Conference on Arts and Humanities. Netherlands: Atlantis Press, 2021.