

# THE EFFECTIVENESS OF QUR'ANIC COUNSELING IN ERADICATING POST-TRAUMATIC STRESS DISORDER DUE TO PSYCHIC NERVOUSNESS AND DENIAL OF GOD

**Ridwan\*, Amien Wahyudi**

**\*Correspondent Author**

---

Ridwan  
Universitas Hamzanwadi  
Jalan Cut Nyak Dien Nomor 85, Selong,  
Lombok Timur, Nusa Tenggara Barat  
Indonesia  
Email: ridwan0761@gmail.com

Amien Wahyudi  
Universitas Ahmad Dahlan  
Jl. Ringroad Selatan, Bantul, Yogyakarta  
Indonesia  
Email: amien.wahyudi@bk.uad.ac.id

Page  
8-16

## ABSTRACT

*The purpose of this study was to evaluate the effectiveness of Quranic counseling in alleviating post-traumatic stress disorder (PTSD) caused by psychological nervousness and denial of God. The research employed a single-subject quantitative design (SSQD) method, with 60 students selected through purposive sampling. Data were collected using four instruments: the PTSD Checklist, the Psychological Nervousness Scale, the Denial of Positive Experiences Scale, and a 10-point scale on 'self-full-of-regret.' Data analysis was conducted using percentage analysis techniques. The results indicated that post-disaster trauma was both directly and indirectly influenced by denial of God, leading to psychological nervousness. The study found that Quranic counseling was effective in alleviating trauma, reducing symptoms by up to 52%. These findings contribute to the development of PTSD theory by incorporating a religious perspective and offer Quranic counseling as an alternative solution.*

*Keywords:* Quranic counseling, post-traumatic stress disorder, psychological nervousness, denial of God

## INTRODUCTION

The Meteorological, Climatological, and Geophysical Agency (BMKG) reported that from January to December 2021, there were 10,570 tectonic earthquakes of varying magnitudes. This represents an increase from the previous year's 8,264 occurrences (Anonim, 2021). The responses of affected populations and the management strategies

employed have varied accordingly. Consequently, the frequency of post-disaster trauma management over the past 20 years has led to a significant rise in scholarly articles and publications related to trauma (Webber et al., 2017).

This underscores that trauma, such as post-traumatic stress disorder (PTSD), will continue to arise after disasters, while natural

or man-made calamities are often unavoidable. Even in the absence of major disasters, many individuals still experience post-trauma incidents (Ridwan, 2019). A review by the World Health Organization (WHO) of PTSD, surveying 24 countries with a sample of 68,894 individuals, found that 70.4% of respondents experienced trauma over their lifetime, with an average of 3.2 traumas per household (Kessler et al., 2017). This indicates that numerous cases among students may initially be attributed to trauma. Thus, individuals with unresolved past issues may respond differently compared to those without such issues (Ridwan, 2017). For instance, during a minor earthquake in a classroom, the researcher observed that three or four students screamed loudly, while others appeared frightened, and some remained relatively calm. This variation in responses suggests the presence or absence of trauma within individuals.

To ascertain whether these three students experienced PTSD, the researcher administered a PTSD checklist. With responses exceeding the norm on 25 items, including heightened vigilance for personal safety, reliving the traumatic event, and increased anxiety and panic during unexpected events (Ridwan, 2019, pp. 235-236), their reactions indicated that loud screaming and panic during disasters are indicative of trauma.

Spontaneous responses during a disaster are, in fact, a form of spiritual response (Ridwan, 2019). This is because, in the face of a shocking disaster, the primary response of an individual originates from their inner state (Shihab, 2010a). Therefore, if an individual's spiritual state is well-developed, their response will be more positive, and vice versa. Those who cannot respond effectively, whose responses are limited to screams of fear and panic, indicate a weakness in their spirituality. Such spiritual weakness reflects a lower level of spiritual intelligence, which is fundamental and operates during critical moments (Zohar & Marshall, 2005, p. 133). Thus, spontaneous reactions to disasters can serve as indicators of trauma (PTSD), while

the strength or weakness of one's spirituality is revealed in critical situations.

PTSD is a psychological disorder or anxiety experienced by individuals who have encountered extraordinary events. According to Schiraldi (as cited in Rusmana, 2017, p. 8), traumatic stressors that trigger PTSD differ from ordinary stressors. The American Psychiatric Association (1994) identified six indicators of PTSD: First, Exposure to the stressor, where an individual experiences, witnesses, or becomes aware of a tragedy. Second, re-experiencing the event, where the individual revisits disturbing events, recalls nightmares, behaves as if the trauma recurs, or exhibits internal and external signs similar to the trauma, with repeated psychological reactions. Third, avoidance, which involves efforts to avoid thoughts or feelings that recall the trauma, inability to remember important aspects of the event, disinterest in normal activities, feelings of detachment, and a bleak outlook on the future. Fourth, appearance of trauma symptoms following the tragedy. Fifth, duration of re-experiencing symptoms beyond one month after the tragic event. Sixth, life disturbances, manifested as distress in social and other functional domains. These indicators of PTSD result from an individual's inability to cope with a tragedy in a typical manner.

Nervousness is a natural occurrence, particularly when an individual harbors numerous negative experiences. Such nervousness can be likened to Freud's concept of the Id, which seeks fulfillment through dreams (Nelson-Jones, 2011). In this context, a spiritually contaminated state struggles to respond effectively during a disaster.

Thus, experiencing PTSD is often a result of inadequate preparedness for a disaster (Rusmana, 2017, pp. 8-9). This lack of preparedness can be observed through psychological nervousness, which has spiritual-religious implications as previously mentioned. Therefore, it is essential to delve deeper into an individual's religious beliefs. The core issue is the extent of an individual's faith and piety toward the Almighty.

In Islam, the gravest form of denial that paralyzes the soul is disobedience to God, followed by disobedience to parents, relatives, and others (see QS. an-Nisa [4]: 36; Shihab, 2010a, p. 525). Disobedience to God is considered the greatest sin (see QS. Luqman [31]: 13; Shihab, 2010d, pp. 296-297) because it involves rejecting the Almighty (Ridwan, 2019, p. 60). Examples of disobedience to God include associating partners with Him, failing to follow His commands, and not believing in His revelations. Additionally, disobedience to parents, such as speaking ill of them, commanding them, feeling embarrassed to acknowledge them, and lying, can lead to conflicts with them and other family members (Ridwan, 2019, p. 67).

Guidance and counseling services have attempted to address PTSD issues, but the approaches used are primarily based on Western methods. One alternative solution is to adopt a spiritual-religious approach,

specifically through Qur'anic counseling. This method involves addressing individual issues holistically with full mindfulness, utilizing core individual awareness (Ridwan, 2018). Research by Boyd, Lanius, & McKinnon (2018) supports the effectiveness of mindfulness-based treatments for PTSD, recommending them for broad restoration of neural connections. Additionally, Bryant-Davis (2019) supports the use of Qur'anic counseling, emphasizing that PTSD recovery should incorporate cultural context by developing awareness, knowledge, and effective skills.

This process is crucial for decision-making in the prefrontal cortex, influencing a healthy mindset and attitudes. The concept of mindfulness in the Qur'an is highlighted by the verse: "(It is) those who have believed and whose hearts find rest in the remembrance of Allah. Verily, in the remembrance of Allah do hearts find rest" (QS. ar-Ra'd [13]:28). According to Shihab (2010b, p. 272), remembrance (dhikr) leads to inner peace, particularly when it encourages awareness of patience and the power of God.

Qur'anic counseling incorporates Islamic values derived from the Qur'an, Hadith of Prophet Muhammad SAW, consensus of scholars, analogies, and stories (Ridwan, 2018, p. 64). Prophet Muhammad SAW serves as a model; his responses to confidential questions from his companions and problem-solving methods are akin to modern counseling practices (Zain & Maturidi, 2021).

Rassool (2019) employs the term "Qur'anic counseling," whereas Ahmed and Amer (2012) use "Muslim counseling." According to Rassool, Qur'anic counseling integrates spirituality into the therapeutic process. It emphasizes spiritual solutions based on love and fear of God and the duty to fulfill responsibilities as God's servant. This form of counseling is considered more effective because therapeutic communication is strengthened by using Allah's verses (Hidayat, Maulana, & Darmawan, 2019).

Research has consistently demonstrated that Islamic-based healing is more effective, as "non-religious approaches only address surface-level issues, while individual thoughts and desires are transcendental, aiming towards the Divine" (Faiz et al., 2019).

Ridwan, Sutoyo, and Mansur (2020) highlight that classical Muslim figures, such as Ibn Sina (d. 1036 CE), Imam al-Ghazali (d. 1111 CE), and Ibn Qayyim al-Jawziyah (d. 1350 CE), were early therapists whose theories continue to inspire contemporary Muslim counselors, including G. Hussein Rassool (2019) in Europe, Sheikh Robert Frager (2014) in the United States, and Ridwan (2018). These theories underscore the notion that Islam is a mercy to the worlds.

Thus, post-disaster trauma results from a spiritually tainted soul due to disobedience to God, which manifests as nervousness when facing disasters. Hence, it is crucial to provide Qur'anic counseling to affected individuals. This article aims to demonstrate the effectiveness of Qur'anic counseling in alleviating PTSD.

The findings are expected to contribute significantly to the development of PTSD theory by incorporating a religious

perspective. Identifying the relationship between disobedience to God and parents and psychological nervousness during disasters adds a new dimension to understanding the factors contributing to PTSD. This opens opportunities for further research exploring the role of religion and spirituality in managing and preventing PTSD.

### **METHODOLOGY**

This study employed a single-subject quantitative design (SSQD) as outlined by Heppner, Wampold, and Kivlinghan (2008). The chosen form of SSQD was Model A, where the research subject received a single intervention after a pre-test and was then assessed with a post-test. This SSQD format is similar to case study research but is more quantitatively oriented (Heppner, Wampold, & Kivlinghan, 2008, p. 203). The data source for achieving the research objectives comprised 60 counseling students selected using purposive sampling. The sample was administered three instruments: a PTSD checklist, a measure of psychological nervousness, and an assessment of denial. After collecting the data, a specific student was selected as a case study for this research.

The research instruments included three psychological scales: 1) The PTSD instrument was adapted from Rusmana (2017), based on Schiraldi's (2000) PTSD theory. The PTSD indicators were organized into seven dimensions: religiosity, future outlook, cognitive ability, emotional fluctuation, self-isolation, feelings of helplessness, and trauma flashbacks. This instrument contained 25 items; 2) The psychological nervousness instrument, developed by the researcher, was based on observed symptoms of psychological nervousness during disasters and included 5 items; 3) The denial instrument was developed based on 'Utsman Najati's theory (as cited in Ridwan, 2019) and related denial aspects.

To reinforce this, a psychological scale from Ridwan (2019) was added, consisting of 10 items. This scale, termed the 'regretful-self-to-inspired-self' scale, included six indicators: susceptibility to temptation,

propensity to make mistakes, frequent cursing, desire for praise, lack of compassion, lying, and neglect of responsibilities. Data analysis for assessing the effectiveness of Qur'anic counseling was conducted using percentage analysis techniques.

### **RESULT AND DISCUSSION**

This section presents the research findings aimed at achieving the research objectives, utilizing a single-subject quantitative design (SSQD). The implementation involved five stages of Qur'anic counseling for one subject. The first stage of Qur'anic counseling was needs assessment, conducted using the PTSD checklist, psychological nervousness measure, and denial assessment. Additionally, observation, interviews, and a questionnaire were used to complete the subject's identity profile. The Qur'anic counseling was delivered over four sessions within approximately 30 days.

#### **Need assesment**

**Identity and Appearance** The subject, referred to as A (a pseudonym), is an 18-year-old male student of Islamic faith, originally from a madrasah aliyah (MA) and has attended a pesantren (Islamic boarding school). He has brown skin, an oval face, and curly hair. His father passed away when he was in the fourth grade of elementary school, and his mother remarried. Subsequently, he lived with his grandparents, while one of his uncles is of similar age. Physically, A is tall and somewhat slender; he tends to be quiet but occasionally makes his friends laugh. He regularly attends classes, although he is sometimes late. His clothing is occasionally somewhat shabby. He feels that the financial support for living in his boarding house is inadequate. During the 7.0 magnitude earthquake in Lombok, his grandparents' house collapsed, but he and his family were unharmed. Reason for selecting the participant The subject was a prospective student who applied late. This delay was due to receiving a Bidikmisi program for earthquake victims, which was only recently launched. When the researcher offered to assess psychological conditions through

PTSD diagnosis in his class, he was the only male student present among nine participants. From the data analysis, he showed the highest number of positive checks.

Participant's data analysis To apply the SSQD, three repeated measurements were conducted for three instruments with the subject. The purpose was to assess the stability of the subject's data. The first measurement scores for the PTSD checklist, psychological nervousness, and denial were 21, 4, and 14, respectively; the second measurement scores were 26, 4, and 15; and the third measurement scores were 26, 4, and 15. The data indicates that A's scores were relatively stable. This suggests that SSQD could be effectively applied to this subject. The following is a detailed breakdown of the measurement results:

Denial Scale Responses: (a) Procrastinating in fulfilling Allah's commands, even to the point of not performing them, (b) Feeling that God is unjust and harboring anger towards Him, (c) Frequently arguing with parents, (d) Disputing parental advice, (e) Feeling like a victim of parental (family) behavior, (f) Frequently arguing with siblings or other relatives, (g) Occasionally apologizing to parents, (h) Feeling uncomfortable living with parents, and (i) Frequently contemplating leaving parents. The subject displayed the following characteristics: Confusion and uncertainty on how to act during a disaster, Spontaneously shouting during multiple disaster experiences, Persistent difficulty or inability to articulate coherent sentences.

The subject's PTSD data resulted in a percentage of 64%, which falls into the "moderately high" category. The dimensions are described as follows: (1) Dimension G (Religiosity): Blaming God; feeling angry at God; and doubting faith in God after the disaster.; (2) Dimension A (Traumatic Recollection): Experiencing high anxiety and panic during unexpected events; (3) Dimension B (Low Future Hope): Feeling hopeless; perceiving no effort to recover from the disaster; losing self-pride; and having no

hope for improvement; (4) Dimension C (Negative Thinking): Exhibiting excessive vigilance for personal safety; difficulty concentrating on studies or thinking; and feeling uncomfortable in any location; (5) Dimension D (Emotional Fluctuation): Being easily irritated and angry; (6) Dimension F (Feelings of Helplessness): Losing interest in previously enjoyed activities; feeling that life has no meaning since the tragic event; and experiencing significant disappointment with current circumstances; (7) Dimension E (Self-Isolation): Data analysis indicated a percentage of 64% for this dimension.

The subject's data was then synthesized, with the diagnosis and prognosis as follows. The prognosis involved providing Qur'anic counseling services in the form of Fitrah therapy and repentance therapy (Ridwan, 2018). The objective of Fitrah therapy is to awaken the awareness of the divine dimension within the individual. This service is crucial as it will be closely related to the subject's belief in implementing the counseling outcomes. Subsequently, repentance therapy was provided, based on the belief that without repentance, the difficulties could not be effectively resolved.

### **Verse contemplation, therapy process, determination and tawakkal**

In the stages of Qur'anic counseling, the subject was guided to contemplate verses, especially seven verses from Surah Al-Fatihah, and their experiences to achieve significant success. Hadith of the Prophet Muhammad (PBUH) and stories were also contemplated. The hadith on the duty of children towards their parents was discussed, with the counselor providing a book containing these hadiths, which the subject read one by one. The technique of learning from stories was employed as well.

The content of the hadith contemplated included comparing the duty towards parents (particularly mothers) to jihad in the way of God. Additionally, a story about life within a cocoon was discussed, where a caterpillar destroys its environment before creating the

cocoon (Ridwan, 2019). This contemplation was covered in three sessions, with the subject summarizing the meanings independently.

The therapy process was linked to the results of the contemplation of verses, hadith, and stories. The results of the contemplation were discussed and translated into actions. The solutions addressed included apologizing to his mother, grandparents, and uncle for his past disobedience. The methods and timing for making these apologies were discussed, and the subject agreed to these methods, the timing, and was prepared to proceed. The counselor supported this plan.

The subject was facilitated in this process through practice and was motivated to achieve a deep sense of self-regret, understanding his difficulties and obstacles. To achieve this, explanations from Imam Al-Ghazali were cited. Imam Al-Ghazali stated that signs of genuine remorse include (1) prolonged suffering and distress over past sins, (2) shedding tears, and (3) prolonged crying and reflection. To strengthen the sense of remorse and ensure true repentance, Imam Al-Ghazali (2011) suggested that individuals should practice feeling the severe effects of sin and the harsh punishment of God, which one cannot bear. Individuals need to understand the detrimental effects of sin on themselves and others. Evidence of the detrimental effects of sin on oneself could include laziness in work, studies, or worship, and difficulties in sustenance. Evidence of the adverse effects on relationships includes being avoided by friends. If sins are left unaddressed, one must consider whether they can endure God's punishment. Full remorse serves as a strong foundation for engaging in repentance counseling (Ridwan, 2018).

Before each counseling session concluded, the subject was asked to summarize the counseling process and what was gained from it. The subsequent counseling session focused on discussing the implementation of the previous counseling results, which included reassessing, contemplating, and continuing the therapeutic process. To ensure that the subject remained

steadfast in executing each plan, each session was reinforced with the concept of determination (azm) and reliance on God (tawakkul). The sessions included collective prayers to help achieve the implementation of the plans. Each counseling session concluded with an agreement on the next meeting and recitation of the following verse: "Do not separate determination and reliance/ reliance without determination is a sign of mental weakness/ determination without reliance is an action of those lacking wisdom/ both should be practiced to ensure lasting success" (Ridwan, 2018).

### SSQD outcome evaluation

For evaluating the SSQD results, the PTSD checklist instrument was administered again after the treatment was deemed sufficient. Based on two administrations of this instrument, the subject only responded with three checks out of 25 items. The items were related to being "easily irritated," "easily angry," and "difficulty concentrating in studying." The PTSD data after SSQD showed a percentage of 12%, compared to 64% before the counseling. This represents a significant reduction of 52%. The figure below illustrates this drastic decrease from before the Qur'anic counseling to after it. In other words, Quranic counseling is effective in addressing PTSD.

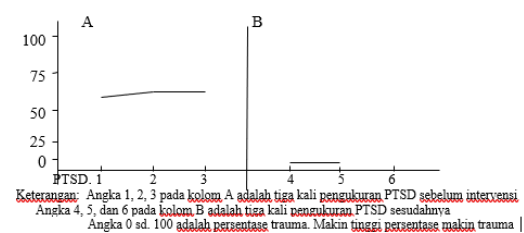


Figure 1.

Comparison between Baseline Phase (A) and Intervention Phase (B)

Additionally, the SSQD evaluation was conducted using the "Self-Full-of-Regret" instrument. This instrument was administered in the third week, after the third counseling session. The instrument includes six indicators: "easily interested," "prone to making mistakes," "using foul language," "seeking praise," "lacking compassion," "lying," and "neglecting obligations." The subject's scores for the six indicators were as follows: 7, 6, 4, 6, 7, and 6 (on a scale of 10).

The average score was 6. A score of 6 or higher indicates that the subject was progressing towards the "Self-Inspired" level, suggesting a transition from being "Self-Full-of-Regret" to "Self-Inspired" to become a better and more peaceful person. However, the score of 4 on "using foul language" remains.

There is a significant relationship between the subject's position on the "Self-Inspired" scale and the reduction in trauma. The subject's score of 4 on "using foul language" correlates with their PTSD symptoms of "easily irritated" and "easily angry," which likely contribute to the foul language. The difficulty in concentrating on studies is related to the incomplete attainment of the "Self-Inspired" state, which affects the subject's concentration. Thus, there is alignment between achieving the "Self-Inspired" state and the reduction in trauma.

Why was there such a drastic reduction in trauma after only four counseling sessions within less than 30 days? Firstly, Qur'anic counseling is based on the premise that "if the treatment matches the illness and the treatment is indeed effective, then healing will be easier." The remedy for disobedience is adherence to God and respect for parents, as indicated in QS. al-Mu'minun [23:76] and QS. al-An'am [6:42]. These verses suggest that individuals with problems should seek forgiveness from God through submission and humility. This submission requires serious acceptance of God, aligning with the concept of mindfulness as recommended by Boyd, Lanius, & McKinnon (2018) and with cultural approaches (Bryant-Davis, 2019).

Secondly, the remaining trauma indicators, such as "easily irritated," "easily angry," and "difficulty concentrating," are not purely due to trauma but are related to "heart disease" (Imam al-Ghazali, 2009) and unresolved past experiences (Nelson-Jones, 2011). Thus, addressing these issues requires specific focus on curing heart diseases and uncovering past experiences. If this is accurate, Qur'anic counseling could almost completely cure post-disaster trauma.

Thirdly, Qur'anic counseling is based on the subject's willingness to change and God's will to transform them, as stated in QS. ar-Ra'd [13:11]. God will not change the condition of a people (or an individual) unless they are willing to change. The subject voluntarily sought to address their trauma and participated in counseling, indicating a desire to improve themselves. This willingness and the outcomes achieved in the study confirm the effectiveness of the counseling process.

Fourthly, Qur'anic counseling has proven effective as evidenced by the research results for the single subject in this study. The results indicate a highly effective outcome, with a dramatic reduction in trauma. Many studies using SSQD for one or two cases have also shown effectiveness for larger samples. Future research should include additional variables and a larger number of subjects to further validate these findings.

Fifthly, the healing evidence reported in this study indicates that the subject reached the "Self-Inspired" level, and the trauma was effectively resolved. However, there are higher levels, such as "Self-Calm," "Self-Pleased," "Self-Approved-by-God," and "Pure Self" (Ridwan, 2019). Achieving these higher levels typically requires guidance from a spiritual teacher, which was not included in this study. For now, the subject is being managed independently to further improve their "Self-Inspired" status. It is hoped that with the guidance of a teacher and the practice of Sufism, further progress can be facilitated by divine grace (Suhrowardi, 2005). Alternatively, if Sufism is not practiced, regular remembrance (dhikr) can be employed (Rakhmat, 2007).

These findings align with the expectations of Webber et al. (2017), who advocated for counselors to be not only competent in trauma counseling but also in trauma counseling that emphasizes affective dimensions. This is precisely the focus of Qur'anic counseling, which addresses the heart (qalb) dimension. Additionally, Yusuf (2018) suggests that mental health should be approached through nearness to God, strengthening patience, and

practicing gratitude to prevent and address trauma.

### CONCLUSION

Based on the analysis, Qur'anic counseling has proven effective in alleviating trauma, as evidenced by a drastic reduction in trauma levels—from 64% before counseling to 12% after the intervention. Additionally, cases of post-disaster trauma should be addressed seriously and not merely as trauma healing. Qur'anic counseling has demonstrated its efficacy in resolving such issues and is recommended for use by qualified counselors. To enhance effectiveness, it is suggested that this counseling approach be applied to larger sample sizes..

### REFERENCES

- Al-Qur'anul Karim Mushaf Tafhim al-Qur'an Sarul Amal.* (2015)
- Ahmed, S., dan Amer, M.M. (2012). *Counseling Muslims. Handbook of Mental Issues and Interventions.* London: Routledge
- Anonim (2017). <http://www.mindfulness.id/2017/06/mindfulness-dalam-perspektif-islam.html> (Retrieved, 27 Januari, 2022)
- Anonim (2021). <https://www.merdeka.com/peristiwa/bmkg-catat-10570-kali-aktivitas-gempa-teknik-terjadi-selama-2021.html> (Retrieved, 31 Januari 2022)
- Anonim (2022). <https://anak1945.wordpress.com/2022/01/01/menumpahkan-kopi/> (Retrieved, 29 Januari 2022)
- Bryant-Davis, T. (2019). The cultural context of trauma recovery: Considering the posttraumatic stress disorder practice guideline and intersectionality. *Psychotherapy*, 56(3), 400–408. [doi.org/10.1037/%20pst0000241](https://doi.org/10.1037/%20pst0000241)
- Boyd, J. E., Lanius, R. A., & McKinnon, M. C. (2018). Mindfulness-based treatments for posttraumatic stress disorder: A review of the treatment literature and neurobiological evidence. *Journal of Psychiatry & Neuroscience*, 43(1), 7-25. <https://doi.org/10.1503/%20jpn.170021>
- Faiz, A., Yandri, H., Kadafi, A., Mulyani, R.R., Nofrita, dan Juliawati, D. (2019). Pendekatan Tazkiyatun An-Nafs untuk membantu mengurangi emosi negatif klien. *Consellia, Jurnal Bimbingan dan Konseling*, 9(1), 65-78
- Fragar, R. (2014). *Hati, Diri dan Jiwa. Psikologi Sufi untuk Transformasi.* Penerjemah Hasmiyah Rauf. Jakarta: Serambi
- Heppner, P.P., Wampold, B.E., dan Kivlinghan, D.M. (2008). *Research Design in Counseling, Third Edition.* United States: Thomson
- Hidayat, F., Maulana, A., dan Darmawan, D. (2019). Komunikasi terapeutik dalam Bimbingan dan Konseling Islam. *Hisbah, Jurnal Bimbingan Konseling dan Dakwah Islam*, 16(2), 139-152
- Imam Al-Ghazali, A.H.M. (2009). *Ihya 'Ulumiddin Jilid 7.* Penerjemah Muh. Zuhri, Muqoffin Muchtar, dan Muqorrobin Misbah. Semarang: CV. Asy-Syifa'
- Imam Al-Ghazali, A.H.M. (2011). *Menyingkap Hati Menghampiri Ilahi.* Bandung: Pustaka Hidayah
- Kessler, R.C., Aguilar-Gaxiola, S., Alonso, J., Corina Benjet, Evelyn J. Bromet, Graça Cardoso. (2017). Trauma and PTSD in the WHO World Mental Health Surveys. [doi.org/10.1080/20008198.2017.1353383](https://doi.org/10.1080/20008198.2017.1353383)
- Kusumandari, R.B., Suropto, dan Zulfikasari, S. (2019). *Game PEKA untuk trauma healing* pada anak pasca bencana di Kabupaten Banyumas. *Jurnal Teknologi Pendidikan*, 21(3), 257-267
- Mujidin, Millati, N., dan Rustam, H.K. (2021). Hubungan bersyukur kepada Allah dan bersedekah dengan kebahagiaan mahasiswa. *Consellia, Jurnal Bimbingan dan Konseling*, 9(1), Desember, hlm. 106-116
- Nelson-Jones, R. (2011). *Teori dan Praktik Konseling dan Psikoterapi.* Edisi keempat. Yogyakarta: Pustaka Pelajar
- Rassool, G. H. (2019). *Konseling Qur'ani Sebuah Pengantar kepada Teori dan Praktek.* Yogyakarta: Pustaka Pelajar
- Ridwan. (2018). *Konseling dan Terapi Qur'ani.* Jogjakarta: Penerbit Pustaka Pelajar



- Ridwan. (2019). *Konseling Kasus*. Bandung: Penerbit Alfabeta
- Ridwan, Sutoyo, A., dan Mansur, A. (2020). The Meeting Point of neo-Sufism and School Counselor Competencies. *Jurnal Kajian Bimbingan dan Konseling*. 5(4), 142-153
- Rusmana, N. (2017). *Konseling Kelompok bagi Anak Berpengalaman Traumatis*. Bandung: Rizqi Press
- Shihab, M.Q. (2010a). *Tafsir al-Mishbah Pesan, Kesan dan Keserasian al-Qur'an*. Vol. 2. Ciputat: Lentera Hati
- Shihab, M.Q. (2010b). *Tafsir al-Mishbah Pesan, Kesan dan Keserasian al-Qur'an*. Vol. 6. Ciputat: Lentera Hati
- Shihab, M.Q. (2010c). *Tafsir al-Mishbah. Pesan, Kesan dan Keserasian al-Qur'an* Vol. 7. Ciputat: Lentera Hati
- Shihab, M.Q. (2010d). *Tafsir al-Mishbah. Pesan, Kesan dan Keserasian al-Qur'an*. Vol. 10. Ciputat: Lentera Hati
- Shihab, M.Q. (2010e). *Tafsir al-Mishbah. Pesan, Kesan dan Keserasian al-Qur'an* Vol. 13. Jakarta: Lentera Hati
- Siregar, Ameilia Zuliyanti & Husmiati (2016). Trauma Healing Anak-anak Korban Erupsi Gunung Sinabung. *Jurnal PKS*, 15(1), 57-64
- Suhrawardi, H.S. (2005). *Bidayatussalikin. Belajar Ma'rifat kepada Allah*. Tasikmalaya: PT. Mudawamah Warahmah
- Webber, J.M. (2017). "Traumatology: A Content Analysis of Three Counseling Journals From 1994 to 2014." *Journal of Counseling and Development*, 95, 249-259
- Widyastuti, C., Widha, L., dan Aulia, A.R. (2019). *Play therapy* sebagai bentuk penanganan konseling *trauma healing* pada anak usia dini. *Hisbah, Jurnal Bimbingan Konseling dan Dakwah Islam*, 16(1), 100-111
- World Health Organization (1994). *Diagnostic and Statistical Manual of Mental Disorder (DSM-IV)*
- Yusuf L.N., S. (2018). "Peranan Kesehatan Mental dalam Menghadapi Bencana." Ppt. Delivered on Pendampingan "Penanganan Korban Bencana Alam" on Lombok, 25 November 2018
- Zain, A., dan Maturidi (2021). *Konseling Islam: Menelusuri akar praktik konseling dalam aktivitas dakwah Nabi Muhammad Saw*. *Hisbah, Jurnal Bimbingan Konseling dan Dakwah Islam*, 18(2), 108-126
- Zoellner, L., Graham, B., Mark, E., Feeny, N., Bentley, J., Franklin, A., dan Lang, D.L. (2018). Qur'anic Trauma Healing: Initial Feasibility and Pilot Data. *Societies*, 8(47), 1-12 [www.mdpi.com/journal/societies](http://www.mdpi.com/journal/societies)
- Zohar, D. & Marshall, I. (2005). *Sipritual Capital. Memberdayakan SQ di Dunia Bisnis*. Bandung: Mizan Pustaka.