
Qur'anic Psychology: Post Infidelity Stress Disorder with the Ultimate Freedom Mastery Method

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Abstract

This study examines the phenomenon of Post Infidelity Stress Disorder (PISD) as a psychological disorder resulting from infidelity, which impacts individuals, family resilience, and broader social stability within the context of Muslim society. The study aims to evaluate the effectiveness of the Ultimate Freedom Mastery (UFM) method based on Qur'anic Psychology as an integrative approach combining psychological and spiritual dimensions. This research employs a mixed methods approach with a Sequential Exploratory design, consisting of a qualitative phase through thematic interpretation (tafsir maudhu'i) of Qur'anic verses related to trauma and tazkiyah al-nafs, followed by a quantitative phase using a quasi-experimental One Group Time Series design. The findings indicate that the Qur'an possesses a strong therapeutic dimension, while the UFM method is effective in reducing stress levels and PISD symptoms through the stages of First Memory, First Belief, and Rewinding-Breathing Technique. Quantitative results also reveal significant differences between pre-test and post-test scores, with high levels of statistical significance and large effect sizes, demonstrating the empirical strength of the intervention. Thus, this method is not only statistically effective but also holds practical and contextual relevance as an applicable Islamic therapeutic model for addressing contemporary psychological challenges.

Keywords: *Qur'anic Psychology, Post Infidelity Stress Disorder, Ultimate Freedom Mastery.*

Abstrak

Penelitian ini mengkaji fenomena Post Infidelity Stress Disorder (PISD) sebagai gangguan psikologis akibat perselingkuhan yang berdampak pada individu, keluarga, dan stabilitas sosial dalam konteks masyarakat Muslim, dengan tujuan menguji efektivitas metode Ultimate Freedom Mastery (UFM) berbasis Psikologi Qur'ani sebagai pendekatan integratif antara aspek psikologis dan spiritual. Penelitian menggunakan metode mixed methods dengan desain Sequential Exploratory, melalui analisis kualitatif berupa tafsir tematik ayat-ayat Al-Qur'an tentang trauma dan tazkiyah an-nafs, serta pendekatan kuantitatif dengan desain kuasi-eksperimen One Group Time Series. Hasil penelitian menunjukkan bahwa Al-Qur'an memiliki dimensi terapeutik yang kuat, sementara metode UFM efektif dalam menurunkan tingkat stres dan gejala PISD melalui tahapan First Memory, First Belief, dan Rewinding-Breathing Technique. Temuan kuantitatif juga memperlihatkan adanya perbedaan signifikan antara skor pre-test dan post-test dengan nilai signifikansi yang tinggi serta effect size yang besar, sehingga menunjukkan kekuatan intervensi secara empiris. Dengan demikian, metode ini tidak hanya efektif secara statistik, tetapi juga memiliki relevansi praktis dan kontekstual sebagai model terapi Islami yang aplikatif dalam menghadapi problem psikologis kontemporer.

Kata kunci: Psikologi Qur'ani, Post Infidelity Stress Disorder, Ultimate Freedom Mastery.



INTRODUCTION

Marriage in the Islamic perspective is a sacred bond established by Allah SWT as a means of legitimizing the relationship between a man and a woman within the framework of Islamic law.¹ In the context of Indonesian positive law, marriage is regulated under Law Number 1 of 1974, which defines it as a physical and spiritual union aimed at forming a happy, harmonious, and enduring family based on the belief in the One and Only God.² The marriage contract (*akad nikah*) holds a highly significant position as it relates to the preservation of lineage (*hifz al-nasl*) and carries extensive legal implications, including matters of lineage, inheritance, child custody, and the legitimacy of familial relationships. The Qur'an describes this bond as *mītsāqan ghalīzā*, indicating a profound commitment as well as moral and spiritual responsibility in marital life.³

In relation to the study of Islamic psychology, the book *Psikologi Qur'ani* by Dwifa Dasyahid, Rahmawati Masri, et al., written collaboratively by twelve authors, discusses the historical development of Islamic psychology, schools of psychological thought, differences between Western psychological theories and Qur'anic perspectives, human personality, brain structure, memory in the Qur'an, and other foundational topics. However, despite its title, the book does not provide an in-depth analysis of Qur'anic verses related to psychological themes. The cited verses are presented only briefly, without comprehensive interpretation from classical or contemporary scholars, and the discussion tends to rely more heavily on Western references than on Qur'anic exegesis.⁴

The similarity between this book and the present study lies in their shared focus on exploring the relationship between psychology and Qur'anic teachings. Both address overlapping themes at a general level. Nevertheless, the differences are more pronounced in terms of focus and sources. The book does not address Post Infidelity Stress Disorder (PISD) or any specific mental health disorders, nor does it engage in detailed tafsir analysis. In contrast, the present research emphasizes mental health issues—particularly those related to psychological distress—and incorporates interpretations from both classical and modern scholars to establish a more integrative and textually grounded understanding of psychological phenomena within the Qur'anic framework.

Normatively, the purpose of marriage is to establish a family characterized by *sakinah* (tranquility), *mawaddah* (affection), and *rahmah* (compassion). However, empirical realities indicate a significant increase in divorce rates, both globally and nationally. In Indonesia, the high rate of divorce is influenced by various factors, including lack of family support, incompatibility between partners, and infidelity, which remains one of the dominant causes. This phenomenon reflects a gap between the ideal values of marriage in Islamic teachings and the social practices evolving within modern society. Furthermore, the advancement of technology and social media has increased opportunities for violations of marital commitment, thereby intensifying conflicts within households.⁵

From a psychological perspective, infidelity is understood as a violation of trust within an intimate relationship, whether in the form of sexual or emotional involvement with someone outside the partner, as defined in the *American Psychological Association Dictionary of Psychology*. More broadly, infidelity is considered “the breaking of trust,” which undermines the fundamental foundation of a relationship—namely security and commitment. Frank Pittman and

¹ Wahbah bin Musthafa Az-Zuhaili, *Al-Fiqh Al-Islāmī wa Adillatuh*, (Damaskus: Dar Al Fikr, 1985), cet: II, juz IX, hlm. 651

² Mardani, *Hukum Islam: Kumpulan Peraturan Tentang Hukum Islam di Indonesia Edisi Kedua*, (Jakarta: Kencana, 2013), hlm. 68

³ Thariq Kamal, *Psikologi Suami-Istri*, (Bandung: Mitra Pusaka, 2008), hlm. 12

⁴ Dwifa Dasyahid, Rahmawati Masri dkk, *Psikologi Qur'ani*, (Purbalingga: Eureka Media Aksara, 2024), cet: I

⁵ Izzuddin, A., et.al., “Evitalizing Divorce Ethical Values in Versetek Decisions in Religious Courts”, dalam *De Jure: Jurnal Hukum Syari'ah*, Vo. 13 , 2021, hlm. 80-96

Tina Wagers emphasize that infidelity does not necessarily involve sexual relations but can also take the form of emotional closeness that violates relational exclusivity. Meanwhile, Kenneth Paul Rosenberg classifies infidelity into two main types: *sexual infidelity* and *emotional infidelity*, both of which have the potential to cause psychological damage within a relationship.

The psychological impact of infidelity can be understood through the concept of stress as a mental and physiological response to intense pressure. In this context, stress represents a state of tension that affects thoughts, emotions, behavior, and overall bodily functions. When an individual experiences a partner's betrayal, this pressure can escalate into a more severe condition known as *Post Infidelity Stress Disorder (PISD)*—an anxiety disorder that develops from extreme stress following infidelity. In line with Drigotas' view, such violations of commitment not only damage interpersonal relationships but also contribute to increased depression, lowered self-esteem, and impaired emotional well-being, which in many cases ultimately lead to divorce.⁶

Infidelity, as a violation of marital commitment, not only leads to the breakdown of the relationship but also results in serious psychological consequences for the affected individuals. One such consequence is *Post Infidelity Stress Disorder (PISD)*, a stress-related condition arising from experiences of betrayal within a marital relationship. Individuals suffering from this condition tend to experience severe emotional distress, including depression, anxiety, trauma, and even the potential emergence of destructive behaviors.⁷ Moreover, divorce resulting from infidelity significantly impacts children, particularly in terms of emotional and psychosocial development, with effects that may persist into adulthood.

Based on a review of several relevant dissertations and literature, a clear research gap can be identified in studies on *Post Infidelity Stress Disorder (PISD)*. The dissertation by Abdul Aziz Al-Qasir examines mental health within the context of Islamic religiosity using a mixed-method approach; however, its focus is limited to Arab societies and does not address specific issues of marital trauma caused by infidelity or Qur'an-based healing approaches.⁸ Similarly, Asmawati's dissertation on SQEFT therapy for drug rehabilitation patients emphasizes medical and technical aspects of treatment without deeply exploring Qur'anic exegesis as a source of healing. Meanwhile, Abdul Rachman's work discusses trauma from a Qur'anic and psychological perspective, but it centers on natural disaster trauma and general concepts such as *tazkiyah an-nafs*, rather than relational trauma within marital contexts.⁹

On the other hand, Mulida Hayati's dissertation highlights domestic conflict and violence from a legal perspective but does not comprehensively integrate psychological and spiritual dimensions, nor does it address psychological impacts such as PISD.¹⁰ Likewise, Dwifa Dasyahid's book discusses Islamic psychology in general terms without engaging with issues of infidelity and its traumatic consequences.¹¹ Therefore, this study occupies a distinct and more specific position by examining psychological trauma resulting from infidelity within marital

⁶ Drigotas, *et.al.*, "An investment model prediction of dating infidelity", dalam *Journal of Personality and Social Psychology*, maret 1999, p. 509–524

⁷ Fisher, *et.al.*, "Sex Differences in Feelings of Guilt Arising from Infidelity", dalam *International Journal of Forensic Mental Health*, Vol. 4, juli, 2008, p. 6

⁸ Abdul 'Aziz Al-Qasir, "The Impact of Religious Cultural and Traditional Beliefs and Superstitions in Shaping the Understanding of Mental Disorders and Mental Health Treatment among Arab Muslims"⁸, Disertasi *Victoria University, Australia Institute for Health and Sport*, 2024, tidak diterbitkan (t.d)

⁹ Abdul Rachman, Pendidikan Hati Sebagai Metode Pemulihan Trauma Berbasis Al-Qur'an dan Psikologi, Institut PTIQ Jakarta, 2023, <https://repository.ptiq.ac.id/id/eprint/1520/> diakses pada tanggal 15 maret 2025, jam 09.19 WIB, diterbitkan dalam bentuk buku dengan judul yang sama, Tangerang: Minhaj Pustakan, 2023

¹⁰ Mulida Hayati, "*Rekonstruksi Regulasi Alasan Pengajuan Perceraian Karena Tindak Kekerasan Dalam Rumah Tangga*", Universitas Islam Sultan Agung Semarang, 2023, tidak diterbitkan (t.d), https://repository.unissula.ac.id/31251/1/Program%20Doktor%20Ilmu%20Hukum_10302100059_fullpdf.pdf diakses pada tanggal 15 Maret 2025, jam 10.25 WIB

¹¹ Dwifa Dasyahid, Rahmawati Masri dkk, *Psikologi Qur'ani*, (Purbalingga: Eureka Media Aksara, 2024), cet: I Qur'ania: Jurnal Ilmu al-Qur'an dan Tafsir, Vol. 2, No. 2, Agustus 2026

relationships (PISD), while also offering a Qur'an-based healing approach through interpretative analysis and the Ultimate Freedom Mastery (UFM) method. This demonstrates a clear novelty in integrating psychological, exegetical, and domestic relational dimensions that have not been sufficiently addressed in previous studies.

In this context, the Qur'anic psychology approach becomes relevant to be examined as an alternative framework for addressing psychological disorders caused by infidelity. Although debates persist regarding the effectiveness of spiritual approaches in healing¹², several scientific studies suggest that spiritual practices such as prayer, meditation¹³, and emotion regulation grounded in religious values contribute positively to both mental and physical health. Therefore, integrating Qur'anic values with approaches such as the Ultimate Freedom Mastery method is essential in developing a holistic framework. This approach is expected to provide comprehensive solutions that address not only psychological aspects but also spiritual dimensions, thereby supporting sustainable individual recovery.

RESEARCH METHODOLOGY

This study employs a mixed-methods approach using a Sequential Exploratory Design, which integrates qualitative and quantitative methods in a staged process. The initial phase is conducted qualitatively to explore the phenomenon in depth through interviews using a phenomenological approach, particularly involving individuals experiencing Post Infidelity Stress Disorder (PISD) and Muslim psychologists. The findings from this exploratory phase are then developed further in the quantitative stage to test and generalize the results by collecting data from a larger number of participants.¹⁴ This approach is chosen to achieve a comprehensive understanding by integrating library research with field data.

In the quantitative phase, the study utilizes a Quasi-Experimental Design with a One Group Time Series Design model. This design involves a single sample group that undergoes repeated measurements through pre-tests and post-tests before and after the intervention. The treatment administered is therapy using the Ultimate Freedom Mastery (UFM) method, conducted in up to five sessions. The independent variable in this study is the effectiveness of the UFM method, while the dependent variable is the level of PISD measured periodically at each session. This design enables the researcher to systematically observe changes in stress levels throughout the intervention process.

This study involved 150 respondents who had participated in UFM sessions (1–5 sessions) with an age range of 26–69 years. Overall, the majority of respondents were in the 40–60 age group (53.3%), followed by those aged 30–40 (36%), while participants aged 10–30 (4.7%) and over 60 (6%) were relatively few. In terms of geographic distribution, respondents were predominantly from Java Island, especially West Java (40%) and Jakarta (24.7%), with smaller contributions from other provinces. By gender, male participants dominated (76%) compared to females (24%), and in terms of marital status, most respondents were married (90.7%).

The development of the PISD scale instrument in this study was conducted systematically to measure stress levels and psychological symptoms before and after the UFM intervention. The instrument was designed as a questionnaire using a Likert scale (1–5) to capture the intensity of participants' experiences. The items were constructed based on four main PISD indicators:

¹² Ramita Bonadonna, *Meditation's Impact on Chronic Illness*, <https://pubmed.ncbi.nlm.nih.gov/14650573/>, diakses pada tanggal 16 April 2025 jam 08.49 WIB)

¹³ Sharma, Hari. "Meditation: Process and effects." *AYU (An international quarterly journal of research in Ayurveda)* 36.3 (2015): 233-237.

¹⁴ Geofakta Razali, et.al., *Metodologi Penelitian Kuantitatif, Kualitatif, dan Kombinasi*, (Bandung: Media Sains Indonesia, 2023), hlm. 13

(1)intrusion (*re-experiencing*), (2)avoidance, (3)negative emotional and cognitive changes, and (4)hyperarousal. In total, 25 statements were developed to assess emotional, cognitive, behavioral, and spiritual responses related to experiences of infidelity.¹⁵

To ensure content validity, the instrument underwent an expert judgment process conducted by a psychologist and counseling expert, Andre Julius. The evaluation covered the alignment between indicators and the PISD construct, clarity of wording, and sensitivity to the psychological and religious context of respondents. As a result, several items were revised to improve specificity, balance, and clarity. Thus, the final instrument was considered to have adequate content validity and was deemed appropriate for accurately measuring changes in PISD symptoms within the study.

Data collection is carried out using a combination of techniques, including online survey questionnaires, in-depth interviews, observation, and documentation. Data sources consist of primary data in the form of Qur'anic verses relevant to the research theme along with their interpretations, and secondary data such as books, academic journals, and previous research reports.¹⁶ Research instruments are developed based on relevant theoretical indicators and are tested for validity and reliability through consultation with experts in psychology and spiritual healing to ensure measurement accuracy.

The research procedure is conducted in three stages: preparation, implementation, and completion. The preparation stage includes participant identification, instrument development, and expert validation. The implementation stage involves administering the UFM treatment and conducting repeated measurements of PISD levels. The completion stage consists of data analysis using statistical tests, such as the paired sample t-test, to identify significant differences between pre- and post-intervention conditions. The results are then used to draw conclusions regarding the effectiveness of the UFM method in reducing PISD levels and to formulate recommendations in accordance with academic standards.¹⁷

RESULTS AND DISCUSSION

1. UFM Method (Ultimate Freedom Mastery) as a Healing Method for Post Infidelity Stress Disorder (PISD)

1. A History of the Development of Ultimate Freedom Mastery (UFM)

Originating from personal experience, the researcher's life initially progressed in a stable and confident manner. The researcher perceived being in an ideal phase of life, characterized by business growth, financial stability, and family harmony. However, within a relatively short period, a significant crisis occurred in the form of business bankruptcy, which not only affected the economic aspect but also triggered profound psychological distress.¹⁸ This condition led to a loss of self-confidence, disorientation in life, and an inability to reconcile with oneself, eventually developing into emotional trauma that affected multiple dimensions of life, including spiritual aspects and family relationships.

The process of recovery from this condition did not occur instantly but rather through a prolonged journey of reflection and learning. The researcher realized that individual

¹⁵ Massazza, Alessandro. *Peritraumatic Reactions and Intrusive Memories among Disaster Survivors: A Mixed Methods Investigation*. Diss. UCL (University College London), 2021.

¹⁶ Chand, Satish Prakash. "Methods of data collection in qualitative research: Interviews, focus groups, observations, and document analysis." *Advances in Educational Research and Evaluation* 6.1 (2025): 303-317.

¹⁷ Rangkuti, Ahmad Nizar. "Metode penelitian pendidikan: Pendekatan kuantitatif, kualitatif, PTK, dan penelitian pengembangan." (2016). Hal 86

¹⁸ van Kesteren, Jennifer, Jan Adriaanse, and Jean-Pierre van der Rest. "The story behind bankruptcy: When business gets personal." *QUT L. Rev.* 17 (2017): 57.

resilience does not lie in the absence of failure, but in the ability to rise from adversity.¹⁹ Furthermore, marital harmony is understood not as a state free from conflict, but as a sustained commitment to maintaining the relationship amidst various challenges. This experience reinforced the understanding that trauma, whether originating from economic crises or interpersonal relationships, has complex impacts that require a comprehensive recovery approach.

In addition to personal experience, the researcher has been actively involved in addressing various social issues faced by the community, such as bankruptcy, marital conflicts, divorce, and trauma resulting from infidelity. Interactions with the public, both through seminars and social media, indicate a high prevalence of psychological problems rooted in family relationships. Many individuals report experiencing trauma following infidelity (Post Infidelity Stress Disorder), highlighting the urgency for systematic and scholarly-based interventions.²⁰ This has motivated the researcher to further explore trauma recovery approaches grounded in Qur'anic values as an alternative to conventional psychological methods.

Since 2018, the researcher has developed a trauma recovery practice that has been formulated into the *Ultimate Freedom Mastery* (UFM) method. This method is derived from the integration of practical experience, psychological studies, and insights from Qur'anic exegesis. UFM has been disseminated through various forums and was officially introduced in 2024. To date, the method has been followed by more than 1,200 participants and continues to be refined. Therefore, UFM is expected to serve as an effective alternative approach in helping individuals overcome trauma, particularly Post Infidelity Stress Disorder, in a holistic and sustainable manner.

2. The Ultimate Freedom Mastery (UFM) Method

During years of study from 2018 to 2024 on various emotional releasing techniques—most of which are derived from non-Muslim theoretical frameworks—the researcher raised a fundamental question: “Is it possible that such impactful emotional releasing methods were not taught by Allah in the Qur'an?” Or conversely, “Could it be that non-Muslim practitioners have actually applied Qur'anic principles that have not been fully explored by scholars of the Qur'an?” These questions became a critical trigger for the researcher to conduct a deeper investigation into Qur'an-based emotional releasing methods that can be applied specifically by Muslims and more broadly within Indonesian society.

Within the Muslim worldview, there is a strong belief that the Prophet Muhammad did not conceal any beneficial knowledge that could be practiced by his الأمة.²¹ This conviction further encouraged the researcher to explore the intrinsic values of the Qur'an, particularly the concept of *munāsabah* (coherence) between verses and chapters. Al-Razi emphasized that the study of *munāsabah* is a profound discipline containing subtlety and the miraculous aspects of the Qur'an.²² This indicates that the meanings embedded within the Qur'an are inherently logical and compatible with human reason, whether or not they have been fully examined by contemporary scholars.

¹⁹ Schiff, Anna Coodin. "Recovery and mental illness: analysis and personal reflections." *Psychiatric Rehabilitation Journal* 27.3 (2004): 212.

²⁰ Emerson, Peter, and Meredith Nelson. "Journal of Counseling." *Journal of Counseling* 18 (2011).

²¹ Younas, D. R., D. M. Hasib, and D. M. Shouaib. "The Prophet Muhammad ﷺ as a Mercy to the Worlds: A Qur'anic and Hadith-Based Study on the Universality of His Message and its Impact on Global Peace." *Contemporary Journal of Social Science Review* 3.4 (2025): 16-35.

²² Badruddin Muhammad bin 'Abdillah Al-Zarkasy, *Al-Burhan fi 'Ulum Al-Qur'an*, Tahqiq: Yusuf Abdur Rahman Al Marsyali, (Beirut: Dar Al Ma'rifah, 1990), cet: I, hlm. 35

Table of Comparison of the UFM Method with Other Methods

Method	Objective	Counseling Approach	Limitations	Duration	Client Role	Reference
Behavior Therapy	Modify observable behavior	Instructional, exercise-oriented (e.g., desensitization, token economy)	Ignores cognitive and emotional aspects; reductionist; effects are not long-lasting (relapse may occur without reinforcement)	Focus on repeated behavioral exercises	Passive–active (follows therapist’s instructions)	Wolpe J. <i>Psychotherapy by Reciprocal Inhibition</i> . Stanford Univ Press; 1958
Rational Emotive Behavior Therapy (REBT)	Change irrational beliefs causing distress into adaptive beliefs and behaviors	Directive and confrontational; directly challenges client beliefs	Confrontational style may feel harsh for some clients	Less than 12 sessions	Active; engages in debate and belief restructuring	Ellis A. <i>Rational Psychotherapy and Individual Psychology</i> . J Indiv Psychol. 1957;13:38–44
Cognitive Behavioral Therapy (CBT)	Modify maladaptive thinking and problematic behavior by changing perspective first, leading to healthier emotional regulation and behavior	Collaborative and Socratic; explores automatic thoughts with the client	Sometimes overly focused on automatic thoughts	8–12–20 sessions	Active, collaborative; acts as a “co-therapist”	Dobson KS, Dozois DJA. In: <i>Handbook of Cognitive-Behavioral Therapies</i> . Guilford; 2010. p. 3–38
Ultimate Freedom Mastery (UFM)	Release emotions attached to traumatic memories	Emotion-focused, without requiring narration	Confrontational; sometimes the therapeutic “dose” is less precise due to group implementation	1–5 sessions	Active, collaborative	Al-Qur’an, Hadith, Islamic literature

Various therapeutic approaches in psychology have been developed to address emotional and behavioral problems, each with its own strengths and limitations. *Behavior Therapy*, for instance, is effective in modifying observable behavior through repeated exercises such as desensitization and token economy. However, this approach tends to overlook cognitive and emotional aspects, which are often the root causes of psychological disorders, making its effects less sustainable without ongoing reinforcement. Meanwhile, *Rational Emotive Behavior Therapy (REBT)* seeks to change irrational beliefs through a directive and confrontational approach. Although effective in cognitive restructuring, this method can be perceived as too harsh by some clients and may not fully address the depth of underlying emotional trauma.

On the other hand, *Cognitive Behavioral Therapy (CBT)* offers a more integrative approach by combining cognitive and behavioral change in a collaborative manner. Nevertheless, CBT often places strong emphasis on automatic thoughts and typically

requires a longer duration of treatment (8–20 sessions), making it less efficient for cases involving intense emotional distress that require rapid intervention. In light of these limitations, there is a need for a method that directly targets the emotional core of trauma. In this context, *Ultimate Freedom Mastery (UFM)* emerges as an alternative approach that focuses on releasing emotions attached to traumatic memories without requiring lengthy narrative processes. With a shorter duration (1–5 sessions) and a direct emotional focus, UFM offers both efficiency and depth of intervention that are not fully addressed by conventional therapeutic methods.

The researcher deliberately chose the psychological experiences of Prophet Musa (Moses) as a primary reference, considering the magnitude of trials he endured.

عَنْ عَبْدِ اللَّهِ بْنِ مَسْعُودٍ أَنَّ رَسُولَ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ قَالَ: رَحِمَ اللَّهُ مُوسَى قَدْ أُؤْذِيَ بِأَكْثَرِ مَنْ هَذَا فَصَبَرَ²³

This is supported by a hadith narrated by Abdullah ibn Mas'ud, in which the Prophet Muhammad stated that Prophet Musa faced greater hardships yet remained patient (HR. Bukhari).

This suggests that even the most severe psychological burdens faced by the Prophets were accompanied by divine guidance for resolution. Therefore, it is reasonable to assume that such experiences can serve as a model for emotional regulation in human life. As An-Nawawi noted, the wisdom behind the severe trials faced by the Prophets lies in their attainment of perfect patience, implying that internal solutions, particularly emotional regulation, should be prioritized alongside technical or external solutions.²⁴

A deeper reflection on the narrative of Prophet Musa in the Qur'an reveals psychological values that are closely intertwined with spiritual dimensions. This suggests that an individual's spiritual quality reflects their psychological condition. However, spiritual quality is not limited to ritual practices alone, but encompasses the depth and consistency of such practices, including sincerity, mindfulness in worship, and reliance upon God after exerting effort. Empirical observations by the researcher, including cases involving religious figures experiencing marital and emotional conflicts, indicate that such issues cannot be attributed solely to religious teachings, but rather require a comprehensive and objective approach to resolution.

Prior to this study, the researcher had examined and applied various emotional releasing techniques in practical contexts. The primary inspiration for the development of this method is derived from the emotionally rich narrative of Prophet Musa, including the experience of his mother, who faced extreme psychological pressure during pregnancy and childbirth, leading to the difficult decision of placing her child in the river to protect him from Pharaoh's threat. This narrative, rich in emotional and spiritual dimensions, was systematically analyzed and formulated into a structured emotional releasing method.

This method, termed Ultimate Freedom Mastery (UFM), represents a structured approach to identifying emotional roots, implementing therapeutic processes, and achieving psychological relief from trauma. The term "Ultimate" signifies completeness and finality, reflecting the Qur'an as the final divine guidance that offers solutions to human problems. Overall, the UFM method is designed as a holistic approach to address physical, psychological, financial, and spiritual challenges, integrating Qur'anic values with practical therapeutic techniques.

²³ Muhammad bin Ismail Al-Bukhari, *Shahīh Bukhārī, Kitāb Ahādīs Al-Anbiyā', Bāb Mā Akhbar Shāhibah bimā Yuqāl Fīh*, no. 3405, *Shahīh Muslim, Kitāb Al-Fitan*, no. 1062, *Musnad Ahmad bin Hambal, Kitāb Musnad Abdullah bin Mas'ud*, no. 4148, *hadis shahīh*.

²⁴ An-Nawawi, Yahya bin Syaraf bin Murri, *Al-Minhāj Syarah Shahīh Muslim bin Al-Hajjāj*, juz XVI, hlm. 129
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2. Trauma Release of Post Infidelity Stress Disorder (PISD) Using the Ultimate Freedom Mastery (UFM) Method

1. Trauma Release Techniques Using the UFM Method

The fundamental difference between the UFM method and other *istisyfā' bi al-Qur'an* approaches lies in the absence of Qur'anic recitation (*tilāwah*) as practiced in ruqyah therapy. This is not due to a lack of belief in the blessings of Qur'anic recitation, but rather because the researcher emphasizes a deeper engagement with the Qur'an through *tadabbur* (contemplation), *munāsabah* (contextual coherence), and the application of verses containing psychological values in trauma healing. This approach is intended not only for Muslims but also to be accessible and beneficial to individuals from diverse religious backgrounds.

Hasan al-Basri (d. 150 H) stated:

نَزَلَ الْقُرْآنُ لِیَتَدَبَّرَ بِهِ فَاتَّخَذُوا تِلَاوَتَهُ عَمَلًا²⁵

“Indeed, the Qur'an was revealed to be contemplated and acted upon, yet people have reduced its practice merely to recitation.”

The researcher concurs with this statement, as it reflects the contemporary condition of many Muslims, where engagement with the Qur'an often remains at the level of recitation, and even memorization does not necessarily lead to deep understanding or application of its meanings. Therefore, unlike ruqyah methods that prioritize recitation as the primary medium, the UFM method focuses on implementing Qur'anic values that are relevant to trauma healing.

In this section, the researcher will systematically elaborate on the technical aspects of the UFM method as applied to the healing of trauma experienced by individuals suffering from Post Infidelity Stress Disorder (PISD), through several structured stages:

a. First Memory (FM 1)

Psychology and the Qur'an are two distinct sources, yet in certain aspects they can be integrated. Historically, psychology as a formal discipline emerged in the 17th century, whereas the Qur'an was revealed to the Prophet Muhammad in the 7th century, specifically in 610, or 13 years before the first year of Hijrah. This indicates a gap of approximately ten centuries between the revelation of the Qur'an and the emergence of psychology.

Although geographically distant—Europe as the birthplace of modern psychology and Mecca as the place where the Qur'an was first revealed—the long span of time allows for the possibility of knowledge transmission from earlier sources to later developments. This suggests that the Qur'an may contain psychological values, whereas modern psychology does not necessarily incorporate the values found in the Qur'an.

Abu Zaid Al-Balkhi (d. 322 AH) stated that humans consist of two dimensions: the physical (*al-badan*) and the psychological (*an-nafs*). This terminology later influenced the concept of *'Ilm al-Nafs al-Hadith* (modern psychology). However, this similarity in terms should not cause confusion, as *an-nafs* in the Islamic sense refers to the soul aligned with faith, while in modern psychology it refers more to material and empirical aspects of the psyche.²⁶

In *'Ilm al-Nafs al-Ām*, the Egyptian psychologist Abbas Mahmud Awad defines modern psychology as the study of the relationship between individuals and their environment, aiming to uncover the laws and principles that explain human behavior.

²⁵ Ibnul Qayyim Al-Jauziyah, *Madārik As-Sālikīn*, (Beirut: Dar Kutub Al-Imiah, t.th), cet: I, juz I, hlm. 486

²⁶ Abu Zaid Al-Balkhi, *Mashālih Al-Abdān wa Al-Anfus*, (Riyad: Markaz Malik Faishal li Al Buhus wa Ad-Dirasat Al-Islamiyah, 2004), hlm .29

More broadly, psychology is also defined as a scientific discipline that studies human behavior through empirical, objective, rational, and repeatable methods, allowing it to explain and predict behavior with a certain level of accuracy.²⁷ For example, John S. Carroll's theory explains that individuals decide to commit or avoid crimes based on subjective considerations such as the probability of success, potential benefits, risks of failure, and possible losses.²⁸

Furthermore, Shalih Hasan Al-Dahiri and Wuhaib Majid Al-Kubaisi classify modern psychology into twelve branches: general psychology, educational psychology, industrial psychology, abnormal psychology, military psychology, physiological psychology, developmental psychology, social psychology, individual differences psychology, animal psychology, counseling psychology, and criminal psychology. However, this study does not elaborate extensively on these branches, as it focuses specifically on Qur'anic psychology as its main subject of inquiry.²⁹

Patients or training participants are instructed to identify and select a specific "memory file" (i.e., a recorded life event), particularly one associated with a traumatic experience they have previously encountered.

Drawing from QS. Asy-Syu'arā [26]: 10, which narrates Allah's command to Prophet Musa to confront Pharaoh, this verse is traditionally understood as a form of divine injunction (taklīf) that must neither be delayed nor refused. However, this study approaches the verse from an alternative perspective, proposing that it may also represent the initial phase of a psychological healing process related to trauma experienced by Prophet Musa, which unfolds across subsequent stages of his life.

The command to engage in da'wah was revealed while Prophet Musa was situated within a state of personal comfort, living harmoniously with his spouse. Nevertheless, Musa carried a traumatic past, namely the incident involving the killing of a man from the Qibthi tribe.³⁰ Upon receiving the command to face Pharaoh, these traumatic memories were immediately reactivated. This narrative highlights a critical principle: traumatic experiences cannot be effectively resolved through avoidance of the stressor. This is exemplified by Prophet Musa's earlier decision to flee to the land of Madyan for ten years³¹ despite the passage of time, such avoidance did not inherently lead to the resolution of his trauma.

Based on this framework, the researcher posits that identifying the "first memory," or the earliest traceable memory associated with a traumatic event, constitutes a crucial and effective step in the trauma recovery process. A common limitation in many recovery approaches lies in the initial stage of intervention, where individuals tend to focus predominantly on their present emotional states, often accompanied by subjective interpretations. In contrast, it is highly plausible that the root cause of such emotional distress originates from early childhood experiences, particularly during the formative developmental period from infancy (zero months) to approximately seven years of age.

For instance, within a domestic context, a wife may exhibit intense anger due to her husband's repeated disregard for her advice or opinions, potentially escalating into significant conflict. Such emotional reactions are rarely spontaneous; rather, they often

²⁷ Abbas Mahmud Awad, *‘Ilm An-Nafs Al-‘Ām*, (Mesir, Dar Al-Ma'rifah, Al-Jami'yyah, 1999), hlm. 27

²⁸ Djamaluddin Ancok dan Fuad Nashori Suroso, *Psikologi Islami: Solusi Islam atas Problem Psikologi*, (Yogyakarta: Pustaka Pelajar, 1994), hlm. 15

²⁹ Shalih Hasan Al-Dahiri dan Wuhaib Majid Al-Kubaisi, *‘Ilm An-Nafs Al-‘Ām*, (Irbid: Dar Alkindi, 1999), Cet: I, hlm. 27

³⁰ Muhammad bin Jarir At-Thabari, *Jāmi' al-Bayān ...*, Juz XVII, hlm. 553

³¹ Abdullah bin Umar Al-Baidhawi As-Syirazi, *Anwar At-Tanzīl...*, (Beirut: Dar Shadir, 2001), cet: I, Juz II, hlm.

reflect an accumulation of unresolved past experiences. In many cases, these responses may be rooted in earlier emotional wounds, such as experiences of being ignored by parents, dismissed by siblings, or overlooked by significant others. These unresolved emotional imprints may later be triggered by similar patterns in marital interactions, leading to disproportionate emotional reactions.³²

Therefore, addressing domestic conflict solely through the provision of spiritual guidance—such as encouraging patience—may be insufficient. This study emphasizes that the identification of first memory in the process of trauma release plays a pivotal role, particularly during the diagnostic phase, to ensure that the intervention remains focused on the primary cause rather than being diverted toward secondary symptoms or side effects.

b. First Meaning (FM 2)

The process involves identifying the initial meaning or perceived interpretation that an individual assigns to a particular life event. Not all past memories carry emotional content, and even those that do are not always interpreted objectively or proportionately. In many cases, unexpected or adverse events are subjectively construed as threats at the moment they occur.³³ Therefore, in this second stage, patients are required to critically evaluate the meanings they have previously attributed to their experiences. For example, in the context of domestic life, incidents such as verbal aggression, insults from a husband toward his wife, or other distressing events must be examined in terms of their initial interpretations—whether they were perceived as threats, neglect, loss of affection, or other negative assumptions.

Drawing insight from the narrative of Prophet Musa, one may question what meaning is attributed to the experience of an adopted child who was raised by his adoptive father for ten years and then left without notice. Is such an act interpreted as betrayal? As a violation of social norms? Or as an expression of disobedience toward one's parent? Each interpretation that is attached to such an event carries its own set of assumptions, which in turn significantly influence the emotional and psychological condition of the individual.

c. First Belief

At this stage, patients are guided to engage in the reinterpretation of each traumatic event they have experienced.³⁴ Every event is inherently subjective; it may carry emotional significance for some individuals while remaining emotionally neutral for others. This process aims to regulate negative emotions that give rise to certain beliefs within the patient, which in turn impose specific emotional burdens.

When Prophet Musa was commanded to confront Pharaoh, various negative assumptions emerged in his mind. These included fear of being perceived as a liar, a sense of constriction in his chest as a reaction to his past mistake, and difficulty in speech. Fear, in this context, may be understood as a form of anxiety regarding anticipated events.³⁵ This interpretation also underscores the impact of emotional states on

³² Slovic, Paul, and Elke U. Weber. "Perception of risk posed by extreme events." *Regulation of Toxic Substances and Hazardous Waste (2nd edition)*(Applegate, Gabba, Laitos, and Sachs, Editors), Foundation Press, Forthcoming (2013).

³³ Edmondson, Donald. "An enduring somatic threat model of posttraumatic stress disorder due to acute life-threatening medical events." *Social and personality psychology compass* 8.3 (2014): 118-134.

³⁴ Abdullah bin Umar Al-Baidhawi As-Syirazi, *Anwar At-Tanzil...*, (Beirut: Dar Shadir, 2001), cet: I, Juz II, hlm. 746

³⁵ Abu Al-Qasim Mahmud bin Umar Az-Zamakhshyari, *Al Kasasyāf...* Juz I, hlm. 380
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physiological functioning. Empirical observation suggests that fear can lead to pessimism, chest tightness, speech impairment, and disruptions in communication.

The negative effects of fear, however, can be effectively regulated when an individual chooses to confront the source of anxiety and entrusts the potential consequences to Allah. This is exemplified in the supplication of Prophet Musa in QS. Tāhā [20]: 25–27:

قَالَ رَبِّ اشْرَحْ لِي صَدْرِي وَيَسِّرْ لِي أَمْرِي وَاحْلُلْ عُقْدَةً مِّن لِّسَانِي

“He (Musa) said: ‘My Lord, expand for me my chest, ease my task for me, and untie the knot from my tongue.’”

Each meaning attributed to an experience carries subjective value, shaped by the beliefs of the trauma survivor. For instance, a child who rarely meets their parents due to overseas employment may develop subjective assumptions that are difficult to avoid.³⁶ Such a child might interpret the situation as a lack of parental love, perceive the parents as selfish for prioritizing work over family, or even view them as neglectful and irresponsible.

This process of meaning-making occurs frequently in everyday life. For example, when it rains, all houses in a given area may become wet—this is an objective condition experienced by most residents. However, do all individuals respond with happiness to this situation? The answer is no. Some individuals, such as homemakers, may feel frustration because freshly washed clothes cannot dry quickly due to the rain.³⁷

A more specific example in the context of highly subjective traumatic experiences can be illustrated through the names “Anton” and “Susi.” Do all individuals react upon hearing these names? The response is inherently subjective: some may react, while others do not. Emotional reactions tend to arise when there has been prior emotional involvement with those individuals—for instance, if someone was hurt by Anton or betrayed by Susi. In such cases, these names may serve as emotional triggers if the past trauma has not been adequately processed and resolved.

2. Results of the Quasi-Experimental Study: One Group Time Series Design

Table Comprehensive Results of Trauma Releasing Sessions 1–5

Sesi	Level PISD	Rentang Skor	Initial Count	Final Count	Initial Percentage	Final Percentage	Change in Number
1 (Total 150)	Low	≤ 85	72	83	48.0%	55.3%	11
	Moderate	86–93	21	15	14.0%	10.0%	–6
	High	≥ 94	57	46	38.0%	30.7%	–11
2 (Total 144)	Low	≤ 85	66	83	45.8%	57.6%	17
	Moderate	86–93	21	15	14.6%	10.4%	–6
	High	≥ 94	57	46	39.6%	31.9%	–11
3 (Total 139)	Low	≤ 85	78	94	56.1%	67.6%	16
	Moderate	86–93	15	12	10.8%	8.6%	–3

³⁶ Böhme, Tillmann, et al. "A method for reconciling subjectivist and objectivist assumptions in management research." *Journal of Leadership & Organizational Studies* 19.3 (2012): 369-377.

³⁷ Ulfseth, Lena A., Staffan Josephsson, and Sissel Alsaker. "Meaning-making in everyday occupation at a psychiatric centre: A narrative approach." *Journal of Occupational Science* 22.4 (2015): 422-433.

4 (Total 134)	High	≥ 94	46	33	33.1%	23.7%	-13
	Low	≤ 85	89	101	66.4%	75.4%	12
	Moderate	86–93	12	10	9.0%	7.5%	-2
5 (Total 128)	High	≥ 94	33	23	24.6%	17.2%	-10
	Low	≤ 85	95	109	74.2%	85.2%	14
	Moderate	86–93	10	7	7.8%	5.5%	-3
	High	≥ 94	23	12	18.0%	9.3%	-11

The results of the paired sample *t*-test conducted across five measurement stages demonstrate consistent and statistically significant differences between Pre-Test and Post-Test scores in assessing the level of Post Infidelity Stress Disorder (PISD). These differences are evident in the mean scores, *t*-values, significance levels, and effect sizes as indicated by Cohen's *d*.

In the first measurement, the mean PISD score decreased by 12.307 points. The *t*-test yielded a value of $t = 15.020$ with 149 degrees of freedom ($df = 149$) and a significance level of $p = 0.000$, indicating a highly significant difference between Pre-Test and Post-Test scores. The 95% confidence interval ranged from 10.688 to 13.926, confirming that the observed reduction was not due to chance. The Cohen's *d* value of 1.22 indicates a very large effect size, suggesting that the intervention had a substantial impact from the initial stage.

In the second measurement, the mean reduction increased to 24.533 points. The *t*-value of 51.554 with $p = 0.000$ indicates an extremely strong difference. The 95% confidence interval ranged from 23.593 to 25.474, suggesting that nearly all respondents experienced positive effects from the intervention. The Cohen's *d* value of 4.21 reflects an exceptionally large effect size, far exceeding conventional thresholds for practical significance. This finding indicates that the intervention was not only effective for a subset of participants but had a widespread impact across the entire sample.

The third measurement yielded similar results. The mean PISD score decreased by 24.667 points, with a *t*-value of 48.110 and $p = 0.000$. The 95% confidence interval ranged from 23.654 to 25.680, indicating a high level of confidence in the consistency of the reduction. The Cohen's *d* value of 3.93 remained within the category of a very large effect size, demonstrating the continued consistency of the intervention's impact.

In the fourth measurement, the mean reduction was 24.127 points, with a *t*-value of 52.123 and $p = 0.000$. The 95% confidence interval ranged from 23.212 to 25.041. The Cohen's *d* value of 4.26 indicates a very strong and consistent effect, even exceeding some of the previous measurements. This suggests that the intervention became increasingly stable in producing positive outcomes among respondents.

The fifth measurement showed a mean reduction of 24.007 points. Although the *t*-value (32.494) was lower than in previous stages, the result remained statistically significant ($p = 0.000$). The 95% confidence interval ranged from 22.547 to 25.467, indicating that the reduction remained consistent. The Cohen's *d* value of 2.65, while slightly lower than in the third and fourth measurements, still falls within the category of a very large effect size.

Overall, the mean reduction in PISD scores from Pre-Test to Post-Test ranged between 12 and 24 points. The consistent significance across all stages ($p < 0.05$), combined with Cohen's *d* values consistently exceeding 0.80, indicates that the intervention was not only statistically significant but also practically meaningful. According to Cohen's criteria, an effect size of 0.80 is considered large; however, the results of this study, ranging from 1.22 to 4.26, indicate exceptionally large effects. Therefore, the intervention can be regarded as highly effective in reducing PISD levels.

Furthermore, these findings suggest that the reduction in stress levels was not merely temporary but persisted across repeated measurement sessions, indicating sustained positive effects of the intervention. The consistent pattern in which Post-Test mean scores were lower than Pre-Test scores across all stages further supports the conclusion that the intervention produced stable, medium-term outcomes.

From a practical perspective, these findings carry significant implications. The intervention has been shown to effectively assist individuals experiencing stress due to infidelity in reducing their psychological distress.³⁸ The large effect sizes observed in this analysis suggest that the intervention may serve as an effective method for supporting psychological recovery.³⁹ This is consistent with prior research indicating that structured psychological interventions can produce meaningful reductions in post-traumatic stress.

In conclusion, the analysis demonstrates that the intervention is effective, statistically significant, consistent, and characterized by very large effect sizes in reducing PISD among respondents. Given the consistent results across five measurement stages, the research hypothesis is fully supported. The intervention not only yields statistical significance but also holds substantial practical value in the context of psychological recovery.

CONCLUSION

The Qur'anic Psychology-based therapeutic method has been proven effective in facilitating recovery among individuals experiencing Post Infidelity Stress Disorder (PISD), as it simultaneously addresses both psychological and spiritual dimensions. This approach is grounded in the principle that human beings consist of the body (*jasad*), intellect (*'aql*), and spirit (*rūh*); therefore, holistic healing must involve all three components. Quantitative analysis indicates a significant reduction in PISD scores following intervention using the UFM method.

The difference between pre-test and post-test scores suggests that this method is effective in reducing symptoms of intrusion, avoidance, and hyperarousal experienced by clients. These findings are further supported by the results of the paired sample *t*-test, which demonstrate statistical significance, along with Cohen's *d* values indicating a large effect size. Empirically, UFM has been shown to produce faster and more meaningful outcomes within only 1–5 sessions, making it considerably more efficient than conventional therapeutic approaches, which typically require 8–20 sessions. This effectiveness is grounded in its distinctive emotional approach, which directly targets the release of emotional imprints attached to traumatic memories rather than focusing on behavioral modification or cognitive restructuring. Based on the researcher's experience in handling more than 1,200 cases, this approach reflects a clear novelty compared to existing therapeutic models.

In terms of implementation, this study also demonstrates that UFM can be applied in both individual and group settings. Although large-group implementation may result in greater variability and a higher risk of loss of control, the method remains effective even in groups of 50–150 participants. Nevertheless, for more optimal, safe, and balanced outcomes, smaller group settings of approximately 25–30 participants are recommended, as they allow the therapeutic process to better accommodate individual emotional needs. Quantitative data confirm that such group formats produce relatively stable responses, suggesting that this configuration is recommended to maintain safety while optimizing therapeutic outcomes.

Another distinguishing strength of UFM lies in its integration of values derived from the Qur'an, Hadith, and broader Islamic scholarship as the foundational basis of the therapy. This

³⁸ Pogrow, Stanley. "How effect size (practical significance) misleads clinical practice: The case for switching to practical benefit to assess applied research findings." *The American Statistician* 73.sup1 (2019): 223-234.

³⁹ Thomas, Elizabeth C., et al. "Person-oriented recovery of individuals with serious mental illnesses: a review and meta-analysis of longitudinal findings." *Psychiatric services* 69.3 (2018): 259-267.

integration is not merely a supplementary spiritual element, but rather constitutes a core component of the healing process. Consequently, UFM not only demonstrates quantitative effectiveness in significantly reducing PISD scores but also contributes to the advancement of Qur'anic psychology by offering a therapeutic model that combines clinical efficacy with spiritual depth. In conclusion, UFM may be regarded as an innovative approach that is not only academically and clinically relevant but also contextually aligned with the needs of Muslim individuals in addressing psychological challenges rooted in emotional trauma.

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