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Faith as a foundation of post-traumatic growth among muslim survivors of illness and disaster: An Islamic psychological perspective

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Abstract: This study examines how faith (iman) serves as an ontological foundation for post-traumatic growth (PTG) in Muslim survivors of serious illness and injury. In this context, *faith* is defined as core belief in Allah and acceptance of divine will (*qadha* and *qadar*), which provides a worldview guiding the reinterpretation of traumatic experiences and enabling individuals to transform adversity into spiritual and psychosocial growth. Unlike previous studies that largely focused on religious practices or coping strategies, this study positions faith-based meaning-making as the key process driving PTG among Muslim individuals. Using a qualitative instrumental case study approach, the study conducted in-depth semi-structured interviews with four purposively selected Muslim participants. Data were collected between October and December 2025, transcribed verbatim, and analyzed through reflective thematic analysis with validity strategies such as member checking and triangulation. Our results indicate that the process of PTG begins with the shattering of basic assumptions, followed by a shift from intrusive to deliberate rumination and a meaning-making phase. Crucially, participants' faith shaped how trauma was framed: not only as a test from Allah, but as an opportunity for wisdom and holistic growth. The depth of faith and the quality of social support significantly influenced this transformation. However, this growth was conditional, gradual, and often coexisted with distress. In conclusion, explicitly integrating a faith perspective is essential for the theory and practice of post-trauma recovery in Muslim contexts. It is therefore suggested to develop faith-informed interventions in mental health services, test quantitative models of Islamic PTG, conduct longitudinal studies, and increase sample sizes to enhance generalizability.

Keywords: Post-traumatic growth; faith; meaning-making; social support; Islamic psychology.

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Introduction

Human life inevitably encounters both pleasant and traumatic events, such as severe illness or disaster, which can cause profound physical and psychological trauma (Maltais et al., 2020). Such exposure can lead to Post-Traumatic Stress Disorder (Gkintoni et al., 2024) or, conversely, Post-Traumatic Growth (PTG)a process of significant positive psychological change resulting from the struggle with trauma (Blevins & Tedeschi, 2022). However, mainstream Western PTG theories predominantly emphasize secular cognitive restructuring and existential meaning-making. This framework presents a theoretical gap, as it is often insufficient to fully explain PTG among Muslims. For Muslim individuals, their worldview is deeply rooted in an Islamic ontological structure where suffering is perceived not merely as a random tragedy, but as a divine test (*ibtilā'*) laden with spiritual purpose, which enables them to transform their lives for the better (Ahmadi, 2024; Chowdhury, 2024; and Salama, 2024).

Previous studies on Islamic coping and trauma recovery have largely focused on spirituality and religious manifestations. For instance, Yuliyanti and Shodiq (2024) highlighted how religious practices (prayer, *zikir*, recitation of the Qur'an) aid trauma recovery. Basman et al. (2024) proposed a psychospiritual model emphasizing cognitive values like *tawakal* (reliance on God) and *ikhlas* (sincerity), while Ahmadi (2024) noted the role of patience. While these studies successfully map Islamic coping mechanisms, an empirical gap remains. Existing research primarily investigates the manifestations or practices of religion, leaving the fundamental driver faith (*aqidah* or core belief)—underexplored as the primary catalyst for PTG. What has not been discovered is how this foundational faith directly dictates the cognitive restructuring and emotional resilience of Muslim individuals experiencing severe trauma.

In Islamic psychology, faith is not merely a component of religious practice but the ontological worldview that dictates meaning, hope, and responses to suffering (Aghajani, 2024; Baig, 2023; Cucchi & Qoronfleh, 2025; Rassool & Luqman, 2023). As Çınaroğlu (2024a) and Mehrabadi et al. (2022) suggest, faith shapes spirituality-based resilience and the restructuring of meaning after a disaster. Therefore, studying PTG in an Islamic context must start from this fundamental worldview rather than its symbolic behavioral expressions. By doing so, this study extends existing PTG research by shifting the paradigm from religion as a coping strategy to faith as the ontological foundation of growth, offering a specific empirical contribution to the development of Islamic psychology.

This faith-based paradigm is particularly crucial when examining individuals facing life-altering medical traumas, such as stroke (Longman & Schwartz, 2025), kidney tumors (Vartolomei et al., 2022), hyperthyroidism (Chen et al., 2024), and orthopedic injuries (Montagnini & Wilson, 2024), which profoundly disrupt physical and psychological well-being. To deeply capture the complex, subjective meaning-making process of how faith transforms such profound suffering into PTG, a qualitative methodology is necessary. This addresses a methodological gap, as quantitative measurements often fail to capture the nuanced, internalized spiritual dialogues and ontological shifts experienced by patients facing chronic or acute illnesses.

The novelty of this study lies in its integration of a foundational faith-based approach with specific, severe medical traumas (stroke, hyperthyroidism, kidney tumors, and orthopedic injuries)—an intersection that has not been empirically investigated in existing literature. What this study adds to the field is a deep, qualitative exploration of how the Islamic ontological belief system enables patients with these specific conditions to reframe their traumatic reality. Ultimately, this research provides a vital empirical

contribution by illustrating how strong faith operates as the core mechanism of resilience, transforming vulnerability into growth within the reality of Muslim life.

Method

This study adopts a qualitative approach with an instrumental case study design to construct a conceptual picture of the Post-Traumatic Growth process based on faith among Muslim individuals. This design was chosen as it is more appropriate than phenomenology, which aims to uncover the essence of an experience, or narrative inquiry, which focuses on the biographical flow of stories. The instrumental case study approach was chosen because it allows for in-depth analysis of selected cases as a tool for understanding the dynamics of Post-Traumatic Growth in a contextual setting (Stake, 1995). Furthermore, this study does not aim to construct a general substantive theory which would be the focus of grounded theory—but rather to gain a deep understanding of the growth process within specific empirical conditions.

The study employed a purposive sampling strategy involving four established adult participants (aged 30–45 years) who met the study inclusion criteria: experiencing chronic illness or tragic misfortune; active in preaching or study activities; and able to reflect on their faith experiences (Mehta & Arnett (2023). This sample size is justified by the principle of information power, which prioritizes the richness and depth of information over the number of participants. Given the complexity of spiritual and ontological experiences, four participants are sufficient to reach data saturation.

Although the participants experienced diverse forms of trauma (chronic illness and physical injury), they are analyzed within the same framework because the unifying factor is their shared reliance on the Islamic ontological structure. Whether the trauma stems from neurological, oncological, or orthopedic origins, the cognitive-emotional mechanism of faith functions as the core variable in navigating their suffering. This commonality allows for a cross-case analysis to identify how the fundamental belief system shapes resilience across different physical hardships.

The researcher utilized reflective thematic analysis to examine participants' narratives. This method is suitable for exploring the relationship between cognitive-emotional constructs (e.g., deliberative rumination, meaning-making) and the dimensions of Post-Traumatic Growth and faith practices. The analysis process was conducted iteratively and documented through: (1) familiarization with the data; (2) open coding to identify narrative units; (3) axial coding to group codes into categories; (4) development of central themes; and (5) mapping of temporal narratives. The analysis was supported by qualitative coding software (MAXQDA version 24) for code organization and thematic map visualization, as well as audit trail recording. Validity was maintained through member-checking, source triangulation (interviews, field notes, voluntary documentation), audit trails, prolonged engagement, and researcher reflexivity. All data are stored securely and anonymized to maintain participant confidentiality.

Result

The Process of Forming Faith-Based PTG

This qualitative study identifies five key themes that capture the psychological trajectory of participants. The following findings delineate not only the raw experiences of the participants but also the

cognitive-emotional mechanisms through which faith facilitates the transition from trauma to growth. The four participants include P1, an entrepreneur, male (45 years old), with motor limitations due to stroke. Then P2, a male Quran educator (45 years old) with kidney cancer. Female participants are represented by P3 (37 years old), a convert to Islam, content creator, and entrepreneur who is a survivor of hyperthyroidism. Finally, P4, a 42-year-old male private employee, who suffered a serious orthopedic injury due to a slip in the bathroom. The following is a table summarizing the profiles of the four participants.

Table 1
Brief Participant Profiles

Partisipant	Profile
P1	History of stroke/chronic health conditions, undergoing therapy
P2	Hyperthyroidism; loss of a child; adoption of a child, converted to Islam in 2012; experiencing side effects of therapy
P3	Kidney tumor. Underwent surgery
P4	Physical injury (broken knee due to slipping), underwent surgery and therapy

In general, the interview process with the four participants proceeded in accordance with the guidelines. However, there were some notable exceptions based on the conditions in the field. For example, during the interview with P1. It should be noted that P1 cried repeatedly while answering the interview questions. For example, when answering the question, "Tell us about the most memorable experience that you still feel to this day?" Then, when asked, "How did you feel about the positive changes when facing the test?", P1 cried even longer than before. The author paused for a moment, looking for tissues and a cloth for P1 to wipe their tears. The interview process was only resumed after P1 was ready to respond to the interview questions.

In addition, the interview with P4 was initially planned to be conducted in person, as with the other participants. However, conditions in the field did not allow this due to P4's health condition, which was hampered by ENT (ear, nose, throat) problems. This condition affected his ability to speak, causing him to speak slowly. Considering his condition, the interview was ultimately conducted in writing.

Meanwhile, data analysis was conducted following a systematic qualitative procedure: open coding of transcript excerpts/coded segments to identify units of meaning; axial coding to group related codes into sub-themes; and selective coding to synthesize sub-themes into core themes that answer the research question about how the Islamic PTG process occurs. Code reconciliation was carried out through peer-checking and audit trails using a code system that had been compiled in the Code System file. The author presents the five main themes resulting from coding using MAXQDA version 24 software, along with related meanings, in the following table.

Table 1
Themes and Related Meanings

Themes	Related Meaning
Onset episode	Unexpected; shock; collapse of basic assumptions about the body/role; initial confusion; intrusive rumination leading to deliberate rumination.
Impact of illness	Physical dysfunction (speech, mobility, and physical health); emotional changes (mood); loss of role/job; financial burden; flashbacks

External factors	Support from spouse; study/preaching community; friends/alumni; doctor support; survivor groups; protective role of environment
Spirituality	Reinterpretation of events as tests from a faith perspective; increased religious practice; sincerity & patience; religious interpretations that provide meaning and peace
Growth	Reflection; formation of new priorities; increased faith, trust in God, patience, and gratitude; behavioral reorganization (more careful decisions); new prosocial roles.

Onset Episode

This theme captures the initial moment when the illness/injury appeared—an event that was sudden or shocking and triggered a shift in the participant's basic assumptions about their body, role, and future. This moment served as a trigger for psychological processes that later contributed to the PTG pathway.

> *"So the illness came suddenly. Suddenly it was stiff. The left side was stiff. The whole left side."* (P1)

The very sudden onset in P1 caused emotional shock and marked a shattering of assumptions about the body and its role (e.g., ability to preach).

> *"Of course, I was in shock when the doctor ... until I asked how long it would take to recover and he replied that no one could determine that."* (P2)

The uncertainty in P2's prognosis triggered intrusive rumination in the early stages (feelings of frustration and questioning why this happened to her).

> *"I was hoping it would be mild... Then this happened. It's really big... Yes, I was shocked."* (P3)

P3's initial hopes were shattered when the medical information differed from her expectations, indicating that her 'assumptive world' had been destroyed.

"At first, I didn't believe it. I was hesitant to decide whether to proceed with surgery or traditional medicine." (P4). When linked to the preliminary interview before the follow-up interview, P4 did not state that he experienced shock when traced. However, this statement shows confusion that indicates a loss of understanding based on his experience of control over his life.

The sudden onset acts as a catalyst for cognitive dissonance, effectively shattering the participants' "assumptive world." This initial shock is not merely a situational event but a profound psychological destabilization that forces the individual to confront the fragility of their existence. This moment is the prerequisite for Post-Traumatic Growth, as it demands a fundamental re-evaluation of life's meaning, shifting the cognitive state from a stable worldview to one of intense, intrusive rumination.

Impact of Illness

This theme records the various consequences experienced by participants as a result of illness or injury: physical impacts that reduce function and role, psychological impacts (mood changes, anxiety, flashbacks), and material/economic consequences. These impacts provide empirical "material" that is then processed in the meaning-making trajectory and becomes the basis for the emergence of post-traumatic growth when combined with adaptive coping mechanisms and support.

"My speech has become very slurred."; "It's like I'm about to fall. I shouldn't use a cane. But if I don't use one, my gait is abnormal and unstable."; "As for me, thank God, I'm fine. It's just my finances." (P1)

P1's statement shows the physical impact, in the form of functional impairment, and the consequences for their role and economy. The loss of speech and limited mobility has damaged his social work identity (e.g., preaching/lecturing activities), adding to his identity pressure—a factor that often triggers rumination and the need for meaning reconstruction.

"Having hyperthyroidism is really tiring, not only mentally but also physically. For example, if I sit for an hour or two live, whereas before I could do it for 8 hours. Talking for an hour or two, breathing becomes difficult to control. It's labored."

"In terms of character, I'm easily provoked, easily tired, and my mood changes. Whereas before, I wasn't like that."; "Oh, I can't have children. Back then, my dream was to have many children after converting to Islam. I really wanted that, but it turns out that my fortune only allowed for that much in terms of children."

"The therapy has already been done. Then, the medicine is very strong. Every time I take that medicine, my hair falls out. My head feels like it's being pounded with nails." (P2)

The P2 statement shows the following impacts: physical (fatigue, limited work capacity), affective (emotional instability due to hormones), social-identity (inability to fulfill reproductive expectations), and therapeutic trauma (drug side effects that cause dilemmas). This series of impacts results in the intensity of intrusive rumination in the early phase. However, it also provides an opportunity for deliberative rumination if supported by spiritual aspects and social support.

"This is a big test. Understanding that concept (faith in destiny) is Alhamdulillah (praise be to God). Yes, there is still fear and worry. I also read stories of people who had their kidneys removed and then returned to normal." (P3). Based on this statement, P3 frames the physical impact and anxiety within the context of faith and references to other people's experiences; this reflects how the experience of impact can be processed through religious meaning-making strategies that reduce anxiety and facilitate hope.

"An incident that we consider 'no big deal' in the context of falling in the bathroom due to slipping can have a significant impact on activities, temporarily stopping the activities that are usually carried out due to a broken knee."

"Emotionally, sometimes there is excessive concern about wet roads, which appear slippery and have ups and downs. This makes me walk more slowly and be more cautious." (P4)

Upon further investigation, these excessive feelings contain flashbacks (recurring memories of events). When asked, "Have you ever experienced a flashback when seeing something wet or slippery, recalling an event in the bathroom?" P4 responded, "Yes, there is concern. Sometimes, yes." P4's statement describes the impact on the function of one of their limbs as well as the presence of flashbacks, which are one of the characteristics of trauma. However, it should be noted that P4's flashbacks are infrequent. Such impacts have the potential to become obstacles, but they are also experiences that, if processed through reflection and meaning-making, can lead to behavioral adaptation and increased awareness, as well as more adaptive behavioral patterns.

Thus, the physical and identity-based limitations reported by participants create significant psychological pressure. However, these impacts are pivotal because they initiate the search for meaning. By experiencing the loss of function or role, participants are forced to move away from pre-traumatic cognitive patterns. The emotional distress described here functions as a driver for *deliberative rumination*, where the individual begins to organize their trauma into a coherent narrative.

External Factors

This theme places social support in the post-trauma process as a contributor to the formation of PTG. Support from spouses, family, study groups, fellow preachers, medical personnel, and fellow survivors acts as a source of emotional, instrumental, and religious support. Social support acts as a scaffold that determines whether the individual falls into destructive, intrusive rumination or shifts toward adaptive, deliberative rumination.

> *"We can gather when reciting the Quran. Then there is also syu'ur jama'i (a sense of togetherness). We can gather with our friends. We feel that syu'ur and dakwah berjamaah (preaching in congregation) exist."*
>
> *"So, I don't feel alone at home. I get a lot of help from friends."* (P1)

Religious communities provide a sense of belonging and concrete support that strengthen P1's social relationships. This kind of support is important to suppress destructive rumination and provide space for focused reflection.

> *"So, fortunately, I have a husband who always says, 'If there is a relative of mine, wherever they are, who is in your mind and is saying bad things, tell me. Let's just stay away from that for the sake of your mental health.' He really takes care of me."*
>
> *"Now, if it's just for gatherings or reunions that aren't really important, I avoid them because I'm afraid there will be toxicity. So, it's less but more quality, and I'm more selective about what's positive."* (P2).

Spousal support in P2 is protective and practical; in addition, P2 restructures social relationships to be more selective. This becomes an adaptive strategy that can reduce stress exposure and support emotional stability, in line with the idea that the quality of support is more decisive than the quantity.

> *"Yes, I'm actually not too far away. But there we see our wife and children hoping for recovery. The process took a long time, and the children were confused. My wife's attention was also tested. Everyone was sick, accompanying us. Until, in a sense, my appreciation for my wife increased."*
>
> *"I met a doctor in Jakarta. Internal medicine. When it came time for surgery, it had to be for a heart condition, with anesthesia. Internal medicine is extraordinary. He was given pain to atone for his sins. I immediately felt that this doctor was extraordinary. People may see things differently. Other doctors would say, be patient. But this doctor was direct. If you want your sins to be forgiven, then you have to suffer this pain."* (P3)

P3 received support from his family as well as meaningful motivation from a professional (doctor) who stated that illness is the forgiveness of sins. This indicates the existence of faith-based reframing that gives rise to strong meaning-making. What P3 experienced also shows how professional support can contribute to P3's reinterpretation of meaning.

"Praise be to God, since my hospitalization, many fellow believers from the same missionary organization have come to visit, offering encouragement and prayers."

"During the recovery process at the therapy center, I sometimes met fellow patients who were recovering faster, which motivated me to keep fighting. Sometimes I also saw patients who were arguably slower in their recovery process, and seeing the progress I had achieved myself, I tried to give them personal appreciation, that it turns out we can be better." (P4)

During the treatment and rehabilitation period, concrete support from the community encouraged, and prayer served as a source of emotional and spiritual support. Then, meeting with fellow survivors at the therapy center also has two important effects: when witnessing others who recover more quickly, participants feel motivated and gain a model of hope; conversely, seeing survivors whose recovery is slower can lead to gratitude and appreciation for one's own achievements. These two processes become material that directs P4 to engage in deliberative rumination, meaning-making, and increased spirituality.

External support, whether from spouses, medical professionals, or faith communities, provides the "language" of resilience. For the participants, these support systems do more than provide comfort; they provide the cognitive frameworks (e.g., viewing illness as atonement) that help participants reframe their suffering. This is a critical mechanism where external social validation confirms the internal spiritual shift, accelerating the meaning-making process.

Spirituality

This theme emphasizes how faith becomes the foundation for spiritual transformation. Faith strengthens participants to internalize Islamic attitudes and values such as patience, sincerity, gratitude, trust in God, repentance, and so on. Faith also motivates them to implement spiritual coping strategies in the form of increased worship. This theme emphasizes faith as the fundamental ontological framework that dictates the appraisal of suffering.

"Realizing that this is a test"; "Qadar Allah, good and bad come from Allah"; "Accepting destiny"; "Belief that Allah will surely help His servants. Belief that Allah will surely help. Allah guarantees the sustenance of His servants. "Tahajud is 8 rakaats. Back then, it was only 2 rak'ahs. Now it's every day and every night."; "At least 4 rak'ahs now." (P1)

P1 shows spiritual transformation demonstrated through increased worship practices, internalization of faith in qadha and qadar, and a healthier lifestyle. Ritual practices reinforce the narrative that illness is a test and provide a daily structure that stabilizes emotions a process that is very consistent with the PTG model, which places spiritual change as one dimension of growth.

"Honestly, that's why I said earlier that if I hadn't been a Muslim at that time, I would have had hyperthyroidism and crazy depression because you really need strong faith, so the more faith we have, the more accepting we are."

"Allah wants you to be pure in this world and return to Him in a pure state. So, when we're tested with illness, it's to wash away past sins and remind us that death is near."

"That's for sure. Before I got sick, I was really indifferent to Allah. Honestly, I only did what was obligatory. Since Allah gave me this illness, I don't dare to miss even a single moment, even if it's considered sunnah." (P2)

P2 views illness as a means of cleansing sins and triggering profound religious transformation. This kind of religious reinterpretation facilitates acceptance (ikhlas) and shifts the focus from loss to spiritual meaning a meaning-making mechanism identified in PTG literature and characteristic of Islamic PTG.

> *"I truly put that theory into practice there. I truly put qadha-qadar into practice there. What remains is on the human side. Because he has, what is it called, walanabluwannakum minasy sya'i wal ju'i. Between fear, then, yes, fear is what Allah gives as a test. We truly apply that concept there. The question is, are we capable of that? Then what? Then what? Ustaz, even though I'm sick, I still attend Ustaz AF's studies, Tafsir. Sick with what, wanting to scream, wanting to cry."*
>
> *"Understand the concept. That's all it means, yes, trust and faith in Allah. Allah has everything we have. We belong to Allah, yes, our whole bodies also belong to Allah. So, Ustaz, just take one thing at a time; it's only Allah."* (P3)

P3 describes the serious application of the concept of qadha-qadar and active efforts to seek support (studies) as a means of coping and meaning-making. This is in line with the integrative model of Islamic PTG, where faith not only provides comfort but also reshapes the framework of values and meaning of experiences.

> *"When facing challenges, we learn to be more sincere in accepting Allah's decree, learning again that every episode of life has its own color."*
>
> *"Realizing that all misfortunes/accidents are part of Allah's domain, we only learn to accept and be patient in going through them."*
>
> *"During the recovery period, which coincided with Ramadan, he began fasting during the last 10 days of the month… and tried to perform night prayers every night."* (P4)

P4 shows spiritual transformation by strengthening his faith in God's destiny. This strengthening was accompanied by internalizing sincerity and patience. After that, he carried out practical steps of spiritual coping in the form of qiyamullail fasting.

Therefore, faith serves as a cognitive filter. When participants interpret their illness as a test or a means of purification, they are engaging in religious reframing, a core component of Post-Traumatic Growth. By internalizing concepts such as destiny, patience, and sincerity, participants shift their locus of control from the external environment to the internal spiritual relationship with God. This spiritual coping mechanism is what enables the transition from despair to purposeful endurance, directly mitigating the anxiety and depression usually associated with chronic illness.

Growth

This theme describes the manifestation of positive changes after the process of coping and meaning-making: reflection/introspection, increased patience and gratitude, sharpened social priorities, maturity in decision-making, and the emergence of new prosocial intentions/roles. These changes are in line with the dimensions of PTG (appreciation of life, deeper relationships, personal strength, new opportunities, spiritual change). In other words, this theme describes the reorganization of the self following successful meaning-making and spiritual coping.

"It was my fault before."; "Continue with self-introspection."; "Just be more grateful. (Because) There are others who have experienced more than I have. "Stay enthusiastic even in these circumstances. Conditions like this increase enthusiasm. "Now I prioritize patience more." (P1)

P1 displays a reflective process and a new moral ethos (introspection, patience, gratitude) that is consistent with the PTG dimensions of "personal strength" and "appreciation of life." This transformation shows a reconstruction of identity that takes limitations into account as part of a new self-narrative.

"It was my mistake too at that time because I was too careless, thinking it was just fatigue."

"I finally decided to be optimistic because if I continued to be pessimistic, I would feel even worse, so I always think optimistically."

"I'm more mature now. In the past, I seemed to jump to conclusions too easily. I wasn't serious back then. Now, I think twice about everything. If I want to do something, even something small, I think about it first."

"When I was still healthy, the sustenance that Allah gave me was only that much, but when I got sick... When I asked Allah for this much, He gave me many times more." (P2)

Similar to P1, P2's statement shows that there was a process of reflection (this was my mistake). He also went through a process of cognitive reconstruction and a new self-narrative, such as moving towards optimism, increased self-control, and maturity in decision-making. This indicates an increase in personal strength. In addition, the narrative of greater fortune shows the opportunities that P2 has gained.

"I wasn't connected yet. Well, I connected after about 6 months there. Why did I try to reflect? Why did I?"

"The young man wanted to marry the nurse. It turned out that one day he was bitten by a dog. He was bitten by a dog. Yes, he was treated at the hospital. He met a nurse. She became his wife. That's how it happened."

"Everyone who is sick has a lot of fortune, right? Oh, yes, before I got sick, I wanted Ramadan to be extraordinary, like a prayer. A prayer for fortune. Oh, that prayer. A prayer. Maybe this is the answer, that is the answer. Well, that's extraordinary." (P3)

Similar to P2, in addition to showing a process of reflection, P3 also mentions that he feels there are new opportunities in the form of more fortune. P2 mentions a creative process of meaning-making through storytelling.

"The more I learn to be grateful that the blessing of health is very precious, the more I learn to be patient in the face of events beyond my control."

"I am more grateful and intend to give more when I am healed."

"Taking on a more active role in the organization, striving to make a more positive impact." (P4)

P4, who expressed gratitude and acknowledged the preciousness of good health, demonstrated a process of meaning-making that led to a shift toward prosocial behavior and the intention to take on more roles and make a more positive impact. Based on the experience of receiving support, they became initiators of support. This represents an increase in personal strength.

The growth reported by participants represents an identity reconstruction. The cognitive restructuring involves an integration of their traumatic experience into their life story, not as a point of failure, but as an opportunity for prosocial behavior and increased wisdom. This confirms that the transformation is not passive; it is an active cognitive-emotional process resulting in increased self-control, changed priorities, and maturity.

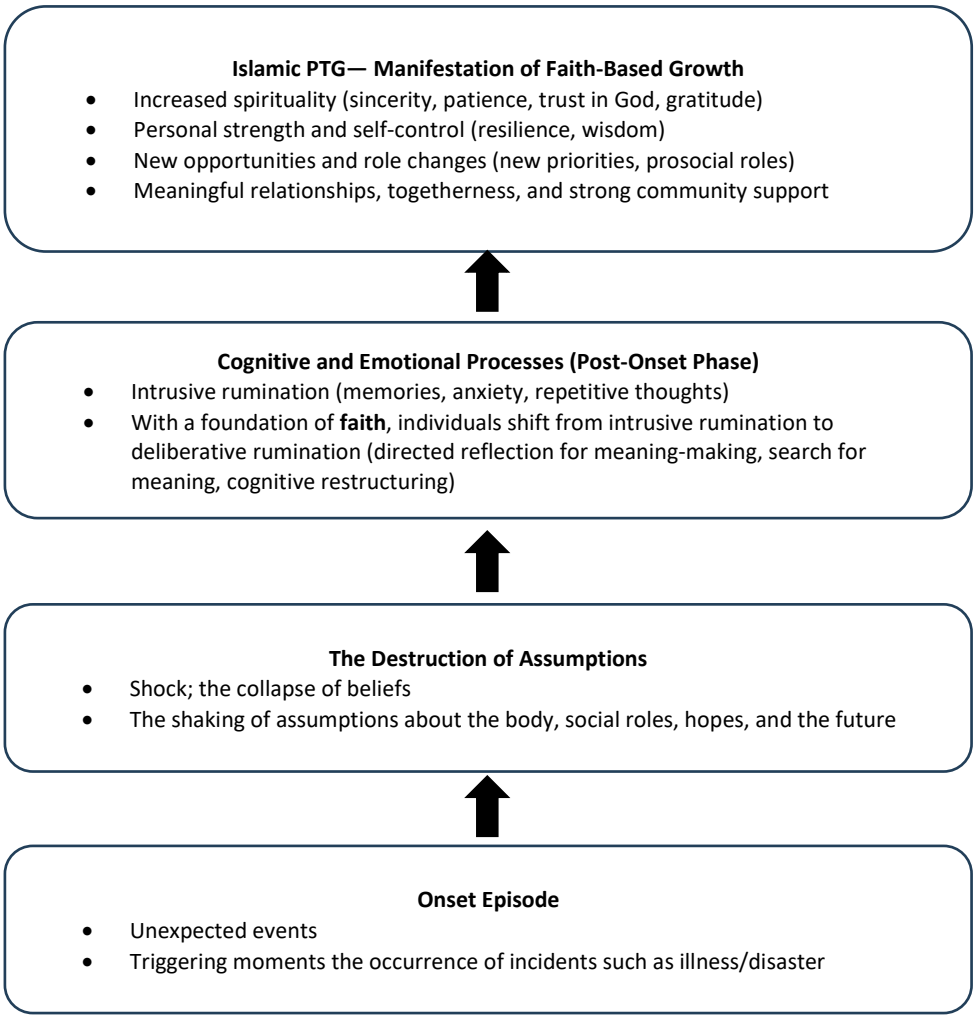
The growth process in these four participants emerged in the cognitive, affective, and behavioral areas: reflection leading to the strengthening of values (patience, gratitude), optimistic reframing, changes in interpersonal relationship priorities, and prosocial commitment. Thus, based on the research findings described above, the process of faith-based post-traumatic growth can be summarized in the following figure.

Figure 5 illustrates the sequential cognitive-emotional pathway through which faith facilitates Post-Traumatic Growth (PTG) following a traumatic event. The process begins with an onset episode, in which an unexpected adverse event, such as illness or disaster, disrupts the individual's psychological equilibrium. This event precipitates the destruction of assumptive worlds, characterized by the collapse of previously held beliefs and assumptions about oneself, the body, social roles, future expectations, and the predictability of life. Such disruption represents the cognitive crisis that initiates psychological adaptation.

In the subsequent post-onset phase, individuals commonly experience intrusive rumination, consisting of involuntary memories, anxiety, and repetitive negative thoughts. According to the model, the presence of a strong foundation of faith enables a gradual transition from intrusive rumination to deliberative rumination, a more intentional and reflective cognitive process focused on meaning-making, cognitive restructuring, and the reinterpretation of adversity. This transformation reflects a shift from passive psychological distress toward active psychological adaptation.

Figure 1

The Process of Establishing Faith-Based PTG



The upper section of the model depicts the manifestation of Islamic faith-based Post-Traumatic Growth (PTG) as the outcome of this adaptive process. Growth is reflected across multiple domains, including enhanced spirituality characterized by greater sincerity, patience, trust in God (tawakkul), and gratitude; increased personal strength and self-control manifested through resilience and wisdom; the emergence of new life priorities and prosocial roles; and the development of stronger interpersonal relationships supported by family and community. Collectively, the model suggests that faith functions not merely as an emotional coping resource but as a cognitive framework that promotes meaning reconstruction, facilitates adaptive emotional regulation, and supports sustained psychological growth following trauma.

Discussion

Early Episode: The Collapse of Assumptions Leading to a Search for Meaning

The sudden and shocking onset of trauma manifested as a sudden stroke in P1, diagnosis and surgery in P2 and P3, and a sudden injury in P4 acts as an existential trigger that immediately shatters the

individuals' basic assumptions regarding their bodies, roles, and futures. Following this collapse, patterns of intrusive rumination emerged immediately in P1, P3, and P4, whereas their transition to deliberative rumination was significantly accelerated by adequate support.

To interpret this psychologically, the speed of transition from intrusive to deliberative rumination is determined by the compatibility of the stressor with the individual's preexisting cognitive architecture. For P2, a convert who spent approximately three years trapped in initial intrusive rumination, this prolonged distress reflects a complex adaptation phase required to fully internalize a new spiritual schema. Conversely, P1, P3, and P4 navigated this transition much faster because their deeply embedded understanding of Islamic faith provided an immediate framework to process trauma.

This mechanism expands the traditional post-traumatic growth framework. While this finding aligns with the core concept of the collapse or disappearance of the world of assumptions by Tedeschi and Calhoun, 2004b), it addresses a distinct conceptual omission: Tedeschi and Calhoun focus heavily on deliberative rumination and do not explicitly integrate the operational timeline of intrusive rumination.

By integrating these findings with the Organismic Valuing Theory (OVT) of Joseph & Linley (2005, 2006), it can be observed how the internalization of faith alters the "actualizing tendency." For established believers (P1, P3, P4), a deeply internalized creed functions as an anticipatory cognitive shield. During cognitive restructuring, they do not need to construct a new worldview from zero; instead, they require only the reinforcement and empirical proof of their existing faith and Islamic values within the matrix of their current trial. The theoretical contribution here is that faith dictates the velocity of cognitive transition, transforming intrusive panic into deliberative reflection.

Impact of Illness: A Source for Reflection and Meaning Discovery

The impact of illness across all participants was profoundly multidimensional, generating severe physical impairments (mobility, speech), socioeconomic burdens, and acute psychological symptoms such as anxiety, mood swings, and flashbacks. In the case of P2, the trauma was further compounded by the aggressive nature of the medical treatment and its distressing side effects.

Psychologically, these multi-layered miseries do not merely represent clinical deficits; they serve as the raw existential "material" that forces the mind out of automated cognitive processing and into deep reflection. A critical divergence was observed during data collection: P3 and P4 had fully passed their physical recovery process with an unshakeable internalization of divine destiny. Meanwhile, P1 and P2 were still enduring incomplete recovery and active somatic limitations. This structural divergence explicitly reinforces theoretical assertion that distress and growth can coexist and occur simultaneously (Joseph, 2009). Complete physical healing is not a prerequisite for structural psychological expansion.

By synthesizing this phenomenon through (Park, 2013) Meaning-Making Model and the OVT Joseph and Linley (2005, 2006), a clearer picture of the underlying change mechanism emerges: growth occurs through the deliberate mediation of the discrepancy between situational meaning (the immediate horror of illness) and global meaning (the overarching belief in God’s absolute sovereignty and destiny). When reflection is executed successfully, a profound alignment is forged between the new traumatic experience and the personal value system. The novel contribution of this study lies in demonstrating that spiritual transformation for established believers (P3, P4) does not entail learning new tenets, but rather deepening the internalization density of their preexisting faith to close the situational-global gap.

External Factors: Social Support Supports the Growth Process

Social support derived from spouses, families, study communities, medical personnel, and fellow survivors emerged as a fundamental systemic anchor that directly dictated how participants converted somatic pain into pathways for self-transformation. The structural support reported was highly multifaceted, spanning practical assistance (caregiving), emotional validation (empathy, presence, prayer), and interpretive frameworks (religious narratives that provided contextual meaning).

From an analytical standpoint, this external support functions as a psychological scaffold that prevents the individual from succumbing to cognitive stagnation. It directly manifests the dimension of strengthened interpersonal relationships within the broader PTG paradigm, as conceptualized by Blevins and Tedeschi (2022).

However, our findings reveal that the structural manifestation of this relational strengthening is highly variable and individualized. For P3, support led to an expansion in the quantity or breadth of social networks. In contrast, P2 experienced a deliberate consolidation in the quality and intimacy of closer ties, a pattern that substantiates the numerical relational dynamics observed by Bahari et al. (2017).

The distinct contribution of this study is the conceptualization of social support as a mechanism of theological validation. In a faith-saturated context, external support does more than buffer stress; it actively reinforces the participant's emerging deliberative narratives by validating that their suffering is a structured, purposeful spiritual trial rather than a random act of cosmic misfortune.

Faith: The Fundamental Foundation of Spiritual Transformation

Spirituality, articulated specifically as Islamic faith (iman), operated as the absolute ontological foundation (worldview) and operational guide for all four participants during their trauma recovery. The participants systematically filtered their medical crises through the lenses of Allah’s qadha and qadar (divine decree), consciously reframing their illnesses as purposeful tests and divine vehicles for the expiation of sins. This cognitive shift was structurally externalized through the self-initiated intensification of voluntary rituals (sunnah) beyond obligatory practices, including Tahajud and Dhuha prayers, active almsgiving, and fasting.

This process directly substantiates the spiritual transformation dimension of PTG (Tedeschi & Calhoun, 2004; Tedeschi et al., 2018) and aligns with traditional meaning-making pathways (Park, 2013; Joseph & Linley, 2005). However, this finding offers a vital theoretical departure from mainstream Western psychological literature. In Western models, spirituality is typically conceptualized as a highly generalized, subjective variable that accommodates all beliefs indiscriminately, often viewed as a late-stage outcome of post-traumatic reflection. In this study, faith is repositioned as the primary ontological framework that precedes and actively drives the entire cognitive reconstruction process.

Iman provides the initial baseline for acceptance (sincerity, patience, trust in God), which then structures the reconstruction of meaning and manifests as concrete behavioral adaptations. This dynamic deeply enriches the work of Çınaroğlu (2024b), illustrating how faith systematically unifies internal belief and external deeds through highly structured religious coping.

Furthermore, this study confirms that severe adversity serves as a transformative crucible that fundamentally trains the individual to draw closer to the Creator (Subandi et al., 2014; Munsoor, 2019;

Agustini & Musslifah, 2024). The unique contribution here is that faith is not a destination reached after growth; it is the ontological engine that makes the navigation of trauma possible from its absolute inception.

Growth: Emerging Dimensions and the Process of Formation

The growth manifested by the participants directly mirrors the five established dimensions of PTG outlined by Tedeschi and Calhoun (2004) and Tedeschi et al. 2018): an increased appreciation of life, enhanced quality of interpersonal relationships, personal strengthening, the recognition of new opportunities, and spiritual change. However, due to the specific theological context of this study, spiritual transformation did not emerge merely as one of five co-equal dimensions; instead, it operated as the central axis that directed and governed the remaining four domains.

Psychologically, this structural arrangement implies that spiritual transformation serves as a cognitive command center. Once the participant successfully re-established their relationship with the Divine, this central change mandated adjustments across all other life spheres. This centralized control is visible in the participants' behavioral outputs: interpreting illness as a sin-purifying test directly generated an increased appreciation of life (gratitude); spiritual growth mandated a structural selectivity in establishing interpersonal relationships to preserve inner peace; and the internalization of religious duties directly triggered the activation of new prosocial roles and intensified daily worship.

This behavioral and cognitive integration strongly reinforces the thesis that faith in Allah, His qadha and qadar, and the pursuit of tazkiyah an-nafs (purification of the soul) provide an optimal existential framework for discovering new meaning and initiating adaptive coping strategies (Subandi et al., 2014; Munsoor, 2019; Agustini & Musslifah, 2024). The subsequent increase in structured worship and the deliberate transformation of social bonds further confirm the empirical reality of these spiritual-practical changes (Munsoor, 2019; Çınaroğlu, 2024b; Salama, 2024).

Mitigating this pathway, the trajectory toward faith-based Post-Traumatic Growth is structurally conditional, iterative, and deeply organized. The medical trauma provides the distressing raw material; external support and the shared framework of faith act as the primary catalysts that dictate the trajectory of reflection. When these conditions align, deliberative rumination successfully translates suffering into systematic growth. Ultimately, this study refines PTG theory by demonstrating that applying these models to Muslim populations requires a highly precise focus on the structural depth of internal iman and the qualitative nature of theological support. Faith and peer support are the definitive components that dictate whether an individual remains trapped in a trauma cycle or achieves profound post-traumatic growth.

Conclusions

This study demonstrates that the shattering of fundamental assumptions following sudden medical trauma initiates a dynamic, non-linear trajectory of meaning reconstruction. Rather than a linear progression, the transition from intrusive to deliberative rumination is an iterative process deeply embedded within the survivor's personal and relational context. Moving away from a deterministic view of post-traumatic growth (PTG), the findings highlight that psychological expansion is inherently multi-factorial, shaped by the interplay of physical recovery timelines, systemic external anchors, and internal cognitive structures. Within this matrix, faith does not act as an isolated, single determinant of growth; instead, it functions as an important existential meaning-making framework that facilitates adaptive adjustment and

cognitive restructuring by helping individuals reconcile the discrepancy between situational distress and global beliefs.

Conceptually, this research offers several distinct theoretical contributions to the PTG literature. First, it refines the operational understanding of post-traumatic rumination by illustrating how preexisting belief systems dictate the velocity and nature of the transition from intrusive panic to deliberative reflection. Second, contrary to mainstream Western models that typically conceptualize spirituality as a late-stage outcome or dimension of trauma, this study repositions deeply internalized faith as an antecedent framework that actively guides and structures the cognitive processing of adversity from its absolute inception. Third, it reveals that for established believers, spiritual transformation does not involve acquiring new tenets, but rather deepening the internalization density of existing beliefs to close the situational-global gap. Finally, the study demonstrates that spiritual change functions as a central axis that actively governs and shapes changes across the other four dimensions of PTG.

In terms of practical application, these findings provide a foundational blueprint for clinical, psychological, and pastoral interventions. Mental health professionals and medical counselors working with Muslim populations can design culturally tailored, faith-integrated cognitive therapies that utilize the patient's existing theological schemas such as qadha, qadar, and tazkiyah an-nafs as active coping resources rather than mere background variables. Furthermore, healthcare institutions and support groups can operationalize peer and family support not just as general emotional buffers, but as mechanisms of theological validation that help survivors structurally reframe somatic suffering into a purposeful narrative of personal growth.

While the retrospective qualitative design and relatively homogeneous religious characteristics limit statistical generalizability, this study offers a rich conceptual baseline. These findings provide a structured foundation for further empirical and quantitative research to test the interactions between deliberative rumination, theological support, and the multidimensional structure of Post-Traumatic Growth in more diverse and heterogeneous populations.

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