

**SADNESS IN HUMAN LIFE:
A STUDY FROM THE QUR'ANIC PERSPECTIVE**

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**SADNESS IN HUMAN LIFE:
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by

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As for those who believe, do good, and have faith in what has been revealed to Muḥammad, which is the truth from their Lord - He will Pardon them of their sins as well as improve the wellbeing of their soul (psyche) (Sūrah Muḥammad, verse 2).

‘Islamic medicine’ is the discipline of a period which knew no Renaissance and no Enlightenment. One must therefore be careful not to measure it with the same yardstick that one would apply to the history of European disciplines.

- in Islamic Medicine by Manfred Ullmann, 1971, p.xiv.

Dedicated to my beloved *mak* (En. mother) Datin Hajjah Fadzilah binti Idris, this is a gift of your aspiration - the legacy of your supervisor, the late *Allahyarḥam* Prof. Mohd. Kamal Hassan in UKM: Islam + Science = *fiṭrah*

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Dedicated to those who are unjustifiably sad, may Allah Ease our life tests and Fill the world with justice again over cruelty, that may end many unnecessary pains of sadness around the world via awareness of the life tests among more human beings.

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Allahummahdinā waltuf binā. Āmīn.

- with lots of love to the entire humankind.

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TABLE OF CONTENTS

ACKNOWLEDGEMENT.....	ii
TABLE OF CONTENTS.....	iv
LIST OF TABLES	ix
LIST OF FIGURES	x
LIST OF ABBREVIATIONS	xii
LIST OF ENGLISH TRANSLITERATION FOR ROMANISED ARABIC LETTERS	xiii
ABSTRAK	xiv
ABSTRACT	xvi
CHAPTER 1 INTRODUCTION.....	1
1.1 Background of the Study	1
1.2 Problem Statement	5
1.3 Hypothesis of Research	7
1.4 The Rationale of Research	9
1.5 Research Questions	14
1.6 Research Objectives	15
1.7 Scope of Research	16
1.8 Significance of Research	17
1.9 Limitations of Research.....	23
1.10 Summary of the Chapter.....	25
CHAPTER 2 LITERATURE REVIEW.....	26
2.1 Introduction	26
2.2 The Meaning of Sadness	29

2.2.1	Definition of Sadness in the Qur'ānic Sciences.....	29
2.2.2	Meaning of Sadness in the English Language	31
2.2.3	The Word Sadness from the Historical Records	31
2.2.4	Sadness in the Medical Field.....	34
2.2.5	Sadness in some Islamic Resources	37
2.3	Sadness as an Emotion	41
2.4	Sadness Regulation.....	47
2.5	Sadness a Prejudiced Emotion	79
2.6	Sadness is not Depression	85
2.7	The Role of Religion: Islam as a Cognitive Change Mechanism	98
2.8	Reviewing Past Studies related with Islamic religious Cognitive-Behaviour Therapy for Sadness-Depression Range among Muslim Patients.....	109
2.9	The Potential Preventive Therapy at the Stage of Normal Sadness	118
2.10	Summary of the Chapter.....	128
CHAPTER 3 RESEARCH METHODOLOGY		129
3.1	Introduction	129
3.2	Qualitative Research Paradigm	129
3.3	Islamization of Human Knowledge (IoHK).....	133
3.4	Adapting Malik Badri's Islamising Psychology Concept: Islamic Existential Cognitive Behaviour Therapy	137
3.5	Research Conceptual and Theoretical Framework.....	139
3.6	The Study Plan	141
3.7	Cognitive Behaviour Therapy (CBT) for Depression	142
3.7.1	Metacognitive Training for Depression (D-MCT).....	148
3.7.2	Understanding Metacognition in MCT	151
3.8	The Qur'ānic Thematic Analysis Methodology	153

3.9	Reflexive Thematic Analysis Method.....	162
3.10	Qur'ānic Reflexive Thematic Analysis (QRTA) Methodology.....	170
3.10.1	Part 1: RQ1-RO1.....	178
3.10.1(a)	Methodology for RQ-OR1.....	178
3.10.1(b)	The Details of Methodology.....	179
3.10.2	Part 2: RQ2-RO2.....	182
3.10.2(a)	Methodology for RQ-OR2.....	182
3.10.2(b)	Problem.....	184
3.10.2(c)	Solution.....	186
3.10.2(d)	The Details of Methodology.....	189
3.10.3	Part 3: RQ3-RO3.....	191
3.10.3(a)	Methodology for RQ3-RO3.....	192
3.10.3(b)	The Details of Methodology.....	193
3.10.3(c)	Sources of Data from Qur'ānic Interpretation.....	196
3.10.3(d)	Compilation of Data.....	208
3.10.3(e)	Using NVivo as Computer Assisted Qualitative Data Analysis Software (CAQDAS).....	210
3.11	Summary of the Chapter.....	211
CHAPTER 4 RESULTS AND DISCUSSION.....		213
4.1	Introduction.....	213
4.1.1	The List of Data from the Extracted Qur'ānic Verses.....	213
4.2	Part 1: Results for RQ1-RO1.....	223
4.2.1	A Deductive Analysis with a-priori Mainly Based on the Basics of Islamic Jurisprudence and its Rulings (Ar. <i>Uṣūl al-Fiqh wa</i> <i>aḥkāmuh</i>).....	223
4.2.2	Part 1: Discussion for RQ1-RO1-Anti-stigma Promotion for M-ReSET.....	235

4.2.3	An Anti-Stigma Awareness against Sadness-Depression Spectrum	235
4.2.3(a)	Introduction – the Misperceived Negative Religious Coping.....	236
4.2.3(b)	Awareness of Psychospiritual Education from the field of Islamic Jurisprudence and Creedal Beliefs	238
4.2.3(c)	Awareness of Psychospiritual Education from the field of the Arabic Linguistics	249
4.2.3(d)	Awareness of Psychospiritual Education from the field of Islamic Ethics and Mannerism	261
4.2.3(e)	Awareness of Psychospiritual Education from the field of Medical Sciences – Psycho-bio-physiology, Science of Emotion and Affect Neuroscience	265
4.2.4	Conclusion.....	268
4.3	Part 2: Results for RQ2-RO2.....	269
4.3.1	Sample of Simple Self-Statements for the Religious Cognitive Reappraisal Education about Sadness	270
4.3.2	Part 2: Discussion for RQ-RO2-Self-statements for M-ReSET...	274
4.3.3	Simple Self-statements Derived from the Qur'ānic Verses on Sadness	274
4.3.4	Conclusion.....	281
4.4	Part 3: Results for RQ3-RO3.....	282
4.4.1	Part 3: Discussion for RQ-RO3-Cognitive Narration for M-ReSET	286
	Cognitive Narrative: Sadness in Human Life	287
4.4.1(a)	Prologue.....	287
4.4.1(b)	Early History of Covenant between Allah and Human	294
4.4.1(c)	Allah, The Lord; Human Nature, and His Divine Guidance (The Qur'ān)	302
4.4.1(d)	Coping with Sadness in Human Life based on Divine Guidance	310

4.4.1(e)	Conclusion	321
4.5	Summary of the Chapter.....	322
CHAPTER 5 CONCLUSION AND RECOMMENDATIONS FOR FUTURE WORK.....		324
5.1	Conclusion.....	324
5.2	Recommendations for Future Work	327
5.2.1	Field: Qur'ānic Interpretation (<i>Ar. al-Tafsīr</i>) and Qur'ānic Sciences (<i>Ar. 'Ulūm al-Qur'ān</i>)	327
5.2.2	Field: Arabic-English Translation of the Qur'ān	328
5.2.3	Field: Islamic Applied Theology collaborating with Neurotheology	329
5.2.4	Field: Islamic Applied Theology collaborating with Neuroscience for More Neurotheological Studies	330
5.2.5	Field: Islamic Applied Theology Collaborating with Cognitive Neuropsychology Discipline in Computer Sciences: AI-based Computer Simulator Software/Programming for Comparative Religion Study	331
REFERENCES.....		334
LIST OF PUBLICATION		

LIST OF TABLES

	Page
Table 2.1 Among Sadness Regulation Strategies in the review research	56
Table 2.2 The List of Permissible Acts in Relation with Sad Emotion (Ar. <i>al-Ḥuẓn al-Mamdūḥ</i>)	70
Table 2.3 The List of Impermissible Acts in Relation with Sad Emotion (Ar. <i>al-Ḥuẓn al-Madhmūm</i>)	73
Table 2.4 Differences among Normal Grief, Complicated Grief, and Depression	89
Table 2.5 Differences Among Grief, Bereavement, and Mourning.....	91
Table 3.1 Sample of Table for Transforming the Qur'ānic Verses into Simple Self-statements.	191
Table 4.1 The Translation of the English language for the Qur'ānic Verses of the Keyword: Sadness.....	213
Table 4.2 The Qur'ānic Verses for Denial Form (Ar. <i>Lā li al-naḥy</i>)	224
Table 4.3 The Qur'ānic Verses for Negative Imperative Form (Ar. <i>Lā li al-Nahy</i>)	231
Table 4.4 Self-Statements to Regulate Sad Emotion from the Extracted Qur'ānic Verses	270

LIST OF FIGURES

	Page
Figure 2.1 Historical Records for the Word Sadness	34
Figure 2.2 Plutchick's Wheel of Emotion.....	44
Figure 2.3 The process model of emotion regulation.....	48
Figure 2.4 Illustration of Brodmann Areas in the brain.	86
Figure 3.1 Conceptual Research Framework	140
Figure 3.2 Results displaying Qur'ānic verses contain the keyword " <i>sadness</i> ".	172
Figure 3.3 The Clear Quran: A Thematic English Translation by Mustafa Khattab.	173
Figure 3.4 Sample from the Clear Quran English Translation	175
Figure 3.5 Flowchart of Research Methodology.	177
Figure 3.6 The Endorsement of the Expert Auditor	181
Figure 3.7 Sample of data retrieval for the Qur'ānic Linguistics from altafsir.com.....	194
Figure 3.8 Sample of data retrieval for the Context of Revelation from altafsir.com.....	195
Figure 3.9 Sample of data retrieval for the Qur'ānic Rulings from altafsir.com	196
Figure 3.10 A sample of Word file for NVivo raw data.....	208
Figure 3.11 The Numbering List of Word Files for Data Management.....	209
Figure 3.12 Thesis RQ – RO No. 3 in NVivo project file.....	210
Figure 4.1 Example of Possible Meanings for the Imperfect Tense	254
Figure 4.2 The Six Phases of Analysis in the NVivo.	283
Figure 4.3 The First Phase - Familiarising Data.....	283

Figure 4.4	The Second Phase - Free Initial Coding of Data.....	284
Figure 4.5	Initial Coding – Word Cloud.	284
Figure 4.6	The Third Phase – Reviewed Initial Codes.....	285
Figure 4.7	The Fourth Phase – Generated Initial Themes.....	285
Figure 4.8	The Fifth Phase – Finalised Themes for Narrative Draft.....	286
Figure 4.9	The Sixth Phase – Narrative Draft Write-up (no code).....	286
Figure 4.10	The diagram shows the cycle of Adam's learning process.....	304
Figure 5.1	Plutchik's 8 basic emotions with three degrees of intensity each. ..	328
Figure 5.2	The diagram shows the cycle of Adam's learning process.....	333

LIST OF ABBREVIATIONS

S.W.T.	<i>Subḥānahu wa Ta'āla</i> (En. The Most Glorious and Exalted is He)
s.a.w.	<i>ṣallā Allah 'alayhi wa sallam</i> (En. May Allah SWT Bless him and Greet him <i>salām</i>)
r.a.	<i>raḍiayallah 'anhum</i> (En. May Allah SWT is Pleased with them)
a.s.	<i>'alayhi al-salām</i> (En. Peace be upon him)
l.a.	<i>la 'natullah 'alayh</i> (En. The Cursed Wrath of Allah SWT over him)
tr.	Translation of/translated to another language
Ar.	the word in the Arabic language
En.	the word in the English language
My.	the word in the Malay language
ANT	Affect Neuroscience Theory
CBT	Cognitive Behaviour Therapy
MCT	Metacognitive Therapy or Training
QTA	Qur'ānic Thematic Analysis
RTA	Reflexive Thematic Analysis
QRTA	Qur'ānic Reflexive Thematic Analysis
CERS	Cognitive Emotion Regulation Strategy
CR	Cognitive Reappraisal
ER	Emotion Regulation

LIST OF ENGLISH transliteration for Romanised Arabic Letters

ا	ب	ت	ث	ج	ح	خ
[A-a]	[B-b]	[T-t]	[TH-th]	[J-j]	[Ḥ-ḥ]	[KH-kh]
د	ذ	ر	ز	س	ش	ص
[D-d]	[Dh-dh]	[R-r]	[Z-z]	[S-s]	[SH-sh]	[Ṣ-ṣ]
ض	ط	ظ	ع	غ	ف	ق
[Ḍ-ḍ]	[Ṭ-ṭ]	[Ẓ-ẓ]	[‘a/‘i/‘u]	[Gh-gh]	[F-f]	[Q-q]
ك	ل	م	ن	ه	و	ي
[K-k]	[L-l]	[M-m]	[N-n]	[H-h]	[W-w]	[Y-y]
ء	آ	إ	و	ّ	ّ	~
’A-a	Ā/ā	Ī/ī	Ū/ū	Double letters	absence of vowels	long diphthong

Source: Arabic Romanization Table, Library Of Congress (2012)

KESEDIHAN DALAM KEHIDUPAN MANUSIA: SATU KAJIAN DARI PERSPEKTIF AL-QUR'AN

ABSTRAK

Kesukaran mengawal kesedihan adalah berisiko untuk menghadapi kemurungan apabila pengawalan perasaan sedih gagal berfungsi. Walau bagaimanapun, kemurungan berpotensi dicegah dengan pengawalan emosi secara kognitif yang berkesan dari peringkat perasaan sedih yang normal lagi. Satu daripada caranya ialah dengan mendidik para pesakit mengatasi masalah menghadapinya secara beragama yang negatif. Contohnya, kebanyakan pesakit kemurungan Muslim mengadu bahawa mereka percaya "bersedih itu berdosa/tidak bermoral"; justeru, ia mengganggu proses bersedih. Terkini, masalah ini boleh diatasi dengan intervensi ke atas penilaian semula kognitif secara psikospiritual. Oleh itu, kajian ini bertujuan untuk mengesyorkan modul tambahan kepada Latihan Metakognitif untuk Kemurungan. Kajian ini mempunyai tiga objektif utama: (1) untuk memperbetulkan kekeliruan persepsi (2) untuk membuat terapi mudah daripada ayat-ayat al-Qur'an untuk merubah kepercayaan (3) untuk mengisahkan tentang 'Kesedihan dalam Kehidupan Manusia' yang memberi penjelasan munasabah kepada diri sendiri. Metodologi yang digunakan adalah teknik Analisis Tematik Refleksi Al-Qur'an, yang merupakan prosedur analisis inovatif menggunakan NVivo (perisian analisis data kualitatif). Dapatan kajian untuk setiap objektif: (1) Islam mengiktiraf bahawa bersedih adalah emosi fitrah manusia, tetapi, ia dibahagikan kepada kategori terpuji dan tercela berdasarkan Pedoman Ilahi; (2) seset ayat-ayat penyata kepada diri daripada ayat-ayat al-Qur'an untuk merubah kepercayaan (3) satu naratif munasabah tentang "Kesedihan dalam

Kehidupan Manusia" kepada diri untuk membantu proses perubahan kepercayaan. Ia berpotensi membantu pihak profesional pusat kesihatan utama untuk berkomunikasi dengan berkesan tentang kesedihan dengan para pesakit luar/dalam yang beragama Islam. Sebaik-baiknya, setiap Muslim dilatih begitu sedari kecil untuk beransur-ansur meningkatkan daya ketahanannya apabila hidup teruji dengan sesuatu yang menyedihkan.

SADNESS IN HUMAN LIFE: A STUDY FROM THE QUR'ANIC PERSPECTIVE

ABSTRACT

Struggling to regulate sadness is a major risk factor for developing depression from sadness dysregulation (malfunction). However, depression is potentially prevented with effective cognitive emotion regulation from the normal sadness stage. One of the ways is to educate patients overcoming negative religious coping, e.g., most depressed Muslim patients complained that they believe "being sad is sinful/immoral", which interferes with regulating sadness. Recently, this problem can be overcome by intervening cognitive reappraisal psychospiritually. Therefore, this study aims to propose add-ons to the Metacognitive Training for Depression. It has three main objectives: (1) to counteract the stigmatising misperception (2) to produce simple therapy from the Qur'anic verses (3) to construct cognitive narration about 'Sadness in Human Life' for making sense process. Methodologically, it was applying Qur'anic Reflexive Thematic Analysis, which is a novel analytical procedure using NVivo (a qualitative data analysis software). The research findings are, respectively: (1) Islam recognises the inborn sadness, but it is divided into praiseworthy and blameworthy categories according to the Divine Guidance; (2) a set of Qur'anic self-statements to reappraise cognitively (3) a cognitive narration to make sense about "Sadness in Human Life" narrative. It is a potentially effective content for primary health care professionals to communicate with religious Muslim outpatients/inpatients who complain about sadness regulation difficulty. Ideally, Muslims must be similarly trained from childhood to gradually enhance their resilience against saddening life tests.

CHAPTER 1

INTRODUCTION

1.1 Background of the Study

Fascinatingly, Flavell (1993, pp.41-43) observed commonly human beings noticed the fact that individuals around them are sad if their desires are not fulfilled, and happy if their desires are fulfilled since early childhood. Intuitively, humans knew within them that the heavenly life only exists in the Paradise where virtually all desires are fulfilled, unlike the life on the Earth. No wonder Allah SWT Mentioned and Cared for sadness as mentioned in Sūrah al-Baqarah, verse 38; right after He Commanded humans' forefather Prophet Adam a.s. to descend onto the planet Earth to live there as narrated in the same chapter, Sūrah al-Baqarah, verse 24-25. After a long time of curiosity, recently, human beings discovered the role of emotions in the life on the Earth where they are analogically equipped as learning sensors that continuously detect and feed data around us, as humans socially and ecologically into ourselves (Damásio 2000, pp. 1-398).

This emotional system is among the blessings that Allah SWT Favours human beings with as informed by Allah in Sūrah al-A'rāf, verse 70 - including protection from Him – neuroscientifically justified for survival (LeDoux 2012, pp.653-676). He Said that He Mercifully Loves human beings in Sūrah al-Baqarah, verse 143 - more than a mother compassionately loves her kid¹. This system is built-in to assure humans' safety (Goleman 1996, p.16) through understanding a given situation in order to respond appropriately to

¹ Narrated by 'Umar ibn al-Khaṭṭāb that the Prophet Muḥammad s.a.w. said: "Surely, Allah S.W.T. Loves His Servants more than that mother to her kid." – *Ḥadīth Muttafaq 'alayh*: no. 5999 in Ṣaḥīḥ al-Bukhari (please see: <https://www.dorar.net/h/maAu8HJo>) and no. 2754 in Ṣaḥīḥ Muslim (please see: <https://www.dorar.net/h/wDFu8Yeb>).

the stimuli (sensations) from the environment outside humans' soulful body (Damásio 2010, pp.65-302).

Although human beings are familiar with emotions and experience them regularly, but usually knew little about them exactly because only lately emotions were systematically researched scientifically (Riberto et al. 2022, pp.2772-2785). Particularly, sadness is the most undesirable emotion (Howells 2018, p.111) among all due to the 'social taboo' that it was absent in the list of some major psychiatric dictionaries. Worse, it was always being confused with depression (previously: melancholia (Telles-Correia and Marques 2015, pp.1-4)) medically because physicians can only observe patients externally, and then ask questions to diagnose. But clinically investigated, there are many people who feel sad, are not eligible to be diagnosed with depression. Also, some depressed people do not feel sad (Mouchet-Mages and Franck J. Baylé 2008, pp.322-325).

In essence, sadness was being associated with depression (Wakefield and Demazeux 2016, pp.1-15) for a few millennia in the history. At that time, the termed 'melancholy' (which covered all types of presently termed 'depression') has appeared in the ancient record of "*Babylonian medical texts of the first Babylonian Empire initiated by King Hammurabi circa 1792 BC, i.e. in the first half of the 2nd millennium BC*". For the ancient people it was complicated to discover its nature and symptoms due to limited knowledge (Reynolds and Wilson 2013, pp.478-481). Culturally, those who are unlike the 'normal' mass in the society, or as the rulers expected the subjects to behave, would be considered 'insane': a label that is sometimes a classifying mechanism, other times, a manipulative social disciplinary punishment. So, until now insanity is synonym with depression (Wakefield 1992, pp. 373-388) because no biological marker, e.g., blood tests to diagnose depression objectively until now (Le-Niculescu et al. 2021, pp. 2776-2804).

So lately, health professionals began to argue and suggest the health care to distinguish between sadness and depression by adopting better assessment. Instead of relying on patients' answer whether they felt sad for more than two (2) weeks in diagnosing depression (Allan V. Horwitz 2015, pp.209-215; Allan V. Horwitz and Wakefield 2012, pp.vii-242). The awareness to distinguish sadness from depression was obvious with the advancement of the brain neuroimaging (Nathan Gilles 2017~website; Panksepp 2010, pp.533-545; Liotti et al. 2000, pp.30-42). Moreover, when they encouraged the campaign of anti-stigma against associating anyone diagnosed with mind-brain illness especially depression with "insanity" in the society (Reupert et al. 2021, pp.6-24; Telles-Correia and Marques 2015, pp.1-4).

Moreover, in response to the immense undesirable life events that occurred unavoidably during the outbreak of CoViD-19 that was identified in the end of 2019. The plague forced human beings to taste the sad emotions a lot. But in a way, we – human beings – inevitably learned about its influence on us, mentally as well as physically (Solmi and Correll 2021, pp.367-376, Song et al. 2015, pp.523-530). In fact, depression in particular, had elevated manifolds worldwide (Wu et al. 2021, pp.1-12; Wong et al. 2021, pp.1-11) exceeding the latest statistics stated in the Global Burden of Disease 2019 Report (GBD 2019) regardless of religious backgrounds (Vos et al. 2020, pp.1204-1222).

Thus, the concerning recent rate urged the health care researchers' in (Esterwood, Sy, and Saeed 2020, pp.1121-1133) to study the present trend of worsening mental health quality, which includes depression in order to prevent negative consequences. They explored and deduced the patterns of psychological effects during and post-pandemic or similar scenarios in the past, e.g., Severe Acute Respiratory Syndrome CoV-1 (SARS), Middle East Respiratory Syndrome (MERS), and the Anthrax threats. Also, data from

some other natural disasters like earthquakes, tsunamis, or flood. Generally, they found that people were inclined to cope with similar unexpected undesirable events by getting involved in addictive activities like alcohol abuse, drugs abuse, playing games all the time, or excessively being online. Some are experiencing panic attacks, Posttraumatic Syndrome Disorders/Symptoms (PTSD/S), new-onset psychosis, persistent worry of multiple risks, frustrations over too many uncertainties, extreme boredom, or mutual distrust, and abnormal social connections during pandemic lockdowns. Actually, these are risky coping strategies and mechanisms that may gradually reduce their psychological stamina, which soon, usually may develop into anxiety and depression.

Apart from the constant fear and worry of the coronavirus infection, many people are also grieving over their beloved ones passing mostly from it as well. They were unescapably affected in complying the enforced adjustments in 2020-2022 like lockdowns, quarantines, and restricted movement orders. Hence, they were abruptly adjusting and enduring to post-normal life of virtual working and learning from home, feeling lonely from lack of common social connections with family, friends, and colleagues due to the many restrictions applied by the governmental health and security agencies during the pandemic. Economically, it impacts on contemporary or permanent unemployment, which led people to mostly stuck in the sedentary indoor life, which aggravates immune system until now (Editorial 2022, p.e391; Rutland-Lawes, Wallinheimo, and Evans 2021, p.1-7; Gasteiger et al. 2021, p.1-16; Vindegaard and Benros 2020, pp.531-542). Evidently, according to Gallup Analytics (2023, p.8) in the Gallup 2023 Global Emotions Report, the immense negative experiences sadden about thirty percent (30%) of humankind and stalls it since the last CoViD-19 pandemic. Essentially, it alerts us, human beings about the importance to prioritize mental health

maintenance via preparing effective coping strategies before testing scenarios take toll on us in the form of depression. Mainly, because it is a very disabling mental illness in many ways imaginable (Editorial 2022, p.e391).

1.2 Problem Statement

Yet, the pandemic left us with increasing depression cases about 50 million more cases (30%) in 2021 compared to 280 million cases that were last reported in the Global Burden of Disability Study 2019 (Ferrari et al. 2022, pp.137-150; COVID-19 Mental Disorders Collaborators 2021, pp.1700-1712). This is alarming because depression is an established risk factor for self-harm/injury and suicide (Elizabeth Reichert 2021~website; Visted et al. 2018, pp.1-20). On average, there will be a suicide case in every 40 seconds worldwide (Kovacevic 2021~website). Moreover, the devastating news is there are more Muslims involved in suicidal cases. For instance, the rise is unexpectedly doubled among the American Muslims who reported a history of suicide attempt in comparison to people who are affiliated with other faith traditions, including atheists and agnostics (Awaad, et. al. 2021, pp.1-10).

So, it becomes a communal duty (Ar. *farḍ al-kifāyah*) in Islam (Al-Salmī 2005, pp.266-267) to supply religious Muslim community with preventive and healing psychospiritual² educational therapy to counteract and overcome current challenge together because religious therapy is more effective for religious patients (Bouwhuis-Van Keulen et al. 2023, pp.1-14). However, the psychology discipline is underrepresented by

² Psychospiritual educational therapy: integrating the religious and spiritual (R/S) dimensions in the psychotherapy via therapeutic education from psychological knowledge (Asyraf Adeeb M and Bahari 2017, pp.1-2).

Islamic Studies academics with psychological training whose gained religious skills are needed by the health professionals due to their secular training (Beshai, Clark, and Dobson 2013, pp.197-206; Barnett and Johnson 2011, pp.147-164).

In lieu of the necessity, the researcher spotted an explorable potential intervention in reducing and preventing depression targeting normal sadness stage before it deteriorates to develop depression in the sadness-depression range (Tebeka et al. 2018, pp. 66-71) via sad emotion regulation (Zaid et al. 2021, pp.1-25). Sadly, Lokko and Stern (2014~website) criticised that they scarcely find available data, guidelines, study, or treatment on sadness although it is commonly experienced among patients in the health care. They asserted that it is important in dealing with sad patients who seek help to cope with saddening life events especially due to their illness while staying in the hospital.

Further literature review led to detection of a feasible micro research gap from a negative religious coping of believing 'it is sinful/immoral to feel or be sad' (Moodley, Joosub, and Khotu 2018, pp.77-108; Abdul Kadir and Bifulco 2010, pp.443-467), which generally religious Muslim patients assumed truly part of the Islamic belief system. Jurisprudentially, it is an inaccurate belief, thus, the negative religious coping interferes with the normal processing of the sad emotion regulation, which may proceed to dysregulation (break down) i.e. depression (Zaid et al. 2021, pp.1-25; Taheri-Kharamah et al. 2016, pp.1-5). In the same vein, Cinnirella and Loewenthal previously concluded that there is discrepancy between the cultural religious beliefs and the scriptural beliefs of their Muslim patients, which is problematic to appropriately treat depression (Cinnirella and Loewenthal 1999; Loewenthal and Cinnirella 1999).

Apparently, that shows 'missing' religious communication in the health care largely (Lockhart, 2020) to channel verified religious information to modify it into positively healing beliefs. Most probably, since the health profession became secular last century, so, religion and spirituality was excluded in the health care, albeit, the patients never separate their beliefs when they seek help there (K. I. Pargament 2007, pp.1-26). Nonetheless, the health field is shifting from secular to restoring the religious and spiritual aspects of health since the World Health Organisation revised its policy by 2000 (Baasher 2001, pp.372-376) as its huge benefits are undeniable (Snapp and Hare 2021, pp.4-8).

1.3 Hypothesis of Research

Consequently, it is our chance to bridge back the future and present with the past role of faith in the health care too (Maravia and Al-Ghazal 2021, pp.1-15). Basically, negative religious coping is originated from problematic beliefs (Taheri-Kharamah et al. 2016, pp.1-15). Since beliefs are part of cognition (thought), thus, therapists commonly apply the renowned Cognitive-Behaviour Therapy (CBT) in treating depression (Beck Institute 2023~website; A. T. Beck 1970, pp.184-200). Theoretically, cognitive reappraisal is among the most effective cognitive emotion regulation strategies to overcome negative religious coping (Denny 2020, pp.110-114). Usually, reappraising the content of cognition to therapeutically modify it needs awareness over the thinking processes (metacognition) (Norman et al. 2019, pp.403-424). There is a type of CBT named after it because deals with the thinking processes: metacognitive therapy (MCT) (Solem et al. 2017, pp.94-102). Neuroscientifically, both cognitive and metacognitive aspects are working together in the feeling and thinking processes (Buhle et al. 2014, pp.2981-2990; Suri, Sheppes, and Gross 2013, pp.195-209). The researcher adapts Islamic

tradition where cognitive reappraisal is specifically applied in the metacognitive therapy (Badri 2018, pp.1-173).

Luckily, Allah SWT Informs us, Muslims that the Qur'ān is His Divine Guidance (Ar. *huda*) and therapeutic (Ar. *shifā'*) care while we are living on the Earth as described in these verses: (Sūrah Yūsuf, verse 57; Sūrah Al-Isrā', verse 82; Sūrah Fuṣṣilat, verse 44). Therefore, it must include the therapeutic guidance on sadness in human life as well; that if the criteria are being ideally fulfilled, it will definitely prevent depression. In fact, there are repetitive Qur'ānic verses that mentioned whoever follows Allah's Guidance will need not to worry and get carried away with sadness (as in Sūrah Al-Baqarah, verse 38, 62, 112, 262, 277; Sūrah Āl 'Imrān, verse 170; Sūrah Al-Mā'idah, 69; Sūrah Al-An'am, verse 48; Sūrah Al-A'raf, verse 49; Sūrah Yūnus, verse 62; Sūrah Al-Zumar, verse 61; Sūrah Al-Aḥqāf, verse 13; Sūrah Al-Zukhruf, verse 68).

Therefore, it is hypothesised that generating knowledge offered by the Divine Guidance is trustworthy and credible to verify and improve religious coping with sadness in human life, which is important to prevent increasing depression and suicide cases among religious Muslims. Moreover, to formally supply content of therapeutic religious communication (TRC) between health care professionals and inpatients/outpatients who may complain about their struggle to regulate (manage) sadness i.e., terminologically, are experiencing sad emotion regulation difficulty (SERD) (Paiča, Mārtinsone, and Taube 2020, pp.145-154). Even the public also can learn from the proposed preventive psychospiritual education (PPSE) to gradually develop resilience against saddening life tests from early childhood (Ursu and Măirean 2022, pp.1-12; Polizzi and Lynn 2021, pp.577-597).

1.4 The Rationale of Research

Islamically speaking, it is a crucial prerequisite of accountability (Ar. *shurūt al-taklīf*) as a *mukallaf*: one who is held responsible for religious duty for us Muslims to maintain our mind intellect functioning normally (Ar. *'āqil*) as well as sober and sound (Laher 2016, pp.31-33; Al-Salmī 2005, pp.65-93). This aspect of human beings is also among the listed aspects of human to be given high priority in the Shātibi's Objectives of Islamic Laws (Ar. *Maqāsid al-Sharī'ah*) concept (Al-Raysuni 2005, pp.73-287). Meanwhile the depressed mind-brain affects the cognitive functioning towards cognitive impairment (Belden et al. 2015, 771-781; Marvel and Paradiso 2004, pp.19-36). Therefore, it is noteworthy as well to prevent depression from the bud via raising educational awareness, which may prepare us to properly cope with sadness before it could develop into this afflicting mind-brain illness.

Like other health professionals of different faiths, e.g., Christianity and Jewish (Koenig 2020, pp.2205-2214; Dein et al. 2020, pp.1-9); the late Malik Badri also warned the Muslims about the "psychospiritual depression" as a possible psychological pandemic post-CoVid-19 (Hassan 2021, pp.1-7). Logically, it is from the present struggles of life globally that may challenge our faith as Muslims (Piwko 2021, pp.3291-3308) especially economically that may impact socially too (Demichelis et al. 2023, pp.1-8). Therefore, he announced the call for contributing to the Muslim community's religiously coping needs (Hodge and Nadir 2008, pp.31-41), now specifically with sadness. Moreover, currently health care professionals are required to master religious and spiritual competencies in dealing with religious Muslim patients/clients as the policy covers all diverse groups of faith (Swihart, Yarrarapu, and Martin 2022~website; Vieten and Lukoff 2021, pp. 26-38).

As for Muslims, the Qur'ān, the Islamic sacred scripture is the Muslims' primary divine source purposely revealed about 'Intelligent Sad Emotion Regulation' within *'knowledge about sad emotion'* as an alternative to what is discussed in (Wranik, Barrett, and Salovey 2007pp. 393-407). Including the promised precious healing properties as it contains adequate explanation (Ar. *tibyān*) for everything (*li kulli shay'*) in Sūrah Al-Naḥl, verse 89. In a similar way, people of other faiths explained about applied religious cognitive emotion regulation too, for instance, in regulating fear in (Vishkin and Tamir 2020, pp.325-338). Moreover, the Muslims are obliged to believe in what the Qur'ān had revealed:

“He Taught (human) the explanation (Ar. *al-bayān*) (4) About the sun and the moon with precise calculation (5)” (Sūrah Al-Raḥmān, verse 4-5, and other things that human should know, which is mentioned afterwards in the chapter).

Equally important to note is that Allah Promises His Divine Guidance from beginning of our human history when Allah SWT had Commanded the first humans to descend onto the Earth:

“Allah Said (to Adam a.s. and his wife): “Descend all of you from (the Paradise), later, whenever guidance from Me comes to you, whoever follows it, thus, certainly will (experience) no worry and will not be sad always.”

(Sūrah Al-Baqarah, verse 38)

Similar verse revealed to us the same event:

“Allah Said to Adam a.s. and his wife Eve: “Descend (the two of you) from (the Paradise), all of you are enemies to each other (Adam: human – Iblis:

satan), when guidance comes from Me to you, then, follow it, thus, you will not be lost/deviant and will not be miserable.” (Sūrah Ṭāha, verse 123)

He even mentioned directly after the first revealed Quranic verses that He Taught humankind what is unknown before: “He Taught (Ar. *‘Allama*) humankind (Ar. *al-Insān*) what never had been known (Ar. *ma lam ya’lam*)” (Sūrah Al-’Alaq, verse 5) – right after the first revealed verse: “Read! (Ar. *“Iqra’!*”) in the name of your God (Ar. *bismi Rabbika*) (Sūrah Al-’Alaq, verse 1). Firstly, Allah Ordered human to read the Qur’ān to get briefed the essential information about life on the Earth like usually we, humans have to read notices on announcement boards or emails of residence, university, or workplace.

Comparable ideas applied because the Qur’ān is the final Divine Guidance (Ar. *hudā*) for humankind in dealing with their life:

“That Book has no doubt about it - a guidance for those who are pious”

(Sūrah Al-Baqarah, verse 2).

... “the Quran was revealed as a guide for humanity with clear proofs of guidance and the standard ‘to distinguish between right and wrong’ ” (Sūrah Al-Baqarah, verse 185)

... “It is to the believers, a guide and a healing.” (Sūrah Fuṣṣilat, verse 44)

...which also provides cure or remedy (Ar. *shifā’*) against all the possible diseases, or illnesses human beings will face while living on the Earth until we complete all the 'scheduled' tests (Sūrah Al-Mulk, verse 2) along the human life’s duration (Ar. *al-ḥayāh*):

*“O humanity! Indeed, there has come to you a warning from your Lord,
a cure for what is in the hearts, a guide, and a mercy for the believers.”* (Sūrah
Yūnus, verse 57)

...“We send down the Quran as a *healing* and mercy for the believers, but it only
increases the wrongdoers in loss.” (Sūrah Al-Isrā', verse 82)

Neuroscientifically aligned to the above Qur'ānic argument of research rationale
is the field began to recognise from brain imaging studies that when a life starts, also
means one is exposed to danger. The emotional brain as sensory interpreter of human's
ecological data is equipped with defending mechanism for survival (J. E. LeDoux 2022,
pp.1-15). The researcher reflects that the religion of Islam, its name ever since revolves
around 'safety' connects between the neuroscientific finding of danger exposure with the
need of efforts to keep one's life safe during in danger as Muslims were notified that life
is a test period (as in Sūrah Al-Mulk, verse 2). Naturally, the Divine Guidance especially
from the Qur'ān is the content of answer schema to pass the tests when being critically
assessed for whether human beings fulfil their pledge of servitude or not (as in Sūrah Al-
A'rāf, verse 172) while living when anticipating, facing, or experiencing dangers.
Obviously, Allah SWT had clearly Promised to guide humans while living on the Earth
specifically with regards to managing worried/fear and panic/sad emotions that will be
occasionally experienced in the process (as in Surah Al-Baqarah, verse 38).

However, all revered religious sources especially Islamic revealed sources require
a special background knowledge of handling skills in dealing with multidisciplinary
aspects of the holy text (sacrum) of the religion (Szumowska et al. 2020, p.230).
Specifically, in the rise of anti-reductionistic/secular interpretation of the religion and

holistic understanding of an individual as a religious patient (Collicutt 2022, pp.616-634; Reich 2000, pp.278-294). In Islam, they are based on systematically established dynamism of merged synthesis among Islamic Creedal Beliefs (Ar. *'Aqīdah*), Principles of Religion (Ar. *Uṣūl al-Dīn*), Islamic Ethics (Ar. *al-Akhlāq al-Islāmiyyah*), Islamic Mannerism and Ethics (Ar. *al-Ādāb wal al-Akhlāq al-Islāmiyyah*), and Islamic Jurisprudence (Ar. *Aḥkām al-fiqh*) comprehensively. These categorised regulations are thematically processed from the raw data of certain Qur'ānic verses and the Hadiths through the Principles of Interpretation (Ar. *Uṣūl al-Tafsīr*) and the Principles of Islamic Jurisprudence (Ar. *Uṣūl al-Fiqh*). Whoever decides to involve has no choice but to acquire adequate knowledge, do a lot of investigation and knowingly understanding the basic required concepts especially in combining ideas to pragmatically solve research problems of the targeted audience (Muslim 2000, pp.35-54).

So, it a serious task that the health care professionals are aware of its challenges in adapting, or integrating religion in their profession may require assistance from the religious studies academics, or clergy like chaplaincy/pastoral psychologists' function in the Judeo-Christian traditions. All Abrahamic religions rejected "reductionistic" religious understanding (Professional Chaplains n.d.~website; Reich and Paloutzian 2002, pp.213-215; Cox 1973). Therefore, as responsible Muslims, we must avoid negative consequences of concealing Islamic knowledge as mentioned in the Qur'ān:

"Those who hide the clear proofs and guidance that We have revealed - after We made it clear for humanity in the Book - will be condemned by Allah and 'all' those who condemn. As for those who repent, mend their ways, and let the truth

be known, they are the ones to whom I will turn 'in forgiveness', for I am the Acceptor of Repentance, Most Merciful." (Sūrah Al-Baqarah, verse 159-160).

1.5 Research Questions

Proceeding the proposal, the researcher oriented all the three novel therapies in the form of educational psychospiritual outputs to function as add-ons (i.e., like those added in (Wisman et al. 2023, pp.1-10; Eadeh, Breau, and Nikolas 2021, pp. 684-706)) to the Culturally Adapted Metacognitive Training for Depression (CA-D-MCT) (Jelinek, Van Quaquebeke, and Moritz 2017, pp.1-10). She named it "Muslims' Metacognitive Religious Sadness Explanatory Training' (M-ReSET) as it creedally centralises on a Qur'ānic verse that reminds Muslims to utter '*al-Istirjā*'" when being tested with undesirable life events. It means "to return" i.e., to reset to the "default setting" in explaining the purpose of existence (i.e., human life), is to keep focusing on the goal to safely return to Allah, the Originator (as in Surah Al-Baqarah, verse 156)³.

Initially, based on the stated research problem, the main research question formulated for the study is:

- How is sadness in human life in the Qur'ānic perspective can contribute to effective psychoeducation to prevent or/and reduce depression for religious Muslim in/out-patients in the primary health care?

Subsequently, this study aims to propose a set of serial psychospiritual education on knowledge about sad emotion. It especially focuses on sad emotion regulation

³ *al-Istirjā*: "*Innā lillāhi wa innā ilayhi rāji'ūn*" means: "Indeed, we belong to Allah, so, of course to Him we will be returners (soon)."

cognitively as guided in the Qur'ān to prevent from the stage of normal sadness before it deteriorates into depression.

The research is managed by partitioning it into three research questions (RQs):

RQ1: Is sadness really sinful and immoral in Islamic psychological jurisprudence as it interferes with the normal sad emotion regulation? If no, how to assure patients?

RQ2: How are retrieved Qur'ānic verses can be simply designed to regulate sad emotion cognitively since the Qur'ān is the most trustworthy and credible source for the religious Muslim patients in reappraising beliefs?

RQ3: How is the selected Qur'ānic interpretation can be developed into a reasonable cognitive narration about sadness in human life to further enhance patients' making sense of the reappraised beliefs in RQ2?

1.6 Research Objectives

Each research question is converted into a research objective (RO) to transform it into fruitful outputs pragmatically:

RQ1 : Is sadness really sinful and immoral in Islamic psychological jurisprudence as it interferes with the normal sad emotion regulation? If no, how to assure?

RO1 : To thematically verify the stigmatising beliefs on the normal sadness deductively multidisciplinary that contextually and semantically reassures sadness regulation process cognitively.

- RQ2 : How are retrieved Qur'ānic verses can be simply designed to regulate sad emotion cognitively since the Qur'ān is the most trustworthy and credible source for the religious Muslim patients in reappraising beliefs?
- RO2 : To thematically deduce and transform the Qur'ānic verses on sadness into a set of simple but credible Qur'ānic therapy that helps patients reappraising processes after reassuring process in RO1.
- RQ3 : How is the selected Qur'ānic interpretation can be developed into a reasonable cognitive narration about sadness in human life to further enhance patients' making sense of the reappraised beliefs in RO2?
- RO3 : To thematically explore and construct latently a Qur'ānic cognitive narration of sadness in human life from the interpretation for patients' making sense process in regulating sad emotion cognitively.

1.7 Scope of Research

The scope of this research is confined to pragmatically study about sadness in human life based on the keyword 'sadness' and its derivatives in the Arabic language from the Qur'ān. Briefly, the result of the study is objectively aimed to contribute as a Qur'ānic religious communication content that is able to help religious Muslim patients in effectively managing sad emotion cognitively especially in the primary health care venues. It will be in the form of novel metacognitive psychospiritual educational therapy that is backed by science. It intends to prevent/overcome sad emotion regulation difficulty,

which is a major risk factor for depression to develop. When scoping, it primarily has these intentions in mind to exclusively provide from the study outputs:

- 1) Raising awareness on anti-stigma campaign against a negative religious coping that: "it is immoral/sinful to be sad", which is widely spread in Muslim society to provide them with correct knowledge about sadness.
- 2) Transforming the selected Qur'ānic verses into a set of psychospiritual education in the form of simple self-statements to reappraise beliefs about sadness with Qur'ānic scriptural beliefs on sadness in human life.
- 3) Supplying a cognitive narration that explains literacy of sadness in human life based on the information provided by the Qur'ān in general.

1.8 Significance of Research

Although "sadness" was discussed in the first edition of Handbook of Emotion since 1993 (Stearns, pp.547–561); at the turn of this millennium, the same topic in the second edition was in a sceptical tone: " *Sadness.* " *Is there such a thing?*" (Barr-Zisowitz 2000, pp.607-622). In the third edition, it was paired with grief in the last topic of the handbook (George A. Bonanno, Goorin, and Coifman 2008, pp.797-810). By the pages covered for each edition, indeed, it impressed: "*Sadness is little studied in psychology.*" – sadness studies are very scarce especially alone, on its own without being shadowed by grief or depression (Power and Dalgleish 2008, pp.221-258). Later, in the fourth edition of the Handbook of Emotion, it was paired with depression, also, located in the end of the book too, which impresses the stigma on sadness is still strong, and the coverage on its

own, independent of grief and depression is very limited (C. A. Webb and Pizzagalli 2016, pp.877-888).

Nearly, a decade after that only a handful studies were done on sad emotion regulation, and this one together with anger (Rivers et al. 2007, pp.393-427). Another decade later, there was a complaint that studies on sad emotion beliefs were very scarce when the field started to relax on studies about emotion beliefs at large (Ford and Gross 2019, pp pp.74-81). Until today, although the study trend seems discovering emotion beliefs: "*The study of emotion beliefs has undergone a recent surge in interest and activity.*" (Kisley et al. 2024, pp.1-14), e.g., in (Arbulu et al. 2023, pp.4364-4373; Deplancke et al. 2023, pp.22004-22012; Preece, Hasking, et al. 2022, pp.1-6). Nevertheless, Islamic religious emotion beliefs are more scarcely studied; yet Islamic religious sad emotion beliefs and knowledge are rarer.

This research about sadness significantly provides an alternative Islamic explanation on sadness in human life that is Qur'ānically inferred existentially. It provides the religious Muslim patients with basic cognitive explanatory belief system⁴ about the Islamic worldview on sadness in human life that covers both the life of Here (*Al-Dunyā*) and Hereafter (*al-Ākhirah*). At the same time, it extends the miraculous functions of Islamic primary source: the Qur'ān, beyond secularly influenced practice that is restricted to overt religious rituals, doctrines/dogmas, identification to Islam, and exterior dressing

⁴ Belief system is another word for religion or religious beliefs in the West according to the late Prof. Malik Badri who uttered this term "*cognitive explanatory belief system*" to the student as her mentor of Islamic Psychology when she showed him the preliminary study in previous stages of study at the International Islamic University Malaysia (IIUM) since 2003. So, she inserted it here as an appreciation to his mentoring contribution. Meanwhile, the Psychology terms 'thought' as cognition where beliefs are part of cognition, and the religious beliefs are partially among primary explanatory beliefs that explain about human life.

toward the idea of integration that connects between the *Tawhīdīc* proclamation and epistemology at psychological level holistically (Al-Faruqi 1997, pp.1-106). This integration flowed naturally within our great history of Islamic civilisational advancement especially in the health field more specifically the psychology (Awaad et al. 2019, pp.3-17).

Here, the health aspect is specifically being connected with the Islamic religious beliefs through the examination of the cognitive content whether it is aligned with the Divine Guidance or not as reminded in Sūrah Al-Baqarah, verse 9-10. In Islam, we, Muslims are familiar with the spiritual exercises in Islam: "soul purification" (Ar. *tazkiyyah al-nafs*). It includes monitoring our own selves (Ar. *murāqabah*)⁵, via constant evaluation (Ar. *muhāsabah*). So, that we can struggle to align back with the guided beliefs (Ar. *mujāhadah*) in the returning journey to the default system of Allah (i.e., "reset" - Ar. *tawbah/inābah*) (Malik B. Badri 2018, pp.21-91).

Presently, these processes are clustered under metacognitive processing including detecting problematic thoughts (cognitive content). Initially it needs comparing between the existing thoughts with the guided beliefs programming in the Islamic revealed sources. In order to determine which thought/idea/belief is to keep among thoughts because when examined it may suffer missing part/incomplete idea or believed with inaccurate understanding/misperceived according to the knowledge and experience that reached one's mind. So, when detected, it is easier to be fixed like to be filled with the part that

⁵ Yet, in Islam, the monitoring process involves all aspects of oneself have to be conscious of Allah in monitoring everything is aligned with the Decree of The Lord with regard to not confined just to thought or cognition, but also, intention, attitude, actions, which also includes saying, etc. holistically: sight, hearing, touch, smell, taste, and feelings.

completes it/replaced with another alternative thought/idea/belief. This will help the restructuring process of the involved ideas in the cognitive system to initiate the healing process. This is what M-ReSET does – it adapted between Malik Badri's Islamising concept of contemplation that he applied and CA-D-MCT.

In comparison, M-ReSET resembles the application of metacognitive therapy (MCT), which is a variant of Cognitive-Behaviour Therapy (UKE Clinical Neuropsychology Unit 2022c~website, Jelinek, Van Quaquebeke, and Moritz 2017, pp. 3-17). This method even can be applied as self-help (UKE Clinical Neuropsychology Unit 2022c). In Islam, religious cognitive and metacognitive training was implemented by the Muslim scholars of the ancient Islamic Medicine (Mitha 2020, pp.763-774). Specifically regarding sadness, for instance, al-Kindi's philosophical advice of cognitive awareness and adjustment intelligence in managing sadnesses in life (Adamson 2007b, p.117; Al-Kindī 1938, pp.1-27). Another, the psychological medicine (*Ar. al-Ṭibb al-Nafsāni*) of al-Balkhi in the 9th century C.E. (Malik B. Badri 2013, pp.38-39), which Malik Badri uniquely re-emerged it (2018, pp.105-7) in applying *Contemplation* (*Ar. Al-Tafakkur*).

Obviously, practising Islam means prioritising health care as a religious duty prerequisite - personally and socially as mentioned above in protecting the Objectives of Islamic Laws (*Ar. Maqāsid al-Sharī'ah*). Currently, the health care re-integrates between the conventional medicine and the Islamic traditional complementary, alternative and integrative medical (CAIM) practice, which is reviving via 'Traditional Arabic Islamic Medicine' (TAIM) (AlRawi et al. 2017, pp.1-10; Azaizeh et al. 2010, pp.419-424).

In fact, there are numerous evidence-based empirical studies that verify religiously integrated medicine is more effective compared to the conventional one. This specifically strongly supported where Cognitive-Behaviour Therapy is regarded (Duke University - Center for Spirituality, Theology and Health 2023b~website). Overall, the Religious Cognitive-Behaviour Therapy (rCBT) is more effective than the Conventional CBT because the rCBT patients got healed faster (Duke University - Center for Spirituality, Theology and Health 2023a~website). The empirical evidence of the present era hardly denies that human beings are innately motivated to spiritually fulfil the need for something sacred to sanctify ('the God') through His detailed religious instructions in worshipping Him even in the health care and the impact is tremendous on religious people's health and subjective well-being (K. I. Pargament 2013, pp.257-273).

Briefly, this study aims to significantly contribute:

- a) to the Islamic Psychology field in the Science of Emotion domain via Cognitive Reappraisal concept, which is among effective cognitive emotion regulation strategies applicable "*within therapeutic approach like Cognitive Behavioural Therapy*" (Aldao, Nolen-Hoeksema, and Schweizer 2010, pp.217-237) in order "*to improve emotion regulation efficacy*" (Denny, 2020, p. 110-114).
- b) information about cognitive sad emotion regulation strategy, which is derived from the Divine Guidance in the forms of a set of psychospiritual education: mainly linguistic and semantic role of anti-stigma promotion, self-statements, and cognitive narrative about sadness in human life. It is alternative Islamic add-ons

within CA-D-MCT since "*there is limited knowledge for prevention of depression*" (The Hope for Depression Research Foundation 2022~website).

- c) the cultural competence mastery of health care professionals (Swihart, Yarrarapu, and Martin 2022~website; Vieten and Lukoff 2022, pp. 26-38; Roysircar 2003, pp. 255-267) for religious Sunnite Muslim community's/clients' needs in the era that supports cultural diversity like being supported by the American Psychological Association (APA)'s Equality, Diversity and Inclusion framework (Maysa Akbar 2022).
- d) a workable cultural partnership (Gopalkrishnan 2018) with the mental health providers from Islamic Studies applying Religious Epistemology for religious Muslims' needs.
- e) religious cognitive content about sadness and its related metacognitive and cognitive aspects that unsurprisingly has long been practiced and traditionally rooted in Islam since its beginning. It is a good opportunity to re-introduce a cognitive sad emotion regulation strategies based on religious emotion knowledge into the proper scientific channel of emotion science in the Islamic Psychology discipline.
- f) preventive psychospiritual education on cognitive sad emotion regulation literacy from childhood phase to gradually develop their resilience against undesirable life events. This effort may prevent development of depression because it can improve

their skills in flexibly regulating emotions with suitable and effective strategies along the life.

1.9 Limitations of Research

Among the limitations of this study are:

- 1) This pragmatic study focuses specifically on the involvement of the Qur'ānic Sciences using a novel Qur'ānic Reflexive Thematic Analysis methodology strictly based on the keyword: "sadness" in developing psychospiritual education for sadness literacy. It does not include comprehensive guidance from other thesaurus of the keyword, nor the prophetic tradition due to the constraints of research feasibility rules. It was mainly invested in resolving the problematic religious coping strategy (Aten, O'Grady, and Worthington 2012, p.252-253).
- 2) This study referred only two Qur'ānic exegeses that were selected because written by leading revival contemporary scholars of the past century. They warned us about the dangers of secular segregating influence on the Muslims' wellbeing and identity because it is contrary to the Islam's Tawḥīdic (i.e., unifying) worldview and nature. They were also exposed to the Western life and values as well as updated with the epistemological, ontological, axiological, psychological, emotional, and cognitive issues globally that originate from the Western imperialism and raised awareness against it among all Muslims (as justified in Section 3.10.3(c)), which resonated with the decolonial approach of this study.
- 3) This study provides proposed content of metacognitive therapy for inter-profession (academic) educational initiative (Samarasekera et al. 2022) from

Islamic Studies field to function in the Islamic Psychology discipline, which is not verified, nor prepared in standard therapy manuals yet.

- 4) The audience of this study is health care professionals who may get consulted about regulating sadness difficulty from religious Muslim in/out-patients as a specific subset to the population in the problem statement that this study embarked on. Thus, the pragmatic use of Qur'ānic verses in the form of self-statements and its interpretation because religious patients normally prefer recognised 'sacred text' in the therapy (Aten, O'Grady, and Worthington 2012, p.78-80).
- 5) It is not a secret, that the application of Religious Epistemology (RE) is still not being fully recognised by advocates of secular, or atheistic epistemology research internationally especially medically that dominates since last century (Clark 2022~website).
- 6) Generally, the study is based on the Sunni theology and accepts things as long as compliant with the Sunni stance as commonly practiced as in (Siti Nur Ainina bt Mohd Yusoff et al. 2020, pp. 23-27) because they are the majority globally (Lipka 2017~website).
- 7) Disclaimer: The hypothetical potential effectiveness of the proposed therapy does not include endogenous depression that originates from genetic make-up (Andrus et al. 2012, pp. 49-61) or secondarily from medical illnesses like hypothyroidism, brain tumour, deficiency of Vitamin D, lack of sunlight during winter, or imbalanced neurotransmitters in the brain, etc. (Taquet, Holmes, and Harrison 2021, 1665-1666). It is different from the exogenous or reactive depression that is induced usually by undesirable life events for example, death of beloved ones,