

Magnetic focus therapy (mft): a spiritual-somatic approach for trauma recovery in islamic counseling

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ABSTRACT

Trauma remains a pervasive psychological challenge, particularly among Muslim individuals whose cultural and spiritual frameworks shape how distress is experienced and expressed. Conventional trauma interventions, largely derived from Western secular paradigms, often fail to address the embodied and spiritual dimensions of healing within Islamic contexts. This study introduces and examines the preliminary effectiveness of Magnetic Focus Therapy (MFT), a novel spiritual-somatic intervention that integrates body memory principles with Islamic counseling values. Employing a Single-Subject Research (SSR) A-B-A design, three Muslim clients in Pekanbaru, Indonesia presenting with diverse trauma backgrounds including bereavement, bullying, and family-related distress received three structured MFT sessions incorporating dhikr grounding, Qur'anic reflection, and tawakkul meaning reconstruction. Dependent variables included self-reported anxiety, body tension, negative thoughts, and emotional distress, assessed using a 0–10 rating scale at each phase. Visual analysis of data across the A1 (baseline), B (intervention), and A2 (follow-up) phases revealed consistent and clinically meaningful reductions across all four indicators for each client, with average reductions ranging from 57% to 75%. Social validation data further corroborated these gains, with clients reporting improved emotional regulation, spiritual calmness, and reduced somatic tension. These findings provide initial empirical support for MFT as a culturally responsive, brief, and structured trauma intervention suitable for Islamic counseling settings. Implications for Islamic psychotherapy, embodied counseling practice, and future research directions are discussed.



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Introduction

Trauma is one of the most pressing mental health challenges confronting individuals across the globe, with profound effects on emotional, cognitive, somatic, and spiritual dimensions of human functioning (van der Kolk, 2014). Within Muslim-majority communities, trauma experiences are often shaped by both psychological and religious frameworks, wherein spiritual beliefs, embodied practices, and community identity intersect with the individual's experience of distress (Awaad & Ali, 2015; Sabry & Vohra, 2013). Despite this reality, mainstream trauma-focused interventions including Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), and exposure-based approaches remain predominantly grounded in Western secular psychological traditions, frequently overlooking the spiritual and cultural dimensions that are central to Muslim clients' healing processes (Koenig, 2012; Mir et al., 2019).

Indonesia, as the world's largest Muslim-majority nation, presents a distinctive context for trauma-informed counseling. Within this setting, guidance and counseling (bimbingan konseling Islam, or BKI) has

emerged as a specialized field that seeks to integrate Islamic values into psychological intervention (Ifdil et al., 2023). Yet empirical evidence for culturally adapted, body-based trauma interventions within Islamic counseling remains scarce. Most available approaches either default to secular somatic models or rely on spiritual practices without systematic psychological structure (Hamdan, 2008). Body memory theory, developed within phenomenological philosophy and somatic psychology, holds that trauma is not stored solely as explicit cognitive narrative but is retained in the body through implicit sensorimotor patterns, tensions, and affective states that persist beyond the original traumatic event (Fuchs, 2011; van der Kolk, 2014). This understanding is congruent with Islamic anthropology, which conceptualizes the human being as an integrated unity of body (*jism*), soul (*nafs*), and spirit (*ruh*), wherein illness including psychological trauma may manifest simultaneously at somatic and spiritual levels (Keshavarzi & Haque, 2013). Islamic healing traditions, including *dhikr* (remembrance of Allah), Qur'anic recitation, and *tawakkul* (reliance upon Allah), are recognized as having both psychological and somatic regulatory effects (Awaad & Ali, 2015; Moulaei et al., 2023).

Magnetic Focus Therapy (MFT) is an emerging intervention model specifically designed to address trauma through the body's own memory systems. MFT employs a Dual-Pole Magnetic Anchor (DPMA) two magnets with identical poles creating a repulsive configuration as a symbolic attentional anchor to facilitate embodied awareness, spatial focus, and somatic regulation (Fuchs, 2012; Koch et al., 2012). The repulsive force is not conceptualized as a physical healing mechanism but rather as a phenomenological metaphor for the defensive, resistant quality that traumatized bodies often maintain (Repetto & Riva, 2023). In its Islamic counseling integration, MFT incorporates structured spiritual elements including *dhikr*, Qur'anic reflection, and guided suggestions grounded in Islamic concepts such as *sabar* (patience), *tawakal* (trust in Allah), and *ikhlas* (sincere acceptance) into a three-stage session structure of emotional awareness, somatic regulation, and meaning reconstruction.

Despite its theoretical foundations, MFT remains at an early stage of empirical development. This study therefore aims to provide preliminary evidence for the effectiveness of MFT as a spiritual-somatic approach for trauma recovery within an Islamic counseling context. Using a Single-Subject Research (SSR) A-B-A design consistent with established methodology for evaluating novel counseling interventions (Ledford & Gast, 2018; Riley-Tillman et al., 2020) this study examines the impact of three structured MFT sessions on self-reported anxiety, body tension, negative thoughts, and emotional distress among three Muslim clients in Pekanbaru, Indonesia.

LITERATURE REVIEW

Trauma, Body Memory, and Somatic Interventions

The relationship between traumatic experience and the body has received increasing empirical and theoretical attention over the past three decades. van der Kolk (2014) demonstrated that trauma fundamentally alters the body's stress response systems, resulting in chronic dysregulation of the autonomic nervous system, hypervigilance, and persistent somatic symptoms. Building upon this, Fuchs (2011) argued that the body maintains a form of implicit, non-declarative memory termed body memory through which past traumatic experiences are re-enacted in posture, movement, sensation, and affective response. This concept has been further elaborated in embodied cognition research, which positions the body not merely as a vehicle for mental experience but as an active participant in the construction of psychological meaning (Koch et al., 2013; Repetto & Riva, 2023).

Contemporary somatic trauma interventions including Somatic Experiencing (Levine, P. A., & Frederick, A., 1997), Sensorimotor Psychotherapy (Ogden et al., 2006), and body-oriented mindfulness approaches have accumulated a growing evidence base demonstrating the effectiveness of body-level intervention in trauma recovery. Such approaches share the premise that healing must engage the body's own regulatory systems rather than relying exclusively on verbal cognitive processing. Lee, C. K. A. (2024) and Fuchs (2012) further emphasized the phenomenological notion of lived body (*Leib*), wherein the body is the primary locus through which human beings inhabit and make sense of the world a conceptualization that directly informs MFT's theoretical framework.

Islamic Counseling and Trauma

Islamic counseling (*bimbingan konseling Islam*) draws upon the rich intellectual and spiritual heritage of Islamic scholarship to address psychological distress, integrating principles from the Qur'an, Hadith, and Islamic philosophy with contemporary psychological knowledge (Ifdil et al., 2023; Hamdan, 2008). Within this framework, the human being is understood as a unity of physical, psychological, and spiritual dimensions, each of which requires attention in the healing process (Keshavarzi & Haque, 2013). Trauma from an Islamic

perspective may be understood as a disruption of the harmony among these dimensions, affecting the individual's relationship with Allah, the self, and the community.

Spiritual practices have been identified as important resources for trauma recovery among Muslim individuals. Awaad and Ali (2015) demonstrated that Islamic religious practices including salah (prayer), dhikr, and Qur'anic recitation are commonly employed as coping mechanisms for psychological distress and may have demonstrable regulatory effects on emotional and somatic states. Chalmiers et al., (2023) similarly found that spiritual interventions grounded in Islamic values were effective in reducing anxiety and improving psychological well-being among Muslim populations. Koenig (2012) further documented robust associations between religious practice and resilience in the face of trauma and adversity. Despite these promising foundations, empirical research on structured Islamic counseling interventions for trauma remains limited, particularly those that systematically integrate both somatic and spiritual components (Miftahuddin et al., 2024; Sabry & Vohra, 2013).

Single-Subject Research in Counseling

Single-Subject Research (SSR) is a well-established experimental methodology for evaluating the effectiveness of counseling and psychological interventions at the level of individual clients (Ledford & Gast, 2018). SSR designs allow for the systematic examination of within-individual change across time, providing rigorous evidence of intervention effects without the requirement for large sample sizes (Riley-Tillman et al., 2020; Kazdin, 2020). In the A-B-A design employed in the present study, the initial baseline phase (A1) establishes a stable pre-intervention reference; the intervention phase (B) documents changes during active treatment; and the follow-up phase (A2) assesses the maintenance of gains after intervention cessation. SSR methodology has been applied in analogous counseling research, including evaluations of novel brief interventions such as the Ifdil Perceptual Light Technique (Ifdil et al., 2020) and hypnotic-oriented counseling approaches (Sugara & Fadhilah, 2024).

Method

Research Design

This study employed an SSR A-B-A design (Takona, J. P. 2024; Riley-Tillman et al., 2020) to examine the effectiveness of MFT as a spiritual-somatic trauma intervention within Islamic counseling. The A-B-A design was selected as an ethically appropriate framework for evaluating a brief novel intervention, as it does not require the withdrawal of treatment for clinical reversal purposes. The A2 phase served as a follow-up to assess post-intervention maintenance.

Participants

Three Muslim clients (N=3) residing in Pekanbaru, Riau Province, Indonesia were recruited through purposive sampling (Stratton, 2023). Inclusion criteria comprised: (a) identification as Muslim; (b) current experience of trauma-related psychological distress; (c) a baseline score of ≥ 6 on at least two of the four dependent variable indicators; (d) willingness to participate in three structured MFT sessions; and (e) provision of informed consent. Participants presenting with active psychosis, suicidal ideation, or severe psychiatric disorder were excluded. Participant profiles are presented in Table 1.

Table 1. Participant Profiles

Client	Age / Gender	Trauma Background	Primary Presenting Issues
Client 1	17 / Male	Loss of parent & prolonged grief	Anxiety, body tension, negative cognition, emotional distress
Client 2	16 / Female	Bullying experience & social anxiety	Severe anxiety, somatic tension, avoidance, emotional dysregulation
Client 3	15 / Female	Family pressure & emotional exhaustion	Anxiety, high body tension, intrusive thoughts, emotional fatigue

Intervention: Magnetic Focus Therapy with Islamic Integration

MFT is a trauma-focused intervention model grounded in body memory theory (Fuchs, 2011; Koch et al., 2012) and phenomenological embodiment (Casey, 1984). The core technique involves the Dual-Pole Magnetic Anchor (DPMA): two magnets with identical poles positioned on the anterior and posterior surfaces of a body region identified by the client as the primary locus of somatic distress, creating a repulsive force that serves as a symbolic attentional environment (Fuchs, 2012; Repetto & Riva, 2023). MFT was delivered in three structured sessions of approximately 20–30 minutes each, following the sequential stages of the MFT Gen 1 protocol. Islamic spiritual elements were systematically integrated as detailed in Table 2.

Table 2. MFT Session Structure and Islamic Integration

Session	Focus	MFT Technique	Islamic Integration
Session 1	Emotional awareness & grounding	DPMA placement, breathing regulation, body scan, emotional expression	Dhikr grounding (Subhanallah, Alhamdulillah), opening dua, niyyah setting
Session 2	Somatic regulation & spiritual reflection	Body awareness, spatial awareness, VAKOG activation, focused attention	Qur'anic reflection (QS 94:5-6), tawakkul framing, body-as-amanah
Session 3	Meaning reconstruction & resilience	Guided suggestion, perceptual reframing, grounding & closure	Sabar-tawakal reflection, Islamic affirmations, ikhlas (acceptance)

Measurement

Four dependent variable indicators were assessed using a self-report Subjective Units of Distress Scale (SUDS; 0–10): (1) anxiety, (2) body tension, (3) negative thoughts, and (4) emotional distress. The 0–10 SUDS format has demonstrated sensitivity to within-session change in emotion-focused interventions and has been used in analogous SSR studies within Islamic counseling contexts (Ifdil et al., 2020). Assessments were conducted at baseline (A1), at the end of each intervention session (B1–B3), and at one-week follow-up (A2). Therapist observational notes were recorded at the conclusion of each session.

Data Analysis

Data were analyzed using standard SSR visual analysis procedures (Ledford & Gast, 2018). For each client and each indicator, scores were graphed across phases (A1 → B1 → B2 → B3 → A2) to examine directional trend and level change. Mean scores were calculated for the intervention phase. Percentage reduction from A1 to A2 was computed as the primary quantitative index of change. Therapist observational notes and client verbal reports were analyzed thematically to provide social validation of quantitative findings (Kazdin, 2020).

Ethical Considerations

This study adhered to ethical principles of confidentiality, voluntary participation, and psychological safety. All clients provided informed consent prior to participation. Sessions were conducted by a trained counselor in a private setting. No identifying information is reported in this manuscript.

Results and Discussions

Table 3 presents the complete outcome data for all three clients across the four dependent variable indicators and five measurement points. Figures 1, 2, and 3 present the visual analysis graphs for each client, illustrating the directional trend of change across the A1 (Baseline), B1–B3 (Intervention), and A2 (Follow-up) phases.

Table 3. MFT Intervention Outcomes: Scores Across Phases (Scale 0–10)

Indicator	A1	B1	B2	B3	A2	Reduction (%)
C1 — Anxiety	8	7	5	3	3	62.5%

Indicator	A1	B1	B2	B3	A2	Reduction (%)
C1 — Body Tension	7	6	5	3	2	71.4%
C1 — Neg. Thoughts	8	7	5	4	3	62.5%
C1 — Emot. Distress	7	6	5	3	2	71.4%
C2 — Anxiety	9	8	6	4	3	66.7%
C2 — Body Tension	8	7	5	4	3	62.5%
C2 — Neg. Thoughts	7	6	5	3	3	57.1%
C2 — Emot. Distress	8	7	5	3	3	62.5%
C3 — Anxiety	8	7	5	3	2	75.0%
C3 — Body Tension	9	8	6	4	3	66.7%
C3 — Neg. Thoughts	8	7	5	4	3	62.5%
C3 — Emot. Distress	7	6	5	3	2	71.4%

Client 1: Loss of Parent and Prolonged Grief

Client 1 presented with moderate-to-high distress across all four indicators at baseline (anxiety = 8; body tension = 7; negative thoughts = 8; emotional distress = 7). Following three sessions of MFT integrating dhikr grounding, Qur'anic reflection, and tawakkul meaning reconstruction, all indicators showed consistent progressive reduction. At A2, anxiety had decreased to 3 (62.5% reduction), body tension to 2 (71.4% reduction), negative thoughts to 3 (62.5% reduction), and emotional distress to 2 (71.4% reduction). The therapist noted that Client 1 demonstrated increasing emotional openness and stability across sessions, with Session 3 characterized by marked spiritual acceptance and reduced somatic reactivity.

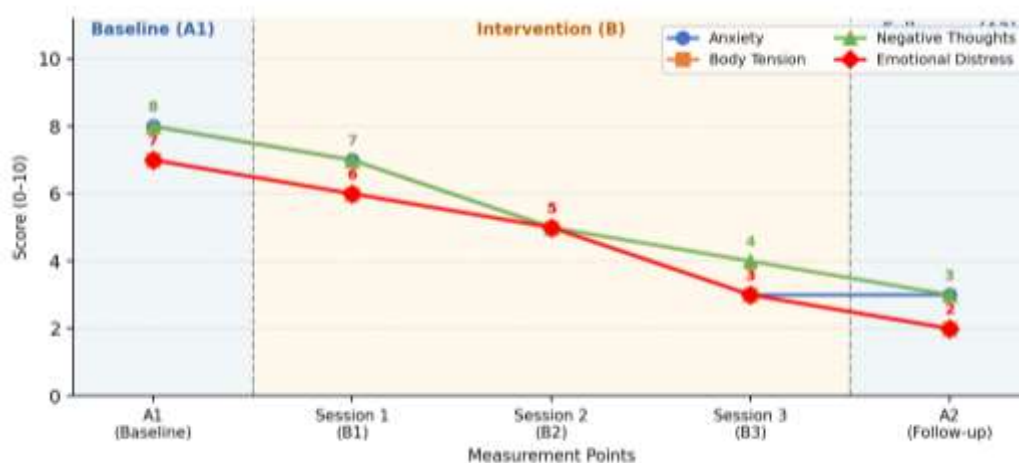


Figure 1. Visual analysis of MFT intervention outcomes for Client 1 (Loss of Parent & Prolonged Grief) across A1 (Baseline), B1–B3 (Intervention), and A2 (Follow-up) phases.

Client 2: Bullying Experience and Social Anxiety

Client 2 presented with the highest baseline anxiety score among the three participants (anxiety = 9), alongside elevated body tension (8), moderate negative thoughts (7), and high emotional distress (8). Following MFT intervention incorporating grounding techniques, somatic awareness training, and Qur'anic resilience reflection, all indicators showed consistent decline. At A2, anxiety had reduced to 3 (66.7% reduction), body tension to 3 (62.5% reduction), negative thoughts to 3 (57.1% reduction), and emotional distress to 3 (62.5% reduction). The therapist noted that Client 2 demonstrated particularly salient improvements in self-confidence and social engagement.

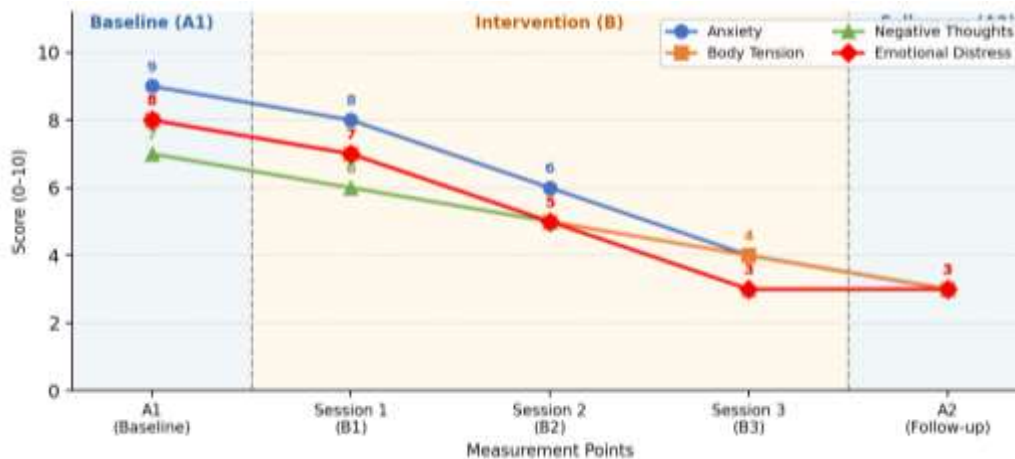


Figure 2. Visual analysis of MFT intervention outcomes for Client 2 (Bullying Experience & Social Anxiety) across A1, B1–B3, and A2 phases.

Client 3: Family Pressure and Emotional Exhaustion

Client 3 presented with the highest body tension score among participants at baseline (body tension = 9), along with elevated anxiety (8), negative thoughts (8), and emotional distress (7). Following three MFT sessions emphasizing somatic relaxation, spiritual regulation, and Islamic emotional acceptance, all indicators showed consistent reduction. At A2, anxiety had decreased to 2 (75.0% reduction), body tension to 3 (66.7% reduction), negative thoughts to 3 (62.5% reduction), and emotional distress to 2 (71.4% reduction). The therapist observed a marked shift in somatic experience across sessions, moving from physical bracing and tension to increased bodily ease and groundedness.

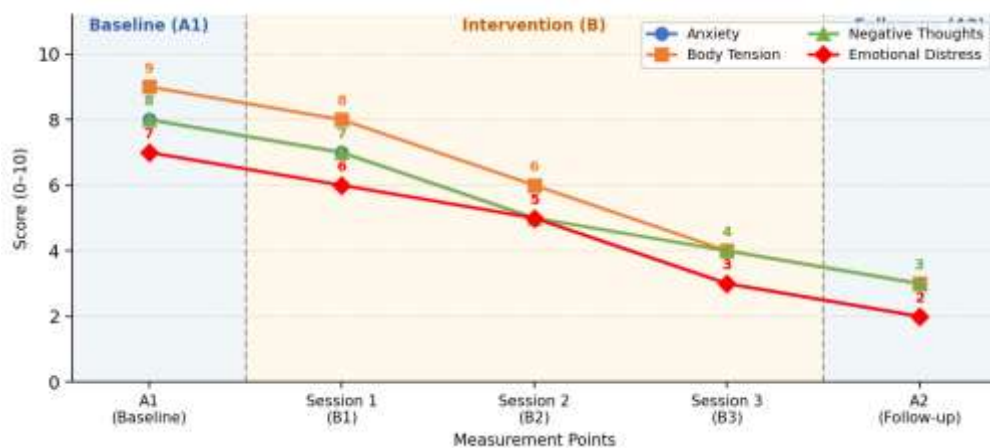


Figure 3. Visual analysis of MFT intervention outcomes for Client 3 (Family Pressure & Emotional Exhaustion) across A1, B1–B3, and A2 phases.

Cross-Client Summary

Across all three clients and all four indicators, a consistent pattern of progressive reduction was observed from A1 through B1, B2, B3, to A2. No indicator showed a reversal or increase at any measurement point for any client. Individual indicator reductions ranged from 57.1% to 75.0%, with a grand mean reduction of 65.5%

across all clients and indicators. The maintenance of reduced scores at A2 provides initial evidence for the durability of MFT effects within this one-week follow-up window. Social validation data from client verbal reports confirmed gains in emotional regulation, spiritual calmness, and reduced somatic tension.

This study provides preliminary empirical evidence for the effectiveness of Magnetic Focus Therapy (MFT) as a spiritual-somatic intervention for trauma recovery within Islamic counseling. Three Muslim clients in Pekanbaru, Indonesia demonstrated clinically meaningful and consistent reductions in anxiety, body tension, negative thoughts, and emotional distress across three structured MFT sessions, with reductions maintained at one-week follow-up. These findings address a significant gap in the Islamic counseling literature, where body-based, spiritually integrated trauma interventions with empirical support remain scarce (Sabry & Vohra, 2013).

The somatic dimension of MFT centered on the DPMA configuration and body memory localization is theoretically grounded in Fuchs's (2011) phenomenological account of how trauma persists in bodily experience beyond conscious narrative recollection. The consistent reduction in body tension scores across all three clients, including the particularly elevated baseline of Client 3 (score = 9), provides initial support for this theoretical premise. This is consistent with the broader somatic intervention literature, which has documented the capacity of body-oriented approaches to access and reorganize implicit traumatic memory (Koch et al., 2012; van der Kolk, 2014).

The spiritual integration of MFT incorporating dhikr, Qur'anic reflection, tawakkul, and Islamic affirmations appeared to amplify the regulatory and meaning-making dimensions of the intervention. Awaad and Ali (2015) documented the psychological regulatory functions of Islamic spiritual practices, and the present findings are consistent with their observations. The progressive deepening of spiritual engagement across sessions mirrors the structure of Islamic psychological healing, which moves from emotional stabilization to cognitive reframing to spiritual acceptance and resilience (Keshavarzi & Haque, 2013; Rassool, 2024). The pattern of results aligns with findings from comparable SSR studies of brief Islamic counseling interventions. Byah et al. (2026) documented analogous patterns of consistent symptom reduction across intervention phases in their SSR evaluation of the Ifdil Perceptual Light Technique (IPLT), with PND values of 100% across all participants. Ifdil et al. (2020) similarly demonstrated significant reductions in trauma-related distress using brief single-case designs, supporting the emerging evidence base for structured brief counseling interventions in Islamic settings. The present findings extend this literature by introducing an explicitly somatic-spiritual intervention framework.

Several limitations warrant acknowledgment. First, the single-point baseline does not fully satisfy the standard SSR requirement for three or more baseline measurements establishing pre-intervention stability (Ledford & Gast, 2018). Future research should ensure a minimum of three baseline measurements. Second, the one-week A2 follow-up represents a brief post-intervention window; longer follow-up periods of one to three months are recommended (Kazdin, 2020). Third, the sample of three participants limits generalizability; future studies should target five or more participants across diverse trauma contexts. Fourth, the absence of formal treatment fidelity checks represents a methodological constraint that future research should address through structured fidelity protocols. Notwithstanding these limitations, this study makes a novel contribution to Islamic counseling research by introducing MFT as a structured, empirically examined spiritual-somatic intervention. The theoretical integration of body memory science with Islamic counseling principles represents a significant conceptual innovation that may inform the development of culturally responsive trauma intervention models within Muslim contexts globally.

Conclusions

This study introduces Magnetic Focus Therapy (MFT) as a novel spiritual-somatic approach for trauma recovery within Islamic counseling and provides preliminary empirical evidence for its effectiveness through an SSR A-B-A design with three Muslim clients in Pekanbaru, Indonesia. Across all clients and all four dependent variable indicators, consistent and clinically meaningful reductions in trauma-related distress were observed from baseline through intervention and maintained at one-week follow-up, with a grand mean reduction of 65.5% across all indicators. The integration of body memory-focused somatic techniques with Islamic spiritual practices including dhikr, Qur'anic reflection, and tawakkul produced a coherent therapeutic model that addresses the embodied, psychological, and spiritual dimensions of trauma within a culturally congruent framework. Future research should expand the empirical base for MFT through studies with larger samples, complete three-point baselines, standardized psychometric instruments, longer follow-up periods, and formal treatment fidelity evaluation. Development of formal MFT training protocols for Islamic counselors will be essential for ethical and consistent implementation in school and community counseling settings across Indonesia and other Muslim-majority nations.

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