

A GROUNDED THEORY STUDY OF ISLAMIC  
PSYCHO - SPIRITUAL FRAMEWORK TO DEAL WITH  
LOSS AND GRIEF AMONG MALDIVIAN CANCER  
PATIENTS

BY

SHEHENAZ ISMAIL

A dissertation submitted in fulfilment of the requirement for  
the degree of Doctor of Philosophy in Psychology

AbdulHamid AbuSulayman Kulliyyah of Islamic Revealed  
Knowledge and Human Sciences  
International Islamic University Malaysia

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## ABSTRACT

Studies have found that those diagnosed with cancer may experience loss and grief reactions to unexpected illness. Not much is known about their loss and grief experiences and how they deal with it. The literature review found that there is a lack of Islamic psycho-spiritual framework that deals with loss and grief, specifically among Muslim cancer patients. Therefore, this study aims to develop an Islamic Psycho-Spiritual framework to cope with loss and grief among cancer patients in Maldives. This study employs a Grounded Theory approach with data collected through in-depth interviews, observation/hanging out sessions and diary writing of 11 cancer patients undergoing cancer treatment. The analysis of data generated two major categories and five subcategories. The two major categories are 1) How Islamic Psycho-Spirituality helps to cope with loss and grief and its subcategory 1 – *Outcomes of Islamic psycho-spiritual coping*, 2) The components of Islamic psycho - spiritual coping methods to manage loss and grief with its four subcategories; *Doing fardh and sunnah religious acts*; *Believing and internalising virtues of Islam*; *Having faith in Allah*; and, *Building Islamic knowledge*. These findings are the underpinnings of the emergent theoretical framework, the “Islamic Psycho-Spiritual framework to deal with loss and grief among patients with cancer”, which offers strategies that patients with cancer could use to deal with their loss and grief experiences. While this study focuses on cancer patients, the framework could be used by counsellors, caretakers of the patients, treatment providers and policymakers to address the Islamic Psycho-Spiritual needs of patients in assisting them in dealing with the patients’ loss and grief experiences.

**Keywords:** Grounded Theory, Loss and Grief, Cancer Patients in Maldives, Islamic psycho - spiritual framework.

## خلاصة البحث

توصلت الدراسات أن الأشخاص الذين تم تشخيص إصابتهم بالسرطان قد يعانون من ردود أفعال الخسارة والحزن بسبب مرض غير متوقع. ولا يُعرف الكثير عن تجارب الخسارة والحزن وكيفية التعامل معها. أشارت مراجعة الأدبيات إلى أن هناك نقصًا في الإطار النفسي والروحي الإسلامي للتعامل مع الخسارة والحزن، خاصة بين مرضى السرطان المسلمين. لذلك، تهدف هذه الدراسة إلى تطوير إطار نفسي روحي إسلامي للتعامل مع الخسارة والحزن بين مرضى السرطان في جزر المالديف واستكشاف كيفية المساعدة الروحانية النفسية الإسلامية في إدارة الخسارة والحزن بين مرضى السرطان. تستخدم هذه الدراسة منهج النظرية الراسخة مع البيانات التي تم جمعها من خلال المقابلات المتعمقة وجلسات المراقبة/الجلسات الخارجية وكتابة مذكرات لدى 11 مريضًا مصابًا بالسرطان ويخضعون لعلاج السرطان. لقد أدى تحليل البيانات إلى إيجاد فئتين رئيسيتين وخمس فئات فرعية. أما الفئتان الرئيسيتان فهما (1) كيف تساعد الروحانية الإسلامية على التعامل مع الخسارة والحزن وفئتها الفرعية نتائج المواجهة النفسية الروحية الإسلامية، (2) مكونات النفسية الإسلامية - أساليب المواجهة الروحية لإدارة الخسارة والحزن بفئاتها الفرعية الأربع؛ القيام بالأعمال الدينية من فرض سنة؛ الإيمان بفضائل الإسلام واستيعابها؛ الإيمان بالله؛ وبناء المعرفة الإسلامية. وهذه النتائج هي أسس الإطار النظري الناشئ، "الإطار النفسي الروحي الإسلامي للتعامل مع الخسارة والحزن بين مرضى السرطان"، والذي يقدم استراتيجيات يمكن أن يستخدمها مرضى السرطان للتعامل مع تجارب الخسارة والحزن. في حين تركز هذه الدراسة على مرضى السرطان، يمكن استخدام الإطار من قبل المستشارين ومقدمي الرعاية للمرضى ومقدمي العلاج وصانعي السياسات لتلبية الاحتياجات النفسية والروحية الإسلامية للمرضى لأجل مساعدتهم على التعامل مع تجارب فقدان المرضى وحزنهم.

**الكلمات المفتاحية:** النظرية المرتكزة، الخسارة والحزن، مرضى السرطان في جزر المالديف، الإطار النفسي-الروحي الإسلامي.

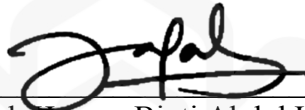
## APPROVAL PAGE

The thesis of Shehenaz Ismail has been approved by the following:



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Mardiana Binti Mohamad  
Supervisor



---

Jamilah Hanum Binti Abdul Khaiyom  
Co-Supervisor

---

Haniza Rais  
Internal Examiner

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Fonny Dameaty Hutagalung  
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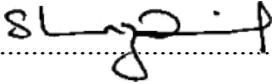
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## DECLARATION

I hereby declare that this dissertation is the result of my own investigations, except where otherwise stated. I also declare that it has not been previously or concurrently submitted as a whole for any other degrees at IIUM or other institutions.

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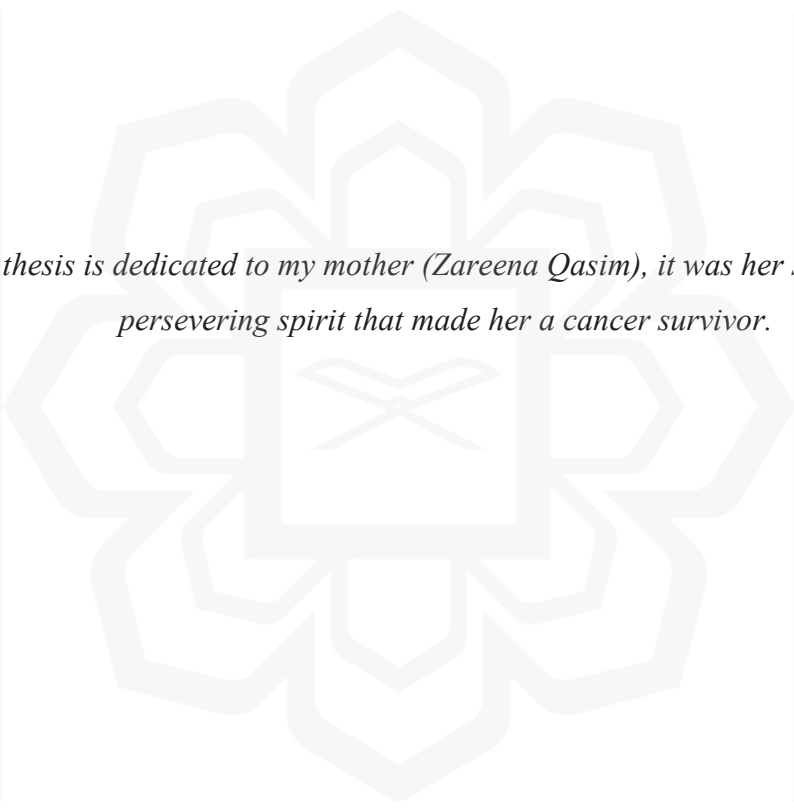
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*This thesis is dedicated to my mother (Zareena Qasim), it was her strength and persevering spirit that made her a cancer survivor.*

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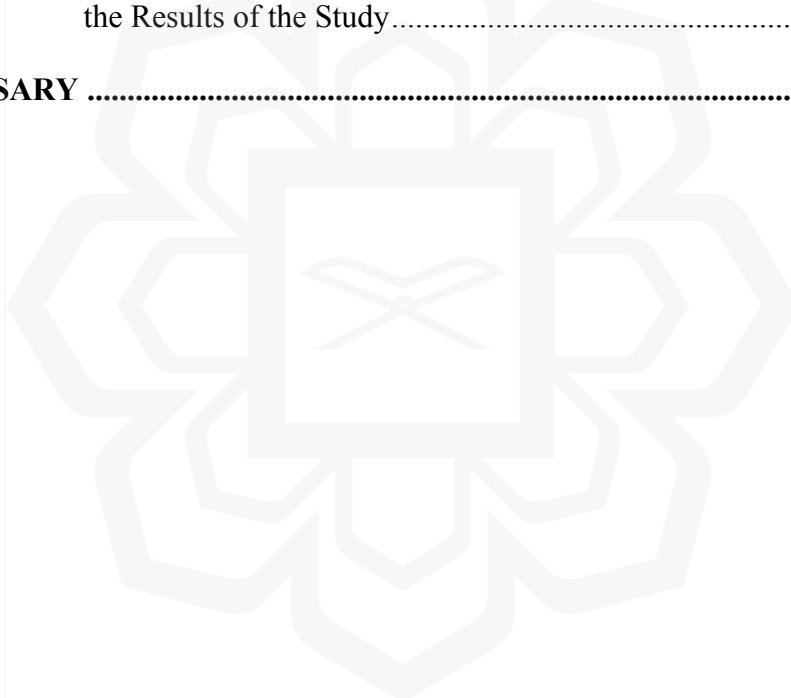
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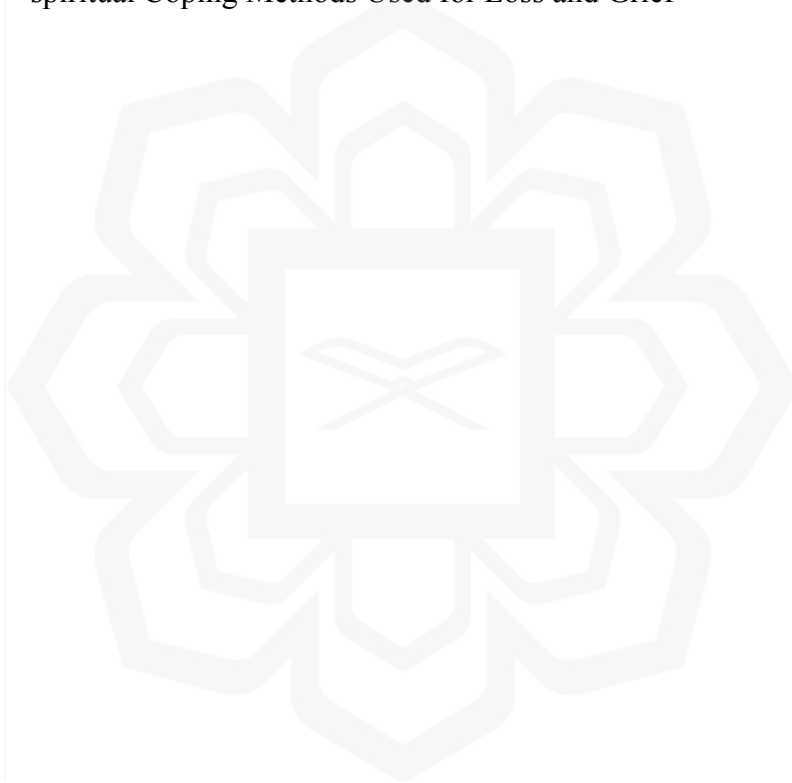
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# CHAPTER ONE

## INTRODUCTION

### 1.1 BACKGROUND OF THE STUDY

The word cancer is always associated with negative connotations. The American Cancer Society (2003) explains cancer as a life-threatening disease and the most feared disease in the world. The disease is defined as the spread of uncontrolled growth of abnormal cells that affects the entire body and if this spread of the abnormal cells are not controlled, it ultimately leads to death (American Cancer Society, 2003; World Health Organization [WHO], 2020). Cancer is an alarming disease that affects many people. In a 2018 press statement, it was reported that 18.1 million new cancer cases and 9.6 million deaths have occurred (WHO, 2018). The same report identified three major types of cancer as the most commonly occurring cancer which are colorectal cancer, female breast cancer and lung cancer (WHO, 2018). In 2019, 1,762,450 new cases were reported in the United States while there were an estimate of 606,880 deaths (Siegel et al., 2019). According to The Global Cancer Observatory (2019), 2,063,789 new cases of cancer and 1,336,026 deaths due to cancer were reported in South East Asia. When examining the prevalence rates for Asian countries, McDonald, Hertz and Lowenthal (2008) found that 3.6 million males and 4 million females were living with cancer (excluding Taiwan due to the unavailability of data).

Magnifying the search on different countries of Asia, in 2018, Indonesia had a total of 348,809 patients with cancer, Malaysia had 43,837 patients with cancer, India had 1,157,294 patients with cancer and Sri Lanka had 23,530 patients with cancer cases reported (WHO, 2020a). In Maldives, there were 421 reported cases of cancer in 2018, with 227 deaths that occurred due to cancer (WHO, 2020a). This figure is concerning as Maldives has a small population in comparison to its neighbouring countries and the deaths that occurred due to cancer is more than 50% of the cases reported in 2018.

### **1.1.1 Maldives**

Maldives is an island nation made up of approximately 1,200 small islands, scattered in the Indian Ocean (British Broadcasting Corporation, 2018), with a resident population of 338,434 locals, out of which 171,962 are males and 166,472 females (National Bureau of Statistics, 2014). Maldives is a homogenous population where Islam is the official religion of the nation, and speaks Dhivehi as the official language (Hussain, 2008). In the past decade, the economic growth of the country was at the rate of 6.5% per annum (National Bureau of Statistics, 2015). Tourism is the main income generating industry, contributing around 75% to the economy while the fishing industry is the second major industry to contribute to its economy (National Bureau of Statistics, 2015).

Maldives has a good health system in which the government of Maldives provides tertiary health through “Aasandha” (the free Medicare health insurance for Maldivians) (Ministry of Health Maldives, 2016). The latest publications of the Ministry of Health Maldives reported that the sedentary lifestyle, consumption of sugary foods and smoking are the major contributing factors to the high chronic Non-Communicable Diseases (NCD). This lifestyle is also contributing to cancer diagnoses found in the country, which is the major cause of mortality and morbidity among Maldivians (Ministry of Health Maldives, 2016). In this small populated island nation, statistics regarding the cancer situation are minimal as it is a new area of study. Despite the few cases being reported, the rate is still quite alarming; hence, in 2019, the government of Maldives initiated a nationwide vaccination program for females below the age of 16 to prevent cervical cancer (WHO, 2019).

In addition, the latest statistics of the WHO (2020) country profile reported that in 2018, Maldives had 421 cancer patients (new and active cases). It was also stated that in the Catalan Institute of Oncology (2017), 14 Maldivians were diagnosed with cervical cancer and seven women died from cancer yearly. The Diabetes Country Profile of Maldives reported that cancer contributes to 12% of the overall deaths of Maldivians (WHO, 2016). During a forum to open Onco Spectra 2.0 in Maldives, it was reported by the Minister of the President’s Office, Mr. Ali Shiyam, that since the beginning of cancer treatment in Maldives at the HulhuMale’ Hospital in 2017, 610 cancer patients has registered and an estimated 53 new registrations took place monthly (Naeem, 2020).

The only oncology surgeon in Maldives also stated on National Television that from 2019 to 2020, he conducted 86 surgeries on patients with breast cancer. He observed that most of the patients were between 40 to 50 years of age and he has seen more than 60 patients whose cancer had metastasised (Public Service Media, 2020).

### **1.1.2 Illness Experience of an Individual**

Cancer is a terminal disease but the illness experience may vary between individuals. Illness and disease are two different concepts in which an illness is a subjective definition constructed by an individual on health issues, while a disease is an objective definition constructed based on symptoms that are mostly observable (Scambler, 2007). The experience of illness, as explained by Scambler (2007), is an individual's way of internalising the experience, constructing meaning from experience, adjusting to the changes that come along with the illness, and finally understanding the interruptions it caused to one's life. An individual may experience a disease but not the illness, and vice versa, as the individual creates a cognitive and emotional representation of the illness, which results in the development of an individual perception of the illness (Leventhal, Leventhal & Cameron, 2001; Murray, 2005; Scambler, 2007).

The illness perception is constructed and influenced by an individual's social interactions, past experiences and cultural background (Marks et al., 2011). The illness perception influences an individual's emotional reactions and brings about behavioural changes due to the coping mechanisms adopted by the person (Petrie & Weinman, 2006). According to Corey (1996), psychoanalysis focuses on the connection between an individual's present behaviour and the influence of past experiences that contribute to the development of the illness experience. Similar to psychoanalysis, Bronfenbrenner's Ecological System Theory (Carroll, Houghton, Durkin & Hattie, 2009) states that behaviour of an individual is influenced by the societal/ environmental systems, which is called the ecological systems are known as the microsystem, mesosystem, macrosystem, exosystem and chronosystem. The interactions of the ecological systems, past experiences, etc, will influence an individual in developing a visualisation of the illness experience that makes more sense to the individual, which helps to form a mental model of the illness. By using five dimensions of illness

perception, Leventhal et al., (2001) explained this mental model known as the common-sense model of illness perception.

*Common Sense Model of illness perception as explained by Leventhal et al., (2001).*

1. The identity of the illness – In this dimension, the individual connects the symptoms that are experienced with that of the illness.
2. Timeline - In this dimension, the individual measures the progression of the illness and the duration the individual has spent with the illness.
3. Causes – This is the dimension in which the individual tries to figure out why he/she got diagnosed with the illness.
4. Consequences – This is the dimension in which the individual forecasts how or what the end of illness will be.
5. Controllability - In this dimension, the individual tries to figure out the prognosis of the illness by trying to understand whether the illness is curable or controllable.

According to Leventhal et al. (2001), an individual chooses the type of coping mechanisms to use after appraising these five dimensions. In order to understand the illness perception, it is essential to understand how illness perception is formed.

### **1.1.3 Construction of Illness Perception**

When human development is examined, it is evident that the brain is the central organ crucial for human functioning (Linford & Arden, 2009). The human brain develops from top down to bottom up, suggesting that the default functioning of the brain is to work towards the survival of the organism (Viamont & Beitman, 2006). Environmental interactions and the organism's experiences with the environment are crucial factors that contribute to the development of the human mind (Linford & Arden, 2009). Based on these environmental interactions, an individual constructs an understanding of life and learns to make meaning of the available information (Grawe, 2007). This phenomenon of an individual's ability to construct and understand meaning from environmental experiences was initially developed by Piaget (Beck, 2011). Piaget

explained this meaning construction of an individual's internal and external world through a process of schema development and assimilation of information (Beck, 2011). Contributing to the understanding of Piaget, cognitive behaviour theorist, Beck hypothesised that a person's physiological status, emotions and behaviour influences the individual's perception, hence influencing the illness experiences of the person (Beck, 2011). For example, if an individual who holds the worldview of 'good things happen to people who do good deeds' and does not engage in destructive behaviours, such as smoking, gets diagnosed with cancer, this individual's illness perception and illness experience will differ in contrast to an individual who gets the same diagnosis, with the same worldview but engages in destructive behaviours, such as smoking. Seymour Epstein, emphasised that the fulfilment of the psychological needs of an individual contributes to the development of their world view and embracing of environmental experiences (Grawe, 2007). The Consistency Theory further helps to understand how these psychological needs are met by an individual (Grawe, 2007). According to Grawe (2007), Epstein formulated four basic psychological needs, which are (i) the need for attachment; (ii) the need for orientation and control; (iii) the need for distress minimisation and maximisation of pleasure; and (iv) the need for self-esteem enhancement and protection. Grawe (2007); Allison and Rossouw (2013) explained that in a consistency model, at the systems level, the organism functions to achieve consistency and congruence, this is further explained as;

1. Striving for consistency – occurs on a neural level, in which simultaneously emerged neural processes work compatibly to maintain neural flow.
2. Striving for congruence – is the match between the activated motivational goal and the actual /real experience of the individual.

According to Rossouw (2013), individuals who experience challenging situations that create a mismatch of the previously imbedded schemas create an inconsistency, such as in the given example of 'good things happen to good people' – get a cancer diagnosis – a mismatch is developed between the activated motivational goals and the actual experience, which gives rise to incongruency. This inconsistency and incongruence drive an individual to lose homeostasis at the neuronal level, which violates the need for orientation and control along with violating the fulfilment of the need for distress minimisation and pleasure maximisation (Grawe, 2007). When an individual's need for

orientation and control gets violated, Beer et al., 2003 as cited in Allison and Rossouw (2013), said that it causes unhelpful stress hormones such as adrenalin, cortisol, norepinephrine, corticotrophin, etc, to inhibit the prefrontal cortex (PFC) area of an individual (PFC is the area for logical and rational thinking), making the individual incompetent in making logical and rational decisions. According to Beer et al., 2003, as cited in Allison and Rossouw (2013), this inhibition of the PFC up regulates the serotonin flow, increases dopamine levels, and up regulates the sympathetic nervous system, which further leads to the activation of the amygdala and elevates amygdala's function of scanning for novelty. Grawe (2007) stated that in such a state, an individual experiences uncontrollable incongruence, making the individual engage in maladaptive behaviours such as substance abuse, self-harm and, at times, attempt suicide.

In addition, the perception of death, through hearing and seeing about death and thinking about its consequences, creates psychobiological reactions in an individual (Freed, 2007; MacCoyd & Walter, 2016). When an individual is in such a state of experiencing loss and grief, the individual goes through lot of psychobiological reactions, such as shallow breathing, loss of appetite, loss of sleep, etc (MacCoyd & Walter, 2016) . As the limbic system (brain region for emotion regulation) gets upregulated during grief, it is perceived as a threat by the amygdala, which then commands the body to develop resistance towards the loss and grief experience (Bui, 2018).

Though inconsistent and incongruent experiences bring about psychobiological changes in a person and it gives rise to maladaptive behaviours, Hatamipour et al., (2015) stated that spirituality helps in developing coping mechanisms to deal with these maladaptive behaviours. Furthermore, James and Well (2005) stated that religion helps to deal with loss and illness experiences as religion provides different coping skills. As spirituality and religion play vital roles in dealing with the illness perception and influence the behaviour, emotions and coping mechanisms of an individual, it is important to explore how spirituality and religion influence an individual's perception of a cancer diagnosis and the illness experience by the cancer patient (Hatamipour et al., 2015; James & Well, 2005).

## 1.2 STATEMENT OF THE PROBLEM

As stated before, individuals' perception of illness influences their emotional reactions, behaviours and methods of coping (Petrie & Weinman, 2006). Further analysing these emotional reactions and coping with loss through a theoretical perspective, Murray (2005) suggested that when an individual experiences loss, the individual displays different symptoms of grief as a reaction to loss. Kubler-Ross (1999) stated that in a loss situation, the individual goes through five stages of grief (described in detail in the theoretical framework section) to deal with loss experiences. Though there is research that supports the stage theory of grief, researchers like the Dual Process Model (DPM) by Stroebe and Schut (1999) totally discarded the stage theory and suggest their models to understand and deal with grief.

Though both theories have been empirically tested, there is a lack of evidence that these theories have been examined through an Islamic Psycho-spiritual perspective. Spirituality has been identified as a means for patients with cancer to deal with their feelings of loneliness or feelings of fear and despair that the patients face during the cancer treatment (Surbone & Baider, 2010). A systematic review of 30 studies on patients with advanced cancer identified the importance of involvement in Islamic psycho-spirituality as their Islamic practices and beliefs contributed to the sustenance of hope as a coping strategy (Abdullah, Guo & Harding, 2020). The findings generated three themes: Ambivalence, Selflessness and strong belief in Islam (Abdullah et al., 2020). A scoping review by Ismail et al. (2023) discovered that patients with cancer found comfort through a higher power when they engaged in different spiritual acts.

There are only a few Islamic spiritual frameworks such as the Islamic Model of Soul by Rothman and Coyle (2018), the Framework of Critical Spirituality in School Leadership Practice by Brooks and Ezzani (2021), and the Spirituality-based Islamic Education Framework by Chanifah et al. (2021). Though there are Islamic spiritual perspectives that explore aspects in dealing with loss and grief experiences of terminal illnesses like cancer, there is a lack of research conducted to find how Islamic psycho-spirituality framework is used in dealing with loss and grief experiences among patients with cancer. In addition, Ismail et al. (2023a) identified the lack of an Islamic spiritual framework to deal with loss and grief among cancer patients like. Hence, this study's aims are firstly to explore how patients in treatment for cancer use Islamic Psycho-spirituality to deal with their loss and grief experiences by using the understanding of

the stages of the Grief Theory (Martin & Privett, 1989) and Dual Process Model (DPM) (Stroebe & Schut, 1999). Secondly, it aims to examine how Islamic Psycho-spirituality helps to deal with loss and grief experiences among Maldivian patients with cancer and develop an Islamic psycho-spiritual framework to understand the loss and grief experiences of these patients. Maldivian patients were selected as Maldives is a unique country where all the citizens are born and raised as Muslims. These patients with cancer live in a nation where Islam is practiced on a daily basis, and Islam is taught as a compulsory subject in school.

### **1.3 RESEARCH OBJECTIVE**

1. To explore how Islamic Psycho-spirituality helps to deal with loss and grief among patients with cancer.
2. To develop an Islamic Psycho-spiritual framework to deal with loss and grief for patients with cancer.

### **1.4 RESEARCH QUESTION**

To address the research problem, the following research questions will be addressed.

1. How does Islamic Psycho-spirituality help to deal with loss and grief among patients with cancer in the study?
2. What are the components of Islamic Psycho-spiritual coping methods used by patients with cancer with regard to their loss and grief experiences?

The answers to these two research questions will help develop an Islamic Psycho-Spiritual framework, as mentioned in Research Objective II.

### **1.5 SIGNIFICANCE OF THE STUDY**

There is a lack of study that examines the role of Islamic Psycho-spirituality in dealing with loss and grief due to cancer. Therefore, it is vital to conduct further research to fully understand the association between spirituality and managing loss and grief in

patients with cancer. Maldives, particularly, is in dire need of such studies due to limited research conducted to understand the experiences of Maldivian patients with cancer despite the alarmingly increased prevalence of cancer in the country. The findings of this study have a theoretical implication as an Islamic-spiritual framework may be developed to deal with loss and grief experiences among Muslim patients with cancer. In addition, counsellors and psychotherapists can use the Islamic-spiritual framework in their therapy while families, policymakers and treatment providers can utilise the framework to help patients meet their spiritual needs.

## **1.6 CHAPTER SUMMARY**

This chapter has introduced the background of the settings for this research by explaining about Maldives and the lifestyle in Maldives, along with statistics on how widespread cancer is in the country. The statement of problem explains why this study is needed, along with an explanation of the theoretical framework of the research. In the theoretical framework, the two models/theories of grief known as the Stage Theory of Bereavement by Kubler Ross and the Dual Process Model (DPM) of Bereavement by Stroebe and Scut were explained. The significance of this study, which has theoretical and practical implications, and the definition of the terms of the research were also explained.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

The beginning of this chapter explains the theoretical framework that includes the Stage Theory of Bereavement by Kubler-Ross and the Dual Process Model (DPM) by Stroebe and Schut as the reference for the development of an Islamic psycho-spiritual framework to deal with loss and grief. Following the theoretical framework are the definitions of terms or variables used in this study. The last section of this chapter is allocated to related literature review on loss and grief among cancer patients, cancer survivors and caregivers of cancer patients. This review of literature is presented in three subsections, which are (i) the effects of cancer, (ii) the loss and grief experiences, and (iii) the role of spirituality in dealing with loss and grief, which is followed by a summary of the chapter.

#### **2.2 THEORETICAL FRAMEWORK**

There are many different types of losses experienced by different people. Some theorists have developed theories and models to understand the grief process of loss. This current research explores its theoretical underpinning from the Stages of Bereavement Model developed by Kubler-Ross (2009) and the Dual Process Model (DPM) of Strobe and Schut (1999). As this study is a grounded theory study, and in grounded theory, the existence of pre-conceived theoretical perspectives is not a requirement; hence, the theoretical framework used in this study is used as a reference to classical theories on loss and grief. No reference is made to these theories in the generation of Islamic psycho-spiritual framework to deal with loss and grief among Maldivian cancer patients.

##### **2.2.1 The Stages of Bereavement by Kubler-Ross**

In the seminal work of death and dying by Kubler-Ross (2009), she identified five stages of grief that are universal. These stages are responses of an individual to their loss

experience and these reactions of the individual to a loss do not exist in a neatly packed package (Kubler-Ross & Kessler, 2014). For example, a patient with a cancer diagnosis does not have to leave the stage of denial to start having feelings of anger, and the patient may even experience multiple different types of emotions (Spiess et al., 2014). Therefore, a grieving individual may not experience the stages of grief in numerical order as these stages are tools that help the individual identify and frame their emotions and what they are feeling (Kubler-Ross, 2009). Furthermore Kubler-Ross and Kessler (2014) stated that a grieving individual may experience all these stages in an hour or within a few minutes, suggesting that movement from one stage to the other is fluid and nonlinear. Some individuals experience all the stages of grief, as explained by Kubler-Ross (2009), while others experience only a few stages or may skip some stages as stated by Kubler-Ross (as cited in Martin & Privett, 1989). In support of Kubler-Ross Stages of Grieving, Malkinson (2001) explained in the Cognitive Theory of Grief that loss is an unpreventable external event that changes an individual's behaviour, emotions and belief system, whereas in the acute phases of grieving, the individual experiences intensified emotions which is related to Kubler-Ross's initial stages in experiencing intense anger.

The five stages of grief, as explained by Kubler Ross, are denial, anger, bargaining, depression and acceptance (Kubler- Ross, 2009). In addition to the five stages of grief, Kubler Ross (2009) wrote about hope in her book on death and dying. She wrote that terminally ill patients who are waiting for death and have accepted their truth are realistic about their present situation and have a notch on the possibility of being cured from their illness (Kubler- Ross, 2009), indicating that they have not given up on hope (Kubler- Ross, 2009). Hope is a central characteristic in the psychology of loss experience and dying, and hope is an important and crucial response to the mortality of human beings (Martin & Privett, 1989). The following was stated in her work regarding the hope that terminally ill patients have (Kubler- Ross, 2009);

This glimpse of hope maintains them through days, weeks, or months of suffering. It is the feeling that all this must have some meaning and will pay off eventually if they can only endure it for a little while longer. It is the hope that occasionally sneaks in, that all this is just like a nightmare and not true, that they will wake up one morning to be told that the doctors are ready to try out a new drug that seems promising, that they will use it on him and that he may be the chosen, special patient, just as the first heart transplant patient must have felt when he was chosen to play a very special role in life (p.123).

### ***2.2.1.1 The Five Stages of Bereavement***

#### ***2.2.1.1.1 Stage 1 - Denial and Isolation***

This is the initial stage of grieving; in this stage, the individual refuses to believe that the event or death took place (Kubler-Ross, 2009). In this stage, some individuals experience shock, confusion, avoidance and fear (Spiess et al., 2014). Kubler-Ross's seminal work stated that a person's first reaction to a loss experience is shock, followed by denial (Kubler-Ross, 2009). When individuals experience excruciating painful events, the brain tends to deny the occurrence of the event as a defence mechanism so that the individual can cope and move on with life (Kubler-Ross & Kessler, 2014). When an individual experiences a terminal illness, denial can be experienced by loved ones or the primary caregiver of the ill patient (Corey & Corey, 2010). This denial and the fears and insecurities of the family and caregivers sometimes blinds them, which blocks the filtration of internal and external information, hindering the caregivers from providing the care and support the patient needs (Corey & Corey, 2010). In this initial stage, dialogues or statements such as "it is not true", or "no, not me" can occur (Barone & Ivy, 2004). The individual experience of denial during grief is temporary and feelings of isolation take over and the individual withdraws themselves from others (Kubler-Ross, 2009). When the grieving individual withdraws from others, behaviours such as not engaging in conversations or not hanging with family and friends may be seen (Kubler-Ross, 2009).

#### ***2.2.1.1.2 Stage 2 – Anger***

When the individual cannot keep the initial stage of denial and isolation any longer, new reactions to the loss, such as feelings of anger, resentment and envy takes over (Kubler-Ross, 2009). According to Kubler-Ross and Kessler (2014), this stage is necessary for the individual to heal as the emotion humans know most to manage is anger. In this stage, questions like "why me" manifest and replace the previous statements made in the initial stage (Kubler-Ross, 2009). As individuals experience strong emotions of anger, the loss of controllability over the situation makes them randomly project their feelings of anger onto other external factors and the environment (Worden, 2009). The individual may randomly project their anger on a relative or a friend who missed the funeral (Kubler-Ross & Kessler, 2014). As Kubler-Ross and

Kessler (2014) mentioned, anger is something the individual can hold on to and is also the intense feelings of love. As written by Kubler-Ross and Kessler (2014),

The anger becomes a bridge over the open sea, a connection from you to them. It is something to hold onto; and a connection made from the strength of anger feels better than nothing... We usually know more about suppressing anger than feeling it... The anger is just another indication of the intensity of your love (p.18)

#### 2.2.1.1.3 Stage 3 – Bargaining

Bargaining is when “if only”, “what if” and feelings of guilt take over to restore the life back to the way it was before the loss (Kubler-Ross & Kessler, 2014). In this stage, the individual tries to make an agreement with God so that they can prevent the inevitable loss from happening (Kubler-Ross as cited in Martin & Privette 1989). Terminally ill patients and grieving family members try to gain some form of control over the health of the terminally ill person or the situation (Kyalo & Ochanga, 2011). Bargaining is the secretive promises or vows that are implicitly made between the grieving individual and God (Kubler-Ross, 2009). The grieving individual comes to this bargaining stage by believing that good behaviour is rewarded; hence, by doing good deeds, they can achieve what they desire as a reward from God (Kyalo & Ochanga, 2011). Grieving individuals in this stage make vows such as ‘I will feed the poor when I regain my health’.

#### 2.2.1.1.4 Stage 4 – Depression

The feelings of resentment and anger soon fade away and feelings of loss start to crawl in (Corey & Corey, 2010). This is the stage where the grieving individual starts to feel overwhelmed by the experiences of loss, feels helpless over the situation and in a sense, true surrendering to reality begins (Kubler-Ross, 2009). The individual experiencing this stage feels that this depression lasts forever, and the grieving individual withdraws from life and wonders if it is worth going on with life (Kubler-Ross & Kessler, 2014). Kubler-Ross (2009) differentiated this depression which an individual experiences during grief as a normal reaction and warned that this depression is entirely different from the depression an individual goes through in a mental illness. This is a depression

in which the grieving individual experiences deep feelings of sadness (Kubler-Ross & Kessler, 2014).

Individuals with a terminal illness facing the last days of their life experience preparatory grief as they prepare themselves to say goodbye to loved ones and this world (Kubler-Ross, 2009). In addition, feelings of hope paradoxically coexist alongside the feelings of anger and depression during the loss experience due to terminal illness or death (Martin & Privett, 1989).

According to Kubler-Ross (2009), there are two forms of depression the individual may be experiencing, known as (i) reactive depression and (ii) preparatory depression (Kubler-Ross, 2009). According to Kubler-Ross (2009), the grieving individual may either experience one or both forms of this depression.

#### **i- Reactive Depression**

In reactive depression, reassurance can be given to the individual through the help of an external intervention such as a therapist (Kubler-Ross, 2009). For example, an individual diagnosed with uterine cancer could be made to understand that she is still as much a woman as someone who has not been diagnosed with such an illness (Kubler-Ross, 2009).

#### **ii- Preparatory Depression**

Preparatory depression does not occur due to past losses, but it takes into account the approaching or impending losses (Kubler-Ross, 2009). When this type of depression becomes a tool to cope with impending losses, normal forms of reassuring do not work; instead, it is beneficial for the patient if they could be made to come to terms with their diagnosis and help them to achieve a stage of acceptance and peace (Kubler-Ross, 2009). To achieve this acceptance and peace, working through their anguish and anxieties is essential.

#### **2.2.1.1.5 Stage 5 – Acceptance**

People reach this stage when they are able to work through the above-mentioned stages. This is the stage where he/she is neither angry nor depressed about the fate of life and

the realisation of life's journey (the truth of life and acceptance of reality) (Martin & Privett, 1989). Individuals in this stage mourn the impending loss of many meaningful relationships they have had with places and people as they contemplate the end of life (Kubler-Ross, 2009). According to Kubler -Ross and Kessler (2014), this is the stage where the individual waits for the final rest before the journey of life ends, making this a stage with a 'void' or no feelings (even the feelings of pain is not experienced) as the struggles of the individual is about to be over (Kubler-Ross, 2009).

For years, Kubler-Ross's stages of grief were known as the five stages of grief until Kessler (2019) extended the work of Kubler-Ross on death and dying by adding a new stage to the Five Stages Theory, making the sixth stage, known as meaning-making. According to Kessler (2019), grief prompts individuals to honour the life of the lost loved one, the grieving individuals need to make sense of the loss they have experienced which requires them to take some action to move on with life, either by developing foundations in the name of the deceased loved one or by engaging in minor meaningful acts such as eating the favourite ice cream of the deceased loved one. As Kessler (2019) has said, meaning helps the individual make sense of their grieving. Figure 2.1 show the experience cycle of a grieving individual to a loss through the stages of bereavement mentioned by Kubler – Ross (2009) and further enhanced by Kessler (2019).



Figure 2.1 The Experience Cycle of a Grieving Individual to a Loss through the Stages of Bereavement

### 2.2.2 The Dual Process Model (DPM) of Stroebe and Schut (1999)

On a different note, due to the shortcomings identified in the traditional theories of coping with bereavement and the grief work and its deficiency of universal validation across genders, cultures and empirical evidence, Stroebe and Schut in 1999 proposed the Dual Process Model (DPM) of Bereavement (Stroebe & Schut, 1999). The Dual Process Model (DPM) of coping is developed as a mechanism for bereaving individuals to come to terms with their loss experience through the stressors that are associated with mourning, the cognitive components or strategies of a bereaving individual to come to terms with loss experience and the oscillation process that takes place in the process of this coping mechanism (Stroebe & Schut, 1999). According to Stroebe and Schut (1999), the Dual Process Model (DPM) has two dimensions: loss orientation and restoration orientation, and the oscillation as the process that makes an individual move between these two dimensions.

#### 2.2.2.1 The Loss Orientation

The loss orientation dimension focuses on the aspects of loss experiences associated with the deceased (Stroebe & Schut, 1999; 2001; 2010; 2016). In this dimension, the

focus is on the relationship with the deceased, the negative feelings about the environment of death, yearning, looking at pictures of the deceased and crying (Stroebe & Schut, 1999; 2001; 2010; 2016). The bereaving individual experiences a range of emotions from feelings of happiness by recalling pleasurable memories with the deceased to painful longing feelings (Stroebe & Schut, 1999; 2001; 2010; 2016). Furthermore, Stroebe and Schut (1999) explained that the negative emotions of the bereaving individual predominate in the initial early days of the loss, but eventually, with the passage of time, increasing positive emotions play a crucial part in the process of recovery (Stroebe & Schut, 1999; 2001; 2010; 2016).

#### ***2.2.2.2 The Restoration Orientation***

This dimension is based on the coping strategies of the grieving individual. In this dimension, the focus is on the adjustments to the secondary losses, reorganisation of life, taking up the role of the deceased, taking up new identity, having feelings of pride versus despair, fear, and feelings of relief (Stroebe & Schut, 1999). As stated by Stroebe and Schut (1999), this restoration orientation's focus is on what is required to be dealt with and not the result of it. For example, a grieving individual who feels social loneliness deals with the social loneliness by avoiding solitariness and not about the result of the process that occurred, which is the social reintegration and restoration of the individual's well-being (Stroebe & Schut, 1999; 2001; 2010; 2016).

According to Stroebe and Schut (2001), it is vital to make this specification in association with the stressors as it defines meaning and these two stressors being interrelated; one individual stressor cannot attend both stressors simultaneously as coping at a given point of time could either be a loss oriented or a restoration oriented. Hence, for the bereaving individual to choose to some extent to either ignore or focus on the aspects of changes that have taken place in their life, the bereaving individual needs a process that would regulate between these two stressors of loss and restoration orientation, known as the oscillation (Stroebe & Schut, 2001).

### 2.2.2.3 Oscillation

This is the central component of the Dual Process Model (DPM) that distinguishes it from other theories and models for coping with bereavement; the grieving individual oscillates (moves or swings back and forth in a regular rhythm) between the world before and the world after the loss, that is between the loss orientation and the restoration orientation (Stroebe & Schut, 1999; 2001; 2010; 2016). At times, some grieving individuals get confronted with loss, and at times, the individual chooses to be distracted from the memories of loss or avoid these memories (Stroebe & Schut, 1999; 2001; 2010; 2016). For some grieving individuals, not much choice is given but to give in to the stressors of life (Stroebe & Schut, 1999; 2001; 2010; 2016). The oscillation is a back-and-forth process that is necessary for the adjustment of the bereaving individual over time to move along with life, as at times, the memories are too painful; hence, involuntarily, the bereaving individual may suppress these memories or they may require a “time off” from their grieving or may even need to attend other new tasks (Stroebe & Schut, 1999). Figure 2.2, given below, explains the Dual Process Model of Coping with Bereavement by Stroebe and Schut (2001). Later, a new component was added to the model, known as “overload”.

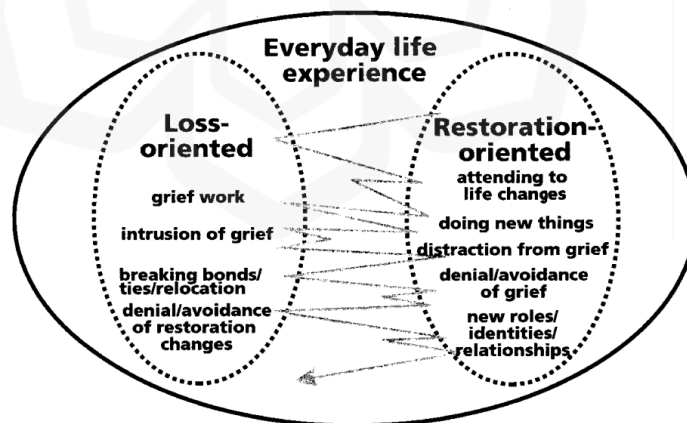


Figure 2.2 Dual Process Model (DPM) of Coping with Bereavement

Source: (Stroebe & Schut, 2001, p.213)

#### ***2.2.2.4 Stressor Overload***

Questioning their model of coping for an individual's loss experience, Stroebe and Schut (2016) refined the Dual Process Model (DPM) and its applications broadened to integrate the coping strategies of families and introduced the concept of stress overload from both the suggested stressors of loss and restoration (Stroebe & Schut, 2016). The newly introduced concept of 'overload' of stressors means that the bereaved individual has to cope with more than what the individual feels that he/she can manage (Stroebe & Schut, 2016). It was found by Stroebe and Schut (2016) that the bereaving individual is overloaded in the loss orientation and even in the restoration orientation due to multiple loss experiences and facing things that take place in life that may not have a direct link with the bereavement of the individual. It was believed that this overload stressor could cause mental and physical health complications, such as post-traumatic stress disorder (PTSD), due to stressors of the two (loss and the restoration orientation) dimensions (Stroebe & Schut, 2016).

Furthermore, Stroebe and Schut (2016) explained that this overload may lead an individual to burnout, which is also known as the negative outcome that occurs among caregivers who grieve the death of a loved one, and this overload could also occur due to the complicated grief experiences and chronic grief experiences of an individual. Keeping this overload stressor in mind, Stroebe and Schut (2016) suggested that the oscillation process is not enough to cope with the overload of the bereaving individual, hence, they further suggested different forms of acts such as being frank and open about the feelings of the bereaving individual as ways to regulate the overload stressor. Figure 2.3 shows the Dual Process Model (DPM) with the complications of grief and the addition of overload stressor taken directly from (Stroebe & Schut, 2016, p.104).

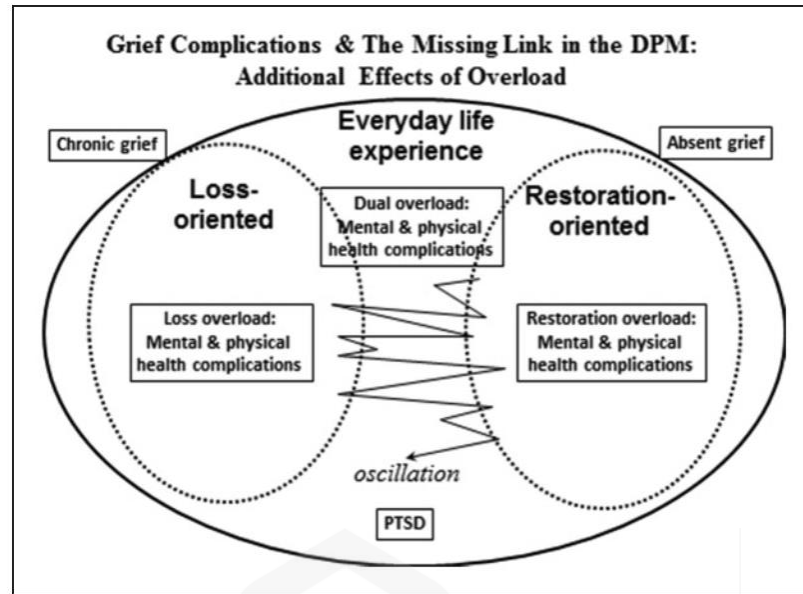


Figure 2.3 Grief Complications and the Missing Link in the Dual Process Model (DPM): Additional Effects of Overload - Source: (Stroebe & Schut, 2016, p.104)

## 2.3 DEFINITION OF TERMS

### 2.3.1 Islamic Psycho-Spirituality

The Islamic psycho-spirituality combines spirituality and Islamic teachings with psychology (Wahed et al., 2023), where Spirituality is *conceptually defined* as an individual's inner desire to have a connection with a force that is much greater than the individual (Pargament et al., 1998). Since the participants of this study are from an Islamic country, the focus of this study is on Islamic-spirituality. For this research, spirituality is conceptually defined as the relationship an individual has with Allah that affects the individual's sense of meaning, self-worth, connectedness with nature and others (Nasr, 2008). Moreover, religiosity is an individual's outward actions of limbs that fulfil the five pillars of Islam (Al-Islam), the individual's belief and the heart's inner actions (Al-Iman) and the individual's best actions within the heart towards glorifying and fearing Allah (Al-Ihsan) (Basri et al., 2015). For this study, Islamic psycho-spirituality is *operationally defined* as an individual's thoughts and actions that reflect Al-Islam, Al-Iman and Al-Ihsan and their engagement in behavioural, emotional, cognitive or social activities that are Islamic (example: prayers, attending funerals etc.), which is measured as their remark of having faith in Allah, trust in Allah, believe in

Allah, being kind to others, taking care of others, prayers, attending funerals, making *dhikr* terms in their interviews, journals and the observation/hanging out sessions.

### **2.3.2 Loss**

Loss is *conceptually defined* as an event perceived negatively by an individual that results in long-term changes to one's relationships, cognitions and social situations (Miller & Omrazu, 1998, as cited in Murray, 2005). Loss is *operationally defined* as an individual's negative perceptions of their relationships, behaviour and social interactions after the diagnosis of cancer and seeking cancer treatment. In this study, it will be measured by their mentioning of term loss or the mentioning of something they had previously which is not there anymore, which had a life-changing negative impact on them in their interviews, journal writing and hanging out sessions.

### **2.3.3 Grief**

Grief is *conceptually defined* as an individual's internal adaptation to losses (Murray, 2005), where some patients who have lost a body part react similarly to a person who is mourning the death of a loved one (Gershfeld-Litvin, 2018). It is *operationally defined* as the behavioural, cognitive and emotional reaction and actions are taken to overcome the loss. In this study, it will be measured as their mentioning of making Dua, doing sadaqah, praying, reciting the Qur'an, or crying to overcome their loss experience in the interviews, journal writing and hanging out session.

### **2.3.4 Living with Cancer**

Living with cancer is *conceptually defined* as an individual who has been diagnosed with cancer (Canadian Cancer Society, 2018). It is *operationally defined* as an individual who has been diagnosed with any type or stage of cancer, currently under treatment, either one or all forms of cancer treatment, which includes surgery, chemotherapy and radiation.

## **2.4 LITERATURE REVIEW**

A life-threatening and the world's most feared disease, cancer (The American Cancer Society, 2003), affects an individual's overall wellbeing and experiences through different types of losses. The literature review explores some areas that affect these individuals, such as the effects of cancer and its treatment, the types of loss and grief experienced and the role of spirituality in coping with their loss and grief experiences.

### **2.4.1 The Effects of Cancer**

Studies have found different ways the cancer illness and the treatment of cancer affects the patient and their caregivers, including the physical and psychological effects of cancer. Patients with cancer experience many physical changes to their bodies, such as alopecia, constipation and dysphagia. A study conducted by De Francia et al. (2021) to find the side effects of chemotherapy on pancreatic patients recruited 207 patients with pancreatic cancer and found that 25% of female patients experienced alopecia compared to 9.5% male patients, 64.3% female patients experienced constipation compared to 40.5% male patients, while hand-foot syndrome was experienced by 42.3% female patients and 14.3% male patients.

Many other studies on the effects of cancer, such as a study by Rhoten et al. (2013) on head and neck cancer found that patients with this type of cancer go through facial disfigurement and facial asymmetry due to radiation treatment and surgery. In addition, these patients go through withdrawals toward opiates as opiates are taken as painkillers, and due to this withdrawal, absenteeism from work occurs (Rhoten et al., 2013). Another head and neck cancer study conducted by Fingeret et al. (2013) on 280 patients found that the participants had issues with their body image because they experienced speech difficulties, behavioural difficulties, cognitive difficulties and dissatisfaction with eating. Another study by Iddrisu et al. (2020) among young Ghanaian women with breast cancer found three themes, which were effects on body image, the effects of breast cancer, and the emotional effects of having breast cancer and its treatment. In the theme of effects of breast cancer, they found that some patients had difficulties in carrying out daily normal activities such as eating, walking or even drinking water due to chemotherapy and the medication that was prescribed to them (Iddrisu et.al, 2020). Patients who experienced hair loss used wigs as the loss of hair

was a huge loss experience for the patients (Iddrisu et al., 2020). One participant said, “My husband complains about the wig and said I should not wear the wig, but I cannot live without the wig, I just don’t feel comfortable at all seeing my scalp bald (YWP9)” (Iddrisu et al., 2020. p.4).

Similarly, a study by Carl-Otto Brahm et al. (2021) aimed to understand the experiences of head and neck patients after 6 months of receiving radiotherapy and tooth extraction recruited 25 patients diagnosed with head and neck cancer. They found that among these patients, some had impaired oral functioning, experienced pain, had dry mouth, had dysphagia, difficulty chewing and felt ashamed to eat in front of others (Carl-Otto Brahm et al., 2021). Some respondents of the study reported the following regarding their dry mouth experience and feelings of shame about eating in front of others. The following interview excerpts were stated by the respondents in the study of Carl-Otto Brahm et al. (2021);

My mouth feels so dry, so some nights I wake up 3-4 times and then I'm extremely tired when I have to get up. I also have nights when I only wake up once and sleep really well, and then I feel a lot better and have more patience and feel mentally better too. (Patient 2)” (p.5)

It would be best if I could eat since there are so many social aspects to that. I don't want to visit anyone and I'd rather no one came to see me either, when there is food involved and that. It does feel a bit weird; they can come to my place for a coffee, that's fine, but when it comes to food, and I can't eat, it doesn't feel great. (Patient 16) (p.5).

Therefore, based on this research, it can be concluded that patients with cancer experience several physical effects of the disease and its treatment such as alopecia, constipation, facial disfigurement and difficulty in consuming food to name a few.

In addition to the physical effects experienced by patients with cancer, some of the psychological effects experienced include negative emotions such as sadness, self-blaming, body image issues and loss experiences. A study was conducted to find how Islamic-based practice therapy brought psychological alterations before and after applying it (Komariah, 2021). This study recruited 20 Muslim patients with breast cancer who were in chemotherapy and used semi-structured interviews to find the effects of the Islamic-based practice therapy on them (Komariah, 2021). The findings of the research generated four themes before the application of the Islamic-based practices, which were (i) living with a new body, (ii) feeling sad, (iii) self-blaming and

(iv) fear and uncertainty, in comparison to the results they achieved after applying the Islamic-based practice approach (Komariah, 2021).

Similarly, Brederecke et al. (2021) conducted a study with 531 participants to measure the body image perception of cancer patients with different types of cancers. By using a German self-image scale, the researchers found that regardless of gender, the patients with cancer scored lower in satisfaction with body image in comparison to the general population (Brederecke et al., 2021). Similar body image dissatisfaction among survivors of cancer were found as an effect of the disease in the secondary data analysis conducted by DeFrank et al. (2007) utilising an American cancer survey. A total of 399 respondents were utilised throughout the combined studies, out of which 165 participants were male cancer survivors and 234 female cancer survivors (DeFrank et al., 2007). From the analysis, they found that 54% of female cancer survivors and 34% of male cancer survivors most disliked response was 'the way I look without my clothes', while the second most disliked response was 'my body is sexually appealing' by 36% females and 29% males, 31% females and 23% males disliked their physique while 16% females and 11% males thinks they are physically unattractive (DeFrank et al., 2007).

In addition to the above-mentioned studies, Bakht and Najafi (2010) explored the comparison between healthy women and patients with breast cancer on the relationship between sexual dysfunctions and body image. The patients with cancer had a mastectomy of at least one of their breasts along with completing cycles of chemotherapy (Bakht & Najafi, 2010). They used 20 participants to compare both groups and completed two administered questionnaires known as the Multiple Body Self Relationships Questionnaire and Female Sexual Index (Bakht & Najafi, 2010). Though overall sexual functioning score had no significant difference between the groups, the subscales of satisfaction and pain, sexual desire and sexual arousal showed statistical significance between the groups, where the group with the cancer patients scored lower in all the subscales, along with scoring lower in body image compared to the healthy women group (Bakht & Najafi, 2010). A study by Iddrisu et al. (2020), under the theme of emotional effects of breast cancer patients on the diagnosis and the treatment of cancer, found that the patients experienced shock, fear, sadness and even spent days crying. The interview excerpts given in the study by Iddrisu et al. (2020) support that the patients experienced deep sadness.

... I cried, I cried to the extent that all the nurses came to surround me. Oh, I never thought I could get breast cancer one day, not at all, that is the last thing to cross my mind. I never thought of it so I was shocked and sad (YWP9) (p.5)

Furthermore, Willig and Wirth (2018) found four themes: trauma, liminality, holding on to life, and life as a cancer patient, in the meta-analysis of 23 phenomenological studies published between 2011 and 2016. All these studies had a common theme of loss experiences that patients go through, such as loss of identity (Fingeret et al., 2013), economic loss, and loss of social interactions (Rhoten et al., 2013). These studies also suggest that patients make arrangements to cope with future scenarios, thinking positively and engaging in spirituality (Willig & Wirth, 2018). Based on this research, it can be concluded that patients with cancer experience several psychological effects, such as feelings of distress, fear, uncertainty, self-blaming, body image issues and loss.

#### **2.4.2 The Loss and Grief Experience**

Loss is a common term individual in daily life experience as loss occurs on a daily basis. A minor loss, like 'I lost my pen', to a significant loss, 'I lost my dad yesterday', are some commonly heard statements on a daily basis. Both statements use the term 'lost'. Losing the pen could be described as a mere nuisance whilst losing a father could cause distress. Therefore, could losing something be identified as a 'loss'? Based on these two different experiences of loss statements, a question is whether 'loss' has a deeper meaning than just causing nuisance or distress.

To answer this, Murray (2005) suggested that loss can be identified as a change that takes place in one's life. Any adverse life event that alters the life of the individual and changes that he or she experiences is considered as experiencing loss (Murray, 2005). Loss is an experience that occurs from the beginning of life till death; it is a universal experience that humans experience throughout their life, either by separation, being without or deprived of an object that holds a deep connection and meaning to oneself (Goldberg, 1985). As change is inevitable, the altering event needs to be perceived adversely to bring about a loss (Murray, 2005). Therefore, the event requires interpretations and when the personal interpretation of the event begins, the process of making adjustments to the interpretations starts (Murray, 2005). Based on this

understanding, loss represents a process rather than an event that an individual goes through to cope or to deal with an adverse life event (Murray, 2016). Therefore, the loss can be conceptualised as a negatively perceived event by an individual, which results in long-term changes to one's relationships, cognitions and social situations (Miller Omrazu as cited in Murray, 2005).

When an individual experiences loss, the individual displays different symptoms, and grief is the individual's reaction to loss (Murray, 2005; Hall, 2014). Similarly, Stroebe et al. (2001) defined grief as a physical and psychological manifestation of a loss experience. Therefore, grief can be conceptualised as an individual's internal adaptations to losses (Murray, 2005). This internal adaptation of an individual occurs through different coping strategies. Some utilise modern methods, such as counselling, while others refer to religious acts to cope with grief. To understand an individual's grief process, it is vital to understand the types of losses and grief an individual may experience.

#### ***2.4.2.1 Types of Losses Experienced by Cancer Patients***

##### ***2.4.2.1.1 Primary Loss***

When a loved one dies, the loss of the loved one is considered the primary loss for the mourning family members and friends (Rando, 1993). Similarly, for a cancer patient, the loss of a body part can have similar feeling of mourning similar to the death of a loved one. Cancer patients who have undergone amputation of a limb or a body part have similar grieving experiences as a bereaving person (Maguire & Parkes, 1998). This claim was supported by Parkes (1975) in a comparative study conducted to find the reaction for an individual's loss of limb and the loss experiences of a spouse. The study recruited 46 amputees and 21 widows, and the results showed similarities to the way both groups reacted to their loss experience (Parkes, 1975). The study by Taze and Kanan (2019) on the experiences of women after their breast cancer surgery found that their participants had similar initial reactions to loss such as 'shock', 'blaming others' (which are similar reactions to the mourning individuals) and 'deterioration of body image'. Another study by Drageset, Lindstorm and Ellingsen (2018) found that women with mastectomy surgery went for reconstruction surgery as a mechanism to deal with body image issue and cope with the loss of femininity. A qualitative study found that

some women who underwent mastectomy due to breast cancer mourned for the loss of the breast (Gershfeld-Litvin, 2018). From the 18 respondents of the study, two women who mourned the loss of their body part in the study by Gershfeld-Litvin (2018) said the following statements;

Two weeks after the surgery, when there was no one at home, I started to cry. I felt like, ok, now I can cry. I felt like I was mourning, I cried for a week. I think that the Jewish practice of a week of mourning is very smart. My husband was hysterical –why are you crying? Maybe you need medication? He wanted to get me medication and I said listen, I’m mourning right now. I’m mourning over my body and something that will never be the same as before . . . mourning an innocence that I had and will never have again. I want to mourn, so leave me alone . . . It was hard for them to understand, but gradually, it passed, and a week later, I felt like I had closed a door and could move on. (Holly) (p. 12)

I think I was mourning the loss of a part of my body. I cried, I was angry, I couldn’t believe it, and I slowly began to accept it. I don’t think you can have an amputation and wake up the next morning and say, “lovely, let’s move on from here”. It was certainly an experience of bereavement. On the other hand, I’m the kind of person that has to do something with myself so on the days after the amputation, I immediately began to plan how I would move on. (Ruth) (p. 12)

#### 2.4.2.1.2 Secondary Losses and Multiple Losses

Patients with cancer experience different and many forms of losses. A secondary loss is any loss that occurs in addition to the primary loss of the grieving individual (Murray 2005; Stroebe & Schut, 2016). For example, when a husband dies, the wife has to take up the role of the husband to financially support the family or take care of the bills that has to be paid on time, which was previously taken cared of by the husband, and here, she may be experiencing financial insecurity and financial loss (Murray, 2016). Similarly, a female cancer patient who had to undergo mastectomy may experience loss of beauty in addition to the loss of one or both breast(s), similar to a cancer patient who had to amputate one of their limbs may experience loss of job due to loss of the limb.

Cancer patients experience more than one form of loss, they are confronted with a range of losses, including loss of energy, loss of independence and loss of control over the body (Willig & Wirth, 2018). A study on effects of chemotherapy on breast cancer women stated that the patients who have undergone mastectomy experienced irregular menses, infertility and weakening of the femininity, which results in multiple losses

(Silva as cited in Carvalho et al., 2016). Similarly, Drageset et al., (2018) also found that the cancer patients experienced disruptions in their social roles creating loss of social interactions, loss of energy and negative impact on work creating loss of work. A study by Hottensen (2010) on patients with cancer (terminal illness) found that the patients experienced multiple losses, such as loss of identity, loss of role definition and loss of functioning during the patient's illness and were more likely to manifest anticipatory grief as a response to the multiple losses. A study conducted by Zaider et al., (2012) with 75 male patients with prostate cancer used the Prostate Health- Related Quality –of-Life Questionnaire to measure the quality of life of the patients and found that they were psychologically affected and one third of the sample felt loss of masculinity post treatment. This loss of masculinity had an effect on their perception on sexuality, leading to loss of identity and loss of self besides being distressed over their changed perception of sexuality, which further led to the change of roles (Zaider et al., 2012). A clinical observation study by Fischer et al. (2014) with 104 terminally ill patients with cancer found that the changes in taste (xerostomia and the orofacial) and pain affected the social interaction of the patients as they were unable to talk properly due to pain, which supports the concept of loss of social life of patients with cancer.

#### 2.4.2.1.3 Ambiguous Loss

Loss experiences of individuals that are unclear and caused by external factors, such as illness and war, is known as ambiguous loss (Goldberg, 1985). According to Boss (2010), there are two forms of ambiguous loss. The first type of ambiguous loss is the form in which the lost of loved one physical absence occurs but the psychological presence is experienced by the grieving individuals. As mentioned by Goldberg (1985), this form of ambiguous loss occurs during wars or a loved one goes missing. For example, when a loved one goes missing and the body is not found, the family members keep hope of the loved one being found and returned to them. The second form of ambiguous loss as mentioned by Boss (2010) is when the grieving individual experiences the physical presence of the loved one but experiences the psychological absence of the loved one. As mentioned by Goldberg (1985) and further supported by Boss (2010), this form of ambiguous loss occurs when the loved one is experiencing terminal illnesses. For example, when a person gets diagnosed with a terminal illness

such as cancer, the cancer patient is physically present in front of the family members and other loved ones but the patient is not psychologically available for the family members as the patient is occupied with their own experiences of illness and at times, they are “no longer as they once were” (Boss & Couden, 2002, p.1352).

For ambiguous loss, being an unclear form of loss, the uncertainty hinders or ceases the process of coping for grieving. As it is unclear, at times, friends and neighbours are unclear on the way they are supposed to react to the grieving person (Boss, 2010). For example, when a person is diagnosed with cancer, some friends and family members do not know how they should react to the patient, as cancer is a terminal illness and the patient may die due to the illness, or it is unclear to them how long the patient will survive. The study of Sajjadi et al. (2016) on the lived experiences of Iranian cancer patients found that the “illness uncertainty” that was experienced by the eight participants of the study occurred due to ‘unknown future’ which is one of the themes of their findings and the coping method used to manage this ‘illness uncertainty’ was through ‘seeking knowledge’ and ‘need for spiritual peace’ which are two themes found in coping strategies used by patients.

In a research conducted by Hillegas (2012) to explore the parental perspectives of ambiguous loss experiences of families during serious illness of children, eight families with a child being hospitalised for an extended period of time were recruited, and three major themes were found through the interviews conducted. From these themes, the subthemes suggest that the families experienced ambiguous loss that stemmed from ambiguous absence (which is the absence of the respondent of the research, in this case the mother, and the patient themselves for an unknown period of time), requiring the family system to make necessary adjustments in restructuring the family (Hillegas, 2012).

To support the claims that patients, caregivers and families experience ambiguous loss, Weiss et al., (2023) synthesised qualitative studies for the exploration of the caregivers of patients with cancer for the manifestation of lived experiences of ambiguous loss. This meta synthesis of qualitative research used three different data bases from the year 2008 to 2021 and a total of 14 manuscripts were analysed using a qualitative analysis tool for thematic analysis (Weiss et al., 2023). Through this analysis, five themes were identified, out of which, uncertainty in reconciling losses and

disenfranchised grief were two themes identified (Weiss et al., 2023). These themes supported that ambiguous loss takes place among family caregivers of cancer patients.

#### 2.4.2.1.4 Disenfranchised Grief

Disenfranchised grief is when an individual is grieving but the society does not allow the individual to grieve properly (Doka, 1989). For an example, patients with HIV experience disenfranchised grieving as society does not accept their loss, similarly, for some cancer patients, the loss of health or the loss of their body part due to surgery, may not be able to grieve due to society not allowing the patient to grieve. The systematic review conducted by Larkin et al. (2022) on stigmatisation related to prostate cancer patients used 2,295 participants from the identified studies. From the 18 studies that were included in the review, the scale of felt or perceived stigma was evaluated by 11 studies while self-stigma or internalised stigma was evaluated by four studies, and the domain of more than one form of stigma was evaluated by three studies (Larkin et al., 2022). In a longitudinal case study that conducted five interviews with a 30-year-old male hospitalised for terminal illness in intervals of 6 weeks and 8 weeks, found in the patient narrative that the he felt castrated, assimilating the disenfranchised grief and the role of the sick (Gabay, 2021).

This experience of disenfranchised grief was supported in another study of female cancer patients who have experienced the loss of a limb such as loss of a breast as an ambiguous loss, even if the reconstruction surgery of the breast was done (Gershfeld-Litvin, 2018). Sexual intimacy and loss experiences of sexual intimacy are another form of loss that are disenfranchised to grieve by society. Survivors of breast cancer also experience sexual difficulties or loss of sexual desire due to different cancer treatments they have undergone, and these altered sexual schemas or side effects on sexual intimacy affects the survivor's quality of life that results in a sense of intense deep loss, which is not appreciated or acknowledged by the intimate partners, friends or family (Pillai-Friedman & Ashline, 2014). Hence, this ambiguous loss experience of the survivors become a disenfranchised grief as the loss experience cannot be openly acknowledged, socially sanctioned or mourned publicly (Pillai-Friedman & Ashline, 2014).

#### 2.4.2.1.5 Anticipatory Grief

It is stated that some cancer patients experience anticipatory grief, which is also known as premature grief or preparatory grief in which the individual experiencing anticipatory grief go through emotional responses of mourning, making adjustments to life and develop coping mechanism for an impending loss or for a perceived future loss (Shore et al., 2016). Anticipatory grief is known to be an unconscious process of an individual when confronted with an event or incident that threatens stability, commonly by receiving a life-threatening diagnosis like cancer (Shore et al., 2016).

In an explorative study of anticipatory grief among cancer patients with advanced cancer, seven patients were recruited from a hospice, where the participants attended focus group discussions and interviews to express and discuss the personal experience of this terminal illness related to anticipatory grieving (Cheng et al., 2009). The results found interrelated themes of subjective experience and experience of the family related to anticipatory grief (Cheng et al., 2009). The subjective experience theme was related to multiple losses, death, and resistance to death, while the experience of the family in anticipatory grief theme were related to patterns of family interactions and interpersonal processes (Cheng et al., 2009). In one of the interviews, a participant expresses the anticipatory grieving she is experiencing (Cheng et al., 2009).

I must not die, I told myself I must stand firm. I must not allow myself such a short life...’ She grieved in anticipation of missing her daughter’s future and lamented for what she ‘won’t see’: ‘if I didn’t persevere to maintain my present mood... I’d have a very short life, I won’t see my daughter, I won’t see her and I won’t know if she learns to misbehave (p.6).

It further states the respondent’s wishful thinking along with the possibility of death or the anticipatory grief (Cheng et al, 2009).

The doctor said it would be more than a year, but I think perhaps it’s more than that, perhaps I have five to six years.’... ‘At least to have ten more years for myself. She is fourteen now... ten years later she would be twenty-four, things should be stable by then. I would be fifty by that time, and I wouldn’t be young anymore, so it would be normal (to die) right? (p.6).

In another case study conducted by Hottenson (2010), a 59-year-old patient with advanced lung cancer experienced several emotions of reactions such as anxiousness and sleeplessness as she was anticipating the arrival of her grandchild and

the graduation of her son, but now was grieving as she perceives that she will not live to witness these events. Furthermore, Al-Gamal and Long (2010) conducted a study to explore the anticipatory grief experiences between two groups of parents whose children were diagnosed with cancer. The first group were parents of children who were newly diagnosed with cancer and the second group were parents whose children received a cancer diagnosis 6-12 months prior to the newly diagnosed children (Al-Gamal & Long, 2010). The results between the groups found that in the anticipatory grief experiences, all the parents of newly diagnosed children with cancer longed for the life before the cancer diagnosis, while 80% of the second group longed for the life before the cancer diagnosis, from the 'MM-CGI Childhood Cancer' instrument that measure anticipatory grief from three subscales (Al-Gamal et al. 2009 as cited in Al-Gamal & Long, 2010). In addition, 98.6% of parents with newly diagnosed children wished it was all a dream while 84.3% of the second group of parents wished it was all a dream.

#### **2.4.3 Role of Spirituality in Dealing with Loss and Grief**

Spirituality is one of the means for patients with cancer to manage their feelings of loneliness, fear and despair during cancer treatment (Surbone & Baider, 2010). In addition, Willig and Wirth (2018) in their meta-analysis found patients engaging in spirituality as a method of coping. Although this is the case, different people have different interpretations of what spirituality means (Rahnama et al., 2012). A person's age, race, culture, sex, stage of life and past experiences affects one's expression of spirituality (Sheehan, 2005). As there is no specific and clear definition of spirituality (Rahnama et al., 2012), researchers have different views on the definitions of spirituality and religiosity (Basri et al, 2015). Some researchers believe religiosity and spirituality are two different concepts whereas others believe that religiosity and spirituality have the same meaning (Basri et al., 2015). Spirituality can be conceptualised as a person's attachment to a higher being (Wong & Yau, 2010). From an Islamic context, it can be conceptualised as a relationship an individual has with Allah that affects the individual's sense of meaning, self-worth, connectedness with nature and others (Nasr, 2008), while religiosity could be defined as "a shared system of organised beliefs and practices involving a higher power" (Basri et al., 2015, p.3).

Though there is a dichotomy between religiosity and spirituality among researchers, spirituality is viewed as an inner dimension of Islam (Basri et al., 2015). According to Islam, the prescribed religious acts and rituals such as prayers are the essence of spirituality that provides the roadmap in life and to live with as a continuous relationship with God (Ahmad et al. as cited in Basri et al., 2015). Hatamipour et al. (2015) defined spirituality as an attachment to God, and conducted a qualitative study to identify the spiritual needs of patients with cancer in Iran, by using 18 patients with cancer ( $n=9$  men,  $n=9$  women) who were referred to the ‘Cancer Institute of Imam Khomeini Hospital in Tehran’. Semi-structured interviews were conducted with the interviewees and through content analysis of the data, four main themes were established: (1) connection - connection with others and God, (2) seeking peace - participants wish to have peace, (3) meaning and purpose - have a meaning and purpose of life, (4) transcendence - communicating with God (Hatamipour et al., 2015). The research had an emphasis on spirituality as a need for patients with cancer, similar to other basic needs, and they described the role of nurses and caretakers to address and fulfil this need.

James and Wells (2003) developed a cognitive-behavioural framework on how religion may affect mental health of patients and described two methods in which religion play a role in regulating oneself. Firstly, religion guides life events, finding meaning in stressful events of life and helps in gaining more control and predictability of life events, and secondly, religion gives the opportunity for self-regulation – opportunities provided for self-regulation through direct thoughts and actions of the individual (James & Wells, 2003). Furthermore, James and Wells (2003) emphasised that religion gives the opportunity for religious coping as: (i) a primary coping (effort made by the individual to change the situation through acts of praying to a divine power), (ii) secondary coping (changing own self to adapt to the situation through cognitive reframing and accepting that it is God’s will). Other studies on patients with serious disease found that patients with high spiritual involvement were less distressed, had a better quality of life, experienced better psychological wellbeing and were able to adjust to the illness compared to patients with low levels of spiritual involvement (Riley et al., 1998).

According to Stanton, Danoff-Burg and Huggins (2002), increase in religiosity is associated with an increase in hopefulness. A one-year study that recruited women

who were recently diagnosed with breast cancer found that religious coping was associated with better psychological adjustment among the women who initially got a low score on hope. For women with breast cancer, faith played one of the main factors to cope with the disease (Carvalho et al., 2016). Faith is defined by Cambridge University Press (2019) as a “strong belief in the doctrines of a religion, based on spiritual conviction rather than proof” (para. 4). Faith provided strength and promoted mental relief to the suffering faced during the treatment (Carvalho et al., 2016). In addition to the above-mentioned studies on spirituality and religiosity, a clinical randomised study to find the effectiveness of Qur’anic recitations on anxiety in haemodialysis patients assigned 60 patients to experimental and control groups, where the experimental group was asked to listen to the traditional Qur’anic cantillation while no intervention was received by the control group (Babamohamadi et al., 2015). The researchers found that Qur’anic recitation was effective in reducing anxiety in the experimental group (Babamohamadi et al., 2015). Similarly, Rasheed (2019) reported that in Pakistan, doctors have been playing surah ‘Al Rehman’ from the Qur’an, in the Intensive Care Unit, three times a day. Doctors found that patients suffering from and seeking treatment for hepatitis, cancer, and attempted suicide, increased their recovery speed and the patients fully recovered from their illness (Rasheed, 2019). A study conducted in Malaysia by Kassim et al. (2022) on female cancer survivors to find the spirituality and resilience concepts, came up with six themes, and one of the themes was spiritual strengthening, in which the participants’ conceptualisation of resilience were enhanced through spiritual strengthening. One of the participants shared the following in the Kassim et al. (2022) study;

That is wrong. Actually, or me, we have to believe that this is the test from Allah for us. He is not wrong. Right. So, we have to not only be redho (accept), but we still have to put some effort. (Sharifah/Transcript Interview1 Line 372-374) (p.51).

Furthermore, Asghari and Arabi (2019) in their study that was conducted by recruiting 15 cancer patients to investigate the acceptance of illness in terminally ill patients, found that even if the patients questioned why they got the disease and perceived that the disease was a punishment sent on to them by their creator, they seek comfort from a higher power as they accepted their illness and surrendered to the loss experience they were having, believing that a powerful force was controlling their situation and status of life. Similarly, in the exploratory and hermeneutic qualitative

design study by Ueland et al. (2018) that recruited nine cancer patients to understand extensional longingness of people suffering from disease, found the same comfort from a higher power when the patients were feeling despair and yearned for their life before the disease. These patients believed that life is a test and there is a divine power that controls everything that happens in their life, and the ultimate fulfilment is achieved through the relationship they build with nature, gratitude and the desire they have for the peace and tranquillity with their God.

This comfort that the patients seek through a higher power is supported by many other studies. A study conducted by Shilling et al. (2017) who recruited 40 cancer patients and caregivers' dyads to understand and explore how the cancer impacted their life, found that older patients were more accepting of their illness and sought comfort from a higher power as they engaged in spiritual acts such as praying to seek relief to their feelings of uncertainty, loss of control and feelings of yearning to get back the normal life they used to have. In addition, Cai et al. (2020) recruited 16 non-religious parents who had terminally ill children but engaged in spiritual acts such as praying to a higher power, found the respondents reporting that religious acts were helpful to cope with their loss experiences, and while they received religious support, it was comforting to pray. Furthermore, the respondents also reported that they believe in a supreme power (Cai et al., 2020).

Another qualitative study by Raju and Reddy (2018) used 31 participants with glioblastoma to find the perspectives on death and dying among patients with the disease found that patients believed in God and believed that death is inevitable, even though they had feelings of sadness, nervousness, worry and fear. The participants also engaged in spiritual acts of praying to a higher power, spent time with their loved ones such as family and friends, along with fulfilling their daily wishes (Raju & Reddy, 2018). The participants of the study seek comfort through a higher power as they prepared for their death, as they completed their unfinished business such as writing their will and children's marriage. Therefore, based on these studies, it could be concluded that spirituality and religiosity play a vital role in dealing with people's pain, loss, grief and recovery of health.

James and Wells (2003) claimed that religion guided life events and found meaning in stressful events of life and helped to gain more control and predictability of

life events through Islam and examined the Islamic religious scriptures and found that the Qur'an speaks of loss and grief. It has been revealed in the Qur'an that life will be tested by Allah through experiences of loss and grief, and to overcome or cope with these calamities or the loss experiences, the following Qur'anic verses support this. The following verses are taken from the English translation of the Quran by Ali, The Holy Qur'an (M. S. Ali, trans, 2003);

وَلَنَبْلُوَنَّكُمْ بِشَيْءٍ مِّنَ الْخَوْفِ وَالْجُوعِ وَنَقْصٍ مِّنَ الْأَمْوَالِ وَالْأَنْفُسِ وَالثَّمَرَاتِ ۗ وَبَشِّرِ الصَّابِرِينَ

And we will try you with something of fear and hunger, and loss of wealth and lives, and fruits; but give glad tidings to the patient (The Holy Qur'an 2:155).

الَّذِينَ إِذَا أَصَابَتْهُمُ مُصِيبَةٌ قَالُوا إِنَّا لِلَّهِ وَإِنَّا إِلَيْهِ رَاجِعُونَ

Who, when a misfortune overtakes them, say, 'Surely, to Allah we belong and to Him shall we return (The Holy Qur'an 2:156).

Furthermore, Allah does not let a person go through difficulties that they could not bear. To get over with the pain and the loss and hardship, Allah says in the Quran:

لَا يُكَلِّفُ اللَّهُ نَفْسًا إِلَّا وُسْعَهَا

Allah burdens not any soul beyond its capacity (The Holy Qur'an 2:286).

Allah reveals in the Quran to pray to Allah to find solace for the aching heart.

يَا أَيُّهَا الَّذِينَ آمَنُوا اسْتَعِينُوا بِالصَّبْرِ وَالصَّلَاةِ ۚ إِنَّ اللَّهَ مَعَ الصَّابِرِينَ

O ye who believe! seek help with patience and Prayer; surely, Allah is with the steadfast (The Holy Qur'an 2:154).

Furthermore, in the Qur'an, Allah has revealed that after every hardship, ease will be found, giving solace and hope to the believers, through the following verses:

إِنَّ مَعَ الْعُسْرِ يُسْرًا ۚ فَإِنَّ مَعَ الْعُسْرِ يُسْرًا

Surely there is ease after hardship. *Aye*, surely there is ease after hardship (The Holy Qur'an 94:5 & 6).

By exploring and examining the verses in the Qur'an, it can be concluded that an individual's loss and grief experience is a test that has been bestowed upon the person by Allah, and that hardship, pain, fear or difficulty come to a person without the will of Allah. However, hope is there, as after every hardship, ease is found through patience, praying and remembrance of Allah. Therefore, it is crucial to scientifically understand

how these coping strategies help an individual overcome the loss and grief experiences when they are terminally ill.

## **2.5 CHAPTER SUMMARY**

In conclusion, this chapter has examined the theoretical framework that plays as the foundation in the development of an Islamic-spiritual framework for this study. The theoretical suggestions by Kubler-Ross in the five-stage model of bereavement speaks about the stages a grieving individual experiences, from denial, anger, bargaining, depression, and acceptance as a way of coping with the loss experience. Later, a new stage, which is the sixth stage of grieving, was included to this five-stage model of Kubler-Ross by David Kessler in 2019, known as making meaning – making meaning of the loss experience as a method of coping with the loss.

The Dual Process Model (DPM) of Stroebe and Schut holds a different view as they disregard the stages of grief as explained by Kubler-Ross. It states that it lacks empirical backing and suggested that a grieving individual uses a process called oscillation that helps the individual to cope with loss orientation dimension – which is concentrated on the associations with loss experience related to the loved one, by taking some time off and moving towards the restoration orientation- which is concentrated on the new roles the grieving individual has to play and other activities associated with moving on. Similar to the stages of the theory, a new component or a concept known as stress overload was added to the Dual Process Model (DPM) which acknowledges the overwhelming experiences an individual has to undergo with the two stressors of loss orientation and restoration orientation, and also other health related issues that they may be experiencing.

The literature review supports that an individual experiencing a cancer diagnosis and going through cancer treatment have several physical and psychological effects of the disease such as alopecia, low body image, constipation, feelings of sadness, fear, and anxiety. The literature review also suggests that these cancer patients experience different forms of loss and grief, from having primary loss experiences, secondary losses, multiple loss experiences, ambiguous loss experiences to having disenfranchised and anticipatory grief experiences.

In addition, many studies support that spirituality play a vital role in coping with the loss and grief experiences, either through having feelings of comfort from a higher power or by engaging in spiritual acts such as praying. The review of some Islamic scripts also suggests that Allah tests human beings through loss and grief, and through acts of worship such as prayers and patience, where Allah gives solace to the grieving hearts.



# CHAPTER THREE

## METHODOLOGY

### 3.1 INTRODUCTION

Grounded Theory (GT) is a structured, well organised, planned but flexible methodology (Chun Tie, Birks & Francis, 2019) which allows it to be used in explaining phenomenons, examine experiences, understand events, actions and processes (Glaser & Strauss, 1967). The main goal of Grounded Theory (GT) is to construct an explanatory theory by uncovering the inherent process of the area that is being inquired (Chun Tie et al., 2019). The main characteristic of Grounded Theory (GT) is grounded in data generating theory (Chun Tie et al., 2019). There are many types of Grounded Theory (GT), and the two main types of Grounded Theory (GT) are known as the classical and the Straussian model of the Grounded Theory (GT) The classical Grounded Theory (GT) was developed by Glaser and Strauss (1967) and it was later refined by Strauss in (1987) to which further work was done in 1990 by Corbin and Strauss.

#### 3.1.1 Classical Grounded Theory

The classical Grounded Theory (GT) emerged from Barney G. Glaser and Anselm L. Strauss work in the early 1960's in the United States when they observed dying patients in hospitals and with the publication of their book, "The Discovery of Grounded Theory (1967)" (Charmaz, 2006). Glaser and Strauss identified the nurse's involvement with terminally ill patients, and nurses' acknowledgements of death and dying process of these terminally ill patients, through careful analysis of the extended conversations held with the nurses and patients along with the analysis of preliminary observation note made in several hospital settings (Charmaz, 2006).

The Discovery of Grounded Theory book was the first to articulate and to advocate on developing theories from research that is grounded in data rather than adopting the deductive method of testing hypothesis that is derived from already existing theories (Charmaz, 2006). Glaser and Strauss (1967) emphasised on

constructing abstract theoretical explanations on the social process as systematic qualitative analysis had its own logic in generating theories.

When conducting Grounded Theory (GT) studies, Charmaz (2006, p 5, 6) suggested researchers to follow the defining components of Grounded Theory (GT) given below to control the research process and to increase the researchers analytical power:

1. Data collection and analysis has to be simultaneously carried out (p.5)
2. Analytic codes, categories must be constructed from data and not from any preconceived logically deductible hypothesis (p.5).
3. Constant comparison should be done, which is making comparisons at each stage of analysis (p.5)
4. Theory development and advancing of theory should be done at each step of data collection and analysis (p.6)
5. Memo writing needs to be included to elaborate the identified categories, to specify or explain the properties or characteristics of the categories, and also to define the relationships between the identified categories and to identify the gaps in categorisation (p.6)
6. The sampling is aimed towards the theory construction and not towards representation of the population (p.6)
7. Literature review needs to be conducted after developing independent analysis (p.6)

It is clear that the Grounded Theory (GT) method has flexible and systematic guidelines to collect and analyse the data for the construction of the theory that is grounded in data (Strauss & Corbin, 1998). Rather than following a formulaic rule, the guidelines give a general principle and heuristic of data collection, analysis and way of conducting a Grounded Theory (GT) study (Strauss & Corbin, 1998).

A grounded theorist engages in data analysis from the very beginning of the work and the theorist try to learn or understand what is occurring in the research setting, hence, the theorist joins with the participants of the research to understand the lives of participants (Denscombe 2010). The Grounded Theory (GT) theorists study how the

participants explain their statements and their actions, and through these explanations, the theorist try to make analytical sense (Chun Tie et al., 2019). To begin with, a Grounded Theory (GT) theorist has an openness towards what is happening in the scenes of their study, hence they engage in interviews, observation, etc (Denscombe, 2010). The data is constructed through these observations, interactions, and materials that are examined.

### **3.1.2 Straussian Grounded Theory (GT)**

Grounded Theory (GT) is an approach that evaluates belief or theories in terms of the success of its practical application (Corbin & Strauss, 1990). The theoretical rationale of GT is derived from symbolic interactions and pragmatism (Corbin & Strauss,1990). The two principals that govern the theory based on Corbin and Strauss (1990, P.5) are:

- i. Phenomena are non-static and keeps continuously changing in response to the evolving conditions surrounding it.
- ii. It is non-deterministic- There is a clear rejection of strict determinism as actors (participants) are unable to always control their destinies through the way they respond to the surrounding conditions.

To avoid the use of Grounded Theory (GT) procedures incorrectly, researchers are required to satisfy the following criteria that is suggested by Corbin and Strauss (1990) to the extent the circumstances permit. The criteria given by Corbin and Strauss (1990) are given below;

#### **1. The Process of Data Collection and Analysis**

As soon as the first data is collected, its analysis is required because it is this analysis that provides the directions for next interview or observation (Corbin & Strauss,1990, P.6).

Data collection, data analysis, and the formulation of grounded theory often take place at the same time (Backman & Kyngas, 1999, p.148).

## 2. Concepts are Basic Units of Analysis

The theorists work with conceptualisation of data instead of the raw data. The incidents, happenings and events are analysed as potential phenomena, which has conceptual labels (Corbin & Strauss,1990, p.7).

... the concepts, must be allowed to emerge during the research process. As concepts and relationships emerge from data through qualitative analysis, the researcher can use that information to decide where and how to go about gathering additional data that will further evolution of the theory (Strauss & Corbin, 1998, P.33).

## 3. Researcher must Develop the Categories and these Categories Must be Related (Corbin & Strauss,1990, p.7)

Categories are developed through the constant comparison method of data analysis, in which concepts with similar properties are grouped together to form categories (Denscombe, 2010). In this process, some concepts may not be developed as categories. Grounded Theory (GT) categories are in a higher level than concepts and the categories more abstract than the concepts they represent. The categories are developed through the constant comparison process (Corbin & Strauss,1990, p.7).

## 4. Sampling is Based on Theoretical Grounds

As the aim of Grounded Theory (GT) is not generalisability, sampling is done in terms of the dimensions, variations and characteristics of the phenomenon being examined. Hence, people who are representations of the phenomenon are selected as participants (Corbin & Strauss,1990, p.8). The consistency and representativeness of the sampling is achieved through theoretical sampling, which

... means seeking pertinent data to *develop* your emerging *theory*. The main purpose of theoretical sampling is to elaborate and refine the categories constituting your theory. You conduct theoretical sampling by sampling to develop the properties of your category(ies) until no new properties emerge (Charmaz, 2006, p.96).

## 5. Analysis of Data Must be Done by Constant Comparison Method

During data analysis, the transcribed data must be compared to check for any similarities and differences, and the emerging concepts need to be labelled appropriately, and over time, these concepts need to be compared and grouped together based on the similarities (Corbin & Strauss,1990, p.9). As mentioned by Denscombe (2010), the constant comparisons method assists the researcher to be more precise and prevents bias.

By using the constant comparative method, the researcher can never lose sight of the data, or move the analysis too far away from what is happening on the ground. It ensures that any theory developed by the research remains closely in touch with its origins in the data – that it remains ‘grounded’ in empirical reality (Denscombe, 2010, p. 116).

## 6. Any Variations or Patterns that Occur must be Reported

The data must be examined for regularity and for an understanding of where that regularity is not apparent...Finding patterns or regularities helps to give order to the data and assist with integration (Corbin & Strauss,1990, p.10).

## 7. When Developing the Theory, the Process Must be Built in It

The process of Grounded Theory (GT) has many meanings (Corbin & Strauss,1990). When an analysis of the process is done, it can mean; (i) breaking down the phenomenon that is being studied to different stages or steps, (ii) it may also include purposeful interaction or actions, which may not be progressive but it may be a change in response to the prevailing conditions (Corbin & Strauss,1990, p.10).

## 8. Theoretical Memo Writing is Part of Conducting Grounded Theory (GT) (Corbin & Strauss,1990)

Writing memos start at the beginning of coding and continues till the research ends., the use of memos assists the researcher to keep track of the questions that generates, properties of categories that evolves in the analytic process of the data (Charmaz, 2006).

9. Hypotheses about Relationships among Categories Should be Developed and Verified as Much as Possible during the Research Process (Corbin & Strauss,1990, p.11)

It is the verification process in which the hypotheses that are formed regarding the relationships among the developed categories in the data analysis are taken back to the field and revised whenever needed (Corbin & Strauss,1990).

10. A Grounded Theorist Can Work with other Researchers and not Alone (Corbin & Strauss,1990).

Testing concepts are an important component in Grounded Theory (GT), when the researcher opens up with colleagues who have the same experience in the substantive area, the scrutiny of the colleagues prevents researcher bias and increases theoretical sensitivity (Corbin & Strauss,1990).

11. No Matter how Small the Research is, One Must Analyse the Structural Conditions

It is the researcher's responsibility to show the specific links between actions, conditions and the consequences of the phenomenon being studied (Corbin & Strauss,1990). Instead of restricting the analysis to bear any immediate conditions of the central interest of the phenomenon, it is essential to bring in the broader conditions that affect the phenomenon such as political trends, cultural values, social movements and so on (Corbin & Strauss,1990). Instead of just listing broader conditions of the phenomenon as background information for further understanding, it is useful to think about the structural conditions of the phenomenon being studied (Corbin & Strauss,1990).

### **3.2 RESEARCH DESIGN**

Qualitative research by using the Straussian Grounded Theory (GT) method is adopted for this study. In-depth interviews, participant observation / hanging out, and diary entries are used for data collection. The Straussian Grounded Theory (GT) enables the

development of a substantive theory (Merriam & Tisdell, 2016). The substantive theory has specific everyday situations such as dealing with grief (Merriam & Tisdell, 2016).

### **3.2.1 Research Process**

It is essential for researchers to have a well-executed outline of the study along with a concrete understanding of the process of the research (Chun Tie et al., 2019). The research process guides the researcher towards examining the possible avenues to understand the phenomenon (Corbin & Strauss, 1990). Though there is flexibility in Grounded Theory (GT) for data collection, if the researcher stretches this flexibility too far, rigor of the study may be compromised, hence Grounded Theory (GT) offer specific procedures to follow for data collection and data analysis (Corbin & Strauss, 1990). The proposed procedure to follow by Corbin and Strauss (1990) are given below;

- i. Data collection and analysis of data are an interrelated process. This indicates the analysis of the data begins with the very first bit of data collection.
- ii. Analysis begins with the first bit of data being collected. This is important because;
  - a. It directs the next interview and observation.
  - b. Helps to prevent missing out on salient information.
  - c. It provides cues.
  - d. Helps to incorporate all relevant issues for the next interview and observation.
- iii. Systematic and sequential process of data collection enables the research process to include any potential aspects relevant to the topic as soon as it gets perceived.
- iv. The research process is a guide for the researcher to examine all possible avenues to understand the topic being researched.

When conducting a Grounded Theory (GT) study, its process is nonlinear, iterative, and recursive, hence, Figure 3.1 below show a summary of the process and methods utilised by the researcher for the study in generating Grounded Theory (GT) (Chun Tie et al.,

2019). In this study, the researcher actively engaged in the data analysis process as soon as the first bit of data was collected and the researcher engaged in interviews and observations/hanging out sessions with the participants to understand the lives of the participants. The suggested research process was followed by the researcher as collection of data was none linear and for some participants the interview was conducted first while for others the observation/hanging out took place first. This also gave the opportunity for the researcher to clarify any information that was missing from the interviews during the observation/hanging out sessions and vice – versa. The researcher also adhered to these fundamental guidelines proposed by the theorist by analysing the data through constant comparative method and maintaining memo writing throughout the data analysis process.



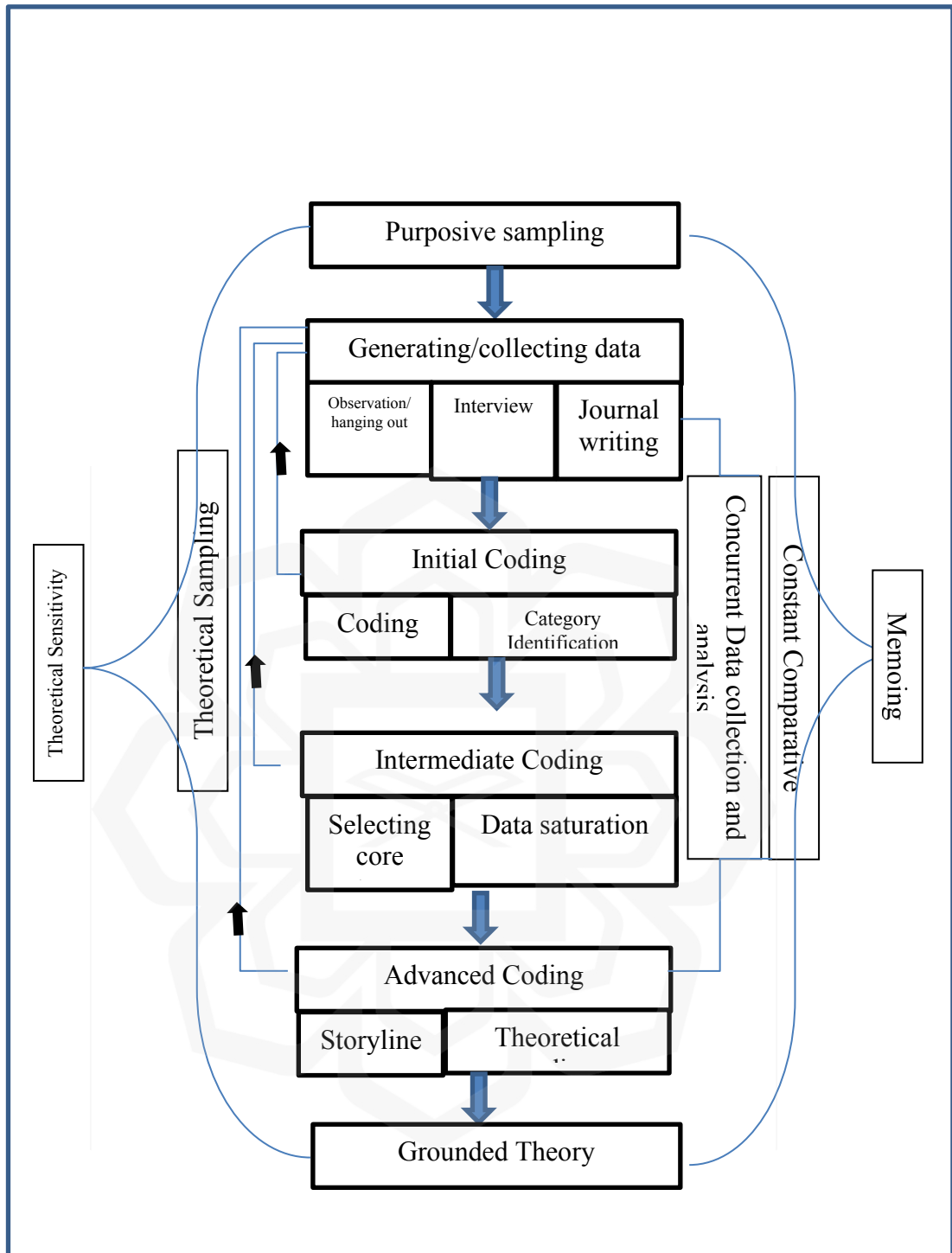


Figure 3.1 The Research Process Used for this Study

### 3.2.2 Researchers Position

In 2014, the researcher's mother was diagnosed with stage 3 Supraglottis cancer. The diagnosis of a terminal illness, with few or no literature available on Maldivian cancer

patients, left the researcher clueless. Studying for a master's degree, the researcher had to leave the studies behind and join her mother in her treatment. With a counselling background and experience, the researcher took the role of comforter and primary caregiver for her mother. During this period, just 4 months from the time of diagnosis to the end of treatment, the researcher intensively searched for psychological help and testimonials of other cancer survivors who could give any form of psychosocial support. To her dismay, she found none from Maldives. As she was accompanying her mother to the hospital visits daily for the radiation treatment and chemotherapy, she met many Maldivians seeking treatment for cancer. This led the researcher to initiate conversation with these patients and caretakers. The researcher often asked about how these patients were maintaining their mental wellness and how they were getting psychological support. In this process, the researcher realised that there was no official or unofficial form of psychological help provided to any of these cancer patients and their families. The patients also said that they seek 'Sabr' and 'Wagiya' from Allah SWT.

With the help and assistance from her lecturers and colleagues at that time, the researcher took care of her own mental wellness. But the researcher could not offer the same help to her mother as there was no cancer support group available. This broke her from within and the researcher decided that she will do something for the cancer patients and the caretakers, which led her to contact one of the founding members of the Cancer Society of Maldives (CSM), who happened to be a cancer survivor and someone the researcher personally knew. This connection led her to provide her assistance to create the very first cancer support group of Maldives. A meeting was planned with Cancer Society of Maldives (CSM) to discuss on what type of group Maldives needs to create to help the cancer patients, cancer survivors and the family members of these patients. After this important discussion, an open self-help cancer support group was born. This added to the victory of the researcher who was desperately willing to provide her expertise to help others. But as everything has its own challenges this group also had a huge challenge of not having enough members to attend the meetings. At days there would be only three members, and this would demotivate the very few members who attended, and every day they would have the same question, "what will it take for others to join?" Or "why aren't they coming?" Or "aren't we wasting our time." As days passed by, members of the group increased and simultaneously created an online platform of the cancer support group in the form of a Viber group, which started to have members

across the country and abroad. The Viber group also included patients, survivors and caretakers. For more than two years, the researcher was constantly in the Viber group and actively involved in physical meetings and individual counselling. The researcher was involved in providing individual face-to-face counselling and through Viber for members who asked for such help. The Viber group now has more than 200 members.

During these meetings, the researcher observed, experienced and realised that a lot of cancer patients, survivors and caretakers spoke on how their spiritual aspects has changed after receiving the cancer diagnosis, how the diagnosis and treatment has helped them to have a positive attitude and cope with the losses they have experienced due to the diagnosis and its treatment. In addition, the researcher's personal experiences during her mother's cancer treatment also added to this realisation.

During the treatment of the researcher's mother, she observed and experienced that when Islamic psycho-spiritual components were incorporated in daily activities, the components gave her mother the ability to cope with her pain, her loss and her grief experiences. A similar observation was made by the researcher when she listened to the members of the cancer support group as they unfolded the stories of how Islamic psycho-spiritual components have helped them to manage their loss and grief experiences. This personal and professional exposure to the pain of patients with cancer has driven the researcher to believe that Islamic psycho-spirituality plays an important role in dealing with loss and grief experiences among patients with cancer in Maldives. This experience has led the researcher to investigate whether any specific Islamic-based spiritual interventions or theories were available to be readily used by therapists for patients with cancer.

This led the researcher to conduct an unpublished, small research in which 30 participants were recruited with a combination of oncologists, oncology nurses, counsellors, psychologists and cancer patients. The study found that 76.67% of participants believed that it was very important to use Islamic psycho-spiritual-based interventions in treatments to help patients deal with the loss and grief experiences, while only 46.66% of participants used generic method (e.g., Islamic Dua's or prayers). Based on the findings of that study, 73.33% participants never used a standardised Islamic-spiritual model/framework to help them deal with the loss and grief experiences. Those participants that stated having used a standardised Islamic psycho-

spiritual based intervention were few. The descriptive statistics are attached as Appendix A and the questionnaire used for data collections (questionnaire for practitioners and patients) are attached as Appendix B. By conducting this small study, the researcher found that in Maldives, no such Islamic psycho-spiritual framework is used by medical officers and psychologists, etc, to deal with loss and grief. This has been a key driver for the researcher to focus her research on this specific area.

As this experience made the researcher to venture on developing an Islamic psycho-spiritual frame and to avoid investigator bias, the researcher established the rigour of the study and maintained an audit trail to ensure the trustworthiness of the study.

### **3.2.3 Participants**

#### ***3.2.3.1 Purposive Sampling***

This research adopted a purposive sample as an initial sampling technique. “Initial sampling in grounded theory is where you start whereas theoretical sampling directs you where to go. For initial sampling, you establish sampling criteria for people, case, situations ... before you enter the field” (Charmaz, 2006, p.100). According to Chun Tie et al., (2019), a purposeful sampling will provide the initial data that is required by the researcher for the analysis, and the purposive sampling directs the researcher towards the data collection and generation of data. Therefore, a purposive sampling is used at the initial stage of this research. It is estimated that Maldives has approximately 1,100 patients with cancer who have received treatment through Aasandha, a government health security system that provides financial aid for patients with cancer (Rehan, 2017). Though a purposive sample was initially used, a Grounded Theory (GT) theoretical sampling is then utilized.

#### ***3.2.3.2 Theoretical Sampling***

In Straussian’s Grounded Theory (GT), emphasis is given to the theoretical sampling.

According to Glaser and Strauss (1967), Theoretical Sampling is a data collection process that generate the theory in which the researcher simultaneously collects data, create codes, and analyse data to further decide on what data needs to be

collected, from where and how to find the required data, how to develop the theory, whether they are formal or substantive, the use of theoretical sampling, that allows the process of data collection to be controlled by the emerging theory. Charmaz (2006) stated that theoretical sampling navigates the theorist to find ‘where’ and ‘how’ the required data can fill in the identified gaps and to help saturate the developed categories along with helping the theorist learn about the basic process and changes that emphasise the developed categories. Based on Glaser and Strauss (1967), the emerging theory guides the theorist to the next step, data collection and the gaps in the developing theory, or the need for more data to answer for a specific research question, hence, planning in advance about the data collection that cannot be done in Grounded Theory (GT).

Hood (1983) identified that theoretical sampling keeps the therapist away from an impasse, either due to unfocused collection of data or from thwarted analysis (as cited in Charmaz, 2006, p. 104). Theoretical sampling needs to be used for the following objectives (Hood, 1983, as cited in Charmaz, 2006, p. 104);

1. Define properties of an emerged category
2. To check premonitions of a developed category
3. For the saturation of the identified properties of a category
4. To distinguish categories
5. To clarify the relationship between categories
6. To Identify the differences in a process

According to Glaser and Strauss (1967), a Grounded Theory (GT) researcher begins the research with a partial framework, in which the theorist already has some knowledge of the ‘local’ concepts. In the case of this study, the researcher’s personal experience has helped her develop some ‘local’ concepts in relation to the area of this study. Glaser and Strauss (1967) added, a Grounded Theory (GT) researcher should be theoretically sensitive.

### ***3.2.3.3 Theoretical Sensitivity***

Theoretical sensitivity was initially described in ‘The Discovery of Grounded Theory’ by Glaser and Strauss. It is the researcher’s ability to identify data segments important to the theory (Chun Tie et al., 2019). Theoretical sensitivity is a continual development that is required by the researcher’s conceptualisation and formulation of the emerging theory from the data (Glaser & Strauss, 1967). Theoretical sensitivity of the researcher has two characteristics (Glaser & Strauss, 1967, p. 46):

- i. It involves the researcher’s personal and dispositional inclination.
- ii. The combination of the researcher’s ability to have theoretical insight of the study area and the researcher’s ability to formulate something from these insights.

In addition to the theoretical sensitivity of the researcher, the guiding principle on deciding the sample size is based on saturation as there are variations between the number of participants required for qualitative research by different researchers. Researchers like Crouch and McKenzie (2006) suggested 20 participants as being enough to reach saturation, while Mason (2010) stated in his study that sample size and saturation for PhD studies using qualitative interviews, the mean sample size is 31 participants. In Straussian Grounded Theory (GT), the emphasis is given on the theoretical saturation (Charmaz, 2006), hence, the theoretical saturation is achieved with 11 participants. Therefore, this study recruited 11 participants.

### ***3.2.3.4 Theoretical Saturation***

In Grounded Theory (GT), theoretical saturation is the criterion that decides when theoretical sampling has to stop (Creswell & Poth, 2018). When the saturation rises, no additional properties to develop the categories can be found in the data (Denscombe, 2014). The researcher builds confidence that saturation was reached as the researcher runs through the data over and over until no new properties for categories are developed (Glaser & Strauss, 1967).

### 3.2.3.5 Participants

The participants were patients who were undergoing treatment in either India, Sri Lanka or Maldives. Volunteers were recruited with the assistance of the Cancer Society of Maldives and from word of mouth. The participants were contacted through email and phone. The inclusion criteria give a detailed explanation of the participants involved in this study. The in-depth interviews, journal entries and participant observations / hanging out sessions involved 11 participants. Since the participants were in cancer treatment, no interviews or journal entries were asked to be made 10 days after a chemotherapy session. As after chemotherapy, individuals become very sick and experience pain and fatigue (Canadian Cancer Society, 2017). Therefore, they were not in a state to take part in a research study of this manner. The demographics of the participants used in this study are given in Table 3.1.

Demographics of the Participant

Respondent Number	Name	Age	Gender	Educational qualification	Stage of Cancer
1	Shina	40	Female	First degree	Stage 1
2	Naeem	58	Male	Grade 8	Stage 4 / metastatic
3	Haneef	34	Male	Grade 10	Stage 2
4	Saima	54	Female	Post Graduate Diploma	Stage 1
5	Rameez	55	Male	Post Graduate Diploma	Stage 4 / more than 1 type of cancer
6	Reena	48	Female	Diploma	Stage 1
7	Maimoona	27	Female	First Degree	Stage 3/ Recurrent/ metastatic
8	Ameena	63	Female	Grade 10	Stage 3/ metastatic
9	Rugeema	48	Female	Grade 5	Stage 1
10	Fareedha	60	Female	Grade 5	Stage 4 metastatic
11	Saeedha	53	Female	Grade 10	Stage 1

Table 3.1 Demographics of the Participants

### 3.2.3.6 Inclusion Criteria

- a. Individuals who have been diagnosed for any type/stage of cancer and are undergoing any form of treatment (including surgery, radiation or chemotherapy) were eligible to participate in this study.

- b. For diary writing, participants who are fluent in ‘Dhivehi’, the Maldivian local language, or “English” were eligible for this study. The measure of fluency in Dhivehi and English language are at a grade 5 pass from any government school in Maldives.
- c. Participants should be above the age of 18 years, up to 65 years as 65 is the official retirement age in Maldives (Shaahunaz, 2018).
- d. Participants who believe and practice Islam – the IIUM religiosity scale (Noor, Mohd Mahudin, Shari’e Janon, Dzulkifli, & Abd Hamid, 2012) was used to check the religiosity of the participants. The scale is attached as Appendix C. The scoring of the religiosity scale of the participants are given in Table 3.2 below.
- e. *Exclusion criteria:* Patients with cancer who are in treatment but too sick to take part in a conversation or unable to write will be excluded from this study.

The IIUM Religiosity scale		Participants										
The Statements		Shina	Naem	Haneef	Saima	Raneez	Reena	Maimoona	Aneena	Rugeema	Fareedha	Saeedha
Q1	I strive for both worldly affairs and the hereafter as advised by Prophet Muhammad (SAW)	4	4	4	4	4	3	3	4	4	4	4
Q2	I avoid behaviour that will be punished in the hereafter,	4	4	4	4	4	3	3	4	3	4	3
Q3	The more knowledge I have, the more humble I should become.	4	4	4	4	4	3	4	4	4	4	4
Q4	I teach my family members the greatness of Allah.	3	4	4	3	4	3	2	4	2	4	3
Q5	I feel bad doing something forbidden even if I know others are also doing it.	4	4	4	3	4	4	3	4	3	4	3
Q6	I strive to follow my agl (rationality) more than my nafs (lust)	4	4	3	3	3	4	3	4	3	4	3
Q7	I am pleased with what I have	4	4	4	4	3	3	3	4	3	4	3
Q8	For fear of Allah I will always tell the truth.	4	4	4	4	4	3	3	4	3	4	3
Q9	I teach my family members to always remember Allah.	3	4	4	3	4	4	2	4	2	4	3
Q10	At any point of time in life, I can strengthen my relationship with Allah	4	4	4	4	4	4	3	4	4	4	3
<b>TOTAL SCORE</b>		<b>38</b>	<b>40</b>	<b>39</b>	<b>36</b>	<b>38</b>	<b>34</b>	<b>29</b>	<b>40</b>	<b>31</b>	<b>40</b>	<b>32</b>

Table 3.2 The Scoring of the Religiosity Scale of the Participants

### 3.2.3.7 Setting of the Study

Most Maldivian patients with cancer travel to either the Regional Cancer Centre in Trivandrum, India, or the Manipal Hospital in Bangalore, India, or less frequently travel to Colombo, Sri Lanka. Some patients undergo treatment in government and private hospitals in Maldives. Hence, these three settings, India, Sri Lanka and Maldives were used in this study.

### **3.3 DATA COLLECTION METHOD**

Data collection is the most important research process adopted to generate data, to explore and to examine the available evidence to answer the research questions. To answer the research questions, in-depth interviews, participant observations, along with hanging out sessions and reflective journal writing of the participants were used.

#### **3.3.1 In-Depth Interviews**

Interviews are one of the most common methods of data collection in qualitative designs. There are many different types of interviews categorised to different groups, known as the structured interview, semi-structured interview and unstructured interview (Lune & Berg, 2017). The most common method of deciding which type of interview to be used for research depends on the range of structure required for the area of study (Merriam & Tisdell, 2016). An in-depth interview is a useful method to inquire about an experience, or explore particular topic for interpretation (Charmaz, 2006). People in general prefer to have the opportunity for a face-to-face talk with an attentive person and the interviews are built on the daily experiences of the conversations people have had (Payne, 2007).

For a Grounded Theory (GT) study, creating broad and open-ended questions in an interview invites for detailed explanation and discussion of the topic on hand, hence, creating non-judgemental, open-ended questions, encourages the respondent to give away unanticipated statements which help the story to emerge from the discussion (Charmaz, 2006). Semi-structured interviews allow the questions to be more flexible with a mix of more and less structured questions, which allows the interviewer to respond to any situation that may arise during the interview, giving allowance to welcome new ideas from the respondent towards the topic on hand and to the emerging worldview of the participant (Merriam & Tisdell, 2016). Therefore, this study adopts an in-depth, semi-structured, face-to-face interviews. In this study, the researcher seeks to understand the participant's experiences after receiving the cancer diagnosis and how Islamic psycho-spirituality has helped them to deal with their loss and grief experiences. The next section explores the participant's observation and the use of hanging out sessions to understand the worldview of the patients.

### 3.3.2 Observations and Hanging out

Observation is noting down a phenomenon that occurs in the field of study, by utilising the observer's five senses, and instruments to take notes and recording the observational findings for scientific use (Angrosino, 2007, as cited in McQueen & Knussen, 2006). When using observation, the observer observes the participants, interactions, conversations, activities, physical setting and the behaviour of the participants (Creswell & Poth, 2018). There are four types of observations as a data collection method for qualitative designs, known as (Creswell & Poth, 2018);

- i. Complete participant
- ii. Participant as observer
- iii. Observer as participant or non-participant
- iv. Complete observer.

This study employs participant observation as a data collection technique. Participant observation is the observational method that allows the observer to be involved in the observation as a participant like the other participants in the observation, hence, this method is known as the holistic form of observation as the researcher becomes part of the observation, making it whole (McQueen & Knussen, 2006).

In major and traditional anthropological research, participant observations are done for months and years, but in recent times, participant observations are only conducted for few weeks Bernard (as cited in Kawulich, 2005). It is also suggested that the researcher needs to undertake observations at different times of the day/night and observe the differences in the behaviour, interactions and conversations (Kutsche, as cited in Kawulich, 2005).

A hanging out session is a data collection method used in ethnographic research that creates opportunities for the researcher to understand and learn the direct and indirect interactions that takes place in the participants environment (Adam, 2015). The hanging out technique can take place across cultures, ranging from different activities, that include but is not limited to leisure activities, social events or just simply the researcher spending some time 'hanging out' with participants of the study (Bloor & Wood, 2006). Such activities help to develop friendships between the key informants and the researcher (Bloor & Wood, 2006). The use of Islamic psycho-spirituality to

overcome loss and grief experiences are personal and sensitive concepts for an individual and to understand the inner experiences and the reactions, emotions and thoughts of an individual, the researcher is required to build a good rapport with the participant. Though the researcher used participant observation as a method of data collection to understand the above-mentioned reactions of the individual, the researcher found resistance from participants in allowing the researcher to engage in direct observation. From information gathered through one of the participants, it was informed that the term observation invoked anxiety among participants, and to overcome this resistance and decrease the anxiety along with observation hanging out was conducted. The participants were more comfortable with being observed during hanging out sessions. The procedures used in preparing to conduct the observation and hanging out activities are given below in Figure 3.2, known as the procedure of the study. The next form of data collection is the use of diary/journals from the participants of the study.

### **3.3.3 Diary/ Journal Writing**

There are two types of diary entries used in the diary entry data collection method known as solicited diary entries and unsolicited diary entries. Solicited diary entries are made by the participant, keeping the researcher in mind, where “the writer completes the diary, reflecting on issues that are of interest to the researcher and with the knowledge that the diary will be read and interpreted by another person” (Jacelon & Imperio, 2005, p.992). On the other hand, in unsolicited diaries, the writer’s point of the data as the data is entered by keeping the writer in mind for the benefit of the writer (Jacelon & Imperio, 2005).



Figure 3.2 Procedure of the Study

*Note: Procedure used to prepare and conduct the observation and hangout sessions. Cycle adopted in part from (Cresswell & Poth, 2018)*

According to Kenten (2010), diaries are an underused data collection method in social research. Solicited diaries provide structure for the participants and this type of diary writing was requested by the researcher to be completed by the participants by keeping a record of their activities, thoughts, feelings and behaviours for the purpose of this research, to elicit a required specific information by the researcher for the area of study (Kenten, 2010). Though the reflective journal writing or diary writing process provide the opportunity for individuals to reflect upon and make sense of an occurrence, without a concrete and clear framework, it becomes challenging to identify ‘how’ and ‘what’ an individual is required to reflect (Webster, 2002). In this study, the researcher asked the participants to keep a solicited diary as the researcher seeks to understand their experiences and way of dealing with loss and grief by means of using Islamic psycho-spirituality, on a daily basis, for the duration of the diary writing.

### 3.4 RIGOUR OF THE STUDY

Qualitative research is at times considered as lacking the precision that quantitative research has, yet, qualitative research is based on methodological rigor and calculated strategies by demonstrating the understanding, meanings of a problem and phenomenon that otherwise could not have been identified (Lune & Berg, 2017). On the same line, Glaser & Strauss (1967) stated that in Grounded Theory (GT), the verification is in the rigorous adherence to the research method which includes the careful analysis of the data, the adequate generation of theory from the data, the constant comparison of the data and the theoretical sampling techniques used for the saturation of the properties that build the categories along with the generation of the theory that is solely grounded in the data. When discussing the verification strategies (Morse et al., 2002, p. 18) the emphasis is on ensuring validity and reliability of data through the following activities;

- i. Coherence of methodology - which is the process that ensure the congruence between components of research method and research questions as the research unfolds the ability of the researcher to bring about the required modification to the methods based on the demands of the data (Morse et al., 2002, p. 18).
- ii. Appropriateness of the sample - this is the selection of participants who know what they are supposed to know or the representativeness of participants to the area of study for effective and efficient saturation of categories (Morse et al., 2002, p. 18).
- iii. Concurrent collection and analysis of data - the iterative interaction that takes place between analysis of the data and collection of data is the foundation of validity and reliability. It is the interaction between what needs to be known and what is known (Morse et al., 2002, p. 18).
- iv. Theoretical thinking - the process in which the ideas that emerge from the data are reassured and reconfirmed by the new data. It requires the researcher to establish a macro-micro perspective, that helps the researcher to move forward, constant checking and rechecking without any cognitive leaps to build the required solid foundation (Morse et al., 2002, p. 18).

- v. Development of theory - the strategy that assures the development of theory in accordance with the methods of Grounded Theory (GT) (Corbin & Strauss, 1990).

In addition to these, other methods of rigor in qualitative research were applied in this study. To maintain the quality of the research, a high importance is given to the trustworthiness of the research and it is ensured through credibility, transferability, dependability and conformability of the research.

### **3.4.1 Credibility**

In a quantitative research, credibility is the criteria referred as the internal validity, to ensure that the study measures what it is supposed to measure (Cohen, Manion & Morrison, 2007). On similar lines, the equivalent concept for the internal validity criterion in qualitative research is the credibility (Cohen et al., 2007). Credibility refers to the data being free from any form of bias or error to increase the confidence (Walliman, 2011). The credibility of this study was ensured through triangulation of data collection method, which includes in-depth interviews and maintaining a diary along with participant observation/hanging out. The analysed data was also sent to the participants for member checks and for further assurance of credibility of this study.

### **3.4.2 Triangulation**

Triangulation is the single most important method of data collection to ensure the credibility of the study. According to Cohen et al. (2007), triangulation is the use of two or more methods of data collection in the study area, from four main different types of triangulations, known as;

- i. Multiple methods
- ii. Multiple sources of data
- iii. Multiple investigators
- iv. Multiple theories

Hence, multiple sources of data collection such as interviews, observation / hanging out session and journal writing were used in this study.

### **3.4.3 Member Checks**

Once the data analysis was completed, the researcher communicates a summary of the generated themes with the participants of the study for feedback from the members (Cope, 2014). Therefore, the researcher also communicated with the participants of this study by sending them their generated codes, themes and categories for their feedback. Though this was conducted, the researcher received feedback from only two participants and their feedback was taken into consideration.

### **3.4.4 Peer Examination or Peer Review**

This is the process in which a researcher asks colleagues to review the raw data to assess the findings of the study that are plausible and based on data (Merriam & Tisdell, 2016). The peer examination of this research was carried out by the supervisor and the supervisory committee of this study.

### **3.4.5 Transferability**

Transferability is equivalent to an external validity in a quantitative study, which is to find out the extent to which the findings of the study can be applied to other areas or situations, in other words, how generalisable are the findings of the study (Merriam & Tisdell, 2016).

The use of rich and thick descriptions provides adequate description for the contextualisation of the research in such a manner that readers can determine the degree to which their situation meets with the context of the research, hence, providing the transferability of the findings (Merriam & Tisdell, 2016). It is believed that this study utilised rich and thick descriptions from three different data collection methods until the generated codes reached its saturation.

### **3.4.6 Dependability**

Dependability of the study refers to the consistence or stability of the findings across time and over the conditions (Gasson, 2004). The dependability of the study is ensured through repeatable and clear procedures about the way the study is conducted, and to attain dependability, following is required (Gasson, 2004. P.94):

- i. Define the employed procedures of data collection and analysis.
- ii. Understand that findings/ends are achieved through details.
- iii. Ensure that all procedures used to achieve the properties, categories or findings are recorded through “audit trial” so that others can understand it.

Hence, to maintain the dependability of this study, the procedure of data collection and the analysis of the data are explained along with maintaining an ‘audit trial (memo writing)’ that includes the procedures used to retrieve the properties and the categories.

### **3.4.7 Audit Trial**

An audit trial explains the procedures on how the researcher arrived at the final results, themes or categories of the study (Merriam & Tisdell, 2016). For this purpose, the researcher maintains logs or diaries known as memos, that describes the data collection procedures, the strategies adopted, and how decisions were made on the study (Merriam & Tisdell, 2016). These memos also include the researchers’ reflections, questions, decisions, ideas or issues faced during data collection (Merriam & Tisdell, 2016). Memo writing is an important step that the researcher is required to follow between writing the paper and the data collection (Charmaz, 2006). According to Charmaz (2006, p.72), memos are written to achieve an analytical purpose and two elements are required when writing them:

1. Stop and analyse the ideas the researcher has about the codes.
2. It helps the researcher to be involved in the process of data analysis, which helps in the retrieval of ideas from the researcher, due to this, some codes tend to stand out, which eventually takes the form of theoretical categories. (p. 72)

To ensure the dependability of this study, an audit trail known as the memo writing was maintained by the researcher. The researcher wrote memos from the beginning of the data collection process, through the analysis, and until the end of writing the results section. How the researcher kept the memo is given below as Memo 45 and Memo 68, and the written memos are attached as Appendix D.

### **Memo 45**

27/1/2022

After transcribing the in-depth interview, the data was analysed through constant comparison method.

From the generated codes I had a confusion with using 'support group is the foundation' (line 25)- I need to revisit this later. Similarly, the code 'others expectation' (line 45) – I am not sure about this code. I think it does not fit to the description.

After revisiting the codes, the following codes were generated and finalised;

- resilience
- loss of identity
- loss of sense of self
- Istighfar
- recitation of Al-fathiha
- peace

### **Memo 68**

12/5/2023

Generating the major categories;

I had a discussion with the supervisor. During the discussion, we realised that having the subcategory of 'Lack of Islamic virtues and acts before diagnoses under the

Major Category 1 - Spiritual coping outcome, is not in alignment with the research questions and the research objectives. Hence, I revisited my axial codes again.

After shifting around with the 12 axial codes, checking out the open codes, themes that developed these 12 axial codes, I decided to remove the 'Lack of Islamic virtues and acts before diagnosis' subcategory.

What I saw next was magical. BINGO. It all suddenly started to make sense to me. It is like a perfect fit of the puzzle pieces. There lies the framework in front of my eyes. Hence, the decision was made to keep 'Lack of Islamic virtues and acts before diagnosis' out from the Major Category 1 and move forward with the following;

1- How Islamic Psycho- Spirituality help to cope loss and grief  
, which is;

a. Outcomes of Islamic psycho-spiritual coping

2- Components of Islamic psycho-spiritual coping

a. Doing Fardh and sunnah religious acts

b. Believing and internalising virtues of Islam

c. Having faith in Allah

d. Building Islamic knowledge

Furthermore, I brought the following changes to the properties of the following themes.

3. The code 'unbelievable outcomes achieved' is removed as a theme.

4. 'Good things unfold' code is moved to the theme of positive feelings.

5. The code 'brought improvement to thinking by others'- is removed from the category it was sitting before.

### **3.4.8 Confirmability**

Confirmability is the extent to which the findings can be repeated and consistent. It is the researcher's comparable concern to the objectivity of the study. The researcher must take steps to ensure that the findings of the study are based on the results of participant's

ideas and experiences rather than the preferences and characteristics of the researcher, hence, the methods to maintain the conformability includes maintaining an audit trail, conducting member checks and triangulation of data collection, to reduce the effect of the investigators bias (Connelly, 2016). Though the repeatability of the study may not give the same results as of this study, to reduce the investigators bias and maintain the conformability of the study, an audit trail was maintained, member checks were conducted and triangulation of data collection was carried out in this study.

### **3.5 MEASURES**

Although terms like *measures* are used for quantitative research, for the purpose of this qualitative proposal, the term *measure* is still used. To guide the interviews and diary entries, semi-structured interview questions were used. The semi-structured questionnaires for participants are attached as Appendix E. The questions were asked in either in Dhivehi or English, depending on the comfortableness of the participant. For solicited participant diary entries, the same semi-structured questions used for in-depth interviews were used for the same 11 participants, and the diaries were kept for 2 weeks as diaries are normally kept between one to two weeks (Jacelon & Imperio, 2005). Diaries that are kept shorter than one week does not give enough data while diaries that are kept for longer than two weeks becomes a difficulty for the participants to maintain (Jacelon & Imperio, 2005). Since this study adopted three methods of data collection from each participant, 2 weeks of diary entries allowed for the saturation of data. Though this is said, maintaining diary writing by the participant was a limitation of this study that can be improved in future research.

The 11 participants of this study were observed during the hanging out sessions. The dates and durations of observation / hanging out sessions were decided by the participant before the researcher visits the setting. The observation/ hanging out session took place on a given time and took around 1 hour 30 minutes. Some areas of observation that were made during the hanging out sessions are given as Appendix F. All in-depth interviews were voice recorded. The data collection exceeded the estimated time frame of 8 months for completion due to COVID-19 lockdown and personal crisis of the researcher.

### **3.5.1 Procedures**

After screening for the eligibility of participants for this study, a written consent from all the participants were taken prior to data collection. A sample of the written consent form is provided in Appendix G. All interview sessions were recorded via a voice recorder. For the solicited participant diary entries, a notebook was provided to the participants to make their daily entries. The in-depth interviews were conducted with 10 participants for one hour. An in-depth interview lasts from 30 minutes to more than an hour (Jamshed, 2014), hence, one hour of in-depth interviews were conducted in this study. Since further clarifications were not required, further questions were not asked from the participants.

### **3.5.2 Ethical Considerations**

Firstly, ethical approval from IIUM Research Ethics Committee (IREC) was taken and a copy of the approval to conduct the study is attached in Appendix H. Along with this, the approval from the National Health Research Council (NHRC) of Maldives to conduct this research was acquired. The NHRC approval is attached as Appendix I.

After the ethical approval was received, the Cancer Society of Maldives (CSM) was contacted for recruitment of participants. The Cancer Society of Maldives (CSM) assisted in getting volunteers. In general, details of the research were explained in a cancer support group and from the volunteers, the eligible participants for this research (after doing screening for eligibility) were fully informed about the objectives of the research, data collection methods and their role as a participant. Participants were assured of the confidentiality, anonymity and their privacy rights. Participants were informed of their right to withdraw from the research at any given point of time. Once the questions that participants had regarding the research and data collection process were clarified, a written consent was taken from each participant.

No ethical issues were forecasted during and after participating in this research study except that the participants may experience distress at certain points of time. To address any distress, participants were offered access to free counselling services. For any participant requesting the counselling service, sessions were arranged by the researcher.

## **3.6 DATA ANALYSIS PROCEDURE**

### **3.6.1 Constant Comparative Analysis**

As the text segments are identified, they are examined against previously identified categories for differences and similarities (Payne, 2007). This process requires the researcher to revisit previously coded transcripts, revise the codes, relabel the codes or even split or merge the codes to regain new insights to the categories (Payne, 2007). For this technique to take place, there are different methods of coding applied in Grounded Theory (GT) by Strauss. The constant comparison of data analysis was done manually using an excel spread sheet, hence, the final result of the used constant comparison is attached as Appendix J.

### **3.6.2 Coding**

A code is a construct generated by a researcher that symbolises attributes of interpreted meanings of the transcribed data to detect patterns and categories in building a theory (Saldana 2013). Hence, coding in general is the use of a short phrase or word that is symbolically assigned to a salient, summative, evocative attribute for a segment of visual or language-based data, that captures the essence of the data (Saldana 2013). According to Charmaz (2006), the critical link between the collected data and what it means is coding. In Straussian Grounded Theory (GT), Open Coding, Axial Coding, and Selective Coding are used to generate the theory (Corbin & Strauss, 1990). The next segments of this chapter describe these types of coding as explained by Corbin & Strauss (1990).

#### ***3.6.2.1 Open Coding***

According to Corbin and Strauss (1990), open coding is an interpretative process that helps the researcher to break conceptual thinking regarding a phenomenon and helps to establish new insights. Open coding compares the actions/interactions/events with other generated codes of the transcribed data for differences and similarities (Corbin & Strauss, 1990). In open coding, conceptual labels are given in which the interactions/actions/behaviour that are conceptually similar are grouped together to develop subcategories and categories during the analysis process of data (Corbin &

Strauss, 1990). The list of open codes that were generated through the analysis of the data of this study is attached as Appendix K.

### ***3.6.2.2 Axial Coding***

Axial coding is known as the next process of data analysis after open coding. In this coding, the identified codes or themes are further aligned, refined and categorised (Williams & Moser, 2019). The developed subcategories and categories are related in axial coding; hence, this relationship is tested against the collected data (Corbin & Strauss, 1990). Furthermore, axial coding enables the researcher to apply a frame that may either limit or extend the researcher's vision depending on the subject matter and the researcher's ability to identify and tolerate ambiguity (Charmaz, 2006). To achieve these objectives of organising, the researcher is required to be involved in a continuous analysis of cross referencing to refine the categorisations of themes (Williams & Moser, 2019). Three activities in axial coding helps the researcher to be involved in the refinement process, known as (Williams & Moser, 2019, p.50-51):

- i. To possess a clear understanding about the methods used in the analysis and refining data to construct categories (p.50)
- ii. Being involved in the constant comparison method (p.51)
- iii. Engaging in line-by-line coding instead of coding segments of transcribed data (p.51)

The generated axial codes from the open codes of the data of this study are attached as Appendix L.

### ***3.6.2.3 Selective Coding***

Selective coding is also known as level three coding, aiming to identify the overarching categories to develop the link between the core category and other categories that are developed (Charmaz, 1990 as cited in McCann & Eileen, 2003). Selective coding is the process that unifies all the categories to 'core' category/categories that require further descriptive details (Corbin & Strauss, 1990). The core category explains the

central phenomenon of the study, this is achieved when the researcher asks questions about the analytical ideas, the interaction/actions, and how to explain the link between the variations of categories and properties, and other categories (Corbin & Strauss, 1990). Through selective coding predictability and causality could be achieved to some degree due to the refining process of the development of themes and when the selective coding is completed, the researcher can move ahead with meaning construction and generating theory (Charmaz, 2006). During the process of selective coding, the central phenomenon of interest, which are the two core categories, were identified. As mentioned by Creswell and Poth (2018), the relationship between the core categories and the other categories were identified based on the causal conditions (which are the factors that contributed to the core phenomenon), strategies (which are the actions that are taken in response towards the core phenomenon), intervening conditions ( which are the broad and more specific situational aspects that has an influence on the strategies) and the consequences ( which are the outcomes that are achieved through using the given strategies). The process of selective coding for this study is given in Figure 3.3, which is the Axial paradigm coding below. Exploration of the relationships of the categories is based on Morrow and Smith (1995), as cited in Creswell and Poth (2018).

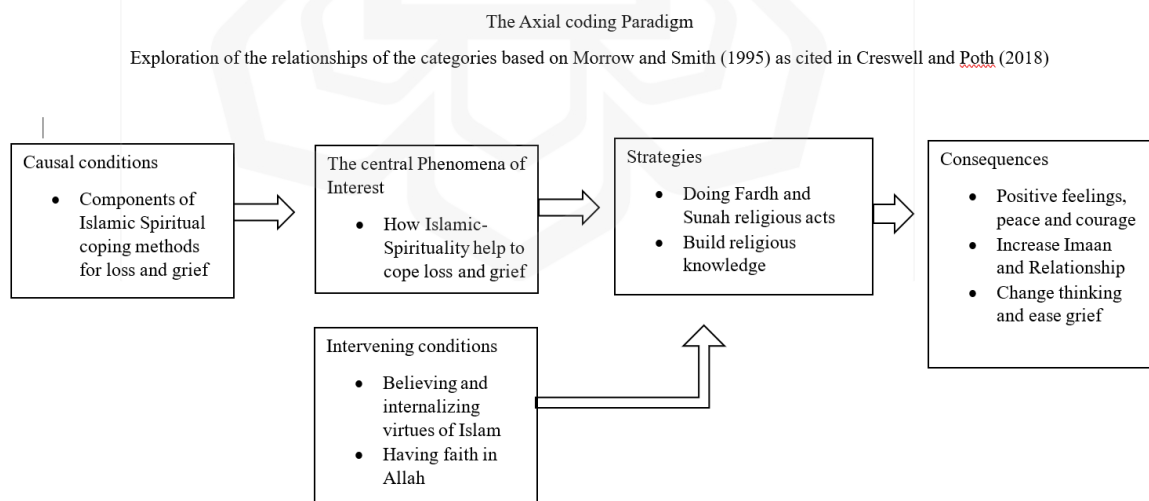


Figure 3.3 Axial Paradigm Coding

#### 3.6.2.4 *Generating Theory*

Generating Theory is identified as a process by Glaser and Strauss (1967) that is continually ever developing. Through comparative analysis, two types of theories known as formal theory and substantive theory can be generated and both types of theories are required to be grounded in the data (Glaser & Strauss,1967). The principal strategy used in Grounded Theory (GT) is constant comparative method, which is the procedure established for generating theory, that is based on systematic and comparative analysis of the data (González-Teruel & Abad-García, 2012). In Grounded Theory (GT), the generation of the theory is based on two elements that were stipulated by Glaser and Strauss (1967, p.35):

- i. The developed conceptual categories during data analysis and its conceptual properties.
- ii. Generalised relationship between the categories and the properties or hypotheses.

These stipulating elements assist the researcher to identify the core categories through the conceptualised categories, which enables the process of generating the theory. Grounded Theory research conducted in non-traditional areas bring greater importance in generation of theory in comparison to working on traditional areas (Glaser & Strauss,1967).

To make the generated theory important, researchers find all the important data they have collected, as Glaser and Strauss (1967, p. 40) stated, “In the beginning, one's hypotheses may seem unrelated, but as categories and properties emerge, develop in abstraction, and become related, their accumulating interrelations form an integrated central theoretical framework-the *core of the emerging theory*”. After hypotheses is generated, the theory is generated through integration of the categories and concepts to the emerging theory, along with the integration of the theory (Glaser & Strauss,1967).

As Glaser and Strauss (1967) stated, the theory integration takes place at different levels, and it can begin with the most general level, focusing on specific segments of the theory and working through data guided by the hypotheses for certain situations. Glaser and Strauss (1967) further stated that the theory should be allowed to emerge like the emergence of concepts and categories, and a theory should never be

forced. The final or the end product of a Grounded Theory (GT) study reveals a comprehensive and integrated theory grounded in data that explains a phenomenon (Birks & Mills, 2015) either through a substantive theory or a formal theory (Glaser & Strauss, 1967). This study will generate the theory by adopting the following mechanism associated with Grounded Theory (GT):

- i. Purposive sampling
- ii. Theoretical saturation
- iii. Theoretical sensitivity
- iv. Process of coding, open coding, axial coding, selective coding
- v. Concurrent data collection or generation theoretical sampling
- vi. Constant comparative analysis
- vii. Category identification

Furthermore, this study utilised a non-linear process of data collection and analysis of data for generation of theory and construction of meaning as shown in Figure 3.4 below.

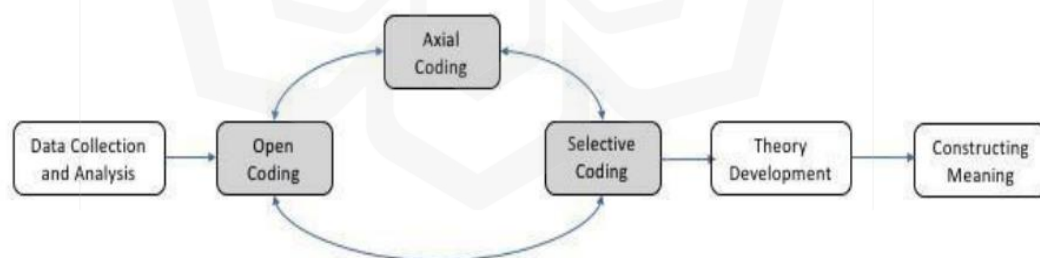


Figure 3.4 The Non-linear Data Collection and Analysis Adopted from Williams and Moser (2019)

### 3.7 CHAPTER SUMMARY

To conclude this chapter, this study utilised a Ground Theory (GT) design to develop an Islamic psycho-spiritual framework to deal with loss and grief for patients with

cancer. This study involved 11 participants and the data was collected through in-depth interviews, observations / hanging out sessions and journal writing. The rigour of the study was maintained through ensuring the credibility, transferability, triangulation, member checks, peer examination, dependability, conformability and maintaining an audit trail. The data was analysed through the constant comparison process by generating open codes, axial codes and selective coding, which further led to the generation of the theory for the Islamic psycho-spiritual framework.



## **CHAPTER FOUR**

### **FINDINGS**

#### **4.1 INTRODUCTION**

The analysis of the transcribed interviews, hanging out session reflections and the journal entry data resulted in the emergence of an Islamic psycho-spiritual framework which is made up of two major categories, followed by five subcategories. The two major categories encapsulate the objectives of this research, (i) to explore how Islamic psycho-spirituality helps to deal with loss and grief among patients with cancer, and (ii) to develop an Islamic psycho-spiritual framework to deal with loss and grief for patients with cancer. The use of the two research questions (i) how does Islamic psycho-spirituality help to deal with loss and grief among patients with cancer in the study, and (ii) what are the components of Islamic psycho-spiritual coping methods used by patients with cancer with regard to their loss and grief experiences?, were used to determine the categories of this research.

This chapter reports the findings from the analysis of the collected data. This chapter is divided into two parts. Part A examines the results of data coding, axial coding and selective coding. The two major categories and the five subcategories that were achieved through selective coding process were the Major Category 1, its subcategories and its properties are explained in part A.

Part B of this chapter focuses on the examination and reporting of the Major Category 2, its subcategories and properties. The generated Islamic psycho-spiritual framework is also reported in this part. A summary of the findings is given at the end of this chapter.

#### **4.2 PART A: THE DATA ANALYSIS PROCESS**

As soon as the data for the in-depth interview of the first respondent was collected, the data was transcribed and analysed. When the analysis of the first data set was completed, the observation/hanging out session for the first participant was conducted and the collected data was analysed, then only data was collected from the next

respondent. This method of data collection and analysis was conducted until the data reached its saturation, confirming the data analysis process of the constant comparison method. A total of 10 in-depth interviews, 12 observations/ hanging out sessions and three journal write ups were analysed in the development of the final theory. Since only three very brief journal entries were received, in the results, the number of times excerpts from journal entries are seen is very low. Some reasons why journal entries were missing is discussed in the discussion chapter of this dissertation.

#### **4.2.1 The Open Coding**

All the data was analysed by using the line-by-line coding process. The first in-depth interview data of the first participant was coded by using this line-by-line coding. An example of the line-by-line coding process is given in Table 4.1. Based on this process of line-by-line coding, a total of 1,291 open codes were generated. This 1,291 open codes include codes that has occurred once or more than once. From this 1,291 open codes, 321 open codes were identified after filtering for repetitive codes. After filtering the 1,291 open codes for repetition, 321 codes were generated for the process of axial coding. Further analysis of the 321 codes were conducted to find the frequency of occurrence for these codes. From the axial coding process and the selective coding process of the iterative process, a total of 106 codes were selected as the properties of the subcategories and the major categories of this study. The frequency of occurrence for these 106 codes are attached as Appendix M. The open code of 'help others' occurred 29 times, 'being grateful' occurred 28 times and 'pray' occurred 27 times, making these three codes as the most occurring properties of the reported major categories of this research through the selective coding process. The codes or properties that occurred more than 10 times are given below in Table 4.2.

101	but I do miss these two sura rarely, I also recite <u>yasin</u> now but I will recite it every day hereafter.	recitation of <u>yasin</u> daily
102	During work every day I enter office, I started saying <u>salam alaikum</u> which I don't do before, I keep	enter office by saying <u>Salaam Alaikum</u>
103	dua printed and kept in my drawer and I read it 3 times before starting my work, sometimes when I	make dua
104	can't be involved I do get so depressed, like going to patient care area and these days I can't go so I	depressed
105	gave to justify it my colleagues as I am burdening them with my work but when I make those dua	feels like a burden on others
106	Allah helps me to deal with those emotions there are regular dua I make every day after prayers, taking	Allah helps to deal with emotions
107	care of my parents making them happy is important for me, it is not only spending time but making them	care for parents
108	happy is my target now.	
109	If I have to share with a friend about another friend in their absence I fear to talk about other people. I	refrain from <u>qeeba</u>
110	feel it is wrong to share even if it the truth and I just describe the situation and what happened without	refrain from <u>qeeba</u>
111	mentioning names. I share my experience without mentioning names, refrain from <u>qeeba</u> (back biting)	refrain from <u>qeeba</u>

Table 4.1 The In-depth Interview Analysis done by Using Line by Line Coding

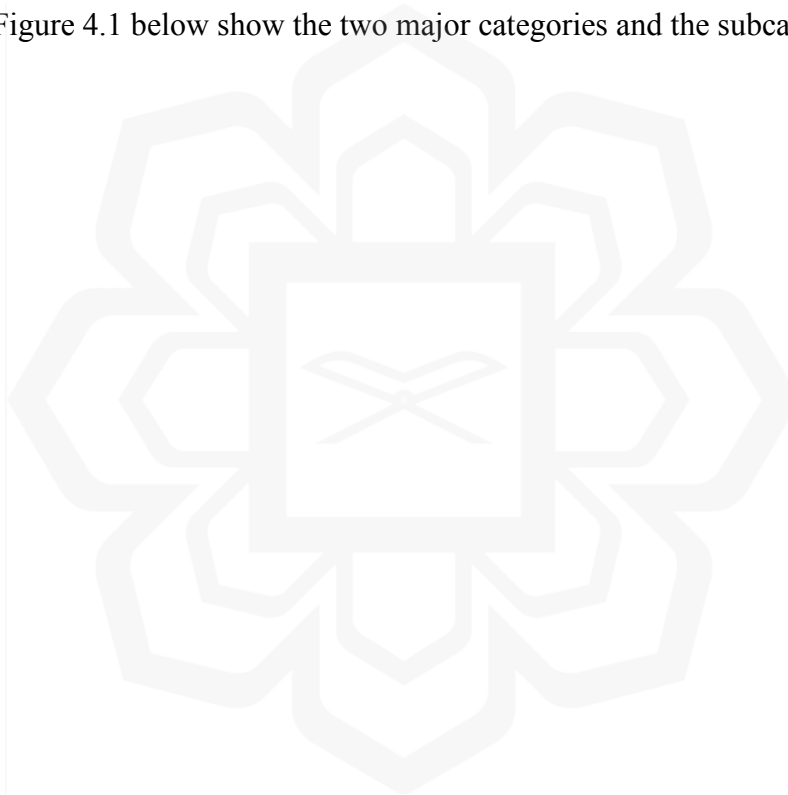
No	Code / Property	Frequency of Occurrence
1	Help others	29
2	Being grateful	28
3	Pray	27
4	Happy	22
5	Make Dua	18
6	Quran recitation	16
7	Hope	15
8	Be concerned for others	15
9	Doing sadaqah	11
10	Kind to others	11
11	This is a test	11
12	Patience	10
13	Reading Religious Information	10

Table 4.2 Open Codes that Occurred More than 10 Times

### 4.3 THE TWO MAJOR CATEGORIES

Keeping the objectives of the research, which are (i) To explore how Islamic-spirituality helps to deal with loss and grief among patients with cancer, and (ii) To develop an Islamic-spiritual framework to deal with loss and grief for patients with cancer, and with the research questions as the focus, the selective coding of axial codes was carried out. Two major categories were identified that answers research question 1 and research question 2. The identified two major categories are (1) How Islamic psycho-spirituality helps to cope loss and grief, and (2) Components of Islamic psycho-spiritual coping methods for loss and grief. This section focuses on the Major Category 1.

Figure 4.1 below show the two major categories and the subcategories.



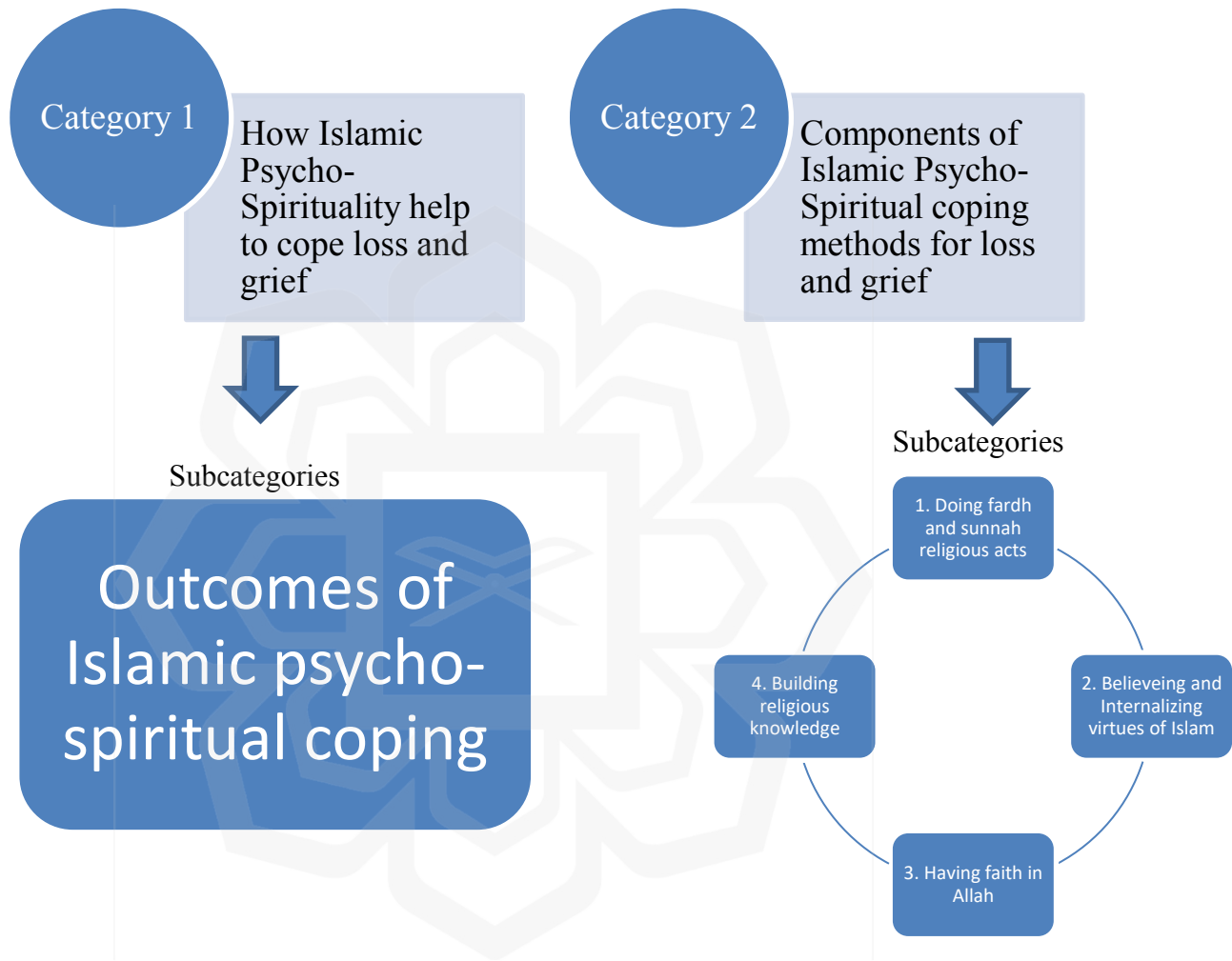


Figure 4.1 The Two Major Categories and It's Subcategories

### **4.3.1 How Islamic Psycho-spirituality Helps to Cope Loss and Grief**

The Major Category 1 answers the research question (i) How does Islamic psycho-spirituality helps to deal with loss and grief among patients with cancer in the study, which further contributes to answer the first research objective. How does Islamic psycho-spirituality helps to cope loss and grief is built on the subcategory of Outcomes of Islamic psycho-spiritual coping.

#### ***4.3.1.1 Outcomes of Islamic psycho-spiritual coping***

In this subcategory one of the Outcomes of Islamic psycho-spiritual coping has three themes: (Theme A) Positive feelings of peace and courage, (Theme B) Increase Iman and Improve Relationships, and (Theme C) Changes in thinking and ease of grief. The properties which are the codes that contribute to the development of the themes are reported below and these properties are in italic.

##### ***4.3.1.1.1 Theme A - Positive Feelings, Peace and Courage***

This theme A - Positive feelings, peace and courage are built up of the codes identified as release stress, happy, peace, relaxed, calmness, overcome fear, relief, patience, problems go away, give ease, humbleness, sense of purification, Dua give courage, hope, Thahajjud energises for the day, and good things unfold.

##### ***Release Stress***

The participants found that when they engaged in religious and spirituals acts such as praying and reciting Quran, it removes stress and made them feel more relaxed. Two participants mentioned that they felt their stress being released. In the in-depth interview, participant Hassan said;

Praying and reciting Quran, doing these 2 things, then there will be no need to think or worry about anything [Hassan – In-depth Interview].

Another participant, Shina also found the same relaxed feeling through these acts.

It gives me ease and release my stress related to cancer and my health [Shina – In-depth interview].

## *Happy*

Though receiving a cancer diagnosis and undergoing cancer treatments are excruciating experiences, the participants reported they felt happy when seeking religious and spiritual ways to deal with their loss and grief experiences. In six in-depth interviews, three observations/ hanging out session reflections and in two journal writings, the participants reported feeling happy due to using spiritual means to cope with their loss and grief experiences. In the in-depth interview, Shina mentioned that she feels happy because she is now spending more time reciting the Quran, while Rugeema was just happy as she always remembers to thank Allah.

The time I am spending in reciting Quran is more, so I am happy with it and . . . [Shina -In-depth interview]

...I feel happy, always remember to thank Allah [Rugeema – In-depth interview]

Though Naeem also feels happy, he has developed his own perception of happiness as he explained that happiness and being happy has no conditions attached to it.

...living happily, not that I am rich but happy...being alone here, I can still seek happiness, happiness is not for certain people, it is for everyone...the person sleeping on the pavement can also be happy...what I mean is, happiness is not being rich, I have witnessed a lot of hardships in life [ Naeem – In-depth interview].

On a different note, for Rameez, happiness was when his family visits him every time for his chemotherapy sessions and the family being there for him. While for Haneef, it was just being grateful that he experienced a good day that makes him feel happy, as he mentioned in his journal writing.

...they will visit and stay for about a week, they come for every chemo session, that is why I am very satisfied and happy [Rameez – In-depth interview].

With Allah's blessings, today is a very happy and blessed day [Haneef – Journal Entry].

Furthermore, Reena finds helping someone without any expectation makes her feel happy.

Helping someone, I feel happy when I am able to help someone, I don't need anything in return...it is not based on what I gain in return, it is for my happiness [Reena – In-depth interview].

In addition, Naeem and Haneef found that it was important for them to tell me that they are happy and satisfied with their current life, hence they conversed their happiness to me during the observation/ hanging out sessions.

He conversed with me to tell me the importance of why it is important to be happy during such a difficult time [Naeem – First hanging out session reflection session of Naeem].

... He reported that he is very happy to work at the mosque and clean the mosque five times every day [ Haneef – Hanging out session reflection].

### *Peace*

Two participants spoke about their experience of feeling at peace. The two conversations took place in the in-depth interviews and in the hanging out session reflections. It was evident that the participant seeks feelings of peace through different mechanisms related to Islamic psycho-spirituality. While Fareedha found peace in praying and making Dua, doing tahajjud, and having objects that reminds her of Islam, Maimoona had a different experience of peace.

... When I pray and make Dua, I do tahajjud too, and it gives me peace and calm... [Fareedha – In-depth interview].

Inside the café, there was a huge picture frame of Kaaba, as I looked at it, she said it is a gift, I feel peaceful when I see it [Fareedha – Hanging out session reflection].

For Maimoona, peace was not only the inner peace, it was also the peace she tries to maintain within her family and interpersonal relationship by giving in and avowing from creating problems.

Not as regularly but whenever I did it, I started to notice the difference, how much I feel at peace... I try a lot to keep peace, I try to maintain peace at the cost of myself, even at home and among friends... now it is like whatever feels peaceful for whatever seems to make these people at peace, I do. Sometimes at home, I do feel at peace but other times its difficult, but yet I do it as Islam is a religion that is peaceful and always likes peace with people too. Before, I try to be more scientific, but now its... problem maker, I am still to some extend of course I don't let things go so bad, I try to understand that ... [Maimoona – In-depth interview].

### *Relaxed*

One participant mentioned the difference she has experienced before and after she started engaging in spiritual acts to deal with her loss and grief experiences. She

mentioned that previously she experienced panic attacks while she was about to undergo her surgery for cancer treatment but when she started taking part in learning about Islam, she feels relaxed.

While on the theatre table, I had panic attacks but I feel I am much more relaxed now ...allocating time to learn about Islam is making me feel more relax. I also share it with... [Shina – In-depth interview].

### *Calmness*

When one experiences peace, a sense of calmness also prevails. Likewise, three participants spoke about their experience of calmness when they engaged in different forms of spiritual acts. Fareedha found the sense of peace and calm through her acts of worship by doing tahajjud prayers and Shina found her sense of calmness by sharing religious information with her trusted group of friends. Shina specifically mentioned that she took precautions and be very careful with her audience as she sometimes thinks that the religious information that she shares may not be received positively. Ultimately, it is her act of sharing such religious information that gives her the calmness she searches for.

I do tahajjud too and it gives me peace and calm... [Fareedha – In-depth interview].

I will share it only with friends who will take it positively. I am very careful, very careful to share it only with such friends and it gives me a calmness when I do it [Shina – In-depth interview].

### *Overcome Fear*

Overcoming fear and other forms of negative emotions is a challenge for patients with cancer as they think of their impending losses. So, engaging in different forms of coping strategies become crucial for them to overcome these unwanted thoughts and fears. As mentioned by Shina, she experienced fear of over thinking. According to her, even if something miniscule happens, it makes her continuously worry and think about it. According to her, when she starts to over think and negative thinking starts to control her mind, she resorts to reading dhikrs which helps to overcome her fear of over thinking.

Thinking that even if you think about it, what will happen, even if you stress over it, you cannot control it, nothing will go against the will of

Allah and I start reciting hasbiyallah vaniumal wakeel, something like that, I start reading some dhikr ... it helps me to get over the fear of over thinking ... [Shina – In-depth interview].

### *Relief*

One participant was anxious to find out the results of her bone density medical test as it was a daunting experience that evoked feelings of nervousness and she needed reassurance in reading the results.

...She said that assurance gave her relief and again said Alhamdhulilahi, now I don't have to worry about when I should take my injection [Shina – Hanging out session reflection].

### *Patience*

The code 'patience' occurred several times in six in-depth interviews. Patience was something the participants achieved as a result of engaging in spiritual methods to deal with loss and grief experiences, and some participants asked Allah to bestow upon them with sabr (patience) while other participants believed that whatever they have achieved, is due to practicing patience.

Actually, you need to have lot of patience, not be restless...Allah bestows patience when you start to act like this, do what you are required to do... [Naeem – In-depth interview].

Kind to me and helped me with my sabr. My faith in Allah is always strong, even before the diagnosis [Fareedha – In-depth interview].

For some participants, it was their exercising of patience that gave them strength and belief to move forward with the cancer treatment.

...I am not crying, have patience, when you know early, you can start treatment, Allah gives shifa... [Ameena – In-depth interview].

### *Problems Go Away*

For participant Shina, exercising religious practices such as fasting, even when she was under cancer treatment, made her feel like her problems were taken away from her and these practices made her feel light from within.

She also said that she had observed fast on Monday and today. I asked her how is it for her body, to which she said, she feels light, she feels as if all her problems have gone away [Shina – In-depth interview].

### *Give Ease*

Give ease or feeling at ease were experienced by three participants and they mentioned in the in-depth interview that by engaging in spiritual or religious acts, it made them feel at ease.

It gives me ease and release my stress related to cancer and my health. So, like I said... [Shina – In-depth interview].

I have known theoretically that its shifa surah but I felt like I needed to hear it, I started to try it, not as regularly but whenever I did it, I started to notice the difference, how much I feel at peace, how easy it became to handle the hormonal changes I was experiencing, it kind of was life changing for me [Maimoona – In-depth interview].

However, for Naeem, the experience of getting ease came differently as he reported that he was previously not practicing religious acts regularly and at times praying was like a burden for him, which later changed as he kept on regularly doing his prayers and made him feel at ease.

I get at ease, being sick and praying felt like a burden before but later it has changed, I feel at ease when I do my prayers [Naeem – In-depth interview].

### *Humbleness*

One participant, Naeem, was very specific in his in-depth interview when he mentioned about the importance of humbleness. According to him, humbleness can be achieved when you take part in funerals. In Islam, taking part in Janaza or funerals is an act of worship, which is highly rewarded.

Attending the Janaza (funerals) makes you humbler, being humble is very important... [Naeem – In-depth interview].

### *Sense of Purification*

For participant Shina, getting a cancer diagnosis and going through the difficulties that she is currently experiencing was perceived as an opportunity God has given her to improve, which gives her a sense of purification.

These things give me a sense of purification; I take this diagnosis as an opportunity to improve myself, to become a better person. I feel that I am given a chance to improve while some people don't get that chance and

die. Alhamdhullilah, I am given this opportunity, so why should I be thinking about the things that happened negatively in my life when it is the reason for this opportunity to improve... [Shina – In-depth interview].

### *Dua Give Courage*

During the observation/ hanging out session reflection of the second session with participant Naeem, the researcher observed that he had difficulty standing up. When asked about it, he reported that even standing up after being seated is so painful for him, and moving around is also painful for him due to his cancer diagnosis and treatment. For Naeem, he believes the strength and courage is given to him by Allah as he always asks for them.

I cannot get up and move around, it takes a lot of strength and courage for me to even get up, I seek courage from Dua [Naeem – Hanging out session reflection of second session].

### *Hope*

Feelings of hope were expressed by the participants in two in-depth interviews, four observation/hanging out sessions and in one journal write up. Participant Naeem believed that he should think positively and should be hopeful while for Saeeda, it was hopefulness she felt as she was taking her last chemo session and she does not have to take chemo anymore.

...should not think like that, we need to be hopeful always... [Naeem – Hanging out session reflection of second session].

She spoke with me for a while as the nurse started to prepare her treatment. She said that this is her last session of chemotherapy and hopefully she will not have to continue with the chemo [Saeeda – Hanging out session reflection].

Similar to Naeem and Saeeda, Saima also was looking forward to getting back her normal health and engage herself in activities that she enjoys doing like gardening. Participant Haneef, in his journal writing, expressed his happiness as he received the good news of his tests being normal, which was giving him hope for his future without cancer.

She also told me that she wishes to get back to normal soon and start taking care of her garden on her own [ Saima – Hanging out session reflection].

Alhamdhulilahi, today I am very happy, doctors said that I am doing good, all my test results came normal, I am so happy, Alhamdhulilahi [Haneef – Journal write up].

### *Energised*

Participant Shina explained her religious acts have changed and she feels praying Thahajjud energises her for the day.

I do miss staying up late, which I used to do before, now I think it is good I don't stay up late, it will help me, I think that will help me to wake up for Thahajjud and doing Thahajjud will give more energy for the day [Shina – In-depth interview].

### *Good Things Unfold*

Participant Naeem had a strong belief that when he engages in religious acts and connects with Allah, good things will keep unfolding. He reported how his debts got cleared and found someone helping him in his business.

Even the bank issue, no one believed that I could pay it off, I myself did not believe it, but one day, with Allah's blessings, while I was in a coffee meeting, I received a call from a stranger and he gave an offer ...I asked them to pay off my bank loan, finally I have paid the bank interest and even the loan too...and their business is also thriving... [Naeem – In-depth interview].

#### 4.3.1.1.2 Theme B - Increase Iman and Improve Relationships

Theme B – increases Iman and Improve Relationships have the open codes of increased in Iman, Insaniyath (humanity), Ihsaan, improved spousal relationship and knowing own strength are properties that built this theme.

### *Increased in Iman*

Increased in Iman as a result of engaging in religious or spiritual acts to deal with loss and grief experiences came across in four in-depth interviews. Haneef believed that his engagement in spiritual acts has increased his Iman and he started to involve himself in religious acts which he did not do before.

My Iman has increased, previously I used to recite the Quran but now I even read the translation of the Quran [Haneef – In-depth interview].

While for Reena, it is also about understanding and empathising with fellow human beings, and understanding what others may be experiencing, that makes her aware that her Iman has increased.

How do I know about the other person, I have to be in his shoes to know what the other person is going through, I know about me, and I know my Iman is better than before [Reena – In-depth interview].

However, Ameena believed that whatever challenge life throws at her, she needs to conquer it by using Iman as her shield.

Face the challenges of this world with Iman, no matter what that challenge or difficulty is about... [Ameena – In-depth interview].

### *Insaniyath (Humanity)*

Two participants spoke about Insaniyath or humanity in their in-depth interviews. Reena believed that spirituality for her is not only acts of worship such as prayers, but also showing humanity towards others. Reena believed that engaging in humanity acts are also acts of worship and is part of spirituality. While for Maimoona, challenges such as sickness keeps her in touch with her feelings of humanity.

...showing Insaniyath (humanity), for me it is not only praying the Salat...yes...Insaniyath (humanity) is very important for me, I have in me Insaniyath (humanity)... [Reena – In-depth interview].

Emotionally, it is hard, it is like breaking down, feels like going mad sometimes but ultimately, it keeps me more in touch with my humanity [Maimoona – In-depth interview].

### *Ihsaan*

Participant Reena reported to me in the in-depth interview that for her, spirituality includes having Iman and Ihsaan, in addition to the acts of praying and reciting the Quran. She mentioned that her cancer diagnosis has improved her Iman and her Ihsaan.

...having Iman and also having Ihsaan, I have Ihsaan, another important virtue I have and have developed [Reena – In-depth interview].

### *Improved Spousal Relationship*

Shina found out that having a cancer diagnosis and going through cancer treatment was an opportunity Allah gave her to improve her life. As a result, she found that her relationship with her spouse has improved, and they engage in better communication and spend more quality time together.

Alhamdhulliah, my relationship with my husband is also improved ... while in treatment, me and my husband, we have been doing things that we have not done previously, we now talk every day, when my hair fell and I had difficulty to take a shower, my husband assisted me in cleaning me and grooming me, and I now cherish those memories [Shina – In-depth interview].

### *Knowing Own Strength*

Shina and Maimoona explained how they have come to terms with knowing their own strength through this challenge, facing cancer diagnosis and cancer treatment. Shina believed that it was this challenge that has made her aware how strong she is and believed that she did everything possible to overcome this challenge, and she is proud of the outcome she achieved. Maimoona was also very strong during her first cancer diagnosis and when she received her second diagnosis, she felt more challenged and believed she is now once again searching for that strength she once had.

It showed me how strong I am and I did everything I could do, and it has given me proud moments [Shina – In-depth interview].

It took me such a long time to come to terms with what is happening with my body, and now, I am having a new diagnosis ... I may have to undergo surgery again, I am tracing back to who I was, as I was very proud of who I was, as I was very strong at that time, I... [Maimoona – In-depth interview].

#### 4.3.1.1.3 Theme C – Changes Thinking and Ease of Grief

Theme C - Changes in thinking and ease of grief have the open codes of the Quran helps to change thinking, acceptance of disease and ease of grief.

##### *Quran Helps to Change Thinking*

As Shina was someone who has the tendency to over think and think negatively over situations, she found herself engaging in reciting the Quran as a helpful mechanism to change her thinking.

I am someone who usually think of worst scenario but now I avoid thinking about such things, I am trying to get into the religious aspects of trying to recite the Quran, it definitely helps me as it changes my thinking [ Shina – In-depth interview].

##### *Acceptance of Disease*

Acceptance of disease came across in three in-depth interviews. After receiving a cancer diagnosis, Naeem's life became depressive as he questioned why Allah inflicted him with a terminal illness. As reported by Naeem, he was able to come out of this depressive phase only after he accepted his disease. Similarly, Maimoona also had difficulty in accepting her disease, she accepted her disease and the changes her body is going through due to the surgeries she had and now, she is again confronted with the same disease for the second time.

...I was living a hopeless depressive life, people who saw me would say that I have gone crazy, I did not accept the disease I had...why did I get this disease, I questioned my creator, I asked my creator what is my fault, I asked these questions to my creator but now I know it is wrong for me to ask these question...now I accept what I have . . . [Naeem – In-depth interview].

I don't know what is happening to me. It took me such a long time to come to terms with what is happening with my body, and now, I am having a new diagnosis, which is residual thyroid tissue and I may have to undergo surgery again [Maimoona – In-depth interview].

Though Saima had a bit of hesitation to accept her disease, it was comparatively easy for her to accept her diagnosis and her illness.

...I took a deep breath and told my daughter, report says I have got cancer, she asked me then what could we do, I told her there is nothing we can do, only thing we have to do is follow doctors' instruction...then I started praying even when I did the surgery, I did not face complications, I kept on praying to Allah [Saima – In-depth interview].

### *Ease Grief*

Ease grief code came across in three in-depth interviews. For Shina, engaging in spiritual acts eased her grief as she was used to sit alone and cry over her situation. While Reena believed that she got ease to her grief because Allah helped her to ease her grief. Similarly, Rugeema engaged in praying and reciting the Quran to ease her pain and grief.

It definitely eases the grief, earlier when I sit alone sometimes, I cry a lot thinking about these things... [Shina – In-depth interview].

It is Allah who help to ease my grief [Reena – In-depth interview].

When I pray and recite the Quran, it eases my grief and pain, I feel happy... [Rugeema – In-depth interview].

The Major Category 1 with Subcategory 1, Theme A, Theme B and Theme C of Subcategory 1 and its properties are depicted in Figure 4.2 given below.

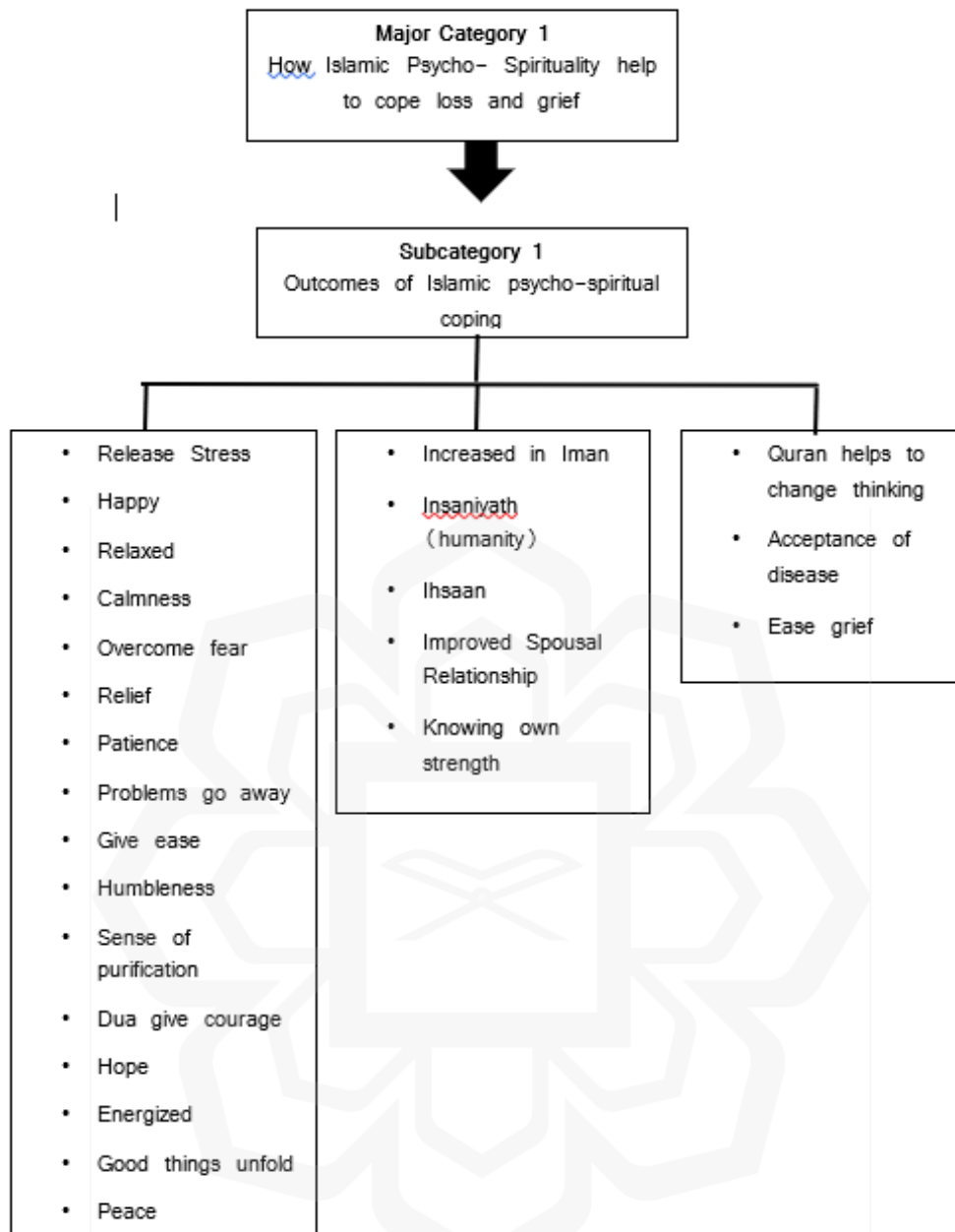


Figure 4.2 The Major Category 1 with Subcategory 1, Theme A, Theme B and Theme C of Subcategory 1 and Its Properties

#### 4.4 PART B: COMPONENTS OF ISLAMIC PSYCHO-SPIRITUAL COPING METHODS FOR LOSS AND GRIEF

The Major Category 2 answers the second research question which further contributes to answer the research objective of developing an Islamic-spiritual framework to deal with loss and grief for patients with cancer. The components of Islamic psycho-spiritual coping methods for loss and grief are built on four subcategories, which are (i) Doing

fardh and sunnah religious acts, (ii) Believing and internalising virtues of Islam, (iii) Having faith in Allah, and (iv) building Islamic knowledge. The properties which are the codes that contribute to the development of the themes that develop these subcategories are reported below, and these properties are in italics. The major category, the subcategories, themes and the properties that develop the components of Islamic psycho-spiritual coping methods used for loss and grief are given in Table 4.3.

#### 4.4.1 Doing Fardh and Sunnah Acts

Subcategory 2 of doing fardh and sunnah religious acts have five themes which are (Theme D) Doing Salat (prayers), (Theme E) Reciting Quran, (Theme F) Reciting dhikr and Istighfar, (Theme G) fasting and other religious acts, and (Theme H) Doing sadaqah. Themes in doing fardh and sunnah acts is shown in the Figure 4.3 below.

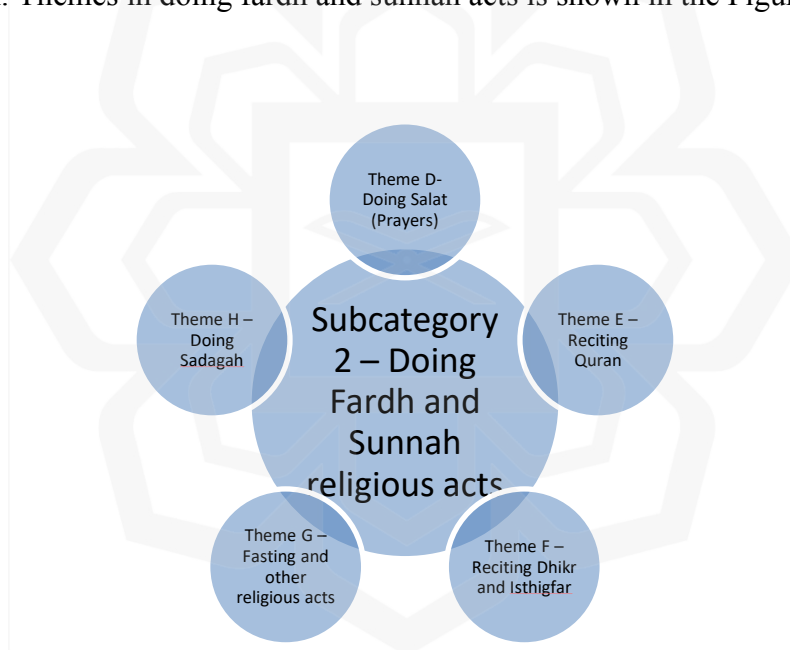


Figure 4.3 Themes in Doing Fardh and Sunnah Acts

##### 4.4.1.1 Theme D- Doing Salat (Prayers)

Theme D- Doing Salat (prayers) have open codes of pray, always pray, do sunnah prayers, do thahajjud regularly, pray with khushoo, don't miss prayers, and make prayers a priority.

## *Pray*

Praying was a code that occurred 27 times in four observation/ hanging out sessions, in eight in-depth interviews and in one journal write up. In the observations/hanging out sessions, it was observed that the participants gave priority to their prayers (Salat) and showed one or more forms of direct behavioural or verbal cue, suggesting that they were interested and wanting to do their prayers.

As Magrib prayer was called and it was getting close to Isha, he said that he wanted to pray. Hence, me and his caretaker, got up from the chairs and moved aside, his caretaker placed the partition to cover him from other patients in the ward [Naeem- Hanging out session reflection of second session].

He reported that they normally go home after cleaning the mosque and take lunch, shower and then come back for duhur prayers [Haneef – Hanging out session reflection].

As the prayer was called, the azan was clearly heard, Saima and I went to pray, there was a little space available in her room for praying, hence, we prayed separately [Saima – Hanging out session reflection].

... she wakes up at 4 in the morning and do her prayers before she opens her café [Fareedha – Hanging out session reflection].

The participants in their in-depth interviews mentioned that their Salat or the prayers are the first thing they do, and they engage themselves in prayers and other forms of worship as the first thing in the morning, and in a journal write up, Haneef mentioned that it is with Allah's will that he is able to perform his daily prayers regularly on time.

I first pray before I do anything.... [Reena – In-depth interview].

After fajr prayers (early morning prayers) I sit to recite Quran, when the sun rise, I recite the dhikrs (Azkar) and then I come out of my room [Ameena – In-depth interview].

Alhamdhullilah, with Allah's blessing, I am able to perform my daily prayers regularly on time [Haneef – Journal write up].

## *Always Pray*

Though many participants engaged and are involved in praying after receiving their cancer diagnosis, participants like Saima and Rameez were always involved in praying regularly, even before they got their cancer diagnosis.

Since childhood we have been praying, our father will give us food only after we pray [Saima – In-depth interview].

I have never done any haram act which is prohibited by Allah, always stayed away from haram things, I always pray but sunnah prayers... [Rameez – In-depth interview].

### *Do Sunnah Prayers*

In addition to praying, many participants engaged in doing sunnah prayers. Doing the ravaathib Sunnah and tahajjud were acts of worship they engaged in.

Without reciting Quran, I don't go any place, I do the ravaathib sunnah, recite Kahf and then I go to mosque for prayers [ Haneef – In-depth interview].

...I also do tahajjud and other sunnah prayers... [Rameez – In-depth interview].

### *Do Tahajjud Regularly*

Participants like Shina, Saima and Rameez said that they also engaged in doing tahajjud prayers regularly to overcome their loss and grief experiences.

*Tahajjud* was something I have missed totally in my life, but now, I am trying and try not to miss... [Shina – In-depth interview]

...I wake up every night for tahajjud prayers... [ Saima – In-depth interview]

...I also do tahajjud and other sunnah prayers... [Rameez – In-depth interview]

### *Pray with Khushoo*

According to Shina and Naeem, praying the regular prayers are not enough. They mentioned in their in-depth interviews that prayers need to be done with khushoo (pray sincerely and genuinely with high level of concertation and focus to Allah). Naeem also suggested that knowing the meaning of what is said in the prayers (the kalimas recited) makes praying easy and gain khushoo that is required for prayers.

... I take my time in praying, but before, I used to pray just to complete the task [Shina – In-depth interview].

Be calm when praying, pray with khushoo, understand what you are saying in prayers, only then it becomes easy to pray... [Naeem – In-depth interview].

### *Don't Miss Prayers*

Shina and Haneef mentioned that it is also important not to miss any prayers and to pray on time.

She prays without missing any prayers [Shina – Hanging out session reflection].

I do all my prayers on time, I don't miss any of my prayers, Inshallah it will be like that, I will always continue praying without missing [Haneef – In-depth interview]

### *Make Prayers Priority*

Engaging in acts of worship, praying, doing sunnah prayers, doing tahajjud regularly and not missing prayers were things that the participants identified as important to do to overcome the loss and grief experiences. Some participants like Saima made prayers a priority and made important decisions so that she can pray regularly. Saima explained in her in-depth interview that she resigned from work because she was missing her morning prayers.

I was working in the night shift on an 8-hour duty, this made me not get enough sleep, which made me miss my fajr salath (early morning prayer), so I decided, either job or salath, and for me, prayers were more important than a job, that is why I resigned from my job... [Saima – In-depth interview].

Similarly, Naeem also showed his eagerness to pray and the importance of prayers for him during his observation / hanging out session. Though he got admitted for his chemo injection at the hospital, he tried to convince the nurse to let him go home for his prayers and come back to the hospital ward. When his effort was not successful, he performed his prayer next to his hospital bed.

He agreed with the nurse and said, yes, I will stay but I can go home, pray and come back, I brought nothing with me, no clothes, no phone charger, etc. The nurse said, if you want to pray, you can spread the partition and pray here (pointing her hands towards the empty little space between the bed and the chair for the attendant...) The space hardly had 3 feet. As the

nurse went, he said that he will leave after an hour and will come back with his belongings. He said that he understands why they are insisting him to be admitted at the hospital...I observed him pray at the small space; it was difficult for him to sit down on his chair during sajdah (prostration) [Naeem – Hanging out session reflection of second session].

In addition to this, Shina explained that she used to sleep longer before the diagnosis but now her priorities are to pray instead of sleeping.

... I tend to sleep a little longer but now prayers have become my priority [Shina – In-depth interview]

She also mentioned that prayer is one of the most important things that she practices now [Shina – Hanging out session reflection]

#### **4.4.1.2 Theme E – Reciting Quran**

Theme E – Reciting Quran have open codes of Quran recitation, *Recite Arahman, Wa'h'dhuha, Alamnashra'kh, Wa'agi'a, Mul'k (Quranic chapters)*, Recitation of Yasin daily, recitation of Al-fathihah, Read Kahf surah on Fridays, Recite Quran in morning and evening, recite Quran every day, remind others to read Kahf on Fridays, read Quran tafseer and read Quran translation.

##### *Quran Recitation*

Recitation of the Quran as an act of worship to overcome loss and grief experiences was a coping method utilised by the participants of this study. This code occurred in seven in-depth interviews, one observation / hanging out session and was mentioned in one journal write up. Shina explained that even though she was diagnosed for stage one cancer, she has experienced health challenges that a stage four cancer patient faces, and for her, it was recitation of Quran that helped to overcome her challenges. Just like Shina, for Fareedha, it was the recitation of Quran that has helped her to ease her grief.

...I am a stage one case but I have gone through things that stage 4 people have not even gone through. Then I started reciting Quran and that helps me a lot to face my challenges... [Shina – In-depth interview].

... recitation of Quran has helped me a lot in my grief... [Fareedha – In-depth interview]

Similarly, for Ameena, it was recitation of Quran that helped her manage her feelings as she believed that it was Allah's will for her to get the cancer diagnosis, while for

Rugeema, when she feels lonely, bored and feels aloof, she takes the Quran and starts reciting it.

It is Allah's will for me to get this disease, so I spend my nights reciting Quran... [Ameena – In-depth interview].

I take the mushaf and start reciting Quran... [Rugeema – In-depth interview].

Though Haneef spends his entire day reciting the Quran, he wants to inform others facing similar situation as him to have patience and to seek patience through the recitation of the Quran.

...I spent the whole day...reciting Quran... [Haneef – Journal write up]

I want to tell others too, seek patience through prayers and reciting Quran... [Haneef – In-depth interview]

*Recite Arahman, Wa'h'dhuha, Alamnashra'kh, Wa'agi'a, Mul'k*

Shina and Ameena explained that it is not only recitation of Quran that they are involved in but there some specific Surah's they recite on a regularly basis, such as Arahman, Wa'h'dhuha, Alamnashra'kh, Wa'agi'a and Surath-ul-Mul'k.

I make sure I read arahman in the morning and evening, also wa'h'dhuha alamnashra'kh and Wa'agi'a and Mul'k [Shina – In-depth interview].

I always recite... Wa'agi'a, Ararahman, Thabaara... [Ameena – In-depth interview].

*Recitation of Yasin Daily*

In addition to the recitation of Arahman, Wa'h'dhuha, Alamnashra'kh, Wa'agi'a and Surath-ul-Mul'k, Shina and Ameena mentioned that it is important to recite surath-ul-Yasin on a regular basis.

But I do miss this two surah rarely, I also recite Yasin now but I will recite it every day hereafter [Shina – In-depth interview]

I always recite surah Yasin daily... [Ameena – In-depth interview]

### *Recitation of Al-Fatihah*

Maimoona found out that recitation of surat-ul-fatihah after every prayer helped her as it is the surah that gives cure.

... after every prayer, read al-fatihah 5 times, that will help...it is a shifa surah [Maimoona – In-depth interview]

### *Read Kahf Surah on Fridays*

Recitation of Surah Kahf between two Fridays is believed to be giving noor (light). Shina and Haneef also mentioned in their in-depth interviews that they recite Surah Kahf every Friday. For Shina, she was not used to recite the surah as it was a long surah but after her cancer diagnosis, she made it a must to recite the surah every Friday. While for Haneef, recitation of this Surah was crucial and he never forgets or misses reciting the Surah on Fridays.

Before, if my husband reminds me to recite Kahf surah, I say it is a long surah. But now, it is different, before, I took it as a burden but now I do it ... [Shina – In-depth interview]

...every Friday I recite Kahf surah regularly...on Fridays, it is a must for me to recite Kahf surah, nothing will stop me from reciting Kahf on Friday, if I cannot recite it before Jumah prayers, I take lunch after Juma prayers and then recite Kahf before I leave the house [Haneef – In-depth interview]

### *Recite Quran in Morning and Evening*

Shina found that recitation of the Quran in the morning and evening is good for her, to overcome her loss and grief experiences, and hence, she engages in the recitation of the Quran in morning and evening.

I started reciting some of the surah in the morning and the evening, then I keep adding new surahs, the time I am spending in reciting Quran is more [Shina – In-depth interview]

### *Recite Quran Every Day*

Shina also mentioned that recitation of the Quran every day is important to overcome her grief experience.

Before, sometimes 2 or 3 weeks will pass without reciting Quran but now, I recite every day [Shina – In-depth interview].

### *Remind Others to Read Kahf on Fridays*

Shina was not only engaging herself in the recitation of the Quran, she was also engaging herself in reminding others to recite surah Kahf on Fridays.

... I want to remind friends to recite Kahf on Fridays, I will share it only with friends... [Shina – In-depth interview].

### *Read Quran Tafseer*

Haneef mentioned that he engages himself in understanding the Quran, hence he is involved in Quran tafseer, to understand exactly what the Quran is speaking about.

...try to understand what is written in the Quran, the meanings and tafseer of the verses [Haneef – In-depth interviews].

### *Read Quran Translation*

In addition to understand the Tafseer of the Quran, Naeem and Haneef emphasised that it is important to understand the translation of the Quran in order to understand what the verses mean.

...knowledge is very important, I spent lots of hours reading Quran translations... [Naeem – In-depth interview].

...I used to recite Quran but now I do read the Quran translation too [Haneef – In-depth interview].

#### ***4.4.1.3 Theme F – Reciting Dhikr and Istighfar***

Theme F – Reciting Dhikr and Istighfar have open codes of recite dhikr, recitation of hasbiyallah, recite kursi and istighfar.

### *Recite Dhikr*

Recite dhikr as a code came up in seven in-depth interviews and one observation/hanging out session. Recitation of dhikr is known as an act of Islamic worship and the participants engaged in this form of worship to overcome their loss and grief experiences. While some participants confessed in their in-depth interviews that they always engage in reciting dhikr, the researcher observed that Saeeda was engaged in reciting dhikr while she was admitted in the chemotherapy ward for her chemo session.

...and then recite the dhikrs, after that... [Naeem – In-depth interview].

... and dhikr is something I always do... [Maimoona – In-depth interview].

I noticed that she was making dhikr continuously and her eyes were closed [ Saeeda – Hanging out session reflection].

### *Recitation of Hasbiyallah*

Shina mentioned in her in-depth interview that in her recitation of Dhikr, it is specifically hasbiyallahu Waniumul Wakeel (Allah is sufficient and Allah is the best disposer of affairs) whenever she feels disturbed.

Now, whenever I get disturbed, I recite hasbiyallah waniumul wakeel ... I feel relaxed... [Shina – In-depth interview].

### *Recite Kursi*

In addition to reciting hasbiyallahu, reciting ayathul kursi is a form of dhikr recited by Muslims. Participants like Reena informed in her in-depth interview that she recites kursi many times and she also asks others to recite ayathul kursi to seek peace and calm from the problems they are facing. Saima also mentioned that she recites kursi on a regular basis.

Every day after fajr prayers I recite kursi [Reena – In-depth interview].

When that mother (referring to a primary care taker of a child with cancer she met) started to cry, Reena said she could not stand seeing her crying, that is why she went up to her and told her to recite Ayatul Kursi after fajr prayers at least for one minute and to press to a certain pressure point, she will get relief from her pain [Reena – Hanging out session reflection].

I just prayed, I recited kursi many times...to feel better about my diagnosis [Saima – In-depth interview].

### *Istighfar*

Maimoona mentioned that she seeks Istighfar (repentance) whenever she gets a negative feeling or acts compulsively,

Whenever I get the tendency to compulsively plan things... I Istighfar a lot if I become like that... [Maimoona – In-depth interview].

#### **4.4.1.4 Theme G – Fasting and Other Religious Acts**

Theme G – fasting and other religious acts have open codes of fasting and sunnah fasting, make Dua, be in wudu, take part in Janaza and involved in religious acts all the time, prepare for religious acts, and make others engage in religious acts.

### *Fasting and Sunnah Fasting*

Fasting is a compulsory act of worship for Muslims but sunnah fasting is not mandatory, however, the participants, even when they were undergoing cancer treatment, engaged in the spiritual journey of fasting and observing sunnah fasting. Participants like Shina and Saima engaged in fasting and observed sunnah fasts while Saeeda was too sick to observe her mandatory fast, hence, she gave fidya (alms) and planned to redo the fasts that she lost due to her sickness.

As we walked towards the canteen area in the hospital, I offered her a drink, as it was a scorching hot day, to which she laughed and said, I am fasting [Shina – Hanging out session reflection].

After the cancer diagnosis, I have been very particular about fasting, sha'wal 6 days fasting, fasting on arafath day, and also recently I have started to fast on every Monday and Thursday [Saima – In-depth interview].

When her food arrived, she ate her food without any complains and she drank very little water or juice. So, every day she is giving Alms (Fidya). She told me that she feels very bad, that she can't fast during this Ramadan. She said she will redo all her lost fast when she recovers [Saeeda – Hanging out session reflection].

## *Make Dua*

Making Dua to Allah is a form of seeking help and refuge from Allah for the difficulties Muslims face in this life. In seven in-depth interviews, two observation / hanging out session reflections and in one journal write up, making Dua came up as acts participants did to ease their grief. Participants like Haneef, Rameez, Aameena engage in making Dua regularly while participants like Saima, Fareedha and Rugeema have specific Dua's they make, like the Yunus Dua (Prayer made by Prophet Yunus). In addition, Rugeema and Shina keeps with them hardcopies of the Dua's they make regularly.

...I do make Dua too... [Haneef – In-depth interview].

Making Dua to Allah are things that I always do, and I increased making Dua and became more serious about it [Rameez – In-depth interview].

... even in the midnight I pray and make Dua... [Aameena – In-depth interview].

... I made Yunus Dua... [Saima – In-depth interview].

...would read ayat of shifa every day after asr ... [Fareedha – In-depth interview].

...there are specific Dua's that I make, I also have a book which has only Dua's written on it, I make the Dua's written on that book everyday [Rugeema – In-depth interview].

I keep Dua printed and kept in my drawer, and I read it 3 times before starting my work [Shina – In-depth interview].

Though Naeem also engages in making specific Dua's, he used a digital application on his mobile phone to assist him with the Dua's he makes regularly, and in the journal write up, Fareedha mentioned that Dua is the only tool that she has in her power to deal with her loss and grief situation.

He increased the background light of his phone and showed me the phone and said that these are the Dua's that I read [Naeem – Hanging out session reflection of first session].

...there is nothing else I can do except to make Dua to Allah... [Fareedha – Journal write up].

### *Be in Wudu*

Shina believes that apart from engaging in direct worshipping acts, indirect religious acts that are considered good should also be exercised. It is believed that being in Wudu is a rightful act for a Muslim. Hence, Shina mentioned that she always tries to be in Wudu.

Also, you should always be in your Wudu, so I am always in my Wudu and before going to sleep I also take my Wudu [Shina – In-depth interview].

### *Take Part in Janaza*

In Islam, whoever takes part in Janaza (funeral) prayer is rewarded with one qirat and if the prayer is followed by burial, then the reward is two qirat. Due to these rewards in the hereafter, taking part in Janaza is considered as a highly rewarding and humbling religious act for Muslims, that makes them always remember that they have to return to Allah one day. Naeem mentioned in his in-depth interview that he has always been taking part in Janaza. For him, he makes sure that he attends the funeral of a cancer patient.

Now I do it but I use to do it before also, I always try to take part in funerals, especially if it is the funeral of a cancer patient...it reminds me of my own mortality [Naeem – In-depth interview].

### *Involved in Religious Acts all the Time*

Shina found that spending all her time in some form of a religious act reduces the time she spends on having negative thoughts.

I did not get the chance to think about the negative things, I believe it is because all my time, I spent on being involved in religious acts [Shina – In-depth interview]

### *Prepare for Religious Acts*

For Shina, being involved in religious acts all the time also meant that she needs to prepare for religious acts. For her to be able to fast in the month of Ramadan, she seeks

advice from a dietician and started to observe fasting before the obligatory fasting month (Ramzan) began.

She further added and said, my dietician has said to observe fast now so that my body will be prepared for Ramazan [Shina – In-depth interview].

#### *Make Others Engage in Religious Acts*

Rameez made sure that his family members are also engaged in religious acts such as praying.

... I lead the prayers as I was the Imaam (leader for congregation prayer) for Tharaweeh prayers, and tahajjud prayers, I made all my children pray with me in congregation, I missed only one night, that is because that night I was very sick, I had to leave the congregation prayers... [Rameez – In-depth interview]

#### **4.4.1.5 Theme H – Doing Sadaqah**

Theme H – Doing sadaqah have open codes of doing sadaqah, less earning but do charity, encourage others to give charity.

#### *Doing Sadaqah*

Doing sadaqah (the act of charity) was found in five in-depth interviews. Participants like Fareedha always do sadaqah while Shina started doing sadaqah after the cancer diagnosis.

... I always give sadaqah... [Fareedha – In-depth interview].

... we have started giving charity too... like in Ramzan also we give away in charity [Shina – In-depth interview].

Similarly, participant Rugeema does sadaqah even if she does not earn much. With whatever little she has, she believes in doing sadaqah.

... I don't get much but I can do sadaqah with the little I have [Rugeema – In-depth interview].

While Reena was planning to do sadaqah after the completion of her PET scan, Ameena engages in doing regular sadaqah, contributing regularly to repair work at a nearby

mosque and hopes that her act of sadaqah falls on the laylatul gadr (the night Quran was revealed).

After completing the PET scan, I have intended to make some sadaqah, I am doing it for Allah so it is not something I should be talking about [Reena – In-depth interview].

Doing sadaqah, specially during Ramazan, if my sadaqah falls on laylatul gadr, there is so much reward that I will earn, also give aid to mosques, there is a mosque near this house, every month I give some financial amount for the repair of the mosque, the mosque management have kept a fund-raising box, I contribute to the box, if Allah accepts it, it is all blessings for me [Ameena – In-depth interview].

#### *Less Earning but Do Charity*

Even though Shina recently started doing sadaqah, Shina does give in charity even if her income has reduced from what she used to earn before her diagnosis.

We don't earn that much, but the thoughts have come to me that even if we get 500, we should be able to give something in charity ... Though our earnings has not increased, in fact we are earning less than we used to, but now we give something every month [Shina – In-depth interview].

#### *Encourage Others to Give Charity*

Shina and Ameena believes that encouraging others to do charity is as important as doing charity work. Shina has actively involved her children to do charity work while Ameena believes that everyone should do charity work in relation to their earning.

We have also included our children, asked them to give charity [Shina – In-depth interview].

Everyone should do charity with what they have, they don't have to do it from what they don't have [Ameena – In-depth interview].

### **4.4.2 Believing and Internalising Virtues of Islam**

Subcategory 3 - Believing and Internalising Virtues of Islam have 4 themes, which are (Theme I) Moral Qualities. (Theme J) Good Character, (Theme K) Ethical Values, and (Theme L) Islamic Beliefs. Themes in Subcategory 3 – Believing and Internalising Virtues of Islam is shown in Figure 4.4 below.

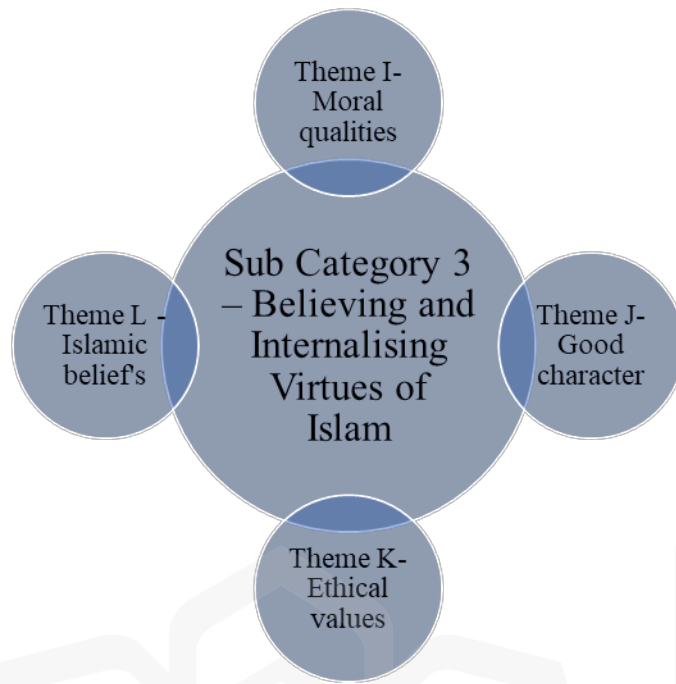


Figure 4.4 Themes in Subcategory 3 – Believing and Internalising Virtues of Islam

#### 4.4.2.1 *Theme I - Moral Qualities*

Theme I – Moral qualities have open codes of smiling, humble and humility, be courageous, being grateful and non-argumentative.

##### *Smiling*

Smiling in Islam is considered a charitable act. Smiling is an act of affection shown to others and were observed in the observation/hanging out sessions that took place with participants of this study. Even when participants like Naeem were in pain, he chose to give a smile when he was addressing the researcher or the server at the café during the interview session. Haneef was also continuously giving smiles even when he was busy cleaning while other participants generally had a pleasant smile on their faces when they met or said goodbye to me.

As the waiter came to collect the plates, he gave a big smile to the waiter [Naeem – Hanging out session reflection of first session].

After closing the doors, he came up to me and with a smile on his face and said, work is done, since it is time for duhur prayers, the AC will stay on till Magrib [Haneef – Hanging out session reflection].

... and had a big smile on her face... [Saima – Hanging out session reflection].

... He had a smile on his face ... [Rameez – Hanging out session reflection].

She smilingly said goodbye to ... [Reena – Hanging out session reflection].

She had a huge smile on her face... [Fareedha – Hanging out session reflection].

She was very happy to see me, she had a smile on her face as she greeted me [Saeeda – Hanging out session reflection].

### *Humble and Humility*

Having humility and humbleness are characteristics that makes an individual accept the decree of Allah in Islam. While Fareedha thinks that being humble is important, Naeem found that though being humble was required, it was difficult to achieve humbleness in front of others. Maimoona speaks of how as humans, we think that we are the intellectual great being, but when confronted with a disease like cancer, it helped her to change her perception and be humble.

... and in general, being humble is important... [Fareedha – In-depth interview].

Be humble, being humble is not for everyone, own self would not accept why one should be humble in front of the other person [Naeem – In-depth interview].

We may think our mind is so great and we are so intelligent, I don't know how to rationalise this but it made me so humble in the sense... it is a process of making amendments, clearing our own heart, kind of being humble... [Maimoona – In-depth interview].

### *Be Courageous*

In three in-depth interviews and two observation/ hanging out sessions, the code be courageous keeps coming across. Naeem believed that courage comes when you have the right information and also, he mentioned that courage does not always means moving forward. According to him, at times, courage is needed to take a step back in order to achieve something.

If you want to face challenges with courage, you need to have the right information [Naeem – In-depth interviewing].

Sometimes taking a step back is courageous, moving forward is not the only way to define being courageous [Naeem – Hanging out session reflection of first session].

However, for Reena, courage was expressed through her ability of coping with the pain she was experiencing without complaining or shedding tears, while Rameez found being courageous is to tackle with the undergoing cancer treatment during the COVID-19 lockdown and being responsible in taking care of his family in a foreign country.

She said to my son that I am very courageous, I did not drop a single tear, she feels sad when she was taking care of me... [Reena – In-depth interviewing].

... it is courage, that got me going, it was the COVID-19 lockdown, I was with my family and taking cancer treatment... [Rameez – In-depth interviewing].

### *Being Grateful*

Being grateful as a code occurred 28 times during the analysis. Being grateful was expressed in six in-depth interviews, two observation/ hanging out sessions and in three journal write ups. The participants felt that despite the challenges they face, being grateful to Allah helps them to keep on going. Naeem felt that cancer diagnosis has made her become more grateful while Shina felt that Allah has given her another chance to improve her life.

The changes that has taken place for me is that I have become more grateful, for example, I may not have what I want to eat for dinner tonight, but I am grateful for what I have, even if I cannot go to the places I want to go, I am still grateful, not getting the clothes I want, I am still grateful, that is my biggest change and learning to be grateful for everything and every situation [Naeem – In-depth interview].

I feel that I am given a chance to improve while some people don't get that chance and die. Alhamdhullilah, I am given this opportunity, so why should I be thinking about the things that happened negatively in my life when it is the reason for this opportunity to improve ... [Shina- In-depth interview]

However, Saima thinks that she has to be grateful to receive the diagnosis at a later age of her life than receiving it in an earlier age with more severity. Fareedha and Reena are just grateful that they got the chance to live for one more day.

...I have completed my life, and I got the cancer diagnosis, I think I am grateful for this even if I got it at this stage of my life, I could have got this disease in a more severe way and earlier in my life too, so I am just grateful for it [Saima – In-depth interview].

I am just grateful that Allah has made me live another day [Fareedha – In-depth interview].

...what is for us? Nothing else other than being grateful to Allah... [Fareedha – Journal write up].

So, she is grateful for everything Allah has given her. She is grateful that she is living every second. She constantly kept on mentioning how grateful she is for Allah [Reena – Hanging out session reflection].

#### *Non-Argumentative*

Naeem found himself in many challenging situations during his cancer diagnosis and treatment. He found himself as a victim of discrimination due to his inability to move around freely. Naeem mentioned that during such challenging situations, he opted not to become argumentative to win what he deserves, instead, he opted to explain to them why preference is given to him.

...even on the bus some people don't give the disability seat, I tell them, it is shown in drawing to give seat to those with disability, but I don't argue with anyone of them, I don't show any form of anger too... [Naeem – In-depth interview].

#### **4.4.2.2 Theme J – Good Character**

Theme J – Good Character have open codes of being kind to others, help others, do not disturb others, empathise with others, think of others who have less, give strength to others, take care of others, be concerned for others, respect others, wish well for others and care for parents.

### *Kind to Others*

Being kind to others were mentioned in six in-depth interviews and in four hanging out sessions. Saima and Fareedha believes that being kind to others is a required behavioural characteristic for a Muslim while Maimoona believes that hurting someone is an unforgivable sin.

... also be kind to people... [Saima – In-depth interview].

... in general, being humble and kind to people [Fareedha – In-depth interview].

... things you have said or done to hurt someone and if the person has not forgiven you, it becomes a bigger sin, so being kind to others is important [Maimoona – In-depth interview].

For Ameena, kindness was observed as she asked her daughter to pack something for me to take home with me, this gesture shows kindness towards the guests who visit her place. Reena mentioned during the observation/ hanging out session that her parents have taught her to be kind to others.

... after a while, her daughter also came and sat next to us and Ameena asked her daughter to give me some gifts to take back home and said we should take care of our guests and be kind to them [Ameena- Hanging out session reflection].

She opened up about her childhood values, such as how her parents have enforced and ingrained on the children to be kind to other people [Reena – Hanging out session reflection].

### *Help Others*

Helping others was the highest occurring code from the selective coding process. Help others occurred 29 times across all in-depth interviews and observation/hanging out sessions. Saima and Rameez have always been helping others before and after receiving their cancer diagnosis while Reena gains her strength through helping others without expecting anything in return. Reena also feels happy when she is able to help someone else in need.

Even before falling sick, I have been helping others, one must always help others as much as you can [Saima – In-depth interview].

... I always help people, even before I got cancer, now I also help people, in fact I do volunteer work in my field... [Rameez- In-depth interview].

... I get strength by helping others. I don't look for what I will gain, I do not expect any in return, I feel happy to help others ...while I was at the hospital, I met a young group of people, they were crying, they were clueless, they did not know what to do, I offered my help, I told the girl, I will go with her to the hospital and I did ... she was with the doctor, I knocked on the doctors door and said to her if it was okay for me to get into the room, and she agreed, she told the doctor, it is me from whom she is getting the strength...I told her I will be leaving soon but if she needed any help she can contact me, I gave her my phone number too [Reena – In-depth interview].

### *Don't Disturb Others*

Ameena believes that along with being kind to people and facing challenges with Iman, one must refrain from causing any form of harm or disturbance to others.

For every situation you face in life, you need to face it with Iman, no matter what it is, and you should refrain from disturbing other people as well... [Ameena- In-depth interview].

### *Empathise with Others*

Some of the participants of this study showed their feelings of empathy towards others. Ameena mentioned in her in-depth interview that asking others to help them financially for their treatment is something she did not have to do. Similarly, Rugeema also empathised with those who had less or nothing to eat, and it became hard for her to throw or waste food.

There are so many people living in really bad situations, financially as well, so many people are sharing their story and asking for financial aid ... [Ameena- In-depth interview].

She was finding it difficult to finish her plate, hence I said, maybe you can just leave it, to which she said that she cannot waste food, it is Allah who gives food and there are many people dying due to starvation [Rugeema- Hanging out session reflection].

### *Think of Others Who Have Less*

Naeem wrote in his journal write up that it is essential to look at those who have less than what you have, or less fortunate than you to appreciate your life and be grateful to Allah.

Those who think that he is a poor and unfortunate person needs to think and believe that there are less fortunate people than himself, only then you can be grateful for what Allah has given to you [Naeem – Journal write up].

### *Give Strength to Others*

Rameez was holding himself together to be there for his family and give them the strength they need during his cancer diagnosis.

... the doctors said I had cancer ... by the time she started crying, I told her not to cry, I tried to calm her down, I am the patient but I had to give her strength ... [Rameez- In-depth interview].

### *Take Care of Others*

During the hanging out sessions, it was observed that participants like Saima and Ameena were engaging in taking care of other people's needs as Saima was knitting some clothes for her grandchild while Ameena made specific home-made snacks and short eats for her grandchildren.

She had knitted some baby clothes, hat, socks and a blanket. She told me that she is knitting for her grandchild ... [Saima-Hanging out session reflection].

Her grandchildren like to have short eats she makes. Even though she is sick, she takes care of them [Ameena – Hanging out session reflection].

### *Be Concerned for Others*

Saima and Rameez was very attentive and showed their concern for others and wanted to help them as much as possible. During the observation/hanging out session, Saima was very concerned that I may not be comfortable with the food she prepared for lunch, and hence, she was constantly checking on me while Rameez got concerned over a farmer having difficulty with his crops and was willing to advise and help the farmer. Rameez was also concerned for me as I was seated in front of him while he was busy with his work, and hence, he verbalised his concern for me and he also did not want his assistant may face difficulties due to him not being available for the researcher, hence, he completed his work by the next morning.

She was constantly showing concern that the food may not be to my liking. I told her that she cooks delicious food [Saima – Hanging out session reflection].

He suggested a medicine for the crops called actara. He explained how and when to use the product. He also sent a demonstration video clip to the farmer ... [Rameez – Hanging out session reflection].

... the whole time he was concentrated on his work, but he kept informing me that he was concerned about me too ... He also said that he is reviewing the purchase orders and giving his permission so that tomorrow morning the assistant can send all the orders out as soon as she comes to office {Rameez- Hanging out session reflection}.

Similarly, Maimoona was very concerned with the meeting place that was chosen by her as the place became so loud and noisy that it was difficult to hear what the other person is saying.

As it became noisier and louder, she said that it is becoming very difficult to have a conversation, definitely this place is not like what I thought, when I came, it was so quiet and very few people, so she thought it will be like that. She apologised for me for bringing me to a loud place where we had a difficult time to hear what each other was saying. This showed me that she was concerned about me and that I may not get my work done [Maimoona – Hanging out session reflection].

### *Respect Others*

Naeem showed his respect for others by abiding by the rules and regulations made for hospitalisation, even though he wished to go home for his prayers, while for Reena, respecting others were taught to her as a value by her parents since she was a child.

He said that he respects the doctor's decision and will be compliant with the instructions [Naeem – Hanging out session reflection second session].

My parents have taught me and instilled the values in me, they taught me to respect others, respect the elderly and children, these are my family values... [Reena- In-depth interview].

### *Wish Well for Others*

Though Naeem has suffered in his business due to his cancer diagnosis and had to give up on his properties to pay his debts, he wished well for the person who purchased his properties and helped him pay off his debts.

Patient also reported that the buyer has now transformed the fishing vessel to a cargo supply vessel and said that with Allah's blessings, the buyer is doing really well. The buyer is a really good man, that is why Allah is blessing his work, now the buyer has a new vessel [Naeem – Hanging out session reflection second session].

#### *Care for Parents*

Shina also mentioned that taking care of her parents is something very important to her and she further adds by saying that it is not only taking care of parents but also making sure that the parents are happy.

... I am taking care of my parents ...taking care of my parents and making them happy is important for me, it is not only spending time but making them happy is my target now [Shina – In-depth interview].

#### **4.4.2.3 Theme K – Ethical Values**

Theme K – Ethical Values have open codes for responding to Salaam Alaikum, making time useful, maintain family values, building family relations, keeping environment clean and well groomed.

#### *Respond to Salaam Alaikum*

It was observed that the participants responded to Salaam Alaikum (the Islamic greetings). As informed by Reena in the in-depth interview, she was taught as a child to respond to the Islamic greetings with Islamic greetings. It was observed in the hanging out sessions that Ameena and Saeeda responded to the Islamic greetings with Islamic greetings by saying Salaam Alaikum.

Whoever visits the house, it is a must to respond to them with Salaam Alaikum [Reena – In-depth interview].

As she saw me, she greeted me with a handshake and Salaam Alaikum [Ameena – Hanging out session reflection].

As we entered (to the chemo ward) she said Salaam Alaikum to greet the nurse [Saeeda – Hanging out session reflection].

### *Making Time Useful*

Shina said that she is now not socialising so much and instead she is utilising that time to learning, being creative, and using the time wisely.

The social part (referring to socialisation) I do miss it but that time I am utilising for preparing dishes, before this I use very minimal time on preparing dishes as I go for what is on the market but now, there are a lot of signature dishes in my house, I am using my time for more important things [Shina – In-depth interview].

### *Maintain Family Values*

During the observation/ hanging out session, it was observed that Saima's spouse joined her for lunch that made Saima expressed her family values as important to maintain. According to Saima, she tries having dinner together with her family as she believes that could be the last meal she may have with her family. Reena also mentioned in her in-depth interview that her family sits together for daily meals and her family relation is strong as every member works on maintaining the values of being there for each other when need arises.

Sometimes the children will miss out on breakfast and lunch, but we all make it a point to be present for dinner on the same table every day. If they are in the city, everyone has to be at the dinner table. On days when I am too sick, I still try to be at this table because you never know it could be our last meal as a family [Saima- Hanging out session reflection].

When eating dinner, father, mother and all the 9 children will eat together, if one member is having a problem, the whole family gets together to find a solution, that is my family values... [ Reena – In-depth interview].

### *Building Family Relations*

Haneef wrote in his journal write up that he is building his family relations, and his family is becoming stronger day by day.

With the blessings of Allah, my small family is becoming stronger day by day, our relationship is building ... [Haneef – Journal write up].

### *Keeping Environment Clean*

During the observation/hanging out sessions, it was observed that the participants lived and maintained their houses or office cabins clean.

I observed that her house was very clean, and everything was kept orderly and neatly [Saima – Hanging out session reflection].

He took me inside his cabin. His cabin looked very comfortable with a huge table which was neatly kept with a few paper documents on a side along with a telephone [Rameez – Hanging out session reflection].

The house was nicely cleaned and the floor was mopped, even the kitchen was kept nicely [Ameena – Hanging out session reflection].

### *Well Groomed*

Cleanliness, being neat and tidy are characteristics that are encouraged in Islam as being well groomed can make the person feel good internally. During the observation/hanging out session, it was observed that the participants were well groomed.

He was nicely groomed and he had both ... [Naeem – Hanging out session reflection first session].

It was observed that he was well groomed ... [Naeem- Hanging out session reflection of second session].

They both were dressed casually and well-groomed [Haneef – Hanging out session reflection].

She was well groomed and had a ... [Saima – Hanging out session reflection].

#### **4.4.2.4 Theme L – Islamic Beliefs**

Theme L – Islamic beliefs have open codes of believe in virtues of Kahf, refrain from gheebat, thinking of death, preparing for death, death is inevitable, and believing in the judgement day.

#### *Believe in Virtues of Kahf,*

Muslims believe that reciting surat-ul-Kahf on a Friday is a sunnah of the Prophet (PBUH), and whoever does it, Allah will generate light from that person and this light

will remain till the next Friday. Recitation of this surah is believed to be a good omen by Muslims. Haneef also believes in this recitation of the surah and makes sure that nothing stops him from reciting it.

Accept and believe that reciting suratul Kahf will radiate a noor (light) from one Friday to the next Friday, Inshallah, these are the acts to perform to win this world and the hereafter [Haneef – In-depth interview].

### *Refrain from Gheebat*

Allah and the Prophets have asked Muslims to refrain from ungodly acts that can cause harm to the individual and the society. Hence, to be a good Muslim, one should refrain from such acts. One such act is refraining from gheebat (it is the act of slandering or spreading false information or back biting). Shina mentioned in her in-depth interview that she makes sure that she is not involved in the act of gheebat, while Maimoona and Ameena also believes that one should refrain from gheebat,

If I have to share with a friend about another friend in their absence, I fear to talk about other people. I feel it is wrong to share even if it is the truth, and I just describe the situation and what happened without mentioning names. I share my experience without mentioning names, refrain from gheebat [Shina – In-depth interview].

...sinning are not only the bigger sins, like it was said in the Friday sermon on gheebat, we should refrain from gheebat, like the name and shame sins... [Maimoona – In-depth interview].

... also refrain from talking behind people's back and creating rifts between people ... [Ameena – In- depth interview].

### *Thinking of Death*

Thinking of death makes an individual more humble and down to earth. When an individual starts to think or remember death, they start preparing themselves to meet death. Shina also experienced constant reminders of death when she got the cancer diagnosis. For Maimoona, the diagnosis of cancer changed her perception of death. Naeem believes that one needs to have courage to fight for life without giving up after cancer diagnosis. According to Naeem, when one gives up, then the only escape is death. He mentioned this by recalling what happened to his friend.

Since the cancer diagnosis, I was going through a lot during surgery and treatment, so, I was concerned about that only, but later, when I recovered from surgery, I started thinking how many have died in the process. After getting back to a normal routine life, it started reminding me of death ... [Shina – In-depth interview].

Definitely how I felt about faith and death changed. It really helped me. I was curious mostly, but my thinking was challenged, I think more about death ... [Maimoona – In-depth interview].

He stated that the deceased was one of his friends, she got a cancer diagnosis and her husband left her. Which made her give up and did not continue with the treatment. She passed away recently. He added and said that when the mind says I can't do this, that is when we lose this battle (referring to cancer), then nothing can be done, death is the only way out, that is what happened to my friend [Naeem – Hanging out session reflection of first session].

### *Preparing for Death*

Participants like Shina and Rameez believed that this is Allah's method to remind them to prepare for death. For Shina, even when her test results came back negative, she still believed that she should be prepared for death. Similarly, Rameez also believes that getting a cancer diagnosis was Allah's way of telling him to prepare for death.

... and I should be preparing for death and even if my reports come back negative, it reminded me of that ... [Shina- In-depth interview].

... this is Allah telling me that my death is near and so to prepare for death soon [Rameez – In- depth interview].

### *Death is Inevitable*

Death is something that will happen to every living organism. Muslims also believe that death is inevitable, and they all have to meet with their lord, Allah, one day. The participants consoled themselves believing that death is inevitable and everyone will experience death. Shina and Ameena believe that death can happen at any time, and everyone will die someday, while Fareedha wrote in her journal that the soul belongs to Allah and whenever Allah wish it, the soul will depart the body. Similarly, Rameez explained the concept of death to his children after he got diagnosed with cancer.

Also, death is inevitable and death can happen at any minute [Shina – In-depth interview].

Everyone knows that one day we all are going to die, this is an opportunity Allah has given ... [Ameena – In-depth interview].

When Allah decides to take it, Allah will take your soul, no one can stop death from happening [Fareedha – In-depth interview].

I said to my children, you know that one day you all will die, you know that one day I will also die, you know that no one can prevent death, death is inevitable ... [Rameez – In-depth interview].

### *Believing in Judgement Day*

A Muslim cannot be a Muslim without believing in judgement day. Believing in judgement day is one of the pillars of Iman in Islam. Participants like Rameez and Maimoona recalled how it will be on judgement day as Rameez spoke about how our actions will be weighted on judgement day while Maimoona felt her waiting to meet the doctor in a queue as similar to waiting for the final judgment to be heard on judgement day.

Allah has warned us about judgement day, that our actions will be weighed on that day [Rameez – In-depth interview].

... there was a time when I was in treatment at RCC, I said to my father when I saw the waiting patients with their tumours, is this how we will be waiting in akhira (judgement day) to receive our leaf (referring to the belief of muslims, receiving their deeds on their hand on the day of judgement) [Maimoona – In-depth interview].

### **4.4.3 Having Faith in Allah**

Subcategory 4 - Having faith in Allah have four themes that built the category. The four themes are (Theme M) believe in Allah's guidance, (Theme N) remembering and believing Allah's greatness, (Theme O) believing in Allah's Ni'mah, and (Theme P) believing in Allah's mercy. The four themes that built Subcategory 4 – Having faith in Allah are shown in Figure 4.5.

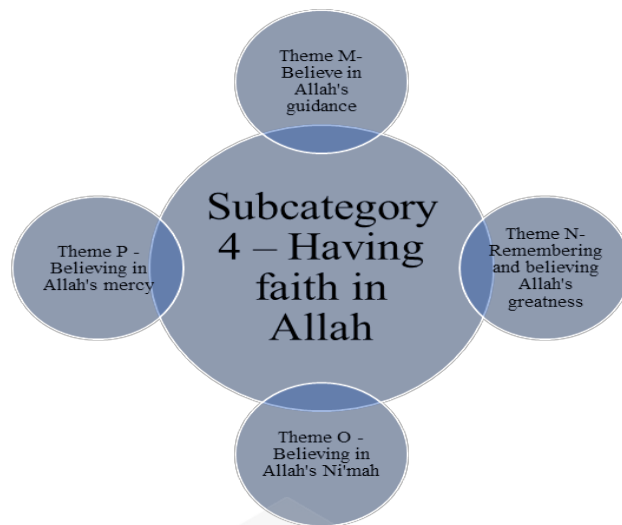


Figure 4.5 The Four Themes that Built Subcategory 4 – Having Faith in Allah

#### 4.4.3.1 Theme M – Believe in Allah’s Guidance

Theme M – Believe in Allah’s guidance have open codes of Allah show the way, Allah brings back to righteous path, Allah made path easy, Allah helps to deal with emotions and nothing goes against Allah’s will.

##### *Allah Show the Way*

Rugeema was experiencing a difficult financial situation in addition to her cancer treatment, but she believed that no matter her situation is, Allah would always show her the way forward.

... she is not in a position to travel by air as she cannot afford plane tickets. She also reported that she has been very worried and is running out of options to solve this problem she has but she is sure that Allah will find a way for her [Rugeema – Hanging out session reflection].

##### *Allah Brings Back to Righteous Path*

Saima held the belief that Allah always shows her the righteous path. She mentioned in the in-depth interview that whenever she derailed and started acting accordingly with

her friends by enjoying and wasting her time, she experiences some form of calamity and is immediately brought back to Allah's path.

I am a human being too, so sometimes I also think about having some fun, but I cannot do it, something or the other will happen to me and I am brought back to Allah's path, even if I think of doing something for fun also, I will be brought back to Allah's path ... [Saima – In-depth interview].

### *Allah Made Path Easy*

Haneef believes that even with his surgeries and sickness, he is still able to perform his daily prayers because it is Allah who is making his path easy for him. Similarly, Rameez also believes that he is still able to be the head of the family and takes care of his grown-up children and is still independent because Allah is making it easy for him.

... I don't miss any prayers and it is Allah who has made that path easy for me [Haneef – In-depth interview].

... till today I am doing all the work, grown up children are also under my care, all the household work and expenses I am bearing it, Allah has created and made that path easy for me, I don't have to depend on others... [Rameez – In-depth interview].

### *Allah Helps to Deal with Emotions*

Shina mentioned that there are specific Dua's that she makes and by making these Dua's Allah helped her manage her emotions. Similarly, Naeem also believes that it is Allah who has helped him deal with his emotions by making Dua's.

But when I make those Dua's Allah helps me to deal with those emotions, these are regular Dua I make every day after prayers [Shina – In-depth interview].

By remembering Allah, He has helped me to deal with my emotions, that is why I am here today, I have not gone astray from Allah's path ... [Naeem – In-depth interview].

### *Nothing Goes against Allah's Will*

Shina and Naeem believe that everything happens with the will of Allah, hence, nothing goes against His will. For Shina, she starts to recite dhikr and holds her firm belief that

everything happens with the will of Allah. Similarly, Naeem did not believe that he had the capacity to pay off his debt, but it was with Allah's will that he could clear his debts.

... nothing will go against the will of Allah and I start reciting *hasbiyallah vaniumal wakeel* [Shina – In-depth interview]

...I myself did not believe that I can pay off my debts, but it is Allah's will that I got it paid, nothing can go against Allah's will [Naeem – In-depth interview].

#### **4.4.3.2 Theme N – Remembering and Believing Allah's Greatness**

Theme N – Remembering and believing Allah's greatness have open codes of believing in Allah, trust in Allah, surrender to Allah, remembrance of Allah, and having a positive outlook towards Allah.

##### *Believing in Allah*

Some participants mentioned that the most important thing is to believe in Allah without having doubts in the heart. This was the belief held by Shina and Reena. Similarly, Fareedha also believed in Allah from the bottom of her heart.

The most vital thing is to believe in Allah without having any doubts in your heart [Shina- In-depth interview].

I am a Muslim; I don't have anything else but believe in Allah [Reena – In-depth interview].

I believe in Allah from the bottom of my heart and ... [Fareedha – In-depth interview].

##### *Trust in Allah*

Similar to believing in Allah, for Naeem, trust in Allah was very important. Naeem believed that he can always trust Allah with his life even when he is alone. Likewise, Fareedha knew that though she may be weak physically, spiritually, she is still holding strong and her trust in Allah remains the same. Similarly, Reena believed that it is keeping a positive attitude and having trust in Allah that keeps her going through this difficult time.

It is okay for me, even if no one is there for me, even if I am alone, that is the trust I have in Allah [Naeem - In- depth interview].

... though now my body is weak, I am still strong and my trust in Allah always remain [Fareedha – In-depth interview].

She told me everything in this life is about trusting Allah and keeping a positive attitude [Reena – Hanging out session reflection].

### *Surrender to Allah*

Through the in-depth interviews and the journal write ups, it is clearly seen that surrendering to Allah was a phenomenon that took place among the participants during their loss and grief experiences. Naeem believed that Allah is the all-knowing, hence, leave everything to Allah and surrender to Allah. Though Ameena was not able to physically perform her prayers by standing due to the pain in her knees, she does what she is required to do and leave the rest to be judged by Allah. She also surrenders herself to Allah. Similarly, Fareedha accepts her fate and believes that Allah has planned it for her and all she has to do is accept it and surrender to Allah. Fareedha also wrote in her journal that, even if the cancer reoccurs, there is nothing she can do other than accepting it and surrendering to Allah.

...you need to surrender to Allah, Allah is the all-knowing, leave everything to Allah [Naeem – In-depth interview].

My knee joints pain a lot, so I pray while sitting, what can I do, I leave everything to Allah and surrender to Allah... [Ameena – In – depth interview].

What can one say, this is what Allah's planned for me, I have no power other than accepting what He has bestowed upon me [Fareedha – In-depth interview].

... has the cancer reoccurred, I fear about this but even if did, all I have to do is surrender to Allah's will ... [Fareedha – Journal write up].

### *Remembrance of Allah*

Naeem believed that living life by remembering Allah and not doing acts that are prohibited by Allah is ultimately what Muslims are required to do. Similarly, Saima also said that prayers and other rituals are only physical things that are done by the devotees, and she is someone who always remembers Allah and this remembrance has increased after her diagnosis. Rugeema also confirmed that she always remembers Allah unconditionally.

... you can see how happy I am, always remembering Allah, and don't do things Allah has prohibited, that is how you need to live... [Naeem – In-depth interview].

...these are physical things right, I always remember, always remember that Allah is there, remembering Allah is always taking place in my heart and mind, and now, this remembrance of Allah has increased ... [Saima – In-depth interview].

...no matter in what situation I am in, I always remember Allah [Rugeema – In-depth interview].

#### *Positive Outlook towards Allah*

Haneef mentioned in the in-depth interview that it is important for him to attribute positivity with Allah. According to him, nothing negative can be attributed to Allah.

My thinking towards Allah is very positive, it is important to attribute positivity towards Allah, nothing bad can come from Allah [Haneef – In-depth interview].

#### **4.4.3.3 Theme O – Believing in Allah's Ni'mah**

Theme O – Believing in Allah's ni'mah have the open codes of Allah's ni'mah, Allah is always there, accept Allah's decree, Allah gives shifa, Allah knows everything, and Allah's generosity.

#### *Allah's Ni'mah,*

Naeem and Fareedha believed that whatever they get in this life is what Allah has bestowed upon them, it is Allah's ni'mah on them. Naeem mentioned that Allah's ni'mah comes differently to different people, such as having children or not having children. According to him, hope is also connected to Allah and one should not give up hope. Fareedha also wrote in her journal write up that what she gets is what Allah has written for her, and only the ni'mah Allah has written will be received by her.

Allah gives different kinds of ni'mah to different people, children and property are Allah's ni'mah, not having children or husband, divorcing, one should not lose hope in Allah, hope is connected to Allah [Naeem – Hanging out session reflection of first session].

...we get what Allah bestows on us, we get only the ni'mah Allah has written for us, I also get the ni'mah Allah has written for me [Fareedha – Journal write up].

### *Allah is Always There*

Believing that Allah is always there during the hardships were some beliefs that Reena and Fareedha had. Though Fareedha has experienced different calamities in her life, she believes that Allah is always there for her and Allah is the one who took her through those calamities.

Allah is always there for me [Reena – In- depth interview].

Allah took me through many other losses I have experienced, but Allah has always been there for me [Fareedha – In- depth interview].

### *Accept Allah's Decree*

Accepting Allah's decree was a code that came up in Naeem's hanging out session reflection and Fareedha's journal write up. According to Naeem, though his life has become difficult to live due to the pain, he accepts Allah's decree on him. Fareedha also accepts Allah's decree and what Allah has bestowed upon her.

He said that though life has become difficult due to the pain, he is left with no choice other than to accept Allah's decree [Naeem – Hanging out session reflection of first session].

...accept Allah's decree, what He has bestowed on you, what He is giving you, accept all of it... [Fareedha – Journal write up].

### *Allah Gives Shifa*

Saima believes that what they are doing in relation to the cancer treatment is what is recommended for them to do but the shifa (cure) comes from Allah. The same view is held by Ameena and Fareedha as they believed that the way forward is not just by taking medication but believing that shifa comes from Allah only.

We are doing what is medically recommended to do, but shifa comes from Allah. Only from Allah [Saima – Hanging out session reflection].

... I told them we can take treatment but shifa is from Allah [Ameena – In-depth interview].

... medical treatment is the way forward, so we can take medicine, but shifa comes from Allah only. So, we should ask Allah to give shifa [Fareedha – In-depth interview].

### *Allah Knows Everything*

Participants attributed all-knowing to Allah and believes that whatever they do or happened in their life happened for a reason, and it is Allah who is aware of that reason. When I confronted Naeem about whether he is feeling sad because he had to sell his property to pay his debts, he replied to me saying that his children were too young to handle his business and whatever happened to him, it is Allah who knows why it happened to him, hence, he does not feel sad about it anymore. Similarly, Saima said that her father always advised her to remember that nothing stays hidden from Allah and this belief has helped Saima with her challenges in life. Likewise, Reena believes that whenever she does an act of kindness to someone, she does it without expecting anything in return as she believes Allah knows her intentions and her acts.

I asked him, are you sad, and he replied, I don't think about it anymore, it is my past, my kids were in school, they were not ready to handle the business, I was alone and sick, what has happened, happened for the best, only Allah will know why it happened the way it happened... [Naeem – Hanging out session reflection of second session].

... my father advised me to remember that Allah is there and Allah knows everything, it has helped me a lot, I have always remembered that advise and it helps me a lot [Saima – In-depth interview].

...I don't need anything in return, Allah knows everything, that is enough for me... [Reena – In-depth interview].

### *Allah's Generosity*

Rameez believed that it is Allah's generosity that he received his cancer diagnosis as he believed it to be an opportunity to improve himself. Likewise, Haneef also wrote in his journal write up that his small family's relationship is building daily, step by step, and that ability to build the family is Allah's generosity on him.

...I got diagnosed for cancer, I told them how generous Allah is, He is giving this opportunity to improve my life... [Rameez – In-depth interview].

With the blessings of Allah, my small family is becoming stronger day by day, our relationship is building, this is generousness of Allah [Haneef – Journal Write up].

#### **4.4.3.4 Theme P – Believe in Allah’s Mercy**

Theme P – Believe in Allah’s mercy has the open codes of this is a test, there is something good in this hardship, no soul is burdened, and Allah’s protection.

##### *This is A Test*

In three in-depth interviews and three observation/hanging out sessions, the code ‘this is a test’ was found. The researcher observed in the hanging out session with Naeem that he was having difficulties to bite and chew his food due to his pain and the hardships he is facing is a test from Allah. He cannot be upset because if he gets upset or angry, then it means he failed Allah’s test. The researcher also observed a similar behaviour from Saima as she reported that her family and friends were crying due to her sickness, but she told them that this is all a test from Allah. Likewise, when I met Fareedha’s granddaughter, Fareedha informed me that her granddaughter is autistic and all this that is happening is Allah’s test on every one of them.

I saw that it was very difficult for him even to take this bite. And he continued and said that all these hardships I am facing, these are Allah’s tests on me, Allah does not bestow calamities except for testing, so when I get angry with my wife and upset with my children, that means I have failed this test of Allah [Naeem – Hanging out session reflection of second session].

...they cry because I am sick, I have told her and the others that this is a test, a test from Allah ... [Saima – Hanging out session reflection].

The elder child is autistic, and she said what to do, its Allah’s test on all of us. Inshallah she is very good ... [Fareedha – Hanging out session reflection].

Naeem also mentioned in his in-depth interview that not getting what he wants is also Allah’s test and it is Allah’s way of giving him his ultimate happiness. However, Haneef believes that Allah tests each and every Muslim, and it is mentioned in the Quran that all Muslims will be tested. Reena explained her situation when she mentioned that her friend questioned her for not being worried about the cancer diagnosis, to which she answered that Allah is testing her.

... if I don't get what I want, it is still fine with me because this is Allah's test, He is testing me to give me my ultimate happiness ... [Naeem – In-depth interview].

Actually, to be honest, each and every Muslim will be tested by Allah, it is even mentioned in the Quran [Haneef – In-depth interview].

She asked me, aren't you worried, to which I said I am not, Allah knows my situation, this is my test [Reena – In-depth interview].

### *There is Something Good in This Hardship*

Naeem believed that though his business would have broadened if he had not fallen ill, he was not aware of what good may come for him. Hence, he believes that Allah must have planned something good for him even in the hardship he is facing. Similar views are held by Rameez and Maimoona. Rameez confessed that many good things have happened after he has been diagnosed, and Maimoona also believes that these challenges and difficulties will wipe away sins and that itself is something good.

Actually, at times, I do think, what if I did not get sick, my business would have developed so much but then I realise that there is something good in this hardship that I am going through [Naeem – In-depth interview].

because of this cancer, so many good has happened in my life, there is many good things behind this challenge [Rameez – In-depth interview].

... these little difficulties or any difficulty you face, your sins will be forgiven, there is good in this [Maimoona – In-depth interview].

### *No Soul is Burdened*

It is believed by Muslims that Allah does not burden a soul beyond its capability. Hence, Haneef, Saima and Rameez believed that the challenge of dealing with the cancer diagnosis is something that they can manage. As they believe that no soul is burdened by Allah.

No soul is burdened by Allah; no soul has to go through things they can't cope with [Haneef – In-depth interview].

My husband said to me that Allah will not let a soul face thing the soul cannot carry [Saima – In-depth interview].

... I believe Allah will not burden my soul; I will not have to face things that I cannot manage ... [Rameez – In-depth interview].

... Allah will not bestow a burden that he cannot deal with ... [Haneef – Journal writing].

### *Sickness is a Rahma*

Participants such as Naeem, Haneef, Rameez and Ameena believe that the sickness, and the cancer diagnosis was a Rahma from Allah, and Rameez further added that he faced the challenges of his sickness with Allah's Rahma.

...this sickness that I have is a Rahma from Allah ... [Naeem – In-depth interview].

I took this sickness as a Rahma from Allah [Haneef – In-depth interview].

... It is with Allah's Rahma I faced these difficulties or pain that I had ... [Rameez – In-depth interview].

Everything is Allah's Rahma, receiving this diagnosis and sickness is also his Rahma on me [Ameena – In-depth interview].

### *Allah's Protection*

Participants also believe that the calamity they are facing in the form of cancer diagnosis is a way of Allah protecting them from major harm. Haneef believes that Allah is protecting him from a bigger calamity and Rameez mentioned that it is he who is not aware of the hidden good in the sickness for him, and this is Allah protecting him.

... I am facing this difficulty because there is a bigger test than this ahead of me, or this is Allah's way of protecting me from a bigger calamity [Haneef – In-depth interview].

... we are unable to know the good hidden behind this, Allah is definitely protecting me [Rameez -In-depth interview].

#### **4.4.4 Building Islamic Knowledge**

Subcategory 5 - Building Islamic knowledge is built on the properties of reading religious information, listening to preachings and knowing the attributes of Allah.

### *Reading Religious Information*

Shina, Rameez and Haneef think it is important to build religious knowledge. Shina mentioned that by building Islamic knowledge, she learns what she is doing, what she has to do and how the things that she is doing are benefiting her. Shina said it is through reading religious information from authentic sources, listening to religious information and reading the Quran translation helps her build religious knowledge. Shina, Naeem and Haneef also build their religious knowledge through reading, listening to preachings, and by reading and understanding the Quran translation and tafseer. The researcher also observed during the hanging out session with Naeem that he used an application on his mobile to read the hadhith of Prophet Muhammad (PBUH).

I have started reading information on religion, like authentic information rather than what people post here and there, I read authentic articles from religious scholars and also read the Quran translation, but I need to improve on that, these things help me to understand better what I should be doing and the benefits I will get from doing it [Shina – In-depth interview].

I got to know the religion when I started reading religious books, knowledge is important, reading religious scriptures, Quran translations, other religious books, and also watching movies and videos that increase religious awareness, I have learnt a lot about my religion [Rameez – In-depth interview].

He further opened the application on Prophet Muhamad and showed me all the hadhith in that application which he reads to gain knowledge [Naeem – Hanging out session reflection of first session].

I do read the Quran translation and tafseer to understand what my religion is all about [Haneef – In-depth interview].

### *Listening to Preachings*

According to Naeem and Rameez, one method that helps build religious knowledge is through listening to preachings, and both of them engage in listening to preachings.

You need to know other religions to appreciate your own religion, reading and listening to religious preachings are important [Haneef – In-depth interview].

... I am now listening and watching religious preachings, I watch these videos on YouTube, I do it more now than before [Haneef – In-depth interview].

### *Knowing Attributes of Allah*

Naeem wrote in his journal write up that it is crucial for Muslims to know and understand the attributes of Allah in order to understand how Allah favours his servants.

Knowing the attributes of Allah is not related to a specific language, it has got more to do with what you are thinking, so saying that you don't understand a particular knowledge to understand and know Allah's attributes is an excuse. Even if you know a particular language very well, if you don't think about these attributes of Allah, you will never understand it. Such a person is said to be a blind person, I try my best to know and understand these attributes of Allah [Naeem – Journal write up].



Table 4.3 The Major Category, the Subcategories, Themes and the Properties that Develop the Components of Islamic psycho-spiritual Coping Methods Used for Loss and Grief

Major Category 2 - Components of Islamic psycho-spiritual Coping Methods for Loss and Grief						
Subcategory 2		Subcategory 3		Subcategory 4		Subcategory 5
Doing Fardh and Sunnah religious acts		Believing and internalising virtues of Islam		Having faith in Allah		Building Islamic Knowledge
<i>Theme</i>	Properties of the themes	<i>Theme</i>	Properties of the themes	<i>Theme</i>	Properties of the theme	Properties of the subcategory
<i>Theme D - Doing Salat</i>	<ul style="list-style-type: none"> <li>• Pray</li> <li>• Always Pray</li> <li>• Do Sunnah Prayers</li> <li>• Do Thahajjud regularly</li> <li>• Pray with khushoo</li> <li>• Don't miss prayers</li> </ul>	<i>Theme I – Moral Qualities</i>	<ul style="list-style-type: none"> <li>• Smiling</li> <li>• humble and humility</li> <li>• be courageous</li> <li>• being grateful</li> <li>• non-argumentative</li> </ul>	<i>Theme M- Believe in Allah's guidance</i>	<ul style="list-style-type: none"> <li>• Allah show the way</li> <li>• Allah brings back to righteous path</li> <li>• Allah made path easy</li> <li>• Allah helps to deal with emotions</li> </ul>	<ul style="list-style-type: none"> <li>• reading religious information</li> <li>• listening to preaching's</li> <li>• knowing attributes of Allah</li> </ul>

	<ul style="list-style-type: none"> <li>• Make prayers priority</li> </ul>				<ul style="list-style-type: none"> <li>• nothing goes against Allah's will</li> </ul>
<p><i>Theme E- Reciting Quran</i></p>	<ul style="list-style-type: none"> <li>• Quran recitation</li> <li>• Recite Arahman, Wa'h'dhuha, Alamnashra'kh, Wa'agi'a, Mul'k</li> <li>• Recitation of Yasin daily</li> <li>• recitation of Al-fatihah</li> <li>• Read Kahf surah on Friday</li> <li>• Recite Quran in morning and evening</li> <li>• Recite Quran every day</li> </ul>	<p><i>Theme J – Good Character</i></p>	<ul style="list-style-type: none"> <li>• kind to others</li> <li>• help others</li> <li>• don't disturb others</li> <li>• empathise with others</li> <li>• think of those who have less</li> <li>• give strength to others</li> <li>• take care of others</li> <li>• be concerned for others</li> <li>• respect others</li> <li>• wish well for others</li> </ul>	<p><i>Theme N- Remembering and believing Allah's greatness</i></p>	<ul style="list-style-type: none"> <li>• believing in Allah</li> <li>• trust in Allah</li> <li>• surrender to Allah</li> <li>• remembrance of Allah</li> <li>• having a positive outlook towards Allah</li> </ul>

	<ul style="list-style-type: none"> <li>• remind others to read Kahf on Fridays</li> <li>• read Quran tafseer</li> <li>• read Quran translation</li> </ul>		<ul style="list-style-type: none"> <li>• care for parents</li> </ul>			
<p><i>Theme F – Reciting Dhikr and Istighfar</i></p>	<ul style="list-style-type: none"> <li>• recite dhikr of hasbiyallah</li> <li>• recite kursi</li> <li>• Istighfar</li> </ul>	<p><i>Theme K – Ethical Values</i></p>	<ul style="list-style-type: none"> <li>• Respond to Salaam Alaikum</li> <li>• making time useful</li> <li>• maintain family values</li> <li>• building family relations</li> <li>• keeping environment clean</li> </ul>	<p><i>Theme O – Believing in Allah's ni'mah</i></p>	<ul style="list-style-type: none"> <li>• Allah's ni'mah</li> <li>• Allah is always there</li> <li>• accept Allah's decree</li> <li>• Allah gives shifa</li> <li>• Allah knows everything</li> <li>• Allah's generosity</li> </ul>	

			<ul style="list-style-type: none"> <li>• well groomed</li> </ul>			
<p><i>Theme G</i> – <i>Fasting and Other religious acts</i></p>	<ul style="list-style-type: none"> <li>• fasting and sunnah fasting</li> <li>• make Dua</li> <li>• be on Wudu</li> <li>• Take part in Janaza</li> <li>• involved in religious acts all the time</li> <li>• prepare for religious acts</li> <li>• make others engage in religious acts</li> </ul>	<p><i>Theme L- Islamic Beliefs</i></p>	<ul style="list-style-type: none"> <li>• believe in virtues of Kahf</li> <li>• refrain from gheebat</li> <li>• thinking of death</li> <li>• preparing for death</li> <li>• death is inevitable</li> <li>• believing in judgement day</li> </ul>	<p><i>Theme P – Believing in Allah’s Mercy</i></p>	<ul style="list-style-type: none"> <li>• this is a test</li> <li>• there is something good in this hardship</li> <li>• no soul is burdened</li> <li>• Sickness is a Rahma</li> <li>• Allah’s protection</li> </ul>	
<p><i>Theme H</i> – <i>Doing sadaqah</i></p>	<ul style="list-style-type: none"> <li>• doing sadaqah</li> <li>• less earning but do charity</li> </ul>					

- |  |  |  |
|--|--|--|
|  | <ul style="list-style-type: none"><li>• encourage others to give charity</li></ul> |  |
|--|--|--|



#### **4.5 GENERATING THE ISLAMIC PSYCHO- SPIRITUAL FRAMEWORK**

The development of an Islamic psycho-spiritual framework to deal with loss and grief among Maldivian cancer patients is the main objective of this study. It is believed that the findings from research questions (i) how does Islamic psycho-spirituality help to deal with loss and grief among patients with cancer in the study? and (ii) what are the components of Islamic psycho-spiritual coping methods used by patients with cancer with regard to their loss and grief experiences? will aid in the development of the Islamic psycho-spiritual framework to deal with loss and grief. In generating the Islamic psycho-spiritual framework, the results from the two major categories are used. Major Category 1- how Islamic psycho-spirituality help to cope with loss and grief, Subcategory 1 and the properties of this category aid in the development of the results that an individual will achieve when they use this newly developed Islamic psycho-spiritual framework. Major Category 2 – components of Islamic psycho-spiritual coping methods used for loss and grief, the subcategories and the properties of this category aids in the development of the coping methods for this Islamic psycho-spiritual framework to deal with loss and grief, and an individual who uses these suggested coping methods in this framework will achieve the results suggested in the framework. Figure 4.6 below shows the developed Islamic psycho-spiritual framework to deal with loss and grief.

When this Islamic psycho-spiritual framework is used to cope with loss and grief experiences, the individual will achieve results from three main areas, which are, (i) develop positive feelings, peace and courage, (ii) increase Iman and Improve Relationships, and (iii) changes thinking and ease grief. For an individual to achieve these results, they are recommended to use the following Islamic psycho-spiritual coping methods, which are (i) doing fardh and sunnah acts; when an individual is doing fardh and sunnah acts, they are required to do the following acts, doing Salat (prayers), reciting Quran, reciting dhikr and istighfar, fasting and other religious acts, and doing sadaqah, (ii) believing and internalising virtues of Islam; these include moral qualities, good character, ethical values and Islamic beliefs (iii) having faith in Allah; for an individual that has faith in Allah, they are required to accept the following: believe in Allah's guidance, remembering and believing Allah's greatness, believing in Allah's ni'mah and believing in Allah's mercy, and (iv) building Islamic knowledge; when an

individual is building Islamic knowledge, they are required to read religious information, listen to religious preachings and know the attributes of Allah.

The Islamic Psycho-Spiritual Framework to deal with loss and grief

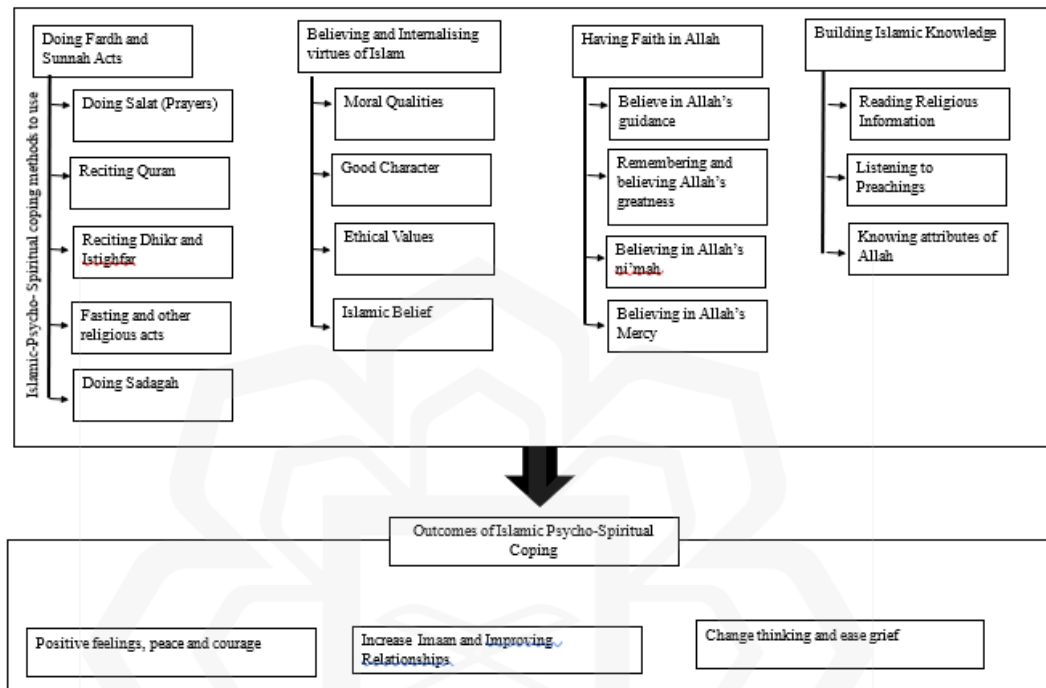


Figure 4.6 Islamic psycho-spiritual Framework to Deal with Loss and Grief

#### 4.6 CHAPTER SUMMARY

In this chapter, the results of the findings from the collected data of the in-depth interviews, observations/hanging out session reflections and journal writings of the participants were reported. Two major categories that answered research questions 1 and 2 (i) how does Islamic psycho- spirituality help to deal with loss and grief among patients with cancer in the study? (ii) what are the components of Islamic psycho-spiritual coping methods used by patients with cancer with regard to their loss and grief experiences? were reported which further contributed to the development of the two research objectives (i) to explore how Islamic psycho-spirituality helps to deal with loss and grief among patients with cancer, and (ii) to develop an Islamic psycho-spiritual framework to deal with loss and grief for patients with cancer from this study. The identified two major categories (i) how Islamic psycho-spirituality helps to cope with

loss and grief, and (ii) components of Islamic psycho-spiritual coping methods used for loss and grief. These two major categories have five subcategories known as (i) Outcomes of Islamic psycho-spiritual coping (ii) Doing Fardh and Sunnah acts, (iii) Believing and internalising virtues of Islam, (iv) Having faith in Allah, and (v) Building Islamic knowledge.



## **CHAPTER FIVE**

### **DISCUSSION**

#### **5.1 INTRODUCTION**

The objectives and the research questions of this study are once again highlighted in this introduction so that the reader will be aware of these objectives. The objectives of the research are (i) to explore how Islamic psycho-spirituality helps to deal with loss and grief among patients with cancer, and (ii) to develop an Islamic psycho-spiritual framework to deal with loss and grief for patients with cancer. In finding the answers to both research questions (i) how does Islamic psycho-spirituality help to deal with loss and grief among patients with cancer in the study? and (ii) what are the components of Islamic psycho-spiritual coping methods used by patients with cancer with regard to their loss and grief experiences? The answer to the research objectives were achieved and an Islamic psycho-spiritual framework to deal with loss and grief for cancer patients was developed.

In this chapter, a brief summary of the key findings is first discussed, followed by the interpretation of the findings. Next, a section exploring the implications of these findings is discussed, with an explanation of the limitations of the findings and the study. Lastly, a section exploring practical applications of the findings is discussed, followed by recommendations for further investigations.

#### **5.2 KEY FINDINGS**

The findings of this research answered the research questions and research objective one, in addition to the development of an Islamic psycho-spiritual framework to deal with loss and grief for patients with cancer, which is research objective two. It was identified through the findings on how Islamic psycho-spirituality has helped to deal with loss and grief among patients with cancer. When the participants engaged in Islamic psycho-spirituality, three themes were identified from the data that helped the participants. Firstly, it has helped to develop positive feelings, peace and courage, which includes properties such as release stress, happy, relaxed, calmness, overcome fear, relief, patience, problems go away, give ease, humbleness, sense of purification, Dua

gives courage, hope, energised, and good things unfold. Next, it helped to increase Iman and Improve Relationships, which have properties such as increased Iman, Insaniyath (humanity), Ihsaan, improved spousal relationship and knowing own strength. Lastly, it has helped participants to change thinking and ease grief with properties of Quran helps to change thinking, acceptance of disease and ease grief.

The findings also answered research question two which contributed to the development of the Islamic psycho-spiritual framework to deal with loss and grief among cancer patients. The findings showed four subcategories and, in each subcategory, some themes and properties built the subcategories. The subcategory of doing Fardh and sunnah acts had five themes, which are Theme D -Doing Salat, Theme E -Reciting Quran, Theme F-Reciting Dhikr and Istighfar, Theme G- Fasting and Other Religious Acts, and Theme H- Doing Sadaqah. Next was the subcategory of believing and internalising virtues of Islam with the theme I-Moral Qualities, Theme J – Good Character, Theme K- Ethical Values, and Theme L – Islamic Beliefs. Followed by this is the subcategory of having faith in Allah with themes M – Believe in Allah’s Guidance, Theme N- Remembering and Believing Allah’s Greatness, Theme O- Believing in Allah’s Ni’mah, and Theme P- Believing in Allah’s Mercy. Lastly, it is the subcategory of building Islamic knowledge. The combination of these findings generated the Islamic psycho-spiritual framework to deal with loss and grief for patients with cancer.

### **5.3 INTERPRETATION OF THE FINDINGS**

The findings of this study answered both research questions. For review purposes, a restatement of the research questions is mentioned below and is stated accordingly. When interpreting these findings, the answers to research question one are examined, followed by the interpretation of the findings for the second research question.

Research Questions;

- (i) How does Islamic psycho-spirituality help to deal with loss and grief among patients with cancer in the study?
- (ii) What are the components of Islamic psycho-spiritual coping methods used by patients with cancer with regard to their loss and grief experiences?

### **5.3.1 Interpretation of Findings for Research Question One**

The first research question is: How did Islamic psycho-spirituality help to deal with loss and grief among patients with cancer in the study? Through the data analysis, how Islamic psycho-spirituality has helped to cope with loss and grief was identified as the first major category with the subcategory of Outcomes of Islamic psycho-spiritual coping, which was built on three themes. These themes are individually discussed with their properties.

#### ***5.3.1.1 Theme A – Positive Feelings, Peace and Courage***

When participants engaged in Islamic psycho-spiritual acts, they experienced positive feelings, peace and courage. Their stress is released and feels happy. As mentioned by Hatamipour et al., (2015) in their qualitative study, the participants sought peace and wished to have peace in their life. Through this current study's findings, it was identified that the participants had feelings of peace in their lives as a result of engaging in spiritual acts that deal with their loss and grief experiences. In addition, Riley et al. (1998) also found that when there is an increase in spirituality, there is a decrease in distress, giving way to release stress, feeling relaxed, calm and improve the quality of life and psychological wellness.

Similar to the findings of a study by Babamohamadi et al. (2015) that states Quran recitation reduced the participants' anxiety, while properties of being relaxed and calm were found to develop theme A. In addition, overcoming fear was also a property of this theme. Anticipatory fear and anticipatory grief are common among cancer patients. As mentioned by Al-Gamal and Long (2010) and Hottenson (2010), patients with cancer express a variety of emotions, from anxiousness to sleeplessness, as they experience anticipatory grief and fear of leaving this world, hence, they engage in acts to complete the unfinished businesses. In this current study, the participants felt that engaging in Islamic psycho-spiritual acts, it helped them to overcome this fear.

It was also found that participants experienced relief as they also experienced a release of stress and learnt to have patience (*sabr*). It is a firmly held belief among practicing Muslims that when they experience difficulties or calamities, they are required to exercise patience, as mentioned in the Quran. The following verse is taken

from an English translation of the Quran by Ali, The Holy Qur'an (M. S. Ali, trans, 2003);

يَا أَيُّهَا الَّذِينَ آمَنُوا اسْتَعِينُوا بِالصَّبْرِ وَالصَّلَاةِ إِنَّ اللَّهَ مَعَ الصَّابِرِينَ

O ye who believe! seek help with patience and Prayer; surely, Allah is with the steadfast (The Holy Qur'an 2:154).

This verse of the Quran suggests for the believers of Islam that when a calamity befalls them, they are required to seek patience through their prayers. As the participants engaged in Islamic psycho-spiritual acts, they gained the virtue of expressing patience as a result of this Islamic psycho-spiritual involvement in dealing with loss and grief. Furthermore, the participants found that their problems would go away as they engaged in Islamic psycho-spiritual acts, and it also gave them feelings of ease or eased their problems. The participants also experienced humbleness and a sense of purification of their self and behaviour.

The participants also felt courageous as they engaged in making Dua. They believed that making Dua gave them the courage they needed to go ahead with their treatment and life. This also gave them feelings of hope. It was stated by Stanton et al., (2002) that when an individual increases spiritual involvement, their hopefulness also increases. This suggests that when the participants of this current study engaged in religious spiritual acts, it gave them hopefulness and increased the belief that they would be able to overcome the cancer. This theme A further had properties of feeling energised and good things unfolding. Participants believed that when they engaged in tahajjud prayers, they are energised to face the challenges of the day and also believed that by engaging in Islamic religious acts, good things would keep unfolding for them.

### **5.3.1.2 Theme B – Increase Iman and Improve Relationship**

When participants engaged in Islamic psycho-spiritual acts to deal with their loss and grief experiences, they experienced an increase in their Iman (faith), along with an increase in their insaniyath (humanity), and Ihsaan (excellence). It is revealed in the Quran that when a believer hears the name of Allah being mentioned, their heart feels fear and when the verses of the Quran are recited, their faith increases, and they trust

Allah. The following verse is taken from an English translation of the Quran by Ali, The Holy Qur'an (M. S. Ali, trans, 2003) supports this claim;

إِنَّمَا الْمُؤْمِنُونَ الَّذِينَ إِذَا ذُكِرَ اللَّهُ وَجِلَّتْ قُلُوبُهُمْ وَإِذَا تُلِيَتْ عَلَيْهِمْ آيَاتُهُ زَادَتْهُمْ إِيمَانًا وَعَلَىٰ رَبِّهِمْ يَتَوَكَّلُونَ

True believers are only those whose hearts tremble when the name of Allah is mentioned, and when His Signs are recited to them, they increase their faith, and who put their trust in their Lord (The Holy Qur'an 8:2).

In addition, the spousal relationship improved as they communicated and spent more quality time together. This also led the participants to understand their own strengths that they were unaware of.

### **5.3.1.3 Theme C – Changes Thinking and Ease Grief**

As previously stated in the literature review section, James and Wells (2003) proposed primary coping (an individual's effort to change the situation through religious acts) and secondary coping (changing own self through cognitive reframing to adapt to the changing situation and the acceptance of God's will) as two coping mechanisms that religion provides. They also stated that religion helps individuals find meaning in stressful situations, guided life events, and help to gain control and predictability of life events (James & Wells, 2003). Furthermore, they stated that religion provided self-regulation opportunities through direct thoughts and actions of the individual (James & Wells, 2003).

Similar to what James and Wells have stated in their cognitive-behavioural framework on how religion may affect the mental health of patients, the findings of this study helped the individual to reframe their cognitive thoughts. When the participants engaged in Quran recitation, it helped them change their thinking, which allowed them to accept the disease they have or the diagnosis of cancer. In addition to what James and Wells have prescribed in their framework, Kubler-Ross (2009) has also identified acceptance of the situation as a mechanism to overcome or to deal with grief in her five stages of bereavement model. With the changes in cognitive reframing and acceptance of the disease, the participants have experienced ease in their grief experiences as a result of engaging in spiritual acts that deals with the loss and grief.

### **5.3.2 Interpretation of the Findings for Research Question Two**

The second research question is: what are the components of Islamic psycho-spiritual coping methods used by patients with cancer with regard to their loss and grief experiences? Through the data analysis, the components of Islamic psycho-spiritual coping methods used by patients with cancer in regard to their loss and grief experiences were identified as the second major category, with the subcategory of Doing Fardh and Sunnah Religious Acts with its subthemes (Theme D – Doing Salat, Theme E – Reciting Quran, Theme F-Reciting Dhikr and Istighfar, Theme G – Fasting and Other Religious Acts, and Theme H – Doing sadaqah), a subcategory of Believing and Internalising Virtues of Islam with its subthemes (Theme I – Moral Qualities, Theme J – Good Character, Theme K – Ethical Values, and Theme L- Islamic Beliefs), a subcategory of Having Faith in Allah with its subthemes ( Theme M – Believe in Allah’s Guidance, Theme N – Remembering and Believing Allah’s Greatness, Theme O – Believing in Allah’s Ni’mah, and Theme P – Believing in Allah’s Mercy) and the subcategory of Building Islamic Knowledge and Its Properties. These themes are individually discussed with its properties. The themes in the subcategory doing Fardh and Sunnah religious acts are discussed below.

#### ***5.3.2.1 Theme D – Doing Salat***

The theme of doing Salat was built on the properties of pray, always pray, do sunnah prayers, do tahajjud regularly, pray with khushoo, don’t miss prayers, and make prayers a priority. Based on these properties, the main characteristic was doing Salat or prayers. This finding also lends support to previous research conducted by Shilling et al. (2017); Raju and Reddy (2018) who suggested that when their respondents engaged in spiritual acts of praying, they got comfort, relief from uncertainty, and eased their yearning so that they could come back to their normal life. It was also found by Cai et al. (2020) that parents of children with cancer diagnosis who were not religious also found comfort and ease through acts of religious coping. Furthermore, it was revealed in the Quran for believers to seek help through patience and prayers. The following verse is taken from an English translation of the Quran by Ali, *The Holy Qur'an* (M. S. Ali, trans, 2003);

يَا أَيُّهَا الَّذِينَ آمَنُوا اسْتَعِينُوا بِالصَّبْرِ وَالصَّلَاةِ إِنَّ اللَّهَ مَعَ الصَّابِرِينَ

O ye who believe! seek help with patience and Prayer; surely, Allah is with the steadfast (The Holy Qur'an 2:154).

Therefore, the properties of the findings for Theme D – doing Salat which include pray, always pray, do sunnah prayers, do tahajjud regularly, pray with khushoo, don't miss prayers. Make prayers priority suggests engaging oneself in the Islamic psycho-spiritual act of Salat (praying) to overcome or deal with the loss and grief experiences and to seek comfort.

#### **5.3.2.2 Theme E – Reciting Quran**

The theme of reciting Quran was built on the properties of *recite Arahman, Wa'h'dhuha, Alamnashra'kh, Wa'agi'a, Mul'k*, recitation of Yasin daily, recitation of Al- fathihah, read Kahf sura on Friday, recite the Quran in morning and evening, recite Quran every day, remind others to read Kahf on Fridays, read Quran tafseer and read Quran translation. A clinical randomised study conducted by Babmohamadi et al. (2015) supports that listening to the traditional Qur'anic recitation is effective in reducing anxiety of Haemodialysis patients in the experimental group. Similarly, a study conducted in Pakistan found that the recitation of surah 'Al Rehman' from the Qur'an in the Intensive Care Unit increased the recovery speed, which led to a full recovery of the patients (Rasheed, 2019). Similarly, the participants of the research engaged in regular recitation of Surah Rahman and the Quran. This engagement in reciting the Quran has helped them to manage their loss and grief experiences.

In addition, Nayef and Wahab (2018) found that the Quran had a specific and special effect on the heart of humans, which leads to the effect of chemicals and hormones responsible for human relaxation, hence, the participants in their study experienced significant relaxation in their body and mind. These studies suggest that the recitation of the Quran helps make the participants feel calm, relaxed and hopeful for recovery from their sickness. The Quran recitation was also healing for cancer patients when they recited Surathul Fathiha, Surathul Kahf and other specific surahs for healing (Suhami et al., 2014).

As the recitation of the Quran brings about these feelings of relaxation and calmness, Muslims believed that certain Surahs have superiority, such as Surah Fathiha. It is believed that Surah Fathiha is a surah of Rugya - Allah bestows a cure for those who recite the surah for their sickness, and Surah Yasin that brings about peace and recovery during sickness (Ibrahim et al., 2017). The recitation of surah fathiha and surah Yasin on a daily basis, and surah Kahf on Fridays were regular acts of worship that the participants engaged in which helped them manage their loss and grief experiences.

### **5.3.2.3 Theme F – Reciting Dhikr and Istighfar**

Theme F – Reciting Dhikr and Istighfar is built on the properties of recite dhikr, recitation of hasbiyallah, recite kursi and Istighfar. Remembering Allah through acts of dhikr is a method Muslims used to seek peace and calmness of the heart. It is also how Muslims believe they have a sense of being near and close to Allah. It is revealed in the Quran that the heart finds rest in the remembrance of Allah and reciting Dhikr is one of the forms of remembering Allah. Surah Ar'Rad verse number 28 speaks about the peace and calmness of the believers. The Holy Qur'an (M. S. Ali, trans, 2003);

الَّذِينَ ءَامَنُوا وَتَطْمَئِنُّ قُلُوبُهُمْ بِذِكْرِ اللَّهِ أَلَا بِذِكْرِ اللَّهِ تَطْمَئِنُّ الْقُلُوبُ

Those who believe, and whose hearts find comfort in the remembrance of Allah. Aye! it is in the remembrance of Allah that hearts can find comfort (The Holy Qur'an 13:28).

Hidayat et al. (2023) in their systematic literature review of 13 articles, found that recitation of the Quran and reciting dhikr gives happiness, peace and also security that led to a reduction of anxiety caused by COVID-19 infection, suggesting that making dhikr and Quran recitation helps people with terminal illness improve their mental wellness, and have feelings of peace and happiness that will ease their grief experiences. In addition, Sulistyawati, Probosuseno and Setiyarani (2019) conducted a quasi-experimental study by using 20 patients in the intervention group and 20 patients in the experimental group. The intervention group was given the dhikr therapy which had five steps and one of the steps required the participants to pray by reading Bismillah, Syahadat, Hamdhulilah and Ta'awudz (Sulistyawati et al., 2019). The findings of the study had a statistical difference between the groups, making the patients who engaged in dhikr therapy reduce in anxiety (Sulistyawati et al., 2019).

Furthermore, in the khutbah of a renowned Islamic scholar Omar Suleiman, he spoke about the benefits of reciting Hasbiyallhi, in which he stated that when Prophet Ibrahim Alaihisalaam was about to be casted to the fire (the fire that was most probably the biggest fire on this earth), the last word of Prophet Ibrahim Alaihisalaam was, “Hasbunallahu Wa Ni’mal Wakeel (حَسْبُنَا اللَّهُ وَ نِعْمَ الْوَكِيلُ) Sufficient for us is Allah, and [He is] the best Disposer of affairs” (Yageen Institute, 2023). In addition, Yageen Institute (2023) stated that after the Uhud war between Muslims and non-Muslims, many Muslims were injured but they had to face the army of Abu Suffiyyan again and was expected by the non-Muslims to fear the opposition, instead the Muslims’ said Allah is sufficient and He is the best disposer of affairs, to which Allah revealed in the Quran the following verse which is taken from The Holy Qur'an (M. S. Ali, trans, 2003);

فَأَنْقَلَبُوا بِنِعْمَةٍ مِّنَ اللَّهِ وَفَضْلٍ لَّمْ يَمَسَّسْنَهُمْ سُوءٌ وَاتَّبَعُوا رِضْوَانَ اللَّهِ وَاللَّهُ ذُو فَضْلٍ عَظِيمٍ

So, they returned with a *mighty* favour from Allah and a *great* bounty, while no evil had touched them; and they followed the pleasure of Allah; and Allah is the Lord of great bounty (The Holy Qur’an 13:28).

Whoever recites the Dhikr, Hasbiyallhi or Hasbunallahu Wa Ni’mal Wakeel does not leave empty-handed. Omar Suleiman stated in his Khutba that the reciter receives two things as a result of the recitation of this dhikr, which are good news and benefits from Allah, and protection from harm (Yageen Institute, 2023). Hence, for the participants to recite the dhikr Hasbiyallahi frequently brought them benefits and good news and protected them from harm.

Similar to reciting Hasbiyallhi, recitation of Kursi is also important for Muslims as they believe that recitation of the ayathul Kursi brings about protection from harm. It was found by Abidin (2023) in his study to find the benefits of the Quran, that his participants believed the recitation of Ayat Kursi would cast away the Satan (demon), protected their houses from theft and was a repellent of distress. It was mentioned in Al-Bukhari, Riyad as-Salihin 1020 Book 8, Hadhith 30, in the conversation between Abu Huraira (May Allah be pleased with him) and the Prophet Muhammad (peace be upon him), that the recitation of the ayat al- kursi protects the belonging and cast away Satan (“The Hadith of the Prophet Muhammad (صلى الله عليه و سلم) at your fingertips”, n.d, 2023). Furthermore, it was narrated by Abdullah bin Mas’ud in Jami at-Tirmidhi 2884, Book 45, Hadhith 10 that Ayat Al-Kursi is the most important ayat of the Quran,

“Allah has not created in the heavens nor in the earth what is more magnificent than Ayat Al-kursi”, Sufyan said: : Because Ayat Al-Kursi is the speech of Allah, and Allah’s speech is greater than Allah’s creation of the heavens and the earth” (“The Hadith of the Prophet Muhammad (صلى الله عليه و سلم) at your fingertips”, n.d, 2023). Therefore, the participants felt they themselves were protected from harm as they engaged in the recitation of ayat-al kursi frequently.

Under Theme F, Istighfar was also a spiritual act the participants engaged in. A study conducted by Uyun and Kurniawan (2018) found that the use of repentance (Taubat) and Istighfar as a therapy has improved master’s students’ subjective well-being, by reducing anxiety, sleeping difficulties, decreased obsessive-compulsive symptoms, reduced anger and self-injury. It further helped the participants to increase positive thinking, improve students’ ability to regulate emotions, happiness and increase their faith in God (Uyun & Kurniawan, 2018). In a controlled randomised trial of Ruidahasi and Nashori (2021), engaging in Istighfar and dhikr as a therapy showed that it increased the resilience of victims of domestic violence. In the Quran, Allah has revealed to the believers to engage in Istighfar as Allah increases the strength of the repenting person and increases their Rizq. Allah revealed in the Quran the following verse which is taken from The Holy Qur’an (M. S. Ali, trans, 2003);

وَيَقُومِ اسْتَغْفِرُوا رَبَّكُمْ ثُمَّ تُوبُوا إِلَيْهِ يُرْسِلِ السَّمَاءَ عَلَيْكُمْ مِدْرَارًا وَيَزِدْكُمْ قُوَّةً إِلَىٰ قُوَّتِكُمْ وَلَا تَتَوَلَّوْا مُجْرِمِينَ

And O my people, ask forgiveness of your Lord, then tum to Him, He will send over you clouds pouring down abundant rain, and will add strength to your strength. And tum not away sinners (The Holy Qur’an 11:152).

#### **5.3.2.4 Theme G – Fasting and Other Religious Acts**

Theme G – Fasting and other religious acts are built on the properties of fasting and sunnah fasting, make Dua, be in Wudu, take part in Janaza, be involved in religious acts all the time, prepare for religious acts, and make others engage in religious acts. Fasting in Ramadan is a compulsory religious act for Muslims and if need be, Muslims can make sunnah (complimentary) fasting. Many studies show health benefits on fasting, Ismail et al. (2019) found that Islamic fasting in the month of Ramdan helped in

reducing weight and improve the blood lipid profile. Fasting in the month of Ramadan helps individuals to purify themselves from wrong deeds such as lying, avoiding arguments, fights and lustful thoughts but promotes acts of empathy, charity, caring, and building relationship with family, other people and with Allah, which are acts that help an individual strengthen their mental health and feel good about themselves (Rahman, 2022). The participants in this study engaged in fasting to seek comfort for their loss and grief experiences, and with the above understanding from literature, it can be understood that the participants may have improved their mental wellness through fasting in Ramadan and sunnah (complimentary) fasting.

It was narrated by An-Nu'man bin Bashir in Riyad As-Salihin 1465, Book 16, Hadith 1 as cited in “The Hadith of the Prophet Muhammad (صلى الله عليه و سلم) at your fingertips”, n.d (2023), that the Prophet Muhammad (PBUH) narrated that the Dua, which is a supplication, is an act of worship. Furthermore, it is revealed in the Quran that whenever the servants of Allah make supplication and calls on Allah, the suppliants call is heard by Allah and the following verse, which is taken from The Holy Qur'an (M. S. Ali, trans, 2003), supports this claim;

وَإِذَا سَأَلَكَ عِبَادِي عَنِّي فَإِنِّي قَرِيبٌ ۖ أُجِيبُ دَعْوَةَ الدَّاعِ إِذَا دَعَانِ ۖ فَلْيَسْتَجِيبُوا لِي وَلْيُؤْمِنُوا  
بِي لَعَلَّهُمْ يَرْشُدُونَ

And when My servants ask thee about Me, say: 'I am near. I answer the prayer of the supplicant when he prays to Me. So, they should hearken to Me and believe in Me, that they may follow the right way (The Holy Qur'an 2:186).

This verse in the Quran suggests that Allah is near to His servants and answers the supplications of the servants, hence, engaging in Dua or supplication is immensely helpful for believing Muslims to overcome their loss and grief experiences during calamities such as terminal illnesses.

Similar to the effectiveness of fasting and making Dua for mental health, sleep is also a vital aspect of life for a sound mental health. Participants engaging in Wudu, taking Wudu throughout the day and especially before sleeping improves the quality of sleep. A study conducted by Reza (2020) on finding the effectiveness of Wudu on the quality of sleep among young women, found that when the participants made Wudu before going to bed, it improved their sleep satisfaction. According to her, there were three indicators that supported the increase on the measurements of sleep satisfaction,

which are overall sleep satisfaction level, sleep tight, and having enough sleep (Reza, 2020).

In a review article on hygiene and health in the Quran and science (Bajirova, 2017) stated many health benefits of Wudu, out of which he mentioned that taking wudu is an act that relaxes the individual's nervous system and helps to ease their stress, tensions and anxiety. It was also mentioned in Sahi Muslim, as reported by Abu Malik At-Ash'ari, that the Prophet (PBUH) stated that "cleanliness is half of faith" (Muslim, Book 2, Number 0432 as cited in "The Hadith of the Prophet Muhammad (صلى الله عليه و سلم) at your fingertips", n.d, 2023). In addition to the health benefits of making wudu, it is an act that removes sins and purifies the soul. It was narrated by Uthman "By Allah, I am narrating to you a hadith. If there were not a verse in the Book of Allah, I would have never narrated it to you. I heard Allah's Messenger (may peace be upon him) say: If a Muslim performs ablution and does it well and offers prayer, all his (sins) during the period from one prayer to another would be pardoned by Allah" (Muslim, Book 2, number 0438 as cited in "The Hadith of the Prophet Muhammad (صلى الله عليه و سلم) at your fingertips", n.d, 2023). This suggests that when an individual is involved in making wudu, in addition to the health benefits, their sins are removed and their souls get purified, which helps the individual feel calm and be at ease.

In the same line, taking part in Janazah is highly recommended in Islam. The Janaza prayer is an obligation on every Muslim known as a Fardal-Kifayah, meaning that the obligation is fulfilled when someone completes the act (Yahaya, 2021). It has been addressed in the Quran and Sunnah of the Prophet (PBUH) that death is something that is inevitable that no one can escape from. The following verse which is taken from The Holy Qur'an (M. S. Ali, trans, 2003) talks about death:

كُلُّ نَفْسٍ ذَائِقَةُ الْمَوْتِ ۗ وَإِنَّمَا تُوَفَّقُونَ أُجُورَكُمْ يَوْمَ الْقِيَامَةِ ۗ فَمَنْ زُحْزِحَ عَنِ النَّارِ وَأُدْخِلَ  
الْجَنَّةَ فَقَدْ فَازَ ۗ وَمَا الْحَيَاةُ الدُّنْيَا إِلَّا مَتَاعُ الْعُرُورِ

Every soul shall taste of death. And you shall be paid in full your rewards only on the Day of Resurrection. So, whosoever is removed away from the Fire and is made to enter Heaven has indeed attained his goal. And the life of this world is nothing but an illusory enjoyment (The Holy Qur'an 3:185).

It was also narrated by Abu Huraira that Prophet (PBUH) said that, "Whoever attends the funeral procession till he offers the funeral prayer for it, will get a reward

equal to one Qirat, and whoever accompanies it till burial, will get a reward equal to two Qirats." It was asked, "What are two Qirats?" He replied, "Like two huge mountains" (Buhari, Vol2, Book 23, Number 410 as cited in "The Hadith of the Prophet Muhammad (صلى الله عليه و سلم) at your fingertips", n.d, 2023). Since Muslims believe that taking part in the Janaza (funeral) prayer is rewarded with one qirat and if the prayer is followed by burial, then the reward is two qirat, taking part in Janaza is considered a highly rewarding and humbling religious act for Muslims, that reminds them to always remember that they have to return to Allah one day. As the participants in this study engaged in these spiritual acts mentioned above, they found ease, humbleness and comfort that eased their grief experiences.

#### **5.3.2.5 Theme H – Doing Sadaqah**

Theme H – Doing sadaqah is built on the properties of doing sadaqah, less earning but do charity, and encourage others to give charity. Doing sadaqah is a way for Muslims to show their devotion to the religion and also take care of the needy and poor people in society (Bensaid et al., 2013). While Zakat is known as the compulsory redistributive tax that is given by Muslims, sadaqah is the voluntary act of offering charity to the society (Lambarraa & Reiner, 2012). Furthermore, it was also found that there was an effect on mental wellness with volunteering time and giving charitable donations (Choi & Kim, 2010).

In Islam, sadaqah or charity is regarded as a good act that Allah bestows enormous rewards. It was narrated by Abu Huraira that the Prophet (PBUH) said, "None gives charity from (wealth earned from) a good source - and Allah does not accept anything but that which is good - but the Most Merciful takes it in His right hand, even if it is a date, and it tended in the hand of the Most Merciful until it becomes greater than a mountain, just as one of you tends his foal or camel calf." (Sunan an-Nasa i-2525, Volume 3, Book 23, Hadith 2526 as cited in "The Hadith of the Prophet Muhammad (صلى الله عليه و سلم) at your fingertips", n.d). Charity is also the way for an individual to become near to Allah (Assimalhakeem, 2023); the means to avoid a terrible death as it was narrated by Anas that Prophet (PBUH) said "Sadaqah appeases the Lord's anger and averts an evil death." (Mishkat al-Masabih 1909, Book 6, Hadith 135 as cited in "The Hadith of the Prophet Muhammad (صلى الله عليه و سلم) at your

fingertips”, n.d, 2023). The Prophet (PBUH) also narrated for Muslims to treat the sick by giving charity, and ask Allah for cure for the sick, as charity cause no harm, it is beneficial for the poor and is a way to get the mercy of Allah (Assimalhakeem, 2023). Hence, engaging in the act of giving sadaqah, even when some does not earn much but is still giving charity and encouraging others to do charity, makes the individual purify their soul, be close to Allah, get the mercy of Allah, improve their mental well-being and also get the cure for the sickness they are going through.

The themes in the subcategory of Believing and Internalising Virtues of Islam are discussed below.

#### ***5.3.2.6 Theme I – Moral Qualities***

Theme I – Moral Qualities are built on the properties of smiling, humble and humility, be courageous, being grateful, and non-argumentative. Having a good moral quality or character in Islam is crucial. Every Muslim in Islam is required to possess good moral qualities in their character as moral characteristic determines the way of life and is part of having faith in Allah. Allah also loves Muslims who hold a good moral character. Being moral in Islam is when an individual behaves the way they have been told in the Quran and Sunnah (Masitah, 2019). Similarly, Haque (2004) stated that in Islam, to achieve mental wellness, an individual needs to maintain the equilibrium of the spiritual and the materialistic world, which is also derived from the moral values of seeking assistance from the Quran, praying to Allah, having hope and good faith, along with having patience.

Renowned psychologist, William James viewed that people become happy when they smile, and his view has been empirically studied by many researchers (Tsujita & Rekimoto, 2011). A study done by Tsujita and Rekimoto (2011) on how to enhance positive mood and communication by smiling encouraged the use of digital applications and found that at times, the participants were not aware that they were in low spirit but with the use of the application for happiness counter, which had the ability to recognise visual smiles, gave the user feedback on how to develop better communication. The study concluded with findings that show participants who used their application, had an effect on the mood of the user, it increased the communication among their family members and increased positive mood of the users, indicating that

smiling did increase the overall mental wellness and participants felt happy (Tsujita and Rekimoto, 2011).

Islam also encourages individuals to smile, as it is considered the least form of sadaqah that can be done by a person. It was narrated by Abu Darr that the Prophet (PBUH) said that, “your smiling in the face of your brother is charity...” (Jami at-Tirmidhi 1956, Vol 4, Book 1 as cited in Sunnah .com). It was also narrated by Jabir bin Abdullah that the Prophet (PBUH) said, “Every good deed is charity. Verily, it is a good deed to meet your brother with a smiling face, and to pour what is left from your bucket into the vessel of your brother.” (Jami at-Tirmidhi 1970 Vol 4, Book 1 as cited in Sunnah .com). This suggests that smiling is an act of moral good quality that a Muslim must possess and is an act which is rewarded by Allah, as smiling helps to improve mental wellness and develop communication among individuals.

In addition to smiling, the other property that builds this theme is humbleness and humility. When an individual is humble, they value nature, act accordingly and respectfully with nature, humility also helps the individual to develop their relationship with nature (Gerber, 2002). The essence of the virtue of humility is to help an individual to be selfless by helping them to overcome their self-absorption, build contact with larger and more complex realities of the world and help to develop a sense of perspective about themselves and the world (Gerber, 2002). As a result of being humble and humility, an individual builds the ability to understand themselves and build a connection with others, which further helps them to overcome their grief experiences. Along with these, having courage to face the tribulations of life promotes innovation, change, and coping skills of an individual. (Santisi et al., 2020). According to Santisi et al., (2020) flourishing and life satisfaction were indicators that represented the quality of life in their study while courage appeared as the crucial psychological resource of support that individuals used to face and manage the uncertainties imposed by the society. They found that through these uncertainties participants of their study developed courage during the testing times, and faced the challenges hardship of their loss experience (Santisi et al., 2020).

At times, when individuals face adversities that are life changing events, it becomes easy for them to express their feeling of gratitude towards life, the people around them during the crisis and the phenomenon of them surviving the ordeal

(Ramstad, 2014). When such an individual constructively concentrates on gratitude, they create an emotional positive environment that fosters healing from their grief experiences (Ramstad, 2014). Hence, individuals' express gratitude or feelings of being grateful, that they survived the ordeal, or their life has been spared. The participants of this study expressed gratefulness for being spared and getting an early detection of cancer, or being able to go through their treatment.

This gratefulness from the participants spread across their intra and interpersonal connections. Gratitude or gratefulness is a core virtue of Islam that is held near to the heart of every Muslim. Muslims believe that when they show gratitude, Allah increases His blessings on them. The following verse taken from an English translation of the Quran by Ali, The Holy Qur'an (M. S. Ali, trans, 2003) supports this claim;

وَإِذْ تَأَذَّنَ رَبُّكُمْ لَئِن شَكَرْتُمْ لَأَزِيدَنَّكُمْ ۖ وَلَئِن كَفَرْتُمْ إِنَّ عَذَابِي لَشَدِيدٌ

And *remember also the time* when your Lord declared, 'If you are grateful, I will, surely, bestow more *favours* on you; but if you are ungrateful, *then know that* My punishment is severe indeed (The Holy Qur'an 14:7).

Similar to being grateful, being non argumentative is highly rewarded in Islam. It was narrated by AbuUmamah that Prophet (PBUH) said that, “a house in the paradise is guaranteed for those who avoid quarrelling or arguments, even when they are aware that they are right” (Hasan AL-Albani, Book 42, Hadhith 4782 as cited in “The Hadith of the Prophet Muhammad (صلى الله عليه و سلم) at your fingertips”, n.d).

This suggest that when an individual is grateful during adversities, accepts their situation and depict good moral qualities of Islam, it helps them to overcome and find ease for their difficulties and they are rewarded for their deeds.

#### **5.3.2.7 Theme J – Good Character**

Similar to having moral qualities in Islam to deal with loss and grief, having a good character in Islam is also vital. Theme J is built on the properties of being kind to others, help others, don't disturb others, empathise with others, think of others who have less, give strength to others, take care of others, be concerned for others, respect others, wish well for others, and care for parents.

Islam emphasises Muslims to be kind to each other. Being kind, helpful, thinking of those who have less, taking care of others, being concerned for others, empathising with others, and wishing well for others come under the umbrella of kindness. Islam says to be kind to everyone, even to animals, and be shoulder to shoulder with each other (Mufti Menk Official, 2023). It is believed that when an individual is kind to others and are there for others in their time of need, or the individual is generous, speak politely and is gentle with others, then when the person faces a calamity or adverse life event, they are not alone to deal with the challenges of it, they have other people to help, support and be concerned for (Mufti Menk Official, 2023). It was revealed in the Quran that Muslims need to be kind to people, parents, orphans and speak kindly to others, as kindness is a greater charity. The following verse from the Quran is about the importance of kindness. The following verses are taken from an English translation of the Quran by Ali, The Holy Qur'an (M. S. Ali, trans, 2003);

وَإِذْ أَخَذْنَا مِيثَاقَ بَنِي إِسْرَائِيلَ لَا تَعْبُدُونَ إِلَّا اللَّهَ وَبِالْوَالِدَيْنِ إِحْسَابًا وَذِي الْقُرْبَىٰ وَالْيَتَامَىٰ  
وَالْمَسْكِينِ وَقُولُوا لِلنَّاسِ حُسْنًا وَأَقِيمُوا الصَّلَاةَ وَآتُوا الزَّكَاةَ ثُمَّ تَوَلَّيْتُمْ إِلَّا قَلِيلًا مِّنْكُمْ وَأَنْتُمْ  
مُعْرِضُونَ

And *remember the* time when We took a covenant from the children of Israel: 'You shall worship *nothing* but Allah and *show* kindness to parents and to kindred and orphans and the poor, and speak to men kindly and observe Prayer, and pay the Zakat;' then you turned away in aversion, except a few of you (The Holy Qur'an 2:83), and;

قَوْلٌ مَّعْرُوفٌ وَمَغْفِرَةٌ خَيْرٌ مِّنْ صَدَقَةٍ يَتْبَعُهَا إِذْيٌ ۗ وَاللَّهُ غَنِيٌّ حَلِيمٌ

A kind word and forgiveness are better than charity followed by injury. And Allah is Self-Sufficient, Forbearing (The Holy Qur'an 2:263).

In addition, Islam speaks highly of parents, being kind to parents and taking care of them. It was revealed in the Quran that when the parents reach old age, take care of them and speak to them with love and a gentle manner and not to make an expression of displeasure towards them. The following verse taken from an English translation of the Quran by Ali, The Holy Qur'an (M. S. Ali, trans, 2003) is about being kind to parents;

وَقَضَىٰ رَبُّكَ أَلَّا تَعْبُدُوا إِلَّا إِيَّاهُ وَبِالْوَالِدَيْنِ إِحْسَانًا ۗ إِمَّا يَبُلُغَنَّ عِنْدَكَ الْكِبَرَ أَحَدُهُمَا أَوْ  
كِلَاهُمَا فَلَا تَقُلْ لَهُمَا أُفٌ وَلَا تَنْهَرْهُمَا وَقُلْ لَهُمَا قَوْلًا كَرِيمًا

Thy Lord has commanded, "Worship none but Him, and *show*, kindness to parents. if one of them or both of them attain old age with thee, never say unto them any word expressive of disgust nor reproach them, but address them with excellent speech (The Holy Qur'an 17:23).

Though different from what Islam has stated, the empirical research conducted on caring for others in the form of support groups to deal with bereavement suggests that when individuals care for each other and support each other, it helps to overcome or deal with their grief experiences. The systematic review study of 29 studies on the online support group for dealing with bereavement found that when individuals who have experienced bereavement or going through grief are available for each other, it provides emotional support, helps information sharing, allows the reconstruction of the self-identity and helps in the remembrance of the loved one, which ultimately helps the bereave to adjust to the grief and ease their pain (Robinson & Pond., 2019).

All these suggest that when individuals have a good character, and be kind, respectful, caring and empathetic towards others, the feeling is reciprocated back and is helpful in managing the grief experiences of the griever.

#### **5.3.2.8 Theme K – Ethical Values**

Theme K – Ethical values is built on the properties of respond to Salaam Alaikum, making time useful, maintain family values, building family relations, keeping environment clean, and well groomed. As previously mentioned, responding to Salaam Alaikum when meeting with others are good characteristics and virtues of Islam that show the person has good Islamic values built in them, and this is an act of kindness (Mufti Menk Official, 2023). Similar to this, in the Quran, it is encouraged to use time productively on religious acts, to be mindful about time and use the time for charitable acts and to prioritise the goals of the individual. As the Quran warns Muslims that they are in a state of loss if they waste their time and the Hadith of the Prophet (PBUH) also warns Muslims to take advantage of time before the time is lost. The Surah al-Asr is all about this warning on wasting time. The following verse of Surah Asr is taken from an English translation of the Quran by Ali, The Holy Qur'an (M. S. Ali, trans, 2003);

إِلَّا الَّذِينَ ءَامَنُوا وَعَمِلُوا الصَّالِحَاتِ وَتَوَاصَوْا بِالْحَقِّ وَتَوَاصَوْا بِالصَّبْرِ. إِنَّ الْإِنْسَانَ لَفِي خُسْرٍ  
وَالْعَصْرِ.

By the *fleeting* Time, Surely, man is in a *state of* loss, except those who believe and do good works, and exhort one another to *accept* truth, and exhort one another to be steadfast (The Holy Qur'an 103:1-3),

and the hadhith of the Prophet (PBUH) as cited by Jumaa (2022) in his Khuthba,

Take advantage of five before five: your youth before your old age, your health before your sickness, your wealth before your poverty, your free time before your busyness, and your life before your death.

Maintaining family values and building family relationships are vital for Muslims in Islam. It was narrated by Abu Hurairah that the Prophet (PBUH) said that, "those who want to increase their earnings as well as have the blessings on their income and have a prolonged good life, then they need to keep good ties with their family members or kins" (Book 16, Hadhith 1497 as cited as "The Hadith of the Prophet Muhammad (صلى الله عليه وسلم) at your fingertips", n.d). Furthermore, it was also narrated by Abu Hurairah that the Prophet (PBUH) said, "He who believes in Allah and the Last Day, let him show hospitality to his guest; and he who believes in Allah and the Last Day, let him maintain good relation with kins; and he who believes in Allah and the Last Day, let him speak good or remain silent." (Al Bukhari & Muslim, Book 1, Hadith 26 as cited in "The Hadith of the Prophet Muhammad (صلى الله عليه وسلم) at your fingertips", n.d), suggesting the importance of maintaining family relationships. On a different note, psychological researchers have found that family conflicts are associated with higher levels of anxiety disorders and the family cohesions have lower prevalence of mood disorders (Guo, et al., 2015). Therefore, when individuals involve themselves in maintaining family values, they are spiritually rewarded and psychologically, their anxieties will be reduced and the mental wellness is maintained.

Another property that made Theme K were clean environment and being well groomed, which is also related to cleanliness. Cleanliness is highly emphasised in Islam, as Muslims are required to make ablution five times a day for their prayers (Salath), which is an act of cleaning themselves in addition to keeping their body and environment clean. It was narrated by Prophet (PBUH), 'O Ansar! Allah has praised you for your cleanliness. What is the nature of your cleanliness?' They said: 'We perform ablution for prayer and we take bath to cleanse ourselves of impurity due to sexual activity, and we clean ourselves with water (after urinating). He said: 'This is what it is. So, adhere to it.'" (Sunan Ibn Majah 355 as cited in "The Hadith of the Prophet Muhammad (صلى الله عليه وسلم) at your fingertips", n.d, 2023). According to the hadith

of the Prophet (PBUH), cleanliness is also considered as completion of half of faith in Islam (Sahi Muslim, Book 2, Number 0432 as cited in Mazlan, 2015).

In addition, cleanliness also helps the psychological well-being of an individual. Though individuals with anxiety or depression finds it difficult to engage in daily cleaning routines, keeping the house and environment clean helps to improve the quality of life and have positive emotions. Research done on clutter and procrastination found that when individuals accumulate clutter, they have the tendency to procrastinate, feel overwhelmed and had low quality of life (Ferrari et al., 2017). However, when the clutter is cleaned, it helps the brain to focus on the items at the visual pad and to be able to concentrate on the task (McMains & Kestner, 2011). These studies and Islamic perspectives suggest that emphasis need to be given to cleanliness of oneself and the environment for spiritual reward and mental wellness, and the improvement of brain concentration.

#### **5.3.2.9 Theme L – Islamic Beliefs**

Theme L – Islamic beliefs are built on the properties of believe in virtues of Kahf, refrain from gheebat, thinking of death, preparing for death, death is inevitable, and believing in judgement day. Surah Kahf for Muslims is a surah that is held very near to their heart as they believe in Islam, the person who recites the Surah Kahf on a Friday, Allah will ascend a noor (light) from the person till the next Friday. It was reported by Abū Sa'id that the Prophet (PBUH) said, “If anyone recites *sūra al-Kahf* (Qur'ān, 18) on Friday, light will shine brightly for him till the next Friday.” (Mishkat al-Masabih 2175, Book 8, Hadhith 65 as cited in “The Hadith of the Prophet Muhammad ( صلى الله عليه وسلم ) at your fingertips”, n.d, 2023).

Surah Kahf teaches Muslims about the moral and ethical values of life, what is right and what is wrong, and the good and the bad, it gives logical and rational reasoning that backs life's purpose, and informs about life and death, and the life after death, which is known as the hereafter (Noor & Mangrio, 2018). These teachings of Islam make a Muslim refrain from acts that cause harm to the individual, to others and society.

One such act is to refrain from Qeeba (backbiting), which is also a property of Theme L. The Prophet (PBUH) described the act of backbiting as talking about a

Muslim brother in a disliked manner in their absence, and if what is spoken is not true, then it is slander (Riyad As-Salihin 1523, Book 17, Hadith 13 as cited in “The Hadith of the Prophet Muhammad (صلى الله عليه و سلم) at your fingertips”, n.d, 2023). Furthermore, it was reported by Hudhaifah that the Prophet (PBUH) said, “is stated that people who act in backbiting or gheebat will not enter Janath or Paradise” (Book 16, Hadith 1548 as cited in “The Hadith of the Prophet Muhammad (صلى الله عليه و سلم) at your fingertips”, n.d, 2023). On a television program hosted by an Australian television channel known as Special Broadcasting Service (SBS) on the topic of reputation rebuild, Siham Benz (victim of defamation of character) spoke about the effects of defamation of character that caused severe mental health issues, distress, loss of job and suicide inclinations for her (SBS insight, 2023). Hence, Islam has prohibited Muslims from character assassination, defaming, backbiting or slandering other people for the benevolence of humankind and the good mental health of society.

The other properties that made up Theme L are thinking of death, preparing for death, death is inevitable and believing in the judgement day. Islam always reminds Muslims about death and that death is inevitable. In addition, Islam emphasizes that Muslims think and be prepared for death and to believe in the day of judgement; to believe in the day of judgement is one of the pillars of Islam and Iman (Kamal-ud-din, 2010). The following verse taken from an English translation of the Quran by Ali, The Holy Qur'an (M. S. Ali, trans, 2003) is about death;

كُلُّ نَفْسٍ ذَائِقَةُ الْمَوْتِ ۗ وَنَبْلُوكُم بِالشَّرِّ وَالْحَيْرِ فَتْنَةً ۗ وَلِإِنَّا لَرْجِعُوكُم

Every soul shall taste of death; and We prove you with evil and good by way of trial. And to Us shall you be returned (The Holy Qur'an 21:35).

Though many research findings spoke about patients with terminal illnesses, such as cancer, believe that death is inevitable (Raju & Reddy, 2018), the work of Kubler-Ross (2009) mentions the hope that individuals with terminal illnesses have, even when they know their days are numbered. Similarly, Kubler-Ross (2009) mentioned acceptance of the illness, loss or death as a stage of grieving so that the grieving person can start preparing either for the impending loss or the loss that has already occurred. In a study by Raju and Reddy (2018), the participants started preparing for death by completing their unfinished business such as marrying their children and making their wills. This suggests that thinking of death and preparing for

death are acts that could help an individual with a terminal illness resolve their grief and accept their situation.

The themes that build the subcategory - Having faith in Allah, (Theme M) believe in Allah's guidance, (Theme N) remembering and believing Allah's greatness, (Theme O) believing in Allah's Ni'mah, and (Theme P) believing in Allah's mercy are discussed below.

#### **5.3.2.10 Theme M - Believe in Allah's Guidance**

Theme M – Believe in Allah's guidance that have the properties of Allah showing the way, Allah brings back to the righteous path, Allah made the path easy, Allah helps to deal with emotions, and nothing goes against Allah's will. Muslims believe that Allah gives guidance (hidaya) to his servants. It is Allah that creates the path of their life, make their life easy for them, remove obstacles from their life and give them strength. It was revealed in the Quran and the following verse taken from an English translation of the Quran by Ali, The Holy Qur'an (M. S. Ali, trans, 2003) is about the guidance of Allah;

وَلَنْ تَرْضَىٰ عَنْكَ الْيَهُودُ وَلَا النَّصَارَىٰ حَتَّىٰ تَتَّبِعَ مِلَّتَهُمْ ۗ قُلْ إِنَّ هُدَىٰ اللَّهِ هُوَ الْهُدَىٰ ۗ وَاللَّيِّنُ اتَّبَعَتْ أَهْوَاءَهُمْ بَعْدَ الَّذِي جَاءَكَ مِنَ الْعِلْمِ ۗ مَا لَكَ مِنَ اللَّهِ مِنْ وَلِيٍّ وَلَا نَصِيرٍ

And the Jews will by no means be pleased with thee, nor the Christians, unless thou follow their creed. Say, 'Surely, Allah's guidance alone is the guidance.' And if thou follow their evil desires after the knowledge that has come to thee, thou shalt have, from Allah, no friend nor helper (The Holy Qur'an 2:120).

Furthermore, it was revealed in Surah At-Taubah that it is Allah's will and nothing goes against Allah's will and Allah is the sole protector. The following verse is taken from an English translation of the Quran by Ali, The Holy Qur'an (M. S. Ali, trans, 2003);

قُلْ لَنْ يُصِيبَنَا إِلَّا مَا كَتَبَ اللَّهُ لَنَا هُوَ مَوْلَانَا ۗ وَعَلَىٰ اللَّهِ فَلْيَتَوَكَّلِ الْمُؤْمِنُونَ

Say, nothing shall befall us save that which Allah has ordained for us. He is our Protector. And in Allah then should the believers put their trust (The Holy Qur'an 9:51).

Similar to what has been revealed in the Quran, a study conducted by McMichael (2002) on Somali women taking refuge in Melbourne, Australia, found that

religious faith, the practicing of faith, gave these women the strength to cope with their emotional distress; and they believed that it is the will of Allah that today they are in Australia as refugees while there is a war going on in their own homeland, hence, the course of life and its events are all Allah's will.

### 5.3.2.11 Theme N – Remembering and Believing Allah's Greatness

Theme N – Remembering and believing Allah's greatness have the following properties of believing in Allah, trust in Allah, surrender to Allah, remembrance of Allah, and having a positive outlook towards Allah. Islam emphasises all Muslims do tawakkul, which is to put one's trust in Allah, believe in Allah, remember Allah (Nur Ul-Huda, 2023) and attribute all positive things to Allah. The study of Wahed et al., (2023) suggested that the caretakers of cancer patients, in the acceptance stage, had reliance or tawakkul in Allah along with contentment, and according to the author's reliance and contentment are interconnected components that cannot be separated. The Quranic verse from Surah Mai'dha is also about putting one's trust in Allah and Allah's plan. The following verse is taken from an English translation of the Quran by Ali, The Holy Qur'an (M. S. Ali, trans, 2003);

قَالَ رَجُلَانِ مِنَ الَّذِينَ يَخَافُونَ أَنْعَمَ اللَّهُ عَلَيْهِمَا ادْخُلُوا عَلَيْهِمُ الْبَابَ فَإِذَا دَخَلْتُمُوهُ فَإِنَّكُمْ غَالِبُونَ ۗ وَعَلَى اللَّهِ فَتَوَكَّلُوا إِنْ كُنْتُمْ مُؤْمِنِينَ

Thereupon two men from among those who feared *their Lord*, on whom Allah had conferred His favour, said, 'Enter the gate, *advancing* against them; when *once* you have entered it, then surely you will be victorious. And put your trust in Allah, if you are believers (The Holy Qur'an 5:23).

Similar studies conducted on coping strategies for loss and grief have found that people use religious and spiritual coping as a mechanism to deal with their grief experiences. In a study of 30 infertile women with Christian and Islamic religious backgrounds to find the coping strategies for their infertility. Roudsari et al (2014) found that the infertile women used spiritual and religious beliefs to cope and was relying on and vested in a higher power to manage the challenges they faced due to infertility. In addition, studies conducted by Shilling et al. (2017); Cai et al. (2020); Raju and Reddy (2018) found that the participants seek comfort through the reliance they have on a higher power and the trust that they have on this higher power to manage

their grief experiences. This suggests that relying on a higher power or the trust in Allah, or Tawakkul, helps the participants to feel comfortable and manage their grief.

### 5.3.2.12 Theme O – Believing in Allah’s Ni’mah

Theme O – Believing in Allah’s ni’mah has the properties of Allah’s ni’mah, Allah is always there, accept Allah’s decree, Allah gives shifa, Allah knows everything, and Allah’s generosity. Muslims believe Allah is the source of life and one’s blessings in abundance (Zarabozo, 2014). Allah revealed in the Quran in Surah Ibrahim, the following verse about Allah’s favours and the ungratefulness of humans. The following verse is taken from an English translation of the Quran by Ali, The Holy Qur’an (M. S. Ali, trans, 2003);

وَأَتَّكُم مِّن كُلِّ مَا سَأَلْتُمُوهُ ۚ وَإِن تَعُدُّوا نِعْمَتَ اللَّهِ لَا تَحْصُوهَا ۗ إِنَّ الْإِنسَانَ لَظَلُومٌ كَفَّارٌ

And He gave you all that you wanted of Him; and if you *try to* count the favours of Allah, you will not be able to number them. Verily, man is very unjust, very ungrateful. (The Holy Qur’an 14:34).

One such favour of Allah to his creation is the gift of the Quran, which is also a shifa (cure) and holds the remedies for the physical and spiritual sicknesses in the verses of the Quran (Ibrahim et al., 2017). A clinical randomised study by Babamohamadi et al. (2015) supported the use of Quranic recitations to overcome the anxiety in Haemodialysis patients. Furthermore, the recitation of Suarah ‘Al Rehman’ in the Intensive Care Unit increased the recovery speed of hepatitis, cancer and suicide patients in a Pakistani Hospital (Rasheed, 2019). In addition, a study by Mukhtadin (2015) using Quranic verses such as Surah Fatiha, Surah Yasin, Kursi, Surah Kahf and Surah Baqarah on Psychiatric patients under the care of a religious scholar, KH Himamudhin in Central Jawa, Indonesia found healing effects for the mental disorders experienced by the patients when these verses were recited to them. Hence, these suggest that Allah’s ni’mah is vast, Allah is the most generous and Allah gives Shifa to mankind.

### ***5.3.2.13 Theme P – Believing in Allah’s Mercy***

Theme P – Believing in Allah’s mercy have the properties of this is a test, there is something good in this hardship, no soul is burdened, sickness is a Rahma, and Allah’s protection. Islam in general is a religion of mercy or peace. Muslims believe that Allah is the most merciful and benevolent to humankind and the entire creation of Allah. Hence, in Islam, the Quran starts with this mercy of Allah by saying Bismillahi Irahmaniraheem and is the most repeated statement in the Quran (Haque, 2014). In addition, it is through this mercy of Allah that Allah sent the Prophet (PBUH) as a messenger to His entire creation to value the sanctity of human life, address people with kindness and be just among people, allow people to practice their religions and not degrade or disrespect their gods, and also encourage to do acts that benefit the larger society and the world (Mezrigui, 2015).

This mercy of Allah gives humans hope. Hope that their sins are forgiven, hope they will have a better future and hope in everything they do. It was stated by Shirvani (2018) that the Quran speaks about hope and similar ground is found between divine teachings and civilization, and psychology and the Quran described hope as the reward they get for the patience they endeavoured to achieve their goals. Hence, when the participants believed that their sickness is Rahma from Allah, and everything is Allah’s greatness and Allah’s Rahma, they developed hope that their challenges would come to an end and they would be taken care of by their creator. As mentioned previously in this chapter, it is this hope that terminally ill patients had which was spoken about, even when they knew their end was near (Kubler-Ross, 2009).

Muslims believe that whatever calamity they experience, it is a test from Allah, and Allah will not burden their souls. All that they experience, either good or bad, is a way for Allah to show His mercy and ni’mah on the believers.

### ***Subcategory 5 - Building Islamic Knowledge***

The properties that build Subcategory 5 - Building Islamic knowledge are reading religious information, listening to preachings and knowing the attributes of Allah. It is believed that religion is a concept that stems from a culture, a given period of time, is cognitive and exists in forms of symbols, texts, and traditions (Guthrie, 1996). Religion

and religious beliefs are associated with an individual's cognitive and meaning-making processes after a loss experience, and religion is indirectly related to an individual's mental wellbeing (McIntosh, 1995). Religion also guides an individual's life events and finds meaning during stressful events by gaining controllability and predictability in addition to giving the opportunity for self-regulation through cognition and behaviour (James & Wells, 2003). Religion also allows the individual for religious coping through primary and secondary coping (James & Wells, 2003). As mentioned by Riley et al. (1998), patients with high spiritual involvement were found to be less distressed, had better psychological wellness and better quality of life.

Thus, to add to this religious awareness, when an individual is aware of Allah's attributes or characteristics, then their faith and trust increase in Allah; the more detailed one knows about the creator, the greater the impact or effect one has in believing the creator (Zorabozo, 2014). Therefore, through reading and listening, one can gain knowledge of their religion and build their religious knowledge.

#### **5.4 GENERATING THE FRAMEWORK**

The generated Islamic psycho-spiritual framework to deal with loss and grief among cancer patients has two folds to it. The first part of the framework suggests acts that an individual is required to do to deal with their loss and grief experiences. The Islamic psycho-spiritual framework that deals with loss and grief among cancer patients is given in Figure 5.1. Individuals are suggested to engage in the following acts:

- (i) Doing fardh and sunnah acts. When an individual is doing fardh and sunnah acts, they are required to do following,
  - a) doing Salat (prayers),
  - b) reciting Quran,
  - c) reciting dhikr and istighfar,
  - d) fasting and other religious acts, and
  - e) doing sadaqah.

In addition to the Islamic perspective of doing Fardh and Sunnah acts such as Salat and fasting, the research findings by Shilling et al. (2017); Raju and Reddy (2018) suggested that participants achieved comfort, gained more control, became more certain while the insecurities of the uncertainty were relieved, and eased the yearning they had when they were experiencing their grief.

(ii) Believing and internalising virtues of Islam. These include:

- (a) moral qualities,
- (b) good character,
- (c) ethical values and Islamic beliefs.

An individual is able to maintain the equilibrium between the materialistic and the spiritual realm of life through the acts of moral values (Haque, 2014), humbleness and humility help the individual to be aligned with nature, to become selfless, and to understand the connection between the self and the world (Gerber, 2002). Through this humbleness and humility, an individual can muster the courage that can help the person flourish and become satisfied with life as ‘courage’ facilitates an individual to face the challenges of life (Santisi et al., 2020), which also helps an individual to express gratitude towards life. In times of adversity, expressing gratitude becomes easy as people learn that the adversity that has confronted them could be worse, or they survived the ordeal and their life has been spared (Ramstad, 204). Hence, having moral qualities, good character, ethical values and Islamic beliefs, and believing and internalising virtues of Islam are required to deal with loss and grief experiences.

(iii) Having faith in Allah. For an individual, when they have faith in Allah, they are required to accept the following;

- (a) believe in Allah’s guidance,
- (b) remembering and believing Allah’s greatness,
- (c) believing in Allah’s ni’mah, and
- (d) believing in Allah’s mercy.

Having faith in Allah means believing in Allah’s guidance, remembering and believing Allah’s greatness, believing in His ni’mah and His mercy. It is this faith that is built in Allah that helps Muslims overcome the adversities of life. As it is said in the

Quran, “Thereupon two men from among those who feared *their Lord*, on whom Allah had conferred His favour, said, 'Enter the gate, *advancing* against them; when *once* you have entered it, then surely you will be victorious. And put your trust in Allah, if you are believers” (The Holy Qur’an 5:23). In addition, it was also revealed in the Quran that, “Say, nothing shall befall us save that which Allah has ordained for us. He is our Protector. And in Allah then should the believers put their trust” (The Holy Qur’an 9:51).

Furthermore, Muslims who have been living in refugee status due to war, who have lost their belongings and have gone through grief, believe that it was their faith in Allah that has helped them in their life and face the adversity they have been confronted with (McMichael, 2002). Similarly, it is the faith and trust in a higher power that has given comfort to the hearts of patients who are going through the end of their life due to terminal illness like cancer (Shilling et al., (2017); Cai et al., (2020); Raju & Reddy, 2018).

- (iv) Building Islamic knowledge. When an individual is building Islamic knowledge, they are required to:
- (a) read religious information,
  - (b) listen to religious preachings, and
  - (c) know the attributes of Allah.

As religion guides an individual’s life and gives an individual primary and secondary coping strategies (James & Wells, 2003), it becomes crucial for the individual to develop their knowledge on religion. As mentioned by Zorabozo (2014), the greater the knowledge on the creator, the stronger one’s faith and trust in Allah. Hence, through reading and preaching, it is important to understand Allah’s characteristics and Islam to learn how to deal with loss and grief experiences through Islamic psycho-spirituality.

The second part of the framework is about the results an individual achieves when they involve themselves in the suggested acts to deal with their loss and grief experiences. The framework suggests results from three main areas, which are:

- (i) Develop positive feelings, peace and courage,

(ii) Increase Iman and build Improve Relationships, and

(iii) Changes thinking and ease grief.

It was suggested by Riley et al., (1998) that when individuals increase their spirituality, their distress levels decrease, along with feeling calm and relaxed, and hence, psychological wellness and quality of life are increased. In addition, Stanton et al., (2002) also found that when the spiritual involvement is increased, the participants' hope and belief that they will recover from the disease also increased. Similarly, Babamohamadi et al. (2015) suggested that when individuals are involved in the recitation of the Quran, their anxiety levels decrease and they feel more relaxed and calmer.

Furthermore, the Quranic revelation states that when believers (referring to Muslims) hear Allah's name, then their hearts soften, they feel fear and their faith or Iman in Allah increases.

True believers are only those whose hearts tremble when the name of Allah is mentioned, and when His Signs are recited to them, they increase their faith, and who put their trust in their Lord (The Holy Qur'an 8:2).

As mentioned by James and Wells (2003), the two coping strategies offered by religion are primary coping (an individual's effort to change the situation through religious acts) and secondary coping (changing own self through cognitive reframing to adapt to the changing situation and the acceptance of God's will). When individuals involve themselves in this framework, they are able to achieve these two coping strategies. Primary coping is achieved by involving themselves in religious acts and by easing grief, while secondary coping is achieved as a result of utilising this framework, which is changing in thinking or the cognitive reframing that takes place. Hence, as suggested by James and Wells (2003), this framework also opens the opportunity for self-regulation through direct thoughts and actions. Hence, Islamic perspectives and studies also suggest that individuals involved in spiritual and religious acts develop more positive feelings, helping to increase Iman and help individuals to change in their thinking and ease of grief. Since Islamic perspectives, Islamic literature and research support the fact that involvement in religious acts and spirituality help to overcome and ease loss and grief experiences, it can be concluded that the use of this Islamic psycho-spiritual framework will help patients with cancer to deal with their loss and grief experiences.

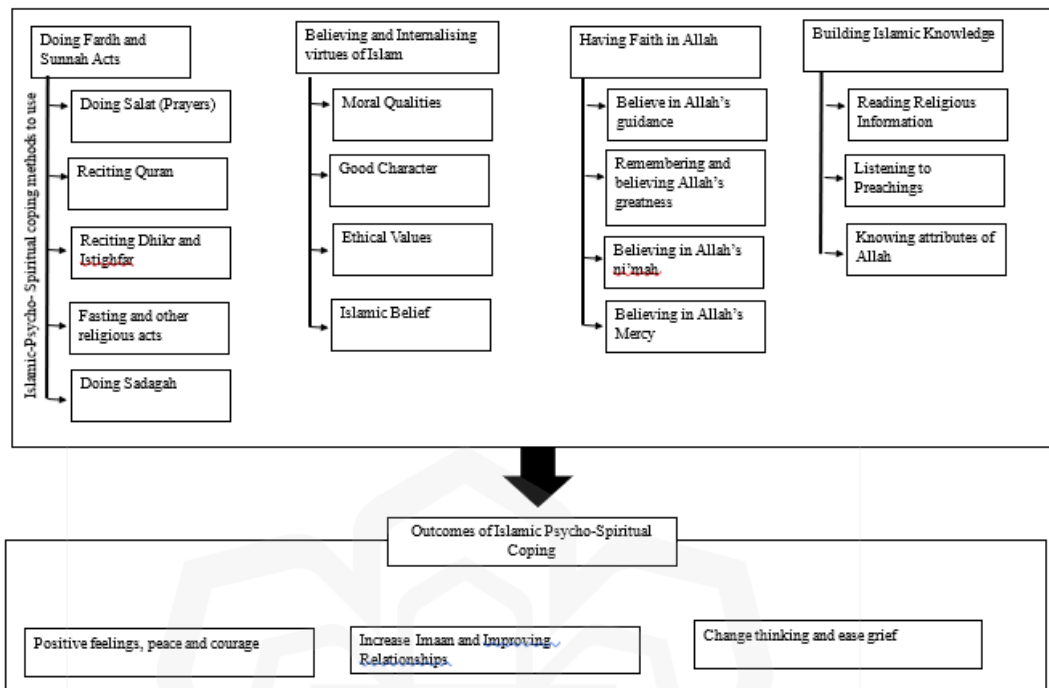


Figure 5.1 The Islamic psycho-spiritual Framework to Deal with Loss and Grief

## 5.5 LIMITATIONS

The most identified limitation of this study was the participants' inability to comply with journal writing. It is understood that the patients may be experiencing lethargy due to their cancer treatment; hence, maintaining a written or voice diary may be a task that is too tiring to do. The Canadian Cancer Society (2017) identified that individuals who undergo chemotherapy develop fatigue straight after a chemotherapy session. In addition, Charalambous and Kouta (2016) found in their research that 66.9% of their participants experienced cancer-related fatigue. This study also found a significant difference between participants who reported cancer-related fatigue having a lower quality of life and patients who did not report cancer-related fatigue had a higher quality of life.

In addition, due to the COVID-19 pandemic and lockdowns of countries and cities, it became difficult to conduct face-to-face interviews and participant observations/hanging out sessions. The cancer patients are at high risk for COVID-19

infections, and meeting with any participant was putting them at high risk, which had to be dealt with very carefully and sensitively.

Another limitation that was faced is participants' hesitation to be observed. Due to this hesitation, researcher had to change her technique of participant observation to hanging out sessions, which were riskier for the participants. Hence, the duration to collect data was increased.

## **5.6 IMPLICATION AND RECOMMENDATIONS**

The findings of this study have theoretical and practical implications. This section focuses on the theoretical and practical implications of the Islamic psycho-spiritual framework to deal with loss and grief experiences of patients with cancer, and recommendations from the researcher.

### **5.6.1 Theoretical Implication**

As suggested by Ismail et al. (2023), there is no Islamic psycho-spiritual framework in existence to help patients with cancer deal with their loss and grief experiences. Hence, this framework is an addition to the identified and suggested gap by Ismail et al. (2023). Though the generalisability of this framework is limited to Muslim cancer patients who are experiencing loss and grief, further research on this framework can be conducted to find how the framework can be used for patients with non-cancerous terminal illnesses who are experiencing loss and grief.

### **5.6.2 Practical Implications**

The practical implications of this framework can be applied to the following groups in society.

#### *i) Counsellors and Psychotherapists*

Therapists or counsellors working on patients with cancer can use this Islamic psycho-spiritual framework to better understand the coping mechanisms of cancer patients. Though Muslims always act according to the revelations of the Quran and the Sunnah

of the Prophet (PBUH) by doing the Fardh and sunnah acts suggested by this framework, it is crucial to understand that the suggested components of this framework were previously Islamic perspectives that have been long held to deal with loss and grief aspects of life. However, no empirical value has been associated with these perspectives. Hence, this framework gives these Islamic perspectives a scientific association that could be further researched and given an empirical value. It is also evident that in psychotherapy, therapists suggest different interventions and techniques to deal with the loss and grief aspects of a client, and this framework can play the role of such a technique and intervention for Muslim patients. In addition, Islamic counselling is a novice area of counselling that is vastly spreading throughout the globe. Hence, this framework could be taught to upskill, develop and train professional practitioners.

*ii) Family Members*

With the existence of this framework, family members can be more aware of the spiritual needs of the cancer patient they are taking care of, and provide the patient with the relevant support they need such as accompanying the patient for prayers or by providing them with materials that can build their religious knowledge.

*iii) Medical Treatment Providers*

Treatment providers play a vital role in the treatment of cancer patients. Treatment providers can apply this Islamic psycho-spiritual framework in the treatment wards to allow the patient to engage in different spiritual activities within the treatment wards. Islamic psycho-spiritual activities such as praying, reciting the Quran, facilitating ways for patients to act in sunnah religious acts, listening to preachings, and if the patients are too terminally ill, facilitate them to listen to Quranic recitations in the medical wards.

*iv) Policy Makers*

Policy makers can fuse this Islamic psycho-spiritual framework within policies that are already developed in Maldives to reflect and integrate the religious needs of Maldivian

patients with cancer as a compulsory component in hospitals and help provide professionals to add spiritual activities in the treatment plans.

## **5.7 CHAPTER SUMMARY**

In summary of the chapter, the objectives of the research (i) to explore how Islamic psycho-spirituality helps to deal with loss and grief among patients with cancer, and (ii) to develop an Islamic psycho-spiritual framework to deal with loss and grief for patients with cancer, have been achieved by this study. Through the findings, the answers to both research questions: (i) how does Islamic psycho-spirituality help to deal with loss and grief among patients with cancer in the study? and (ii) what are the components of Islamic psycho-spiritual coping methods used by patients with cancer with regard to their loss and grief experiences? and the answer to the research objectives were achieved, and the Islamic psycho-spiritual framework to deal with loss and grief for cancer patients was developed.

This Islamic psycho-spiritual framework has two folds: (i) the components to use to deal with loss and grief among cancer patients have four aspects to it, which are doing Fardh and sunnah acts, believing and internalising virtues of Islam, having faith in Allah and building Islamic knowledge. When the individuals engage in these acts, they will achieve the following results: develop positive feelings, peace and courage, increase Iman and improve relationships, and changes thinking and ease grief.

It is also believed that this Islamic psycho-spiritual framework to deal with loss and grief among patients with cancer, can be used as an intervention and a technique in grief work for patients with cancer. By adding further empirical research, it is hypothesised that the framework can be used for non-cancerous terminally ill patients in their grief work as well. Furthermore, this framework helps the family and cancer treatment providers of cancer patients to identify and be supportive in helping to meet the spiritual needs of the cancer patients to manage their loss and grief experiences, along with being helpful for policy makers to implement their treatment policies in keeping the spiritual needs of the patients in mind. Further research of this Islamic psycho-spiritual framework is highly recommended for its theoretical and practical use among cancer, non-cancerous terminally ill patients, and even for people who experience any form of loss and grief in general.

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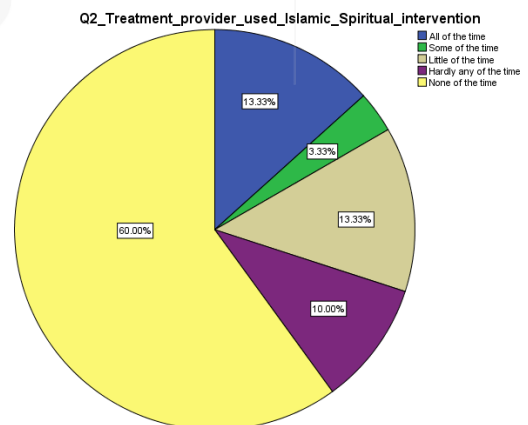
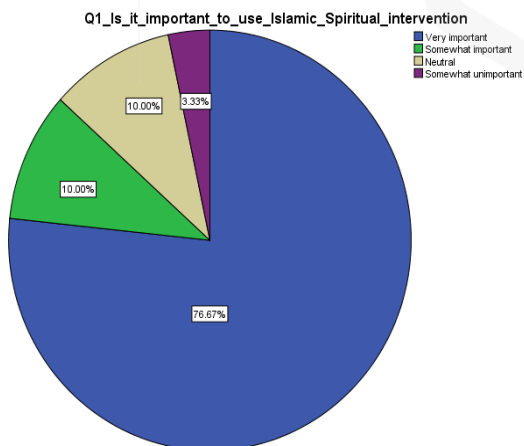


## APPENDICES

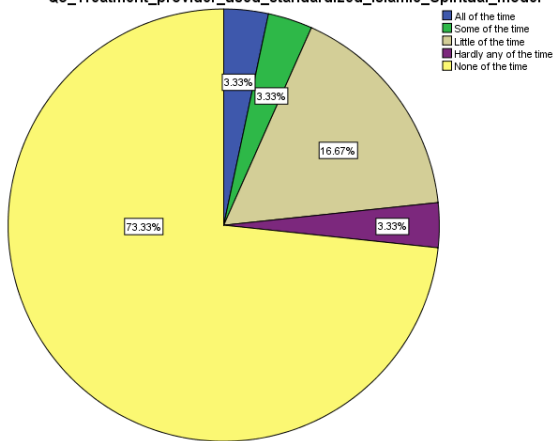
### APPENDIX A: DESCRIPTIVE STATISTICS

**Descriptive Statistics**

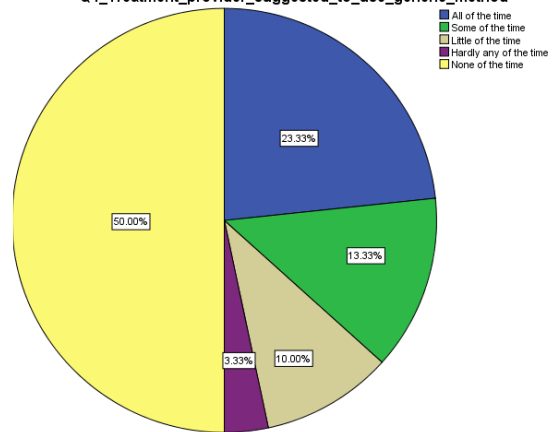
	N	Range	Minimum	Maximum	Sum	Mean	Std. Deviation	Variance
Q1_Is_it_important_to_use_Islamic_PsychoSpiritual_intervention	30	3	1	4	42	1.40	.814	.662
Q2_Treatment_provider_used_Islamic_PsychoSpiritual_intervention	30	4	1	5	120	4.00	1.462	2.138
Q3_Treatment_provider_used_standardised_Islamic_PsychoSpiritual_model	30	4	1	5	132	4.40	1.102	1.214
Q4_Treatment_provider_suggested_to_use_generic_method	30	4	1	5	103	3.43	1.736	3.013
Q5_Treatment_provider_given_Islamic_PsychoSpiritual_nature_advice	30	4	1	5	110	3.67	1.647	2.713
Valid N (listwise)	30							



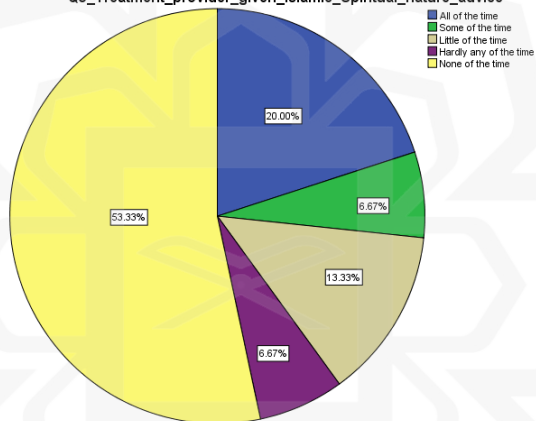
Q3\_Treatment\_provider\_used\_standardized\_Islamic\_Spiritual\_model



Q4\_Treatment\_provider\_suggested\_to\_use\_generic\_method



Q5\_Treatment\_provider\_given\_Islamic\_Spiritual\_nature\_advice



## APPENDIX B: QUESTIONNAIRE USED FOR PRACTITIONERS AND PATIENTS

### Questionnaire for Practitioners

Please put a circle in the most relevant answer.

1. Do you think it is important to use Islamic Psycho- spiritual interventions in your treatment, to help your patients, to deal with the loss and grief experiences they have faced during their cancer treatment?

Very important	Somewhat Important	Neutral	Somewhat unimportant	Not important at all
1	2	3	4	5

1. How often have you used Islam Psycho -spiritual based interventions in your treatment, to help your patients, to deal with the loss and grief experiences they have faced during their cancer treatment?

All of the time	Some of the time	Little of the time	Hardly any of the time	None of the time
1	2	3	4	5

2. How often have you used standardised Islamic Psycho- spiritual model/framework or program to help your patients, to deal with the loss and grief experiences they have faced during their cancer treatment?

All of the time	Some of the time	Little of the time	Hardly any of the time	None of the time
1	2	3	4	5



Please put a circle in the most relevant answer. أرجو أن تضع دائرة حول الإجابة الأكثر صلة.

في وقتك هذا، هل تلقيت أي شكل من أشكال المساعدة النفسية من أخصائي نفسي مهني أثناء علاجك للسرطان؟

- Have you ever received any form of psychological help from a professional therapist during your cancer treatment? هل تلقيت أي شكل من أشكال المساعدة النفسية من أخصائي نفسي مهني أثناء علاجك للسرطان؟

نعم، بالتأكيد

نعم، إلى حد ما

لا، أبداً

Yes  No

.....

1. Do you think it is important to use Islamic Psycho- spiritual interventions in your treatment, to help the patient, to deal with the loss and grief experiences you have faced during the cancer treatment?

أعتقد أنه من المهم استخدام التدخلات النفسية-الروحية الإسلامية في علاجك، لمساعدة المريض على التعامل مع تجارب الخسارة والحزن التي واجهتها أثناء علاجك للسرطان؟

Very important وَأهم شيء	Somewhat Important أهم شيء ما	Neutral متوسط	Somewhat unimportant أقل أهمية	Not important at all أقل أهمية على الإطلاق



رَبِّهِمْ وَيَقُولُ			وَعَسَىٰ ذُكَّرُكُمْ لَآ تَرَوُنَّ	لَا تَأْسَوا بِشَيْءٍ
1	2	3	4	5

4. How often have your treatment provider suggested to use any generic method (example, Islamic Dua's or prayers) to help the patient, to deal with the loss and grief experiences you have faced during your cancer treatment?

لَا تَأْسَوا بِشَيْءٍ فَعَسَىٰ ذُكَّرُكُمْ لَآ تَرَوُنَّ - رَبِّهِمْ وَيَقُولُ  
لَا تَأْسَوا بِشَيْءٍ فَعَسَىٰ ذُكَّرُكُمْ لَآ تَرَوُنَّ رَبِّهِمْ وَيَقُولُ  
لَا تَأْسَوا بِشَيْءٍ فَعَسَىٰ ذُكَّرُكُمْ لَآ تَرَوُنَّ رَبِّهِمْ وَيَقُولُ  
لَا تَأْسَوا بِشَيْءٍ فَعَسَىٰ ذُكَّرُكُمْ لَآ تَرَوُنَّ رَبِّهِمْ وَيَقُولُ

All of the time	Some of the time	Little of the time	Hardly any of the time	None of the time
رَبِّهِمْ وَيَقُولُ	لَا تَأْسَوا	ذُكَّرُكُمْ لَآ	وَعَسَىٰ ذُكَّرُكُمْ لَآ تَرَوُنَّ	لَا تَأْسَوا بِشَيْءٍ
1	2	3	4	5

5. How often have your treatment provider given “Islamic Psycho-Spiritual nature” advice or suggestion to the patient, to help you to deal with the loss and grief experiences you have faced during your cancer treatment?

لَا تَأْسَوا بِشَيْءٍ فَعَسَىٰ ذُكَّرُكُمْ لَآ تَرَوُنَّ رَبِّهِمْ وَيَقُولُ  
لَا تَأْسَوا بِشَيْءٍ فَعَسَىٰ ذُكَّرُكُمْ لَآ تَرَوُنَّ رَبِّهِمْ وَيَقُولُ  
لَا تَأْسَوا بِشَيْءٍ فَعَسَىٰ ذُكَّرُكُمْ لَآ تَرَوُنَّ رَبِّهِمْ وَيَقُولُ  
لَا تَأْسَوا بِشَيْءٍ فَعَسَىٰ ذُكَّرُكُمْ لَآ تَرَوُنَّ رَبِّهِمْ وَيَقُولُ

All of the time	Some of the time	Little of the time	Hardly any of the time	None of the time
رَبِّهِمْ وَيَقُولُ	بَعْضَ الْوَقْتِ	بَعْضَ الْوَقْتِ	بَعْضَ الْوَقْتِ وَبَعْضَ بَعْضِ الْوَقْتِ	بَعْضَ الْوَقْتِ بَعْضَ
1	2	3	4	5



## APPENDIX C: THE IIUM RELIGIOSITY SCALE

### THE IIUM RELIGIOSITY SCALE (IIUMRELS)

Age:
Gender:

For each statement, please circle a number to indicate the extent of your agreement on the following response scale:

**1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree**

I strive for both worldly affairs and the hereafter as advised by Prophet Muhammad (SAW).	1	2	3	4
I avoid behaviour that will be punished in the hereafter.	1	2	3	4
The more knowledge I have, the more humble I should become.	1	2	3	4
I teach my family members the greatness of Allah.	1	2	3	4
I feel bad doing something forbidden even if I know others are also doing it.	1	2	3	4
I strive to follow my <i>aqal</i> (rationality) more than my <i>nafs</i> (lust).	1	2	3	4
I am pleased with what I have.	1	2	3	4
For fear of Allah I will always tell the truth.	1	2	3	4
I teach my family members to always remember Allah.	1	2	3	4
At any point of time in life, I can strengthen my relationship with Allah.	1	2	3	4

*Scoring: Higher scores indicating higher agreement to the items.*

## **APPENDIX D: MEMOS**

### **Memo 1**

After I received the approval from Maldives, Ministry of health ethics review board to conduct the research, I wrote a letter to cancer society of Maldives requesting for their kind cooperation in finding respondents from the cancer support group to take part in my study.

Cancer support group was never a new place for me. I was the founder of the support group with cancer society of Maldives in the year 2015. I facilitated the support group for 2 years, every week from 4 to 6 on Tuesday's. though I have been away from the support group for few years, they are still running the group on Tuesday 4 to 6.

I re-joined the viber group of the support group. Some participants welcomed me. I must say, I was nervous to join back to the group as I was not sure whether they will accept me or not. I was wondering whether they are going to judge me? Or was expecting heaps of questions to be asked. But to my surprise, none of the group members asked me why I stayed away from the group, instead they said they were happy to see me back in the group.

I also felt good when some of the participants highlighted how I have helped them to their early stages of cancer diagnosis. Since I joined after a huge gap, staying away from the group, I became actively involved in the group meetings, it was very important for me to build the rapport with the new members of the group before I could recruit any member for my study.

### **Memo 2**

Today I joined the csg group meeting through zoom. As usual the meetings began with the introduction of the group members. Today, I stayed quiet, as feelings of 'guilt' for staying away from the group was playing in my mind. The older members pulled me towards their sharing discussions. I gradually eased in and felt better later in the meeting. As I felt more comfortable, I became more active in the group. The facilitator who was my peer gave the floor to me and I took the opportunity to introduce my PhD research and request for participants for my study.

### **Memo 3**

Today was yet again another intensive day at the CSG meeting. The topic of discussion for today was 'My self. How new learnings takes place, as violation of expectations takes place. It was more of how the neurotransmitters, neuronal networks, work and how it effects our behaviour and vice versa that was discussed by me. The session ended

at 20:00pm. It was a very long meeting. Once again, I introduced my PhD topic for members who were absent for previous meeting and requested for volunteers to take part in my study. Through this meeting, I received 4 participants who volunteered. After screening the 4 participants for inclusion and exclusion criteria, I was able to use only 1 participant.

#### **Memo 4**

I contacted the respondent through viber. After talking through viber for a while, and answering some questions on confidentiality and anonymity, respondent 1 (R1) was willing to give me an interview. Since this is COVID-19 time, I have to be very careful with these participants as they are high risk for infectious diseases. After talking with R1 a meeting was set up for 20<sup>th</sup> December 2020.

#### **Memo 5**

I joined the CSG meeting today through zoom. Today they had an art therapy session through zoom. After completing the artwork, all the members described what they have drawn. I found this session very relaxing.

#### **Memo 6**

Today I received a call from R1. R1 apologised for not being able to meet me for the interview as an urgent matter came up. I was informed that R1 had to travel abroad for treatment. The visa, respondent have been waiting for has been approved and R1 family want to travel as soon as possible as 14 days have to be sent in quarantine at India. I wished R1 well and asked her to be in touch with me through viber and that we will conduct the interview when R1 returns from India.

#### **Memo 7**

Today in the CSG meeting I opened up about my PhD research again. I asked them to participate in my study but no one was willing to take part. It appears to me that they are interested to be part of the study but something is holding them back. I am not able to figure it out. I have even asked them directly, whether there is anything that makes them uncomfortable to take part in the study but I did not receive an answer, instead more questions to clarify is being asked.

At this point I am questioning myself. Are they still upset with me for not attending the meetings? Do they still judge me? Am I not trustworthy? I am scared...what if. I don't get participants.

### **Memo 7**

After several conversations and messages through viber, I met R1 once, before for 10 minutes, after R1 came back from India. It was a casual meeting where I met with R1 unofficially at a place we happen to be at the same time. As R1 recently came from treatment and has not attended the CSG meeting, I believed it will be good if I meet up with R1 to strengthen our rapport and also answer any questions R1 may have.

### **Memo 8**

Today (25 th March 2021 20:30 pm), I met R1 for the interview. I noticed that R1 smiles a lot when R1 speaks, also sounds very eager and excited to make me believe that how much R1 has changed religiously and spiritually. R1 believe that surah Rahman has the power to heal. Recitation of Rahman sura, recitation of Dhikr is very important for R1. R1 also revealed to me that that lot of CSG members are interested to take part in the research but they are hesitating to take part due to observation as a data collection method is used. This was new information for me. R1 confessed that. R1 was also hesitant to take part as it made R1 uncomfortable to be in a place where someone else was observing the movements. But R1 made the decision to take part because R1 knew that the respondent had the right to withdraw from the study at any given point of time.

### **Memo 9**

1<sup>st</sup> April 2021 (Thursday) at IGMH/ DHARUMAVANTHA HOSPITAL

This was an observation session that is supposed to be conducted. But respondents are hesitant to take part in observations. Therefore, with the help of Dr. Shafia, the observation sessions have been combined with hanging out sessions. Hence this is the very first hanging out session for this research. A reflection on the hanging out session is written separately.

### **Memo 10**

Transcribing of the interview of the R1. – I spent hours listening to the recorded interview before I started transcribing it. As this was the first transcription done it took me a while to get hang of it. Some parts of the recordings were not clear, hence, I had to refer to my notes and re listen to the recordings.

## Memo 11

I used line by line coding method for the analysis of the data set, as it will help me to get the open codes generated. As a novice GT researcher, I am nervous and anxious that my analysis may be biased and subjective instead of it being objective and data driven. As per my readings, the line-by-line coding will help me to limit or avoid the bias that I may have. As I have spent time listening to the interview before I transcribed it, I can already sense that I am going to get number of open codes. I am not sure how it works, but the very first line is telling me that the respondent's life has changed after the diagnosis. I will use the code driven from the statement of the respondent itself. Changes life- wallahi- this is the first open code of the very first line uttered by the responded. The second code is new perception and regrets, regrets- straight from the respondent's mouth. I think this is how objectivity is achieved. I think I need to refine the following codes,

- Changes in life
- New perception
- Sleeping longer without praying
- Undifferentiated gender roles – this code does not match with my RQ, so I definitely need to rename this code.
- Slow work pace
- dhikr to overcome anticipatory grief - by naming this way, it is taking away the objectivity of the code from data and I am putting in my own subjective thinking. Hence rename the code.
- Reconstruction
- Creating signature dishes- hnnmm, it is interesting that I just took this code as it is from the transcribed interview, even though, I am not sure, how it links with my RQ. I also think, it is too early for me to know, maybe it may just work.
- Through self-talk changes things – again, how does it link with my RQ. I am going to leave it just like that for now. I will come back to it again later.
- anticipatory fear of metastases of cancer - by using this term anticipatory, it may be taking away from the data as I am giving a label.
- don't have to pray all the time even if people say so - thinking of using 'stigma' but could it be de tracking from the data.
- avoid places and things that trigger painful memories - changed the code name as this code is taking away the objectivity, I am putting my own understanding on it.

## **Memo 12**

After looking at the data set of R1, I have decided to change the following codes.

- Changes in life-to-life changes. When I say changes to life, I think I am taking away the essence of the impact the changes taken place has on the respondent's life. But when I say – life changes- it is giving that essence back to the respondent.
- New perception – here I have changed the code to changed perception, here by saying, new perception, I think I am adding meaning to it. But the respondent is merely suggesting the change that has taken place.
- Sleeping longer without praying – by using this code, I am emphasising on the sleeping and missing out the change that has taken place which is the priority given to prayers. Hence, I am changing it to prayers are priority.
- Undifferentiated gender roles – since the focus is on doing daily work, I am changing the code to doing daily work.
- Slow work pace – changed to takes longer to complete work, here the respondent is stating the time taken to complete little tasks.
- dhikr to overcome anticipatory grief – Remove anticipatory grief. Rename it to dhikr to overcome over thinking.
- Reconstruction – not related to the RQ of the study, hence remove this code. No code is given to this line.
- Creating signature dishes- leaving this code as it is, because I think it is somewhat related to RQ. I may have to revisit to this code later.
- Through self-talk changes things – again, how does it link with my RQ. I am going to leave it just like that for now. I will come back to it again later.
- anticipatory fear of metastases of cancer – change the code to ‘thinking of cancer spreading’.
- don't have to pray all the time even if people say so – keeping this code as it is.
- avoid places and things that trigger painful memories – this code is changed to “avoid looking at physical appearance”.

## **Memo 13**

Hanging out session of R1 analysis

I used the same method to analyse the hanging out session reflective writing data. These reflections include the conversations I had with the respondent and my direct observations made regarding the respondent's behaviour and the setting. Same line by

line coding approach was applied and I identified same codes from the interview. I am actually unable to believe that this is how it works. I never thought that I could get same codes from my interview analysis to match with the hanging out session data. I can now see how constant comparison is put to work. The same codes I got are:

- before think worst
- saying Alhamdhullilah
- prayers are priority

I know it is just very few same codes but at least I got same codes. This makes me happy. A total 15 new codes were found along with some same codes.

#### **Memo 14**

Today in the csg meeting, I requested the members to join my PhD research again. I explained to them the data collection is based on in depth interviews and journal writing. There will be a hanging out session too, in which I will be taking part any activity that you are doing along with you. Once the hanging out session is over, I will write my reflection of the session and will use that reflection as my data. My R1 was also in the meeting and R1 voluntarily suggested to the group that anonymity and confidentiality is also maintained. R1 actively asked questions that she thought will help the members of csg to take part in my study. At the end of the meeting, 5 members approached me who showed the willingness to take part in my study. After contacting them through viber and going through the inclusion and exclusion criteria, I got 3 respondents to take part in my study.

#### **Memo 15**

Hanging out session R2 16:45 – 18:45 coffee shop

#### **Memo 16**

Analysis of hanging out session 1 with R2

As I analysed the data of the reflection written on the hanging out session, same codes were identified with interview of R1 (hereafter known as R1) and hanging out session of R1 (hereafter known as HR1). Same codes that were found are:

- make some fun
- happy
- regret

- Thinking of death

And many new codes were found. A total of 28 new codes were found. From the new codes the following code death of a friend had to be changed to thinking about death as I found that death of a friend is remembrance of death hence it falls to thinking about death category.

### **Memo 17**

I contacted R2 to arrange for the interview but R2 wanted to meet me as R2 was going to hospital for the regular chemo injection that are being taken. I agreed to meet R2 at IGM hospital on Sat 30/5/2021.

### **Memo 18**

Hanging out session with R2 @ IGMH café and hospital from 18:00 till 20:00

### **Memo 19**

The analysis of hanging out session 2 with R2 (HR2-2) was conducted. Same codes such as were identified.

- prayers are priority
- happy

This analysis gave 20 new codes. At this point, I am thinking that it will take a lot of respondents to achieve data saturation as the number of new codes generated are increasing.

### **Memo 20**

31<sup>st</sup> May 2021 14:00 hrs. @ R2 house the in-depth interview was conducted.

I met R2 for the interview at R2 house. R2 had a small, beautiful house. R2 stressed and emphasised on how much he feels happy and feels relaxed. According to R2 Allah has given a lot, whatever has happened to R2 has happened for own good. It is Allah's way of protecting R2 from any future harm, that is what R2 believes. R2 showed a disco ball at R2 house. After R2 switched off the lights at the house, the disco ball was lit. R2 also played some music from the phone. R2 came to sofa (where me and R2 were seated), sat down and told me, this is my leisure activity, this is my exercise, it is not haram in Islam, my music is not haram music and these lights are not haram. I enjoy staying home. I have made this place the place where I can do everything including my leisure activities.

## **Memo 21**

After transcribing the interview of R2- the same approach of line-by-line coding was conducted. At the beginning I gave 'work' as I did not know how to code what was told. Once again same codes were found and many new codes were found. 66 new codes were found. Some of the codes I gave such as needed to be examined again.

Resentment- I think by saying it is resentment, I have included my own meaning to it hence I am changing it to 'before gets angry'.

Loss of health, financial loss (I decided to give 2 codes in this line as it explains the happenings of these two phenomena).

Impending loss. At first, I gave impending loss. But I think it is taking away from data and I am putting my own meaning. Hence, I decided to give "wishful thinking".

## **Memo 22**

Travelling to Hdh. Hanimadhoo to meet with my 3<sup>rd</sup> respondent (R3). Since the government has put restrictions on travelling. I am only able to stay maximum 5 days in the island. If I am staying longer than 5 days, I am required to quarantine for 14 days. Since I made an official visit, on official pass, I am using this opportunity to meet up with R3 and collect data for my study. Hence, I will be conducting the In-depth interview and the hanging out session for R3.

## **Memo 23**

I met with R3 for the in-depth interview. During the interview I observed that R3 is very soft spoken, when R3 speaks, direct short answers were given. Even when I ask for explanations or to give an example R3 gives a short answer. R3 informed me that in the initial days, the fear R3 had was very intense but now R3 feels more at ease and that R3 is happy with Allah's decree. We also set a time to conduct the hanging out session. Since, I only had 5 days to stay, I decide I will conduct the hanging out session before analysis of the interview data. The HR3 will be analysed after the analysis of R3 interview.

## **Memo 24**

11:00-12:00 Hanimadhoo small mosque

Met with R3 at Mosque which is the working place of R3. It was a small mosque. This is where R3 work. Due to the surgery R3 went through, R3 had to amputee one of the arms. R3 had challenges to work like a normal person, but I saw R3 working as efficiently as a normal person with two arms. The challenges R3 experiences, were not obvious to the people who just happens to pass by, but when someone thinks about it

and observes, R3's behaviour, it can be clearly observed, how R3 has changed and adopted the strategies to work around with the disability R3 faces. In a small populated village like island, R3 being the only individual on the island with such a physical disability must be hard and challenging. Though it was hard for him, I saw a man who was smiling, laughing with colleague, working hard to clean the mosque. I saw R3 was equally contributing to the work as the colleague.

### **Memo 25**

After many requests I received the journal entry of R2. When this was analysed by using line by line coding, I found 3 new codes. The journals I received was not what I wanted. After so many days, I received on the journal entry of R2. That entry was also very short and brief. I decided to use whatever entries I received from the participants. The codes I found through JR2 are:

- Knowing attributes of Allah
- Think of others who have less
- self-reflection

### **Memo 26**

Analysis of R3 in-depth interview.

The analysis of R3 interview gave new codes and many same codes.

A total of 21 new codes were identified.

- scared to receive diagnosis
- had confidence that will recover from disease
- hasty for treatment
- changes to body after surgery
- loss of work
- information regarding treatment
- multiple surgeries
- do sunah prayers
- look for alternatives ways to be physically normal
- winning both worlds
- spiritual person always

- involved in regular religious acts
- Allah is protecting from future harm
- Positive outlook towards Allah
- Allah made path easy
- increased in Iman
- Quran tafseer
- believe in virtues of Kahf
- Allah's Rahama
- involved in religious act all the time
- No soul is burdened

### **Memo 27**

Analysis of hanging out session of R3 (HR3)

When the open coding of the HR3 was conducted similar codes with R1, HR1, Hr2-1, HR2-2 and HR2 were identified. Some new codes given below were identified.

- interested and keen in work
- close friendship
- positive attitude towards work
- Taking care of Allah's house
- Take care of self

The most commonly identified same code for this HR3 was working and being active when sick.

### **Memo 28**

Conducting in-depth interview session with R4. I have met R4 on several occasions in the past. I have had a well-established rapport with R4. I have met R4 on several meetings ta CSG. This is the first time, I am meeting R4 individually. For anonymity purposes the venue of the meeting is not written. R4 was very open and willing to share the experiences with me. R4 was very comfortable with me, it could be because of the well-established rapport between us.

## **Memo 29**

An analysis of the R4 interview.

As usual the line-by-line coding was conducted and found 19 new codes. Just like R2, I found the connection with Kubler Ross's stages of grieving. In R2, I came across, R2's anger due to the diagnosis, which resembles the anger stage of Ross. Similarly, in R4, I came across R4's questioning why me? why did I receive this diagnosis, question. I decided to code these lines by

- questioned why me?

## **Memo 30**

2/7/2021

13:00- 15:00

House of R4

I was invited by R4 for lunch at their private house. I met all the family members of R4 at lunch. Even the spouse of R4 was present. R4 lives in an apartment in the centre of the capital city. I was sitting at the terrace with R4, I noticed that the sounds of the vehicle on the road was not audible. It kept me wondering why? The only answer I could come up was that the plants at the terrace may be preventing the noise to be reached to us. It sounds crazy, but that was what came to my mind. R4 has created a little heaven in the noisy hustle and bustle of the city. The terrace was full of different types of plants, and R4 had a swing at the terrace. Though it was small, it was well kept, clean and maintained.

## **Memo 31**

Analysis of HR4

The analysis of HR4 gave 6 new codes. The rest of the codes were same codes to either R1, HR1, HR2-1, HR2-2, R2, JR2, R3, HR3 and R4. This has started to give me the understanding of constant comparison. Now I know that how constant comparison works. It seems magical that the codes are perfectly fitting to its own place, and how the number of new codes generated are reducing.

## **Memo 32**

20/7/2021

Today, my R5 participant, the 3<sup>rd</sup> participant from CSG was supposed to meet me. But he sends me a viber message saying that he cannot meet today as his family and children

has made plans to visit an island during Eid break. He said he will meet me once he returns back.

### **Memo 33**

3/8/2021

As usual I took part in the CSG meeting. The meeting began at 16:15pm. I was a physical meeting. The meeting ended at 20:00. This morning, I received a message from R5 saying that I could meet him at his office after CSG meeting. I met him at 20:30 till 22:00. At his office cabin.

When I went, he was waiting for me. As he had security locks in his building, I could not enter without his assistance. He was very welcoming and friendly. He greeted me with a big smile on his face. He was nicely dressed in casuals. He told me he was the only person in the office at that moment. He guided me towards his cabin. He offered me to have a tea or coffee, which I declined. I noticed that his office was especially his cabin was very neat, clean and orderly maintained. I also observed a painting on his cabin wall, a painting of a forest with many colours of green, orange and yellow. He told me that the painting represents him. That is who he is. He said he loves to grow plants, that is his volunteer work. So, in every aspect, he is very connected with nature. He told me his partners are not like him. They are very modern. In their cabins they have modern art. According to him modern art represents nothing. Modern art has no connection to nature. And nature is everything for him. He took me to show around his office, and he took me to the cabins of his partners to show me all the modern arts they have hung in their cabins. He was smiling when he said it represents 'nothing' to him. As we walked out of the partners cabin, we were met by one of his colleagues. He introduced me to the colleague by saying that I am doing my Phd and was there for data collection. The colleague was also very friendly. He also explained me how they work at the office and a bit about R5 and his approach of work. I saw a very cordial and comfortable relationship between them.

### **Memo 34**

Analysis of HR5

When the constant comparison of HR5 was done, same codes were generated along with some new codes. The new codes that were generated are:

- Develop self professionally
- Minimal
- Nature gives life and positivity

### **Memo 35**

14/8/2021

Meeting was held to conduct the In-depth interview of R5 at his office cabin.

### **Memo 36**

Analysis of the In-depth Interview of R5 after transcribing.

Same codes were found but new codes also emerged. I realised that testing self, the medical checkups were taking care of health even though I gave the code 'doing medical checkup'. I am wondering whether taking care of health is related to my RQ. I need to clarify this with my supervisor!

The fear of reoccurrence of cancer – which is code name that I gave – I think I need to change the code name, I think this takes away objectivity. It is more subjective code name.

The analysis of the interview gave the following new codes.

- living away from family
- no financial hardship
- unsure diagnosis
- medications
- give strength to others
- Allah's generosity
- did not feel depressed
- positive thinking
- lead prayers
- make others engage in religious acts
- not depressed
- believing in judgement day
- socialise with friends
- challenges to treatment
- taking treatment alone

### **Memo 37**

Hanging out session with R6 at Hulhumale beach.

21:00—23:00

I met R6 before at CSG meeting. She was constantly in touch with me, to help me with the direction to the meeting place. She was smiling when she met me at the café area. She had a companion with her. She informed me that she had been waiting for me for almost 30 minutes. She then quickly said let's grab some coffee and sit somewhere at the beach, where they had benches. She led me to the coffee shop; we bought 2 cups of coffee and a cup of tea for me. She carried her and her companion's coffee cup. We spoke as we walked towards the beach. Since it was a Friday night, the beach was packed but we found a bench and three of us sat on that bench while she introduced her companion to me and started talking to me. (Due to reasons of confidentiality and privacy maintenance, I could not attach the rest of the details of this conversation in a publication)

### **Memo 38**

Analysis of the HR6

There were three new codes that were generated.

- Finding love
- Spirituality is internal
- Being confident

### **Memo 39**

10/11/2021

In-depth interview of R6

The In-depth interview was conducted for R6.

### **Memo 40**

14/12/2021

Analysis of In -depth interview of R6

After transcribing the data- it was analysed using the constant comparison method. The following new codes were identified:

- insaniyath (humanity)

- Ihsaan
- Bargaining
- respond to Salaam Alaikum
- love own self
- no blaming
- nothing to lose
- Allah is always there

### **Memo 41**

Hanging out session with R7

10/1/2022

12:15 – 14:30 at a Restaurant

I met R7 near ADK hospital as it was planned. As I did not have change for my taxi fare she offered help and paid the taxi which was later reimbursed to her. She was very willing to help me out. As I walked towards the restaurant that we were supposed to meet, she stopped me and informed me that the particular restaurant we decided to go is not hygienic for her hence she would prefer to go somewhere else. She had another place in her mind and I agreed with her. While we walked together to the new restaurant, she told me that she came a bit early and checked out the place, as she was not comfortable with the place, she walked around a bit and found a place she likes. It took me by surprise as she was sick and she walked earlier and again she was walking with me. All the while her face mask was also on. I observed that she was able to walk faster than me. As we entered the restaurant and sat down, she told me that she is tired but she was very happy to leave home and meet up with someone.

### **Memo 42**

Analysis of HR7

The following new codes were generated through the analysis along with same code.

- avoid infection
- difficult to cope deeper emotions
- accepting mistakes

### **Memo 43**

15/1/2022

Since I received the Journal entry of R3. I did the analysis of the journals which gave one new code:

- Build family relation

### **Memo 44**

16/1/2022

In – depth interview of R7 was conducted

### **Memo 45**

27/1/2022

After transcribing the in- depth interview- the data was analysed through constant comparison method.

From the generated codes I had a confusion with using ‘Support group is the foundation’ (line 25)- I need to revisit this later. Similarly, the code ‘others expectation’ (line 45) – I am not sure about this code. I think it does not fit to the description.

After revisiting the codes, the following codes were generated and finalised.

- Resilience
- loss of identity
- loss of sense of self
- Istighfar
- recitation of Al fathihah
- peace

## **Memo 46**

2/1/2023

Hanging out session with R8

20:00 – 21:00

House

I met her daughter at the front of her house, waiting for me. The daughter welcomed me and escorted me to her place which was a bit further in an alley. R8 was in her room when we got into the house. The daughter went to R8 room to inform her that I came. Shortly, R8 came out of room and greeted me. She was well groomed and said Salaam Alaikum to me. She also said that she was reciting Quran after Isha prayers. We sat in the living room along with R8's daughter and son-in-law, who were watching television. R8 offered some drinks and short eats to me which she explained that she prepared the short eats for herself. Though it was a small house, it looked very organised and clean. A weighing scale with some Beadle nuts and others spices like cinnamon and cardamom were seen which I was told later that it's for selling. It is a way for the family to make some extra income in addition to the regular work of R8's children.

## **Memo 47**

Analysis of the hanging out session of R8

This analysis generated 2 new codes:

- past loss experiences
- extra income

## **Memo 48**

In-depth interview of R8

3/1/2023

The in-depth interview for R8 was conducted

### **Memo 49**

5/1/2023

Analysis of the in-depth interview of R8

The analysis of the interview gave the codes below  
previous medical history

- don't harm others
- don't disturb others
- empathise with others

### **Memo 50**

7/1/2023

Hanging out session with R9

20:00- 23:00

I met R9 at her rented room. She was not there when I visited her. She came around a minute and explained to me that she went to the shop to buy something to offer me. As we stayed in her room, she received a call from her friend to visit HulhuMale beach. I went along with her to the beach with her friends.

### **Memo 51**

8/1/2023

Data analysis of HR9

The data was analysed using the constant comparison method and only one code of 'Allah show the way' was generated.

### **Memo 52**

9/1/2023

The in-depth interview for R9 was conducted

**Memo 53**

12/1/2023

After transcribing the data, it was analysed and the code of 'restrain right to information' was generated.

**Memo 54**

13/1/203

Hanging out session for H10 was conducted

It was conducted in her island. There was a little café that she was running. I visited her café. She was a very hard working and a friendly lady. She introduced me to her family members living with her.

**Memo 55**

13/1/2023

The data of HR10 was analysed and no new codes were generated. This has taught me what it meant of doing constant comparison for the first time. I could not believe that it will come to a point where there will be no data codes generated.

**Memo 57**

14/1/2023

Conducted the in-depth interview of the R10.

**Memo 58**

15/1/2023

Analysis of the transcribed Interview revealed no new codes.

**Memo 59**

Analysis of journal entry of HR10

No new codes were identified

## **Memo 60**

7/2/2023

The hanging out session of R11 was conducted at the ADK hospital chemo ward. She visited for a chemo session and I accompanied her. I was with her till the end of her chemo session.

## **Memo 61**

Analysis of HR11 did not reveal any new codes.

## **Memo 62**

5/5/2023

Re visiting the analysed data before creating the axial codes

When I revisited the codes, I realised that some codes need to be changed. Hence, I changed the code of 'World before loss' to 'knowing own strength' as the new code name fit more suitable with what the participant was stating. The statement is about the participant understanding their own strength.

I also removed the following codes

'not good enough mother'

'Before get angry' and changed to 'gets angry'

'before life was stressful' to 'life was stressful'

## **Memo 63**

6/5/2023

Revisit to data codes due to axial coding

Changed the following codes to 'happy'

- Less income but happy
- Less earning but happy
- Happiness is for everyone
- Happy with whatever decision made

Changed the following names of the codes below to relaxed

- Previous panic attacks

- Knowing Islam relax

The code Dhikr helps to overcome fear has been changed to overcome fear

Humbleness through Janaza have been changed to humble

#### **Memo 64**

7/5/2023

Development of the selective codes to generate the themes and the major categories.

Through the identification of axial coding, 12 categories were made from the axial codes. The following are the 12 axial codes developed:

1. Doing fardh and sunah religious acts
2. Changes taken place due to cancer diagnosis
3. Believing and Internalising virtues of Islam
4. lack of Islamic virtues and acts before diagnosis
5. Loss experiences
6. challenges faced during and after diagnosis
7. ways adopted to manage cope with loss and grief
8. Reactions to diagnosis
9. Having faith in Allah
10. Outcomes of Islamic psycho-spiritual coping
11. building Islamic knowledge
12. cancer diagnosis and treatment

#### **Memo 65**

8/5/2023

Selective coding process

I brought in 'Improve spousal relationship' – to Outcomes of Islamic psycho-spiritual coping. Because improvement relationship happened due to engaging in spiritual coping.

## **Memo 66**

9/5/2023

Selective coding of the development of the core categories

I have been struggling for the past few days. Though I have been visiting and going through my codes and axial codes, I am unable to develop one core category from the categories.

## **Memo 67**

10/5/2023

Today, I called another researcher from New Zealand for her feedback on this difficulty that I have in developing the major categories. After discussions with her and reviewing of the literatures, I have decided to generate two major categories instead of one core category depending on the two research questions I have. Hence the two major categories I developed are:

- 1- Spiritual coping outcome
- 2- Components of spiritual coping

It was also identified that these two major categories had subcategories to it. Hence,

- 1- Spiritual coping outcome have two subcategories which are:
  - a. Outcomes of Islamic psycho-spiritual coping
  - b. Lack of Islamic virtues and acts before diagnosis
- 2- Components of spiritual coping
  - a. Doing Fardh and sunnah religious acts
  - b. Believing and internalising virtues of Islam
  - c. Having faith in Allah
  - d. Building Islamic knowledge

## **Memo 68**

12/5/2023

Generating the major categories;

I had a discussion with the supervisor. During the discussion, we realised that having the subcategory of 'Lack of Islamic virtues and acts before diagnoses under the

Major Category 1 - Spiritual coping outcome, is not in alignment with the research questions and the research objectives. Hence, I revisited my axial codes again.

After shifting around with the 12 axial codes, checking out the open codes, themes that developed these 12 axial codes, I decided to remove the 'Lack of Islamic virtues and acts before diagnosis' subcategory.

What I saw next was magical. BINGO. It all suddenly started to make sense to me. It is like a perfect fit of the puzzle pieces. There lies the framework in front of my eyes. Hence, the decision was made to keep 'Lack of Islamic virtues and acts before diagnosis' out from the Major Category 1 and move forward with the following;

1. How Islamic Psycho- Spirituality help to cope loss and grief  
, which is;

a- Outcomes of Islamic psycho-spiritual coping

2. Components of Islamic psycho-spiritual coping

a) Doing Fardh and sunnah religious acts

b) Believing and internalising virtues of Islam

c) Having faith in Allah

d) Building Islamic knowledge

Furthermore, I brought the following changes to the properties of the following themes.

3- The code 'unbelievable outcomes achieved' is removed as a theme.

6. 'Good things unfold' code is moved to the theme of positive feelings.

7. The code 'brought improvement to thinking by others'- is removed from the category it was sitting before.

## **Memo 69**

13/5/2023

Finalisation of the Major categories

The major categories and its subcategories have been finalised. I changed the name of the major categories based on the RQ's

Major Category 1 - Outcomes achieved through spiritual coping. But now it is How Islamic Psycho- Spirituality help to cope loss and grief

Major Category 2 - Components of spirituality- to Components of Islamic Psycho- Spiritual coping methods for loss and grief.

### **Memo 70**

14/5/2023

Today, I visited my data, open codes, axial codes, the themes, subcategories and the major categories. While I was analysing these, I need to make changes to the name of the properties so that it fits with RQ's Research objectives and the Framework.

I changed the code name from tahajjud energised for the day to energised.

Make up for missed spiritual acts were removed from doing Fardh and sunnah acts. I found the theme is more towards performing acts of Fardh and sunnah now rather than focusing on performing the missed religious acts in the past.

### **Memo 71**

15/5/2023

The open code spend longer reciting Qur'an has been changed to recite Qur'an morning and evening, which is more appropriate and objective in relation to what the participant is stating.

Dhikr to overcome unwanted thoughts is removed from Theme F.

Dhikr to overcome overthinking is also removed from Theme F.

Others remind to recite Dhikr is removed Theme F

These two codes did not make it to the Theme F because Theme F is about present acts of Dhikr, Istighfar done by the person only.

### **Memo 72**

16/5/2023

The code name of make Wudu before sleeping and always be on Wudu is changed to be on Wudu.

Take part in Janaza code is moved from the theme believing and internalising virtues of Islam to doing Fardh and sunnah acts as taking part in janaza is considered a sunnah act.

The code being careful is removed as it does not fit in the category along with keeping quiet most of the time code is also removed.

### **Memo 73**

13/5/2023

The code knowing attributes of Allah has been moved from the subcategory of Having faith in Allah to Building Islamic knowledge as knowing the attributes of Allah is increase the knowledge on the characteristics of Allah.

Furthermore, the code Humbleness by taking part in Janaza has been changed to humbleness.

### **Memo 74**

3/8/2023

Changing the name of the theme

While writing the discussion section of the study, I realised that the two names given to the Themes believe in Allah's Rahma and believe in Allah's mercy are the same. Hence, believe in Allah's Rahma is changed to believe in Allah's Ni'mah and the property Sickness is Rahma is moved to the Theme believe in Allah's Mercy.

## **APPENDIX E: SEMI STRUCTURED INTERVIEW QUESTIONS FOR IN-DEPTH INTERVIEWS AND DIARY ENTRIES**

1. Tell me the how it has been for you since your diagnosis?
2. What are the losses you have experienced since your diagnosis?
3. How have you been grieving for these losses?
4. How are you managing with these losses?
5. Are you an Islamic Psycho-spiritual person?
6. Tell me about your Islamic psycho-spirituality before the diagnosis?
7. What aspects of your Islamic psycho-spirituality changed after diagnosis?
8. What does this change in Islamic psycho-spirituality means to you?
9. Does involving in Islamic psycho-spirituality ease your grief?
10. How does Islamic psycho-spirituality help to ease your grief?
11. What aspects of Islamic psycho-spirituality help you to manage your grief?
12. Tell me about the things in relation to your Islamic psycho-spirituality and religiosity you do to deal with your loss and grief experiences?
13. What religious acts do you perform to help to deal with your loss and grief?

## APPENDIX F: AREAS OBSERVED

### 1. The physical setting

- What is the physical environment like?
- What is the context?
- Kind of behaviour is the setting designed for?
- What objects can be found in the setting?

### 2. The participants

- Who is in the scene, how many people, what are their roles?
- Who is allowed in here?
- What are the relevant characteristics of the participants?
- What are the ways in which people in the setting organise themselves?

### 3. Activities and interactions

- What is going on?
- Is there a definable sequence of activities?
- How do the people interact with one another and activity?
- How are people and activities connected?
- What norms or rules are there in the activity?
- When did the activity begin?
- How long does it last?
- Is it a typical activity or unusual?

### 4. Conversations

- What is the content of conversations in this setting?
- Who speaks to whom?
- Who listens?

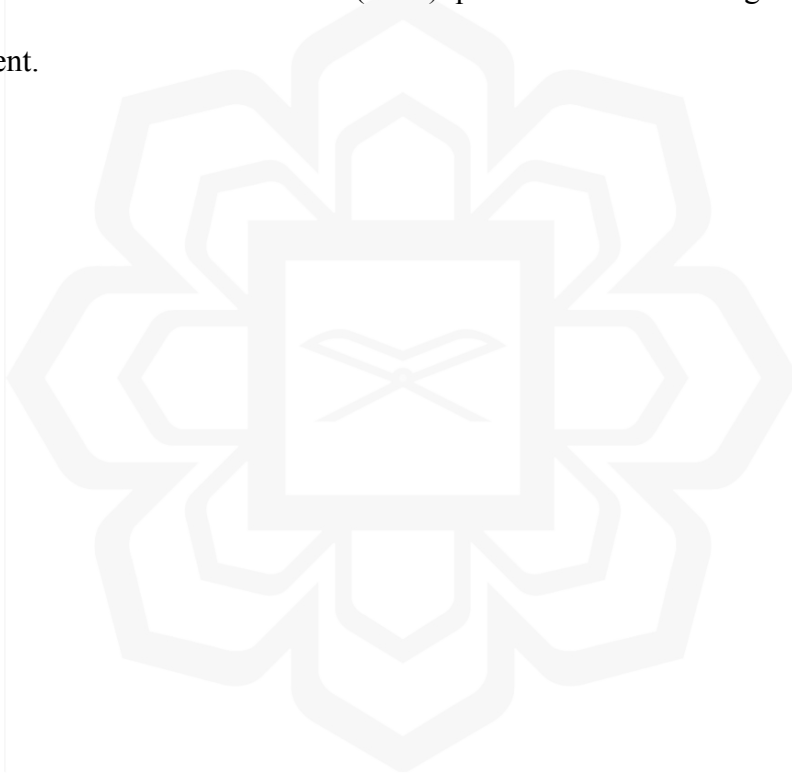
5. Subtle factors: Less but important observations such as

- Unplanned activities

6. My behaviour

- How is my role?
- What do I say or do?
- Is my presence affecting the scene I am observing?

Adopted from Merriam and Tisdell (2016) qualitative research: A guide to design and implement.



## APPENDIX G: PARTICIPANT CONSENT FORM

### Participant Consent form

#### An Islamic Psycho- Spiritual Framework to Deal with Loss and Grief Among Maldivian Cancer Patients

The purpose of this research is to explore how Islamic Psycho-spirituality helps to deal with loss and grief among cancer patients and develop an Islamic Psycho-Spiritual framework to deal with loss and grief for cancer patients in Maldives. A qualitative method is employed to gather information by using in-depth interviews, participant observations and diary writing.

Participants are reminded that the whole in-depth interview session will be voice recorded for the data analysis by the researcher. The recorded information will be used only for the current research purposes and only the researcher will have the access to the recorded information. Confidentiality and anonymity will be maintained during and after the research. The participants are also reminded that only generated group data will be used in the research and therefore no individual information will be released. The participants are also reminded that at any time during the data collection the participant may choose not to participate and object to delete or use certain information that you don't feel comfortable to be used in the research. I do not foresee any physical or psychological harm that would result from undertaking this research except for minimal fatigue. If you feel any distress and require individual counselling, I will offer free counselling service to you. Thank you very much for taking part in the research project.

**I understand that this research study has been reviewed and approved by the. I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study. I have been given a copy of this consent form.**

Signature of Participant

Date

## APPENDIX H: ETHICS APPROVAL FROM IIUM RESEARCH ETHICS COMMITTEE (IREC)



RESEARCH MANAGEMENT CENTRE

Our Ref. : IIUM/504/14/11/2/IREC 2019-202  
Date : 31 Oct 2019

Asst. Prof. Dr. Mardiana Moharoad (Principal Investigator)  
Kulliyah Of Islamic Revealed Knowledge And Human Sciences  
IIUM Gombak Campus  
53100 Gombak Selangor

Dear Asst. Prof. Dr.,

### NOTIFICATION ON ETHICAL APPROVAL FROM OTHER ETHICS COMMITTEE

The IIUM Research Ethics Committee (IREC) has received the below mentioned application for notification on ethical approval from other Ethics Committee (EC). The following research project has been submitted for notification and record purposes:

ID No : IREC 2019-202  
Project Title : A Grounded theory study of Islamic – Spiritual framework to deal with loss and grief among Maldivian cancer patients  
Study Site : Maldives  
Ethics Committee : National Health Research Council (NHRC), Republic of Maldives  
Co-Investigator : Asst. Prof. Dr. Jamilah Hanum Abdul Khayom  
Student : Shehenaz Ismail (Postgraduate Student)

Upon review of the application and approval letter from NHRC, the IREC acknowledged the notification and recommended the commencement of archiving procedures. The Investigator is required to notify IREC of any approval of continuing review from the aforementioned ethics committee.

Thank you.

Kind Regards,

  
PROF. DR. NASSER MUHAMMAD AMJAD  
Chairman  
IIUM Research Ethics Committee (IREC)

Copy : File - IREC 2019-202



*Garden of Knowledge and Virtue*

Office Address: Research Management Centre, Level 1, Block 2, Office of The Campus Director, IIUM Kuantan Campus,  
Jalan Sultan Ahmad Shah, Bandar Indera Mahkota, 25200 Kuantan Pahang  
Tel: +609 570 4220 / 4223 Fax: +609 571 6741 E-mail: rmc@iium.edu.my Website: www.iium.edu.my/research

# APPENDIX I: NATIONAL HEALTH RESEARCH COUNCIL (NHRC) OF MALDIVES APPROVAL

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ



**National Health Research Council**  
Ministry of Health  
Male'  
Republic Of Maldives

24<sup>th</sup> October 2019

**Shehenaz Ismail**  
Male'  
Republic of Maldives

## Approval of Research Proposal

**Title of Study Proposal:** A Grounded theory study of Islamic – Spiritual framework to deal with loss and grief among Maldivian cancer patients

**Researcher:** Shehenaz Ismail

Dear Shehenaz,

The members of the National Health Research Council have reviewed your research proposal "A Grounded theory study of Islamic – Spiritual framework to deal with loss and grief among Maldivian cancer patients". Following the review, the proposed study has been approved by the council.

It is requested that the final report of the research and research abstract be forwarded to the Ministry of Health for future reference and use. Please also note that researchers are required to submit a "Yearly Monitoring Form" to NHRC for review by NHRC on progress of researches conducted in Maldives.

  
For the Chair of National Health Research Council (NHRC)  
Aishath Samiya  
Ministry of Health



Tel: (960) 3328887, Fax: (960) 3330699, Email: ppd@health.gov.mv

## APPENDIX J: THE CONSTANT COMPARISON OF DATA ANALYSIS

### In depth Interview analysis of Shina (R1)

	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	HR1	HR2-1	HR2-2	HR3	HR4	HR5	HR6	HR7	HR8	HR9	HR10	HR11	JR2	JR3	JR10	
1	life changes			✓			✓	✓																		
2	changed perception						✓							✓												
3	regrets												✓													
4	read kahaf Surah on Friday		✓																							
5	focus on other aspects of life apart from ca																									
6	being careful							✓										✓								
7	prioritize health				✓	✓									✓				✓							
8	sleep on time																									
9	changes on religious acts		✓		✓	✓	✓			✓																
10	before missed prayers		✓	✓																						
11	prayers are priority			✓							✓		✓													
12	pray with khushoo	✓																								
13	silence is gold																									
14	recite quran every day							✓	✓	✓																
15	release stress		✓																							

16	recite Quran in morning and evening																									
17	happy	✓	✓		✓	✓		✓	✓			✓	✓	✓								✓			✓	
18	do tahajjud regularly			✓	✓																					
19	others support for prayers																									
20	working	✓	✓		✓								✓		✓	✓		✓		✓						
21	equal contribution to house chores																									
22	loss of energy																									
23	memories are created																									
24	making adjustments to life																									
25	loss of health				✓					✓									✓							
26	takes longer to complete a task																									
27	knowing own strength						✓																			
28	keeping self-reminders																									
29	doing <del>sadagah</del> less earning but do charity					✓		✓	✓	✓																
30	encourage other to give charity							✓																		
31	thinking of good things								✓																	
32	improved on spirituality		✓	✓		✓	✓		✓																	
34	before lack of religiosity						✓																			





## Hanging out Session Analysis of Shina (HR1)

### Hanging out session Analysis of Shina (HR1)

Generated new codes	R2	R3	R4	R5	R6	R7	R8	R9	R10	HR2-1	HR2-2	HR3	HR4	HR5	HR6	HR7	HR8	HR9	HR10	HR11	JR2	JR3	JR10	
Stress management																								
tired													✓				✓							
well groomed											✓	✓	✓	✓										
nervous behaviour																						✓		
sad									✓										✓					
make some fun							✓				✓	✓	✓						✓					
need affirmation from others																								
relief																								
fasting and sunnah fasting				✓																		✓		
prepare for religious acts																								
problems go away																								
don't miss prayers			✓																					
negative thinking																						✓		
look forward for future																								

## Hanging out First Session Analysis of Naeem (HR2-1)

### Hanging out first session Analysis of Naeem (HR2-1)

Generated new codes	R2	R3	R4	R5	R6	R7	R8	R9	R10	HR2-1	HR2-2	HR3	HR4	HR5	HR6	HR7	HR8	HR9	HR10	HR11	JR2	JR3	JR10	
Stress management																								
tired													✓				✓							
well groomed											✓	✓	✓	✓										
nervous behaviour																						✓		
sad									✓										✓					
make some fun							✓				✓	✓	✓						✓					
need affirmation from others																								
relief																								
fasting and sunnah fasting				✓																		✓		
prepare for religious acts																								
problems go away																								
don't miss prayers			✓																					
negative thinking																						✓		
look forward for future																								

## Hanging out Second Session Analysis of Naeem (HR2-2)

### Hanging out second session Analysis of Naeem (HR2-2)

Generated new codes	R2	R3	R4	R5	R6	R7	R8	R9	R10	HR2-2	HR3	HR4	HR5	HR6	HR7	HR8	HR9	HR10	HR11	JR2	JR3	JR10	
welcoming										✓	✓	✓	✓	✓		✓	✓	✓					
physical pain	✓								✓	✓													
being active when sick not being bothered by external factors	✓			✓	✓					✓	✓	✓			✓	✓		✓					
being assertive	✓									✓													
need empathetic caring nurses																							
difficult to live with disease																							
food give satisfaction																							
others do not understand							✓																
accept Allah's decree																							✓
this is a test	✓	✓			✓							✓							✓				
be courageous	✓			✓	✓							✓											
patience	✓					✓	✓	✓		✓													
others expectation need supportive people	✓	✓		✓	✓	✓		✓		✓		✓					✓						

humble and humility	✓					✓			✓														
emotional pain																							
need iman																							
Dua give courage want create awareness																							
marital problem loss of intimacy				✓																			
talking about loss of intimacy is taboo																							
can't bear pain																							
hope		✓				✓					✓		✓						✓			✓	
Allah's ni'mah																							✓

## In-depth Interview Analysis of Naeem (R2)

### In-depth Interview Analysis of Naeem (R2)

Generated new codes	R3	R4	R5	R6	R7	R8	R9	R10	HR3	HR4	HR5	HR6	HR7	HR8	HR9	HR10	HR11	JR2	JR3	JR10	
heartbreaking days																					
be assertive																					
before life was stressful																					
fainted																					
could not identify sickness																					
still in pain								✓													
judged own self sad to receive diagnosis	✓																				
worried	✓	✓	✓		✓										✓		✓				
before had debts																					
patience	✓	✓				✓	✓	✓													
gets angry		✓																			
information from others helped																					
being active improved thinking																					

difficult time			✓	✓	✓		✓														
lack of financial support							✓														
everyone gives bad advise								✓													
shaming and teasing	✓						✓														
loss of friends	✓						✓														
bullying							✓								✓						
there is something good in this hardship			✓		✓																
humbleness																					
mistreated by others					✓		✓								✓						
remembrance of Allah		✓					✓														
sickness is a rahma	✓		✓			✓															
had suicidal thoughts																					
non argumentative																					
cancer is death penalty					✓																
was living but treated as dead					✓																
questioned why me		✓						✓													
why did this happen?																					
must not die so soon																					
did not accept diagnosis								✓													
before questioned the creator for diagnosis																					



## In-depth interview Analysis of Haneef (R3)

### In-depth interview Analysis of Haneef (R3)

Generated new codes	R4	R5	R6	R7	R8	R9	R10	HR3	HR4	HR5	HR6	HR7	HR8	HR9	HR10	HR11	JR3	JR10
scared to receive diagnosis			✓															
had confidence that will recover from disease																		
hasty for treatment																		
changes to body after surgery			✓	✓	✓							✓						
loss of work	✓			✓														
information regarding treatment	✓	✓	✓	✓	✓												✓	
multiple surgeries					✓													
do sunnah prayers		✓												✓				
look for alternatives ways to be physically normal																		
involved in religious act all the time																		
spiritual person always	✓	✓	✓				✓											✓
involved in religious acts																		
Allah's protection		✓																
Positive outlook towards Allah																		
Allah made path easy		✓																

increased in Iman	✓		✓		✓													
read guran tafseer																		
believe in virtues of kahaf																		
No soul is burdened	✓	✓																✓

### Hanging out session Analysis of Haneef (HR3)

Generated new codes	R4	R5	R6	R7	R8	R9	R10	HR4	HR5	HR6	HR7	HR8	HR9	HR10	HR11	JR3	JR10
Interested and keen in work																	
close friendship												✓					
positive attitude towards work																	
Taking care of Allah's house																	
Take care of self				✓			✓						✓				

## In-depth Interview Analysis of Saima (R4)

### In-depth Interview Analysis of Saima (R4)

Generated new codes	R5	R6	R7	R8	R9	R10	HR4	HR5	HR6	HR7	HR8	HR9	HR10	HR11	JR3	JR10
shock																
had to make difficult choices				✓												
was not sad to receive diagnosis	✓			✓	✓											
have lived life before sickness																
Allah brings back to righteous path																
fear of reoccurrence of cancer	✓			✓												✓
help others	✓	✓				✓		✓	✓	✓						
let go																
others are more worried	✓		✓				✓									
follow doctors instruction																
did not face difficulties		✓	✓													
recite kursi		✓							✓							
no crying		✓														
feel sad for others diagnosis		✓		✓												
family support	✓	✓							✓		✓		✓	✓		
Always pray	✓															

faith is important							✓	✓								
kind to others	✓	✓	✓	✓		✓			✓	✓	✓		✓			

### Hanging out session Analysis of Saima (HR4)

Generated new codes	R5	R6	R7	R8	R9	R10	HR5	HR6	HR7	HR8	HR9	HR10	HR11	JR3	JR10
connect with nature							✓								
take care of others									✓	✓					
be concerned for others		✓					✓	✓	✓						
Allah gives Shifa				✓		✓									
keeping environment clean							✓		✓						
maintaining family values		✓													

## Hanging out session Analysis of Rameez (HR5)

### Hanging out session Analysis of Rameez (HR5)

Generated new codes	R6	R7	R8	R9	R10	HR6	HR7	HR8	HR9	HR10	HR11	JR3	JR10
develop self professionally													
minimal													
nature gives life and positivity													

## In-depth Interview Analysis of Rameez (R5)

### In-depth Interview Analysis of Rameez (R5)

Generated new codes	R6	R7	R8	R9	R10	HR6	HR7	HR8	HR9	HR10	HR11	JR3	JR10
living away from family													
no financial hardship													
unsure diagnosis													
medications					✓								✓
give strength to others													
Allah's generosity												✓	
did not feel depressed													
positive thinking	✓					✓							✓
lead prayers													
make others engage in religious acts													
not depressed													
believing in judgement day		✓											
socialize with friends		✓											
challenges to treatment													
taking treatment alone													

## Hanging out session Analysis of Reena (HR6)

### Hanging out session Analysis of Reena (HR6)

Generated new codes	R6	R7	R8	R9	R10	HR7	HR8	HR9	HR10	HR11	JR3	JR10
finding love												
spirituality is internal	✓											
being confident					✓							

### In-depth interview Analysis of Reena (R6)

Generated new codes	R7	R8	R9	R10	HR7	HR8	HR9	HR10	HR11	JR3	JR10
<u>insaniyath</u> (humanity)	✓										
lhsaan											
bargaining											
<u>respond to Salaam Alaikum</u>						✓			✓		
love own self	✓										
no blaming											
nothing to lose											
Allah is always there				✓							

## Hanging out session Analysis of Maimoona (HR7)

### Hanging out session Analysis of Maimoona (HR7)

Generated new codes	R7	R8	R9	R10	HR8	HR9	HR10	HR11	JR3	JR10
avoid infection		✓				✓				
difficult to cope deeper emotions	✓									
accepting mistakes										

### Journal Write up Analysis of Haneef (JR3)

Generated new codes	R7	R8	R9	R10	HR8	HR9	HR10	HR11	JR10
Build family relations									

In-depth Interview Analysis of Maimoona (R7) and hanging out session of Ameena (HR8)

**In-depth Interview Analysis of Maimoona (R7)**

Generated codes	R8	R9	R10	HR8	HR9	HR10	HR11	JR10
resilience								
loss of identity								
loss of sense of self								
<u>istighfar</u>								
<u>recitation of Al fathiha</u>								
peace			✓			✓		

**Hanging out session Analysis of Ameena (HR8)**

Generated new codes	R8	R9	R10	HR9	HR10	HR11	JR10
past loss experiences		✓	✓				
extra income					✓		

**In-depth Interview Analysis of Ameena (R8)**

Generated new codes	R9	R10	HR9	HR10	HR11	JR10
previous medical history	✓				✓	
don't harm others						
don't disturb others						
empathize with others				✓		

**Hanging out session Analysis of Rugeema (HR9)**

Generated new codes	R9	R10	HR10	HR11	JR10
Allah show the way					

**In-depth Interview Analysis of Rugeema (R9)**

Generated new codes	R10	HR10	HR11	JR10
restrain right to information				

**Hanging out session Analysis of Fareedha (HR10)**

Generated new codes
No new Codes

**In-depth Interview Analysis of Fareedha (R10)**

Generated new codes
No new Codes

**Journal Write up Analysis of Fareedha (JR10)**

Generated new codes
No new codes

**Hanging out session Analysis of Saeedha (HR11)**

Generated new codes
No new Codes

## APPENDIX K: LIST OF OPEN CODES

Generated Open Codes	
1	life changes
2	changed perception
3	Regrets
4	read Kahf Surah on Friday,
5	focus on other aspects of life apart from ca
6	being careful
7	prioritise health
8	sleep on time
9	changes on religious acts
10	before missed prayers
11	prayers are priority
12	pray with khushoo
13	silence is gold
14	recite Quran every day
15	release stress
16	recite Quran in morning and evening
17	Happy
18	do tahajjud regularly
19	others support for prayers
20	Working
21	equal contribution to house chores
22	loss of energy
23	memories are created
24	making adjustments to life
25	loss of health
26	takes longer to complete a task
27	knowing own strength
28	keeping self-reminders
29	doing sadaqah
30	less earning but do charity
31	encourage other to give charity
32	thinking of good things
33	improved on spirituality
34	before lack of religiosity
35	talk with spouse
36	regular conversations with spouse
37	changes to spirituality

38	long road ahead
39	after surgery going through a lot
40	keeping quiet most of the time
41	thinking of death
42	preparing for death
43	improved spousal relationship
44	should not regret of past mistakes
45	dhikrs to overcome unwanted thoughts
46	others remind to recite dhikr
47	before unwillingness to recite dhikr
48	dhikrs to overcome over thinking
49	loss of freedom
50	loss of independence
51	loss of beauty
52	people can't recognise due to physical changes
53	financial loss
54	loss of social life
55	complications of surgery
56	loss of dressing sense
57	changes to dressing
58	issue of reconstruction surgery
59	doing new things with spouse
60	others religious perspectives
61	spousal support
62	focus on other things
63	holding on to positive things in life
64	tahajjud energises for the day
65	making time useful
66	creating signature dishes
67	decreased social media use
68	protect self from others
69	eases grief
70	recitation of hasbiyallah
71	Relaxed
72	before think of worst scenario, now avoid over thinking
73	Quran helps to change thinking
74	made changes to way of thinking
75	nothing go against Allah's will
76	overcome fear
77	through self-talk changes thinking
78	changes to physiology
79	negative thoughts regarding health
80	thinking of cancer spreading

81	saying Alhamdhullilah
82	everyone cannot go through these difficulties
83	Quran recitation
84	not giving up on leisure acts
85	people pass unwanted comments
86	being grateful,
87	read religious information
88	be on Wudu
89	used to cry a lot
90	death is inevitable
91	give ease
92	fear of labelling as extremist
93	remind others to read Kahf on Friday
94	very careful with who religious information is shared
95	calmness
96	recite Arahman , Wa'h'dhuha, Alamnashra'kh, Wa'agi'a, Mul'kin
97	recitation of yasin daily
98	enter office by saying Salaam Alaikum
99	Make Dua
100	depressed
101	feels like a burden on others
102	Allah helps to deal with emotions
103	recite Quran
104	care for parents
105	make up for missed spiritual aspect
106	refrain from gheebat
107	concentrate on beneficial things
108	avoid looking at physical appearance
109	sense of purification
110	a chance to improve
111	Alhamdhullilah for the opportunity
112	Stress management
113	Tired
114	well groomed
115	nervous behaviour
116	Sad
117	make some fun
118	need affirmation from others
119	Relief
120	fasting and sunnah fasting
121	prepare for religious acts
122	problems go away
123	don't miss prayers

124	negative thinking
125	look forward for future
126	not being bothered by external factors
127	being assertive
128	need empathetic caring nurses
129	difficult to live with disease
130	food give satisfaction
131	others do not understand
132	accept Allah's decree
133	this is a test
134	be courageous
135	patience
136	others expectation
137	need supportive people
138	humble and humility
139	emotional pain
140	need Iman
141	Dua give courage
142	want create awareness
143	marital problem
144	loss of intimacy
145	talking about loss of intimacy is taboo
146	can't bear pain
147	Hope
148	Allah's ni'mah's
149	cancer treatment
150	cancer spreading
151	smiling
152	unhealthy ways to manage pain
153	painful life
154	Receive cancer diagnosis
155	doing medical checkup
156	multiple losses
157	financial struggle
158	Pray
159	loss of property
160	loss of dream
161	being a survivor
162	wishing well for others
163	Allah knows everything
164	hot and stuffy medical wards
165	no privacy medical ward
166	treatment ward small space for prayer

167	self-awareness of treatment
168	respect others
169	patience
170	gets angry
171	information from others helped
172	being active improved thinking
173	difficult time
174	lack of financial support
175	everyone gives bad advice
176	shaming and teasing
177	loss of friends
178	bullying
179	there is something good in this hardship
180	humbleness
181	mistreated by others
182	remembrance of Allah
183	sickness is a rahma
184	had suicidal thoughts
185	non argumentative
186	cancer is death penalty
187	was living but treated as dead
188	questioned why me
189	why did this happen?
190	must not die so soon
191	did not accept diagnosis
192	before questioned the creator for diagnosis
193	brought improvement to thinking by others
194	Stigma
195	unable to deal with it
196	acceptance of disease
197	acceptance of illness changed perspectives
198	before did not care for feelings of spouse
199	appreciate spouse
200	harassing
201	take part in Janaza
202	good things unfold
203	Behave in manners acceptable to Allah
204	before and after diagnosis is different
205	wait for prayer call
206	regular prayers make things successful
207	support group is the foundation
208	relationship with Allah is the only relationship need
209	Surrender to Allah

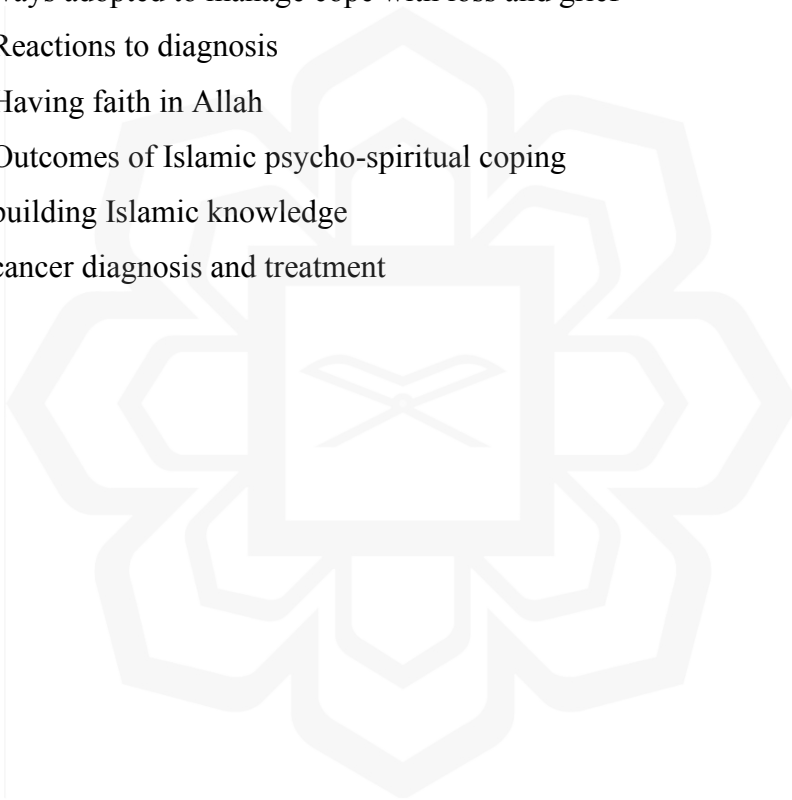
210	trust in Allah
211	using leverage given in religion
212	don't make religious acts a burden
213	read Quran translation
214	don't feel sad anymore
215	being active when sick
216	challenges to pray
217	use sickness as excuses
218	self motivation need for religious acts
219	takes time to build connection with religious acts
220	listening to preachings
221	exercising
222	believing in Allah
223	recite dhikr
224	Knowing attributes of Allah
225	Think of others who have less
226	self reflection
227	scared to receive diagnosis
228	had confidence that will recover from disease
229	hasty for treatment
230	changes to body after surgery
231	loss of work
232	information regarding treatment
233	multiple surgeries
234	do sunnah prayers
235	look for alternatives ways to be physically normal
236	involved in religious act all the time
237	spiritual person always
238	involved in religious acts
239	Allah's protection
240	Positive outlook towards Allah
241	Allah made path easy
242	increased in Iman
243	Quran tafseer
244	believe in virtues of Kahf
245	No soul is burdened
246	interested and keen in work
247	close friendship
248	positive attitude towards work
249	Taking care of Allah's house
250	Take care of self
251	Shock
252	had to make difficult choices

253	was not sad to receive diagnosis
254	have lived life before sickness
255	Allah always bring back to righteous path
256	fear of reoccurrence of cancer
257	help others
258	let go
259	others are more worried
260	follow doctors instruction
261	did not face difficulties
262	recitation of kursi
263	no crying
264	feel sad for others diagnosis
265	family support
266	Always pray
267	faith is important
268	kind to others
269	connect with nature
270	taking care of others
271	concerned for others
272	Allah gives shifa
273	keeping environment clean
274	maintaining family values
275	develop self professionally
276	minimal
277	nature gives life and positivity
278	living away from family
279	no financial hardship
280	unsure diagnosis
281	medications
282	giving strength to others
283	Allah's generosity
284	did not feel depressed
285	positive thinking
286	lead prayers
287	make others engage in religious acts
288	not depressed
289	judgement day
290	socialise with friends
291	challenges to treatment
292	taking treatment alone
293	finding love
294	spirituality is internal
295	being confident

296	insaniyath (humanity)
297	Ihsaan
298	bargaining
299	respond to Salaam Alaikum
300	love own self
301	no blaming
302	nothing to lose
303	Allah is always there
304	avoid infection
305	difficult to cope deeper emotions
306	accepting mistakes
307	Build family relations
308	resilience
309	loss of identity
310	loss of sense of self
311	Istighfar
312	recitation of Al fathihah
313	Peace
314	past loss experiences
315	extra income
316	previous medical history
317	don't harm others
318	don't disturb others
319	empathise with others
320	Allah show way
321	restrain right to information

## APPENDIX L: THE GENERATED AXIAL CODES

1. Doing fardh and sunnah religious acts
2. Changes taken place due to cancer diagnosis
3. Believing and Internalising virtues of Islam
4. lack of Islamic virtues and acts before diagnosis
5. Loss experiences
6. challenges faced during and after diagnosis
7. ways adopted to manage cope with loss and grief
8. Reactions to diagnosis
9. Having faith in Allah
10. Outcomes of Islamic psycho-spiritual coping
11. building Islamic knowledge
12. cancer diagnosis and treatment



**APPENDIX M: THE FREQUENCY OF OCCURRENCE OF THE  
GENERATED CODES MADE TO THE RESULTS OF THE  
STUDY**

<b>Sl. No.</b>	<b>Name of Code</b>	<b>Frequency</b>
1	Help others	29
2	Being grateful	28
3	Pray	27
4	Happy	22
5	Make Dua	18
6	Quran recitation	16
7	Hope	15
8	Be concerned for others	15
9	Doing sadaqah	11
10	Kind to others	11
11	This is a test	11
12	Patience	10
13	Reading religious information	10
14	Recite dhikr	9
15	Maintain family values	9
16	Smiling	8
17	Be courageous	8
18	Increase in Iman	7
19	Make prayers priority	7
20	Thinking of death	7
21	humble and humility	6
22	Well groomed	6
23	There is something good in this hardship	6
24	Calmness	5
25	Read Quran tafseer	5
26	Take care of others	5
27	Refrain from gheebat	5
28	Nothing goes against Allah's will	5
29	Trust in Allah	5
30	Surrender to Allah	5
31	Remembrance of Allah	5
32	Accept Allah's decree	5
33	Do Sunah Prayers	4
34	Read Kahf surah on Friday	4
35	Recite Quran every day	4
36	Fasting and sunnah fasting	4
37	Keeping environment clean	4
38	Death is inevitable	4

39	Allah's generosity	4
40	Give ease	3
41	Good things unfold	3
42	Acceptance of disease	3
43	Ease grief	3
44	Do Tahajjud regularly	3
45	<i>Recite Arahman , Wa'h'dhuha, Alamnashra'kh, Wa'agi'a, Mul'k</i>	3
46	recite kursi	3
47	respect others	3
48	wish well for others	3
49	Respond to Salaam Alaikum	3
50	preparing for death	3
51	Allah brings back to righteous path	3
52	believing in Allah	3
53	Sickness is a Rahma	3
54	Allah gives shifa	3
55	Allah knows everything	3
56	no soul is burdened	3
57	listening to preaching's	3
58	Release stress	2
59	Relaxed	2
60	Insaniyath (humanity)	2
61	Ihsaan	2
62	Knowing own strength	2
63	Always Pray	2
64	Pray with khushoo	2
65	Don't miss prayers	2
66	Recitation of Yasin daily	2
67	recitation of Al fathihah	2
68	Recite Quran in morning and evening	2
69	read Quran translation	2
70	recitation of hasbiyallah	2
71	involved in religious acts all the time	2
72	less earning but do charity	2
73	encourage others to give charity	2
74	empathise with others	2
75	care for parents	2
76	building family relations	2
77	believe in virtues of Kahf	2
78	believing in judgement day	2
79	Allah made path easy	2
80	Allah helps to deal with emotions	2
81	Allah's ni'mah	2
82	Allah is always there	2
83	Allah's protection	2
84	Overcome fear	1

85	Relief	1
86	Problems go away	1
87	Humbleness	1
88	Sense of purification	1
89	Dua give courage	1
90	Energised	1
91	Improved Spousal Relationship	1
92	Quran helps change thinking	1
93	remind others to read Kahf on Fridays	1
94	Istighfar	1
95	be on Wudu	1
96	Take part in Janaza	1
97	prepare for religious acts	1
98	make others engage in religious acts	1
99	non-argumentative	1
100	don't disturb others	1
101	think of those who have less	1
102	give strength to others	1
103	making time useful	1
104	Allah show the way	1
105	having a positive outlook towards Allah	1
106	knowing attributes of Allah	1

## GLOSSARY

### Glossary of Transliterated Words

Al- Fathiha	Chapter of Quran
Al- Iman	Faith
AL- Islam	Obedience and peace to Allah
Alhamdhullilahi	A dhikr that s made to thank Allah or being grateful towards Allah
Al-Ihsan	Excellence
Arafath	The day of pilgrimage (hajj) and fasting on this day is highly emphasized
Ayat	Verse of Quran
Azkar	These are dhikrs that are made to Allah, to glorify Allah and seek protection from Allah
Dhikr	Prayers that are chanted to glorify Allah
Dua	Supplication
Duhur	The 2nd prayer of the day made during mid-day.
Fardh	Compulsory acts of religion
Fidya	Religious donations made when a fast is missed or broken
Gheebat	Backbiting, slandering
Hadhith	A collection of traditions containing sayings of the Prophet Muhammad
Hasbiyallahi	Dhikr that means Allah is enough
Hidaya	Guidance from Allah
Imaam	A person who leads prayers
Inshallah	With the will of Allah or if Allah wills
Isaniyath	Humanity
Istighfar	Act of Repentance
Janaza	Funeral processions that include final prayers upon the deceased.
Kahf	A chapter of Quran
Kalima	Quranic verses
Khushoo	To pray Allah from depth of the heart and in full concentration.
Khuthba	Public Islamic preaching
Kursi	Verses of Quran believed to give protection from Allah

Layalatul Gadr	The night Quran was descended to earth and who does a good deed on this night, the good deed is counted as if the person has done that good deed for 1000 years.
Magrib	The 4th Prayer of the day that is made after the sun is set
Mushaf	Hardcopy of Quran
Salat	Namaz or prayer, it is the second pillar of Islam and 5 prayers are obligated to be performed on a daily basis upon Muslims.
Ni'mah	Blessing of Allah
Noor	A radiating light
Qirat	Rewards that are as big as mountains
Ravathib Sunah	Complementary prayers that are made before and after performing obligated prayers.
Rugya	Healing method used through using Quran, Hadiths and supplications
Sabr	Patience
Sadagah	Giving Alms or offerings to others expecting blessings from Allah
Sajdah	Prostrations
Salaam Alaikum	Islamic prayers that mean peace be upon you.
Sha'wal	10th month of the Islamic calendar and fasting on this month is highly emphasised.
Shifa	Healing or getting a cured from a disease
Sunnah	Complimentary religious acts, any religious act that is not obligated.
Tafseer	The explanation of Quran
Tahajjud	Mid night prayer that which is a Sunnah act
Taraweeh	Complimentary or Sunnah prayer performed during fasting month
Tawakkul	trusting Allah's plan or reliance on Allah
Wagiya	Chapter of Quran
Yasin	Chapter of Quran
Zakath	Obligatory donations that have to be made. There are two forms of Zakath