



Research Article

The Relationship Between Mental Wellbeing and Post Traumatic Stress Disorder (PTSD) Among Trauma Survivors: Spiritual Jihad as a Mediator

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Abstract. The aim of this study to explore the relationship between mental wellbeing and post traumatic stress disorder (PTSD) among trauma survivors: *spiritual jihad* as a mediator. Trauma exposure is frequently associated with post-traumatic stress disorder (PTSD), which can reduce mental wellbeing. However limited literature has examined the adverse psychological outcomes of trauma & culturally grounded protective factors that may influence this relationship. Using a cross-sectional research design, data were collected from 100 trauma survivors (50 males and 50 females) aged 18 to 30 years who had been clinically diagnosed with PTSD. Participants were recruited from multiple hospitals using purposive sampling. Mental wellbeing was assessed using the Warwick–Edinburgh

Mental Wellbeing Scale, PTSD severity was measured with the National Stressful Events Survey PTSD Short Scale, and *spiritual jihad* was measured using the *Spiritual Jihad* Mindset Measure. Data were analyzed using linear regression and mediation analysis via PROCESS in SPSS-25. Results showed that *spiritual jihad* is negatively related to mental wellbeing and positively related to PTSD, and it significantly mediated the relationship between the two variables. In conclusion, spiritually informed approaches may support resilience among trauma survivors.

Keywords: Mental Wellbeing, Post-Traumatic Stress Disorder, Spiritual Jihad

INTRODUCTION

Post-traumatic stress disorder (PTSD) can occur as a result of stressful experiences, which can have a significant effect on a person's psychological functioning. PTSD is characterized by symptoms such as 'intrusive memories, avoidance behaviors, hyperarousal, and emotional distress' that negatively affects overall mental wellbeing (American Psychological Association, 2024; Bar-Haim et al., 2021). Research indicates that when presented with stressful or traumatic experiences, individuals with higher levels of mental health exhibit stronger emotional stability, resilience, and adaptive coping (Keyes, 2002; Gautam et al., 2024). However, the association between mental well-being and PTSD may not fully explain how trauma survivors cope with distress, indicating that other coping mechanisms may influence the relationship between mental wellbeing and PTSD.

Spirituality has been recognized as a significant psychological asset that can enhance resilience and help individuals cope with difficult times (Koenig, 2012). The internal battle for moral self-improvement, patience, and spiritual growth is as *spiritual jihad* (*jihad al-nafs*), which inspires people to view obstacles in life as chances for personal growth (Saritoprak et al., 2018; Saritoprak et al., 2020). Hence, the current study sought to examine the relationship between mental wellbeing and PTSD among trauma survivors and to investigate whether *spiritual jihad* mediates this relationship. By examining this mediating function, the study contributes to the existing literature by emphasizing a culturally appropriate spiritual coping mechanism which may support trauma recovery and psychological wellbeing of Muslim population.

World Health Organization (2022) categorizes Mental Health as a state of mental wellness and this state of being mentally fit helps the people to cope with the stressors of life, this helps them know their abilities, helps them learn grow and pay their contribution to society and community. More-over it also states that the mental wellness is a basic, vital and important component of all human beings relating to any caste, color, creed etc. Mental wellness means that there is no psychological disorder and the person is completely well. Hence, mental health influence all human beings and mental health is an intrinsic factor and some ups and downs in mental health leads to many other problems in human life (Keyes, 2002).

Mental health leads to the development of the positive emotions in human life. It leads to happiness, joy in everything done in life. Positive mental wellbeing also fosters personality traits which included building of self-esteem, good relationships,

resilience, and it also build capacity in people to cope up with daily life challenges. Positive mental wellbeing develops a strong identity of themselves, could solve problems of them. Mental wellbeing is also influenced by culture, socioeconomic, and other political situations (Gautam et al., 2024).

Posttraumatic stress disorder (PTSD) may develop when someone lives through or witnesses an event or situation in which they believe that there is a significant threat to life or physical integrity and safety and experiences fear, terror, or helplessness. People with PTSD may relive the trauma in painful recollections, flashbacks, or recurrent dreams or nightmares; avoid activities or places that recall the traumatic event; or experience physiological arousal, contributing to symptoms such as an exaggerated startle response, disturbed sleep, difficulty in concentrating or remembering, and guilt about surviving the trauma when others did not (APA, 2024). The key features of posttraumatic stress disorder includes; experiencing or witnessing a stressful event, re-experiencing symptoms of the event or situation that comprises of nightmares or flashbacks, efforts to avoid situations or events, places, and people that are reminders or cues of the traumatic event, and hyperarousal symptoms, such as irritability, concentration problems, and sleep disturbances. These symptoms must last for longer than one month (Sareen, 2014). The risk factors of the posttraumatic stress disorder include a lack of social support following the event, an experience of past trauma, history of mental illness, history of substance use. (Tull, 2023) The present study included participants diagnosed with posttraumatic stress disorder or a duration of one month.

Posttraumatic stress disorder is one of the disorders classified under Trauma- and Stressor-Related Disorders (Sareen, 2014). Trauma occurs when a person experiences terrible life events or situations that overwhelm their specific coping resources and, therefore, their ability to cope up (Van der Kolk, 2014). Trauma can be caused or occur due to “physical violence, witnessing physical violence, witnessing a murder or suicide, emergency workers who are exposed to trauma, interpersonal violence, natural disasters, motor vehicle accidents, life-threatening medical conditions, and war” (Briere & Scott, 2012). Posttraumatic stress disorder is a mental health condition caused by any kind of emotional trauma. This highlights that posttraumatic stress disorder is a condition prevalent among trauma survivors (Tull, 2023).

Jihad in Islam is defined as a notable, honorable and a meaningful struggle or an effort. The exact or precise meaning of *Jihad* differs from context to context. In Western context it is known as a ‘Holy War’ but in the religious and ethical context it refers to the collective effort of humans to promote morality and prevent immorality (Afsaruddin, 2019). It has two levels ‘the inner (or greater) and the outer (or lesser). As stated by *Hadith*, the battle within oneself to refrain from immoral behavior and live within compliance of teachings of Quran and Sunnah is inner *Jihad*. Outer *Jihad* on the other hand is the defense of Muslim Community that is under an attack. It can be a ‘soft defense’ that is verbal or in a written form (*jihad* of tongue or pen) or it can be a ‘hard defense’ that is physically engaging in a battle (*jihad* of sword). Civilian *Jihad* is the terminology some Muslims used in 21st Century for nonviolent political engagement (DeLong-Bas, 2018). The inner and outer levels of

Jihad were previously known as *Sabr* and *Qital* which were later renamed *jihad al-nafs* (battle against lower self) and *jihad al-sayf* (physical combat) respectively (Afsaruddin, 2019).

Spiritual *Jihad* focuses on the battle between the higher and lower self which aims involving making morally right decisions, behaving morally and becoming closer to God. The term Spiritual *Jihad* is used among Sufi scholars who call it *Jihal al-Nafs* (Saritoprak et al., 2020). The *nafs*, which can be loosely translated to 'soul and self essence that contains one's consciousness, life and senses. Muslim scholars, extracting from Quranic verses have embodied three types of *nafs*; *Nafs al-Ammarah* which instructs an individual to indulge in morally wrong behavior, *Nafs al-Lawammah* the 'self-blaming soul' the blaming soul is an indicator of growing self-awareness and opposing the commands of *Nafs al-Ammarah* and accepting oneself spiritually thus striving towards greater good that is Spiritual *Jihad* (Saritoprak et al., 2020) and lastly *Nafs al-Mutma'innah* suggests the complete submission to God and it 'evolves' when human will and divine will act in harmony leading to a sense of victory in a person's Spiritual *Jihad* (Saritoprak et al., 2020).

In the present study Spiritual *Jihad* is going to moderate the relationship between Mental Wellbeing and Post-Traumatic Stress Disorder (PTSD) Among Trauma Survivors.

LITERATURE REVIEW

Previous research has extensively examined the relationship between materialism and life satisfaction, indicating that higher levels of materialistic values are associated with lower psychological well-being and reduced life satisfaction (Kasser & Ryan, 1996; Kasser, 2002). Empirical evidence suggests that materialism is negatively correlated with gratitude and overall mental well-being, as individuals who prioritize material possessions tend to experience lower levels of appreciation and fulfillment in life (Kasser & Ahuvia, 2002). In contrast, gratitude has been shown to be positively associated with life satisfaction, emotional well-being, and psychological health (Emmons & McCullough, 2003). Similarly, spirituality has been found to play a significant role in enhancing life satisfaction and buffering against psychological distress, thereby contributing positively to mental well-being (Koenig, 2012). Collectively, these findings indicate that materialism negatively affects mental well-being, whereas gratitude and spirituality serve as protective factors that promote life satisfaction and psychological health (Kasser, 2002; Koenig, 2012).

Saritoprak et al., (2020) explored spiritual *jihad* as a psychological construct while the study also examined its role in addressing spiritual struggles and virtues. In this study spiritual *jihad* was examined by taking sample from different Muslim population and from different countries like US and Pakistan. The results showed the higher levels of spiritual *jihad* in factors like patience, forgiveness, perceived growth. Hence spiritual *jihad* factor reduces depression and anxiety. The limitation of the study is that the study consisted of general population.

The study explores the concept spiritual *jihad* as a framework for addressing religious and spiritual struggles among U.S. Muslims, emphasizing on its association with well-being, personal growth, and virtuous behaviors. The study revealed that

Islamic religiousness and daily spiritual experiences with God is associated with a stronger belief in the idea of spiritual jihad which is defined as an internal struggle for self-improvement. This perspective is linked with a positive outcome, such as better religious coping, post-traumatic growth and spiritual growth, and virtuous behaviors. It also helped to reduce feelings of depression and anxiety in one group of participants. The findings suggest that many Muslims use the concept of spiritual jihad to deal with moral challenges. Those who are more religious and spiritual may find this mindset especially helpful in handling or coping with their religious and spiritual struggles. The study primarily focused on Muslims in the United States, limiting the cultural diversity of the sample. Interpretations of spiritual *jihad* can vary significantly across cultures, which is not fully captured in this study (Saritoprak et al., 2018).

The findings of the previous studies revealed a modest cross-sectional correlation between trauma-related guilt and PTSD symptoms between trauma survivors, emphasizing a consistent and strong relationship over time. Particular Posttraumatic stress disorder symptom such as negative changes in cognition and mood, revealed a stronger association with guilt. War-related trauma had the paramount relationship with guilt, while motor-vehicle accidents revealed the lowest. Longitudinal data showed that guilt considerably predicted posttraumatic stress disorder symptoms, indicating its role in the onset and maintenance of the disorder. These findings emphasize the significance or relevance of addressing guilt in Posttraumatic Symptoms Disorder treatments (Kip et al., 2022).

Trauma survivors often times spar with their religious/spiritual struggles alongside with their overall wellbeing that influences their ability to flourish (Captari et al., 2024). The study demonstrated the way trauma survivors experience higher levels of anger and 'both interpersonal and moral religious/spiritual struggles' compared to other people. Moreover, anger unfolded as a predictor of religious/spiritual struggles with meaning (difficulties in finding purpose) even when Depression and Post-Traumatic Stress Disorder were controlled which clearly indicated the complex role of trauma related emotions such as anger and shame during the process of recovery. Additionally, religious/spiritual struggles were also linked to decreased wellbeing and limited flourishing.

Rationale

Trauma exposure frequently contribute to post-traumatic stress disorder (PTSD), which results in undermining mental wellbeing and limiting the ability for personal growth and flourishing. While existing research has extensively reported the negative psychological consequences of trauma, including heightened guilt, anger, and depressive symptoms (Kip et al., 2022; Captari et al., 2024), there is a significant gap in understanding culturally grounded protective factors that can mitigate these effects. Spirituality has consistently emerged as a key resilience-enhancing factor, promoting life satisfaction, post-traumatic growth, and psychological health (Koenig, 2012). In particular, spiritual *jihad*, defined as the internal struggle for self-improvement and virtuous living, has been shown to reduce anxiety and depression,

foster moral and spiritual growth, and enhance coping among Muslims (Saritoprak et al., 2018; 2020).

Despite these promising findings, prior studies have largely focused on general populations and culturally homogeneous groups, leaving a critical gap regarding the role of spiritual *jihad* among trauma survivors specifically experiencing PTSD. Trauma survivors often face compounded psychological and spiritual struggles, with negative emotions such as guilt and anger exacerbating PTSD symptoms and reducing wellbeing (Captari et al., 2024).

This study holds significant theoretical and practical importance as it contributes to the growing body of research on trauma and psychological wellbeing by investigating the relationship between mental wellbeing and post-traumatic stress disorder (PTSD) among trauma survivors while introducing spiritual *jihad* as a culturally relevant mediating factor. By investigating spiritual *jihad* as an internal struggle for moral growth, patience, and self-improvement, this study contributes to a unique perspective on how spiritual and religious frameworks can strengthen resilience and decrease psychological distress among trauma survivors. The findings are primarily important for Muslim-majority societies, such as Pakistan, where spirituality and religion play an essential role in determining the coping mechanisms and attitude towards mental health. Moreover, this study may help psychologists, counselors, and mental health practitioners in incorporating the culturally appropriate and spiritually integrated approaches into trauma interventions, eventually enhancing psychological recovery, fostering mental wellbeing, and diminishing PTSD severity within trauma survivors

Objectives

- To investigate the relationship between mental wellbeing and spiritual *jihad* among trauma survivors.
- To examine the relationship between post-traumatic stress disorder (PTSD) and spiritual *jihad* among trauma survivors.
- To examine the mediating role of spiritual *jihad* in the relationship between mental wellbeing and post-traumatic stress disorder (PTSD) among trauma survivors.

Hypothesis

- There is a predictive relationship between mental wellbeing and spiritual *jihad* among trauma survivors.
- There is a predictive relationship between post-traumatic stress disorder (PTSD) and spiritual *jihad* among trauma survivors.
- Spiritual *jihad* is mediator between mental wellbeing and post-traumatic stress disorder (PTSD) among trauma survivors.

RESEARCH METHODS

Research Design

The present study is quantitative research based on a cross-sectional survey design

Participants

The sample comprised of 100 trauma survivor participants from different hospitals in which males and females had equal ratio which included 50 males and 50 females and the age range of participants was in between 18-30 years.

Inclusion Criteria:

The sample only included participants who were diagnosed with posttraumatic stress disorder. The present study included participants diagnosed with posttraumatic stress disorder for a duration of one month.

Exclusion Criteria

Participants who had not been diagnosed with posttraumatic stress disorder were excluded.

Sampling Technique

In the current study Purposive Sampling Technique was used.

Materials

Warwick-Edinburgh mental wellbeing scale

Warwick-Edinburgh mental wellbeing scale is used to measure the mental wellbeing. It was developed by expert panel and Tennant et al in 2007. It is a 5-point Likert scale (1=none of the above, 5= All of the above) consisting of 14 items. The minimum score is 14 which indicates lower mental wellbeing and the maximum score is 70 which indicates higher mental wellbeing. The findings state that the test-retest reliability is 0.83 which shows a high reliability and the Cronbach's $\alpha=0.89$ and $\alpha=0.91$ which indicates a good internal consistency (Tennant et al. 2007).

National Stressful Events Survey PTSD Short Scale (NSESSS)

For measuring Posttraumatic Stress Disorder National Stressful Events Survey PTSD Short Scale (NSESSS) was used. This scale was developed by LeBeau et al in 2014 and it comprises of 9 number of items. The items are rated on 5-point Likert type Scale ranging from 0 to 4. The maximum total score is 36 and the minimum total score is 0 with higher scores indicating greater severity of posttraumatic stress disorder. The findings demonstrate modest test-retest reliability ($r = .43$), good internal consistency (Cronbach's $\alpha = .81$), high convergent validity ($r = .78$) (Kim et al., 2022).

Spiritual Jihad Mindset Measure

Spiritual Jihad Mindset Measure was used to assess spiritual jihad. It was devised by Saritoprak in 2018. It is a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree) consisting of 16 items. It has two subscales endorsing the spiritual jihad mindset subscale which contains items such as 'I have been thinking of my struggle as a desire of my nafs (soul/self) that I must work against' and 'I have been thinking of my struggle as a trial through which I will become a better Muslim' and a

not-endorsing the spiritual jihad mindset subscale that comprises of items such as 'The struggle has no meaning for me' and 'I do not view the struggle as means to become closer to Allah.' The non-endorsing subscales' last 5 items are reverse scored. This scales' internal consistency is really excellent overall ($\alpha = .90$) and the endorsing and non-endorsing spiritual jihad mindsets' subscales both have really good internal consistency as well ($\alpha = .91$ and $\alpha = .83$ respectively).

Procedure

With the permission of the concerned hospital authorities, participants from different hospitals were approached by the researcher. The participants in the current study were selected through purposive sampling technique. A total of 100 participants were selected, with an equal ratio of males and females which was 50. Participants were approached in person for data collection; however, some participants were approached online for the purpose of data collection. After the brief introduction about the study, informed consent was obtained from the participants. If they were willing to further participate, they were given the questionnaires and assured that their confidentiality would be taken into account regarding the information they shared. Approximately it took 15–20 minutes to complete the questionnaires. The participant's query regarding the statements of questionnaires were resolved, if they had any. At the end they were acknowledged for their participation.

Data Analysis

After collection of data, the data was analyzed by using SPSS-25 version. The Statistical analysis that was used included linear regression and mediation analysis by PROCESS. Initially, frequencies and percentages were calculated to describe the demographic characteristics of the sample. Descriptive statistics were then used to summarize the levels of mental wellbeing, PTSD, and spiritual *jihad*. Linear regression analysis was conducted to examine the predictive relationships among the study variables. Finally, mediation analysis in order to indicate that whether spiritual *jihad* significantly mediated the relationship between mental wellbeing and PTSD or not.

RESULTS AND DISCUSSION

Results

Table 1. Demographic Characteristics of Sample (N=100)

Group	F	%
Age		
14-18	7	7
19-22	27	27
23-26	36	36
27-30	30	30
Gender		
Male	50	50
Female	50	50

Marital Status		
Single	67	67
Engaged	16	16
Married	17	17

Table 1 shows the sample consisted of an equal ratio of male (50%) and female (50%) participants (N = 200), determining the balanced gender representation. The age of participants ranged from 14 to 30 years. In terms of age distribution, 7% of participants were between 14 and 18 years old, 27% were between 19 and 22 years, another 36% were aged 23 to 26 years, and 30% were between 27 and 30 years old. According to the marital status, the majority of participants were single (67%), followed by those who were married (17%) and engaged (16%).

Table 2. Summary of Linear Regression analysis as predictive relationship between Mental Well-being and Spiritual Jihad (N=100)

Adjusted					
R	R ²	R ²	Df	F	Sig
.35	.12	.11	99	13.97	.00

Table 2 demonstrates the results of the linear regression analysis determining the predictive relationship between spiritual jihad and mental wellbeing. The model was statistically significant, $F(1, 99) = 13.97, p < .001$. The results showed that the predictor variable explained 12% of the variance in the outcome variable ($R^2 = .12$, Adjusted $R^2 = .11$).

Table 3. Coefficient summary of linear regression analysis of Predictive relationship between Mental Well-being and Spiritual Jihad (N=100)

Model	Unstandardized Coefficient		Standardized Coefficient	t	Sig
	β	Std.Error	Beta		
Constant	4.11	.21		19.14	.00
Mental Wellbeing	-.02	.00	-.35	-3.73	.00

Note., β = Regression Coefficient

Table 3 demonstrates the regression coefficients. Mental wellbeing significantly predicted spiritual jihad ($\beta = -.35, t = -3.73, p < .001$). The unstandardized coefficient ($B = -.02$) shows that with every one-unit increase in mental wellbeing, spiritual jihad decreased by .02 units.

Table 4. Summary of Linear Regression analysis as predictive relationship between post traumatic stress disorder and spiritual jihad (N=100)

Adjusted						
R	R ²	R ²	Df	F	Sig	
.33	.11	.10	99	12.93	.00	

Table 4 indicates the results of the linear regression analysis examining the predictive relationship between spiritual jihad and PTSD. The model was statistically significant, $F(1, 99) = 12.93, p < .001$. The results demonstrated that spiritual jihad explained 11% of the variance in PTSD ($R^2 = .11, \text{Adjusted } R^2 = .10$).

Table 5. Coefficient summary of linear regression analysis of Predictive relationship between post traumatic stress disorder and spiritual jihad (N=100)

Model	Unstandardized Coefficient		Standardized Coefficient	t	Sig
	β	Std.Error	Beta		
Constant	2.53	.23		10.87	.00
Spiritual <i>jihad</i>	0.01	.00	.33	3.54	.00

Note., β = Regression Coefficient

Table 5 presents the regression coefficients. Spiritual jihad significantly predicted PTSD ($\beta = .33, t = 3.54, p < .001$). The unstandardized coefficient ($B = .01$) demonstrates that for every one-unit increase in spiritual *jihad*, PTSD scores increased by .01 units, suggesting a significant positive predictive relationship between spiritual jihad and PTSD.

Table 6. Mediating role of Spiritual jihad on the relationship between Mental wellbeing and Post traumatic stress disorder (PTSD) of study variable (N=100)

	Direct Effect	Indirect Effect	95% CI	
			UL	LL
Mental Wellbeing-----Spiritual <i>jihad</i> -----Post traumatic stress disorder (PTSD)	-0.02	0.0059	3.68	4.54
R	0.35			
R ²	0.12			

Note: CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit

Table 6 presents the mediation analysis examining the mediating role of spiritual *jihad* in the relationship between mental wellbeing and post-traumatic stress disorder (PTSD). The results demonstrated that mental wellbeing had a direct negative effect on PTSD (Direct Effect = -0.02). The indirect effect through spiritual *jihad* was 0.0059. The 95% confidence interval for the indirect effect ranged from LL = 3.68 to UL = 4.54. The model explained 12% of the variance in the study variables ($R^2 = .12$), with a correlation coefficient of $R = .35$. These findings suggest that spiritual jihad played a weak partial mediating role in the relationship between mental

wellbeing and PTSD, indicating that mental wellbeing may effect PTSD levels through its association with spiritual *jihad*.

DISCUSSION

Trauma is an unavoidable experience in human life, and encounter to traumatic events can considerably compromise an individual's mental and emotional health. Among the broad range of psychological consequences or outcomes of trauma, post-traumatic stress disorder (PTSD) is one of the most devastating conditions, often affecting daily functioning, emotional stability, and overall quality of life. PTSD symptoms, such as intrusive thoughts, hyperarousal, avoidance behaviors, and mood disturbances, can persist long after the traumatic event, creating a chronic strain on an individual's mental wellbeing (Vieweg et al., 2006). Mental wellbeing, in this context, goes beyond the absence of psychological symptoms; it demonstrates a person's ability to experience positive emotions, maintain fulfilling relationships, engage meaningfully in life activities, and sustain resilience in the face of adversity (Kumar, 2026). PTSD, therefore, not only trigger negative emotional states but also hinder the development of personal growth, coping mechanisms, and life satisfaction. Cultural and spiritual factors play a important role in determining how individuals respond to trauma. In particular, spiritual *jihad*, viewed as an inner struggle toward moral refinement and self-improvement, may provide trauma survivors with a framework for coping with their distress, finding purpose, and restoring mental balance.

The demographic background of the participants provided meaningful context for interpreting the findings of this study. The sample comprised an equal ratio of male (50%) and female (50%) participants (N = 200), ensuring balanced gender representation. The age of participants ranged from 14 to 30 years. In terms of age distribution, 7% of participants were between 14 and 18 years old, 27% were between 19 and 22 years, another 36% were aged 23 to 26 years, and 30% were between 27 and 30 years old. According to the marital status, the majority of participants were single (67%), followed by those who were married (17%) and engaged (16%).

The present study aspired to examine the relationship between spiritual *jihad* and PTSD and results indicated that there exist a significant and positive relationship between spiritual *jihad* and PTSD. A possible explanation of this finding is that those people who tend to experience high levels of trauma and those individuals who are more prone to be psychologically distressed may adapt spiritual coping mechanisms such as spiritual *jihad* in order to cope up with their stressors. Spiritual *jihad* emphasizes internal battle, faith, patience and endurance in when people face adversity. Therefore, those individuals with high levels of PTSD symptoms may find solace by deeply immersing themselves in spiritual reflection. A study on religious and spiritual reaction to trauma found that divine spiritual struggle was positively linked with increased symptoms of post-traumatic stress disorder and decreased life purpose (Sinnott et al., 2024). Moreover, often times cultural and religious context may also help explain this relationship. In many Muslim societies such as Pakistan, spirituality and religious beliefs are crucial for overcoming hardships and trauma. As

a result of those individuals experiencing greater PTSD symptoms may report higher levels of spiritual *jihad*.

The present study aspired to examine the relationship between spiritual *jihad* and mental well-being, and the results indicated that spiritual *jihad* was negatively associated with mental wellbeing. A possible explanation for this finding could be due to the struggles both emotional and psychological that the trauma survivors face. People who have experienced trauma often times sparce in an internal battle where they feel unable to cope up with distressing memories related to their trauma, they experience fear and guilt. In this situation those individuals already going through this psychological anguish may become more susceptible to indulge themselves in their faith. An increased emphasis on spiritual struggle may be an ongoing attempt to make sense of trauma, control overpowering emotions, and recover control over one's inner world instead of an indication of psychological balance. Individuals with lower mental wellbeing likely report higher levels of spiritual *jihad* in order to cope up with the intrusive thoughts they face and emotional turmoil they experience after going through a trauma. One of the studies reported that a spiritual *jihad* mindset predicted increased levels of posttraumatic stress growth and thereby reducing depression and anxiety among US Muslims (Saritoprak et al., 2018). According to this study, those people with poor mental wellbeing can improve their mental health by incorporating spiritual *jihad* practices into their daily lives. From cultural standpoint religious concepts frequently have a major influence on how people understand hardship and misfortune, especially in Muslim nations like Pakistan. Mental distress may be presented by trauma survivors as a spiritual trial or an internal struggle requiring moral discipline, perseverance, and patience. However, when individuals are experiencing high levels of distress, this internal struggle may also reflect unresolved psychological conflicts and emotional burden. In such cases, spiritual *jihad* may function as a coping mechanism through which trauma survivors attempt to reconcile their suffering with their religious beliefs and values. Hence, the negative association between mental wellbeing and spiritual *jihad* could be an attempt to navigate complex emotional challenges that followed by a traumatic experience.

The present study also aimed to examine that whether spiritual *jihad* is mediator between mental wellbeing and post-traumatic stress disorder (PTSD) among trauma survivors or not. The present study also aimed to examine that whether spiritual *jihad* is mediator between mental wellbeing and post-traumatic stress disorder (PTSD) among trauma survivors or not. Results indicates that Spiritual *jihad* serves as a partial weak mediating factor between mental wellbeing and post-traumatic stress disorder (PTSD) among trauma survivors. One possible explanation for this weak mediation is the relatively small sample size (N = 100), which may have limited the statistical power of the analysis. A larger and more diverse sample could possibly provide stronger and more consistent estimates of the mediating effect. Another possible reason relates to environmental and situational factors present during data collection. Some participants may have experienced emotional discomfort while remembering traumatic events when responding to PTSD-related items. The process of answering these questions about trauma can sometimes initiate disturbing memories, which may temporarily affect participants' answers. Such

emotional reactivation could lead individuals to respond based on their immediate emotional state rather than their typical psychological functioning, and hence influencing the strength of relationships among the study variables. The data were collected in a hospital setting, where participants were already undergoing evaluation. Hospital environments can create psychological discomfort, anxiety, or emotional sensitivity, primarily for trauma survivors. Being in a clinical environment may remind individuals of the traumatic event or its consequences, which can increase distress and effect how participants respond to questionnaire items.

Transforming psychological qualities into constructive reactions to trauma is supported by the existence of a mediating coping model, such as Spiritual jihad. Spiritual jihad, which is characterized as the internal fight toward patience and spiritual development, provides people a methodical approach to facing inner distress and turning pain into significant self-improvement. Through this mechanism, the beneficial effects of mental wellbeing are directed into healthier or adaptive coping strategies that lessens PTSD severity. From a cognitive-emotional standpoint, how people understand traumatic experiences and control their emotions has a significant impact on PTSD. Negative cognitive appraisals, such as feelings of guilt, shame, helplessness, or convictions that the world is inherently dangerous, are repeatedly developed by trauma survivors. Spiritual jihad motivates people to see their adversities as a essential spiritual test. As a result, spiritual jihad serves as the means through which trauma recovery is affected by mental well-being. A study reported that trauma survivors experience greater levels of religious and spiritual struggles, such as difficulties in finding meaning and purpose, often associated with emotions such as anger and shame. It also demonstrates that these spiritual struggles are linked with lower well-being and reduced psychological flourishing, even when factors like depression and Post-Traumatic Stress Disorder are controlled (Captari et al., 2024). A study reported that earthquake survivors found that individuals with higher PTSD symptoms reported significantly lower levels of psychological wellbeing (Yilmazer, 2025). Additionally, prior studies have shown that spiritual wellbeing fosters a meaning and purpose which ultimately enhances overall mental wellbeing (Upadhyay & Jahagirdar, 2025).

This mediating link is further reinforced by the cultural setting. Religion and spirituality are essential to everyday life and cultural identity in Muslim-majority cultures like Pakistan. Widely acknowledged cultural values include the quest of moral perfection, trust on God , and patience in the face of difficulty. In this environment, spiritual jihad is both a culturally accepted coping mechanism and a religious faith. Internalizing this concept, trauma survivors may see their adversities as a element of a spiritual mechanism of moral growth and self-purification. This culturally based viewpoint can promote optimism and resilience while diminishing emotions of loneliness, guilt, and hopelessness.

CONCLUSION

The present study examined the relationship between mental wellbeing and post-traumatic stress disorder (PTSD) among trauma survivors and investigated the mediating role of spiritual jihad in this relationship. The findings suggest a significant

negative relationship between mental wellbeing and spiritual *jihad* among trauma survivors, while there exist a significant and positive relationship between spiritual *jihad* and PTSD and Spiritual *jihad* significantly mediates the relationship between Mental health and PTSD. Those individuals who develop a spiritual *jihad* mindset saw personal challenges as chances for moral growth, self-control and a connection with God and they tend to become more psychologically resilient. In the religious and culturally oriented societies like Pakistan spiritual beliefs often times offer purpose, hope and helpful coping mechanisms during difficult life events. In order to support trauma survivors and enhance psychological recovery, these findings highlight the significance of incorporating culturally sensitive and spiritually informed approaches in psychological research and trauma interventions.

Limitations

This study has various limitations, including a limited sample size that may not be representative of all trauma survivors potentially influencing the ability to generalize the findings to the wider or broader population of trauma survivors. Additionally, the reliance on self-reported data may introduce biases, such as social desirability or recall bias, affecting or influencing the accuracy of the findings. The cross-sectional nature of the study also limits the ability to draw causal relationships between Mental wellbeing, posttraumatic stress disorder, and Spiritual *Jihad* over time. By focusing only on the Spiritual *Jihad* the study might overlook other mediators of Posttraumatic Stress Disorder such as Social support.

Recommendations

Future research should broaden on the present findings by applying larger and more diverse samples to improve the generalizability of the results across different age groups, and cultural contexts. Longitudinal research designs are also suggested to better understand the causal and long-term relationships between mental wellbeing, PTSD, and spiritual *jihad* over the course of time, as the existing cross-sectional design limits causal explanation. In addition, future studies may also examine other possible psychological and spiritual variables such as religious coping, resilience, social support, gratitude, and meaning in life that may further describe the mechanisms specifying trauma recovery. Researchers may also compare different religious or cultural coping frameworks to demonstrate whether similar spiritually based constructs play a protective role in other communities. Moreover, qualitative or mixed-method approaches could provide deeper insight into how trauma survivors personally experience spiritual struggle and spiritual growth during recovery. Finally, future studies should also examine the effectiveness of spiritually incorporated therapeutic interventions based on the idea of spiritual *jihad* in clinical context to identify whether such strategies can effectively diminishes PTSD symptoms and strengthen mental wellbeing among trauma survivors.

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