CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Self-care is an emerging endeavor among crisis counselors in Malaysia, which may have been practiced by many of them without recognizing it as a self-care behavior. Additionally, these practices are often based on religious beliefs and are therefore perceived as religious matters rather than part of self-care. Limited research on the impact of persistent exposure to traumatic cases among counselors and the role of religion in self-care has resulted in self-care practices being less likely to be discussed in formal training. Rather than being regarded as an ethical obligation, self-care is often seen as a personal practice, especially when it involves subjective religious and spiritual experiences.

This section aims to review previous empirical findings related to self-care practices, drawing from both national and international studies. It begins with an overview of crisis intervention practice and its impact on counselors, followed by the contribution of religion to self-care, an exploration of self-care concepts, and the concept of functioning. These reviews provide valuable insights into the guidance provided by religion in self-care, the demand for self-care practices in crisis work, and the interplay between religion and self-care in counselors' functioning. They serve as a foundation for the development of the current study.

2.2 Crisis Intervention and Traumatic Exposure

Crisis intervention is a method employed by psychologists, counselors, social workers, and professional helpers to assist clients experiencing emotional pain and struggling to find meaning in their crisis experiences (Nor Shafrin, 2018; Thomas & Morris, 2017; Butler et al., 2019). This approach involves an interpersonal process of information exchange between counselors and clients to promote psychological healing, growth, and enhance clients' adaptive coping and problem-solving skills (Fridley, 2010; Robert, 2015; Nor Shafrin, 2018, Voon et al., 2021). Consequently, clients are empowered to redefine their experiences in more positive ways, leading to transformative changes in self-identity, thinking patterns, emotions, and behaviors (Behrman & Reid, 2005). Therefore, clients could shift from an immobility state to a mobility state and return to the pre-crisis state (Pau et al., 2020).

To establish trust, counselors must build a strong therapeutic relationship characterized by compassion, active engagement, empathy, and emotional presence for their clients (Coaston, 2017; Germain-Sehr & Germain-Sehr, 2023). Compassion and empathy are vital for stimulating clients' self-growth and facilitating cognitive adaptation and behavioral functioning (Voon et al., 2021; Agnetti, 2024). During the intervention process, counselors must exercise their skills to be emotionally involved in clients' experiences yet maintain emotional distance, remaining united but separate from clients' experiences to avoid excessively experiencing the clients' suffering, experiencing emotional depletion, or becoming vulnerable in the intervention process (Moore et al., 2020).

To be able to feel the clients, counselors actively interpret and construct meaning from clients' traumatic experiences (Strong et al., 2008). They utilize their imaginative capacities to gain a deep understanding of the client’s emotional reactions to these

experiences (Clark & Simpson, 2013). In addition to processing clients' narratives and understanding their expectations, counselors engage in self-talk to better grasp their own experiences (Rober et al., 2008). This enables counselors to respond genuinely and empathetically to clients' expressions. However, the emotional toll of attending to numerous clients each day, particularly those with intense traumatic stress, can affect counselors psychologically (Mohd Shahrul, et al., 2024).

According to Ng and Wan Marzuki (2017), counselors can be influenced by clients' way of thinking, leading to the adoption of their thoughts. This adoption of clients' thinking patterns can impact counselors' belief systems and necessitate modification to accommodate the new reality. Such modifications can temporarily disrupt counselors' psychological systems, including self-capacities, ego resources, psychological needs, and cognitive schemas, thereby affecting their psychological development (McCann & Pearlman, 1990b). Furthermore, it may have adverse effects on counselors' pre-existing belief systems regarding the meaning and purpose of life, potentially impairing their spiritual functioning (Dyarman, 2019). Subsequent sections provide a detailed explanation of the impact of persistent exposure to traumatic cases on counselors' belief systems, psychological state, and functioning.

2.2.1 Impact on Belief System

To understand the development of trauma, it is important to recognize that the psychological system of self, psychological needs, and cognitive schemas evolve throughout the lifespan. As individuals interact with their environment during their development, they continuously integrate new information into their existing schemas, which serve as frameworks for interpreting experiences (McCann & Pearlman, 1990b).

Similar processes occur during religious socialization, leading to the development of religious schemas that encompass the self, others, and worldviews, as well as basic psychological needs such as safety, trust, independence, power, esteem, and intimacy (Trippany et al., 2004). However, when the environment presents new information that cannot be integrated into these existing schemas, the cognitive schemas undergo modifications through a process known as accommodation. This dynamic interplay between assimilation and accommodation contributes to the differentiation and growth of the psychological systems, ultimately leading to progressive self-development (McCann & Pearlman, 1990b).

Commonly, like other people counselors tend to perceive this world as predictable, safe, and meaningful to fit their psychological needs (Leo et al., 2021). The process of experiencing trauma begins with exposure to a traumatic event during interactions with clients. The sudden and unexpected nature of these events may be perceived as deviating from what is considered normal, surpassing the client's perceived ability to cope, and disrupting their frame of reference, psychological needs, and associated cognitive schemas. This also challenges the counselor's perceived ability to assist the client, leading to a cognitive appraisal that is linked to their self-capacities and ego resources (McCann & Pearlman, 1990b). However, the event may be seen as a threat to the counselor's psychological core in various ways, resulting in different psychological and physiological responses. Counselors may cognitively struggle to engage in decision-making, process the most effective way to respond to the clients, and control their judgment toward the clients. They also feel confused about what is happening with the clients and question their expertise, skills, and abilities to address the clients' presenting concerns (Moore et al., 2020).

To navigate through this challenge, counselors must assimilate the experience based on their personal reality by attributing the cause of the incidents to their pre-existing schemas. Counselors tend to seek cognitive schemas, including religious schemas, that can provide a compatible and satisfactory explanation to make sense of the events (Leo et al., 2021). Typically, counselors tend to avoid schema accommodation because it significantly disrupts their psychological systems, as it involves transforming their inner selves (McCann & Pearlman, 1990b). However, challenges arise when the pre-existing schemas are incompatible with the current experience, requiring counselors to modify or accommodate their existing schemas (Ryan & Deci, 2017).

In such cases, counselors need to modify their schemas by increasing or decreasing their elaborateness or even rejecting them entirely (Leo et al., 2021). This process at least temporarily disrupts counselors' psychological development. The newly formed schemas are then encoded within the memory system as vivid sensory impressions intertwined with intense emotions, contributing to the development of post-traumatic experiences. These traumatic images pose challenges to the counselor's inherent resources and capacities, disrupting psychological needs and cognitive schemas related to the self and the world (McCann & Pearlman, 1990b).

The process of schema accommodation also potentially disrupts existing religious schemas. This not only affects counselors' sense of meaning and purpose of life but also their religious and spiritual beliefs. A study on war veterans who provided mental health services and later received treatment for Post-Traumatic Stress Disorder (PTSD) reveals that the veterans did not exhibit common traumatic stress symptoms but experienced feelings of guilt, loss of meaning and purpose in life, and a weakening of their religious faith (Orton, 2011). This finding is supported by Saakvitne et al. (1998), who suggest

that adversity can stimulate changes in spiritual beliefs to reconstruct the meaning of events and provide a sense of self-regulation to mitigate the impact. It implies that individuals may lack sufficient religious schemas to cope with challenging traumatic crisis experiences, leaving them with negative perceptions (Dyarman, 2019).

Despite the extensive explanation of schema assimilation and accommodation in the human cognitive faculty, the cognitive process of reframing which enhances individuals' understanding of their experiences is also equally important to be addressed. Cognitive reframing, a technique utilized in cognitive behavioral therapy, involves altering individuals' perceptions and interpretations of ideas, events, or situations. It entails actively reassessing and reconstructing one's viewpoint to assign different, often more positive meanings to experiences. By reframing, individuals can shift their focus, modify their beliefs, and adopt alternative perspectives that offer a different and more constructive understanding of a given circumstance (Robson Jr & Troutman-Jordan, 2014).

Cognitive reframing aids counselors in overcoming negative thought patterns, emotional distress, and cognitive biases, leading to improved problem-solving abilities, increased resilience, and enhanced overall well-being. Supporting this argument, Le (2008) suggests that a crisis or stressful life event pushes individuals out of their comfort zones, compelling them to step back, adopt different perspectives, and accommodate or change their existing schemas and habitual ways of responding to the situation. These shifts in self-perception, views of others, and worldviews guide individuals toward the attainment of wisdom. Thus, it is apparent that resolving the incompatibility between clients' experiences and counselors' existing beliefs may not solely rely on schema assimilation and accommodation; cognitive reframing also holds significant potential.

Nonetheless, further exploration and understanding of this cognitive process are warranted.

2.2.2 Impact on Psychological State

The exposure to traumatic experiences when working with traumatized clients not only impacts counselors' belief systems but also poses a threat to their psychological well-being. Exposure to traumatic cases can have a significant psychological impact on professionals providing crisis intervention services, resulting in compassion fatigue, secondary traumatic stress, and vicarious traumatization (Bloomquist et al., 2015; Huan-Tang et al., 2017; Wallace, 2023; Saleem & Hawamdeh, 2023; Agnetti, 2024). These terms are used interchangeably to describe the effect of witnessing the suffering of others.

The concept of vicarious traumatization, which was initially proposed by McCann and Pearlman (Forsyth, 2016), refers to the cumulative negative transformation of counselors' inner experience due to their empathic engagement with clients' traumatic stress and trauma material (Agnetti, 2024). This process leads to temporary or permanent changes in the counselors' self-perception, worldview, psychological needs, beliefs, and memory systems (Pearlman & Ian, 1995; Saakvitne, 2002; Devilly et al., 2009). Long-term exposure to traumatic clients can alter and disrupt the counselors' cognitive schema, which encompasses thoughts, beliefs, and interpretations about oneself, others, and the world (Robinson-Keilig, 2013).

Besides empathic engagement, Water (2018) suggests that other factors, including emotional and physical burnout, contribute to the rise of vicarious trauma. Heppe (2019) also finds a causal relationship between burnout and vicarious trauma, with burnout

causing vicarious trauma in counselors, not vice versa. The source of burnout can come from the working environment, including the organization's culture, policies, collaboration, and work resources (Heppe, 2019). The counselors' personal life situations, such as bereavement, illness, financial issues, and family matters, can also be sources of burnout and can affect crisis intervention (Hughes, 2014; Wallace, 2023). Additionally, counselors' previous personal experiences with crisis and traumatic incidents may heighten the risk of vicarious trauma when working with clients who have similar experiences (Davis, 2017).

The symptoms of vicarious traumatization are challenging to identify, as they affect the cognitive aspect of counselors and their belief systems (Sartor, 2016). Altered aspects include the frame of reference (identity, worldview, and spirituality), self-capacities (affect management and self-worth), ego resources (self-awareness and social skills), central psychological needs (safety, trust, independence, power, esteem, and intimacy), and perceptual and memory systems (verbal, somatic, visual imagery, emotional, relational, and behavioral) (Sartor, 2016; Saakvitne, 2002). In addition, Saakvitne (2002) reported on her chronic exhaustion, bone tiredness, fear, intrusive imagery, disrupted belief, numbness, overgeneralization of negative expectation, and cynicism while she was experiencing vicarious traumatization due to the engagement in trauma work with the victim's family members of the 11th of September's attack.

Another hazard in trauma work is secondary traumatic stress. It refers to the natural consequences of behavioral and emotional reactions that result from counselors' knowledge about traumatic incidents experienced by their clients, to whom they are attached. This knowledge triggers a sense of compassion and motivation within the counselor to provide help (Figley, 2002). The nature of crisis work requires counselors to empathically witness the details of horrible traumatic incidents and trauma material

and to properly understand the intense emotional state experienced by the clients. This understanding allows them to accurately plan effective action plans for helping the client, but it can also lead to counselors carrying the clients' worries into their personal lives (Figley & Ludick, 2017). This is how secondary traumatic stress occurs.

Interestingly, secondary traumatic stress can also affect significant individuals close to the clients who have experienced trauma (Sartor, 2016). The symptoms of secondary traumatic stress overlap with those of post-traumatic stress disorder (PTSD) as outlined in DSM-5 (Sartor, 2016; Devilly et al., 2009). These symptoms include intrusive cognitive imagery of clients' traumatic experiences, avoidance responses, psychological arousal, and impaired functioning (Huggard et al., 2017). Additionally, research by Robinson-Keilig (2013) has shown that secondary traumatic stress can disrupt relationship satisfaction, social intimacy, and communication patterns. A recent study by Cameron-Hernandez (2024) outlines the impacts of secondary traumatic stress on counselors. These impacts include exhibiting physical and psychological symptoms such as fatigue, anxiety, and depression, decreasing job satisfaction and overall effectiveness, and increasing turnover rates among professional counselors.

Compassion fatigue is a form of burnout among caregivers (Figley, 2002). It is defined as the exhaustion experienced by caregivers who are empathetic and caring toward clients experiencing trauma. This exhaustion is a result of compassion stress, which demands that the counselor or caregiver be compassionate and provide effective help (Figley & Ludick, 2017). Compassion fatigue causes a complex depletion of the physical, emotional, and spiritual well-being of counselors who care for clients in great emotional pain or physical stress (Smith-Trudeau, 2019). Figley and Ludick (2017) further explain that compassion fatigue is an outcome of the consequences of secondary traumatic stress.

Several factors contribute to compassion fatigue, including the exertion of emotional energy to alleviate suffering, prolonged exposure to clients' traumatic experiences, past trauma memories, physical exhaustion due to work stress, and additional life demands (Figley & Ludick, 2017; Simpson, 2020). Existing burnout in counselors' job roles, maladaptive coping strategies, lack of workplace support, negative workplace culture, low self-efficacy, and lack of job satisfaction also contribute to counselors' vulnerability to developing secondary traumatic stress (Maurya, 2021; Cameron-Hernandez, 2024). Symptoms of compassion fatigue include decreased work concentration, apathy, detachment, depletion, depression, irritability, mood swings, and loss of appetite (Simpson, 2020). When a counselor experiences compassion fatigue, their capacity to empathize, connect with, and provide help to clients is diminished (Cuartero & Campos-Vidal, 2018). In the long run, counselors may develop feelings of regret and guilt for not being able to help or provide enough intervention for their clients (Figley, 2002).

While operationally these terms describe different states of emotional disturbances, in DSM-5, all these psychological issues are referred to as post-traumatic stress disorder (PTSD). According to DSM-5, PTSD and acute stress disorder (ASD) can also affect professionals who experience repeated or extreme exposure to aversive details of traumatic events (American Psychiatric Association, 2013). Professional counselors may experience similar clinical symptoms of traumatic stress as their clients. These symptoms include a mixture of feelings such as helplessness, anger, frustration, vigilance, defensiveness, and feeling drained. They may also experience impairments in self-esteem, repetitive flashbacks of their clients' traumatic incidents, and a loss of ethical and clinical judgment and job satisfaction. These emotional and cognitive symptoms can result in physiological reactions such as neck, shoulder, and back pain,

increased body temperature, and shaking (Jett, 2015; Leird, 2017; Moore et al., 2020; Cameron-Hernandez, 2024).

Despite the drawbacks of empathic engagement, Heppe (2019) and Agnetti (2024) argue that empathy can inspire counselors when they recognize their clients' resilience in facing challenges. Through an empathetic relationship, the client's resilience can inspire the counselor and develop vicarious resilience, which is different from vicarious trauma, even though both are rooted in the empathetic relationship between the counselor and the client. In this case, Hughes (2014) emphasizes the true operation of empathy, where counselors should acknowledge the differences between clients' life experiences and their own, and get close to the clients while also being able to step away from their experiences and identities.

Therefore, Skovholt and Trotter-Mathison (2016) posit that retaining proficiency in professional skills is a crucial aspect of effective counseling while Myers (2017) reveals that neglecting self-care and failing to establish professional boundaries when working with clients who have undergone traumatic experiences can lead to the development of vicarious trauma among counselors. Establishing professional boundaries, as recommended by Fridley (2010), helps protect counselors from vicarious trauma by making them aware of their value systems. This awareness allows counselors to differentiate between personal perceptions and professional roles, resulting in lower stress levels and enhanced effectiveness as providers (Caple, 2017; Ida Hartina et al., 2020).

2.2.3 Impact on Functioning

It is a significant challenge for counselors, as ordinary human beings, to maintain their optimal functioning to provide effective counseling and intervention services to their psychologically impaired clients. While counselors are exposed to trauma materials and narratives daily, their ability to remain sensitive to the nuances in clients' behavior and display genuine compassion and empathy is vital for their service's effectiveness. However, this nature of the counselor-client relationship can also harm the counselors' well-being and impair their overall functioning. The issue of counselor impairment was first addressed in the ethical code by the American Counseling Association (ACA) several decades ago. According to the ethical code, counselors are ethically required to recognize signs of their impairment (Ohrt & Cunningham, 2012). A similar requirement is imposed on Malaysian counselors in the Malaysian Counselor Ethical Code (Lembaga Kaunselor Malaysia, 2011). Nevertheless, it can be challenging for counselors to introspect and identify their problems (Emerson & Markos, 1996).

Counselor impairment, as defined by Emerson and Markos (1996), refers to the inability to perform professional counselor responsibilities appropriately. Sheffield (1998) suggests that impaired counselors exhibit a reduction in the quality of counseling services provided to their clients due to physical or mental conditions or stress related to situational factors. Both assertions highlight the decrease in performance quality of professional counselors due to physical, mental, and emotional conditions that are unrelated to their morality, skills, and knowledge.

Additionally, Lawson (2007) claims that impaired counselors are unable to offer the highest level of counseling services to their clients and experience a decline in various aspects of their personal lives, including physical health, social well-being, emotional, and spiritual aspects. This argument confirms that impairment in counselors

can negatively impact the quality of their services and harm their clients. Moreover, impairment can also affect the counselor's personal life.

Various factors contributing to counselor impairment have been discussed. Forbes (2014) emphasizes several factors, including continuous exposure to highly emotional materials, lack of professional boundaries, lack of control over emotions within therapeutic relationships, and isolation from colleagues. These factors are found to trigger physical and emotional burnout among counselors. According to Water (2018) and Heppe (2019), physical and emotional burnout can lead to impairment among counselors. Masson (2019) supports this view by stating that counselors burdened with various traumatic cases are at a higher risk of experiencing negative psychological impacts, such as acute stress disorder (ASD) or, in more severe cases, post-traumatic stress disorder (PTSD).

Both ASD and PTSD are associated with impairment across social, interpersonal, developmental, occupational, and physical health domains (DSM, 2013). In cases of counselor impairment due to the intensity of the clients' traumatic narratives, counselors may feel unprepared to handle the unique challenges of clients' suffering (Mohd Shahrul et al., 2024). This may cause them to doubt their ability to make effective clinical judgments and maintain therapeutic relationships, decrease their sense of empathy, and lose interest in therapy. These factors can affect their overall effectiveness, fostering a sense of dissatisfaction in both their personal and professional lives (Saleem & Hawamdeh, 2023; Syed Mohamad Hilmi et al., 2023; Cameron-Hernandez, 2024; Wallace, 2024).

Based on the signs of impairment, it can be concluded that impaired counselors experience a decline in their overall functioning as individuals and professional helpers. This situation can interfere with the counseling process, lead to trust violations, and

result in ethical breaches, which can significantly harm their clients (Robino, 2019). Therefore, in 2003, the American Counseling Association (ACA) proactively addressed the issue of counselor impairment by establishing a task force on counselor wellness and impairment.

The aim was to educate counselors on impairment prevention and provide resources for prevention and treatment (Ohrt & Cunningham, 2012; Robino, 2019). The ACA also guides counselors to adopt health-promoting strategies and engage in self-care activities to maintain their emotional, physical, mental, and spiritual well-being and meet their professional responsibilities (Robino, 2019). In Malaysia, the issue of counselor impairment and well-being has been raised by Ng and Wan Marzuki (2017), who argue that the level of well-being among counselors in Malaysia is low. They suggest that counselors should focus more on self-care practices. A similar concern about self-care practices was expressed in Malaysian counselors' ethical code as discussed previously.

2.3 Religion in Self-Care Experience

In coping with the impact of their trauma, counselors, like many individuals, draw upon various resources to comprehend and navigate their personal situations (Pargament et al., 2001). These resources aid in understanding the meaning of traumatic events and developing effective coping strategies (Leo et al., 2021; Pargament et al., 2001). Among these resources, religion plays a significant role.

Religion, however, sparks considerable debate in defining its concept, particularly in Western contexts. It is often defined as an institutionalized system encompassing religious attitudes, beliefs, and practices (Victor & Treschuk, 2020). The term is

sometimes used interchangeably with spirituality. According to van Niekerk (2018), spirituality is a modern Western concept that has evolved from ancient forms such as mysticism. Today, spirituality seeks to integrate the spiritual and material realms, often transcending the boundaries of organized religion.

In further argument to differentiate these two, Victor and Treschuk (2020) suggest that religion is characterized by traditional values and practices related to a certain group of people or faith, while spirituality involves a connection to something beyond oneself, such as God, nature, or others, which is associated with quality and meaning in life. It can be expressed through various religious practices, but it is not necessarily linked to them, as it can also be a personal journey of finding meaning and purpose in life. This postulation is supported by an argument stating that religion is also intertwined with personal aspects due to varying levels of personal comprehension, posing challenges when explaining religion from sociological perspectives (Hamali, 2017).

The debate over differentiating between religion and spirituality has also surfaced in Southeast Asia, including Malaysia. According to Mohd Rosmizi et al. (2015), religion is conceptualized as an institution encompassing practices, beliefs, spirituality, expectations, and assumptions about life values. They argue that spirituality is seen as an inseparable component of religion, highlighting the interconnectedness between personal spiritual experiences and organized religious frameworks in these diverse cultural contexts. This integral relationship between religion and spirituality was similarly observed among Buddhists in Thailand, as indicated in a recent self-reported survey that underscored their capacity to manage life's challenges (Apisarnthanarak et al., 2024).

Religion is a means of expressing spirituality, involving personal experiences and transformations that cultivate religious consciousness and faith in God or a Higher

Power (Hamali, 2017; Victor & Treschuk, 2020). These experiences may transcend religious structures, sparking a spiritual quest for meaning and purpose that is innate and unique to every individual (Wimmer, 2024). Through religious faith and practices, some individuals achieve spiritual understanding in defining situations, especially during adversity, and the significance of such experiences, thereby increasing their ability to thrive. The changes in spiritual comprehension reflect spiritual transformation, leading to greater self-awareness and personal growth beyond religious teaching or community practices (Trimulyaningsih et al., 2024).

Research has shown that religion provides valuable support and guidance for individuals recovering from traumatic experiences. It offers a satisfactory explanation, allowing them to make sense of their own and their clients' trauma in a less disruptive way. Religion also furnishes coping resources to thrive in adversity and can offer protection from antisocial behaviors (Saakvitner et al., 1998; Pargament et al., 2001; Salgado, 2014; Leo et al., 2021). This discussion will examine the three primary roles of religion concerning self-care, supported by recent research findings.

2.3.1 Religion in Meaning-Making

Religion plays a central role in the global meaning system of humans, encompassing beliefs, goals, and a sense of meaningfulness that helps individuals make sense of life experiences (Park, 2005). This global meaning is translated into daily meaning through interpretation, striving in projects, life satisfaction, and positive affect, ultimately contributing to a meaningful life (Park, 2005). Each constructs a unique meaning system that guides their understanding of themselves, their lives, and the world around them (Dyarman, 2019).

When individuals encounter experiences that go beyond the ordinary, triggering feelings of connection, importance, and values based on their personal global meaning, they perceive those experiences as meaningful (Vos, 2022). However, traumatic life experiences can disrupt and violate the global meaning system, challenging individuals' frames of reference, psychological needs, ego resources, and self-capacities for coping (Saakvitne et al., 1998). Consequently, individuals engage in a cognitive appraisal process of meaning-making to restore their disrupted global meaning (Park, 2005). As mentioned before, cognitive appraisal initiates the occurrence of self-talk to evaluate the situation and determine how to respond to the specific experience.

The process of cognitive appraisal to define the experience depends on individual uniqueness and the specific situation (Crea & Francis, 2022). Even when faced with similar events, individuals may develop unique ways of assigning meaning to those events (Vos et al., 2017). To integrate the experience without disruption, destruction, or disability, some individuals often draw upon their religious understanding, perceiving the experience as having religious significance, particularly if they hold religious beliefs (Leo et al., 2021). During cognitive appraisal and self-talk sessions, religion provides explanatory frameworks for finding meaning, improving self-control over life situations, and enhancing self-esteem, enabling individuals to make sense of themselves, others, and the world (McCann & Pearlman, 1990; Iglesias, 2010).

In the context of crisis work, it is crucial for counselors to incorporate their clients' experiences, narratives, and consequences into their understanding, drawing upon their cognitive schemas including those related to religion and spirituality, which are stored in their perceptual and memory systems (Saakvitne et al., 1998). This process triggers counselors' internal self-talk, guided by their cognitive schemas and frames of reference. Religious schemas serve as valuable resources that enlighten this self-talk, allowing

counselors to gain a comprehensive understanding of their clients' trauma experiences from religious perspectives and find meaning beyond the suffering (Holt, 2019; Staebell, 2020). The derived meanings of the traumatic experiences are then constructed in relation to the sacred (Nelson, 2009), assisting counselors in reducing fear and uncertainty regarding their clients' future and improving symptoms of PTSD in themselves (Keyes, 2011; Spangler, 2021).

However, not all individuals rely on religion to derive meaning from their life experiences. Those who view religion and religious practices as central to their overall orientation to the world find religion to be a compelling source of guidance and direction, in contrast to those who are less familiar with or have less access to religious frameworks (Pargament et al., 2001). In crisis work settings, counselors with more elaborated religious schemas are better equipped to provide meaningful adaptive explanations for their clients' traumatic experiences and experience fewer negative impacts as witnesses to their clients' suffering compared to those who value their religion but have a less sophisticated understanding of it (Leo et al., 2021).

Adaptive adherence to religious schemas in the cognitive appraisal of the meaning-making process enables counselors to redefine traumatic events as potentially beneficial, reframe their understanding of God's power in causing these incidents, seek reassurance and comfort through faith and the belief in a caring God, engage in spiritual cleansing through religious practices, and ultimately redefine themselves and their social roles (Pargament et al., 2001). For some professional helpers, by associating their role as a calling from God, they will view their work in crises as a manifestation of divine purpose (Keyes, 2011; Polson, 2019). Viewing life crises through a sacred lens guides individual counselors to perceive these experiences as manifestations of God's

love, as opportunities for spiritual growth, as lessons, and as a part of a benevolent divine plan (Pargament, 2005).

This meaning derivation strengthens religious beliefs, improves perceptions related to threatened psychological needs and ego resources, and allows interrupted self-capacities to function (Saakvitne et al., 1998). Nevertheless, intense traumatic experiences can overwhelm individuals, surpassing their coping resources and leading to a spiritual struggle in integrating the experience within a religious frame of reference (Pargament et al., 2001; Spangler, 2021;). Changes in religious schemas may occur when the traumatic experience contradicts one's existing belief system (Leo et al., 2021), requiring the construction of new meanings to alleviate distress (Rim, 2022). Individuals may choose to abandon their religious beliefs or seek further religious elaboration to preserve their faith through religious cognitive reframing (Leo et al., 2021).

Recent studies have shed light on how professionals in various work settings internalize and integrate their religion into their experiences and roles. For example, a study by Tan et al. (2020) explored the perspectives of nine Malaysian palliative care providers, who viewed their religion as a guiding force in defining their profession in a meaningful way. They considered their involvement in palliative care as a calling from God, which provided them with direction and helped them cope with the death of their patients.

Significant life events, including traumatic incidents, also may provoke deep personal reflection, leading to a profound sense of self and purpose (Trimulyaningsih et al., 2024). A study by Jinor (2018) reveals psychosocial aides in the eastern Democratic Republic of Congo, who work with trauma survivors experience secondary traumatic stress, including fear, insecurity, loss, overthinking, hopelessness, and conflicting

feelings of compassion. Despite these negative emotions, the participants felt that their work was necessary and provided hope to their clients. Some participants also believed that their service would be rewarded by God, even without monetary compensation. This ascribed meaning increased their sense of perseverance in their work and helped them cope with adversities, highlighting the role of religion in their experiences.

Similarly, Malaysian studies have indicated the contribution of religion in guiding the cognitive appraisal process, particularly through self-talk, to derive meaning from personal experiences. Chin (2013) discovered that participants in his study used their religion and reliance on God as a reference for making judgments and appraisals of their life experiences. Another study by Mohd Zaliridzal (2018) reveals that crisis counselors tended to view flood incidents in their areas as tests and trials from God, perceiving them as pre-determined with a larger divine plan behind them. They also believed that their role as crisis responders indicated that God had chosen them, granting them a unique opportunity.

These findings are further supported by Norazura (2019), who discovered that crisis counselors associated the flood incident with God's determination, perceiving it as an expression of God's power, love, and trust. They viewed their deployment in crisis work as a divine trust and an opportunity for personal growth and learning. These religious associations guide the participants to establish clear and pure intentions in their crisis work, solely for the sake of worshiping God and seeking His blessings, even if it means leaving their families behind (Mohd Zaliridzal, 2018; Norazura, 2019; Merikan & Waheeda, 2022). Additionally, a counselor in the study conducted by Norazani et al. (2015) also associated her personal tragic experience with God's determination. A recent study by Syed Mohamad Hilmi et al. (2023) suggests counselors maintain

mental, emotional, and spiritual preparation to encounter any unexpected crisis cases by realizing their position as the servants of God and putting reliance only on God.

2.3.2 Religion as Coping Resources

Religion also plays a role as a coping resource during a crisis. Religion can provide a distinct sense of purpose, hope, and direction by offering guidance on life's direction to move forward after a traumatic event that other types of social support could not provide. Religion also guides individuals to be aware of their limitations, allows people to appreciate what they cannot control, and trust in divine support (Pargament, 1997, Syed Mohamad Hilmi et al, 2023).

During the coping process, religion may serve as a source of both comfort and distress depending on how the individual's religious understanding could offer an explanation and elaboration to make sense of the traumatic event occurrence (Courtois, 2017). The traumatic experience, the goal of life, and the means to achieve the goal will be actively interpreted through the lens of the sacred that causes enhancement of the sense of meaning, control, comfort, intimacy, or support (Nelson, 2009).

The interpretation will then determine the direction of the individual's religious coping style and whether it will lead to adaptive/ positive or maladaptive/ negative coping outcomes. Adaptive or positive coping results in a secure intimate spiritual relationship with God, a positive religious explanation of the unpleasant events, and a sense of spiritual connection with others same of the group of believers. Meanwhile, maladaptive, or negative religious coping leads to the expression of an ambivalent or insecure relationship with God, a fragile and ominous view of the world, a religious

struggle to discover meaning and significance in life, and a view that God is merciless (Pargament et al., 2001; Staebell, 2020).

Pargament (2005) lists three religious coping styles in dealing with adversity namely self-directing coping style, deferring coping style, and collaborative coping style. The difference between these religious coping styles lies in the way individuals perceive God's influence and human autonomy. Individuals who utilized the self-directing style acknowledge God gave them skills and resources to solve the problem by themselves as opposed to individuals with the deferring coping style who are more passive and dependent upon God to solve their problem. Meanwhile, individuals with the collaborative coping style engaged in an active partnership with God in solving problems (Pargament, 2005; Nelson, 2009).

The collaboration coping style was said to be commonly practiced based on most studies conducted by Pargament (2005). However, Nelson (2009) argues that no coping style is the best fit all the time. The effectiveness of the coping style to cause adaptive outcomes depends on the situation and the uniqueness of the individual including the meaning that was ascribed to the traumatic experience, the individual's experience of self, the developmental stage, psychological resources, interpersonal experiences, and expectations (Saakvitne et al., 1998).

In addition, the role of religion in religious coping should not be seen as a defense mechanism to unconsciously deny reality, rather religion actively and dynamically plays roles in every stage of the coping process to help individuals find, maintain, and transform the significance of the experience, thereby they can thrive in the aversive uncertainties (Dyarman, 2019). Most religious traditions offer special religious practices that help their followers recognize and cope with difficult life changes instead of denying them. Salgado (2014) from his review also identifies religion as a source of

social support, strength, and hope especially during illness and disability, and a source of self-care that provides explanations to rationalize suffering, reduce stress, reinterpret the experience to be seen as benevolent, and make the suffering more bearable.

Religion also provides many ways of coping through religious activities that sustain the sense of meaning, mastery and control, comfort, intimacy, spiritual connection, and life transformation that were deteriorated by the traumatic experience (Pargament, 2005). Through prayer, for example, individuals are free to ask God for healing, strength to cope with difficulties, and trust that God has a purpose for allowing the occurrence of such painful experiences which provides them a unique meaning and makes the experience more bearable (Dyarman, 2019).

In prayer, individuals also gain spiritual support from God by requesting God for acceptance, assistance, calm, focus, and avoidance of unpleasant outcomes (Harris et al., 2008). Prayer is also related to the feeling of control that becomes a form of internal motivation (Salgado, 2014). The received spiritual support fulfilled the basic psychological needs of trust, safety, power, esteem, and intimacy in the individual and boosted individual ego resources and self-capacities to control the situation (Saakvitne et al., 1998). Engagement in religious practices such as prayer and meditation is also associated with spiritual growth and transformation (Trimulyaningsih et al., 2024).

Professional helpers who deal with the traumatic experiences of their clients are not excluded from utilizing religion as their coping resource particularly to overcome vicarious traumatization and promote personal growth. Participants in a study by Jinor (2018) who experienced secondary traumatic stress reported seeking guidance from God was their ultimate hope to solve their problems and abate their suffering. But they also experience spiritual struggle as they claimed that attending church can only provide temporary relief from their suffering but after that, they reported worrying again. The

spiritual struggle leads one of them to express that she did not bother to go to church anymore.

In the Malaysian context, a study by Norazura (2019) reveals that crisis counselors also draw upon their religion to instill peace by emphasizing that the traumatic incidents occurred due to God's Will and that they are merely God's servants who have been mandated to provide help and support. Counselors were also reported to be able to calm down their emotions by reminding themselves that all issues and crises in human life are predetermined by God and that God has the ultimate Will and Power to cause any incident to occur. The incorporation of religion into their experience assists them in justifying their mind and emotions and coping with their limitation, thereby providing inner strength and psychological relief to the counselors (Norazura, 2019).

It also helps them to rationalize their thought and cope with the crisis work, decreases their psychological stress, increases cooperation interaction, and generates positive perceptions that guide them toward psychological and spiritual growth (Mohd Zaliridzal, 2018). Besides that, spiritual practices particularly through prayer guide counselors to regulate their emotions, especially during difficult or unexpected emergency times or when they encounter emotional reactions of dissatisfied survivors (Mohd Zaliridzal, 2018; Norazura, 2019; Wei et al., 2022). In other Malaysian studies, prayer, meditation, and reflection are found to help counselors manage their emotions and find inner peace, emotional stability, and resilience (Ida Hartina et al., 2020; Syed Mohamad Hilmi et al., 2023). This indicates religion plays an important role in determining coping approaches.

2.3.3 Religion as a Protective Factor of Antisocial Behavior

Religion also serves as a protective factor from the negative impact of traumatic experiences that could lead individuals to conduct maladaptive and antisocial behavior or engage in psychological problems (Laird et al., 2011; Salgado, 2014). The study by Hasanović and Pajević (2010), Kick and McNitt (2016), and Amato et al. (2017) noticed that religious belief and practices protected United States war veterans from PTSD, depression, anxiety, suicide, tobacco abuse, and excessive alcohol intake. In explaining how religion could be the protective factor to preserve mental health, Hasanović and Pajević (2010) expound on the interplay between religion and mental health by identifying three levels of relationship between these two variables, emphasizing the positive effect of religious participation in offering opportunities for regulating social interaction that can establish companionship and provide comfort during difficult times, stressing the role of religion in helping individuals to make sense and cope with stressful life experience and highlighting the roles of religion in promoting healthy life which is very essential in sustaining mental well-being.

The first level of the relationship indicates religion emphasizes religious participation in the religious community or institution. Religious participation such as seeking spiritual support from a Higher Power and other religious community members in similar faith groups also provides comfort and support to manage trauma that can hinder maladaptive behaviors (Harris et al., 2008). Network theory also suggests the most protective role of religion and practices is the submission of the individual to a religious network that turns the individual to focus on valorizing the interpersonal relationship which in return brings them inspiration, support, and guidance for direction (Amato et al., 2017). Engagement in a religious network improves interaction with the

environment and social relations which results in a positive vision of self and the surrounding world (Salgado et al., 2014).

The second level of the relationship between religion and mental health lies in the role of religion in making sense and coping. Once individuals develop a sense of personal meaning, it reflects they have a purpose in life that directs them to strive toward the goal (Reker et al., 1987). Purpose in life is regarded as a functional form of meaning about life (Keyes, 2011). Purpose in life is also associated with the development of healthy identity formation. Then, the established identity formation reinforces individuals' purposeful commitment to serve the purpose (Bronk, 2011). Therefore, in facing trauma, life trials, and tribulation, purpose in life is seen as the remedy to encountering the struggle (Keyes, 2011). Purpose in life and reasons for living are found to be crucial factors that reduce the likelihood of suicidal ideation and behaviors. Research suggests that purpose in life indirectly predicts suicidal thoughts and behaviors by reducing the impact of depression (Wang et al., 2007).

Finally, religion promotes a healthy lifestyle that encourages individuals to avoid risky behaviors (Salgado et al., 2014). In a review of the study of suicide, it is found that the religious denomination that forms religious identification is not the sole protective factor against the suicidal attempt, rather it depends on the strong religious commitment, basic life-preserving values, beliefs, and practices too (Dervic et al., 2004). In this study, they also quoted one finding from a study that revealed Malay women in Singapore who had a low rate of suicidal attempts because their religion which is Islam strictly prohibited suicide. This finding indicates adherence and commitment to religion help in inhibiting maladaptive cognitive appraisals during a difficult time so, the tendency to commit harmful behavior that is prohibited by religion can be prevented (Dyarman, 2019). The recent studies that involved professional

helpers who personally reflected the role of religion as a protective factor from maladaptive behaviors, however, are still limited.

Few Malaysian studies could be among the evident findings. The finding by Chin (2013) derives the concept of spiritual congruence which reflects the congruent application of religion in daily activities. One of the participants mentioned that his belief in the karma system guided him to direct himself toward spiritual congruence in doing good deeds to gain good karma return. Muslim counselors in the study by Norazura (2019) also highlighted their religious command to be a person who can bring benefit to other people. This inspired them to be perseverant in doing their crisis work with a sincere and honest heart. They carried their work as a religious obligation which in return granted them a blessing from God. These attitudes protect counselors from self-harm practices and encourage the adoption of self-care practices. The following subheading further elaborates on the concept of self-care.

2.4 Defining Self-Care

The study of self-care gained prominence with the introduction of the concept by Orem through her work in constructing nursing theory (Hasanpour-Dehkordi et al., 2016). Since then, the concept of self-care has been widely discussed and applied not only in nursing but also in other helping professions, leading to the emergence of various conceptual definitions. Self-care has been defined as an ability (Cavanagh, 1991; White, 2016), an action (Thomas & Morris, 2017), and a process (Dorociak, 2015; Stainsby, 2018).

However, the existence of multiple definitions has hindered the formation of a consensus on the definition of self-care (Lee & Miller, 2013; Marzband & Zakavi,

2015). Nevertheless, reviewing the suggested definitions by scholars can shed light on a comprehensive conceptual definition of self-care that can guide the operational definition for the current study. Furthermore, the development of Orem's self-care theory over time recognizes self-care as a behavior, a conduct, a form of human endeavor, an ability, an action, a process, and an ego-processed behavior.

Firstly, self-care has been defined as the ability of an individual to perform routine actions to maintain their quality of life, survival, and well-being (Cavanagh, 1991; White, 2016). The ability to engage in self-care is emphasized in Orem's self-care framework (Denyes et al., 2001), as it is considered essential for individuals to meet their own self-care needs. Self-care ability refers to an individual's capacity to initiate and maintain their self-care by implementing an effective strategy (Wand & Fraser, 2018). Orem (1986) refers to the ability to engage in self-care as the capabilities or power inherent in humans to consciously act and engage in self-care, forming a repertoire of self-care actions and establishing the relationship between the two.

Orem (1987) describes individuals who have the power or capabilities to meet their self-care requisites and regulate their functioning for the sake of their own life, health, and well-being as achieving a state of self-care agency. The ability or capability for self-care can be enhanced through the acquisition of necessary skills, knowledge, and seeking information (Cavanagh, 1991). On the other hand, it can be impaired and result in self-care disability, which Orem (1987b) refers to as a self-care deficit. A self-care deficit occurs when an individual experiences a total or partial absence of normal power, capacity, and ability to care for and manage oneself, caused by impairments in physical, mental, emotional, spiritual, or psychosocial aspects, or due to a lack of information needed for self-regulation, or simply because the person lacks the desire to engage in self-care for certain reasons (Orem, 1956; Cavanagh, 1991).

In addition to medical conditions and personal factors, Poppa (2018) also highlights external factors that can hinder an individual's ability to engage in self-care, such as responsibilities, concerns about the impact of self-care on significant others, financial constraints, anxiety, expectations, and life changes. The workplace environment can also act as a barrier that limits an individual's control over self-care (Fereday, 2011). Furthermore, Poppa (2018) contends that people may lose the ability to practice self-care in a certain dimension because of particular circumstances, necessitating the need to reconsider how to practice self-care.

The discussion regarding self-care as an ability highlights the interplay between an individual's personal qualities and environmental factors in cultivating this ability. This concept bears a resemblance to the notion of self-capacities explored in CSDT. Self-capacities serve as the foundation of an individual's internal connection with oneself and their psychological ability (Pearlman, 1997). They encompass the ability to maintain relationships with others, navigate and integrate intense emotions, and uphold a sense of self-worth (Deiter et al., 2000).

This explanation underscores the significance of self-capacities in fulfilling the universal self-care requisites addressed in the later developments of Orem's work by Denyes et al., (2001). These requisites encompass the balanced interplay between solitude and social interaction, as well as the prevention of hazards to sustain functioning and well-being. Impairments in self-capacities are linked to a sense of helplessness in self-protection, challenges in tolerating ambivalence, disappointment, mistakes, and failure, and struggles in fostering self-worth. Consequently, individuals may experience feelings of loneliness, anxiety, avoidance of certain emotions or situations, existential questioning, and difficulties in meeting their own needs (Pearlman, 1997).

The second perspective on self-care defines it as an active endeavor aimed at maintaining, recovering, and restoring mental, emotional, physical, and spiritual well-being. According to Thomas and Morris (2017), self-care is an action that enhances overall well-being in these various domains, leading to a more holistic and balanced individual. Denyes et al., (2001) further elaborates that self-care involves deliberate practical actions and efforts undertaken by individuals to adapt to new environmental conditions, thereby regulating their functioning and development. It is a self-directed and learned behavior that occurs within social interactions, such as family, educational institutions, and social groups (Orem, 1987b).

Before specific actions can be taken, individuals must identify, formulate, and express their regulatory needs. Cavanagh (1991) also supports this definition by regarding self-care as a comprehensive set of activities aimed at preserving life and establishing a normal way of living from an individual's perspective. This definition emphasizes self-care as a volitional action that necessitates cognitive processes before engaging in specific behaviors (Cavanagh, 1991). Mohd Zaliridzal (2018) further supports this argument by highlighting self-care as an ongoing practice involving self-renewing behaviors, awareness, intentions, and attitudes, suggesting the involvement of cognitive and behavioral processes. Additionally, Orem (1987c) explains the process of self-care manifestation as a deliberate action comprising three phases.

The first phase involves gathering knowledge, where individuals investigate internal and external conditions, understand the significance of self-care for life, health, and well-being, and determine the desirability of maintaining or changing these conditions. The second phase entails reflection to determine the sequence of self-care actions and decide on specific steps to be taken. Finally, the third phase involves the actual execution of self-care actions, including preparing oneself, gathering necessary

materials, and setting up the environment. This phase also includes monitoring the effectiveness and outcomes of the self-care actions to assess their adequacy and determine whether they should be continued. This explanation of the process of self-care manifestation as a volitional action supports the perspective that self-care is a dynamic and evolving process.

The third perspective defines self-care as an ongoing and continuous process of consciously taking care of oneself to sustain, recover, and restore mental, emotional, physical, and spiritual well-being (Stainsby, 2018). This process involves a deliberate and structured approach that begins with investigating, formulating, and expressing one's self-care needs, making judgments and decisions about appropriate actions, and finally engaging in self-care behaviors (Denyes et al., 2001), which aligns with Orem's (1987c) conceptualization. Self-care practices are characterized as active, dynamic, and evolving rather than static (Dorociak, 2015). They can develop through an individual's personal growth in various domains, including mental, physical, spiritual, social, and environmental aspects, as well as in conjunction with their professional development (Haslee Sharil et al., 2012).

The selection of specific self-care practices is influenced by an individual's belief system, which encompasses factors such as religion, personality, social, family, and cultural background (Dorociak, 2015; Poppa, 2018). Additionally, personal preferences and previous experiences play a role in determining which practices are perceived as effective (Haslee Sharil et al., 2012). Consequently, self-care practices can vary significantly among individuals, as what works for one person may not be effective for another (Bauer, 2016).

After reviewing various perspectives on the definition of self-care, it is evident that despite their differences, there are commonalities and interconnections that can be

summarized. Firstly, all the definitions emphasize the purpose of self-care, which is to preserve and maintain an individual's wellness or well-being. Secondly, they all recognize the role of self-care in safeguarding and promoting well-being across multiple dimensions of an individual. Thirdly, self-care involves the volitional cognitive process of making deliberate judgments to determine appropriate self-care behaviors. Fourthly, the practice of self-care entails the interaction between personal qualities and environmental factors.

Lastly, regardless of whether it is viewed as an ability, an action, or a process, there is a fundamental connection among these perspectives, arising from the fact that self-care abilities manifest through specific cognitive and behavioral processes, resulting in self-care actions. Based on these observations, for the purposes of this study, self-care is defined as a continuous process of taking care of oneself that involves the volitional cognitive judgments made by an individual regarding their ability to engage in deliberate, practical actions within a contextual environment to preserve and promote the multidimensional aspects of an individual's well-being and functioning. The subsequent subheading will provide further elaboration on the dimensions of self-care practices.

2.5 Conceptualizing Self-Care Dimension

Commonly, self-care is characterized as a multidimensional phenomenon, encompassing caring behaviors directed towards oneself in various dimensions: physical, psychological, social, and spiritual. This understanding draws upon Orem's (1956) identification of eight areas of daily self-care. These areas include attending to bodily care, maintaining appropriate food and fluid intake, managing elimination

processes of the bladder, bowels, and skin, seeking privacy, ensuring rest and sleep, ensuring safety and comfort in the physical environment, engaging in activities for diversion, recreation, intellectual stimulation, and physical exercise, interacting with family, friends, and associates, and participating in spiritual practices aligned with one's religious beliefs. While Orem did not explicitly categorize these daily self-care activities into dimensions, the list inherently reflects the multidimensional nature of self-care, covering aspects related to physical well-being, psychological well-being, social connectedness, and spiritual fulfillment.

In conjunction with the progress in research from various disciplines, the multidimensionality of self-care practices has been further elucidated. Different studies have used various terms to describe the dimensions of self-care. For instance, Richard (2017) identifies four primary dimensions of self-care based on a review of previous research: physical self-care, psychological self-care, spiritual self-care, and support self-care. Marzband and Zakavi (2015), on the other hand, classify the domains of self-care as spiritual, physical, mental, and social self-care. Building upon Abraham Maslow's hierarchy of needs, Butler et al. (2019) propose six domains of self-care practices: physical self-care, professional self-care, relationship self-care, emotional self-care, psychological self-care, and spiritual self-care. These various frameworks highlight the multidimensional nature of self-care and provide insights into the different aspects that individuals need to consider in their self-care practices.

In addition, another approach to conceptualizing the dimensions of self-care is proposed by Lee and Miller (2013). They simplify the dimensions into two main categories: personal self-care and professional self-care. However, each category contains several sub-dimensions. Personal self-care encompasses physical, psychological, emotional, social, leisure, and spiritual self-care. On the other hand,

professional self-care includes workload and time management, attention to the professional role, attention to reactions to work, professional social support and self-advocacy, professional development and revitalization, and energy generation.

The diverse ways of conceptualizing self-care result in inconsistency in establishing self-care dimensions, making it difficult to identify the critical domains (Butler et al., 2019). Furthermore, the determination of these dimensions is influenced by situational and cultural contexts (Marzband & Zakavi, 2015). These considerations highlight the complexity and contextual nature of self-care dimensions, requiring a nuanced understanding of individual needs and circumstances. However, it is important to note that there are overlaps and interconnections among the listed dimensions, suggesting that certain dimensions are fundamental for survival and the functioning of other self-care domains (Butler et al., 2019).

Among the commonly identified dimensions of self-care are social, spiritual, psychological, and physical self-care. These four dimensions provide a foundation for self-care practices and have guided the current study in exploring the experiences of Malaysian crisis counselors in their religious-based self-care practices. Additionally, considering the specific context of the counseling profession, a fifth dimension, professional self-care, has been included to address the unique self-care needs of counselors. This comprehensive framework acknowledges the holistic nature of self-care and recognizes the importance of attending to different aspects of well-being for individuals working in the counseling field.

2.5.1 Physical Self-Care

Physical self-care is defined as the deliberate action or behavior of attending to the needs of the physical body to support body functioning, prevent system deterioration, and optimize safety (Butler et al., 2019; Lee & Miller, 2013). It encompasses regular exercise, a healthy diet, adequate sleep, illness prevention, and general physical health assessment. Coping with physical illness is also a component of physical self-care (Marzband & Zakavi, 2015).

A study in Malaysia confirms that the lack of physical activity contributes to the rise of non-communicable diseases (NCDs). However, there is an increasing awareness of the importance of participation in physical activities among Malaysians. According to the latest National Health and Morbidity Survey in 2019, 74.9% of Malaysian adults were active in physical activities (Khoo, Poh, Saiful Adli, Chong, & Varela, 2020). Kiessling II (2019) also identifies the extensive health benefits of physical activities in preventing physical diseases such as cardiovascular disease, diabetes, cancer, and hypertension. Recent studies have also found that physical activities have extended benefits in preventing mental disorders like depression and anxiety. For instance, in a reviewed study, Mikkelsen, et al. (2017) discovered that physical activity significantly enhances mental health and reduces symptoms of depression, anxiety, and stress, like psychotherapy. They add that aerobic exercise, brisk walking, and jogging can improve anxiety levels for several hours.

A study by Maugeri et al. (2020) shows a significant positive correlation between physical activity and mental well-being, suggesting that the reduction in physical activity during the COVID-19 pandemic had a negative impact on the psychological health and well-being of the population. Additionally, a study by Jethi (2020) among therapists reveals that physical activities are preferred as a form of self-care over other

activities, as they effectively eliminate physical and mental stress. However, this study did not specify the types of physical activities.

Another study in Malaysia exposes that physical activity is an essential element of novice counselors' self-care strategies (Farnaz et al., 2014). Moreover, a study by Merikan and Waheeda (2022) on the self-care behavior of eight trainee counselors indicates that they employed physical self-care practices to manage their stressful life circumstances and job demands, claiming that such activities can reduce exhaustion. Some individuals regard their active physical movements during working hours are equal to physical exercise. However, the extent to which occupational movement can benefit physical health as a form of physical activity is still unknown (Holtermann, 2022).

A healthy diet is also a crucial aspect of physical self-care, with improper nutrition and diet being linked to chronic diseases such as various cancers (Kennedy, 2006). In 2020, the Ministry of Health Malaysia, through the National Coordinating Committee on Food and Nutrition (NCCFN), released dietary guidelines for Malaysians. These guidelines highlight fourteen key messages related to dietary habits, including suggestions to consume a variety of foods within the recommended servings, achieve and maintain healthy body weight, consume plenty of vegetables and fruits daily, consume an adequate amount of rice, reduce fat intake, control sugar intake in food and beverages, and drink plenty of water daily (National Coordinating Committee on Food and Nutrition, 2021).

A healthy diet not only promotes good health but also prevents age-related diseases and optimizes individuals' intrinsic capacity in cognition, psychological function, sensory function, vitality, and locomotion, contributing to healthy aging (Yeung et al., 2021). Qualitative research by Terry and Reeves (2015), which explored

the views of six therapists on dietary and nutritional information, demonstrates that participants valued a healthy diet as essential for good mental health, as insufficient nutrition intake results in a range of mental and mood disturbances. In addition to ensuring adequate nutrition intake in their daily diet, the participants also considered the nutritional aspect when addressing their clients' issues during therapeutic work. Experienced Malaysian counselors are also found to include a healthy diet in their routine self-care practices, along with ensuring they get adequate sleep (Haslee Sharil et al., 2012).

Adequate sleep is also essential for maintaining a healthy life (Lan et al., 2007), while sleep deprivation can increase the risk of physical and mental health problems (Swinkels et al., 2013). A review study by Freeman et al. (2020) highlights several psychological problems linked to sleep deprivation, including anxiety, depression, mood swings, negative perception of neutral stimuli, poor problem-solving, and impaired working memory.

A recent study in India during the COVID-19 pandemic shows that sleep disturbance was significantly associated with a high risk of anxiety among the participants (Absar Israt & Agarwal, 2020). Studies involving professional helpers also supported these findings. Nurses in a study by Lee et al. (2020) who reported sleep disturbances were more likely to have poor physical and mental health. The study also indicates the mediating effect of sleep disturbance on the association between professional life quality and health, emphasizing the importance of sleep for nurses' professional life quality.

Apart from these practices, a recent study among Malaysian crisis counselors by Mohd Zaliridzal (2018) and Norazura (2019) highlights the importance they placed on their health and safety during crisis work. They made it a priority not to participate in

crisis intervention when they were unfit to do so, especially when they were required to work and stay in crisis centers. They also ensured they had enough medication and food to stay healthy and energetic while on duty.

Additionally, they prepared necessities such as appropriate clothing and toiletries. Personal insurance was also considered essential for their safety. During crisis work, counselors kept themselves updated on recent commands, standard operating procedures (SOP), and crisis center rules and regulations to ensure their safety. Furthermore, when helping in crisis-affected areas, they first assessed the safety of the location before deciding to provide assistance. If the location was deemed unsafe, they sought assistance from other officers in related agencies to reach the location and provide help (Norazura, 2019).

2.5.2 Professional Self-Care

Professional self-care practices are applied to manage and resolve work-related stress, burnout, and work hazards. Managing time and workload, debriefing with colleagues, and seeking professional social support are among the examples of professional self-care practices (Lee & Miller, 2013). These practices promote the development of professional competency and job satisfaction (Butler et al., 2019; Bloomquist et al., 2015). For professional counselors, creating and maintaining professional boundaries, acquiring new knowledge and skills, and having professional support and consultation from a mentor and supervisor are among the most crucial professional self-care practices (Corey, 2005; Hanke, 2006; Viviani, 2011).

Creating professional boundaries is one of the professional self-care that is most highlighted in the helping profession. Maintaining professional boundaries is also

emphasized in the Malaysian counselor ethical code. It states that professional counselors must do their professional responsibility within their professional limitation that was set based on their education, training, supervision experience, professional accreditation, and related professional experience (Lembaga Kaunselor Malaysia, 2011).

Professional boundaries are a set of guidelines, expectations, and rules derived from various sources such as laws, government policies, organizational procedures, health and safety considerations, therapeutic processes, and professional standards that limit safe, acceptable, and effective behavior within a profession's ethical and technical standards (Cooper, 2012). The purpose of having professional boundaries is to provide a safe working framework, ensure good practice at least at the minimum standard, build and preserve clients' trust, ensure standard service delivery, and provide unity to achieve a common shared goal in the team (Lindsay, 2012).

In social care services, awareness of professional boundaries guides the professional helpers to stay within the discipline of knowledge they were trained to do, have a clear idea of the need for confidentiality, and prevent intimate relationships with clients (Cooper, 2012). In discussing professional boundaries in the helping profession, the issue of intimate relationships with clients is given more emphasis yet emotional reactions due to intense emotional situations are less likely to be discussed (Swetz et al., 2019). Being empathic without recognizing the professional psychological boundaries makes professional helpers prone to compassion fatigue and vicarious traumatization (Wallace, 2023, Agnetti, 2024).

Worrying too much about clients and incorporating clients' traumatic reactions into their personal reactions is a common mistake of a novice counselor (Corey, 2005). It leads the counselors to violate professional psychological boundaries which results in

excessive help, blending the clients' problems with their own, sacrificing for the clients until they become too dependent, having a cold and resistant character toward their clients, and inappropriate control over their clients, provide out-of-duty services, and devaluation of the clients (Bartikova et al., 2020).

In encountering this situation, counselors are suggested to verbally check back with the client about their understanding of the client's experience, be aware and be honest to admit the professional limitation that they may not successfully work with all types of clients, aware of their authority to fulfill the demands of their clients, make the clients clear about the boundary of their role power to head off the demand, have a clear stand that fruitful effect of the intervention may not be seen immediately, and limit the number of caseloads to decrease exposure hours to traumatic narrative (Pearlman & Ian, 1995; Corey, 2005; Clark & Simpson, 2013).

Andreason (2019) discovers the attitude of setting up a clear boundary to separate work from personal life allows therapists to leave their work at the office and focus on their families and be a full presence during their therapy sessions with clients. The therapists claimed to set their mind to leave their case at the office, avoiding watching the news that might trigger them to recall their case, knowing their physical limitations, and limiting their caseload and tasks beyond their physical and mental capacities.

Participants in a study by Sacheti (2020) also reported that understanding their limitations and boundaries in handling the high demand of caseloads has assisted them in balancing the caseload within their capacities. Hunt (2018) also identifies several strategies for helping professionals to create and maintain professional boundaries. Among the strategies are increasing self-awareness about professional boundaries, self-monitoring of their behavior and emotional reaction to the trauma narratives, and

reminding oneself that they were crossing the boundaries and being excessively connected to the clients.

In addition, Malaysian studies also illustrate that Malaysian crisis counselors created professional boundaries by increasing their assertiveness to refuse to do work that was beyond their ability and capability. They were aware of their limitations and appreciated the limitations. Besides that, they did realistic anticipation and controlled their anticipated action to plan their work (Haslee Sharil et al., 2012). During crisis work deployment, crisis counselors reported maintaining their professionalism while attending to their clients' needs (Mohd Zaliridzal, 2018). Malaysian counselors, especially mental health practitioners, also practice maintaining healthy boundaries between work and personal life to prevent burnout (Lee & Zhooriyati, 2023). They were reported to develop professional boundaries while listening to clients' suffering and traumatic narratives. The counselors reflected on an awareness that their clients' psychological disturbances could trigger them, thereby necessitating the setting of their professional boundaries to regulate their emotions. Bracketing personal beliefs is another strategy used by Malaysian counselors to create emotional boundaries when encountering clients with traumatic experiences, preventing bias and judgment. When counselors find they are emotionally overwhelmed, they will refer the clients to other professionals or temporarily postpone the sessions (Wei et al., 2022).

Counselors also accept the client with unconditional acceptance without judgmental thinking or being influenced by the clients' reaction amid the crisis in whatever situation. The counselors reported understanding the clients were in an imbalanced psychological state. They also made use of group debriefing sessions that were conducted after they finished their daily tasks to exchange ideas, opinions, and solutions to any problem they encountered (Norazura, 2019).

Besides that, practicing professional self-care also requires counselors to continuously acquire knowledge and skills related to the recent scientific and professional information in their field of expertise to enhance their competency. They also must take a step to preserve their competencies in their applied skills, be open to accepting new procedures, and update themselves with the information related to the population they are servicing (Lembaga Kaunselor Malaysia, 2011).

Enhancement of professional competencies through the acquisition of knowledge and skills can reduce vicarious traumatization and distress (Pearlman & Ian, 1995). The exposure to educational knowledge, theoretical foundation, professional training, and the real setting work experience benefits the counselor in building a positive perception of their role in crisis work (Hanke, 2006; Viviani, 2011). Counselors who received systematic counselor training performed better in the acquisition of counseling skills and had higher self-efficacy and cognitive complexity compared to those who were untrained (Little, 2003; Urbani, 2011). On the other hand, counselors who did not receive sufficient training in emotional regulation to deal with clients' traumatic experiences doubted their skills and efficacy in providing future crisis intervention (Agnetti, 2024).

However, the value of experiential learning to promote a counselor's professional development is undeniable. Experiential learning started with the circulation process of concrete experience, reflective observation, self-reflection of abstract concepts, and active experimentation (Norzaliza et al., 2017). A recent mixed-method study by Levy and Lemberger-Truelove (2021) shows school counselors who undergo experiential training reported having more confidence regarding their counseling skills. They also claimed they learned innovative practices related to the application of their theoretical orientation and practical tools in counseling and engaged in personal catharsis. They

also indicated enhancement in practicing humanistic counseling skills in understanding youth culture, developing connections with students, and applying new active listening skills.

A quantitative study on play therapy skills by Anderson (2020) indicates a significant relationship between professional development and attitudes, knowledge, and skills in play therapy among counselors. The multiple regression in the study also shows university training, institute or professional conference, and workshop training predict higher attitudes among counselors meanwhile institute or conference training predicts higher skill level and workshop training predicts higher knowledge. A study by Pompeo-Fargoli et al. (2020) indicates school counseling graduate students who underwent their experiential learning internship in a multicultural diverse setting show enhancement in their competencies including multicultural competencies.

In the Malaysian context, a study specifies that real-setting experience and continuous formal and informal training enhance crisis counselors' skills related to crisis communication, multicultural communication, and decision-making (Norazura, 2019). For example, exposure to Satir's humanity approach was found to improve the therapeutic competency of Malaysian counselors in Chin's (2013) study. It is stated to empower the counselors and the clients as it increases the mental fitness of the counselors which also could be applied to the clients. It also helps the counselors to have a clear direction in the counseling process that leads to the setting of clients' positive goals. It provides many alternative tools for counselors to use to improve the effectiveness of their intervention sessions.

Having theoretical application knowledge also provides an advantage to counselors especially to overcome negative psychological impacts due to their work. Norazani et al. (2015) disclose that the counselor participant used the knowledge of the

counseling theory of reality therapy to evaluate her experience, thereby she could manage her emotions professionally. The knowledge and skills are found to be useful for counselors to prepare themselves for crisis work.

Before their deployment in crisis work, Norazura (2019) discovered the counselors revised their knowledge of psychological first aid, basic counseling skills, the surrounding environment, behavioral, cognitive, and psychological reactions of the crisis clients, social values, and social status of the clients. Preparing themselves with such specific knowledge helps counselors to stabilize their emotions, and be ready to accept responsibility (Mohd Zaliridzal, 2018). In another study, it was found that some Malaysian counselors in hospital settings who lacked proper training to handle certain groups of special needs clients struggled to help these clients, especially when they exhibited resistant behavior toward the intervention process (Pravina et al., 2021).

In addition, having good mentoring and supervisory experience is also beneficial to promote professional self-care. Good mentoring and supervising experience give counselors the chance to develop their practical knowledge and abilities and to advance in their careers (Hanke, 2006; Wei et al., 2022). Professional counselors also benefit from relevant experience gained through effective mentoring and supervisory relationships, which act as a map for their path. This interaction also helps them stay knowledgeable and open to learning new things (Viviani, 2011). Both mentor and supervisor facilitate the professional development of a counselor by encouraging their involvement in the profession and serving as professional conduct role models which guide counselors to develop their professional identity and commitment to the agency (Laschober et al., 2013, Russo, 2020).

Effective supervision also provides Malaysian counselors with constructive feedback to improve their skills and creates a safe space for emotional support (Lee &

Zhooriyati, 2023). It also helps counselors regulate their emotions. In a Malaysian study, Wei et al. (2022) identify that a positive relationship with supervisors creates a comfortable space for counselors to share their personal feelings. They postulate that supervision is helpful for debriefing, seeking moral and emotional support, and improving coping mechanisms, fostering a sense of trust and safety in the supervisory relationship. Another Malaysian study by Siti Balqis et al. (2023) argues that counselors benefit from effective supervisory relationships, including encouragement for professional development, recognition of their efforts and initiatives, and emotional support.

2.5.3 Psychological Self-Care

Another dimension of self-care is psychological self-care. Psychological self-care involves employing strategies to maintain a healthy mind and emotions, which includes increasing self-awareness, promoting healthy decision-making, and fulfilling intellectual needs (Butler et al., 2019). It encompasses emotional and cognitive techniques to maintain a positive self-image, balance external and internal demands, reduce negative emotions and thoughts, and cultivate positivity (Butler et al., 2019; Richards et al., 2010). Psychological self-care activities can include engaging in hobbies, participating in personal therapy, allowing oneself to cry during sad moments, laughing, and using positive self-talk to overcome negative emotions (Fereday, 2012).

One common practice for psychological self-care is spending time alone or having solitary time. Spending time alone refers to engaging in activities that do not involve direct verbal or physical interaction with other people (White et al., 2022). Having solitary time allows for experiential space, fostering imaginative creativity and a sense

of peace (Theo, 2021). Personal time also provides opportunities for self-reflection and enhances emotional regulation, which is essential for coping with difficult situations (Dixon, 2020a).

Malaysian studies have shown that spending time alone enables counselors to heal, redefine their experiences, and enhance their ability for self-reflection (Chin, 2013). It is common for counselors to allocate dedicated time for quality rest (Haslee Sharil et al., 2012; Farnaz et al., 2014). Personal time and space also provide counselors with the opportunity to reflect on their clients' experiences and how they manage to continue their daily lives despite being profoundly affected by crises or disasters. Counselors normally will indirectly gain resilience-building skills from their observations of their clients' strengths during adversity situations (Mohd Zaliridzal, 2018). Another Malaysian study indicates that self-reflection through journaling and engaging in solitary time helps counselors understand their feelings and reactions toward clients, guiding them to recognize the early signs of emotional impairment (Wei et al., 2022). Supporting this, several other Malaysian studies found that self-reflection brings inner peace and reduces psychological risk when exposed to clients' traumatic narratives (Ida Hartina et al., 2020; Syed Mohamad Hilmi et al., 2023).

Additionally, it is argued that self-autonomy is a key factor for peaceful and meaningful solitude. Imposing forced solitude can make individuals feel extremely lonely compared to willingly choosing solitude (Stickley, 2021). Supporting this argument, Jethi (2020), Andreason (2019), and Sacheti (2020) find that engaging in self-care activities during solitude allows therapists to recharge, attend to their personal needs, alleviate stress, trauma, and painful emotions, rejuvenate their inner selves, and enhance their work performance at optimal levels. They emphasize activities such as taking naps, cooking, baking, walking, meditating, gardening, journaling, engaging in

self-reflection, breathing exercises, practicing yoga, mindfulness, and individual therapy.

Malaysian counselors also reported making personal time and space for activities such as reading, listening to music, traveling, writing in a diary, and resting (Haslee Sharil et al., 2012; Farnaz et al., 2014). Additionally, personal therapy itself brings benefits to the well-being of Malaysian counselors, as reported by Chin (2013). He discovers that the self-mandala technique provides a broader perspective on self-care, encompassing physical, sensual, nutritional, intellectual, emotional, interactional, contextual, and spiritual aspects beyond one's own body, mind, and soul. However, it is important to note that excessive solitary time can have detrimental effects on mental health, thereby a moderate level of solitary time is recommended to avoid depriving individuals of the benefits of social interaction (Roeters et al., 2014).

Furthermore, engaging in positive self-talk is considered another form of psychological self-care practice. Self-talk refers to the internal or external communication that occurs within an individual, involving activities such as thinking, planning, imagining, analyzing, problem-solving, strategizing, generating messages, daydreaming, reflecting, and perceiving, and is influenced by both internal and external stimuli (Shedletsky, 2017; Geurts, 2018; Marshak et al., 2022; Wei et al., 2022). Rober et al. (2008) invent that family therapists also engage in self-reflection and self-talk during therapy sessions when processing clients' stories, understanding client expectations, evaluating clients' reactions, and reflecting on their own experiences. Additionally, Kondili (2018) identifies five types of self-talk based on her study on counseling students: doubtful self-talk, directive self-talk, critical self-talk, reassuring self-talk, and positive self-talk. The context of self-talk includes self-evaluation of

competence, self-reflection on the counselor's role, the therapeutic process, peer influences, and supervisory experiences.

Positive self-talk is influenced by an adaptive frame of reference, which shapes an individual's self-perception, worldview, and behavior toward others (Kameo, 2021). Engaging in positive self-talk can reduce interfering thoughts, enhance self-efficacy, and boost confidence in persisting through challenging tasks (Conley, 2019). In a study by Andreason (2019), a participant shared her experience of using self-talk to overcome judgmental thoughts about her clients. She reminded herself of her tendency to be judgmental and consciously decided to stop such thinking. Another participant used self-talk to remind himself that the client's issues were not his own, reducing the impact of countertransference and allowing him to be fully present for his clients.

Both novice and experienced Malaysian counselors reported using self-talk to regulate their emotions, provide self-affirmation, and cultivate resilience, particularly when they were also survivors of crises (Farnaz et al., 2014; Norazura, 2019). Self-talk helps them develop a strong mindset regarding their responsibility and the trust placed in them to contribute during crises, thereby increasing their enthusiasm and passion to serve in resource-limited crisis centers (Norazura, 2019).

Malaysian crisis counselors also reported engaging in self-reflection and self-talk after each duty or when they could find moments of solitude to gain emotional relief and improve their service. As human beings, counselors may be affected by their clients' issues, especially when they have experienced similar situations themselves (Norazani et al., 2015). Thus, self-talk and self-reflection provide counselors with a space to evaluate and accept their limitations and work towards self-improvement (Chin, 2013; Mohd Zaliridzal, 2018). To elaborate further, Mohd Zaliridzal (2018) intricates that one counselor used self-talk and self-reflection to re-evaluate her action of crying in front

of her colleague. She eventually realized the need to work on controlling her emotions, as such a reaction could have cognitive and emotional repercussions for her colleagues.

2.5.4 Social Self-Care

One crucial element that promotes the well-being and resilience of professional counselors is the support and care they receive from family and friends (Masson, 2019). Engaging in meaningful relationships and maintaining social ties with friends who are not counselors is also essential for social self-care (Sandler-Gerhardt & Stevenson, 2012). Social self-care involves upholding and strengthening positive social relationships with close family members, friends, and even pets. These relationships enrich counselors' lives, provide emotional and professional support, and foster a sense of connection and belonging (Richards et al., 2010; Dorociak, 2015; Butler et al., 2019). Maintaining a personal network of family and friends is particularly beneficial in reducing psychological depletion among helping professionals (Gaston, 2018). Additionally, having support from colleagues at work helps professional helpers, such as counselors, avoid distress and negative outcomes (Dorociak, 2015).

Receiving emotional support from family members helps counselors cope with the stress of their everyday crisis intervention work (Mohd Zaliridzal, 2018). In routine life, Malaysian counselors have been found to gain social and emotional support from their families (Haslee Sharil et al., 2012; Wei et al., 2022; Syed Mohamd Hilmi et al., 2023; Lee & Zhooriyati, 2023). Marikan and Waheeda (2022) also highlight the role of interaction with family and peers in guiding Malaysian trainee counselors to cope with stressful situations. These trainee counselors expressed the need to be surrounded by family and peers for emotional support during both joyful and stressful events.

In Western contexts, mental health professionals emphasize the importance of understanding and support from family and friends. They consider these relationships as a reality check, a source of personal enjoyment, and a means of reviving inner strength (Sachetti, 2020). In a study by Andreason (2019), one participant shared how she chose to share her feelings of irritation before an intervention session with her understanding spouse. Being aware of the importance of social support, school counselors dealing with students' suicidal cases advocated for themselves by seeking emotional support from colleagues and confiding in someone they trust. Their hesitation to share their feelings with others due to past experiences of family withdrawal during their childhood does not hinder their endeavors to seek trusted social support (Carpenter, 2018).

The support and understanding of family members, particularly spouses, helps professional counselors cope with the challenges of crisis work and enables them to provide better service (Mohd Zaliridzal, 2018). In a study by Reddi (2021), a participant expressed gratitude for her understanding spouse, who was also a psychologist. This support allowed her family to nurture her, enabling her to concentrate on her work knowing that her children were well-cared for. Understanding spouses can also recognize signs of emotional and psychological stress in clinical staff working with victims of trauma. Their understanding helps the staff to process their reactions and dreams related to the traumatic narratives of their clients, thereby reducing the risk of experiencing persistent vicarious trauma (Hunt, 2018).

Crisis counselors also tried to explain their roles and responsibilities in crisis work to their spouses, parents, and other family members. This preparation helps their families to understand the nature of their work and assume responsibilities during their absence. They also feel blessed by their families (Mohd Zaliridzal, 2018; Norazura,

2019). Crisis counselors frequently communicate with their families during deployment, updating each other on their conditions and seeking emotional support, particularly from parents and spouses. Prayer for their safety and well-being from afar is also reported (Mohd Zaliridzal, 2018).

Peer relationships provide counselors with a space to communicate and reflect on their reactions to the traumatic narratives of their clients (Forsyth, 2016). Malaysian counselors also rely on their colleagues for emotional support and build strong relationships with them to enhance emotional well-being (Siti Balqis et al., 2023). However, they tend to avoid discussing counseling topics with their friends (Haslee Sharil et al., 2012; Syed Mohamad Hilmi et al., 2023). This finding contrasts the finding among crisis counselors, where crisis counselors take time after their duties to share their emotions with colleagues and get their consultation (Mohd Zaliridzal, 2018; Norazura, 2019).

Peer consultation is considered ethically essential for psychologists and professional helpers. Informal peer consultation groups, consisting of four to six members without a leader, can provide guidance on difficult cases, ethical concerns, and countertransference issues (Miu, Jospeh, Hakim, Cox & Greenwald, 2022). Peer consultation also offers a safe space for professionals to acknowledge their prejudices, engage in critical thought, alleviate feelings of loneliness and humiliation, and prevent burnout. It is helpful to minimize the risk of vicarious trauma and reduce the burden of meeting work demands (Hunt, 2018).

Loneliness and demotivation can arise when professionals lack friends to share their feelings with or seek guidance from regarding their work (Nasariah & Aizan Sofia, 2020). During crisis work, crisis counselors connect with their peers through mobile applications, such as WhatsApp groups, to share information, exchange ideas, resolve

uncertainties, and seek assistance. These platforms help counselors connect with colleagues deployed elsewhere and boost their confidence in carrying out their duties (Norazura, 2019). Some counselors also seek emotional support from trusted individuals when they feel helpless (Farnaz et al., 2014). In one study, a counselor disclosed her grief about losing her elder brother to suicide to her peers and lecturer, seeking emotional support (Norazani et al., 2015).

2.5.5 Spiritual Self-Care

To find meaning in life, spiritual self-care entails nourishing inner needs and spiritual connections by using one's intellect, tendencies, and abilities to experience awareness and transcendence related to the origin of the universe, worshiping God, and the sense of submission (Marzband & Zakavi, 2015; Butler et al., 2019). Prayer, introspection, meditation, yoga, mindfulness practices, and deep breathing exercises are typical examples of spiritual self-care that can promote inner wellness and peace (Gaston, 2018). Other than rituals of religious practices, engaging in outdoor activities like gardening, stargazing, and wooded walks are all considered forms of spiritual self-care (Coaston, 2017; Butler et al., 2019), which Sadler-Gerhardt and Stevenson (2012) refer to as sacred moments.

Engagement in religious practices is a means of expressing spirituality, enhancing an individual's self-awareness and personal growth toward meaning and purpose in life (Wimmer, 2024). This experience initiates shifts in perspectives, emotional states, and personal values (Trimulyaningsih et al., 2024). This implies spiritual self-care may include religious practices and other activities that transcend beyond the confines of organized religion (van Niekerk, 2018; Victor & Treschuk, 2020). Thus, in this study,

the term ‘spiritual practice’ is employed to encompass both religious and spiritual endeavors for self-care.

This includes solitary time, discussed in the previous section on psychological self-care, which also contributes to self-reflection and self-awareness, falling within the realm of spiritual self-care. Additionally, a study confirms that the practice of chanting can regulate emotional and physical symptoms of stress, foster a connection to a Higher Power, oneself, and the community, and improve mental health, wellness, and well-being (Lee, 2021). Malaysian counselors have also demonstrated active engagement in spiritual self-care. Haslee Sharil et al., (2012) discovered that their participants were involved in religious and spiritual organizations, seeking purpose in life, and gaining spiritual insights through mindfulness activities and other religious practices.

Prayer serves as an act of worship that aids in shifting attention away from painful situations and establishing a connection with a Higher Power, according to Ida Hartina et al. (2020). It serves as a source of acceptance, assistance, calmness, focus, and self-protection from undesirable experiences (Harris et al., 2008; Syed Mohamad Hilmi et al., 2023). Forsyth (2016) discloses that the lay counselors in the Philippines admitted to being affected by the cases they consulted daily, but they turned to prayer to seek God's assistance and guidance in easing their job.

Similarly, Gosnell (2020) discovers that Burmese refugee teachers in Malaysia who lacked proper training in self-care and had less exposure to Western self-care practices, regarded religious practices, particularly made prayer, as a simple self-care method available to them. They viewed their faith in God as their only hope in uncertain situations. Malaysian crisis counselors also reported that in the pre-deployment stage, they would begin by praying to God, hoping to be chosen to participate in crisis work as part of the crisis response team. Once selected, they expressed gratitude to God for

choosing them through words of praise (Mohd Zaliridzal, 2018). They believed they were chosen by God, which motivated them to accept responsibility, continue to pray, and completely surrender themselves to God to seek His guidance in their tasks (Norazura, 2019).

Apart from prayer, reading sacred texts and religious scriptures is another form of spiritual self-care. Holy scriptures are considered a means of transcendent communication with God, covering all aspects of life, including past events (Suryani, 2015). A recent study by Mashhadimalek et al. (2019) reveals that individuals who are familiar with the holy Qur'an and its concepts experience greater pleasure and enjoyment while reading the book. The authors concluded that reading religious scriptures, such as the Qur'an, Bible, and Torah, results in a sense of well-being, intrinsic peace, gratitude, and a sense of purpose and meaning in life. Dixon (2020b) shared in her reflective paper her religious practices during the COVID-19 pandemic. One of the practices she mentioned was reading the Bible, which provides her with a peaceful mind and a sense of hope to face the uncertainty of tomorrow. The verses she read encourage her to be mindful of the present moment and to avoid dwelling on things beyond her control.

A longitudinal experimental study by George (2019) that measured the association between prayer, reading scriptures, and depressive symptoms among young adults indicates that the level of happiness increased for participants who recited a common prayer for thanksgiving and those who read a passage of scripture containing a message about thanksgiving, peace, and confidence, compared to a control group that did not pray or read the Bible. Participants who recited prayers of thanksgiving, personal prayers of thanksgiving, and Bible passages on thanksgiving, peace, and confidence showed lower levels of stress compared to the control group. The familiarity with the

verses might provide relief and comfort, and the verses may also encourage participants to believe in God's greater plan, alleviating their sense of responsibility to external powers and instilling hope for a better future. Likewise, a Malaysian study also emphasized the similar benefits of reciting holy books for emotional release (Merikan & Waheeda, 2022). Syed Mohamad Hilmi et al. (2023) identify that their participants, who are Malaysian counselors, practice self-protection by reciting specific chapters from the holy Quran.

In addition, chanting was also found to have a significant impact on wellness. In a study by Lee (2021) on the beneficial impact of chanting, chanting was found to be effective in regulating emotions and physical symptoms related to stress, strengthening the connection with powers, self, and community, reaffirming compassion, caring for others, and preventing harm. Nevertheless, limited study on the significant impact of chanting requires further exploration.

While many studies have indicated that engagement in religious practices has a positive impact on well-being, findings from Scott (2018) indicate that individuals who did not participate in religious practices showed a higher level of overall wellness and ability to strive compared to those who engaged in religious practices. The researcher argues that overall wellness, in terms of the ability to find meaning in life, self, and others, was attained by having a better identity in social interactions, especially with family and communities. This finding is supported by Sanchez (2020), who found that American psychologists who are nonreligious showed fewer symptoms of secondary traumatic stress than those who are religious and those who are non-religious but spiritual. This might be due to the low frequency of engagement in religion-based self-care practices among the religious and nonreligious but spiritual psychologists, as reported in this research finding.

Nevertheless, crisis counselors have gained significant benefits from religious practices in navigating the challenges of crisis work. They offered supplication to God and performed special wish prayers to seek guidance and assurance of safety for themselves and their families, especially when encountering undesirable incidents (Mohd Zaliridzal, 2018). They also benefit from the practice of chanting, which helps them maintain remembrance of God, provides them with autonomy to control their cognitive, emotional, and behavioral aspects, and enhances their focus and confidence to courageously face the challenges that God has predetermined for them, especially when they and their families are among the affected survivors (Norazura, 2019).

In support of these findings, Norazani et al. (2015) postulate that engaging in spiritual self-care through prayer, reciting the Qur'an, and participating in additional religious practices helps counselors deal with their own traumatic experiences as well as those of their clients. These methods offer emotional relief and allow counselors to resume their roles as professionals. For crisis counselors, religious and spiritual practices are seen as a form of self-therapy that provides inner strength to manage their inner selves, cultivate resilience, and motivate them to perform their duties to the best of their abilities. These practices enhance their functioning in both personal and professional lives (Mohd Zaliridzal, 2018; Norazura, 2019). The subsequent topic further discusses the concept of human functioning, specifying its application in the lives of crisis counselors.

2.6 Conceptualizing Human Functioning

The concept of human functioning has garnered significant attention from scholars in diverse fields, leading to the development of various conceptual dimensions.

However, a consensus on the definition and assessment of human functioning has yet to be reached, primarily due to different disciplinary concerns and expectations (Desrosier et al., 2019). This section explores the concept of human functioning from healthcare and social science perspectives, shedding light on its multifaceted nature.

In healthcare settings, several definitions of human functioning have been proposed. The Global Functioning Assessment (GAF), a revision of the Global Assessment Scale, was among the earliest attempts to define and measure human functioning domains. GAF, included in the Diagnostic and Statistical Manual of Mental Disorders (DSM IV), assesses psychological, social, and occupational functioning (Bacon, Collins & Plake, 2002). Nonetheless, it faces criticism for neglecting spiritual functioning (Hathaway et al., 2004). Subsequently, the International Classification of Functioning (ICF) was introduced in DSM 5 to replace GAF, providing a broader assessment of functioning across diverse service settings and health conditions. The ICF incorporates physiological and psychological functioning (Cieza et al., 2014), encompassing all body functions, activities, and participation. It assesses body functions and structures on a five-point scale and activities and participation through performance and capacity qualifiers, encompassing domains such as learning, communication, mobility, self-care, and interpersonal interactions (World Health Organization, 2001; World Health Organization, 2002). Likewise, Orem (1996) categorizes human functioning into physical and psychic functioning.

From a social science perspective, the concept of the fully functioning person, proposed by prominent humanistic psychologist Carl Rogers, holds significant influence. Rogers's person-centered theory places the fully functioning person at its core, emphasizing the alignment between self-actualization and individual experiences (Proctor et al., 2015; Straume & Vittersø, 2017). The journey toward self-actualization

is driven by the actualizing tendency, which propels individuals toward fulfillment, autonomy, self-determination, and perfection (Corey, 2005; Nik Ahmad Hisham & Mustafa, 2015). A fully functioning person exhibits high life satisfaction, positive thoughts and feelings, low negative thoughts and feelings, low anxiety, a focus on intrinsic values, openness to experience, living in the present moment, and trust in inner guidance (Proctor et al., 2015; Straume & Vittersø, 2017).

In addition, Markham and Aveyard (2003) who proposed a new theory based on an Aristotelian interpretation of human functioning and a theory of cultural transmission suggest that human functioning is dependent on the fulfillment of human fundamental needs and certain essential human capacities which includes the capacity to think and reason logically (practical reasoning) and capacity to form a relationship with other individuals (capacity for affiliation). Meanwhile, Lopez et al., (2006) highlight human strengths to imply human optimal functioning. These include achievement, actualization, adjustment, adult attachment, coping, empathy, goal setting, locus of control, motivation, openness, problem-solving, self-concept, self-control, self-efficacy, self-esteem, values or ethics, optimism, positive emotions, emotional intelligence, love, creativity, leadership, and courage.

The definition of human functioning is a complex and multifaceted concept that varies across different disciplines. From a healthcare perspective, assessments of human functioning encompass psychological, social, occupational, and even spiritual domains. In social science, the fully functioning person and the fulfillment of fundamental needs, essential capacities, and human strengths are central to the understanding of human functioning. While divergent in their approaches, these perspectives collectively contribute to a broader understanding of human functioning, highlighting the

importance of physical, psychological, social, and existential dimensions in achieving overall well-being and personal growth.

Thus, in this study, it is proposed that functioning be operationally defined as the outcome of individuals' self-care practices and religion manifested through psychological, social, professional, and spiritual functioning to perform daily roles, activities, and tasks within their cultural context and standard practice. The dimension of physical functioning was excluded as its assessment falls within the scope of healthcare, while the professional dimension was added to differentiate social functioning in professional settings from personal settings. Elaboration of each domain of functioning was presented in the following sub-topic.

2.6.1 Professional Functioning

Professional functioning encompasses various aspects of a counselor's ability to effectively perform their role (Melnikov et al., 2021). The personal method of functioning is suppressed in favor of adopting an appropriate professional mode of functioning (Skovholt & Ronnestad, 1992). Previous conceptualizations of professional counselors' functioning emphasized a wide range of interventions, including the target group, purpose, and method of intervention (Morrill et al., 1974). The exercise of these roles in providing interventions reflects counselors' professional functioning in terms of decision-making, planning, and evaluating the effectiveness of interventions (Morrill et al., 1974).

In a more recent model, Storlie et al., (2017) identify eight domains of professional functioning based on the integrative developmental model by Stoltenberg and McNeill (2010). These domains include intervention skill competence, assessment

techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment plan and goals, and professional ethics. A content analysis study by Storlie et al., (2017) on trainee counselors' reflective journals has confirmed the acquisition of these functioning domains during internship training.

Skovholt and Ronnestad (1992) identify twenty themes in counselor professional development that reflect professional functioning. These themes encompass exposure to professional experiences, support from personal factors, recognition of critical data in clients' issues, confidence in handling clients, clarity in professional boundaries and responsibilities, and understanding of clients' variability in decision-making, coping, and issue resolution. Additionally, achieving a balance between self-care and caring for others emerged as a crucial element of counselors' professional functioning (Skovholt et al., 2001).

Psychological adaptation, including resilience, is another important aspect of professional functioning for counselors (Kuyken et al., 2003). Psychological adaptation involves the continuous process of adjusting to a new environment and balancing individual and social expectations (Terziev, 2019). Resilience has been identified as a contributing factor that facilitates psychological adaptation in a professional context (Pichurin, 2015).

Recent studies have highlighted the role of self-care practices in facilitating professional functioning among counselors. Engaging in self-care practices enhances professionals' ability to cope with the demands of their work, increases feelings of success, consciousness, processing skills, understanding of client distress, focus, happiness, and relaxation, while decreasing negative perceptions of exploitation and stress (Moye, 2016). Proactive participation in professional self-care activities, such as staying updated on professional knowledge, connecting with professional

organizations, and engaging in professional development, can prevent the depersonalization of clients and maintain constructive relationships (Rupert & Dorociak, 2019).

In a Malaysian study, Norazura (2019) emphasizes the importance of self-initiated knowledge upgrading through formal and informal learning processes for counselors' competencies. These competencies include knowledge of counseling and multicultural aspects, crisis intervention skills, and personal attitudes. The study also highlighted the significance of professional collaboration with related agencies during crisis work to broaden the counselors' support network and assist them in tasks beyond their job scope.

2.6.2 Psychological Functioning

The definition of psychological functioning remains ambiguous, and various approaches have been employed to assess and evaluate it. Suurmeijer et al. (2001) and Kirby et al., (2019) suggest using general mental health evaluation and mental health outcome variables such as depression, anxiety, distress, well-being, shame, and self-criticism to assess psychological functioning. Hall (1991) proposes the Inventory of Psychological Functioning, which categorizes psychological functioning into four domains: regulation of the self, object relationship, regulation of internal and external experience, and regulation of affect. Kubzansky et al. (2015) emphasize healthy psychological functioning, which entails flexibility and capacity for adaptation through self-regulation.

Lopez et al., (2020) emphasize personal growth and purpose in life as core components of positive psychological functioning. They draw from Ryff's (2014) six dimensions of psychological well-being scales, including purpose in life, autonomy,

personal growth, environmental mastery, positive relationships, and self-acceptance. Martela and Ryan (2023) propose the inclusion of autonomy, competence, and relatedness as basic psychological needs to reflect psychological functioning. They argue for identifying the psychological factors that indicate individuals are functioning well rather than solely relying on feelings of well-being. The proposal by Lopez et al., (2006) that was discussed previously to focus on positive psychological constructs and processes in defining functioning is also worth considering. Hence, this study focuses on the positive psychological constructs necessary for participants to carry out their personal and professional activities within the cultural context and standard practices of crisis intervention.

In the context of crisis intervention practices, professional counselors are required to embody genuineness, unconditional acceptance, and empathy to ensure effective interventions (Fridley, 2010). Genuineness, empathy, and unconditional acceptance qualities are the core elements of Person-Centered Therapy proposed by Rogers (Farber & Doolin, 2011). These positive personal qualities contribute to effective approaches, techniques, and relationship-building, enabling traumatic clients to recover (Jacobson et al., 2015). Genuineness refers to the congruence between the counselors' outer expressions and their inner experiences, while unconditional acceptance entails caring for clients without judgment or evaluation of their feelings, thoughts, and behaviors. Empathy involves accurately understanding clients' experiences and feelings in the moment-to-moment interaction during interventions (Corey, 2005).

Formal counseling training commonly emphasizes the importance of adherence to the attitude of unconditional acceptance to establish therapeutic relationships with clients. Unconditional acceptance implies counselor accepts the clients as they are without placing any judgment about their behavior, way of thinking, and emotions to

reduce clients' resistance and defensive reactions (Noraini, 2019; Tan, 2021). Not limited to counseling training, unconditional acceptance has also become a fundamental value in clinical social practice training and nursing practice, enabling patients to obtain benefits from new knowledge and skills related to their health taught by nurses (Moudatsou et al., 2020). In implementing unconditional acceptance, counselors may personally disapprove of certain actions done by clients, but they do not reject the clients as persons by shaming, criticizing, warning, or labeling the clients (Noraini, 2019).

Although unconditional acceptance is highly implemented in counseling and psychotherapy, it catches less research attention (Ort et al., 2023). The unconditional acceptance construct is usually studied together with the genuineness and empathy constructs instead of a single construct, indicating as if they are inseparable (Ort et al., 2023). Moreover, Rogers himself suggests empathy as a prerequisite for unconditional acceptance and genuineness as a prerequisite for the rest two (Farber & Doolin, 2011).

In addition to unconditional acceptance, Rational Emotive Behavior Therapy (REBT) proposes the concept of self-acceptance as its prominent construct, entailing accepting oneself without conditions, irrespective of one's actions or behaviors being competent or correct, and regardless of others' approval or respect (Jibeen, 2017). Unconditional self-acceptance allows individuals to acknowledge their fallibility and learn from their mistakes (Dryden, 1994). Studies have shown that unconditional self-acceptance significantly predicts mental health (Popov, 2018).

Self-awareness and emotion regulation are additional positive personal constructs that reflect psychological functioning (Kittel et al., 2015; Coleman, 2019). Self-awareness involves being cognizant of one's thoughts and feelings concerning others, enhancing understanding of oneself and others (Rasheed et al., 2018). Emotion regulation, or affect regulation, involves efforts to down-regulate negative emotions or

up-regulate positive emotions (Gross, 2015). Both constructs contribute to the development of resilience in professional helpers. Coleman's (2019) study highlights how self-awareness contributes to resilience among mental health practitioners, guiding them in understanding professional boundaries and developing a positive mindset toward their careers. Emotional regulation has been shown to increase psychological resilience and is considered an adaptive process (Jackson-Koku & Grime, 2019).

Resilience, a trait, process, or set of processes, is another positive construct and adaptive process within psychological functioning (TroyWillroth et al., 2023). Resilience involves bouncing back and positively adapting in the face of adversity (Joyce et al., 2018). It is associated with the development of new skills, attitudes, and meaning in response to traumatic events, surpassing previous levels of functioning (Smith & Ascough, 2016; Bundick et al., 2010). Religious or spiritual beliefs can also contribute to resilience (Masson, 2019). Family physicians, for example, find meaning in their personal and professional lives through their faith or spiritual belief systems, enhancing their resilience (Wagner & Pather, 2019).

Several Malaysian studies have explored the psychological functioning of Malaysian counselors. Chin (2013) illustrates that the use of Satir therapy increased counselors' self-awareness, self-acceptance, self-esteem, self-validation, and congruence, enabling them to effectively process internal thoughts and respond calmly. Mohd Zaliridzal (2018) demonstrates that self-care practices improved crisis counselors' emotional control, professionalism, and ability to set professional boundaries, preventing negative counter-transference and enhancing psychological functioning. Spiritual self-care practices provided calmness and aided in handling grief and clients with suicidal issues (Norazani et al., 2015). Personal preparation and self-care practices also increased counselors' openness, acceptance, and resilience in crisis

work, allowing them to navigate challenges and maintain a commitment to their roles (Mohd Zaliridzal, 2018; Norazura, 2019).

Furthermore, self-care practices were strongly and positively correlated with resilience among marriage and family counselors (Lee et al., 2021). Self-compassion and support from peers and family members were found to contribute to counselors' resilience (Voon et al., 2021). Peers' support in the form of physical assistance and encouraging words bolstered counselors' enthusiasm, enabling them to thrive in their duties even when working at separate crisis centers (Norazura, 2019). Familial support, particularly from parents and spouses, helped counselors cope with their work and concentrate on their responsibilities (Mohd Zaliridzal, 2018).

2.6.3 Social Functioning

Social functioning encompasses individuals' capacity to interact with their environment and fulfill their societal roles, including work, engagement in social activities, and maintaining relationships with partners and family (Bosc, 2000). From a social work perspective, social functioning refers to the successful execution of various roles that arise from interactions with oneself, family, society, occupation, and the environment, involving activities essential for everyday living, such as household tasks, family responsibilities, social engagements, and community involvement (van Wyk & Carbonatto, 2015). Both definitions emphasize the fulfillment of social roles within the family, occupation, and social setting. The delineation of these roles heavily depends on cultural perceptions of gender differences, wherein certain activities are believed to be more efficiently carried out by a specific gender (Eagly & Wood, 2012).

The management of the household is a prominent aspect of familial social functioning, traditionally associated with women's roles. However, in modern society, this perception has changed as women have increasingly participated in paid labor (Kim, 2013). Modern marital couples are deviating from traditional gender roles in family life by adopting a more egalitarian approach to household division (Arsenault, 2018). The fairness of household division is determined by balanced support from both spouses in terms of material, instrumental, cognitive, and emotional contributions. Nevertheless, wives who adhere to the traditional ideal of the husband as the primary breadwinner and the wife as the primary homemaker perceive the division of housework as equitable (Taniguchi & Kaufman, 2020).

Apart from fulfilling marital roles, the fulfillment of parental roles is another crucial aspect of social functioning. Parental roles encompass ensuring safety and sustenance, providing socio-emotional support, offering stimulation or instruction, providing supervision, and facilitating socialization (Lang, 2020). Functioning parents play a pivotal role in their children's emotional regulation, social interaction satisfaction, intellectual development, and personality (Titze et al., 2014; Lang, 2020).

Parental absence can impact children's development and increase the risk of engaging in non-suicidal self-injury, such as scratching, cutting, burning, hitting, or biting one's body tissues, without the intention of suicide (Trujillo & Servaty-Seib, 2017). A study by Bothwell et al., (2021) found that the absence of a father figure has a significant impact on children's moral behaviors, and cognitive and affective aspects, especially among male children. However, the involvement of step-parents and extended family members in parenting, particularly in the absence of a father, plays a significant role in providing support and promoting the child's development and well-being (East et al., 2017).

Participation in social activities with colleagues and friends during leisure time is also indicative of social functioning. Friendships are crucial interpersonal relationships that reflect competencies in conflict management, emotional support provision, initiation, self-assertion, self-disclosure, forgiveness, and gratitude (Kochendorfer, 2021). High work demands often limit the time available to spend with family and friends, leading to the deprioritization of friendships among adults (Craig & Kuykendall, 2019). While spending a substantial amount of time with colleagues and friends is more common among young individuals, it significantly decreases once a couple has children, as more time needs to be devoted to family (Šaknys, 2018). Nevertheless, social activities with friends are associated with subjective well-being, and healthy aging which increase positive affect, and life satisfaction among middle-aged and older adults (Huxhold et al., 2013).

Engagement in community activities represents another form of social behavior that signifies social functioning. Community participation and social interaction have a direct impact on the life satisfaction of both healthy individuals and those with health problems, including older adults (English, 2013; Chen & Zhang, 2022). Active involvement in the community empowers individuals with a sense of belonging, community attachment, a sense of self-control, and networking opportunities (Chen & Zhang, 2022). For instance, engagement in volunteering and charity work has been found to have a positive association with life satisfaction, with donations to local charities being linked to higher well-being compared to donations to international charities (Appau & Churchill, 2019).

In the context of Malaysian crisis counselors, they exhibit a high level of social functioning. Counselors have been observed to effectively contribute to crisis work teams, demonstrating their ability to engage in discussions and reach mutual consensus

when dividing tasks. Moreover, they exhibit a mutual understanding in accomplishing their mission during crisis work (Norazura, 2019). In their personal lives, counselors are reported to maintain open discussions with their family members, particularly parents, and spouses, regarding responsibilities for managing the family when they are deployed for crisis work. They also make efforts to explain their tasks in crisis work to ensure that their family members understand their role (Mohd Zaliridzal, 2018; Norazura, 2019). These findings indicate that counselors can play a positive social role within their families as well.

2.6.4 Spiritual Functioning

According to Orozco (2003), spiritual functioning encompasses qualities of spiritual well-being that manifest in three dimensions of connectedness: intrapersonal connectedness, interpersonal connectedness, and transcendent connectedness. Intrapersonal connectedness involves the search for meaning in life and self-actualization, while interpersonal connectedness involves strong external relationships characterized by love, forgiveness, and being loved. Transcendent connectedness refers to the relationship with a Higher Power or God. Jaberi et al. (2017) suggest that intrapersonal connectedness, through introspection, reflection, and thinking, increases an individual's spiritual awareness and understanding of the inner self, thereby reflecting spiritual functioning. Spiritual awareness is recognized as a crucial competency for counselors and has been proposed as an integral part of counselor training (Cates, 2009).

Harris et al. (2008), however, propose additional spiritual aspects that reflect spiritual or religious functioning, including the search for meaning, mastery and control,

comfort and closeness to God, intimacy and closeness to God, and life transformation. While the terminology used to classify spiritual functioning may differ between these two perspectives, they share similar ideas regarding the importance of connectedness with a Higher Power or God, as well as the search for meaning and purpose in life as domains of spiritual functioning. Furthermore, Bock et al. (2018) emphasize that connectedness or attachment to God and spiritual awareness are two crucial spiritual functions that relate to the pursuit of meaning and purpose in life, particularly in times of suffering.

The first aspect of spiritual functioning that has garnered attention in spiritual studies pertains to the connectedness with a Higher Power or God. Within this framework, God is often regarded as an attachment figure, providing individuals with a secure base akin to the attachment relationships they form with significant others (Bock et al., 2018). Connectedness with God is cultivated through various worshiping acts, which engender feelings of sufficiency and significance among individuals (Suryani, 2015). Such spiritual practices foster kindness in behavior, facilitate interpersonal connections, influence individuals' perceptions of the world beyond themselves, and enable them to derive more nuanced, interconnected, and profound meanings that assist in navigating the profound anguish associated with traumatic grief (Doehring, 2019).

Beyond acts of worship, prayer serves as a means of communication and connection with God (Hamilton et al., 2020). Functioning as a coping mechanism, prayer enables individuals to seek spiritual solace from God by requesting the capacity to accept tribulations, seeking coping strategies, and appealing for relief or avoidance of stressors (Harris et al., 2008). When confronting life-threatening illnesses, prayer assumes the role of a source of strength, facilitating endurance, healing, and protection, and serving as an avenue for expressing gratitude (Hamilton et al., 2020).

Another facet of spiritual functioning involves the construct of spiritual awareness. Humans possess cognitive abilities that enable them to introspectively contemplate their past and future actions, lives, and the purpose of their existence (Keyes, 2011). This capacity to connect with one's inner self, known as intrapersonal connectedness, and comprehend the spiritual experiences of the inner self is denoted as spiritual awareness (Jaberi et al., 2017).

Spiritual awareness encompasses the personal spiritual value attributed to life and maturity, reflecting individuals' capacity to navigate life experiences and perceive them as opportunities for growth and learning (Anwar et al., 2020). Traumatic incidents or life-threatening illnesses can also contribute to the development of spiritual awareness, as the inherent uncertainty of life prompts individuals to develop new coping skills and strategies and engage in self-reflection regarding existential questions, leading to changes in existing cognitive schemas and common behavioral responses (Le, 2008). Successful coping with traumatic events fosters heightened spiritual awareness (Khursheed & Shahnawaz, 2020).

Additionally, spiritual functioning encompasses the pursuit of meaning and purpose in life. The meaning of life pertains to the comprehension of one's existence, while the purpose in life refers to the intentions, functions, or goals an individual strives to achieve (Reker et al., 2017). Both these dimensions are considered fundamental aspects of optimal human functioning (Crea & Francis, 2022). It is inherent in human nature to respond emotionally and rationally to life experiences, fostering the development of positive emotions and thoughts that lend meaning to these experiences, thus alleviating uncertainty and fear (Keyes, 2011).

A lack of integrative meaning results in suffering, whereas the acquisition of meaning facilitates recovery from suffering, as integrative meaning guides individuals

to perceive negative experiences as more bearable when they are perceived as leading toward a higher, desirable purpose. In their quest to establish integrative meanings of their experiences, individuals often turn to their religious and spiritual beliefs to make sense of their encounters and search for meaning and purpose in the face of adversity (Dyarman, 2019). This endeavor reflects an individual's spiritual functioning.

In studies conducted in Malaysia, it was observed that crisis counselors exhibited spiritual functioning, as evidenced by their strong connection with God and their profound sense of meaning and purpose in their work. Norazura (2019) discovers that counselors involved in crisis work acknowledged that their belief in God played a pivotal role in influencing their cognitive, emotional, and behavioral aspects. They placed great reliance on God for assistance and guidance in their work. Similarly, Mohd Zaliridzal (2018) also reports a strong connection with God among counselors, particularly in seeking safety for themselves and their families during deployment. Prayer served as a means of communication with God, especially in challenging circumstances. The counselors also attributed importance to God's power in maintaining their mental resilience while on duty, allowing them to embrace the predestined outcomes determined by the Almighty.

Furthermore, counselors demonstrated a heightened sense of meaning and purpose in their work. All respondents in the study conducted by Mohd Zaliridzal (2018) expressed gratitude for the opportunity to serve as crisis responders, viewing it as a divine calling. This perspective motivated them to approach their crisis-related tasks with utmost dedication and responsibility, even if it meant staying at evacuation centers. They appreciated the unique firsthand experience they had been granted, recognizing that not every counselor would have the same opportunity.

This finding is consistent with the work of Norazura (2019), who also indicates that counselors perceived themselves as chosen for the role of crisis responders. This belief fostered a deep sense of meaning and purpose, empowering them with strength, confidence, and focus in handling crisis interventions. As a result, they were able to function effectively as professional counselors in times of crisis. These findings highlight the inclination among crisis counselors to integrate their religious beliefs and understanding in defining their roles in crisis work, guiding them to fulfill their responsibilities in a highly conscientious manner. However, a different pattern was observed among trainee counselors in the study conducted by Merikan and Waheeda (2022). They discovered that only certain participants internalized their beliefs and spirituality to alleviate their concerns and find meaning in their lives.

2.7 Conclusion

This chapter presents the literature findings from various scholars from the local and international levels, thereby demonstrating vast comprehension of the impact of the crisis on individual counselors, the contribution of religion in self-care during a crisis, the concept of self-care and its dimensions, and the concept of human multidimensional functioning. The literature presents profound arguments to specify certain concepts that are still being debated and have no conclusive consensus to define them. These conceptualized notions assist the researcher in developing the framework of this study. The findings from previous scholars are addressed in detail, accelerating the clarity of the research gaps that make this study relevant.