CHAPTER 1

INTRODUCTION

1.1 Introduction

The Malaysian Board of Counselors previously reminded counselors of their professional obligation to engage in self-care activities to maintain their overall well-being, encompassing emotional, physical, mental, and spiritual dimensions. By doing so, counselors are better equipped to effectively fulfill their responsibilities (Lembaga Kaunselor Malaysia, 2011). This reminder underscores the importance of incorporating self-care into counselors' daily lives as they navigate the challenging work nature of providing services and interventions to their clients.

Counselors often find themselves exposed to the profound effect of intense traumatic cases, resulting in various psychological impacts such as burnout (Wallace, 2023), compassion fatigue, (Saleem & Hawamdeh, 2023), secondary traumatic stress (Sanchez, 2020) and vicarious traumatization (Agnetti, 2024). These psychological conditions undermine the counselors' confidence in their skills and professional experience, impede their ability to function as effective professional providers, impair their health and wellness, and increase turnover (Jett, 2015, Cameron-Hernandez, 2024). In addition, this exposure may negatively affect the counselors' belief system pertaining to the meaning and purpose in life, giving them challenges to incorporate the situation into what their religion told them (Dyarman, 2019). Therefore, regular self-care practice, particularly through spiritual endeavors, is imperative to safeguard counselors from experiencing impairment, enhance their self-efficacy, resilience, and

self-protection, increase the effectiveness of their services, and foster compassion satisfaction (Gaston, 2018; Syed Mohamad Hilmi et al., 2023; Saleem & Hawamdeh, 2023).

This chapter provides an overview of this study, commencing with a comprehensive explanation of the study's background focusing on the need for self-care within the context of crisis work. Additionally, the background of the study underscores the religious perspectives on crisis and self-care. Subsequently, further in-depth exploration of religious perspectives on the crises and their recommendation for resolving such situations is presented. This is followed by the presentation of the problem statement, research question, research objectives, significance of the study, scope of the study, delimitation of the study and conceptual framework. The research framework that was devised based on the theoretical underpinnings of this study is explained before the operational definition section.

1.2 Background of Study

The counseling profession in Malaysia is still developing. Therefore, crisis counseling service is not excluded. The collapse of Highland Towers, the twelve-level apartment in December 1993 could be considered the starting point for the development of crisis counseling. The tragedy also led to the improvisation of Malaysia's standard operating procedure for crisis and disaster management. A comprehensive mechanism of disaster management policy then was developed under the National Security Council through the release of Directive 20 (The Policy and Mechanism on National Disaster and Relief Management) by May 11, 1997. The enforcement of Directive 20 of the

National Security Council aims to integrate the role of every related agency in a crisis setting, thereby the crisis and disaster at the national level can be effectively managed.

Based on the Directive 20 Policy, the counselors are also deployed to be part of the crisis responders' team during disasters. The role of the counselors is to provide aftermath crisis intervention for the victims. They also provide psychosocial support for traumatic stress victims (Majlis Keselamatan Negara, 2013). Since then, counseling services in Malaysia started to expand especially in public service. More registered counselors were hired to provide counseling and psychological intervention services for three different main target groups namely the organization's personnel, the community, and the students. The target groups are dependent on which department the counselors are posted in. Various incidents such as criminal cases, building collapses, landsliding, floods, tsunami, the disappearance of a Malaysian Airline flight, and the recent COVID-19 pandemic triggered the faster development of crisis counseling services in Malaysia. Thus, the complexity of the counselor's role is also increasing, especially for counselors in crisis work settings.

Counselors from crisis working settings are exposed to various kinds of issues brought by their clients who were entrapped in a crisis due to crisis situations, critical incidents, disasters, and traumatic events (Pau et al., 2020) Not limited to national disasters, these counselors also play pivotal roles in handling expected or unexpected life crises such as sexual victimization, critical illness, violence, natural disasters, terrorist attacks, marital conflicts, developmental issues, and many more common life experiences that cause change and challenge individuals' ability to cope (Sadler-Gerhardt & Stevenson, 2012; Cameron-Hernandez, 2024). These incidents may leave the clients in emotional disturbance, thereby decreasing their ability to perform daily functions, particularly in problem-solving (Mohd Zaliridzal et al.,2018). This situation

necessitates immediate intervention from a professional counselor to provide initial intervention and psychosocial support (Robert, 2015).

Crisis intervention is a method to handle crisis issues used by psychologists, counselors, social workers, and professional helpers to help their clients who are in a state of emotional pain and struggling to find the meaning of their crisis experience (Thomas & Morris, 2017; Nor Shafrin, 2018; Butler et al., 2019). It involves an interpersonal process of information exchange between counselors and their clients. Crisis intervention aims at healing the clients psychologically and increases the repertoire of the clients' new adaptive coping and problem-solving skills (Fridley, 2010; Robert, 2015; Nor Shafrin, 2018). Consequently, the clients will be able to redefine their experience in more positive ways which drives them towards a new transformative change of self-identity, thinking patterns, emotions, and behaviors (Behrman & Reid, 2005).

In Malaysia, counselors from healthcare, crime and investigation, welfare, and prison settings are exposed to various kinds of crisis cases due to the job scope that demands they provide crisis intervention to specific vulnerable target groups. Counselors from healthcare settings encounter mental health crises, including suicide attempts, suicide cases, and health issues among patients with disabilities. Meanwhile, counselors from crime and investigation settings face crisis cases resulting from criminal acts. They provide crisis intervention to crime victims, victims' family members, witnesses of the crime, and minor suspects. Additionally, counselors from welfare settings are responsible for providing crisis intervention to vulnerable children, the elderly, disabled people and their families, disaster victims, domestic violence victims, minor criminals, vulnerable communities, and victims of human trafficking while counselors from prison settings provide crisis intervention to prisoners from

various criminal background (EZSkim Jabatan Perkhidmatan Awam, 2023). This information suggests that counselors in these four settings are exposed not only to natural disaster crises but also to daily life experience crises that could happen to anyone in the community across the lifespan.

Nevertheless, persistent prolonged exposure to traumatic cases and witnessing the suffering of the clients can have a psychological impact on counselors (Huan-Tang et al., 2018). In some extreme cases, such exposure may lead counselors to adopt their clients' traumatic thoughts and beliefs, resulting in anxiety, depression, and post-traumatic stress (Ng & Wan Marzuki, 2017). Counselors may experience similar traumatic stress symptoms to their clients (Myers, 2016; Davis, 2017; Palmieri, 2017), which can lead to questioning their self-esteem, skills, and professional expertise. They may also experience recurrent intrusive thoughts related to the trauma incident (Leird, 2017), and might face challenges in ethical judgment and job satisfaction (Cameron-Hernandez, 2024). As a result, practicing self-care becomes necessary to preserve the counselors' functioning state (Moye, 2016; Gaston, 2018; Syed Mohamad Hilmi et al., 2023).

Self-care was first introduced by Orem in 1956 through her work in constructing nursing theory (Denyes et al., 2001; Hasanpour-Dehkordi et al., 2016). Briefly, self-care has been recognized as a continuous process of deliberately taking care of oneself based on an individual's ability to maintain quality of life, survival, and mental, emotional, physical, and spiritual well-being (Cavanagh, 1991; Thomas & Morris, 2017; Stainsby, 2018). Initially, Orem (1956) emphasizes the teaching of self-care practices to patients by nurses to enhance the patient's ability to care for themselves and self-monitor their disease and recovery. Since then, there has been an increasing interest in self-care practices. In conjunction with the development of research in the social

field, the practice of self-care has also been extended to include professional helpers, particularly counselors.

Concerning self-care practices in the helping profession, Orem (1986) also reminds college health nurses to meet the four universal self-care requirements, which she named universal self-care requisites: 1) maintaining a balance between activity and rest, 2) maintaining a balance between solitude and social interaction, 3) preventing hazards, including those related to college life, and 4) developing and maintaining a realistic self-concept. These universal self-care requisites can be applicable in crisis intervention settings among professional counselors. They also align with the recommendation of the Malaysian Board of Counseling, which advises counselors to engage in self-care activities or seek professional assistance when facing emotional impairment (Lembaga Kaunselor Malaysia, 2011). Practicing self-care demonstrates counselors' understanding of their ethical values and recognition of their limitations as human beings.

However, some counselors have developed a negative perception of self-care practice, leading to the undervaluation of this practice (Coleman et al., 2015; Bauer, 2016; Mohd Shahrul et al. 2022). These counselors believe that their professional image should be characterized by strength, emotional detachment, high competence in resolving their issues, and a high tolerance for psychological impacts. Consequently, they tend to exhibit tendencies toward ignorance, denial, emotional suppression, and neglect of self-care (Cavanagh, 1991; Sadler-Gerhardt & Stevenson, 2012; Coaston, 2017). These tendencies decrease their likelihood of seeking help from other professionals. The perception of self-care practice is influenced by various personal and environmental factors, including family background, religion, past experiences, medical

conditions, age, knowledge, and skills (Cavanagh, 1991; Bloomquist et al., 2015; Poppa, 2018).

A recent study in Malaysia indicates that counselors believe their training and experience are adequate to help them cope with the challenges, stress, or complexity of their cases. This belief leads to the perception that they can manage their issues independently. Additionally, they have a stigma and fear of being judged for seeking help (Mohd Shahrul et al., 2022). However, in another study, they were found to prioritize spirituality and religious practice over psychotherapy (Haslee Sharul et al., 2012). Ida Hartina et al. (2020) and Leo et al. (2021) justify that religious orientation and beliefs impact how individuals manage their emotions, cope with suffering, and make sense of their traumatic experiences. Additionally, religion provides a guide for self-care and initiates healthcare and self-protection behaviors (Ghanbari & Bahadorimonfared, 2020; Syed Mohamad Hilmi et al., 2023).

In other Malaysian studies, counselors in crisis work settings have been found to incorporate their religion to find solace and maintain a peaceful mind throughout their crisis intervention processes, especially when deployed as crisis responders during flooding disasters (Mohd Zaliridzal, 2018; Norazura, 2019). In addition, Muslim counselors in crisis work settings reported engaging in spiritual religious practices such as prayer and additional Islamic practices to manage countertransference (Wei et al., 2022). Meanwhile, during the COVID-19 pandemic, counselors who were deployed to provide crisis intervention for affected communities also reported incorporating their religious beliefs to initiate proper mental and emotional preparation, protecting them from the psychological impacts of secondary traumatic stress (Syed Mohamad Hilmi et al., 2023).

The shift in self-care practices among Malaysian crisis counselors has deepened my curiosity to explore the self-care practice experience of Malaysian counselors who are persistently involved in crisis work. Given that religion serves as a guide in self-caring behavior and navigating life's challenges, I am intrigued by how religion plays such a role and how it can assist counselors in sustaining their functioning in both personal and professional domains. I figured out religion is an institution that includes practice, belief, spirituality, expectation, and assumption about life values that are transmitted to an individual through initial exposure and interaction with the upbringing environment (Mohd Rosmizi et al., 2015; Ryan & Deci, 2017).

Then, I began contemplating where to begin my empirical quest to explore this experience, realizing that I should open my heart and mind to the religious perspectives on crises and how they construct our beliefs to navigate them. Thus, I had chosen to explore these perspectives through the lens of the four religions in Malaysia: Islam, Christianity, Hinduism, and Buddhism. This marks the beginning of my journey. The following section will delve into the notions of each religion regarding crises, their origins, purposes, and the recommended actions and reactions to navigate the challenges.

1.2.1 The Origin of Crisis

Crisis and human suffering have been central concerns within many religions. Explaining the origin of the crisis is a highly debated topic, with different religions offering varying explanations. Islam, Christianity, Hinduism, and Buddhism all provide insights to their believers on this matter.

In Islam, the concept closest to a crisis is referred to as "*Musiba*," which denotes the unpleasant conditions caused by events that bring harm or loss to humans (Fitzpatrick et al., 2016; Lia Awaliah & Muhammad Alif, 2019). According to Islamic beliefs, *Musiba*, or crisis, originates from God as part of the divine plan for humanity (Fitzpatrick et al., 2016). All crisis phenomena that have occurred or will occur are already known and planned by God, even predating the creation of Prophet Adam (Abdullah Muslich, 2020). They are all part of God's knowledge and will. However, crisis and suffering may also arise due to human actions, particularly in the context of disasters. This implies that, alongside God's will and knowledge, humans are also responsible for the harm inflicted upon the earth (Abou El Fadl, 2014). Thus, it becomes evident that both divine will and human agency play crucial roles in the manifestation of crises and suffering.

Based on this explanation, in Islam, the origin of crisis can be attributed to two conditions. First, it stems from God, who has ordained and created human life to be filled with crises, suffering, and struggles. Second, humans also contribute to the occurrence of crises and suffering through their actions. Their deeds may cause damage to the Earth, leading to devastating disasters and suffering, all within God's permission. Therefore, it can be concluded that, in Islam, the origin of the crisis is closely linked to God's permission, based on His will, knowledge, and the natural causal effects of human actions.

By tradition, Christians believe that crisis and suffering are inherent aspects of human life, stemming from the original sin committed by the first humans, Adam and Eve when they disobeyed the divine command. Driven by Satan's temptation, they chose to exercise their free will (Patrick, 2003; Noti, 2008). This event disrupted the harmonious relationship between humans and God, resulting in their expulsion from

paradise. However, God did not condemn them eternally. Instead, suffering was introduced as a consequence of human nature. As a result, every human inherits this condition, including the propensity to commit personal sins and inflict moral evil upon others, thereby invoking God's punishment (Noti, 2008). Nonetheless, the resurrection of Jesus is believed to symbolize God's forgiveness toward humanity. Jesus's resurrection also provides a means to overcome the impact of original sin and attain salvation (Noti, 2008; O'Mathúna et al., 2018). However, humans still have to live in this world and abide by the laws of nature, which bring about sickness, death, and disaster (Patrick, 2003). None can escape this reality, even innocent people who faithfully follow the path of God (O'Mathúna et al., 2018). Thus, Christians accept the fact that they will experience suffering and face numerous adversities in their earthly life.

Hinduism believes that one must endure suffering as a consequence of their past misdeeds, driven by ignorance (Sharma, 1990; Achari, 2017). According to the teachings of the Vedas, every living being comprises a gross body, a subtle body, and the eternal soul or *atman*. Only the soul is permanent (Kang, 2010). The individual self (atman) is a part of the ultimate universal soul known as *Brahman*. The problem of suffering arises when the individual develops a sense of uniqueness and perceives themselves as separate from Brahman. This attitude reflects selfishness and attachment to the material world, leading to ignorance.

Consequently, humans become trapped in the cycle of death and rebirth, known as samsara, to repay their misdeeds and are bound by the principle of karma (Chakkarath, 2010). The principle of karma is a causal law that states that every behavior and thought has implications for future lives (Firth, 2005). It has the power to determine an individual's social status in the current life based on past actions (Anand,

2009; Thrane, 2010; George, 2010). In Hinduism, there are two types of karma: meritorious karma or *punya* and demeritorious karma or *papa* (Mohd Rosmizi et al., 2015; Fitzpatrick et al., 2016). Crisis and suffering are the outcomes of demeritorious karma resulting from past negative behaviors or thoughts (Thrane, 2010). Conversely, meritorious karma leads to a better life in the next birth. Individuals carry the subtleties of their previous personalities and are responsible for their past actions. They must adjust to fit into their current life and strive for the liberation of the soul or *moksha*. Until liberation is achieved, they remain trapped in the cycle of death and rebirth (Sharma, 1990).

Buddhism posits that attachment to worldly life is the root cause of crises and human suffering. The willingness to be reborn indicates a mental clinging to objects and attachment to material things (Aich, 2013). This attachment compels humans to accept the sufferings of life and adhere to the laws of karma and the cycle of birth, aging, sickness, death, sorrow, grief, desire, and despair (Aich, 2013; Peevy, 2016; Jayasundara et al., 2017). In this world, humans are subject to the impermanence of the physical body, which undergoes aging, sickness, and death.

Additionally, human mental, physical, and spiritual well-being deteriorates due to attachments to social, cultural, and environmental factors, leading to emotional suffering, physical illness, and death (Kalra et al., 2018). These attachments manifest as thirst, desire, lust, craving, clinging, avoidance, hatred, and ignorance. Mental illnesses, known as *mano raga*, are also associated with worldly attachment rooted in unwholesome states of mind, including greed, hatred, and ignorance (Shantha, 2019). Nevertheless, Buddhism's perspective on the concept of the karma system may differ slightly from Hinduism. While Hinduism believes that crises and suffering are

inevitable consequences of repaying bad deeds, Buddhism posits that suffering can be ceased or overcome.

In summary, it can be observed that Islam attributes crisis and human suffering to both God's plan and human misdeeds, while Christianity attributes them to God's creation as part of human nature resulting from the original sin, aiming to facilitate redemption. On the other hand, Hinduism and Buddhism posit that crisis and human suffering arise from the law of karma, influenced by human selfishness and attachment to worldly possessions. These distinct understandings within each religion shape diverse belief systems regarding the purpose and significance of crises, particularly in comprehending their underlying meanings for individuals.

1.2.2 The Purpose of Crisis in Human Life

The purpose of crisis in human life is a topic of debate among different religions. Each religious perspective offers various explanations for the purpose behind a crisis and its relationship to human suffering. These perspectives may also share certain similarities. However, the understanding of this topic significantly impacts the role of human intervention in resolving such situations. In the following discussion, four religious perspectives will be examined, as mentioned earlier.

In Islam, crises are believed to serve as reminders of wrongdoing, tests of faith, punishments for sinful acts, and opportunities for the growth of virtuous qualities (Pimpinella, 2011; Abdul Rahman, 2012; Damian et al., 2016). In addition, according to Imam Al-'Izz, as cited in Marwan Bukhari's (2018) work, trials and tribulations can bring various benefits to individuals based on their level of spirituality. These benefits include recognizing the greatness of Allah's Lordship and power, acknowledging one's

humility and servitude, demonstrating sincerity towards Allah, seeking repentance, showing submission and supplication, displaying patience and forgiveness towards those who caused the trials, remaining steadfast and patient in the face of adversity, finding joy in the potential benefits of the affliction, expressing gratitude, atoning for sins and mistakes, and demonstrating mercy.

In supporting this, Rouzati (2018) states from the Islamic perspective, crises are considered essential aspects of human life, presenting opportunities for individuals to actualize their inner potential and cultivate spiritual growth, thereby fulfilling the purpose of God's creation. Crises also serve as a means of discipline, correction, and motivation for individuals to turn back to God (Clark, 2010). However, it is believed that God does not burden individuals with difficulties beyond their capabilities (Abdullah Muslich, 2020), demonstrating God's mercy in not imposing unbearable challenges on individuals.

Christianity also places significance on understanding the hidden messages within crises and human suffering. In this faith, crises and suffering are seen as signs of disharmony within individuals, whether it be within themselves — physically, mentally, or morally — or in relationships with loved ones or God. As such, crises provide an opportunity for self-reflection, restoration, and the cultivation of virtues through reparative work (Fitzpatrick et al., 2016). Christianity also views crises and suffering as forms of punishment, allowing individuals to make amends, transform themselves into better individuals with virtuous qualities, achieve inner maturity, and attain spiritual greatness. These positive characteristics are believed to emerge and develop in individuals who have faced life-threatening suffering, such as severe illness, injuries, or near-death experiences (Patrick, 2003; Pimpinella, 2011).

However, Christianity also acknowledges that suffering can be experienced by the innocent. In such cases, the purpose of this kind of suffering remains unknown and mysterious. Christians are taught to accept this suffering as part of the redemptive work, believing that Jesus stands in solidarity with them as they endure it. The redemption work of Christianity calls upon everyone to endure suffering, not only for themselves but for the benefit of all. Those who willingly endure suffering are considered participants in Jesus's suffering and are promised eternal life in the kingdom of heaven (Fitzpatrick et al., 2016).

In Hinduism, crises and suffering are seen as means of attaining liberation from the cycle of birth and rebirth, known as *samsara*. By enduring suffering, individuals are believed to payback for their past negative behaviors and thoughts, thereby releasing themselves from the cycle of rebirth and attaining liberation from all life suffering, known as *moksha* (Thrane, 2010). Interestingly, Fitzpatrick et al., (2016) find that the alleviation of suffering can delay the process of liberation, as it incurs more demeritorious karma and perpetuates the inescapable cycle of birth and rebirth (samsara). Additionally, crises and suffering are seen as tests from God to encourage individuals to deepen their devotion (bhakti) and acquire knowledge (Fitzpatrick et al., 2016).

It is believed that through suffering, individuals become aware of their complete dependence on God, strengthening their devotion through the practice of yoga. Devotion achieved through yogic practices aids individuals in attaining *moksha* or liberation from suffering (Mathew, 2016). Hinduism also associates crises and suffering with divine punishment (Fitzpatrick et al., 2016). Initially, in the early development of Hinduism, God was believed to be merely an overseer or witness of the karmic system applied to human life and not the agent causing suffering through karma. However, in

later formulations, Hindus began accepting the concept of divine grace. It is believed that if individuals propitiate a god or goddess associated with punishment or the alleviation of suffering, they can simultaneously be punished and rewarded. These deities are believed to have the power to influence the consequences of the karmic system in human life (Anand, 2009).

Buddhism maintains that the purpose of crises and human suffering arises from the willingness of individuals to be born into this world and be subject to the cycle of life—birth, aging, illness, death, sorrow, grief, longing, and despair (Aich, 2013). According to Buddhist teachings, the law of karma brings about different forms of suffering based on the good or bad deeds committed in past lives. Consequently, the ultimate goal in Buddhism is to achieve *nirvana*, thereby alleviating and preventing crises and suffering by liberating individuals from the cycle of rebirth through the attainment of enlightenment (Kalra et al., 2018).

In summary, each religion justifies the presence of crises in human life. Islam and Christianity perceive crises as reminders, punishments, tests, and blessings that contribute to the betterment of life. Christianity emphasizes active participation in the redemptive work of Jesus. Hinduism and Buddhism view crises as a means of repaying past negative karma and achieving liberation of the soul. Understanding the purpose of crises is essential in guiding actions and reactions when faced with such challenges.

1.2.3 Recommended Action and Reaction to Navigate Crisis

Besides discussing the origin and purpose of a crisis, religions also provide recommended actions and reactions for encountering states of crisis and preserving a peaceful life in an unpredictable future. These recommended actions and reactions

manifest in worshiping behaviors and the cultivation of good values to maintain peace of mind. Worshiping behaviors may vary and be performed in unique ways based on religious teachings, but the ultimate goal is to preserve a peaceful life and overcome painful psychological reactions during a crisis event.

In guiding its believers to face the adversity of a crisis, Islam provides relief by promising that God will bring relief at the end of every hardship, as stated in the Qur'anic chapter of Surah Al-Insyirah verse 8. This belief cultivates a positive mindset in facing hardships. Furthermore, in encountering trials and tribulations, Muslims are encouraged to place themselves in a state of acceptance. But if they are unable to fully accept the tribulation, they need to start with the attitude of patience (Al-Imam Al-'Izz in Marwan Bukhari, 2018). Muslims are expected to surrender themselves to God by seeking His assistance through patience and prayers (Pimpinella, 2011). The attitude of surrendering to God, known as *tawakkul*, is considered a coping strategy for enduring hardship as it provides calmness to those who suffer (Pimpinella, 2011; Rouzati, 2018; Damian et al., 2016).

Muslims are also highly recommended to purify their souls. Purification of the soul, which improves human's relationship with God, can be achieved by seeking God's forgiveness and repentance, performing additional religious practices such as recitation of *zikr* and *sholawat*, engaging in night prayers, self-reflection, donating property, and observing additional fasting (Abdul Aziz, 2001). However, Muslims are required to be moderate in their worship without neglecting their worldly responsibilities. Islam teaches its believers to strike a balance in striving for worldly life and the hereafter (Tazul Islam & Amina Khatun, 2015). Distorting this balance by being excessively focused on one aspect or neglecting the other may have negative implications that affect individuals before affecting other aspects of life (Al-Khayat, 2004). Additionally,

Muslims are encouraged to make efforts to improve their lives, but they must still rely on God, as no one can alleviate suffering without His permission and protection.

Christianity also prepares its believers to face crises and suffering in life by creating an awareness that Christians have to be ready to face trials and tribulations to serve the Lord, as Jesus did in his redemption work. This understanding is based on Ecclesiasticus 2 verse 1, which cultivates a mindset among Christians to accept crises and suffering as part of Christian life and guides them to view life struggles as joyful and blessed occasions that lead to steadfastness and maturity (Isaacs, 2000). In facing adversity, Christians are highly recommended to engage in prayer and read scriptures for psychological relief. Prayer enables them to face adversity, while scripture reading provides strength and guides their reactions to adversity (Williamson & Silver, 2021).

Christians are also encouraged to engage in spiritual practices that Jesus himself practiced, such as prayer, daily examen, and the prayer of consideration, to overcome weariness in life (Frederik et al., 2018). Christians are further advised to study the Bible, practice meditation, solitude, silence, fasting, Sabbath-keeping, confession, and engage with the spiritual community while cultivating love and humility. All of these practices are believed to hold transformative power in life (Tan & Castillo, 2014).

In Hinduism, although crises and suffering to repay past bad karma are inevitable, humans still have a chance to change their future karma for the better and achieve liberation from the cycle. The soul can be liberated through devotional practices of submission to God's will, ethical actions, acquiring knowledge to eradicate ignorance, and mental concentration practices to free oneself from worldly attachments (Whitman, 2007). The practice of yoga is also emphasized, with *"yoga"* meaning to join and reflecting the unity of the individual (*atman*) with the ultimate reality or *brahman* (Sharma, 2002). Yoga is practiced to control the body and mind from material

attachments. Hindus are recommended to endure crises and suffering, as the endurance of suffering in the present life increases faith and devotion to God (*Bhakti*) and expedites the process of soul liberation (Thrane, 2010). Alleviating suffering may delay the process of liberation, incur more bad karma, and trap individuals in an endless cycle of birth and rebirth (*samsara*). However, the alleviation of such suffering can be pursued within the worldly context without exceeding its limits (Fitzpatrick et al., 2016). It implies that full recovery is not expected if partial recovery is sufficient to increase the ability to perform devotional rituals.

Buddhism promotes the mindset that crises and suffering can be stopped in a certain way. To encounter current crises and prevent future crises and suffering, Buddhists are encouraged to eliminate worldly attachments that cause suffering by observing behavior or morality, mind, and understanding or wisdom. These three aspects are also known as virtues (*sīla*), concentration (*samādhi*), and cognition (*paññā*) (Thathong, 2012; Shanta, 2019). All three are interrelated and supportive of each other. Ignorance of any of these aspects will not lead to a fruitful change in cutting off attachments to worldly things (Thathong, 2012).

These three elements can be enlightened by applying the eightfold path, which consists of the right understanding and right thought for wisdom; right speech, right action, and right livelihood for behavior or morality; and right effort, right mindfulness, and right concentration for the mind (Thathong, 2012; Teasdale & Chaskalson, 2014). According to Peevy (2016), these eight ways are like a vehicle to reach salvation or *nirvana*, and individuals need to determine which one suits them best. These practices are useful for preventing bad karma from previous lives or even in the current life, and they also generate good karma for the current and future life. Believers can achieve salvation or *nirvana* through any of these eight ways (Peevy, 2016; Jayasundara et al.,

2017). The attainment of salvation leads to the total elimination of suffering and frees the individual from the cycle of birth and death.

In summary, Islam, Christianity, Hinduism, and Buddhism provide insights into the recommended actions and reactions for encountering a crisis state. These actions and reactions encompass worshiping behaviors and virtues that are guided by a systematic belief system concerning the concept of crisis from a religious perspective. They guide individuals toward adaptive behavior in facing and overcoming crises. The discussed actions and reactions from religious perspectives are part of self-care practices performed to safeguard physical and mental well-being.

1.3 Problem Statement

Scholars from Western contexts have extensively explored the psychological impacts experienced by counselors who witness the suffering of others in traumatic incidents, highlighting the necessity of self-care. These impacts, including burnout, vicarious traumatization, secondary traumatic stress, and compassion fatigue, threaten counselors' self-esteem, skills, professional experience, ethical judgment, and job satisfaction (Coaston, 2017; Leird, 2017; Sanchez, 2020; Wallace, 2023; Saleem & Hawamdeh, 2023; Agnetti, 2024; Cameron-Hernandez, 2024). Although there is a notable absence of research addressing the psychological effects on counselors working in crisis settings within the Malaysian context (Ng & Wan Marzuki, 2017), recent studies indicate significant psychological impacts of traumatic case exposure among crisis counselors in Malaysia.

A transcendental phenomenological study involving six counselors reported that all participants experienced psychological impacts during their crisis intervention and

counseling sessions, acknowledging these impacts as unavoidable, ongoing subjective experiences (Wei et al., 2022). Counselors in healthcare settings also reported facing psychological challenges when handling patients with disabilities, particularly in meeting unrealistic expectations from patients' families and dealing with rejection from clients (Pravina et al., 2021). These challenges intensified during the COVID-19 pandemic. Ten clinical psychologists in healthcare settings reported experiencing burnout, anxiety, and panic attacks due to overwhelming pandemic-related concerns from clients (Lee & Zhooriyati, 2023).

Burnout issues also increased among 96 counselors providing marriage and family interventions during the pandemic, which positively correlated with a lack of self-care practices (Lee et al., 2021). These recent findings highlight the significance of self-care practices among counselors involved in crisis intervention in mitigating these impacts. However, there is a lack of clear guidance and a structured training syllabus on self-care for crisis counselors, prompting them to neglect their self-care practices, especially emotional regulation strategies, from the beginning until they become impaired (Coaston, 2017; Agnetti, 2024).

Some Malaysian crisis counselors develop personal strategies to protect their well-being and professional functioning, including self-reflection, seeking professional consultation, engaging in personal self-care activities, making pre-intervention preparations, setting professional boundaries, and withdrawing from sessions when affected (Wei et al., 2022; Mohd Shahrul, et al., 2022; Syed Mohamad Hilmi, et al., 2023). While this list of self-care practices suggests common routine methods undertaken by counselors across various fields, it does not specify the self-care practices necessary for managing psychological impacts and impairments during crisis work. This lack of information has created a knowledge gap regarding the specific self-care

practices counselors in crisis settings use to navigate these challenges, necessitating further exploratory study.

Few relevant studies indicate that counselors in crisis work are inclined to seek suitable practices suggested by their religion to navigate crisis-related challenges during the pre-deployment, deployment, and post-deployment phases of crisis work. Mohd Zaliridzal (2018) reported that counselors in his study incorporated their religion in constructing a positive meaning of their selection to participate in crisis work during flooding disasters, associating the selection as a choice of God. Besides, they also kept supplicating to ask for God's protection and gain a peaceful mind. Similar findings were addressed in Norazura's (2019) study. Muslim counselors in the studies by Wei et al. (2022) and Syed Mohammad Hilmi et al. (2023) highlighted spiritual practices, including prayer, supplication, and recitation of certain Quranic chapters, as their mental and emotional preparation to navigate challenges in crisis work, especially during the COVID-19 pandemic. Ida Hartina et al. (2020) note in their study that spiritual connection plays a significant role among Malaysian counselors, influencing their approach to emotional regulation. Nevertheless, no further explanation was provided to elucidate how these practices facilitate positive psychological shifts in crisis counselors, hindering further understanding of how religion plays a role in the self-care experience during crisis work.

Furthermore, the ethical code for Malaysian counselors emphasizes the importance of engaging in self-care activities to maintain emotional, physical, mental, and spiritual well-being essential for effective professional practice. Counselors are instructed not to provide professional services if they exhibit any signs of physical, mental, or emotional impairment. Instead, they are encouraged to seek appropriate support and intervention, as stipulated by the Malaysian Counseling Board (Lembaga

Kaunselor Malaysia, 2011). This highlights the pivotal role of self-care in safeguarding counselors' overall well-being and ensuring their ability to deliver high-quality services. However, there is a paucity of research discovering the impact of self-care on crisis counselors' functioning, particularly in understanding their recovery and growth process following exposure to traumatic cases. Further exploration is thus warranted to address this gap in knowledge.

In sum, there are gaps in knowledge that specify the role of religion in facilitating the psychological shift amid the exposure that enables crisis counselors to self-care, crisis counselors' self-care experience in navigating traumatic exposure challenges, and the impact of the interplay between religion and self-care on crisis counselors' functioning. These gaps inspired me to conduct this study, aiming to explore these critical areas and contribute valuable insights to the field. By addressing these issues, this research seeks to enhance the understanding of the pivotal role of religion in guiding crisis counselors in managing their self-care and improving their overall functioning.

1.4 Research Questions

The primary objective of this research was to address the following research questions, seeking clarification and deeper understanding within the field:

i. How does religion play a role in guiding self-care experience?
ii. What is the experience of Malaysian crisis counselors in self-care practices?
iii. How do crisis counselors perceive the impact of the interplay between religion and self-care practices on their personal and professional functioning?

1.5 Research Objective

The main purpose of this study is to provide a comprehensive description of the lived experiences of self-care practices among Malaysian crisis counselors engaged in crisis work, focusing on the roles of religion. It also aims to explore the impact of the interplay between religion and self-care on crisis counselors' overall functioning. To achieve this main purpose, the following research objectives have been formulated:

i. To understand the role of religion in guiding self-care experience;
ii. To explore and describe the meaningful experience of self-care practices among Malaysian crisis counselors; and
iii. To uncover the perceived impact of the interplay between religion and self-care practices on crisis counselors' personal and professional functioning.

1.6 Significance of Study

Nobody is born with immunity to emotional breakdowns (James, 2008). Counselors in crisis work face the demanding task of leaving their personal issues behind and being emotionally present for others through active listening and therapeutic relationships. This profession requires counselors to be mentally and psychologically prepared for the unpredictable nature of their work, often disrupting their personal and professional routines for the sake of community responsibilities (Figley, 2002; Macedonia, 2018). Consequently, counselors may find it challenging to extend compassion to themselves (Coaston, 2017). To address this mindset and prioritize their well-being, raising awareness among counselors and service providers about the importance of self-care practices is crucial. Therefore, this study aims to provide a deeper exploration of the challenges faced by Malaysian counselors in crisis work and

the significance of self-care practices in mitigating their impact. The findings of this study are expected to have a significant impact on three key aspects: 1) strengthening national disaster management, 2) designing targeted training programs, and 3) inspiring theoretical application among counselors.

Firstly, this study is expected to have a significant impact on strengthening national disaster management, particularly in managing psychosocial support services. The findings will provide valuable guidance to counselors and service providers, enabling them to better prepare for crisis work and enhance their effectiveness in responding to crises. By understanding the need for emotional relief and support for crisis responders, especially counselors, a more supportive and inviting environment can be created during their work in crisis settings (Jegathesan et al., 2018). Consequently, they can serve the community more effectively, resulting in increased community satisfaction and the improved implementation of the Directive 20 policy, as aspired by the National Security Council.

Furthermore, this study is expected to significantly inspire the designation of a targeted training program specifically focused on crisis work and self-care. The findings of this study recognize the role of religion in guiding self-care practices among counselors and contributing to their overall functioning. By addressing religion as a valuable resource for navigating the challenges of crisis work, a new perspective on self-care and resilience emerges, leading to a significant impact on the development of targeted training programs. These programs would emphasize the importance of self-care from the pre-deployment stage through the deployment and post-deployment stages. This approach enables counselors to effectively address the command to prioritize self-care stated in the Malaysian counselors' ethical code and provides benefits for both novice counselors and experienced counselors entering crisis work settings.

Finally, this study is anticipated to advance the current theory by highlighting the pivotal role of religion in enriching self-care practices among crisis counselors. It emphasizes the necessity for holistic approaches that integrate religious understanding with physical and mental health care. By incorporating religious perspectives, crisis counselors are inspired to adopt a positive perception of crises, proactively take precautionary steps to preserve their overall wellness, and effectively fulfill their professional and personal roles. This enriched understanding of self-care encourages counselors to view their well-being through a more comprehensive lens, extending the concept beyond behavioral practices to encompass cognitive and psychological dimensions.

1.7 Scope of Study

This study was conducted among Malaysian counselors directly involved in crisis work, specifically focusing on their experiences with self-care practices. It aimed to explore the self-care experience of Malaysian crisis counselors by emphasizing the roles of religion in guiding the experience, and the interplay between religion and self-care in inspiring counselors' overall functioning. The study employed a qualitative approach, utilizing the descriptive phenomenological approach to delve into the essence of their experiences. The sample selection was done through purposive sampling, involving registered counselors recognized by the Malaysian Board of Counselors. The study was conducted in public healthcare agencies, police departments, social welfare agencies, and prison departments. Participants were selected from Muslim, Christian, Hindu, and Buddhist, with a minimum of three years of concurrent practical experience in the

related settings. The inclusion of participants from specific sectors, faiths, and years of experience further narrows the scope of this study.

These inclusions were made with a clear justification. The restriction to exclusively consider Psychology Officers in specific public sectors who are registered counselors was made due to their vast knowledge of counseling attending skills they received during their training. The selected settings were anticipated to increase the chance of crisis work exposure due to the nature of their services. Based on EZSkim of the Public Service Department (2023), Psychology Officers in healthcare facilities focus on providing crisis intervention to patients with mental health issues. In police departments, Psychology Officers offer crisis intervention to crime victims and their families, including child suspects, to facilitate cooperation in giving statements. Additionally, Psychology Officers in welfare departments are responsible for providing crisis intervention to eight vulnerable communities facing various social issues including victims of national disasters, domestic violence, and human trafficking, children, the elderly, persons with disabilities, poverty, and young offenders. In prison settings, Psychology Officers provide crisis intervention to prisoners who come with various criminal backgrounds and vulnerabilities.

In addition, the four religions were included because they are representative of the main religions in Malaysia based on the 2010 consensus as revealed by the Department of Statistics Malaysia (United States Department of State, 2020). The report states the Muslim population in Malaysia is 61.3 percent, followed by Buddhists at 19.8 percent, Christians (9.2 percent), and Hindus (6.3 percent). The Malaysian population who practices other religions including animists, Sikhs, and Baha'is, is found to be less than one percent. It was believed that after ten years, these four religions remain the main ones practiced by most Malaysians, including the counselors in particular settings.

This assumption was supported by the directory of Psychology Officers obtained from the Psychology Management Division of the Public Service Department. Currently, 455 Psychology Officers work in public healthcare agencies, police departments, social welfare agencies, and prison departments. These numbers include Psychology Officers who are not registered counselors. From these numbers, 81 percent are Muslims, 8 percent are Christians, 4 percent are Hindus, and 7 percent are Buddhist. None of them were found to be belonging to other religions.

Meanwhile, the requirement of three years of concurrent work experience was believed to provide ample time for counselors to develop self-care skills that fit the nature of their work. Considering the common policy in the Malaysian public service setting, three years of experience was taken into consideration for promotion, selection for special professional training, recognition awards, and higher education sponsorship.

The adoption of descriptive phenomenology in this study provides an in-depth understanding of the emotional challenges, stressors, and coping mechanisms involved in crisis work. However, it is important to note that this approach limits the study's scope to the essence of the participants' experiences, potentially overlooking complex issues related to self-care practices from other perspectives. The inclusion of religion in examining its role and contribution to self-care and specific beneficial outcomes of religion and self-care on functioning further narrows the scope of this study.

1.8 Delimitation of Study

This section illustrates the delimitations of this research which might affect its outcome. Delimitation refers to the set of boundaries purposely set by a researcher to

ensure the possibility of achieving the research objectives. Unlike limitations, delimitations are under the researcher's control (Theofanidis & Fountouki, 2018).

This study aims to describe the experience of self-care practices among crisis counselors in Malaysia, focusing on the role of religion in guiding meaningful self-care experiences. To achieve this, I set boundaries to include only Psychology Officers from the public sector who are registered counselors with at least three years of concurrent working experience in crisis settings, specifically within healthcare facilities, police departments, welfare departments, and prison departments, and they must be among Muslims or Christians, or Hindus or Buddhists, as stated in the scope of the study.

Narrowing my focus for participant selection reduced my target group from 11,645 overall Malaysian registered counselors to 455, including 169 in the health department, 90 in the police department, 143 in the social welfare department, and 53 in the prison department. However, since the list of potential participants includes non-registered counselors and those focused solely on organizational counseling, I established exclusion criteria to identify suitable candidates among this population. The exclusion criteria are as follows:

i. Psychology Officers who are non-registered counselors, despite being academically qualified.
ii. Psychology Officers who are no longer working in the public sector.
iii. Psychology Officers who provide primarily organizational counseling with only occasional crisis intervention.
iv. Psychology Officers with a total of three years of crisis work experience spread over separate years.
v. Psychology Officers with three years of crisis work experience in settings different from those focused on in the study.

vi. Psychology Officers who do not belong to any religion.

These criteria ensure that only the most suitable participants are included in the study, thereby enhancing the relevance and focus of the research.

1.9 Conceptual Framework

The practice of self-care has been widely discussed since 1956 after Orem (1956) proposed this concept in nursing practice. The recent development of research on this phenomenon, especially in the social field, has led to the emergence of theories and models to explain this practice. Two theories, namely Orem's self-care theory and Constructivist Self-Development Theory were selected to be the foundation of this research. Each theory represents the concepts in self-care practices that are relevant to the current study. A thorough explanation of both theories is presented in the subsequent subheading.

1.9.1 Orem's Self-care Theory

The concept of self-care was developed by Dorothea Orem in 1956 (Denyes et al., 2001). At the time, self-care was proposed as a conceptual model in nursing practices (Wagnild et al., 1987). Her work resulted in the development of the self-care theory, self-care deficit theory, and theory of nursing system, which are now widely used in nursing. The self-care theory describes the motive and the way the human is caring for oneself (Younas, 2017). It is postulated based on four assumptions on human nature listed as (1) human beings have the natural potential to manage their own needs and the needs of other family members; (2) the way to meet self-care needs varies from one person to another based on cultural context, (3) self-care practices are deliberate

actions based on an individual's knowledge and skills, and (4) an individual will investigate and experiment various ways to meet self-care demand (Cavanagh, 1991). These assumptions guided the conceptualization of the self-care theory. The theory encompasses five important elements namely self-care, self-care agency, self-care requisites, therapeutic self-care demands as well as self-care practices and systems (Denyes et al., 2001).

The first construct in this theory is self-care itself. Basically, it refers to the deliberate practice of regulatory learned behavior or activities that individuals engage in to maintain their own life, health, and well-being (Cavanagh, 1991; Denyes et al., 2001). The development of Orem's self-care theory has led to various perspectives in explaining the nature of self-care. Self-care was defined by Orem in many perspectives including self-care as behavior, a process (Orem, 1968), an action for self-interest to meet self-care requirements (Orem, 1976), a response of human functional needs (Orem, 1976), a deliberate action that is performed for oneself to regulate one's human functioning (Orem, 1978), a behavior, conduct or deliberate action learned within individual's interaction in a social group (Orem, 1987), self-directed and self-permitted behavior, ego processed behavior, and a form of human endeavor (Orem, 1987b). A further revision in 1980 led Orem to conceptualize self-care as a regulatory process that individuals engage in to supply materials and conditions necessary for maintaining their life, physical functioning, and psychological well-being within their norms (Orem, 1996). This revision reflects the distinction between humans and other living beings in three primary aspects. First, human beings can reflect on themselves and their environment. Second, human beings symbolize their experience, and third, humans use symbolic ideas in thinking and deciding appropriate responses for their benefit (Younas,

2017). This concept reflects humans have the instinct to care for and protect themselves to ensure their survival.

The second concept, self-care agency, refers to the ability of individuals to provide care for themselves (Cavanagh, 1991). Self-care agency reflects the inherent power within human capabilities to engage in deliberate actions of self-care (Orem, 1986) and meet the necessary self-care requisites to regulate their functioning to maintain life, health, and well-being (Orem, 1987). Maintaining oneself as a self-care agency requires a complex set of capabilities to engage in self-care practices effectively (Garde, 1986). Individuals are considered capable of self-care agency when they have the necessary strength, will, or knowledge to perform daily self-care demands unaidedly (Orem, 1987b). The capabilities to self-care and maintain oneself as a self-care agency however can be limited due to health conditions as well as internal and external factors which include motivational-emotional deficit that occurs due to high stress, high demand of household and environmental situations whereby there is limited emotional input to reinforce and support the individual's value to consistently exercise self-care regimen (Orem, 1987c). People who have limitations in caring for themselves are regarded as experiencing a self-care deficit (Hasanpour-Dehkordi et al., 2016). This argument indicates although human beings have the instinct to self-care, some people may not be able to care for themselves due to their lack of abilities. The ability to care for oneself may decrease due to certain health problems that result in self-care deficit.

Self-care deficit or self-care limitation refers to the state of deficit relationship between persistent self-care abilities and the objective demands to engage in self-care. This limitation may arise due to health-related conditions (Orem, 1978). It causes limitations to exercising self-care or total or partial absence of an essential self-care repertoire to regulate own functioning (Orem, 1986). This condition increases the

physical, intellectual, and psychological dependence of the impaired individuals on other people to help the persons meet their daily self-care. The persons particularly the family members or significant others of the impaired person who help the person to exercise daily self-care are referred to as dependent-care agencies (Orem, 1987b).

The next element in Orem's self-care theory is self-care requisites which reflect the activities individuals need to perform to provide care to oneself (Cavanagh, 1991). At the beginning of this theory, Orem had classified self-care requisites into three categories namely universal self-care requisites, developmental self-care requisites, and health-deviation self-care requisites (Orem, 1987). In later development, Denyes et al. (2001) redefined self-care requisite. They classify self-care requisites into two types: essential enduring requisites and situation-specific requisites.

Essential enduring requisites are the requisites that regulate human functioning and developmental stages. These requisites consist of universal self-care requisites and developmental requisites. Universal self-care requisites are common to all humans at all stages of life which include maintenance of sufficient intake of air, water, and food, provision of care, the balance between activity and rest, the balance between solitude and social integration, prevention of life's hazards to protect functioning and well-being, and promotion of human functioning and development in the social group (Orem, 1987b; Cavanagh, 1991). However, they must be adjusted based on an individual's conditions such as age, developmental state, environmental factors, health status, and other conditioning factors which make them unique and vary from one individual to another individual (Orem, 1987b). Whereas the developmental requisites are associated with specific developmental stages to maintain conditions that support life functioning and developmental processes such as affective and cognitive processes during the

maturational stage, preservation of self, and emotional behavior due to severe illness, anesthesia, and impending death (Orem, 1987b; Cavanagh, 1991).

In contrast, situation-specific requisites have only one subtype: health-deviation self-care requisites. These requisites occur in the situation when issues related to internal or external functioning arise and bring about aversive effects on an individual's well-being. Therefore, the individual must fulfill these requisites to regulate, control, and mitigate the deleterious effect of developmental disorders and disabilities (Denyes et al., 2001). The appropriate actions may include seeking appropriate medical assistance, being aware and attending to the effect of the disease, carrying out medical diagnosis, being aware and attending to the effect of medical care prescribed by doctors, modifying self-concept to accept the new health condition, and learn to live with the effect of pathological conditions (Cavanagh, 1991).

Therapeutic self-care demand is a set of self-care actions selected to meet the mentioned self-care requisites (Cavanagh, 1991). It involves an individual effort to self-administer their personal care to gain good health in which the practice has a basis from scientific knowledge or is prescribed by a physician (Orem, 1968). It includes the totality of actions required to meet the self-care requisites and regulate one's human functioning in the interest of one's own life, health, and well-being (Orem, 1987). The practice might consist of specific or sequential actions to meet each requisite and may involve the application of technologies or healthcare operational systems (Orem, 1986; Denyes et al., 2001). It reflects the process of meeting the self-care requisites.

The last element is self-care practices and systems, which demonstrate an individual's effort and engagement in self-care. It involves seeking information and knowledge to perform self-care actions and regulate function and development, particularly when there are changes in requisites or environmental conditions (Denyes

et al., 2001). This perspective highlights the importance of information and knowledge in enhancing individuals' ability to practice self-care. Orem (1956) also emphasized the role of nurses in transmitting knowledge about health conditions to their patients, thus increasing their ability to be self-care agents.

In summary, according to this theory, human beings are naturally the self-care agency for themselves. They engage in self-care to fulfill the self-care requisites by implementing a selected or sequential set of actions known as therapeutic self-care demand. While the self-care agency is still developing in children, adults may also experience limitations in fulfilling self-care requisites and caring for themselves. These limitations can arise from medical conditions, physical or psychological disabilities, age-related factors, or a lack of information for self-regulation. In some cases, individuals may also lack the desire to engage in self-care for various reasons (Cavanagh, 1991). As a result, a self-care deficit occurs, requiring assistance from another individual to ensure the fulfillment of self-care requisites. The individual providing care, guidance, support, and knowledge to enhance the self-care ability of another person is known as a dependent self-care agency.

Working as counselors involved in crisis work requires meeting certain self-care requisites both as individuals and as professional helpers to prevent the harmful effects of exposure to clients' traumatic materials. Counselors need to possess knowledge, skills, and information to enhance their self-care agency and engage in effective self-care practices. When faced with adversity, healthy counselors demonstrate a high level of adaptability to changes within themselves and their surrounding environment, enabling them to meet their self-care demands independently. However, counselors who lack sufficient knowledge and skills in self-care may experience limitations in their ability to meet the demands of self-care requisites, surpassing their individual capacity

(Cavanagh, 1991). In such situations, counselors require assistance from others in managing their self-care needs. Guidance, information, and valuable advice can aid affected counselors in restoring their self-care agency. The effort to seek assistance also reflects the instinctive desire for self-protection.

1.9.2 Constructivist Self-Development Theory

The Constructivist Self-Development Theory (CSDT) was proposed by McCann and Pearlman in 1990 (McCann & Pearlman, 1992). CSDT integrates several theories, including psychoanalytic theories of self-psychology and object relations, social learning theory, and cognitive development theory (Pearlman & Ian, 1995; Saakvitne et al., 1998; Ledesma, 2014). CSDT focuses on the unique responses of individuals to trauma based on their previous experiences. It aims to explain why certain individuals are devastated by aversive incidents, while others can resolve their experiences (McCann & Pearlman, 1992). The nature of CSDT is useful in understanding the internal transformation, adaptation, and self-regulation processes, particularly through self-care practices, among counselors (Edmonds, 2019).

This theory focuses on the complex relationship between traumatic life events, cognitive schemas, and psychological adaptation (McCann & Pearlman, 1990). It incorporates trauma experiences into individual psychological development, postulating that trauma adaptation is an outcome of a complex life experience involving personal history, specific traumatic incidents, and the sociocultural context, as well as the development of self-capacities, ego resources, psychological needs, and cognitive schemas related to self, others, and the worldview (McCann & Pearlman, 1990b). The theory suggests that individuals' inherent capacities enable them to actively create and

construct their own reality as they interact with their environment, thus developing meaning about self, others, and the worldview (McCann & Pearlman, 1990b; McCann & Pearlman, 1992). These inherent capacities encompass self-capacities, ego resources, psychological needs, and cognitive schemas.

Self-capacities play a central role in regulating self-esteem and understanding the internal experience of trauma (McCann & Pearlman, 1990b). They refer to an individual's capacity to recognize, tolerate, integrate, affect, and maintain a positive inner connection with oneself and others (Saakvitne et al., 1998). Self-capacities include abilities such as tolerating strong emotions, being comfortable with solitude, self-soothing, regulating self-criticism, and maintaining a sense of competency, compassion, and positivity (McCann & Pearlman, 1990b; Deiter et al., 2000). The ability to tolerate strong emotions means that individuals can experience intense pain or joy without destabilizing their psychological well-being. Being comfortable with solitude reflects the capacity to enjoy alone time without feeling lonely. Self-soothing ability indicates the capability to recover from emotional distress without relying solely on external support. Regulating self-criticism demonstrates the capacity to accept and integrate criticism without undermining one's self-worth (McCann & Pearlman, 1990b). These abilities are developed through early relationships with caregivers (Pearlman, 1997).

The second important aspect of the self is ego resources, which serve to regulate interactions with others and fulfill psychological needs in a mature way (Saakvitne et al., 1998; Trippany et al., 2004). These resources encompass various abilities, including intelligence, willpower, initiative, empathy, sense of humor, awareness of psychological needs, ability to introspect, strive for personal growth, take perspective, understand consequences, establish mature relationships with others, establish social boundaries, and be self-protective (McCann & Pearlman, 1990b; Pearlman, 1997;

Trippany et al., 2004). McCann and Pearlman (1990b) emphasize that intelligence, ability to introspect, willpower, initiative, ability to strive for personal growth, awareness of psychological needs, ability to take perspectives, and empathy are particularly helpful in the therapy process. The rest of the mentioned ego resources enable trauma survivors to protect themselves from future harm. In further research, it has been suggested that individuals with less-developed self-capacities may possess strong ego resources, enabling them to maintain high-level jobs and be effective parents, but their inner lives may be filled with feelings of terror, grief, and emptiness (Pearlman, 1997).

The third aspect of the self is psychological needs, which serve to motivate behavior and shape individual interactions with others (McCann & Pearlman, 1992; McCann & Pearlman, 1990b). These needs include the frame of reference, safety, trust, esteem, independence, power, and intimacy. The frame of reference refers to the need to develop a stable framework to make sense of one's experience. It encompasses beliefs about oneself that contribute to the development of individual self-identity, worldview, belief system, cognitive processes of causality and attribution, sense of spirituality, and ways of relating to the world (McCann & Pearlman, 1992; Saakvitne et al., 1998; Trippany et al., 2004). This reflects the frame of reference stores the identity of an individual based on how they define themselves, including their spiritual identity as a Muslim, Christian, Hindu, or Buddhist, among others.

Additionally, safety is the need to feel safe and invulnerable to harm. Trust signifies the need to believe in and depend upon others to meet one's needs, while esteem reflects the need to be valued and validated by others to gain self-worth. Independence refers to the need to control one's own behaviors, while power is the need to exert control over others. Finally, intimacy is the need to be connected to others and

belong to a community. In further detail, McCann and Pearlman (1990b) explain that psychological needs vary from one individual to another, as they have a genetic basis in aspects of temperament, intellectual capacity, physical health, stamina, resilience, and physical appearance. These factors influence how others respond to the individual and, in turn, shape the individual's way of relating to elicit their needs.

The interplay between genetic endowment and developmental experiences later determines which needs are salient or conflictual, leading to the development of different needs that serve as motives for future behaviors throughout their lives. Encountering traumatic incidents has the potential to disrupt these needs, causing certain needs to become more salient, reflecting dynamic changes in psychological needs over time and in response to new life experiences. These needs become more stable as individuals mature and gain more extensive experiences, resulting in more dramatic and significant changes.

The fourth aspect of the self is cognitive schemas. Cognitive schemas are manifestations of psychological needs and consist of beliefs, expectations related to psychological needs, and assumptions about the self and others. These schemas serve to organize the experience of oneself and the world (McCann & Pearlman, 1990b). They help individuals interpret future life experiences. A mature and psychologically healthy person develops a realistic, dynamic, and responsive set of expectations to interact with the environment. Furthermore, schemas evolve based on an individual's developmental process and meaningful interactions with their environment, especially when encountering information discrepancies that require accommodation (McCann & Pearlman, 1990; McCann & Pearlman, 1990b; Edmonds, 2019). Exposure to traumatic material can disrupt the schemas of the self and worldview, initiating changes in the core belief system (McCann & Pearlman, 1990; Sartor, 2016). These impacted or

disrupted schemas influence how experiences are encoded in memory (McCann & Pearlman, 1990b).

In the counseling setting, changes in counselors' schemas, including spiritual beliefs, can occur because of client-counselor interactions (Saakvitne et al., 1998; Trippany et al., 2004). When counselors confront clients' aversive experiences, they tend to integrate the event, its context, and its consequences with their existing beliefs. The extent of changes in counselors' perceptions can vary, depending on the discrepancy between their existing schemas and clients' trauma memories (McCann & Pearlman, 1990). This situation necessitates cognitive appraisal, which is influenced by counselors' self-capacities and ego resources.

The experience of working with clients' traumatic materials may be perceived as threatening to counselors' psychological systems, including self-identity, cognitive schemas, and psychological needs. This perception leads to differences in response to similar experiences (McCann & Pearlman, 1990b). Factors such as self-identity, worldview, spirituality, psychological needs, ego resources, personal history, perspectives on traumatic events, psychological style, personal style, ability to cope with stress and professional development contribute to how counselors are affected by clients' traumatic materials and how they respond (Saakvitne et al., 1998; Pearlman & Ian, 1995). These unique attributes also influence how individuals perceive certain events as traumatic and disruptive compared to other aversive events (McCann & Pearlman, 1992).

The more the experience is perceived as overwhelming and intolerable based on self-capacities, the greater the impairment experienced by counselors. The disruption of self-capacities diminishes counselors' ability to maintain a sense of competence as counselors, preserve connections with others, including clients, and regulate their own

emotional experiences (Deiter et al., 2000). To address this discrepancy, counselors are required to assimilate the meaning of the client's traumatic experience into their existing cognitive schemas or accommodate the new reality by changing their schemas, or both, in a way that brings personal fulfillment and satisfaction (McCann & Pearlman, 1990b). Counselors who possess a high ability to assimilate positive meaning from clients' adversity and regulate themselves in the face of the experience exhibit more positive emotional and behavioral adaptation, consistent with resilience (Saakvitne et al., 1998). This condition explains why some counselors may experience vicarious traumatization, secondary traumatic stress, and compassion fatigue, while others may experience vicarious resilience, post-traumatic growth, and compassion satisfaction.

Nevertheless, the restructuring of negative schemas is possible through the enhancement of self-capacities. CSDT emphasizes experiential learning to restore the central psychological needs of safety, trust, independence, esteem, power, intimacy, and a frame of reference. The restoration of these basic psychological needs can be achieved through the practice of self-care. McCann and Pearlman (1992) suggest several self-care activities for trauma survivors, such as establishing personal boundaries, reestablishing friendships, engaging in activities that promote self-esteem and a healthy sense of mastery, and reconnecting with old friends. These suggestions provide a useful guide for counselors to challenge their negative schemas and facilitate the formation of positive schemas, perceptions, and new meanings of traumatic experiences in relation to self-identity, others, and worldviews. By enhancing self-capacities, counselors can regain their functioning.

In addition to discussing resilience as an intraindividual process, CSDT recognizes the role of the individual's environment. The theory acknowledges that the cultural and social context of individuals provide the foundation for their self-

development, response to adversity, and recovery process (Pearlman, 2013). Therefore, changes in self-perception (identity), particularly self-capacities and ego resources, changes in interpersonal relationships (worldview), and changes in the philosophy of life (spirituality), will occur. These changes are instrumental in constructing future perceptions and facilitating adaptation (Saakvitne et al., 1998).

1.10 Research Framework

The current study aims to explore the experiences of self-care practices among Malaysian counselors who provide crisis intervention by underscoring the role of religion in guiding their self-care endeavors. It also seeks to discover the contribution of the interplay between religion and self-care in counselors' overall functioning. To achieve these aims, this study adopted Orem's self-care theory and the CSDT as the underlying frameworks. By integrating the conceptual frameworks of these theories, a research framework has been developed for this study.

Several concepts from both theories are integrated and adapted to align with the goals of the current study. From Orem's self-care theory, the concepts of self-care or self-care practices, self-care deficit, dependent care agency, self-care requisites, and self-care agency are adopted. The concepts of the frame of reference, cognitive schemas, ego resources, basic psychological needs, and self-capacities are adopted from the CSDT. The adaptation of these two theories has led to the development of the research framework, as presented in Figure 1.1.

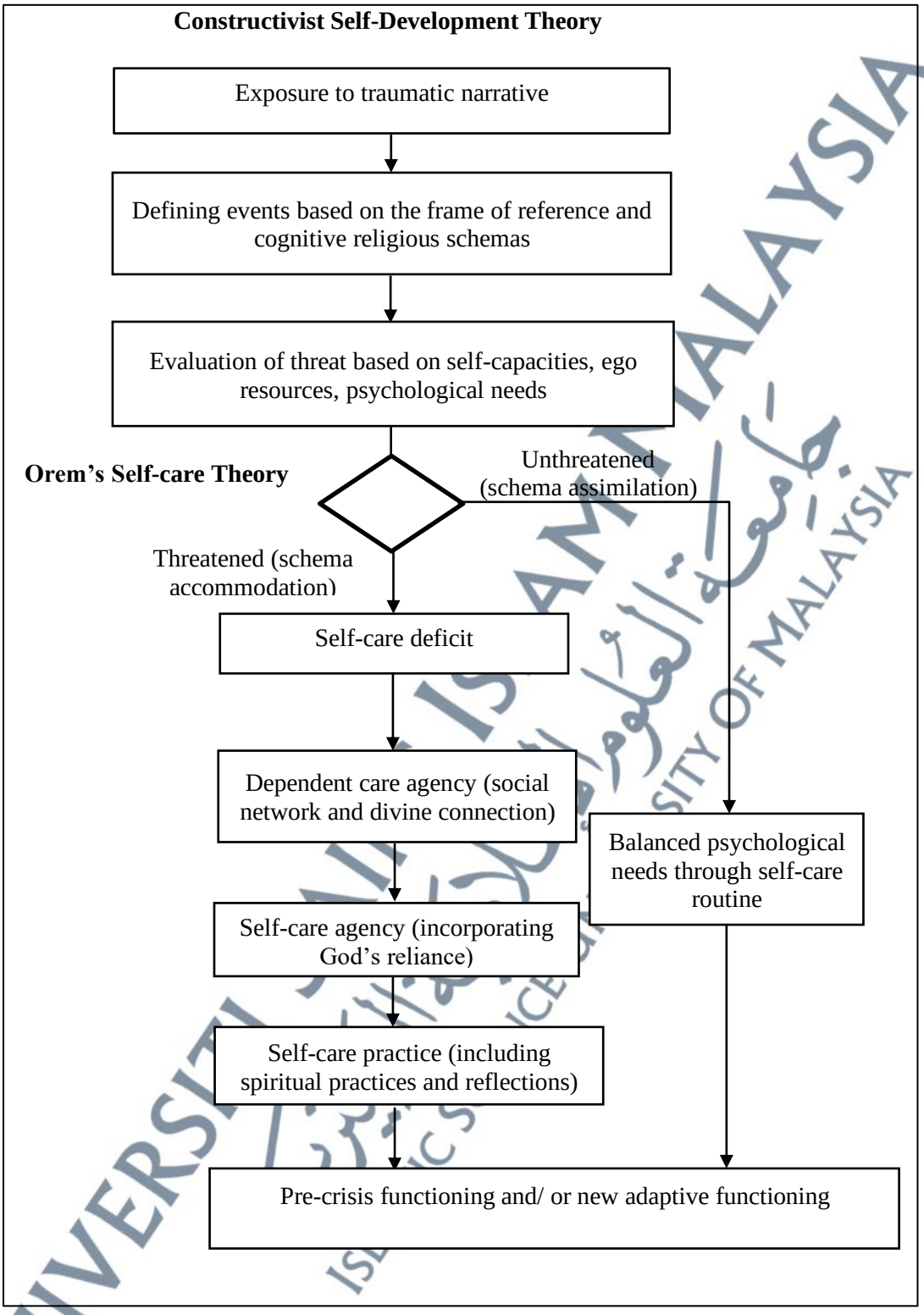

Figure 1.1: Research Conceptual Framework Adapted from Orem (1956) and Pearlman (1990)

Figure 1.1 represents the research framework of the current study, illustrating the integration of concepts from CSDT and Orem's self-care theory. The intersection of these theories is particularly relevant in explaining the impact of incompatible traumatic narratives with current belief systems, which give rise to certain limitations. Orem's self-care theory characterizes these limitations as a self-care deficit state, while CSDT links them to impairments in self-capacities. Both conditions result in the insufficient fulfillment of certain commitments efficiently and maturely, referred to as self-care requirements in Orem's theory and psychological needs in CSDT.

When counselors are exposed to traumatic narratives and experiences, they interpret these experiences through their frame of reference including religious schemas which influence their perception and memory systems. The process of assigning meaning to these experiences triggers an evaluation of how the experience may threaten their self-view, views of others, the world, and ego resources related to psychological needs. If counselors perceive the experience as intolerable and threatening to their ego resources and self-capacities associated with psychological needs, their ability to tolerate the experience will decrease. This reflects the challenging nature of clients' experiences, which may be incompatible with counselors' existing beliefs, potentially leading to vicarious traumatization, compassion fatigue, secondary traumatic stress, and burnout, indicative of post-traumatic stress disorder.

This state of incompatibility gives rise to a self-care deficit, as whole or partial satisfaction of basic universal self-care requisites becomes unattainable, resulting in dissatisfaction with basic psychological needs. In such situations, counselors may rely on dependent self-care agents from significant others through the practice of social self-care. Meaningful interactions with others assist counselors in reevaluating cognitive schemas related to self, others, worldviews, and basic psychological needs. This

includes their meaningful connection with the divine through spiritual quests or practices. As a result, the incompatibility between existing schemas and clients' experiences can be reduced by successfully assimilating the experience into the existing schemas or developing new adaptive meanings to accommodate the experience. This adaptive perspective on self, others, and the world helps protect ego resources and strengthens counselors' self-capacities, enabling them to become self-care agents. Despite their ability to protect themselves, counselors also integrate divine reliance in their self-care behaviors. Consequently, basic psychological needs and impaired universal self-care requisites can be restored, re-establishing counselors' functioning.

The integration of these theories was seen as complementary, providing a comprehensive explanation of self-care practices, the role of belief systems, particularly religious schemas in activating meaning reflection, and human growth toward functioning. Firstly, the combination of these theories offers a comprehensive understanding of self-care practices from cognitive, psychological, and behavioral perspectives, which is essential for guiding the exploration of self-care practices in the current study. CSDT explains the cognitive processes involved in interactions with a negative environment, which can trigger human ego resources, psychological needs, and self-capacities for active regulation and adaptation. This accounts for the cognitive and psychological aspects of self-care practices. On the other hand, Orem's theory addresses the behavioral aspect of self-care practices, where individuals make efforts to seek help in restoring their self-capacities or self-care abilities, thus reclaiming their role as their own self-care agents.

Additionally, both theories contribute to a comprehensive understanding of the role of belief systems in activating the reflection of meaning derived from environmental experiences. Both theories acknowledge that humans possess a natural

inclination to care for themselves, engage in self-reflection, interpret their experiences, and determine appropriate responses (McCann & Pearlman, 1992; Younas, 2017). CSDT elucidates the role of cognitive schemas, including religious schemas, stored in perceptual and memory systems as frames of reference used to interpret environmental experiences. Although Orem's theory does not explicitly mention the role of belief systems, particularly religion, in facilitating individuals' restoration of self-care agency, the concept of seeking other parties as dependent care agents to fulfill self-care demands could encompass seeking spiritual support from God as well.

Furthermore, the integration of these theories contributes to a comprehensive understanding of human growth and functioning. CSDT explains why some individuals are more devastated by certain experiences compared to others who have had similar experiences (McCann & Pearlman, 1992). On the other hand, Orem's theory highlights the impact of devastation on individuals' ability to protect themselves, leading them to seek help from others. The interaction with other humans, referred to as the dependent care agency, and God provides individuals with care, guidance, support, sense of hope and knowledge to restore their self-care agency (Cavanagh, 1991). This interaction is further elaborated as a therapeutic relationship in CSDT, which is crucial for the development of self-capacities in survivors of child abuse (Pearlman, 1997). Thus, this implies that intervention from a dependent care agency, whether it be a significant person or spiritual power, can restore the self-capacities of impaired counselors, resulting in self-growth and functioning.

In summary, adopting both theories as the research framework for this study sheds light on the dynamic interaction between religion, self-care experiences, and functioning. It also highlights the complex cognitive and purposeful behaviors involved in self-care as a phenomenological experience of self-reflection, considering others and

the world concerning belief systems and self-care behaviors. This comprehensive framework serves as the foundation for this research, enabling the achievement of research objectives and the elaboration of findings.

1.11 Operational Definition

The operational definitions are provided to elaborate on the terms related to this study, allowing the findings and overall content of the study to be understood within their context.

1.11.1 Self-care

Self-care is defined as the ability of an individual to perform routine actions to maintain quality of life, survival, and well-being (Cavanagh, 1991; White, 2016). According to Stainsby (2018), self-care is a continuous process of consciously taking care of oneself by performing specific actions to sustain, recover, and restore mental, emotional, physical, and spiritual wellness. Self-care is also defined as actions that improve the well-being of one's mental, emotional, physical, or spiritual aspects, leading to a more holistic and balanced individual (Thomas & Morris, 2017). After considering these suggested definitions, self-care in the current study refers to a continuous process of taking care of oneself, involving volitional cognitive judgments of an individual's ability, within their environmental context, to deliberately perform practical actions that preserve multidimensional aspects of well-being and functioning.

1.11.2 Religion

Religion is an institution that includes practice, belief, spirituality, expectation, and assumption about life values that are transmitted to an individual through initial exposure and interaction with the upbringing environment (Mohd Rosmizi et al., 2015; Ryan & Deci, 2017). In the current study, religion refers to the belief and practice of religious rituals, values, and assumptions based on the four main religions in Malaysia, specifically Islam, Christianity, Hinduism, and Buddhism.

Spirituality is closely related to religion, as religion is a means of expressing spirituality. It involves personal experience and transformation that cultivate religious consciousness and faith in God or a Higher Power. Spiritual transformations can occur across various contexts, not limited to religious settings, and include practices like mindfulness and meditation. This transcends religious structures, teachings, and community practices, fostering spiritual transformation by enhancing self-awareness and personal growth. This spiritual quest for meaning and purpose is innate and unique to every individual, leading to greater self-understanding (Hamali, 2017; Victor & Treschuk, 2020; Wimmer, 2024; Trimulyaningsih et al., 2024).

1.11.3 Functioning

In the medical field, functioning refers to all body functions, activities, and participation, including the physiological and psychological functions of the body system (WHO, 2002). In social science studies, human functioning has also been addressed, but there is still no consensus on how to define and measure its domains. Markham and Aveyard (2003) defined human functioning as the capacity to fulfill fundamental human needs, which include the ability to think and reason logically and

the capacity to form relationships with others. Meanwhile, other scholars have focused on positive psychological constructs and processes to imply human functioning (Lopez et al., 2006). However, Orozco (2003) highlights physical, emotional, mental, and social functioning as the medical outcomes that predict quality of life. Thus, to operationalize functioning in the recent study, it is proposed that functioning refers to the outcome of individuals' self-care practices and religious manifestations, which are reflected in their psychological, social, professional, and spiritual functioning in performing daily roles, activities, and tasks within their cultural context and standard practice.

1.11.4 Psychology Officer

A Psychology Officer refers to any public service officer who is appointed as a Psychology Officer by Service Circular Number 29 of 2007 (Service Circular No. 5 of 2018). In the context of this research, a Psychology Officer is a Malaysian public service officer appointed as a Psychology Officer and also a registered counselor with concurrent three years of experience serving for the Ministry of Health (MoH), Royal Malaysia Police Department (RMP), Department of Social Welfare (SWD), or Malaysian Prison Department (MPD).

1.11.5 Registered Counselor

A registered counselor refers to an individual who is registered under section 26 or 27 of the Counselor Act 1998 (Akta Kaunselor 1998). In this current study, the registered counselor is a public service officer who is appointed as a Psychology Officer and registered as a certified counselor with the Malaysian Counselor Board under the Counselor Act 1998.

1.11.6 Crisis Counselor

In Malaysian public service, there is no official post titled crisis counselor. However, for the purpose of this study, a crisis counselor is defined as a public service Psychology Officer employed in public healthcare facilities, police departments, welfare departments, or prison departments. These officers, appointed under Service Circular Number 29 of 2007 and registered under the Counselor Act of 1998, provide crisis intervention services to specific target groups served by these agencies.

1.11.7 Crisis

Technically, a crisis is a situation arising from sudden, unexpected changes due to critical incidents, disasters, or traumatic events, which are challenging to resolve with ordinary problem-solving methods. This leads to unforeseen changes, disturbances, emotional destabilization, and confusion (Tran, 2017; Mohd Zaliridzal, 2018). Operationally, in this study, a crisis refers to an unexpected situation caused by a natural disaster or any sudden adverse life experience, including domestic violence, criminal incidents, suicide and suicidal attempts, marital problems, tragic accidents, and developmental crises. These crises affect communities, particularly children, women, the elderly, people with disabilities and their families, vulnerable communities, low-income individuals, children who witness crimes, criminal suspects and their families, victims and their families, mental health patients and their families, and prisoners and their families, who fall under the responsibility of counselors in public healthcare facilities, police departments, welfare departments, and prison departments to provide crisis intervention (EZskim Jabatan Perkhidmatan Awam, 2023)

1.12 Conclusion

This chapter discussed the background of this study related to the complexity of counselors' nature of work and the essentials of self-care practice. The overview of the nature of counselors' work was elaborated to imply the risk the counselors are facing which makes the self-care practices relevant to be part of their professional responsibilities. In addition, the contribution of religion specifically Islam, Christianity, Hinduism, and Buddhism in explaining the crisis and how to resolve its impact was also discussed, giving ideas on how religion may guide Malaysian crisis counselors in practicing self-care. Besides that, the issues related to self-care practices in Malaysian crisis counseling contexts were discussed to show the gap in this study. Three research questions and objectives were developed to guide the study, along with its scope, delimitation, and significance. The ideas and concepts from Orem's self-care theory and Constructivist Self-Development Theory (CSDT) which were chosen to be the fundamental framework for the current study were explained in detail. Operational definitions of key terms were presented at the end of the chapter.