CHAPTER 5

DISCUSSION, RECOMMENDATION AND CONCLUSION

5.1 Introduction

This chapter provides a comprehensive discussion of the studied phenomenon with a particular emphasis on the study's overall findings. The chapter commences with a concise overview of the current study, followed by an in-depth discussion of the research findings based on the research questions. The discussions are based on the principles of Orem's self-care theory and constructivist self-development theory. The present findings are also compared with existing scholarships in the field.

The principles derived from the theoretical framework along with the previous findings were integrated with the main emergent themes and subthemes distilled from participants' lived experiences. This synthesis of information guides the construction of a conceptual model that effectively captures the essence of the studied phenomenon. The overall conclusion of this study was then presented followed by the theoretical, methodological, and practical implications of the research. Before the end, I discussed the limitations of the research. The recommendations for future research and chapter conclusion were presented at the end of this chapter.

5.2 Overview of the Current Study

The current phenomenological study aims to describe the lived experience of self-care practices among Malaysian crisis counselors in relation to religion. Three research questions guide the growth of this study: 1) How does religion play a role in guiding self-care experience? 2) What is the experience of Malaysian crisis counselors in self-care practices? and 3) How do crisis counselors perceive the impact of the interplay between religion and self-care practices on their personal and professional functioning? This study was conducted qualitatively. Purposive sampling was used to recruit research participants. Altogether, thirteen Malaysian public services counselors who have experience involved in crisis from four selected departments participated in this study. An in-depth semi-structured interview was individually conducted with each participant to collect the data. Besides that, the data obtained from the participants' reflective forms were also used in data analysis.

The data were then analyzed thematically within the procedures of phenomenological research by using the ATLAS.ti software application. Based on the analysis, there are three main themes emerged: 1) addressing the role of religion, 2) experience of self-care practice, and 3) empowerment of functioning. These themes signify the overall experience of crisis counselors in incorporating religion into their self-care experiences and how this interplay contributes to the empowerment of functioning. There are three subthemes for the theme addressing the role of religion, four subthemes under the theme of experience of self-care practice, and another four subthemes for the theme of empowerment of functioning. Each subtheme has its own meaning units and condensed meaning units that portray the details of the experiences. Altogether there are 33 meaning units and 22 condensed meaning units. The following Table 5.1 illustrates the emergent themes. Appendix H: Thematic Analysis Map

summarizes these analyses in three different mind map forms for a comprehensive visual representation of the key themes, sub-themes, meaning units, condensed meaning units, and their interrelationships.

Table 5.1: Summary of the Overall Emergent Themes, Subthemes, Meaning units, and Condensed Meaning Units

Theme 1: Addressing Roles of Religion		
Subthemes	**Meaning units**	**Condensed Meaning Units**
Religion in Meaning-making Experience	Understanding the crisis	
	Understanding the client	
	Understanding the role of the counselor	
Religion in Adaptive Coping Experience	A non-judgmental platform for emotional release	
	Consolation to justify the frustration	
	Sense of hope	
Religion in Moral Reflection Experience	A moral compass for behavior and thought	
	A framework for upholding professional ethics	
	Guidelines for navigating interpersonal relationships	
Theme 2: Experience of Self-Care Practices		
Subthemes	**Meaning units**	**Condensed Meaning Units**
Exposure to traumatic cases	Unforgettable moment	
	The impact	
Navigating the challenge	Talking to oneself	
	Seeking spiritual support	Devine Reliance
		Supplication

	Seeking social support	Mentoring and supervisory support
		Peer support system
		Familial support
Self-revitalization	Physical care	Physical activities
		Nutritional care
		Sleep management
	Personal time	Leisure activities
		Self-therapy
	Spiritual practice	Prayer
		Reciting the holy scriptures
		Chanting
Lessons Learned	Upgrading knowledge and skills	
	Recognizing Professional Boundaries	Psychological boundary
		Professional limitation
		Authority boundary
		Case intake limitation
		Professional stand
	Comprehending unconditional Acceptance	Client as an ordinary person
		Clients' reality
		Clients' traumatic reaction
		Personal human limitation
	Interconnection between religion and self-care	
Theme 3: Empowerment of Functioning		
Subthemes	**Meaning units**	**Condensed Meaning Units**
Competent Counselor	Creative in breaking the impasse	

	Analytical in anticipating priorities	
	Compassionate in supporting clients	
Perseverant Person	Openness to experience	
	Positive attitude toward work	
	Live in the present moment	
	Resilience	
Capable Provider	Efficient household manager	
	Functional parent	
	Provider within community	
Religious Devotee	Spiritual mindfulness	
	Sense of purpose	

The findings reveal how crisis counselors in Malaysia integrate their experiences into pre-existing religious schemas and develop cognitive reframing processes informed by their religious perspectives. These cognitive processes enhance their adaptability in managing the daily challenges of working with traumatic narratives, reflected in their evolving self-care practices. Counselors effectively blend their learned experiences with practical crisis work, establishing social support networks and deepening their spiritual connections. These experiences foster continuous personal and professional growth, highlighting key attributes of effective service providers. Further discussion of these findings is discussed in the subsequent section.

5.3 Discussion of Findings

Malaysian counselors in crisis work settings are exposed to diverse client crises and traumatic experiences (Pau et al., 2020). The role of the counselor is to provide crisis intervention to bring the client to a pre-crisis state and increase the client's repertoire to adopt new problem-solving skills and cope with the crisis adaptively (Fridley, 2010; Robert, 2015; Nor Sharin, 2018). Nevertheless, several studies indicate that counselors may experience detrimental psychological effects due to factors such as the one-directional nature of their caring relationship, continuous exposure to traumatic materials and narratives related to trauma, witnessing clients' suffering during traumatic incidents, and their empathetic presence (Skovholt & Trotter-Mathison, 2016; Forsyth, 2016; Coaston, 2017; Huan-Tang et al., 2017, Wallace, 2023; Saleem & Hawamdeh, 2023; Agnetti, 2024). Additionally, their pre-existing belief systems regarding the meaning and purpose of life may also face challenges (Dyarman, 2019).

Therefore, counselors' engagement in self-care practices is highly recommended to prevent personal and professional impairment (Gaston, 2018). The Malaysian Board of Counselors also reminds all Malaysian counselors to take further actions to care for themselves to preserve their well-being (Lembaga Kaunselor Malaysia, 2011). However, up until recently, there has been a lack of clear guidance and structured curriculum for training counselors in self-care (Agnetti, 2024). This is primarily because the psychological challenges faced by counselors involved in crisis work have received less attention at the national level than the issues faced by educational counselors and those new to the field (Ng & Wan Marzuki, 2017; Voon et al., 2017; Wei et al., 2022).

As a result, counselors have tended to develop their own strategies for coping with these challenges. Studies conducted by Mod Zaliridzal (2018), Norazura (2019), Ida Hartina et al. (2020), and Syed Mohamad Hilmi, et al. (2023) discovered that Malaysian

counselors in crisis work often engage in spiritual and religious practices as means of self-care. These practices include involvement in religious and spiritual organizations, seeking a sense of purpose in life, gaining insights through mindfulness activities, and participating in other religious practices. This demonstrates that religion plays a significant role in guiding the self-care practices of Malaysian counselors.

These findings inspired me to take further steps to explore the lived experience of crisis counselors in practicing self-care with the guidance of religion. Several factors guide individuals to engage in self-care including belief systems, personality, family background, preferences, religion, and previous life experience (Dorociak, 2015; Poppa, 2018). In this study, I focused my exploration on religious factors in guiding the self-care experiences of Malaysian counselors who engaged in crisis work to maintain their personal and professional functioning. My study brings me to realize the role of religion in guiding self-care experience in wider perspectives, the multidimensional practice of self-care, and the significance of religion and self-care practices to counselors' functioning. The subsequent topic describes and discusses the findings of this study in detail.

5.3.1 Addressing the Role of Religion

The first research question focuses on the role of religion in guiding self-care experiences. Based on the findings, the roles of religion are found to be embedded in every phase of the self-care experience. Religion serves as a part of the self-care experience itself. In meaning-making experience, religion offers religious elaboration to comprehend the experience of the clients, the client's presence for the intervention session, and the role of counselors in the interaction.

Besides that, religion offers a coping mechanism during the counselors' experience of adaptive coping to navigate the challenges. In determining appropriate responses, religion also provides a guide to set limits upon maladaptive thoughts and behaviors. It guides counselors to avoid engaging in maladaptive practices that are forbidden by religion. These findings implied religion guides counselors to comprehend their crisis work experience and manage their personal issues related to the client's trauma experience (Pargament et al., 2001; Ida Hartina et al., 2020; Leo et al., 2021). Overall, there are three pivotal roles of religion in guiding three phases of self-care experiences: 1) in the meaning-making experience, 2) in the adaptive coping experience, and 3) in the moral reflection experience. Further discussion is elaborated in the following sub-topics.

5.3.1.1 Religion in the Meaning-making Experience

Counselors who prioritize religion often use religious schemas to interpret situations, as these schemas provide adaptive explanations that imbue experiences with meaning (Pargament et al., 2001; Leo et al., 2021). Religion offers explanations that align with their sense of self and personal values without causing disruption (Holt, 2019). For example, in this study, crises are seen as pre-determined by God, clients are viewed as entrusted by God, and counselors believe they are divinely chosen to help.

During crisis work, counselors interpret and construct meaning through self-talk in processing clients' stories, understanding client expectations, and reflecting on their own experiences (Strong et al., 2008; Rober et al., 2008). This self-talk involves appraising competency, self-evaluation, and self-reflection to regulate their functioning

(Kondili, 2018). Religion guides positive self-talk and cognitive appraisal, helping derive adaptive meaning from interactions (Kameo, 2021).

In this study, counselors use religious schemas to interpret crises, seeing clients and themselves through a religious lens. They often perceive clients' traumatic experiences as blessings and view their role as divinely appointed, which helps regulate their emotions and thoughts. This religious framing leads to a transcendent understanding of their work, reducing fear and reinforcing their sense of purpose (Staebell, 2020; Holt, 2019; Keyes, 2011; Spangler, 2021). Similar findings were observed in Malaysian palliative care physicians, who viewed their roles as callings from God, helping them cope with patient deaths (Tan et al., 2020). Other studies also show that counselors believe they are chosen by God for crisis work (Mohd Zaliridzal, 2018; Norazura, 2019).

Within the frameworks of CSDT and Orem's self-care theory, counselors engage in cognitive appraisal to determine self-care and dependent care roles, using religion as a reference. Religion provides knowledge about traumatic experiences in relation to God and empowers counselors to regulate their functioning, improving self-control, self-esteem, and their worldview (Saakvitne et al., 1998; McCann & Pearlman, 1990; Iglesias, 2010). Interpreting life crises as sacred experiences can aid spiritual development, enhance coping strategies, and restore counselors' self-capacities disrupted by clients' narratives (Pargament, 2005).

5.3.1.2 Religion in Adaptive Coping Experience

Counselors' involvement in one-way caring relationships and exposure to clients' traumatic narratives can negatively impact their psychological well-being, increasing

the risk for burnout, compassion fatigue, secondary traumatic stress, and vicarious traumatization (Sanchez, 2020; Wallace, 2023; Saleem & Hawamdeh, 2023; Agnetti, 2024). This exposure can alter counselors' perceptions related to their sense of safety, trust, independence, power, esteem, and intimacy when there is a significant discrepancy between their existing schemas and clients' traumatic experiences (McCann & Pearlman, 1990; Saakvitne et al., 1998; Trippany et al., 2004).

Counselors cope with these challenges by reassessing their perspectives and modifying their existing schemas (Le, 2008). They often refer to various resources, including religion, to manage and adapt to the situation (Pargament et al., 2001; Leo et al., 2021). Religion provides guidance to accept limitations and appreciate uncontrollable aspects of life (Pargament, 1997; Bock et al., 2018).

The study highlights how religion offers a non-judgmental platform for emotional release and consolation, helping crisis counselors adapt and cope with work challenges. The counselors use prayer to communicate with a Higher Power, express emotions, and find hope, which relieves psychological burdens and provides calmness, rational thought, and direction (Salgado, 2014; Dyarman, 2019). Religion also consoles them, especially when interventions yield undesirable outcomes in modifying clients' behaviors, and provides resources for positive coping when social support is limited.

The counselors draw upon religious knowledge and scriptures to overcome frustration related to work and personal life, finding solace and redefining their worldview through a religious lens. Religion guides appropriate actions and reactions in dealing with frustration, emphasizing practices like prayer, supplication, scripture reflection, chanting, and cultivation of virtues such as patience and perseverance (Abdul Aziz, 2001; Whitman, 2007; Tan & Castillo, 2014; Thathong, 2012).

Reflecting on religious teachings and scriptures inspires hope and helps counselors view experiences as having religious significance (Leo et al., 2021). This perspective provides a sense of hope and acceptance of limitations, aiding in the understanding of traumatic incidents (Dixon, 2020b; Courtois, 2017). Counselors in this study accept their limitations in triggering client changes, returning the authority to a Higher Power, and believing that God knows what is best for them and their clients. This belief helps them cope with personal crises without giving up, perceiving challenges as having hidden blessings. These findings are consistent with research on religion's role in fostering self-acceptance (Ida Hartina et al., 2020) and other studies indicating that crisis counselors frequently ascribe disasters and personal crises to divine pre-determination, viewing themselves as specially chosen to manage these challenges (Norazani et al., 2015; Mohd Zaliridzal, 2018; Norazura, 2019). Such beliefs indicate a balance between recognizing limitations and human autonomy, guiding coping styles (Ida Hartina et al., 2020).

Pargament (2005) refers to this balance as collaborative coping, where individuals engage in an active partnership with God to solve problems, relying on divine guidance while using their own skills and resources (Pargament, 2005; Nelson, 2009). In this study, this coping style involves both worship behaviors, like prayer and scripture reflection, and strategic self-care actions, making hardships more bearable (Salgado, 2014; Dyarman, 2019). The connection with a Higher Power supports basic psychological needs, boosting ego resources, and strengthening self-capacities to manage situations (Saakvitne et al., 1998), thus transitioning from a self-care deficit to a self-care agency state (Orem, 1987b).

5.3.1.3 Religion in the Moral Reflection Experience

Religion not only offers explanations for negative experiences but also provides guidelines for moral reflection, helping individuals differentiate right from wrong and protecting them from maladaptive behavior, antisocial behavior, and psychological problems (Laird et al., 2011; Salgado, 2014). It promotes a healthy lifestyle by encouraging the avoidance of risky and harmful behaviors, such as suicidal thoughts, tobacco abuse, and excessive alcohol consumption (Hasanović & Pajević, 2010; Kick et al., 2016; Amanato et al., 2017).

Counselors in the recent study regarded their religion as a moral compass for behaviors and thoughts, a framework for upholding professional ethics, and guidelines for navigating interpersonal relationships. They revealed that their religion inspires them to advocate a healthy lifestyle by avoiding harmful behaviors, maintaining cleanliness, and adhering to religious laws. This helps them establish strong principles, recognize their limitations, and carefully observe their moral conduct.

Religion shapes the counselors to be good people who do good things. The belief in God's reward and punishment or karma principles prompts counselors to be mindful of their thoughts and behaviors. Thus, they adhere to what their religion taught them to behave. For instance, Islam emphasizes soul purification, forgiveness, and repentance (Abdul Aziz, 2001; Imam Al-'Izz cited in Marwan Bukhari, 2018), while Christianity underscores confession, love, and humanity (Tan & Castillo, 2014). Hinduism and Buddhism highlight ethical action and the eightfold path (Withman, 2007; Teasdale & Chaskalson, 2014).

These beliefs inspire counselors to uphold professional ethics, encouraging good performance in serving clients. Counselors are motivated by religious teachings, holy verses, and prophetic wisdom to be committed, sincere, and responsible in their work,

viewing their efforts as a manifestation of worship. This spiritual congruence between belief and practice is supported by Chin (2013), who explains how a Malaysian counselor's belief in karma guided him to perform good deeds for positive returns, and by Norazura (2019), who notes that such beliefs inspire counselors to work with sincerity and perseverance. Religion also guides counselors in interpersonal interactions with clients and others, emphasizing helping behavior, proper communication, compassion, non-judgment, and avoiding harm (Doehring, 2019). Practicing these guidelines fosters kindness and facilitates interpersonal connections.

In summary, religion provides a moral compass, a framework for professional ethics, and guidelines for interpersonal relationships, shaping counselors' belief systems and offering meaning and purpose in life (Pearlman & Ian, 1990b). This meaning and purpose direct counselors towards self-care rather than self-harm, preventing maladaptive cognitive appraisal and negative behaviors, and promoting adaptive coping behaviors (Wang et al., 2007; Keyes, 2011; Dyarman, 2019). Consequently, their ability to self-care is empowered to cope with challenges. The following discussion details counselors' self-care practices as guided by their religion.

5.3.2 The Experience of Self-Care Practices

The finding of this study revealed two aspects of experience precisely professional experience and personal experience. However, these experiences are not separated as the counselors need to feed the demands for professional and personal self-caring at the same time. Both could be seen as integrated moment-to-moment experiences throughout the development of the counselors as professionals and as a person. Both experiences complement each other in shaping the individual counselors

as they are. Therefore, in this discussion, the experience was described as an integral process rather than a separate experience. Four subthemes precisely signify the self-care experiences: 1) exposure to the traumatic case, 2) navigating the challenge, 3) self-revitalization, and 4) lessons learned. The three mentioned roles of religion are also found to be incorporated into these experiences.

5.3.2.1 Exposure to Traumatic Case

Crisis intervention requires counselors to actively interpret and construct meaning from their clients' traumatic experiences, triggering their imagination to envision the incidents that impair the clients (Strong et al., 2008; Clark & Simpson, 2013). Counselors encode these vivid sensory memories into their cognitive schemas, challenging their ego resources and capacities (McCann & Pearlman, 1990b). In the current study, counselors shared unforgettable moments from handling crisis cases, highlighting the impact of exposure to traumatic narratives. Many of them revisit these memories, especially during their initial professional stages.

When meeting clients, counselors observe and evaluate the severity of their conditions. In the study, the counselors recounted handling traumatic cases involving criminal activities, tragic incidents, domestic violence, suicidal attempts, and death row inmates. During the initial crisis intervention phase, the counselors engage in meaning-making to understand the clients' situations and expectations while reflecting on their own psychological reactions. They integrate the clients' experiences into their belief systems, considering their resources and self-capacities to assess their ability to assist effectively and safeguard their own psychological well-being.

The counselors identified various emotions when observing their clients, such as shock, worry, anxiety, empathy, remorse, guilt, thankfulness, and responsibility. They struggle to construct the meaning of the clients' experiences and their own feelings, using internal resources from previous schemas. Religious schemas often help them initially define the situation. However, the counselors are affected when they question why clients face such crises or empathize deeply, temporarily affecting their belief systems, psychological states, and functioning, requiring resolution of these incompatibilities.

Theoretically, both Orem's self-care theory and Constructivist Self-Development Theory (CSDT) emphasize the human ability to derive meaning from environmental interactions, contributing to the construction of meaning related to one's psychological system of self, needs, and cognitive schemas (McCann & Pearlman, 1990b). The counselors assimilate experiences that align with their understanding and adapt to incorporate new information. This process aligns with Orem's seeking knowledge phase, where counselors engage in complex cognitive processes to examine internal (ego resources, self-capacities, psychological needs, cognitive schemas) and external conditions (clients' traumatic experiences and their impact) to understand the significance of self-care (Orem, 1987c; Clark & Simpson, 2013).

The counselors encode vivid sensory memories from their imagination of the clients' experiences (McCann & Pearlman, 1990b). Challenges arise when clients' experiences are incompatible with the counselors' belief systems, ego resources, and self-capacities, leading to difficulties in assimilation and deteriorating their self-care ability. This challenge is exacerbated when counselors must modify their belief systems to fit clients' experiences (Leo et al., 2021).

The experience of Lai and Anju reflects how clients' experiences challenged their belief systems about employer-employee and father-daughter relationships, as well as their self-capacities and resources, leading to insecurity, guilt, anxiety, and extreme worry. They began to think like their clients, reflecting the risk of counselors adopting clients' traumatic thoughts and beliefs, which can lead to post-traumatic stress (Ng & Wan Marzuki, 2017; Wei et al., 2022) and vicarious traumatization (Agnetti, 2024). This deep empathic engagement with clients' trauma negatively impacts counselors' inner experiences, impeding their confidence and effectiveness (Jett, 2015), and threatening their self-perception as competent, compassionate, and positive. Hence, counselors need specific approaches to sustain their functioning, leading to the discussion of the second phase of the self-care experience.

5.3.2.2 Navigating the Challenge

This subtheme signifies the experience of crisis counselors navigating the challenges they encounter in their work. As they dealt with traumatic clients, the counselors actively constructed their meaning to understand the client's experience and expectations. They also evaluated their inner experiences to gauge their emotions, ability to provide help, and significant actions to safeguard their psychological selves while aiding their clients (Rober et al., 2008). In this study, counselors engaged in self-talk to construct a concise understanding of the clients' and their own experiences after contact.

The counselors used self-talk to regulate their emotions, reaffirm their role, comprehend the severity of the client's conditions, and identify appropriate actions. Ram's experience exemplifies this struggle. Initially confused, he used self-talk to

understand his bleeding client's situation and her need for shelter over hospitalization. Through self-talk, counselors think, imagine, analyze, make meaning, reflect, and perceive the clients' experiences based on internal and external stimuli observed during the encounter (Shedletsky, 2017; Geurts, 2018; Mashark et al., 2022). Self-talk offers a platform for more analytical cognitive evaluation to confront the incompatibility of the clients' experiences with their existing beliefs. Counselors draw on various resources, including learning experiences, field experience, and religion, during self-talk sessions, guiding the cognitive process to generate effective strategies to help clients and safeguard counselors from negative impacts. Religion is found to be the main resource for meaning-making in this study. Religious schemas assist counselors in reframing their perspectives without modifying their existing beliefs (Robson Jr & Troutman-Jordan, 2018).

In addition to analytical self-talk, counselors rely heavily on God or a Higher Power for guidance. Reliance on God provides solace amid frustration, motivates counselors to persist, and bolsters their capacity to thrive amidst work challenges. Some counselors faced organizational pressures for immediate behavior modification following early intervention, turning to God for comfort and renewed enthusiasm (Norazura, 2019). Counselors manifested their reliance through supplication alongside self-talk, especially when dealing with complicated cases, providing a sense of hope and protection in uncertainties (Gosnell, 2020; Syed Mohamad Hilmi et al., 2023).

Reliance on God or a Higher Power offers release when counselors are alone with clients, enabling a peaceful mind for realistic approaches. Self-talk and reliance on God are effective defenses against insecurities about their abilities and expertise to help clients. The counselors also supplicate for their clients, finding emotional release

despite witnessing client suffering, aligning with findings by Syed Mohamad Hilmi et al. (2023).

Crisis counselors also rely on social support networks, including mentors, supervisors, peers, and family members, especially spouses, to rejuvenate their overwhelmed emotional states. These individuals provide a platform for sharing emotions, seeking advice, support, and understanding. Social interactions serve as a reality check, a source of personal fulfillment, and a reinvigorated inner strength (Sachetti, 2020). Counselors' enthusiasm for learning drives them to engage with mentors and supervisors, overcoming insecurities and deriving meaning from clients' experiences.

Mentors and supervisors provide constructive feedback, developing self-efficacy and intervention skills (Russo, 2020; Lee & Zhooriyati, 2023; Agnetti, 2024). Counselors actively seek guidance including religious advice when facing difficulties, even from professionals outside their field, including religious figures, indicating that social connections in professional settings require effort. Most counselors benefit significantly from mentoring and supervisory relationships, particularly in overcoming insecurities related to their feelings and professional skills. Recovery from post-traumatic symptoms and return to functioning take longer without supervisory guidance.

Counselors also seek informal professional help from colleagues or peers in related fields, expressing emotions and receiving unofficial advice. Some create online social networks for peer support, finding motivation, and overcoming frustrations. Peer consultation provides a safe setting for assessing prejudice, practicing critical thinking, overcoming loneliness, and reducing burnout and vicarious trauma (Hunt, 2018; Siti Balqis et al., 2023). The counselors also share heavy work-related feelings with spouses,

helping spouses understand the psychological burden and process affected emotions, reducing potential vicarious traumatization (Hunt, 2018). Spouses provide emotional and parental support, handling household tasks to give counselors self-care space. Supportive spouses allow counselors to focus on work without childcare concerns (Reddi, 2021). However, support requires counselors to educate and prepare family members about their roles, responsibilities, and psychological struggles. This aligns with Norazura (2019) and Mohd Zaliridzal (2018), emphasizing educating family members about roles and responsibilities for understanding and support.

Observing this from theoretical perspectives, CSDT highlights the complex cognitive process of making sense of clients' narratives and experiences. When exposed to traumatic narratives, counselors draw on various resources to guide understanding and self-regulation, integrating these experiences with pre-existing beliefs (Saakvitne et al., 1998; Pargament et al., 2001). This process allows counselors to assess clients' issues, prioritize needs, and evaluate how experiences affect their self-capacities. The magnitude of clients' traumatic memories can emotionally impact counselors, especially when clients' conditions exceed expectations.

Religion guides counselors in developing constructive meanings about crises, clients, and their roles, with self-talk providing deeper exploration. Counselors often rely on self-talk for self-reassurance, reflection, motivation, and affirmation (Kondili, 2018). Self-talk content draws on cognitive schemas, including religious schemas, past learning, and experiences. Through self-talk, counselors process clients' narratives, interpret expectations and reactions, and gain insight into their psychological experiences, guiding appropriate self-care practices (Rober et al., 2018; Orem, 1987c).

Constructing positive meanings helps counselors maintain self-capacities, such as connection, emotional tolerance, and self-perception as competent and compassionate

individuals (Pearlman, 1997). However, challenges arise when clients' needs conflict with existing resources and capacities, making spiritual and social support vital for emotional regulation. These supports help counselors reframe cognitive perceptions, enabling schema assimilation.

Exposure to high stress in crisis work threatens counselors' self-capacities (Saakvitne et al., 1998; Skovholt & Trotter-Mathison, 2016). Weakened self-capacities lead to maladaptive perceptions of safety, trust, independence, power, esteem, and intimacy, causing self-care deficits. In such states, counselors rely on support systems, including God, family, friends, mentors, and supervisors, for care, guidance, and knowledge. Therapeutic relationships with these individuals re-empower self-capacities and ego resources, enhance meaning, control, comfort, intimacy, and support, and provide purpose, hope, direction, and guidance. Additionally, religious advice from mentors strengthens faith in God or a Higher Power.

Difficult cases often lead counselors to rely on God for support, providing solace, motivation, and guidance amid challenges (Pargament, 1997; Salgado, 2014). Supplication for well-being and blessings aligns with research indicating supplication offers acceptance, assistance, calmness, focus, and avoidance of undesirable experiences (Harris et al., 2008). Lay counselors dealing with human trafficking victims also rely on supplication for guidance (Forsyth, 2016). Peer consultation for handling cases and family support for emotional well-being is supported by Marikan and Waheeda (2022) and Norazura (2019), contrasting with Haslee Sharil et al. (2012), who found Malaysian counselors avoid discussing work with friends, possibly due to a lack of job-related friends.

In summary, crisis counselors draw on internal and external resources to navigate crisis work challenges. These include cognitive schemas, faith in God, positive self-

talk, mentors, supervisors, colleagues, peers, and family members for professional guidance, constructive feedback, reality checks, and emotional support. Crisis counselors also need personal space for self-healing and revitalizing, leading to the third stage of the self-care experience.

5.3.2.3 Self-revitalization

This subtheme represents the experience of crisis counselors in exercising their endeavors to heal or revitalize themselves from the psychological impact of their work-life hazards. These endeavors include physical care, allocating personal time for leisure activities and self-therapy, and performing spiritual practices. The spiritual practices include prayer, recitation, reflection on holy scriptures, and chanting.

For physical care, the study indicates that the counselors engage in activities such as hiking, camping, jogging, cycling, brisk walking, and indoor exercise. They also monitor their nutrition by reducing sugar intake, ensuring timely meals, and consuming adequate water. Proper sleep management is emphasized as well. These practices align with Orem's approach to fulfilling universal self-care requisites (Orem, 1987b) and are influenced by factors like professional background, social network, health conditions, and past experiences. Despite similar activities, the counselors employ different strategies, reflecting individual volition and adjustments based on knowledge, skills, preferences, and past experiences (Orem, 1987b; Cavanagh, 1991; Haslee Sharil et al., 2012; Dorociak, 2015; Poppa, 2018). While not directly religious, these practices are underpinned by the counselors' ability to manage their emotions and find constructive meaning in life, guided by their religion.

Counselors also allocate personal time for hobbies, relaxation activities, and self-therapy. This includes coffee breaks, shopping, listening to music or talks, watching movies, writing diaries, and solitude. These activities provide personal space for self-reflection and foster a sense of meaning and purpose (Haslee Sharil et al., 2012; Chin, 2013; Farnaz et al., 2014; Mohd Zaliridzal, 2018; Norazura, 2019; Mohd Shahrul et al., 2022; Wei et al., 2022; Syed Mohamad Hilmi et al., 2023). Similar practices are observed in Western contexts (Andreason, 2019; Jethi, 2020; Agnetti, 2024), indicating efforts to balance activity and rest, and socialization and solitude (Orem, 1987b; Cavanagh, 1991). These personal times are also seen as moments to connect spiritually, reflecting on life's purpose and the divine.

Spiritual practices play a crucial role in the counselors' self-care. Daily prayers, additional night prayers, reciting holy scriptures, and chanting are integral for connecting with God or a Higher Power. Male Muslim participants often pray in congregations, while Christian participants attend church services. These practices provide tranquility, motivation, and a sense of being blessed, helping counselors release their emotions and gain inspiration to aid their clients. This finding aligns with Forsyth (2016), Gosnell (2020), Courtois (2017), George (2019), Mashhadimalek et al. (2019), Dixon (2020b), and Syed Mohamad Hilmi et al. (2023). Chanting is also found to alleviate stress and enhance a sense of connection and caring for others (Lee, 2021). In contrast, Scott (2018) and Sanchez (2020) suggest that nonreligious psychologists might show higher wellness levels despite less engagement in spiritual practices. However, in this study, some counselors, though not rigorously religious, hold strong beliefs and turn to their faith for guidance during challenging times.

In summary, counselors maintain their physical health through activity and healthy habits, allocate personal time for self-care, and engage in spiritual practices that

provide solace and tranquility. These practices, deeply influenced by their religious beliefs, offer counselors opportunities for reflection and learning from their experiences. This integrated approach helps them derive constructive meaning and maintain a balance in their personal and professional lives.

5.3.2.4 Lessons Learned

This subtheme delves into the experiences of counselors who have gained valuable lessons from their professional experiences, leading to positive adaptations in their self-care practices. These experiences have facilitated significant personal growth, enabling crisis counselors to develop effective self-care strategies that protect them from the psychological impacts of their clients' traumatic experiences. Moreover, they have exhibited professional maturity in determining the most suitable methods to meet the demands of their profession, recognizing the importance of continuous learning, professional boundaries, and the connection between religion and self-care.

Working in crisis intervention has made counselors acutely aware of the need for specialized knowledge and skills to provide effective interventions and maintain their professional relevance. Orem (1987) emphasized that self-care is a learned process requiring strength, will, knowledge, and skills. In this study, crisis counselors regularly assessed their knowledge and skills, realizing the necessity for ongoing learning through reading, asking others, pursuing further studies, and attending formal training courses. They also sought special training from their headquarters or ministry as needed.

This finding underscores two significant points. First, it reflects how counselors' interactions with their work environment guide them to evaluate their resources and capacities to respond effectively (Younas, 2017). Second, it shows that the counselors

are aware of what they need to deliver effective services and maintain their psychological well-being (Chin, 2013). Attending professional training not only equips the counselors with innovative practices and tools but also fosters personal catharsis and humanistic counseling skills, aiding in connections with clients from diverse backgrounds (Pompeo et al., 2020; Levy & Lemberger-Truelove, 2021). This knowledge helps them overcome the negative psychological impacts of their work and prepare for future tasks (Norazani et al., 2015; Mohd Zaliridzal, 2018; Wei et al., 2022).

Additionally, after years of experience, the counselors have learned the significance of setting professional boundaries, encompassing psychological boundaries, professional limitations, authority boundaries, case intake limitations, and maintaining their professional stands. They are mindful that their clients' problems are not their own, applying various techniques to maintain this awareness and avoid overextending themselves. These practices prevent fatigue and burnout and align with the importance of professional boundaries highlighted by Pearlman and Ian (1995), Corey (2005), Clark and Simpson (2013), and Wei et al. (2022). This is also in line with the Malaysian counselor ethical code (Lembaga Kaunselor Malaysia, 2011).

Novice counselors often struggle with setting boundaries, resulting in excessive help and blending clients' problems with their own (Bartikova et al., 2020). However, over time, they learn to adapt and be mindful of professional boundaries, using strategies like self-talk during sessions and realistic hope to manage clients' demands. These practices align with Hunt's (2018) strategies for maintaining boundaries, helping counselors balance their personal and professional lives (Andreason, 2019).

From the theoretical lens, Orem's self-care theory explains the cognitive process counselors undergo to determine their boundaries, involving seeking knowledge, deciding on actions, and evaluating their effectiveness (Orem, 1987c). The

constructivist self-development theory (CSDT) further elucidates how these experiences shape counselors' cognitive schemas, guiding their professional and personal lives (McCann & Pearlman, 1992).

Counselors also demonstrate a comprehensive understanding of unconditional acceptance, crucial for their professional interactions. Despite the challenges of accepting clients' traumatic realities, their professional experience, knowledge, skills, and mature understanding enable them to manage their emotions effectively (Noraini, 2019; Tan, 2021; Germain-Sehr & Germain-Sehr, 2023). This attitude enhances therapeutic interactions, allowing clients to benefit from counselors' self-care and self-help practices (van der Wath & van Wyk, 2020).

Acknowledging their limitations as ordinary individuals, counselors understand that they cannot control or alter their clients' fates entirely, demonstrating unconditional self-acceptance. This awareness helps them learn from mistakes, regulate emotions, thrive in adversity, and maintain professional boundaries (Dryden, 1994; Gross, 2019; Coleman, 2019; Jackson-Koku & Grime, 2019).

Furthermore, counselors appreciate the role of religion in guiding their self-care experiences. Many view self-care as a religious obligation intertwined with their professional ethical duties. Religion provides direction and guidance, demonstrating significant exposure to religious frameworks (Pargament et al., 2001).

In conclusion, the self-care experiences of crisis counselors involve four phases: exposure to traumatic cases, navigating challenges, self-revitalization, and lessons learned. Religion plays a pivotal role in each phase, offering constructive meaning, emotional release, calmness, and hope. This spiritual foundation equips counselors with internal resources to cope adaptively with the challenges of their work, sustaining their function in personal and professional lives effectively.

5.3.3 Empowerment of Functioning

The third research question highlights how the interplay between religion and self-care practices contributes to counselors' overall functioning. Markham and Aveyard (2003) suggested that human functioning depends on the fulfillment of fundamental human needs and certain essential human capacities to think, reason, and form relationships. It is also posited as human strength that influences human optimal functioning (Lopez et al., 2006). The findings of this study identified the interplay between religion and self-care practices increases counselors' self-capacities and resources to fulfill their functioning. Both shaped the counselors' self-development, making them fit to be competent counselors, perseverant persons, capable providers, and religious devotees.

5.3.3.1 Competent Counselor

Being exposed to professional experiences in crisis work fosters the development of counselors' self-care practices and reliance on religion, shaping their professional identity as competent counselors. These experiences enhance their ability to perform the regular functions of their profession, such as assessing clients' needs, deciding on effective intervention plans, implementing interventions, and evaluating their effectiveness (Stoltenberg & McNeill, 2010; Melnikov et al., 2021). In the current study, the interplay between religion and self-care practices contributes to the counselor's functioning in providing their services to clients and organizations. It enables counselors to exercise creativity in breaking impasses during intervention sessions, be analytical in anticipating clients' priority needs, and be compassionate in supporting clients.

Creative, analytical, and compassionate qualities are crucial in crisis work settings. Counselors often encounter clients with trust issues, resistance, or difficulty disclosing their issues after prolonged emotional suffering. In these situations, counselors in this study demonstrated their ability to use creativity to break impasses. They utilized therapeutic tools such as cards and sand play or simple approaches like walking and coloring to help clients open up.

This implies that the knowledge and skills counselors gain through training, deepening religious comprehension, field experiences, mentoring, supervisory relationships, peer consultation, self-reading, and formal academic education are beneficial for their service and preserving their professional survival and identity. This finding aligns with Rupert and Dorociak (2019), who state that proactive participation in professional self-care, such as staying updated on professional knowledge, connecting with professional organizations, and engaging in professional development, helps counselors maintain constructive relationships with their clients.

Counselors also exhibit significant skills in analytically anticipating clients' priority needs, despite the variety of issues presented to them. They use observation, experience, exploration, information review, and assessment to guide their anticipation, enabling them to evaluate clients' internal and external conditions including spiritual needs more efficiently, meeting the demands of their clients. This skill helps counselors to properly plan effective interventions for clients.

Being analytical in anticipating clients' priority needs is crucial in crisis intervention, where counselors must quickly grasp the presenting issues, identify the main one, and guide clients toward a pre-crisis state (Pau & Aslina, 2020). An example is Zudi's experience, where he recognized prisoners' frustration when their appeals were rejected, prompting early intervention to prevent suicide.

Additionally, being compassionate in supporting clients is another essential function of counselors. The counselors offer psychological support, direction, encouragement, and knowledge to help clients recover from crises, restore their ability to self-help, and prepare for the future. Counselors in this study showed attitudes of genuineness, empathy, and unconditional acceptance, which contribute to the recovery of traumatic clients (Jacobson et al., 2015; Germain-Sehr & Germain-Sehr, 2023). This support helps clients make sense of their experiences and gain the knowledge necessary to engage in self-help behaviors, avoiding similar situations in the future (Jacobson et al., 2015; Thomas & Morris, 2017; van der Wath & van Wyk, 2020). Thus, counselors not only aid clients in recovering from traumatic experiences but also empower them to address their issues.

Furthermore, counselors in this study engaged in spiritual practices to seek guidance from God or a Higher Power. They reported finding solace and peace of mind through these activities, which helped generate better ideas and inspiration to assist clients. These practices, especially prayers and supplication, complete the counselors' endeavors as they believe in a partnership with God in solving problems (Nelson, 2009).

According to Orem's self-care theory and CSDT, counselors must fulfill their self-care needs to serve effectively as dependent care agents for their clients. This prerequisite enables counselors to assist clients in meeting their self-care demands and regulating their functioning after traumatic events (Orem, 1968). As professionals, crisis counselors engage in therapeutic relationships prioritizing rapport-building, acknowledging clients' priority needs, identifying effective interventions, and facilitating clients' growth (Skovholt & Ronesstad, 1992; Stoltenberg & McNeill, 2010). These relationships are critical to the development and restoration of clients' self-capacities and functioning (Pearlman, 1997).

For effective dependent care, counselors must first fulfill their self-care requisites. Orem (1986) identified four universal requirements for achieving balance and maintaining a realistic self-concept: balancing activity and rest, balancing solitude and social interaction, preventing hazards, and developing and maintaining a realistic self-concept. Fulfillment of basic needs and adherence to religion help counselors maintain a sense of connection with their clients and a positive self-concept (Pearlman, 1997; Deiter et al., 2000).

Additionally, engaging in self-care activities during solitary time enhances counselors' ability to provide quality care during therapy sessions (Adreason, 2019). Acquiring knowledge and skills is also essential for counselors to serve effectively as dependent care agents (Orem, 1987c; Poppa, 2018). This notion is supported by Norazura (2019), who emphasizes the importance of counselors upgrading their competencies in crisis intervention. These endeavors also encourage counselors to function as holistic individuals.

5.3.3.2 Perseverant Person

Personal qualities are another crucial contribution of religion and adequate self-care practices. Experiences in navigating past challenges through effective self-care strategies and reliance on religious faith shape counselors' hearts to be stronger. Counselors in this study exhibit the personal qualities of perseverant individuals, resembling the traits of fully functioning persons. A fully functioning person is characterized by autonomy, self-determination, high life satisfaction, positive thoughts and feelings, low negative thoughts and feelings, low anxiety, focus on intrinsic values, openness to experience, living in the present, and profound inner guidance (Corey,

2005; Proctor et al., 2015; Straume & Vittersø, 2017). Based on the analysis, counselors in this study display openness to experience, a positive attitude toward their work, the ability to live in the present moment, and resilience.

The counselors indicate that their professional experience in crisis work provides them with vast knowledge and skills, preparing them to face any challenge in their professional and personal lives bravely. Their openness to experience suggests they have successfully adapted to the nature of crisis work. The integration of knowledge, skills, and faith in God's determination encourages counselors to thrive amid the adversity and uncertainties of their work. Equipped with knowledge and skills, counselors gain confidence in applying these to their clients (Levy & Lemberger-Truelove, 2021). At the same time, religious faith and spiritual practices provide a sense of hope and a peaceful mind to face uncertainties (Dixon, 2020b).

Religion also guides counselors to value their profession from a more positive and transcendental perspective, making their professional journey more meaningful. Counselors in this study view their service in crisis work as an act of worship to collect God's blessings, inspiring them to contribute more. Although some face challenges in meeting the demands of their profession, belief in God's guidance increases their sense of perseverance in their work. This finding is supported by Jinor (2018) and Tan et al. (2020), who posit that faith in religion guides professional helpers to regard their work positively, enabling them to thrive in adversities and sustain their efficacy in service. It also inspires positive self-talk, regulates emotions, provides self-affirmation, and develops a strong positive mindset, which increases counselors' enthusiasm and passion to serve in resource-limited situations (Norazura, 2019).

Additionally, the counselors demonstrate an ability to live in the present moment, allowing an easy transition between their roles as counselors and their personal lives.

They can adapt to the current situation to fulfill their assigned roles. This ability implies a successful setting of professional boundaries among counselors. Andreason (2019) postulates that setting clear boundaries between working life and personal life allows therapists to be fully present during their therapy sessions and family time. Results indicate counselors can give full attention to their work during office hours and focus on their families after work and during weekends. They also reported having no difficulties preparing for emergency crisis work after office hours. Spousal support also helps them play dual roles effectively (Mohd Zaliridzal, 2018; Norazura, 2019; Reddi, 2021).

Moreover, counselors in this study reflect resilience. They have developed various inherent resources through self-care practices and reliance on religion to support themselves during tough times, ensuring their perseverance and efficacy. Self-talk, self-reflection, and spending quality solitary time guided by religious knowledge provide counselors with emotional regulation and self-awareness to improve their service, overcome personal limitations, and deepen their understanding of themselves and others (Rasheed et al., 2018; Norazura, 2019; Dixon, 2020a).

The counselors also reported that religious beliefs and self-care practices equipped them with sufficient internal resources to understand their professional boundaries and human limitations, regulate their emotions, and develop a positive mindset toward their jobs, contributing to their resilience. These findings align with Gross (2015), Coleman (2019), and Jackson-Koku and Grime (2019). Additionally, peers and family support play equally remarkable roles in counselors' resilience. Counselors rely on their peers for emotional support and encouragement, while family support nurtures them with care and understanding. These findings are supported by

Mohd Zaliridzal (2018), Norazura (2019), Lee et al. (2021), Voon et al. (2021), and Siti Balqis et al. (2023).

From the CSDT perspective, practicing religion and self-care increases counselors' self-capacities, helping them maintain a sense of self as competent, compassionate, and positive counselors (Pearlman, 1997). Consequently, they become more confident, well-prepared, and ready to encounter any challenge in their lives. The interplay between religion and self-care practices enhances their ability to regulate themselves to the clients' experiences by attributing a more positive religious meaning to the experience, guiding counselors toward a positive attitude, being in the present, and resilience (Deiter et al., 2000; Saakvitne et al., 1998). Additionally, counselors are empowered to be capable providers for their families and community.

5.3.3.3 Capable Provider

The interplay between religion and self-care practices also contributes to the effectiveness of counselors as capable providers. Beyond their professional roles, counselors in this study are actively involved in their personal lives. This includes managing household responsibilities and engaging in functional parenting and community activities.

The counselors effectively manage work-life demands by setting professional boundaries, which allows them to carry out household responsibilities efficiently. Female counselors often engage in tasks such as cleaning, meal preparation, laundry, and getting their children ready for school before and after working hours. Male counselors, on the other hand, typically share childcare responsibilities with their spouses, although they do not always specify their involvement in housework. This

aligns with Arsenault's (2018) finding that modern marital couples often adopt a more egalitarian approach to household duties. The sharing of childcare responsibilities significantly impacts overall house management, especially in dual-income households.

Counselors also actively participate in their children's activities to foster bonding. They draw upon their crisis work experience and counseling knowledge to guide and nurture their children, using advice, reinforcement, diplomatic justification, religious guidance, and moral examples. Their experience in crisis work heightens their awareness of their children's psychological development, safety, peer influence, and character growth. This approach aligns with Lang's (2020) notion of parental roles, which include ensuring safety, providing socio-emotional support, offering stimulation and instruction, supervising, and facilitating socialization.

Furthermore, the counselors contribute to community activities, serving as members or committee members in local and workplace societies. They use their psychology and counseling knowledge to educate their communities and are involved in religious communities and charitable work. This engagement brings counselors satisfaction as they share their expertise in crime prevention and psychoeducation, helping those in need. Appau and Churchill (2019) suggest that volunteering and charity work positively impact life satisfaction and well-being, supporting these findings.

The results indicate that counselors, in addition to their role as care providers for clients, also serve as dependent care agents for their families (Cavanagh, 1991). Their involvement in social roles beyond their professional responsibilities reflects balanced social functioning, fostering a sense of belonging and meaningful interaction. This balance is crucial in strengthening their self-capacities (McCann & Pearlman, 1990; Edmond, 2019; Chen & Zhang, 2022).

Counselors' work experience equips them with skills and knowledge that enhance their performance in familial and community roles. This supports Younas's (2017) argument that acquiring skills and knowledge facilitates self-care practice, which in turn helps individuals meet their own needs as well as those of their family and society within their cultural context. Thus, counselors effectively fulfill their roles in their families and communities, just as they do in their professional capacities.

5.3.3.4 Religious Devotee

Religion and self-care practices play a significant role in shaping counselors as enlightened individuals with a moderate understanding of their faith. Counselors in this study exhibit a balanced integration of intrapersonal, interpersonal, and transcendent connectedness (Orozco, 2003). The modest grasp of religious teachings and consistency in self-care practices guide counselors in this study to develop a sense of spiritual mindfulness and a sense of purpose.

The findings suggest that crisis counselors' reliance on religion and their experiences with self-care help activate their self-capacities and resources. This activation enables them to develop spiritual mindfulness and engage in introspective contemplation of their past, present, and future actions. Witnessing the suffering of others prompts counselors to reflect on themselves, establishing intrapersonal connectedness and cultivating spiritual awareness. Although they may not be directly inspired by their clients' resilience, counselors learn to perceive growth and goodness within challenging situations, which leads to meaningful insights and personal improvement.

Counselors' own life challenges and their ability to navigate adversity guide them toward spiritual mindfulness. This aligns with Khursheed and Shahnawaz (2020) and Trimulyaningsih, et al. (2024), who argue that successful coping with difficulties fosters an increase in spiritual awareness or mindfulness. This sense of mindfulness reflects maturity and an individual's capacity to view life experiences as opportunities for growth and learning (Anwar et al., 2020). It also helps counselors find meaning and purpose in their lives.

Adherence to religious and self-care practices helps counselors realize their life's purpose. Many counselors in this study view religion as a guiding force that directs them toward goodness and inspires resilience in difficult times. Meaning and purpose are fundamental aspects of optimal human functioning (Crea & Francis, 2022) and serve as key motivators for self-care and the prevention of self-harm during challenging periods (Wang et al., 2007; Keyes, 2011; Dyarman, 2019). The counselors indicate that religion and self-care practices nurture their sense of purpose, inspiring positive self-talk and inner guidance, leading them to live fully and face challenges with resolve.

In summary, exposure to traumatic materials and narratives does not necessarily harm counselors. Instead, these challenges contribute to the development of spiritual mindfulness by pushing individuals out of their comfort zones and prompting cognitive appraisal and self-reflection on existential questions. These experiences encourage counselors to deepen their religious understanding and reframe their perspectives from different religious viewpoints (Leo et al., 2022; Trimulyaningsih et al., 2024). Ultimately, this process provides direction and purpose in life, viewing crises as manifestations of divine love, opportunities for spiritual growth, and lessons within a benevolent divine plan (Pargament, 2005).

5.4 Proposed Model of Self-care Experience in Crisis Work

The findings of this study precede the development of a model of self-care experience in crisis work. This model specifies the role of religion in guiding the experiences of self-care experience in four phases of development and the contribution of religion and self-care interplay to counselors' overall functioning. This model represents the stages of experience that every counselor undergoes before emerging as a thriving counselor who is unbreakable in any challenging circumstances to stand as a provider for their clients. There are four stages of experience, commencing with exposure to traumatic cases and meaning-making experience, followed by adapting or coping experience, ethical and moral reflection, and empowerment of functioning.

In the initial stage, exposure to traumatic cases of their client triggers counselors to encounter meaning-making experiences, preceding the occurrence of cognitive appraisal, self-talk, and social support attempts to comprehend the client's condition, priority needs, and expectations and to assess their internal and external resources and capacities to assist the client. The counselors' interpretation of these conditions determines the possibility of the experience being assimilated into their belief system especially their religious belief or whether counselors require accommodation of their belief system to fit the experience. Accommodation of schemas or belief systems is commonly avoided because it causes psychological disruption, thereby increasing the possibility of countertransference and adoption of clients' traumatic belief systems (McCann & Pearlman, 1990b; Ng & Wan Marzuki, 2017; Wei et al., 2022).

On the other hand, counselors can develop a secure base by reframing their thoughts by seeking religious elaboration related to the experience. They also can deepen their comprehension of religious perspective, leading to the reconstruction of meaning in a positive, more satisfactory, and less disruptive way (Robson et al., 2014;

Leo et al., 2021). These processes influence the extent to which counselors will be affected. The ability to find positive meaning leads to positive adaptation and coping, while negative meaning can trap counselors in negativity and prevent positive coping. Support from individuals in social circles is found to have a significant impact in developing positive meaning-making, stimulating counselors to reframe their perspectives in wider views.

In the second phase, counselors engage in self-care practices to adapt or cope with the challenges they encounter. Their religious comprehension, personal and professional experience, knowledge, and skills guide them to exercise other forms of self-care such as seeking spiritual and social support, engaging in physical care and self-revitalization activities, and performing spiritual practices. Such activities promote inner wellness and peace, foster a sense of connection and belongingness, maintain a healthy body, affirm a positive self-image, balance external and internal demands, and reduce negativity (Gaston, 2018; Butler et al., 2019). Although these activities are not directly guided by religion, the inspiration and motivation to perform them stem from the positive meanings the counselors have constructed through their religious beliefs, thereby fostering positive emotions and encouraging self-care practices. These activities can further reinforce the positive meaning that the counselors had previously established. By engaging in reflection, spiritual introspection, and discussion with people in their social circle, they can deepen their understanding, gain concrete positive insights, and alleviate negative and maladaptive meanings.

In the third phase, counselors evaluate their experience in self-care practice in terms of effectiveness, the assimilation and accommodation of new practices, thoughtful lessons, and religious evaluation related to the practice. This stage bears resemblance to the final step in Orem's (1987c) self-care process. It entails assessing

the effectiveness of one's self-care practices, determining their adequacy, and contemplating whether they should be maintained or modified for further enhancement. It also encourages counselors to seek opportunities to impart new important knowledge and skills through formal and informal training.

Counselors at this phase refer to their professional ethical codes as well as religious guidelines to determine the appropriateness of their self-care strategies. Counselors take the time to reflect on the valuable lessons they have gained from their experiences. This reflective process serves to enhance their crisis and multicultural communication skills, decision-making abilities, mental fitness, and emotional regulation. Furthermore, it serves as a clear guide for the counseling process, as evidenced by studies conducted by Chin (2013), Norazani et al., (2015) and Norazura (2019). This contributes to their overall functioning in personal, professional, and social lives.

The overall functioning of counselors encompasses the proficiency to emerge as competent counselors, perseverant persons, capable providers, and religious devotees. It reflects the effective function of counselors across multiple aspects of roles including professional, personal, social, and spiritual. In the International Classification of Functioning (ICF), these functions are seen as psychological rather than physiological functioning (Cieza et al., 2014). They are manifested through personal and social participation in learning, communication, mobility, self-care, and interpersonal interaction (WHO, 2002). Orem (1996) regards these as psychic functioning to distinguish them from physical functioning. The detailed explanation pertaining to these functions as presented in the discussion section portrays similarities to the ideas of psychological functioning proposed by Lopez et al., (2020) and Martela and Ryan (2023). They propose personal growth, purpose in life, autonomy, competence, and

relatedness to reflect functioning. All these are the key qualities to generate counselors' functioning in these four aspects of roles.

In addition, the counselors' functioning evolves throughout their experiences. Each crisis intervention exposes them to a wide range of experiences, with their responses varying daily as they develop psychologically, thus enhancing their functioning. This model is also applicable to understanding psychological growth in individuals encountering traumatic experiences. Counselors can use it to promote self-care and positive meaning-making in clients, helping them regain pre-crisis functioning. Figure 5.1 represents the proposed model.

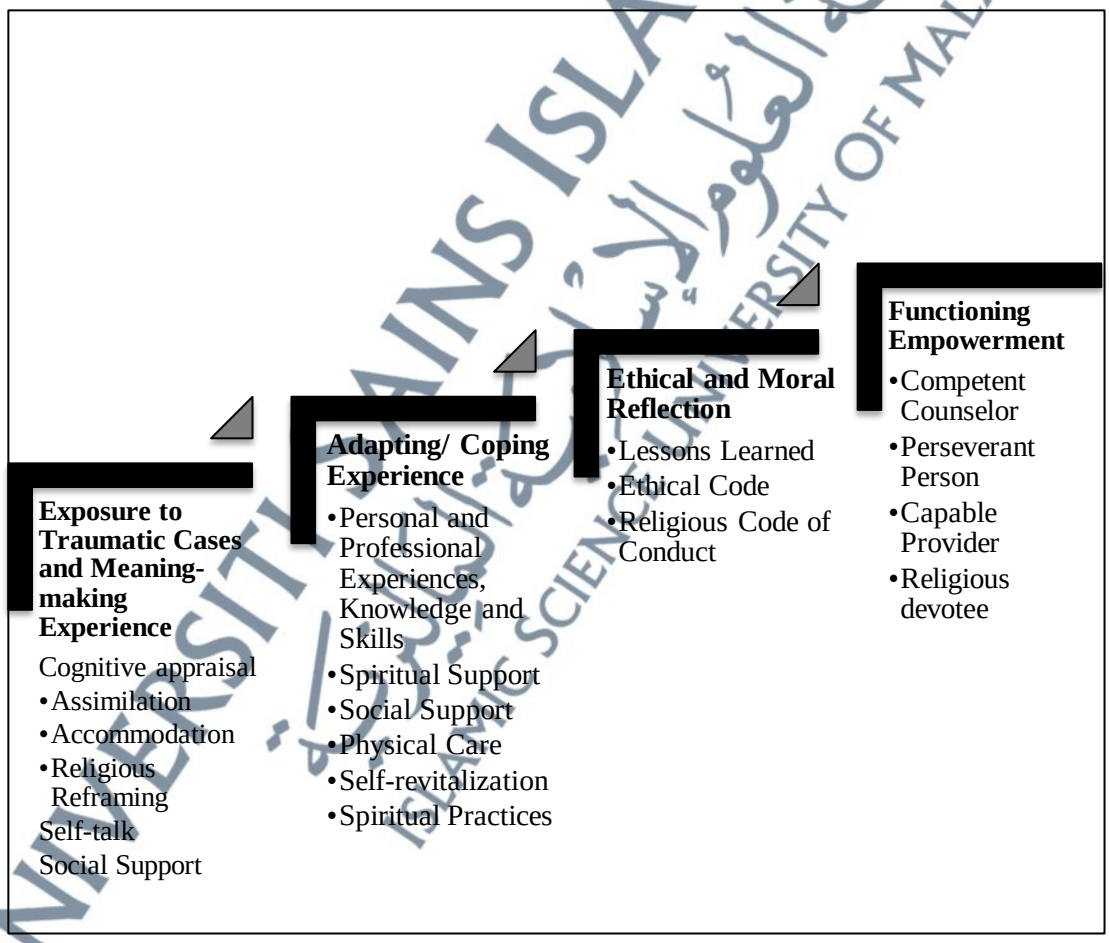

Figure 5.1: Proposed Model of Self-Care Experience in Crisis Work

This proposed model of self-care experience in crisis work details the cognitive processes that occur when counselors are exposed to traumatic narratives, as presented in the research framework of this study. Exposure to traumatic narratives initiates the process of defining the crisis event, understanding the essential needs of the client, and determining the role of the counselor at that particular time based on cognitive religious schemas. Assimilating positive meanings with pre-existing religious schemas strengthens the counselors' positive perception of their self-capacities, ego resources, and psychological needs to help clients.

The process of constructing meaning continues when counselors are unable to assimilate the traumatic incident with their religious schemas and develop constructive meaning, leading to a state of self-care deficit. This deficit requires them to accommodate or reframe their belief system by deepening their understanding of their religious comprehension. Therefore, in the further quest for positive meaning, counselors depend on their social relationships to help them accommodate their belief system less destructively or reframe their thoughts by adopting different dimensions of religious perspectives. Social relationships also affirm the constructive meaning and purposes they have developed.

Additionally, they engage with God or a Higher Power they believe in through religious and spiritual practices such as prayer, chanting, supplication, and reflection on holy texts. These processes help them navigate challenges and cope with the aversive situation, fostering new positive meanings and perceptions that regain their ability to self-care through self-revitalization activities, avoidance of maladaptive behaviors in religion, and moral reflection on the lessons learned from the experience. Consequently, they will be able to serve their personal and professional functions again with additional strength and new vision. The following Figure 5.2 recaps the process of self-care

experience from the previous research framework, detailing the roles of religion that emerged from the findings.

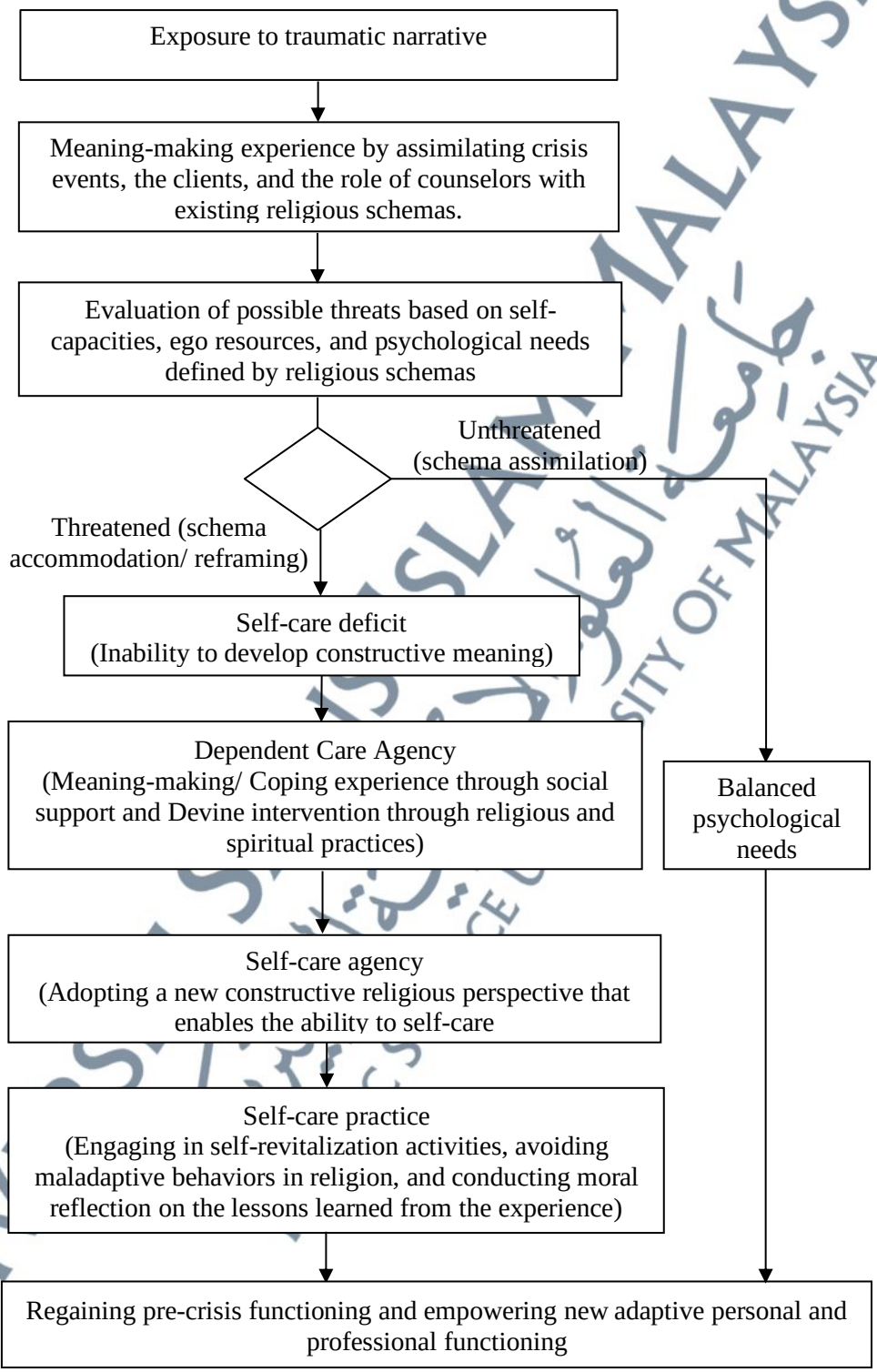

Figure 5.2: Roles of Religion in the Self-Care Experience

5.5 Summary

This study aimed to describe the lived experiences of self-care practices among crisis counselors, focusing on the roles of religion in guiding their self-care and its impact on their functioning. Using a descriptive phenomenological approach, I ensured adherence to the bracketing rule to avoid biases, setting aside my professional experience, knowledge, and personal assumptions.

As the primary instrument in data collection, I engaged closely with participants through interviews, which were recorded, transcribed, and analyzed thematically using ATLAS.ti software. The research ensured rigor and trustworthiness through data triangulation, theoretical triangulation, member checking, interrater evaluation, and audit trails.

For the first research question, counselors described how religion guides their self-care experiences. Despite not all identifying as religious, they demonstrated a deep understanding of their faith, using positive self-talk and religious explanations for self-reflection to cope with challenges. Religion provided a framework for constructive positive meanings, adaptive thoughts and behaviors, and moral judgment.

The second research question revealed the comprehensive self-care practices counselors implement, including physical, professional, psychological, social, and spiritual self-care. Their experiences were categorized into four phases: exposure to traumatic cases, navigating challenges, self-revitalization, and lessons learned. Counselors detailed their emotional responses, spiritual and social support, routine self-care practices, and the lessons that improved their self-care strategies. Roles of religion are found to be incorporated into each of these experiences.

For the third research question, the interplay between religion and self-care benefited counselors' personal and professional functioning. They demonstrated

outstanding performance in their roles, creative problem-solving, resilience, effective household management, and community contribution. Spiritually, they achieved mindfulness and had clear life purposes.

The findings align with the underpinning theories of the study, reflecting the complex cognitive processes involved in self-care and validating concepts from CSDT and Orem's self-care theory. The study concludes with detailed insights based on the research questions. The subsequent section presents the overall conclusion of this study. The details of the conclusion points were elaborated in different sub-sections based on the research questions.

5.5.1 Conclusion of Findings from Research Question 1

The first research question seeks an in-depth description of the roles of religion in guiding crisis counselors' self-care experiences. The thematic analysis indicated three roles that signify the importance of religion in guiding self-care experiences. First, religion offers a guide in the meaning-making experience by providing religious schemas as the frame of reference. Second, religion provides a guide in the adaptive coping experience, prompting an adaptive way to navigate the challenges. Third, religion guides counselors in making moral reflections to determine appropriate thoughts and behaviors that can safeguard them from harm and being maladaptive.

Firstly, religion provides a framework for meaning-making. When counselors encounter conflicts between their clients' experiences or personal values and their own beliefs, they turn to religious schemas for guidance. This process helps them frame their self-talk positively, allowing them to better manage and cope with challenging situations. By incorporating religious explanations and justifications, counselors find

transcendent meaning in their experiences and mitigate stressful thoughts. This religiously informed self-talk not only alleviates their insecurities about clients' futures but also enhances their sense of purpose and significance in their roles, thus supporting their function as effective dependent care agents (Pargament et al., 2001; Keyes, 2011; Spangler, 2021).

Secondly, the tendency to rely on religious schemas is influenced by an individual's interest and understanding of religious matters. Counselors who exhibit a strong interest in and comprehension of their religion are more likely to use it as a guiding framework for interpreting their experiences, developing coping strategies, and determining appropriate actions. In contrast, those with less religious knowledge may struggle to integrate religious perspectives into their self-care practices. A profound understanding of religious concepts allows counselors to develop meaningful and adaptive interpretations that facilitate effective coping and self-care, compared to those with a less sophisticated grasp of religious teachings (Pargament et al., 2001; Holt, 2019; Dyarman, 2019).

Lastly, the role of religion in guiding self-care is most effective when there is a genuine integration of belief and practice. Counselors who view religion as an integral part of their worldview and consistently engage in religious practices, shaped by their socialization, benefit more from religious guidance. However, when religious schemas are challenged by intense traumatic experiences and are not adequately integrated, individuals may experience a loss of faith or purpose. This can lead to a decreased reliance on religious frameworks and a search for alternative resources. Effective integration of religious beliefs and practices is crucial for maintaining religious support in self-care and coping strategies (Hunsberger, 2005; Ryan & Deci, 2017; Deci & Ryan, 2017).

In conclusion, the study highlights that religion plays a significant role in guiding counselors' self-care practices by fostering positive self-talk depending on the individual's level of religious interest and understanding, and requiring a strong integration of belief and practice. These insights underscore the importance of a well-integrated religious perspective for effective self-care and coping in crisis counseling (Pargament et al., 2001; Holt, 2019; Keyes, 2011).

5.5.2 Conclusion of Findings from Research Question 2

The second research question delves into the meaningful experiences of self-care practices among Malaysian crisis counselors. The analysis identified four distinct stages in their self-care experiences: exposure to traumatic cases, navigating the challenge, self-revitalization, and lessons learned. These stages reflect a multidimensional approach to self-care, incorporating professional, psychological, social, and spiritual dimensions. From these findings, three key insights emerge: 1) the study reflects a comprehensive view of self-care practices, 2) positive self-talk is the most prevalent self-care strategy among crisis counselors, and 3) spiritual support from a Higher Power is considered the ultimate support when other types are unavailable.

The first significant finding of this study highlights the holistic nature of self-care among Malaysian crisis counselors. Contrary to previous research that emphasized spiritual development as the primary self-care approach (Haslee Sharil et al., 2012), counselors in this study employed a balanced and dynamic range of self-care practices. They engaged in various forms of self-care depending on time, space, and personal preferences. Positive self-talk emerged as a prominent practice due to its accessibility and versatility, not requiring a specific setting. This form of psychological self-care

helps counselors process and manage the psychological impact of working with traumatic cases by providing a medium for cognitive appraisal (Crea & Francis, 2022). Religious knowledge and beliefs further guided their self-talk and decision-making, integrating experiences into their belief systems in a less disruptive manner (Leo et al., 2021).

At times, self-talk occurred alongside inner prayer, indicating an integration of spiritual practices. However, counselors prioritized self-talk for cognitive appraisal before engaging in supplication. This suggests that self-talk and inner prayer often happened concurrently, with self-talk serving as an initial step. Counselors also engaged in various self-care activities, such as taking breaks, performing prayer, seeking information, consulting peers, and participating in physical activities, based on their circumstances. This approach aligns with Orem's (1987) conceptualization of self-care as encompassing a range of actions aimed at maintaining well-being. The study observed that these self-care practices often occurred simultaneously during intervention sessions, highlighting the complexity and multidimensionality of self-care among crisis counselors.

The second key finding is the prominent use of positive self-talk among crisis counselors. Positive self-talk is particularly valued because it is not confined to specific physical settings and relies on internal resources. This practice becomes evident when counselors face inner conflicts related to their clients' traumatic experiences and the impact on their own belief systems (McCann & Pearlman, 1990; Saakvitne et al., 1998). Positive self-talk helps counselors resolve conflicts through cognitive processes such as thinking, planning, and reflecting, which fosters calmness, affirmation, and motivation (Shedletsky, 2017; Geurts, 2018; Marshak et al., 2022). It supports counselors in

making sense of their interactions, validating their experiences, and planning further self-care practices.

The third key finding emphasizes that spiritual support from a Higher Power is the ultimate form of support when other types are unavailable. Inner prayer or supplication, like positive self-talk, is easily accessible and does not require specific rituals or practices. Counselors often turn to spiritual support when faced with challenges that test their personal, professional, and cognitive resources. This reliance on a Higher Power reaffirms their sense of purpose, provides hope, and alleviates insecurities, enabling them to cope with distressing situations (Suryani, 2015; Syed Mohamad Hilmi et al., 2023; Pargament, 1997; Salgado, 2014). Spiritual support serves as a final therapeutic recourse, offering meaning, improving self-control, and enhancing self-esteem (McCann & Pearlman, 1990; Iglesias, 2010).

In summary, the study reveals three critical insights into self-care practices among crisis counselors: the comprehensive nature of their self-care, the prevalence of positive self-talk, and the vital role of spiritual support. These findings underscore the multidimensional approach to self-care, the importance of positive self-talk, and the profound impact of spiritual support in both their professional and personal lives.

5.5.3 Conclusion of Findings from Research Question 3

Research question 3 explores how adherence to religion and self-care practices drive different aspects of functioning among crisis counselors. The analysis identified four distinct dimensions of functioning enhanced by these practices: professional, psychological, social, and spiritual. These dimensions reflect both the personal and

professional aspects of counselors' lives, encompassing their roles as counselors, individuals, providers, and believers.

The analysis reveals three significant findings about the nature of counselors' functioning. First, counselors demonstrate effective functioning when they perceive current challenges as compatible with their belief systems. Second, counselors utilize a range of internal and external resources derived from self-care and religious commitment to support their functioning. Third, self-care practices themselves are a manifestation of counselors' functioning.

The first key finding is that counselors function effectively when they view current challenges as compatible with their belief systems. Counselors, like others, interpret life experiences and challenges through pre-existing cognitive schemas, which help them attribute meaning to themselves, others, and the world (Saakvitne et al., 1998). These schemas are used to assess experiences and challenges based on their potential threat to self-capacities and psychological needs, such as safety, trust, power, esteem, and intimacy. When counselors perceive challenges as aligning with their belief systems, they are less likely to experience adverse effects. This compatibility allows them to use their capacities to maintain positive connections with themselves and their clients, thereby demonstrating optimal functioning both personally and professionally. Conversely, when challenges are perceived as incompatible with their beliefs, counselors may experience diminished self-esteem, doubt their skills, and lose ethical judgment (Jett, 2015). Engaging in self-care practices and seeking religious justification helps counselors reassess and accommodate their experiences, restoring their self-capacities and enhancing their functioning (Le, 2008).

The second key finding is that counselors draw on various internal and external resources obtained through self-care and religious commitment to support their

functioning. Self-care practices and religious adherence help counselors preserve a sense of competence, compassion, and positivity (Pearlman, 1997). They also foster a sense of healthiness, belonging, and inner peace (Gaston, 2018; Butler et al., 2019). These internal resources are essential for supporting counselors' functioning and enabling them to meet personal and professional demands. Additionally, counselors use self-care practices and religious commitment to acquire external resources such as new knowledge, advanced information, and relevant skills, which enhance their functional competencies. Notably, the knowledge and skills gained also contribute to improved self-care practices (Cavanagh, 1991). This underscores how self-care and religious commitment provide valuable resources for counselors' functioning.

The third key finding is that self-care practices themselves are a manifestation of counselors' functioning. Humans learn from their environment by constructing meaning from their experiences, which guides their responses for personal benefit (Younas, 2017). Acquiring skills and knowledge is a necessary component of self-care, illustrating how self-care practices result from previous self-care behaviors, including learning from various sources such as religion. This indicates that self-care practices are integral to human functioning as outlined in the International Classification of Functioning, Disability, and Health (ICF) framework (WHO, 2001). In the context of crisis work, this finding highlights that crisis counselors actively seek new knowledge, information, and skills through professional training, religious community engagement, and peer consultation to enhance their competencies. These practices not only support their personal and professional functioning but also protect them from the psychological impact of their work. Thus, self-care practices are a direct reflection of counselors' functioning.

In summary, the study reveals three critical insights into counselors' functioning: 1) Counselors demonstrate effective functioning when challenges align with their belief systems, 2) They use various internal and external resources from self-care and religious commitment to support their functioning, and 3) Self-care practices are a manifestation of counselors' functioning. These findings underscore the integral role of self-care and religious adherence in shaping the functioning of crisis counselors.

5.6 Theoretical Implication of the Study

This study provides a fresh theoretical perspective by integrating Orem's self-care theory with constructivist self-development theory (CSDT), significantly advancing our understanding of self-care practices among crisis counselors. The findings validate CSDT's assumptions regarding the psychological impact of exposure to traumatic cases, underscoring the necessity of self-care to mitigate these effects. Crucially, the study highlights the pivotal role of religious schemas in guiding counselors' self-care practices, demonstrating that religious knowledge is instrumental in shaping their strategies for managing trauma and stress.

The research further elucidates the cognitive processes involved in self-care, including schema assimilation, schema accommodation, and cognitive reframing. It reveals that counselors often use religious frameworks for cognitive reframing, which plays a vital role in their self-care process. This underscores the importance of incorporating religious considerations into self-care theories.

Overall, the study enriches theoretical models of self-care by emphasizing the influence of religion and cognitive processes, offering valuable insights for future theoretical development and practical application in crisis counseling. By highlighting

the role of religious schemas in shaping self-care strategies, the research opens new avenues for integrating spiritual dimensions into self-care practices. This integration can enhance the effectiveness of interventions and training programs, making them more comprehensive and culturally sensitive.

5.7 Methodological Implication of the Study

This study also brings significant and notable implications on the methodological part. This study employed a qualitative descriptive phenomenological approach to explore the experience of self-care practices among Malaysian crisis counselors who provide crisis intervention. Thirteen participants were recruited to participate in this study. An in-depth interview was utilized as an approach to data collection. To ensure the purity of the data, the researchers adopted a bracketing attitude, a key aspect of descriptive phenomenological research during data collection. Apart from the interview transcript, the reflective form of every participant was also utilized to gather data. Thematic analysis, with the bracketing attitude maintained, was employed to analyze the collected data.

The employment of a bracketing attitude was of top concern in conducting this study. In exercising bracketing, researchers are required to set aside their experience, knowledge, assumptions, belief, expectation, and values as much as possible to attain a genuine essence of the experience (Lopez & Willis, 2004; Caple, 2018). Although this study focuses on religion as one of the cultural elements in the experience, imposing a bracketing attitude allowed the participants to freely share their experiences without feeling constrained to relate them solely to their religious beliefs. This also helps them to go natural when they share their experience in a religious context. Consequently, this

approach facilitated a more natural and comprehensive exploration of the phenomenon under investigation.

Furthermore, the attitude of bracketing can be applied in other qualitative research endeavors that seek to explore real-life experiences to preserve the purity of those experiences. While the complete elimination of biases is impossible due to the inherent subjectivity of human researchers, the adoption of a bracketing attitude helps to minimize such biases as much as possible. The application of descriptive phenomenology and its bracketing rules in this study paves the way for future advancement in exploring the uniqueness of lived experiences.

5.8 Practical Implication of the Study

The findings of this study provide valuable insights into the significant role of religion in the self-care practices of Malaysian crisis counselors. Understanding these practical implications is essential for enhancing the well-being and professional effectiveness of crisis counselors. This section outlines the practical implications derived from the study, offering actionable recommendations for various aspects of crisis counseling practice and policy.

Firstly, the study suggests that crisis counselors need to address the psychological effects of crisis work and the necessity of self-care. Traditional expectations for counselors to remain emotionally stoic may prevent them from acknowledging their own needs, highlighting the need for a paradigm shift that recognizes counselors as deserving of support and self-care (Coleman et al., 2016). By acknowledging the necessity of self-care and providing tools to integrate religious practices, counselors can

construct positive meanings, adopt adaptive coping mechanisms, and shield themselves from maladaptive thoughts and behaviors.

Secondly, the study highlights the importance of understanding the role of religion in guiding psychological growth after a crisis. Counselors who are spiritually grounded may be better equipped to handle the emotional and psychological demands of their work, leading to more effective and empathetic client interactions. By integrating religious practices into their self-care routines, counselors can enhance their resilience and improve the dynamics between themselves and their clients.

Furthermore, the study offers valuable guidance for policymakers in public service sectors, including healthcare, police, welfare, and prison departments, to develop policies that support the inclusion of spiritual care resources. This can ensure that crisis counselors have access to the necessary tools and support systems that acknowledge their religious and spiritual needs. By recognizing the importance of these needs, policymakers can help create a more supportive environment for crisis counselors.

Lastly, the study's findings have implications for the education field by underscoring the need for incorporating self-care training into counselor education programs. Educators should integrate self-care practices and the role of cultural factors, such as religion, into the curriculum to better prepare future counselors for the demands of crisis work. This inclusion will ensure that emerging professionals are equipped with the knowledge and skills to maintain their well-being and effectiveness in their roles.

5.9 Research Limitation

This section outlines the limitations of the research, which may impact its outcomes. Despite meticulous efforts to conduct the study, several uncontrollable factors constrained its scope. The limitations are primarily associated with participant selection and data interpretation.

The first limitation pertains to the selection of research participants. This study involved counselors from public health care settings, enforcement bodies, and social welfare agencies. Although the researcher ensured an equal number of participants across different religions, the distribution of participants among various work settings was not uniform. This imbalance affects the generalizability of the findings to the broader population of counselors. Additionally, the use of purposive sampling introduced potential bias. The exclusive focus on experienced crisis counselors may have resulted in certain experiences being overrepresented or underrepresented, thereby limiting the broader applicability of the findings.

The second limitation involves the interpretation of the data. Qualitative research inherently involves subjective interpretation, which can be influenced by the researcher’s perspectives and understanding of the participants' experiences. This subjectivity may introduce potential biases into the findings. To mitigate this, I employed a bracketing attitude during data analysis, striving to set aside my own knowledge, professional experience, expectations, and perceptions to provide an accurate description of the participants' experiences. Despite these efforts, some biases may still be present and extend beyond my control.

Overall, these limitations highlight the constraints on the study's generalizability and the potential for interpretative bias, suggesting areas for improvement in future research. Addressing the imbalance in participant selection and refining data

interpretation strategies will enhance the robustness of future studies. These steps are essential for developing a more comprehensive understanding and ensuring the reliability of findings in similar research contexts.

5.10 Future Direction

Using a descriptive phenomenological approach, this study aimed to gain a thorough understanding of self-care practices among Malaysian counselors engaged in crisis work. It is important to recognize, however, that the study's focus on a selective group of participants may introduce biases, potentially leading to an overrepresentation or underrepresentation of certain experiences. As a result, the applicability of these findings to the broader population of Malaysian counselors is limited.

To address these limitations, it is recommended that future research replicate or extend this study across more diverse groups of counselors, taking into account variations in demographic backgrounds, work settings, and professional experiences. Such efforts would provide a more comprehensive and varied understanding of self-care practices among counselors. Additionally, the study highlights several gaps that could be explored in future research.

Firstly, the study found that counselors frequently engage in self-talk during crisis interventions to make sense of their clients' experiences. This practice of self-talk appears to facilitate a deeper understanding of both the client's situation and the counselor's own internal processes, aiding in self-regulation within the crisis context. To build on these findings, future empirical research should investigate the role of self-talk in the meaning-making process and its potential to mitigate the negative

psychological impacts of clients' traumatic experiences. Such research would offer valuable insights into self-care practices and intervention strategies in crisis settings.

Furthermore, the study focused primarily on the role of religion in self-care, overlooking other influential factors such as knowledge, personal history, organizational culture, and professional experience. Future research should expand on these elements to provide a more comprehensive understanding of the various determinants influencing self-care practices among counselors. Investigating these additional factors would contribute to a richer understanding of the underlying determinants of self-care.

Lastly, further research is needed to explore the broader aspects of counselors' functioning. While existing studies predominantly emphasize professional competencies, the current study reveals that functioning encompasses more than just professional skills. It includes inner qualities developed through extensive professional and personal experiences. Exploring this broader aspect of functioning could lead to the development of targeted training programs designed to enhance counselors' inherent qualities.

In summary, future research should aim to replicate and extend the current study across diverse counselor groups, investigate the role of self-talk in self-care, explore additional factors influencing self-care practices, and examine the broader dimensions of counselors' functioning. Addressing these areas will deepen our understanding and improve the effectiveness of self-care and training strategies in crisis counseling.

5.11 Conclusion

This study identifies the pivotal roles of religion in guiding the self-care experiences of Malaysian crisis counselors. In facing clients' traumatic experiences, religion provides valuable resources for positive meaning-making, adaptive coping, and ethical reflection. These roles are integrated into counselors' self-care practices, starting from traumatic narrative exposure, through coping and self-revitalization, to learning lessons. While not all self-care practices are directly influenced by religion, the ability and motivation to engage in such activities are often guided by religious schemas. This gives crisis counselors a clear sense of purpose, inspiring self-protection and self-compassion, and enabling effective functioning in both personal and professional lives. Ultimately, this study highlights the significant contribution of religion in shaping the self-care practices of crisis counselors, emphasizing its importance for their well-being and professional effectiveness.