

DEVELOPING ISLAMIC PSYCHOSPIRITUAL GUIDELINES FOR COVID-19 TASK COUNSELLORS

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Abstract

The Covid-19 pandemic has left significant implications on the emotional and psychological health as well as their personal well-being. As an effort in managing the problem, many individuals undergo counselling sessions with counsellors in the hope of gaining emotional and psychological support. However, the continuous dumping of client narratives during the Covid-19 pandemic has led to repercussions on emotional stress such as Secondary Traumatic Stress (STS) problems for these counsellors. By considering the solution to this problem from the Islamic perspective that states that human beings are also made up of the spiritual aspect, this study is aimed at developing an Islamic psychospiritual guideline for counsellors on duty during the Covid-19 pandemic. The study is conducted in three phases; the Needs Analysis Phase,

Guideline Development Phase and Evaluation Phase. In the Needs Analysis Phase, literature review and interviews are employed to identify the items needed in the development of the guidelines. The guideline development phase is the process of completing the draft guidelines using the psychospiritual counselling theory as the foundation. This theory is an approach that combines the spiritual and religious aspects derived from the Qur'an and Hadith. Next is the evaluation phase where the guidelines developed are evaluated and validated by experts in the field of Islamic counselling, psychology and psychospiritual. This study presents the Islamic psychospiritual guidelines as preparation for counsellors in facing clients in an effort to avoid psychological disorders. The guidelines consist of two classifications namely; 1) mental and emotional preparation as a daily practice, before, during and after a session; and 2) spiritual preparation as a daily practice, before, during and after a session. It is hoped that these guidelines can be applied in the practice among Muslim counsellors as a holistic preparation that embraces the psychological and spiritual balance based on Islamic teachings.

Keywords: Islamic Psychospiritual; Islamic counselling; Muslim counsellors; Covid-19.

Khulasah

Pandemik Covid-19 telah memberi implikasi kepada kesihatan emosi dan psikologi serta kesejahteraan sendiri. Sebagai satu usaha menguruskan masalah tersebut, ramai individu menjalani sesi bersama kaunselor bertujuan mendapatkan sokongan emosi dan psikologi. Namun lambakan naratif klien yang bertambah sepanjang pandemik Covid-19 sedikit sebanyak memberi implikasi kepada tekanan emosi kaunselor seperti masalah Secondary Traumatic Stress (STS). Dengan melihat kepada pertimbangan solusi masalah ini melalui perspektif Islam yang melihat manusia yang turut terdiri dari aspek rohani

iaitu spiritual, kajian ini bertujuan membangunkan satu garis panduan psikospiritual Islam bagi kaunselor yang bertugas semasa pandemik Covid-19. Kajian ini melalui tiga fasa; Fasa Analisis Keperluan, Fasa Pembangunan Garis Panduan dan Fasa Penilaian. Dalam fasa analisis keperluan, kajian literatur dan temu bual digunakan bagi mengenal pasti perkara-perkara yang diperlukan dalam pembangunan garis panduan. Fasa pembangunan garis panduan pula merupakan proses melengkapkan draf garis panduan berdasarkan teori kaunseling psikospiritual sebagai asasnya. Teori ini merupakan suatu pendekatan yang menggabungkan aspek kerohanian dan keagamaan yang bersumberkan al-Quran dan Hadis. Seterusnya fasa penilaian, garis panduan yang dibina akan dinilai dan disahkan oleh pakar dalam bidang kaunseling, psikologi dan psikospiritual Islam. Kajian ini mengemukakan garis panduan psikospiritual Islam bagi persediaan kaunselor mendepani klien dalam usaha mengelak gangguan psikologi. Garis panduan tersebut dapat dilihat melalui dua klasifikasi iaitu; 1) persediaan mental dan emosi berbentuk amalan harian, sebelum sesi, semasa sesi dan selepas sesi; dan 2) persediaan spiritual berbentuk amalan harian, sebelum sesi, semasa sesi dan selepas sesi. Garis panduan ini diharap dapat diaplikasikan dalam amalan para kaunselor Muslim sebagai persediaan holistik yang meraikan keseimbangan psikologi dan spiritual berbasiskan ajaran Islam.

Kata kunci: Psikospiritual Islam; kaunseling Islam; kaunselor Muslim; Covid-19.

Introduction

The Covid-19 pandemic has significantly affected the physical health of patients and left a negative impact on the mental and psychological aspects, too. In order to reduce the pressure on the community, the government and some NGOs took responsibility for providing

counselling services as a form of psychological support. Even though they did not experience it directly, counsellors were exposed to ongoing trauma disorders as a result of the way counselling sessions were conducted.

The disorder is known as Secondary Traumatic Stress or STS for short which refers to the emotional distress caused by the suffering of others. This effect came about as a result of the attention, sympathy and powerful encouragement accorded in order to help alleviate the suffering of the client. However, without any specific preparation for the counsellors, they would be vulnerably exposed to the outbreak of STS symptoms with negative implications on the physical, cognitive, emotional, behavioural, social, and spiritual aspects of counsellors.

Accordingly, the aim of this study was to develop an Islamic psychospiritual guideline for counsellors on duty during the Covid-19 pandemic. The study entailed three phases; the Needs Analysis Phase, Guideline Development Phase and Evaluation Phase. In the needs analysis phase, interviews and the literature review were used to identify the items needed in the development of the guidelines. The guideline development phase was the process of completing the draft guideline based on the Psychospiritual Counselling Theory as its foundation. This theory is an approach that combines spiritual and religious aspects derived from the Qur'an and Hadith. In the evaluation phase, the guidelines developed were evaluated and validated by experts in the field of Islamic counselling, psychology and psychospirituality.

Need for the Preparation of Psychospiritual Guidelines During the Pandemic

Covid-19 had negative physical effects, but also aggravating psychological and emotional effects, such as severe stress, on the patients and other vulnerable individuals. Given that the Covid-19 pandemic did include some trauma, research on trauma stress may be especially

pertinent at this time. Among the chain of effects was an increase in Post-Traumatic Stress Disorder (PTSD) problems among Covid-19 patients. This led to Secondary Traumatic Stress (STS) problems among family members, friends and individuals who were directly involved with Covid-19 patients such as doctors, nurses and counsellors.

Danny Horesh and Adam D. Brown noted the importance of the need to conduct a study on the relationship between traumatic stress and the Covid-19 pandemic problems. It was the ideal time for researchers to put every scientific practice into use which included new statistical analyses, unique study designs, creative collaborations and combinations of trauma disciplines involving biology and psychology, psychiatry and social policies as well as qualitative and quantitative methods to gauge a deeper understanding on the mental health implications of the current crisis in addition to presenting new findings. The current study on the treatment for trauma is not only timely but has also become a current necessity. Therefore, research should move forward quickly, and strive as much as possible to gather data that provide information on quality practices and policies as quickly as possible.¹

The situation during the Covid-19 pandemic affected mental health following psychological stress which included fear, panic, stress, anxiety and depression.² In addition to Covid-19 itself, law enforcement and Standard Operating Procedure (SOP) also had various negative implications on individual mental health such as anxiety, Post-Traumatic Stress Disorder (PTSD) and Obsessive-

¹ Horesh D. & Brown A.D., "Traumatic Stress in the Age of COVID-19: A Call to Close Critical Gaps and Adapt to New Realities," *Psychol Trauma* 12(4) (2020), 331-335.

² Abdul Aziz, A., Mohd Sukor, N., & Ab Razak, N., "Wabak Covid-19: Pengurusan Aspek Kesihatan Mental Semasa Norma Baharu," *International Journal of Social Science Research* 2(4) (2020), 156.

Compulsive Disorder (OCD).³ In a study on adolescents, Adam A. Rogers et. al. stated that Covid-19 had affected the lives of adolescents and left implications on their mental health.⁴

Apart from the general public, the mental health of the front-line staff was also at risk of experiencing the psychological stress of managing COVID-19 patients. The front liners were in fear of the transmission of the disease to themselves and their family members, the lack of adequate protective equipment and were exhausted due to the long working periods. Due to the constraints at the time, some harboured a sense of guilt for not being able to do what was best for the patients in addition to seeing the patients' health deteriorate without their family members by their side.⁵ This statement is supported by the study by Jianbo Lai et al. on 1,257 healthcare workers working with Covid-19 patients in China that found 50.4% experiencing symptoms of depression, 44.6% anxiety symptoms, 34% insomnia, and 71.5% distress.⁶

Mental health problems during the Covid-19 pandemic necessitated the provision of flexible new coping strategies. Other than the various existing forms of treatment and therapy due to the rapid transmission of the epidemic which left negative implications in various

³ Hemavathi Shanmugam et al., "Impacts of COVID-19 Pandemic on Mental Health in Malaysia: A Single Thread of Hope," *Malaysia Journal of Psychiatry Online Early* 29(1) (2020), 78-84.

⁴ Adam A. Rogers, Thao Ha & Sydney Ockeya, "Adolescents' Perceived Socio-Emotional Impact of COVID-19 and Implications for Mental Health: Results from a U.S.-Based Mixed-Methods Study," *Journal of Adolescent Health* 68(1) (2021), 43-52.

⁵ Shanmugam et al., "Impacts of COVID-19 Pandemic," 78-84.

⁶ Jianbo Lai et al., "Factors Associated with Mental Health Outcomes among Health Care Workers Exposed to Coronavirus Disease 2019," *JAMA Netw Open* 3(3) (2020), 8-10.

aspects of human life including impairment of human mental health.⁷

In order to develop a solution to the traumatic impacts of the Covid-19 pandemic, it was crucial to put forth a holistic and independent psychospiritual preparation with an Islamic spiritual background inclusive of basic human elements to the medical staff and counsellors who served during the Covid-19 outbreak. This took into consideration that human beings consist not only of the physical and mental aspects but also the spiritual aspect as well. The function of Islamic psychology is different from Western psychology. Western psychology only describes, controls and makes inferences about human behaviour, whereas Islamic psychology explains, controls, makes inferences on the behaviour and directs man to seek the pleasure of Allah.⁸

Aisha Utz in the book *Psychology from the Islamic Perspective* stated that the contribution of modern psychology in the development of psychology could not be denied, but there were still gaps in terms of explaining the true nature of human beings, especially from the aspect of *al-ruh*.⁹ In a study titled *Islamic Psychology and the Call for Islamisation of Modern Psychology* by Mohd Abbas and Nik Ahmad it was also stated that the syllabus of modern psychology had left the modern man in confusion regarding issues related to mankind due to the misconceptions of the human being. Therefore, Islamic

⁷ Abdul Aziz et al., "Wabak Covid-19: Pengurusan Aspek Kesihatan Mental," 158.

⁸ Nurrussakinah Daulay, *Pengantar Psikologi dan Pandangan al-Quran Tentang Psikologi* (Indonesia: Kencana Prenada Media Group, 2014), 100.

⁹ Aisha Utz, *Psychology from the Islamic Perspective* (Kuala Lumpur: International Islamic University Malaysia, 2011), 27-34.

psychology is needed to convey comprehensive ideas and correct perspectives on human beings.¹⁰

Fariza in her study titled *Elements of Islamic Psychology in the Syllabus of Modern Psychology: An Alternative* pointed out that there was a rather urgent need to apply elements of Islamic psychology which is more comprehensive and in line with Islamic teachings in the syllabus of modern psychology.¹¹

Islamic psychospirituality is a combination of two words namely 'psychology' and 'spiritual' which means research on the soul or mental processes and the mind which is spiritual in nature from the Islamic point of view. and not from material or physical aspects.¹² According to the American Psychological Association (APA) the term 'spiritual' purely refers to the meaning of feelings that leads to the soul, God, religion and the religious experience itself. The spiritual factor includes all things related to moral elements, religion or spiritual beliefs that play a role in influencing thoughts, actions and emotions.¹³

Islamic psychospiritual is a method of psychiatric or spiritual therapy that integrates psychological and spiritual elements based on divine resources and Islamic practices that do not conflict with *Shari'ah* principles. The goal is to produce stability of self, soul and spirit. This, with the meaning of Islamic psychospirituality, is a study of integrating the values that exist in Islam with the human

¹⁰ Mohd Abbas Abdul Razak & Nik Ahmad Hisham, "Islamic Psychology and the Call for Islamization of Modern Psychology," *Journal of Islam in Asia* 9(1) (2012), 156-183.

¹¹ Fariza Md Sham, "Elemen Psikologi Islam dalam Silibus Psikologi Moden: Satu Alternatif," *Global Journal Al-Thaqafah* 6(1) (2016), 77.

¹² Hajah Noresah Baharom et al., *Kamus Dewan*, Edisi Ketiga (Kuala Lumpur: Dewan Bahasa dan Pustaka, 2002), 1060 dan 1303.

¹³ Gari R. Vandenbos, *APA Dictionary of Psychology* (Washington: American Psychological Association, 2006), 884.

soul and psychology directly.¹⁴ Islamic psychospiritual is very different from psychology promoted by the West which mostly focuses on the intellectual and sensory inputs which are rather limited. In other words, the psychological view of their human personality is only assessed from the outward aspect only.

Psychospirituality in Islam had been widely discussed within the discipline of Sufism which emphasises the spiritual aspects central in Islamic teachings and aimed at creating peace, happiness and mental health. Psychospiritual therapy pushes the patient's awareness to the original nature of the self as a servant of Allah who is capable and selective in determining his self-esteem.¹⁵ Hence, the core of this therapy is submission and devotion to Allah.¹⁶ Of course, there are some forms of therapy that focus on the spiritual aspect, but these are not complex and do not complement the whole spiritual element in man. The Islamic tradition however takes into account aspects of the components of the human self. The human self is made up of four knowing potentials, namely *al-nafs*, *al-ruh*, *al-qalb* and *al-'aql*.¹⁷

Therefore, Islamic psychospiritual treatment involves the whole spiritual or psychic element which is the focus

¹⁴ Mohd Rushdan Jailani, "Integrasi Terapi Psikospiritual Islam dalam Modul Rawatan dan Rehabilitasi Berasaskan TC (*Therapeutic Community*)," *Proceeding International Drug Prevention And Rehabilitation Conference* (Prevent 2015), 102.

¹⁵ Che Zarrina Sa'ari & Sharifah Basirah Syed Muhsin, "Cadangan Model Psikoterapi Remaja Islam Berasaskan Konsep Tazkiyah al-Nafs," *Jurnal Usuluddin* 36 (2012), 56; Che Zarrina Sa'ari et al., "The Development of Islamic Psychospiritual Scale for Drug Addicts," *Afkar: Jurnal Akidah & Pemikiran Islam* 22(2) (2020), 282, <https://doi.org/10.22452/afkar.vol22no2.8>

¹⁶ Nurrussakinah Daulay, *Pengantar Psikologi dan Pandangan al-Quran Tentang Psikologi* (Indonesia: Kencana Prenada Media Group, 2014), 100.

¹⁷ Abu Hamid Muhammad bin Muhammad al-Ghazali, *Ihya' 'Ulum al-Din* 3 (Beirut: Dar al-Kutub al-'Ilmiyyah, 2001), 4.

on the spiritual aspect of the patient as it is considered to be the core to the other elements in the self. In other words, this treatment can also be regarded as treatment from within oneself. Psychological intelligence is not limited to mental or intellectual intelligence, emotional, moral and spiritual intelligence only. The primary intelligence is religious or godly intelligence.¹⁸ Based on field interviews with counsellors who were directly involved with counselling and psychological support services during the Covid-19 pandemic, the spiritual component was found to be very essential in handling counselling and psychological assistance services for those affected by Covid -19.

According to Abdul Rashid et. al., the psychospiritual theory based on references to the theory of al-Ghazali has the potential in proposing solutions to the mental and psychological problems faced as a result of the Covid-19 pandemic. According to this study, the psychospiritual therapy approach with methods of praying, dhikr, supplication, donating *sadaqah jariyah* practices and submission is an alternative platform for dealing with depression.¹⁹

This discourse of Islamic psychology which is considered one of the outcomes of the Islamisation of science is not only the effort of Islamic scholars but is also the result of studies by non-Muslim scholars.²⁰ For example, the new discourse of psychoanalysis developed by Erich Fromm, a figure in the field of psychology, could be the first step towards the debate of Sufism in the

¹⁸ Tohirin, *Perspektif Psikologi Islam Tentang Kecerdasan. Psikologi Islam, Falsafah Teori dan Aplikasi* (Bangi: Universiti Kebangsaan Malaysia, 2016).

¹⁹ Abdul Rashid Abdul Aziz et al., "Pengamalan Nilai Agama dalam Mengatasi Kemurungan Semasa Pandemik COVID-19," *Malaysian Journal of Social Sciences and Humanities(MJSSH)* 5(12) (2020), 32-40.

²⁰ Nurrussakinah Daulay, *Pengantar Psikologi*, 100.

application of psychology.²¹ Fariza also listed several studies that applied elements of Islamic psychology in modern psychology such as *Islamic Psychology and the Call for Islamisation of Modern Psychology* by Mohd Abbas and Nik Ahmad, *Psychology from the Islamic Perspective* by Aisha Utz and *Concepts of the Self in Islamic Tradition and Western Psychology: A Comparative Analysis* by Hayati Aydin.²²

However, this statement does not deny the role of the existing disciplines of psychology and counselling in dealing with clients and the ability to manage stress among counselling practitioners. The psychospiritual guidelines presented here are more focused on the role of balance or complements to counselling practices according to the view that human events that not only have intellectual and emotional elements in themselves but also spiritual elements that cannot be ignored.

Research Methodology

In general, studies that present a psychospiritual guideline go through three phases; the Needs Analysis Phase, Guidelines Development Phase and Evaluation Phase.

i. The Needs Analysis Phase

In the needs analysis phase, a literature review was conducted by constructing a theoretical framework on Islamic psychospiritual and its needs in the mental health balance of the human self. In this phase, it was also found that many studies had touched on the importance of applying elements of Islamic psychology in modern psychology. Reflecting on cases of counsellors who were open to mental health disorders as well as the need to develop the preparation for counsellors on duty during the

²¹ Nur Hamim, "Religious Anthropocentrism: The Discourse of Islamic Psychology among Indonesian Muslim Intellectuals," *Journal of Indonesian Islam* 4(2) (2010), 351.

²² Fariza, "Elemen Psikologi Islam," 76.

Covid-19 pandemic, efforts to develop Islamic psychospiritual guidelines must be hastened.

ii. The Guideline Development Phase

The guideline development phase saw the process of interviewing counsellors who conducted counselling services throughout the Covid-19 pandemic. The interview was a social interaction between the interviewer and the interviewee to obtain as much information as possible from the informant and there was no element of coercion or entertainment.²³ This study applied a semi-structured interview method to obtain the most up-to-date information and the respondents were free to provide their views and answers to the questions asked. The semi-structured interview method is the best for exploring and explaining factors and subfactors.²⁴

The researcher asked some formal questions that had been constructed before the interview session was conducted, but the interviewer is also given the freedom to question and explore more deeply about the informant's answer to a formal question that has been asked.²⁵ Especially, this study obtains information about spiritual practices from counsellors.

This interview question is divided into three sections. The respondents' demographics are covered in the first section. There are two categories in the second section. The first category seeks to confirm that the client's traumatic events and repeated traumatic storytelling experiences have been exposed to the respondent. The second category looks at Secondary Traumatic Stress signs and symptoms. The third section aims to acquire

²³ Idris Awang, *Penyelidikan Ilmiah: Amalan dalam Pengajian Islam* (Shah Alam: Kamil dan Shakir Sdn, 2009), 50.

²⁴ Schensul, S, L., et. al, *Essential Ethnographic Methods: Ethnographers Toolkit* (New York: Altamira Press, 1999), 71.

²⁵ Chua Yan Piaw, *Kaedah Penyelidikan: Kaedah dan Statistik Penyelidikan, Buku 1* (Malaysia: McGraw Hill, 2011), 116.

psychospiritual practice and preparation as a counselor. All respondents’ practice and preparation data were gathered, then divided into two categories; 1) mental and emotional; 2) spiritual, and thematically analyzed. In both parts, there can be three classifications, namely the practice of either a daily or weekly routine, before the session, during the session and after the session.

The interviews were important in order to obtain information on the psychospiritual needs of the preparation which adopted an approach that combined spiritual and religious aspects sourced from the Qur’an and Hadith. The interviews were aimed at identifying the items needed in developing the guidelines.

A total of 15 licensed Muslim counsellors who worked and conducted counselling sessions during the Covid-19 pandemic were interviewed. So, to obtain a rich variety of data, the interviewees were chosen from different sectors of service. Seven of them were staff at KSK Care Centre JAKIM who had been exposed to Islamic *Shar’i* and psychospiritual counselling courses. while the rest served in various agencies or institutions. The following depicts the background data of the counsellors who were interviewed.

Table 1: Respondents’ background

Respondent	Age (year)	Academic qualification	Services experiences (year)	Duty workplace during the Covid-19 Pandemic
A	36	Master of Guidance and Counselling Education, Universiti Putra Malaysia	10	• KSK Care Centre, Tuanku Mizan Zainal Abidin Mosque, Putrajaya
B	36	Bachelor of Counselling with Honours Faculty of Education Studies,	12	• KSK Care Centre, Tuanku Mizan Zainal Abidin Mosque, Putrajaya

		Universiti Putra Malaysia		
C	42	Master of Speciality Programme of Alcohol & Drug Abuse, Universiti Sains Islam Malaysia	5	<ul style="list-style-type: none"> • KSK Care Centre, Tuanku Mizan Zainal Abidin Mosque, Putrajaya
D	39	Master of Substance Abuse / Addiction Counseling, Universiti Sains Islam Malaysia	4	<ul style="list-style-type: none"> • KSK Care Centre, Tuanku Mizan Zainal Abidin Mosque, Putrajaya
E	62	Master of Education, Guidance & Counselling, Universiti Kebangsaan Malaysia	32	<ul style="list-style-type: none"> • KSK Care Centre, Tuanku Mizan Zainal Abidin Mosque, Putrajaya
F	47	Master of Counselling Psychology, Universiti Kebangsaan Malaysia	21	<ul style="list-style-type: none"> • KSK Care Centre, Tuanku Mizan Zainal Abidin Mosque, Putrajaya • Ministry of Education
G	49	Master of Counselling Psychology, Universiti Kebangsaan Malaysia	13	<ul style="list-style-type: none"> • KSK Care Centre, Tuanku Mizan Zainal Abidin Mosque, Putrajaya • Institut Latihan Islam Malaysia (ILIM), Besut
H	32	Bachelor of Counseling with Honours, Universiti Sains Islam Malaysia	9	<ul style="list-style-type: none"> • Pejabat Agama Islam Daerah Hulu Selangor
I	31	Bachelor of Counseling with	5	<ul style="list-style-type: none"> • Universiti Kebangsaan

		Honours, Universiti Sains Islam Malaysia		Malaysia (UKM)
J	49	Master of Education (Education Psychology), Universiti Malaya	20	<ul style="list-style-type: none"> • Ministry of Education • Selangor Counseling Center, PKNS Complex Shah Alam
K	39	Bachelor of Guidance and Counselling, State University of Medan, Indonesia	13	<ul style="list-style-type: none"> • Universiti Teknologi MARA (UiTM), Shah Alam
L	36	Master of Counselling Psychology, Universiti Kebangsaan Malaysia	12	<ul style="list-style-type: none"> • Universiti Malaya (UM)
M	35	Bachelor of Education, Guidance and Counselling, Universiti Kebangsaan Malaysia	11	<ul style="list-style-type: none"> • Universiti Kebangsaan Malaysia (UKM)
N	29	Master of Counseling (Family Counseling), Universiti Sains Islam Malaysia	6	<ul style="list-style-type: none"> • International Medical University • Selangor Counseling Center, PKNS Complex Shah Alam
O	42	Master of Substance Abuse / Addiction Counseling, Universiti Sains Islam Malaysia	10	<ul style="list-style-type: none"> • National Anti-Drug Agency (AADK), Hulu Langat • Selangor Counseling

				Center, PKNS Complex Shah Alam
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iii. Expert Evaluation and Verification Phase

In this phase, the guidelines that had been developed were evaluated and validated by selected experts in the field of Islamic counselling, psychology and psychospirituality. To validate these guidelines, the questions constructed for a guideline must meet the requirements in terms of the accuracy of the target population, appropriate teaching situation, adequate time, performance improvement and attitude change.²⁶ The following is the information of the experts referred to:

Table 2: Experts' background

Expert	Field
Expert 1 (E1)	Counselling
Expert 2 (E2)	
Expert 3 (E3)	
Expert 4 (E4)	
Expert 5 (E5)	Psychology/ Clinical Psychology
Expert 6 (E6)	
Expert 7 (E7)	
Expert 8 (E8)	
Expert 9 (E9)	Islamic Psychospiritual
Expert 10 (E10)	

Findings and Discussion

The Islamic psychospiritual guidelines developed based on the practices of the counsellors interviewed could be divided into two, namely; 1) spiritual, as well as 2) mental and emotional preparation. In both parts, there can be three classifications, namely the practice of either a daily

²⁶ Russell, James D., *Modular Instruction. A Guide to the Design, Selection, Utilization and Evaluation of Modular Materials* (Minneapolis, Minnesota: Burgess Publishing Company, 1974).

or weekly routine, before the session, during the session and after the session. This guideline is developed only for Muslim counsellors because the scope of the study has been designed based on spiritual preparation practice by Muslim counsellor that had been chosen as respondents.

Islamic Psychospiritual Guidelines for Covid-19 Task Counsellors

Mental and Emotional Components

- A) Mental and emotional preparation (routine):
1. To always have the intention to help people.
 2. To always think positive (think well of the client).
 3. To always be willing to learn from the experiences of others.
 4. Always be aware that the counsellor cannot change the client, instead change must come from the client himself.
 5. Receive family support.
 6. To always seek the support of peers.
- B) Mental and emotional preparation (before):
1. Keep emotions in a state of stability and awareness.
 2. Inform the client if he/she is mentally unprepared.
 3. Read the client's profile to be better prepared.
- C) Mental and emotional preparation (present):
1. Conduct a relaxed rapport session with the client to build a healthy relationship between both parties.
 2. Show empathy to the client.
 3. Focus on the client's problems.
- D) Mental and emotional preparation (after):
1. To never discuss client issues outside of the session.

2. Create a session report professionally once the counselling session is over.
3. Talk to other experts to resolve difficult cases without revealing the identity of the client.
4. If you are concerned that there are symptoms of Secondary Traumatic Stress (STS) in yourself, seek advice from another counsellor.

Spiritual Component Division

A) Spiritual preparation (routine):

1. To always be aware of one's position as a being.
2. To always believe that self-reliance is only on Allah.
3. To always have the intention (*niyyah*) because of Allah.
4. To always be aware that it is human nature (*fitrah*) to live a religious life.
5. To always be humble (*tawaddu'*)
6. Persevere in prayers.
7. Seek knowledge on spirituality, recitation of Qur'anic verses and supplicating.
8. To regularly recite *Ayat al-Kursi*.
9. To always recite:

بِسْمِ اللَّهِ الَّذِي لَا يَضُرُّ مَعَ اسْمِهِ شَيْءٌ فِي الْأَرْضِ وَلَا فِي السَّمَاءِ

(وَهُوَ السَّمِيعُ الْعَلِيمُ)

10. To always recite *dhikr*.
11. To always say *salawat*.
12. To always recite *Ya Latif* (يَا لَطِيف)
13. Reading the Qur'an.
14. Perform *Qiyamullayl*.
15. Conduct the optional *tahajjud* prayer.
16. Conduct the optional *salat hajat*.
17. Pray (*du'a*).
18. It is recommended to make a habit of reciting Surah Yasin and *Ayat Manzil*.

B) Spiritual preparation (before):

1. Recite the *Basmallah*.
2. Recite *Selawat Ibrahimiyah*.
3. Recite Surah al-Ikhlās, al-Falaq and al-Nas for self-protection.
4. Pray for peace and calm of the heart and mind and ease in all matters.

C) Spiritual preparation (present):

1. Begin each session with the recitation of Surah al-Fatihah.
2. Building rapport and maintaining good etiquette such as saying *salam* to clients.
3. Make pray (*du'a*) for clients indirectly.

D) Spiritual preparation (after):

1. Submission to Allah.
2. Supplicate for oneself and clients.

- End of Guidelines -

Besides the expert evaluation and validation of each of the components in this guideline, an evaluation was also done on the content of the guideline as a whole. Some indicators such as the accuracy of the target population, appropriate teaching situation, sufficient time and improvements in performance form the measures of applicability of the guidelines after being evaluated and validated by 10 selected experts. The percentage of expert consent that exceeded the level of (75%) was accepted, anything less than that was rejected.²⁷ Based on the following table, each of these indicators that exceeded the level of (75%) was accepted.

²⁷ Hui-Chun Chu & Gwo-Jen Hwang, "A Delphi-Based Approach to Developing Expert Systems with the Cooperation of Multiple Experts," *Expert Systems with Applications* 34(4) (2008), 26-40.

Table 3: Experts concensus

*Item	(a)	(b)	(c)	(d)	(e)
E1	10	10	10	10	10
E2	9	9	9	10	10
E3	10	10	8	10	10
E4	8	7	8	8	7
E5	6	6	8	8	8
E6	10	10	9	10	10
E7	8	9	8	9	9
E8	8	8	9	9	9
E9	10	9	10	10	9
E10	10	10	9	10	10
Expert concensus (%)	89%	88%	88%	94%	92%
Result	Accepted	Accepted	Accepted	Accepted	Accepted

*Item:

- a) The content of these guidelines meets the target users
- b) The content of these guidelines could be implemented perfectly
- c) The content of these guidelines is in line with the time allotted
- d) The content of these guidelines could improve the preparation as a counsellor
- e) The content of these guidelines could help reduce counsellor exposure to Secondary Traumatic Stress (STS)

Discussion

These Islamic psychospiritual guidelines were developed based on the practices and experiences of the counsellors who were interviewed. The guidelines were then presented to 10 experts for evaluation and validation. The assessment was then considered by the researchers to improve the guidelines so that they could be applied by users among counselling practitioners.

In the practice preparation section for the mental and emotional component, Item 1 was originally “*to always think positive*” then the statement “*think well of the client*” was added. Items 3 and 4 namely “*to always be humble*

(tawadu') and to always be ready to learn from the experience of others" were originally together, however, it was proposed to be separate items. The original phrase for Item 5 was "to always be aware that the counsellor cannot change the client, instead the client changes himself. Counsellors can only help give suggestions" was changed to "to always be aware that the counsellor cannot change the client, instead change must come from the client himself."

There was an opinion that Item 6, "getting family support" was less needed as families had no knowledge of the cases handled by counsellors on grounds of confidentiality. Yet the researchers agreed to retain this item due to efforts to obtain family support being more focussed on the development of psychosocial strengths and not on disclosing client cases as the counsellors already knew the ethics of confidentiality in counselling.

On the part of mental and emotional preparation before the session with the client, originally there was another item that had been discarded which was "busy yourself so as not to think too much about the client's problems." This item was poorly agreed upon by reference experts. Expert 2 who represented the cluster of counselling experts stated;

"As a professional counsellor, do not get carried away by the client's problems. Closing the client's file means closing the client's case."

On the part of mental and emotional preparation while with the client, Item 2 was originally "generating empathy to the client but not overly." The phrase "not excessively" was less appropriate for professional counsellors. It remains important the counsellor exhibit empathy with the client during the session. Even so, counsellors need to be discreet enough to exhibit empathy

within the session and not take it outside of the session. Expert 7 stated;

"Empathy is the ability to 'attach' (jointly appreciate and feel the client's problems throughout the session) and 'detach' (being able to leave those feelings after the session is over). Empathy is like 'being in another person's shoes. At the end of the session, the counsellor must get out of the client's shoes so as not to be carried away by the client's problems."

From this statement, a more appropriate change in the phrase was made, i.e., "*to show empathy to the client.*"

Item 3 which was originally "*focus assistance on client problems only,*" was changed to a more friendly and appropriate phrase after being suggested by experts i.e. "*focus on client problems.*" In Item 3 there were also expert recommendations to build a relationship between the counsellor and the client. Then an addition was made to Item 1, "*Conduct a relaxed rapport session with the client to build a healthy relationship between both parties.*"

A little refinement was also done to the part of mental and emotional preparation after the session as a result of recommendations from the experts. Initially, Item 1 stated, "*does not carry the client's problem outside of the session.*" Then it was changed to "*don't discuss client problems outside of the session*" for easier comprehension. Item 2 originally used the phrase "*make a report that contains traits of expressiveness, experience and others after the counselling session*" was criticised as it appeared unprofessional and was changed to "*make a report of the session professionally once the counselling session is over.*" Item 3 which was "*discuss with other experts to resolve difficult cases without revealing the identity of the client*" emphasised by Expert 2 was only for cases that

involved a deadlock on the part of the counsellor and required the views of other counsellors.

The spiritual preparation in this guideline was divided into four parts namely the practice, before the session, during the session and after the session. Altogether, 17 items on practices were agreed upon by all experts with the highest average of 97% and the lowest 90% percent agreement.

The items in the spiritual preparation section before the session were also agreed upon but with a little refinement on Item 3, which was originally only reciting Surah al-Ikhlās but later an addition of reciting Surah al-Falaq and Surah al-Nas was made, too.

The same is true of the part of spiritual preparation where the items were agreed upon by the experts. There were only a few suggestions on Item 3 from "*supplicating for the client even if it was done informally*" to "*make pray (du'a') for the client indirectly.*" In the spiritual preparation section after the session, there was originally only one item, "*trust in Allah,*" then another item was added after being advised by an expert, namely "*make pray (du'a') for yourself and the client.*"

Overall, the guideline was agreed upon by the experts through indicators of the accuracy of the target user, the completeness of its implementation, the appropriateness of time allocation and also the effort to improve preparations as a counsellor. However, the use of the term psychospiritual was less agreed by Expert 4 as it did not conform to the more universal meaning of psychospiritual that is not attached to any religion as long as there are five main spiritual indicators namely meaning, value, transcendence, connecting and becoming. These five universal indicators were also stated by Peter Gilbert in

his book titled *The Spiritual Foundation: Awareness and Context for People's Lives Today*.²⁸

Undoubtedly, these five indicators are also embedded in the teachings of Islam. For example, regarding the purpose of life, it can be explained that the purpose of life of Muslims is towards the pleasure of Allah SWT, so that whatever the problem is and apart from trying to overcome the matter to Allah is the return as only Allah is the purpose of human life.²⁹ The words of Allah SWT:

قُلْ إِنَّ صَلَاتِي وَنُسُكِي وَمَحْيَايَ وَمَمَاتِي لِلَّهِ رَبِّ الْعَالَمِينَ ۝

Translation: Say (Muhammad), "Surely my prayer, my worship, my life and my death are only for Allah, the Lord of the worlds."

al-An'am:162

Therefore, this guideline which was originally only stated as "*Psychospiritual Guidelines*" was ultimately worded into "*Islamic Psychospiritual Guidelines*" as is manifested by specific items of the guidelines taken from the teachings of Islam.

Conclusion

The significance of psychospiritual preparation for a counsellor, more so for the Muslim counsellor is revealed by the results of interviews with the counsellors. The values of Islamic teachings practised by these counsellors can be implemented in the practice of counselling as a spiritual preparation to equip themselves in facing their clients. This guideline which integrates conventional and Islamic practices (Islamic psychospiritual) is a new approach in the science of counselling that should be utilised. Efforts to Islamise the practice of counselling is

²⁸ Peter Gilbert, "The Spiritual Foundation: Awareness and Context for People Live's Today," in *Spirituality, Values and Mental Health: Jewels for the Journey*, eds. Peter Gilbert, Vicky Nicholls & Mary Ellen Coyte (Philadelphia: Jessica Kingsley, 2007), 24.

²⁹ Abdul Mujib, in an interview with researcher on August 20, 2021.

indeed an effort to complement the preparation of counsellors more holistically. This approach is appropriate for the needs of the local culture which is inclined towards Islam.

Psychospiritual practices instilled in the soul give spiritual strength and self-protection to the counsellors themselves. In Western counselling practices, religious practice, which is considered contrary to the ethics of counselling practice, is confined to the counsellors as well as the clients themselves. Similarly, the application of psychospiritual practices covering aspects of monotheism, worship and Sufism in the implementation of counselling sessions is able to make counselling sessions more successful and blessed by Allah SWT. This practice is actually in accordance with the nature of human creation.

It is hoped that the objective of this guideline will be achieved when used by the counsellors tasked with dealing with Covid-19 patients. The content of the guidelines can improve the preparedness of the counsellor as well as in dealing with stress disorders such as Secondary Traumatic Stress (STS) among counsellors when conducting sessions with their clients. These guidelines are expected to be applied by counselling practitioners to complement their preparation as a counsellor. The study also recommends the use of these guidelines not specifically for counsellors addressing Covid-19 issues, but also for drugs counselling, family, LGBT and other types of counselling.

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