

ROUTLEDGE FOCUS

Working With Crisis and Trauma From an Islāmic Perspective

ZARINA HASSEM, SHIREEN ISMAIL,
NABEELA VAD WALLA
AND G. HUSSEIN RASSOOL



‘Working with Crisis and Trauma from an Islāmic Perspective is a groundbreaking contribution to the field of Islāmic psychology. The authors have skilfully integrated Islāmic principles with contemporary trauma-informed care, offering a culturally sensitive and spiritually enriching approach. This book is an essential resource for practitioners, scholars, and anyone seeking to address trauma through an Islāmic lens. An enjoyable read for those committed to holistic healing and understanding the intersection of faith and mental health’.

Muhammad Khalily, *professor, Dean Faculty of Social Sciences and Humanities, Shifa Tameer-e-Millat University Islāmabad*

‘Working with Crisis and Trauma: An Islāmic Perspective offers a compelling exploration of trauma and spirituality. Combining contemporary trauma therapies with Islāmic teachings, this book presents a holistic approach to healing, addressing the mind, body, heart, and soul. Drawing from the Noble Qur’ān and the life of Prophet Muhammad (ﷺ), it frames trauma as a test, fostering resilience and spiritual growth. The work emphasises the importance of faith, community, and reliance on the Divine, providing practical interventions and insights for professionals and the general public. This book is an essential resource for those seeking to understand and heal trauma from an Islāmic perspective’.

Khalida Haque, *SNCPs (accredited) integrative psychotherapist and clinical supervisor*

‘There are some books that don’t just add knowledge but fill a much-needed gap, and this is one of them. Working with Crisis and Trauma from an Islāmic Perspective is exactly the kind of resource that has been missing in the field of mental health, one that acknowledges both the psychological and spiritual realities of trauma.

So much of trauma therapy focuses only on the mind and body, but what about the Ruh? What about the deeper struggles that go beyond symptoms, the loss of meaning, the crisis of faith, the disconnection from self and purpose? This book does a brilliant job of bringing all of this into perspective, showing how Islāmic teachings and psychological healing can work together, rather than separately.

One of the things I truly appreciate is how this book moves beyond theory. It gives practical tools, case studies, and interventions, making it relevant for therapists, counsellors, and even community leaders who find themselves supporting people through crisis. The discussion on post-traumatic growth and how spirituality plays a role in rebuilding life after pain is especially important. Many of the clients I work with describe trauma not just as an event that

hurt them, but as something that shook their entire foundation of faith, relationships, and identity. This book doesn't dismiss those struggles; it validates them and offers a way forward.

Another strength of this book is how it challenges the secular lens of modern psychology. Faith isn't just a belief system, it's a lifeline. The authors recognise this, showing how Islāmic principles like *sabr* (patience), *du'a* (supplication), and *tawakkul* (trust in Allāh) are not just comforting ideas, but powerful, therapeutic coping strategies.

For therapists like myself, this book is an important reminder that healing isn't just about symptom reduction. It's about helping someone reconnect with themselves, their Creator, and the deeper meaning in their lives. And for anyone who has experienced trauma, it offers something just as valuable, which is hope. A must-read for anyone at the intersection of mental health, faith, and healing'.

Zulekha Shakoor Rajani, *counselling and spiritual psychologist, Mind and Brain Hospital, co-head of the Department of Islāmic Psychology, Research & Training at Mind and Brain Hospital*

'I endorse this innovative book, integrating Islāmic principles with psychotherapeutic practices for trauma healing. The authors provide a holistic framework, addressing mind, body, and spirit. This seminal work offers hope for individuals struggling with trauma, inspiring spiritual growth and healing. This book explores the significance of nurturing the whole human being through spiritual practices, emphasising that true healing involves not only recovery of the psyche but also reconnection with the Divine. The authors' comprehensive approach stimulates a new wave of research, practice, and community engagement, cultivating growth and resilience'.

Yasien Mohamed, *Emeritus Professor of Arabic and Islāmic Philosophy, University of the Western Cape*

'A landmark contribution to the fields of Islāmic psychology and trauma-informed care, this book offers a holistic and spiritually grounded framework for healing. Rooted in Qur'ānic wisdom and Prophetic guidance, it integrates contemporary therapeutic insights with Islāmic principles to address the full human experience. It serves as an essential resource for practitioners, community leaders, and anyone seeking to navigate crisis and trauma through a faith-informed lens'.

Zuleyha Keskin, *associate professor, Associate Head of School, and Islāmic Spirituality Lecturer at Charles Sturt University*

‘An increasing number of Muslims are experiencing trauma, yet existing therapeutic methods disregard religion and spirituality in the recovery process. There is a significant demand for an Islāmically informed approach to therapy for trauma victims. This book, authored by experienced Islāmīc psychologists, addresses this need. It skilfully draws on Islāmīc resources combined with modern trauma therapy techniques, providing a holistic and spiritually sensitive framework that will undoubtedly improve treatment adherence and outcomes’.

Zoubir Benmebarek, *PhD. psychiatrist in private practice, Algeria*

‘Working with Crisis and Trauma from an Islāmīc Perspective is a vital and long-awaited contribution to the field of trauma-informed care and practice that is grounded in Islāmīc psychology. This volume seamlessly integrates Qur’ānic wisdom, Prophetic models of healing, and contemporary psychological approaches to address trauma in a culturally and spiritually meaningful way. Professor Hussein’s ability to hold both the science of healing and the sacredness of the human soul reflects the depth and integrity of this work. It is an essential guide for Muslim clinicians and anyone seeking to provide professional, holistic, and religiously congruent trauma support’.

Hanan Dover, *clinical and forensic psychologist – Member of the Australian Psychological Society (MAPS), Executive Member of the Psychology from an Islamic Perspective Interest Group (MAAPI); President of Mission of Hope; lecturer in Islāmīc psychology at Charles Sturt University*



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Working with Crisis and Trauma from an Islāmic Perspective

Working with Crisis and Trauma from an Islāmic Perspective provides a holistic framework and treatment methods for working with trauma and crises, framed within an Islāmic Psychology paradigm.

This book begins by conceptualising trauma and existing models of understanding treatment, and then places trauma and crises within an Islāmic viewpoint. The authors focus on the Qur'ān, the Sunnah, and Islāmic Psychology to rationalise and explain the effects of trauma and how it presents while proposing treatment methods within this context. The final chapter uses case studies to illustrate practical applications and includes coping strategies directly from authentic Islāmic sources, and the sixth chapter focuses on the legacy of trauma in terms of post-traumatic growth.

This book will be essential reading for professionals in the fields of psychology and mental health looking to understand how Islāmic Psychology practices can be presented as a treatment intervention for patients experiencing trauma and gain insight into how to incorporate these protocols into their own practice.

Zarina Hassem (MA Psychology, advanced diploma in Islāmic psychology) serves as senior lecturer at the International Open University and lecturer and research supervisor at IIE MSA, South Africa. She has worked in various community-based organisations as a counsellor, psychometrist, workshop presenter, and researcher.

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Nabeela Vad Walla is a published author, graduate of psychology and practicing counsellor with certifications in nutrition, psychology and neuroscience. She is an advocate for sunnah eating, stress relief, and healthy lifestyle choices for mental wellness. She has been in research for over ten years and counting, and has wellness counselling practices in Johannesburg and Durban, South Africa.

G. Hussein Rassool is a distinguished academic and professional in Islāmic psychology, holding multiple prestigious roles, including Professor of Islāmic Psychology at Charles Sturt University, Australia. He is a Fellow of both the International Association of Islāmic Psychology (FIAIP) and the Royal Society of Public Health (FRSPH), and a Trustee Board member of the International Association of Muslim Psychologists. He has authored over 30 books and more than 150 peer-reviewed papers and reviews. In addition to his academic roles, Professor Rassool is a part-time Islāmic psychotherapist and serves as a consultant for various international organisations.



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Series Editor: Professor Dr. G. Hussein Rassool, Professor of Islāmic Psychology

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In contemporary times, there is increasing focus on the need to adapt approaches of psychology, counselling psychology and psychotherapy to accommodate the integration of spirituality and psychology. With the increasing focus on the need to meet the wholistic needs of Muslims, there was a call to adapt approaches to the understanding of behaviour and experiences from an Islāmic epistemological and ontological worldview.

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Working with Crisis and Trauma from an Islāmic Perspective

By Zarina Hassem, Shireen Ismail, Nabeela Vad Walla, Dr. G. Hussein Rassool

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Nabeela Vad Walla and
G. Hussein Rassool**

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This dedication honours the courageous and resilient individuals who have tragically lost their lives during the current ongoing trials, tribulations, and atrocities, be they man-made or natural disasters. It extends heartfelt condolences to the families who are grieving the loss of their loved ones during these challenging times. May Allāh (God Almighty) bless you with the highest stages of *Jannah-Al-Firdaus* (Paradise), and may your souls find solace and serenity. The dedication recognises the selfless efforts of trauma workers and the community, who tirelessly aid and support those in need.

Anas narrated that the Prophet Muhammad (ﷺ) said, “The real patience is at the first stroke of a calamity” (Bukhârî).



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Preface

In the intricate tapestry of human experience, trauma emerges as a profound and often transformative force. It transcends mere distress, delving deeply into the spiritual realm, where the soul grapples with its separation from the Divine. As spiritual beings navigating a physical existence, this separation can be a source of trauma, leaving individuals feeling adrift and disconnected from their *fitrah* (natural disposition), their essence, and the heavens from which they originated. *Working with Crisis and Trauma: An Islāmic Perspective* is a timely and thought-provoking exploration of the intricate relationship between trauma and spirituality, particularly in Islāmic teachings. The authors present an introductory review of contemporary trauma therapy alongside the rich spiritual traditions of Islām, emphasising healing practices that holistically prioritise the mind, heart, body, and soul. This exploration recognises individual and collective trauma, acknowledging the ongoing challenges many face and the potential for positive transformation, emphasising the interplay of psychology, neuroscience, and Islāmic interventions. As an introductory exploration, this book opens up the way for future research, recognising that this is a broad and intricate topic with many aspects that need to be understood.

Navigating the challenges of modern life requires recognising that trauma is not merely an isolated event but a complex experience that can reshape an individual's understanding of self, faith, and community. This book explores the significance of nurturing the whole human being through spiritual practices, emphasising that true healing involves recovery and reconnection with the Divine. The authors draw on Islāmic principles to illustrate how challenges can cultivate growth and resilience. They remind readers that the healing journey is not linear but an ongoing process of self-discovery, reflection, and reconnection with faith. In a world where the effects of trauma can often feel overwhelming, this book serves as a beacon of hope. It invites readers to embrace and integrate their struggles as opportunities for growth, promoting a holistic approach encompassing the heart, mind, body, and soul. Engaging with the Wisdom of the Noble Qur'ān and teachings of the Prophet Muhammad (ﷺ) reminds the reader that trials are not punishments but tests that can draw one closer to the Almighty.

This book addresses the increasing need for healing grounded in Islāmic principles, particularly for those navigating crisis and trauma. It explores Islāmic teachings derived from the Noble Qur'ān and *Sunnah* (the Islāmic Prophetic tradition). Central to this exploration is the emphasis on complete reliance on Allāh and the teachings of Prophet Muhammad (ﷺ) while also maintaining social connections, observing self-care, and engaging in spiritual practices such as prayer and supplication. The teachings of the Prophet Muhammad (ﷺ) provide a profound framework for navigating life's challenges. He exemplified this through a powerful prayer, which includes requests for Divine Support and Guidance:

Allāh, help me and do not help anyone against me; support me and do not support anyone against me; plan for me and do not plan against me. Make guidance and being guided easy for me. Support me against those who transgress against me

(Tirmidhī).

This prayer encapsulates the essence of seeking Allāh's assistance in all aspects of life, urging believers to align their actions with the Divine Will.

In Islāmic tradition, situations categorised as 'crisis' or 'trauma' in contemporary understanding are often viewed through spiritual growth and Divine testing. Instead of using terms like 'trauma', Islāmic teachings might refer to these experiences as 'tests' or 'trials' from Allāh, known as *ibtīlā*. These terms reflect the belief that such challenges allow believers to demonstrate patience (*sabr*), strengthen their faith, and grow closer to Allāh. The focus is on enduring hardships with resilience and trust in Divine Wisdom, seeing them as part of Allāh's Greater Plan. It offers a preliminary examination of the Islāmic ethos on approaching and dealing with crisis and trauma, structured into seven chapters. As a whole, this book addresses various forms of trauma, including natural disasters, war, accidents, abuse, and loss, offering support grounded in Islāmic principles.

The first chapter, *Crisis, Trauma, and Their Impact on Health*, lays the foundation for the rest of this book by examining the intricate nature of trauma and its varied effects on health. It emphasises the importance of understanding trauma through cultural and spiritual perspectives and provides an overview of existing trauma treatments alongside practices within the context of Islām. In the second chapter, *Muslim Experiences and Responses to Trauma*, we explore the distinctive experiences of Muslims encountering trauma, especially in circumstances involving conflict and displacement. This chapter underpins the psychological effects of violence and discrimination while emphasising the importance of spiritual coping mechanisms in cultivating resilience and post-traumatic growth. The third chapter, *Healing Solutions from the Life of the Prophet Muhammad (ﷺ) and the Prophets (عليهم السلام)*, draws upon the teachings and experiences of the Prophet Muhammad (ﷺ) and the Prophets

(عليهم السلام) to illustrate coping mechanisms and spiritual connections that guide individuals through adversity. This chapter highlights the significance of faith and community support in overcoming challenges. Chapter 4, *Therapeutic Interventions with Trauma: Contemporary Therapies from an Integrated Perspective*, reviews existing approaches and discusses how they can be integrated to create culturally sensitive interventions for trauma.

In the fifth chapter, *Spiritual Interventions in Treating Trauma*, the significance of psycho-spiritual education in empowering individuals to understand trauma and its effects is emphasised. It explores how spiritual interventions can enhance coping strategies and promote well-being. The sixth chapter, *Healing Beyond Trauma: Journeys to Growth and Resilience*, reframes trauma as a catalyst for personal growth, discussing continuous trauma, post-traumatic growth and the importance of creative expressions in the healing process. Finally, the seventh chapter, *Case Studies and Evidence-Based Interventions in Trauma Therapy*, presents case studies that illustrate the unique challenges that individuals from diverse cultural backgrounds face. These narratives highlight the transformative power of trauma intervention through a holistic approach.

In times of crisis, trauma, or ongoing hardship, meeting basic needs becomes a priority over psychological intervention. Providing food, shelter, safety, and security is essential before attempting to address emotional or psychological trauma, as a stable foundation is necessary for effective healing and support. By prioritising basic needs, we can create a foundation for emotional well-being and provide a holistic approach to supporting individuals in crisis. It is emphasised in the Noble Qur’ân, ‘And in their wealth, there was a share for the beggar and the destitute’ (Qur’ân 51:19), and reinforced by the *hadīth* where the Prophet (ﷺ) said, ‘The one who looks after a widow or a poor person is like a Mujahid (warrior) who fights for Allāh’s Cause, or like him who performs prayers all the night and fasts all the day’ (Sahih Al-Bukhārī), addressing basic needs is a fundamental aspect of Islāmic teachings. This principle is rooted in the *Usul Fiqh* (Islāmic jurisprudence) concepts of *darurah* (necessity) and *maslahah* (considerations of public interest), which prioritise the well-being and benefit of individuals and society. Furthermore, the *Maqasid Al-Shari’ah* (Objectives of Islāmic Law) emphasises the importance of protecting human life, wealth, and dignity, highlighting the need to address necessities to promote emotional well-being and overall human dignity.

Islāmic psychotherapy extends its scope beyond individual therapy to include community-based interventions and societal change. Islāmic psychotherapists collaborate with mosques, Islāmic centres, and community organisations to offer mental health education, support groups, psychotherapy, and counselling services to diverse populations. They work alongside faith leaders, educators, and healthcare professionals to promote mental health awareness and destigmatise seeking help for psychological issues within Muslim communities. Additionally, Islāmic psychotherapy addresses broader

social and cultural factors impacting mental health, advocating for social justice, equality, and compassion. Drawing upon Islāmic principles, it strives to ensure the well-being of all individuals, regardless of their background or beliefs, by addressing family dynamics, societal norms, and political contexts. The role of advocacy for the Islāmic psychotherapist involves promoting mental health awareness, reducing stigma, and increasing access to culturally competent services within Muslim communities. This includes raising awareness, destigmatising seeking help, ensuring access to services, engaging with communities, collaborating with stakeholders, advocating for social justice, and influencing policy change. By actively advocating for the mental health needs of individuals and addressing systemic factors impacting well-being, Islāmic psychotherapists play a vital role in promoting holistic health within Muslim communities and society (Rassool, 2025, p. 14).

Thus, in exploring crisis and trauma from an Islāmic perspective, it is essential to emphasise the significance of human connection as a cornerstone of healing, as highlighted by the notion that psychological support is fundamentally about presence and bearing witness to one another's experiences. Recognising the role of faith and spirituality as crucial sources of resilience is necessary, as many individuals draw strength from their spiritual beliefs during challenging times, which is vital for building trust and offering support. Furthermore, healing is a collective journey, rooted in shared experiences and community support, reinforcing the idea that individuals are stronger together in the face of adversity, emphasising the value of solidarity and mutual care in navigating crisis and trauma.

This book acknowledges the complexities and nuances of trauma therapy within Islāmic contexts, recognising both the potential benefits and limitations of integrating Islāmic principles into therapeutic practice. While some may criticise the blending of faith and psychology, others may argue that Islāmic values and principles offer a unique framework for healing and growth. This book contributes to the ongoing conversation, exploring the intersections between trauma therapy, Islām, and cultural sensitivity. Readers can expect a multidisciplinary approach to crisis and trauma. Consequently, this book is a valuable resource for professionals and non-professionals, including practitioners, counsellors, social care professionals, scholars, community workers, and clerics seeking to understand and address crises and trauma through an Islāmic lens. We hope this work inspires practitioners, scholars, and individuals alike to approach trauma with empathy, understanding, and a steadfast commitment to the compassionate nurturing of humanity. By doing so, individuals can cultivate a deeper connection to the Divine, the self, and their communities.

Reference

- Rassool, G. Hussein, (2025). *Spiritual integration in Islāmic psychotherapy: Unveiling the therapist's soul*. Focus Series on Islāmic Psychology & Psychotherapy. Routledge.

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Zarina Hassem

All Praise is due to Allāh, who has chosen me to be part of something meaningful and for giving me the ability to do whatever I can. To all my family members, especially my parents, I am constantly grateful for all your love, support, and encouragement. To my lovely sister, Ms. Ai Lien Djie, I appreciate your willingness to share your experiences and clinical case study applications. To all my teachers, friends, colleagues, clients, and students who have taught me above all else that humility is an essential part of life and that I still have so much to learn, I am grateful for your presence in my life. With special dedication to Riedwaan Watson, for seeing potential in me, for helping me to grow and for understanding the daily struggle. All shortcomings are from myself, and everything good is only from Allāh.

Shireen Ismail

All Praise is due to Allāh (ﷻ) and His Beloved Prophet Muhammad (ﷺ), his family, and his companions. I am deeply grateful to my parents, siblings, husband, and family for their constant support and joy. My heartfelt gratitude goes to my teachers, advisors, colleagues, friends, students, and clients for

their ongoing inspiration. Special appreciation to Dr. Omar Reda, Ms. Aziza Di Bello, Ms. Rafah Sahab, and Ms. Saira Qureshi for sharing their professional expertise. As Rumi says, ‘The wound is the place where the Light enters you’. May Allāh (ﷻ) bless and reward humanity and forgive me for my limitations and shortcomings.

Nabeela Vad Walla

All Praise and credit go to Allāh for the ability to be part of His work. May He forgive and be pleased with us. To my beloved parents and dear husband, for all the love, sacrifices, and encouragement, may your favour lie with Allāh. To my kind siblings, family, and friends, thank you for your unwavering support. My gratitude to the remarkable individuals for your keen willingness to impart: Dr. Muhammed Karodia, Ms. Muneera Mohamed, and the anonymous healthcare professionals, teachers and clients. Last but not least, for the Ummah, may this work be counted as *thawab-e-jaariyah* for the *esaale-thawaab* of the Prophet Muhammad (ﷺ), Marhoom Hafidh Huzeifa, Marhoomah Raabiah Kara, and all *marhoomeen*.

G. Hussein Rassool

All Praise is due to Allāh, and may the peace and blessings of Allāh be upon our Prophet Muhammad (ﷺ), his family, and his companions. I extend my heartfelt gratitude to several individuals and institutions who contributed to the development of the Focus Series on Islāmic Psychology and Psychotherapy. My deep gratitude for the unwavering love and support of my family, including Mariam, Idrees Khattab Ibn Adam Ali Hussein Ibn Hussein Ibn Hassim Ibn Sahaduth Ibn Rosool Al Mauritiusy, Adam Ali Hussein, Reshad Hassan, Fatima Ezzahra, Yasmin Soraya, Isra Oya, Asiyah Maryam, Dr Najmul Hussein, and Mohammed Ali. Their presence in my life is a blessing, and I acknowledge their love, support, and inspiration. I would like to express my deep appreciation to their parents for instilling the importance of education and Islāmic values and through my teachers to embark on the right path, following the Creed of *Ahlu-Sunnah wa'l-Jamā'ah*. I sincerely pray to Allāh that He forgives me and accepts my humble effort in writing this book. May this book serve as a means of guidance and understanding for those who seek knowledge and insight. Finally, whatever benefits and correctness you find within this book are out of the Grace of Allāh, Alone, and whatever mistakes you find are mine alone. I pray to Allāh to forgive me for any unintentional shortcomings regarding the contents of this book and to make this humble effort helpful and fruitful to any interested parties:

مَا أَصَابَكَ مِنْ حَسَنَةٍ فَمِنَ اللَّهِ وَمَا أَصَابَكَ مِنْ سَيِّئَةٍ فَمِنْ نَفْسِكَ وَأَنْتَ لِلنَّاسِ

رَسُولٌ وَاللَّهُ بِمَا تَعْمَلُ عَلِيمٌ

What comes to you of good is from Allāh, but what comes to you of evil, [O man], is from yourself. And We have sent you, [O Muḥammad], to the people as a messenger, and sufficient is Allāh as Witness

(An Nisa' 4:79).



The essence of this book is based on the following notions:

- The fundamental teaching of Islām as a religion is based on the Oneness of Allāh (God).
- The source of knowledge is based on the Qur'ān and *hādīth* (Ahl as-Sunnah wa'l-Jamā'ah).
- Empirical knowledge from sense perception is also a source of knowledge through the work of classical and contemporary Islāmic scholars and research.
- Islām takes a holistic approach to health: physical, psychological, social, emotional, and spiritual health cannot be separated.
- Muslims may have a different worldview or perception of illness and health behaviour.
- There is a wide consensus amongst Muslim scholars that psychiatric or psychological disorders are legitimate medical or psychiatric conditions that are distinct from illnesses of a supernatural nature.
- Muslims believe that cures come solely from Allāh, but seeking treatment for psychological and spiritual health does not conflict with seeking help from Allāh.
- It is a sign of respect that Muslims would utter or repeat the words 'Peace and Blessing Be Upon Him' after hearing (or writing) the name of the Prophet Muhammad (ﷺ).

Note

The translations of the meanings of the verses of the Noble Qur'ān in this book have been taken from *Saheeh International, The Qur'ān: Arabic Text with corresponding English meanings*, as well as *The Noble Qur'ān Encyclopedia* (quranenc.com), which offers translations, abridged, and Arabic explanations of the Qur'ān. At this point, a disclaimer is necessary: the inferences drawn from the Noble Qur'ānic verses and *hādīth* are symbolic meanings that are subjective and interpreted from a psychological lens.



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1 Crisis, Trauma, and Their Impact on Health

Introduction

On a global scale, individuals face numerous ongoing traumas, including assaults, military combat, natural disasters, and car accidents. Trauma involves the emotional and cognitive responses that arise from events threatening one's safety or sense of self. Extensive research has shown that such traumas significantly increase the risk of lingering emotional disturbances, such as post-traumatic stress disorder (PTSD), depression, anxiety, and substance use disorders (Tahan et al., 2021).

Exposure to trauma heightens the risk of various difficulties, with effects that can persist long after the traumatic event, impacting daily functioning and well-being. The impact of trauma varies and is influenced by factors such as the nature of the event, personal coping mechanisms, social support, and pre-existing health conditions. Individuals who have experienced multiple traumas, or lack adequate support, are likely to exhibit more severe symptoms. Recognising the prevalence and impact of trauma has led to increased initiatives aimed at raising awareness, providing support, and developing effective interventions. Trauma professionals employ various therapeutic approaches to aid recovery. Beyond individual interventions, initiatives also focus on societal measures, such as improving access to mental health services, integrating trauma-informed care in sectors such as healthcare and education, and addressing systemic issues like poverty and discrimination that contribute to trauma prevalence. This chapter highlights the significance of recognising the multifaceted nature of trauma, including its psychological, emotional, social, cultural, and spiritual dimensions. It examines the complex subjects of crisis and trauma, explores the historical development of trauma theory, and reviews research to understand evidence-based approaches for addressing crisis and trauma. Additionally, it outlines assessment methods and models used in the field, focusing on how these models can be considered alongside religious practices in therapy within the context of Islām. It emphasises the importance of further investigating culturally sensitive methods for developing and executing crisis and trauma intervention.

Concept of Trauma

According to Zhukova (2020), the term ‘trauma’ originates from the Greek word ‘traūma’, which translates to ‘wound’. Initially, trauma was associated with physical injuries, with the term first appearing in medical practice in the 1650s. However, in the 1890s, trauma began to be conceptualised as a psychological wound, marking the emergence of trauma within the realms of psychology and psychiatry. Physicians in Europe noticed the impact of trauma on mental health as numerous symptoms, like shock, phobias, and hysteria, were present in patients as a result of exposure to traumatic events (Pathak & Dewangan, 2020).

Roberts and Ottens (2005) define a crisis as ‘an acute disruption of psychological homeostasis in which one’s usual coping mechanisms fail, and there exists evidence of distress and functional impairment’ (p. 331). According to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V)* (American Psychiatric Association [APA], 2013), trauma is characterised by a response to ‘actual or threatened death, serious injury, or sexual violence’ (p. 271). These statements offer valuable insights into the nature of crisis and trauma, emphasising the psychological disruption and functional impairment experienced during a crisis, which highlights the failure of usual coping mechanisms. Frank-Richter (2018) states that crises and trauma need to be defined as separate from each other as two distinct experiences. She suggested that, most often, crisis precedes trauma. However, if trauma is not effectively resolved, there is a possibility that the unresolved trauma may bring about further crises in the future. On the positive side, if trauma is worked through effectively, it can provide someone with coping mechanisms to deal with possible further crises. In essence, she asserted that effective crisis resolution is essential in minimising the outcome of trauma and long-term crisis vulnerability.

Contextualising Trauma

In the 1900s, trauma became a subject of academic discourse and formalised theory, sparking a growing interest in related topics. Trauma was primarily associated with political and social events, driven by the experiences of individuals surviving catastrophic personal and collective events like wars, incarceration, and natural disasters. These experiences served as the impetus for studies and foundational theories on trauma. ‘In the past, post-traumatic symptoms were conceptualised under such terms as soldier’s heart, effort syndrome, fearfulness, insanity, nostalgia, shell shock, war neurosis, and the Vietnam syndrome’ (Aker et al., 2007, p. 39). Research into traumatic events encompasses both natural disasters, such as earthquakes, tornadoes, and floods, as well as man-made traumas like war-related experiences, imprisonment, torture, physical assaults, and technological accidents (Aker et al.,

2007). The need for psychological first aid arose from psychiatrists' observations of trauma's effects on soldiers returning from war, including symptoms like uncontrollable weeping, memory loss, physical paralysis, and lack of responsiveness (Herman, 1992, as cited in Ringel, 2020a). The goal of crisis intervention is a short-term response to stabilise and alleviate symptoms.

Crisis and trauma work has become widespread, with countries globally recognising the need to address these issues theoretically and practically (Radstone, 2007). Since the 1990s, trauma studies have expanded significantly worldwide, prompted by various conditions. For example, in Turkey, research on trauma surged after the 1999 Marmara earthquake, with a notable increase in articles published on epidemiology, aetiology, and treatment of post-traumatic symptoms (Aker et al., 2007). Similar trends are observed in other countries, highlighting the undeniable and far-reaching impact of trauma across all sectors of society.

The Impact and Effects of Trauma

In a focused review on trauma and public health, Kleber (2019) notes that traumatic symptoms and experiences have increased due to various shocking events, such as violence, disasters, terrorism, accidents, and war. This review stresses the importance of considering the implications of trauma on both public health in general and mental health in particular. Kessler et al. (2017) emphasise the impact of trauma and PTSD in a study conducted across 24 countries involving approximately 69,000 participants. The study evaluated lifetime traumas and PTSD, revealing that around 70% of respondents experienced lifetime traumas or exposure to traumatic events. Interpersonal violence emerged as the primary contributor to trauma and posed the highest risk for further exposure. Furthermore, these traumas correlated with an increased risk of PTSD among the majority of respondents.

Kleber (2019) suggested that trauma experiences can have a dual impact on individuals. Firstly, they may lead to persistent worry and vigilance about the possibility of recurrence, resulting in symptoms of acute stress disorder (ASD), which affects overall health. Secondly, experiencing trauma often leads individuals to seek a renewed sense of meaning in life. According to Kaminer and Eagle (2010), traumatic events cause survivors to reassess their belief systems, often grappling with feelings of victimisation and existential questioning. Kleber (2019) emphasises the significant challenges individuals face in extracting meaning and reconciling their understanding of humanity in the aftermath of trauma, particularly when it stems from violence. This struggle can have a profound personal toll on survivors.

Additionally, Kleber (2019) highlights the broader community impact of trauma, describing it as a socially erosive force. Events such as disasters and ongoing violence can profoundly affect communities, leading to vicarious

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trauma that erodes social resources, relationships, and structures on both micro and macro levels. The impact of trauma is detrimental at both individual and community levels. Individuals' post-traumatic functioning is considered unique, often described as a specific 'language' of trauma. This suggests that trauma induces a distinctive shift in perception and subjective experience that can be best understood by those who have endured similar traumas. Therapeutic approaches, including dramatic arts, have been effective in expressing and addressing this 'language' of trauma.

Leese et al. (2021) discuss how traumatic memories are expressed and conveyed through various means. They identify three broad categories through which the languages of trauma can be transferred. The traditional medical model encompasses diagnosis, treatment, and evaluation of trauma. Writing, including poetry, diary entries, and music, provides a platform for victims to express their voices. Likewise, drama and film, categorised as expressive arts, can also be used to convey trauma. Leese et al. (2021) emphasise that through such mediums, traumatic memories are given a voice and understanding, helping to fill the silence often associated with trauma. They suggest that the language of trauma can manifest through various avenues, including children's play activities, stories passed down through generations, songs, and poems. These diverse expressions illustrate that how individuals communicate their traumatic experiences are influenced by their historical and cultural backgrounds.

Trauma manifests diversely, with individuals experiencing different types of traumas. Some assert from a spiritual perspective that labelling experiences as 'trauma' may be misplaced, viewing life's challenges as trials that cultivate growth and resilience rather than solely causing wounds or impairing coping abilities. Despite varied coping mechanisms, trauma theory suggests that symptoms and responses are often universal across individuals.

Trauma Theory: Experiences and Responses to Trauma

Carlson and Dalenberg (2000) proposed a conceptual framework for impacting and responding to traumatic experiences. They identified three broad defining features of trauma:

- Negative valence (perceiving the event as traumatic).
- Lack of controllability.
- Suddenness.

Within this framework, it is also understood that re-experiencing and avoidance are the core primary responses to trauma, and these responses can manifest cognitively, affectively, behaviourally, as well as physiologically.

Table 1.1 includes a description of trauma's core defining features, as Carlson and Dalenberg (2000) proposed.

The perception of an event as negative, uncontrollable, and sudden contributes to the traumatic experience. In addition, Carlson and Dalenberg (2000) mention two fundamental responses to trauma, which are depicted in Table 1.2.

Carlson and Dalenberg (2000) describe how re-experiencing and avoidance of traumatic events manifest on different levels. Cognitive re-experiencing may involve intrusive thoughts and images, while cognitive avoidance may lead to amnesia, trauma derealisation, or depersonalisation. Affective re-experiencing may result in anxiety and anger, while affective avoidance could manifest as emotional numbing or isolation. Behaviourally, re-experiencing may lead to increased activity, mainly aggression, while avoidance may

Table 1.1 Core Features of Trauma as Proposed by Carlson and Dalenberg (2000)

<i>Core Feature</i>	<i>Explanation</i>
Negative valence	This is when an event is perceived and experienced as negative because it is painful or injurious. This can include emotional and physical pain as well as death (Carlson & Dalenberg, 2000).
Lack of controllability	Staying in control of one's environment allows people to feel safe and secure. Research has shown that people become distressed when they cannot control what is happening and this distress is heightened when the uncontrollable events result in pain (Carlson & Dalenberg, 2000).
Suddenness	Experiences are traumatic when events occur suddenly. Sudden events that involve threat and danger tend to be more overwhelming than sudden events that are not considered as threatening (Carlson & Dalenberg, 2000).

Table 1.2 Core Response to Trauma as Proposed by Carlson and Dalenberg (2000)

<i>Core Response</i>	<i>Explanation</i>
Re-experiencing	It is common for people to re-experience some aspect of the traumatic events after the occurrence. This can manifest cognitively, emotionally, behaviourally, or physiologically (Carlson & Dalenberg, 2000).
Avoidance	Avoidance symptoms occur as a relief from trauma-related anxiety. It may also be a re-occurring of the freeze response at the time of the trauma (Carlson & Dalenberg, 2000).

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involve distancing oneself from trauma-related stimuli. Physiologically, re-experiencing could involve heightened reactivity to trauma reminders, while sensory numbing may occur during avoidance. Flashbacks and nightmares may occur as re-experiences on various levels, accompanied by avoidance at different levels.

Caplan was the first to describe the components of a crisis systematically. His work with crisis victims allowed him to make formal deductions related to crisis and trauma responses. At the same time, Parad was interested in identifying various types of crises and their effects on people. Hence, five specific components that impact victims' coping abilities were identified (Ringel, 2020a). The five criteria are as follows (Parad & Caplan, 1960, as cited in Ringel, 2020a, p. 7):

- The stressful event poses a problem that is insoluble in the immediate future.
- The problem overtaxes the family's psychological resources since it goes beyond their traditional problem-solving methods.
- The situation is perceived as a threat or danger to the life goals of the family members.
- The crisis period is characterised by tension, which amounts to a peak and then falls.
- Perhaps most significantly, the crisis awakens unresolved critical problems from the near and distant past.

The conceptual framework discussed by Carlson and Dalenberg (2000), and the criteria set out by Caplan and Parad (1960 in Ringel, 2020a), can be aligned with the *Diagnostic and Statistical Manual, 5th Edition, Revised Text (DSM-V-TR)* (APA, 2022) criteria for trauma. The *DSM-V-TR* (APA, 2022) criteria for PTSD states that for a diagnosis to be made, a person would have to be exposed to a traumatic event either directly, as a witness, through learning about a traumatic event that a close family member or friend experienced, or experiencing repeated or extreme exposure to the negative details of the traumatic event. In addition, there should be one or more intrusion symptoms (such as distressing memories, dreams, flashbacks, etc.). There should also be persistent avoidance of stimuli associated with the traumatic event as well as negative alterations in mood and cognition associated with the traumatic event. Furthermore, marked alterations in arousal and reactivity associated with the traumatic event should be present. The symptoms need to be present for a duration of one month before a diagnosis of PTSD can be made. The disturbance should cause clinically significant distress or impairment in important areas of functioning. Finally, the disturbance should not be attributable to substances or another medical condition (APA, 2022).

The *DSM-V-TR* (APA, 2022) criteria for acute stress disorder (ASD), a less severe form of trauma, states that a diagnosis of ASD can be made if a person has had exposure to a traumatic event, directly or indirectly. The person also needs to present with at least nine symptoms in the following categories: intrusion symptoms; negative mood; dissociative symptoms; avoidance symptoms; and arousal symptoms. The duration of the disturbance for ASD should be three days to one month after the trauma exposure, and it also needs to cause significant clinical distress and not be due to another medical condition or substance (APA, 2022). The *DSM-V-TR* criteria are generally used as the systematic framework that allows for the explanation and diagnosis of trauma-related symptoms and, as can be seen, it can be linked back to earlier theories of trauma.

Types of Traumas

Swart (2009) highlights the necessity of recognising the diversity of traumas, accentuating the differentiation between individual and collective types. This understanding is pivotal for appropriately assessing and addressing trauma, as different types may require tailored approaches to treatment and intervention. Trauma is usually differentiated into Type 1 trauma (related to single-incident trauma) and Type 2 trauma (related to multiple-incident and chronic trauma). It is also often differentiated into physical and emotional trauma (Quinn, 2023b). Table 1.3 depicts some of the types of traumas.

Neurobiology of Trauma

Research has shown that trauma tends to have various impacts on the neurobiology of individuals. These effects may include changes in brain structure and could even impact gene expression (Bremner, 2006; Giotakos, 2020). Trauma affects brain development differently at different stages of life, and the few studies that have been conducted indicate that there are differences in the effects of trauma on neurobiology, which are dependent on the developmental stage of the person (Bremner, 2006). Giotakos (2020) suggests that early abuse and neglect can disrupt the neurobiological system in children. Specifically, experiences like emotional abuse can impact the structure and function of the pre-frontal cortex (the part of the brain located at the front of the frontal lobes, responsible for complex cognitive behaviour, decision-making, and moderating social behaviour). Repeated emotional stressors have been linked to increased synapse formation and dendritic growth, potentially leading to anxiety-related behaviours. When recounting emotionally traumatic events, activation occurs in various brain regions, including the limbic system, right amygdala, orbitofrontal cortex, anterior cingulate gyrus, anterior insula, and anterior medial temporal cortex, which are all involved in processing negative emotions and physical

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Table 1.3 Types of Traumas

<i>Type of Trauma</i>	<i>Description</i>	<i>Examples</i>	<i>Symptoms</i>
Acute trauma	Trauma which results from one single, sudden incident. Usually time-specific and limited.	<ul style="list-style-type: none"> - Car accidents - Natural disasters - Violent crimes - Physical assault 	<ul style="list-style-type: none"> - Irritability - Anxiety - Difficulty concentrating - Flashbacks - Avoidance - Difficulty sleeping - Nightmares - Intrusive memories - Dissociation
Chronic trauma	Repeated, prolonged trauma resulting from multiple traumatic events. Occurs over a prolonged period of time.	<ul style="list-style-type: none"> - Domestic abuse - War - Violence - Chronic Illness - Neglect - Homelessness 	<ul style="list-style-type: none"> - Feelings of shame and guilt - Trouble regulating emotions - Chronic pain - Anxiety disorders - Depression
Complex trauma	Typically occurs when a child or young person experiences repeated trauma. A person may experience multiple, chronic or severe traumatic-experiences.	<ul style="list-style-type: none"> - Childhood abuse or neglect - Prolonged exposure to domestic abuse - Medical abuse - Being held captive - Parentification - Living in a war zone 	<ul style="list-style-type: none"> - Flashbacks - Memory lapses - Constant alertness - Dissociation - Derealization - Depersonalization - Difficulty sleeping and having nightmares - Trouble in interpersonal relationships - Negative self-perception and low self-esteem - Chronic illness including headaches and stomach issues
Vicarious/secondary trauma	This type of trauma is also commonly referred to as vicarious trauma or compassion fatigue. It often involves cases where people are not directly impacted by trauma but the effects are still experienced.	<ul style="list-style-type: none"> - Witnessing a traumatic event - Children witnessing abuse of a parent - Caregiving of trauma victims - Parental divorce - Death of a loved one - Exposure to substance abuse - Parental mental illness 	<ul style="list-style-type: none"> - Stress - Decrease in appetite - Anxiety - Depression - Behaviour problems - Substance use disorder - Physical health problems

(Continued)

<i>Type of Trauma</i>	<i>Description</i>	<i>Examples</i>	<i>Symptoms</i>
Generational trauma	Intergenerational transmission of trauma and its effects from one generation to the next.	<ul style="list-style-type: none"> - Domestic violence - Physical, emotional, or sexual abuse - Oppression - Racism - War - Natural disasters - Genocide - Slavery 	<ul style="list-style-type: none"> - Co-dependency - Unhealthy attachment styles - Hypervigilance - Difficulty trusting others - Mental health conditions - Substance abuse

Adapted from: Quinn (2020, 2023a, 2023b).

impacts. ‘Neuroimaging studies in PTSD patients have revealed hypoactivity in the frontal lobe, anterior cingulate, and thalamic areas, suggesting the effects of PTSD on executive function, attention, and cognitive, memory, affective, and somatosensory integration’ (Giotakos, 2020, p. 162).

Bremner (2006) similarly reported that traumatic stress affects brain function and structure, along with the neuropsychological aspects of memory. Stress can lead to acute and chronic alterations in neurochemical systems and specific brain regions linked to the stress response. Moreover, studies indicate that PTSD symptoms align with changes in the cognitive system, particularly deficits in verbal declarative memory. Bremner (2006) reported similar results, mentioning that traumatic stress has been found to affect brain function and structure as well as neuropsychological components of memory. He also concluded that stress could result in acute and chronic changes in neurochemical systems and specific brain regions associated with the stress response. In addition, studies have found that PTSD symptoms are consistent with changes in the cognitive system related to deficits in verbal declarative memory. Additionally, studies on neuroplasticity (the brain’s ability to reorganise itself by forming new neural connections throughout life, allowing it to adapt to changes, learn new information, and recover from injuries) highlight the brain’s remarkable ability to adapt and reorganise itself in response to trauma, suggesting that recovery is possible and can lead to positive changes in brain function (Giotakos, 2020).

Integrating Cultural and Religious Dimensions in Trauma Intervention

Religious and cultural considerations are essential in understanding and addressing trauma, particularly within diverse populations. Individuals often rely on their cultural and religious beliefs as coping mechanisms during

trauma intervention. In many cultures, spirituality is closely linked to mental health, shaping how individuals perceive and respond to traumatic experiences. In this context, exploring how specific cultural frameworks, such as Islāmic religious ethos and principles, can inform and enhance trauma interventions is essential. Islāmic ethos encompasses beliefs, practices, and cultural expressions rooted in Islāmic teachings. Central to Islāmic principles are the Five Pillars of Islām, which include Shahada (the declaration of faith), Salah (prayer), Zakat (almsgiving), Sawm (fasting during Ramadan), and Hajj (pilgrimage to Mecca). Islāmic religious practices emphasise the importance of community, compassion, and ethical conduct, which can significantly influence individuals' coping mechanisms, integration, and therapeutic approaches within Muslim communities (Hamid, 1996).

According to Nguyen (2023), spirituality can assist individuals in forming a positive personal identity after trauma, supporting their role identities and facilitating healing. However, it is also essential to acknowledge that, at times, spirituality may lead to an unhelpful identity or result in the loss of a religious identity. Unhelpful notions relative to religion have previously been criticised for preventing trauma victims from seeking adequate health support, as in the study by Ammar et al. (2013), which presented that Muslim women did not seek help because they feared adverse reactions from other members of the Muslim community. Another study by Oyewuwo-Gassikia (2016) found that unhealthy religious ideals encouraged women to stay in abusive domestic relationships with the expectation of being rewarded by God, which prevented women from seeking adequate help and, consequently, they continued to sustain abuse under that pretext (Oyewuwo-Gassikia, 2016).

By integrating cultural and religious dimensions, including Islāmic principles, into assessments and therapeutic approaches, health professionals can develop a more holistic framework that respects and acknowledges their clients' unique backgrounds. This approach strengthens the therapeutic alliance, cultivates resilience, and promotes healing by aligning interventions with the client's values and beliefs. Recognising and incorporating these religious and cultural elements into trauma intervention not only enhances the effectiveness of therapeutic practices but also ensures that individuals feel understood and supported in their healing journeys.

Contemporary Trauma Experts: Views and Contributions

Gabor Maté is a world-renowned physician and therapist who has worked with trauma cases for decades. He highlights the relationship between trauma and various illnesses and puts forth the idea of a trauma-informed society. According to him, society, in general, presents multiple forms of trauma-informed behaviour, which are present as a result of not dealing with

experiences of trauma. This manifests as physical diseases and could explain, to a large degree, the widespread physical illnesses experienced by people today (Hollington-Sawyer, 2021). Maté explains that trauma is not what happens to you but what happens inside you as a result of the trauma. He differentiates between capital-T traumatic events, which include traumatic events such as abuse, neglect, or loss, and small-t traumas, which are traumas that can come about when a child's needs are not met or when a child is not able to share their voice. He takes a compassionate approach to the treatment of trauma but, at the same time, believes that people need to take responsibility for their healing. He explains that when trauma is left unhealed, it can continuously impact the individual's life, their feelings about the self, how they perceive the world, and their relationships with others. Maté's understanding of trauma extends to his own subjective experiences and observations. As a Holocaust survivor and former Zionist, he openly discusses the atrocities against the Palestinian people, which has garnered criticism. At nearly 80 years old, Maté has identified his triggers stemming from childhood trauma, underlining that the effects of trauma can resurface at any point, manifesting as physical illness or emotional reactions. He emphasises that effectively addressing emotional reactions requires identifying their roots in trauma (Bramley, 2023).

Bessel van der Kolk, a prominent figure in trauma treatment, has authored numerous books and articles. He has also founded the Trauma Research Foundation, which is dedicated to researching trauma and training practitioners. He integrates findings from neuroscience and attachment research into trauma treatment, focusing on brain changes resulting from trauma. Van der Kolk conducted pioneering studies on the effects of selective serotonin reuptake inhibitors on PTSD. His research examines trauma's impact across different developmental stages and emphasises how disruptions in caregiving negatively affect individuals. He continues to advance the field by training many practitioners in trauma interventions (van der Kolk, n.d.).

The final expert mentioned in this review is Peter Levine, who has also made significant contributions to trauma. Levine is the author of several best-selling books on trauma, and he has received numerous awards for his work on traumatic experiences. He offers various training programmes based on his approach, somatic experiencing (SE). SE is a naturalistic, neurobiological, body-oriented approach to healing trauma (Ergos Institute of Somatic Education, n.d.). SE works with the premise that trauma affects the brain, mind, and body. Thus, trauma is not caused by the traumatic event but instead develops when the body, mind, spirit, and nervous system fail to process extreme adverse events. The therapeutic technique involves nine essential steps, which include establishing an environment of safety, identifying internal body sensations, containing and letting go of emotions, touching into the survival-based arousal to increase resilience, replacing passive responses with active ones to become empowered and remove helplessness, breaking down feelings of fear

and immobility at the level of biological and physiological processing, resolving hyperarousal states through physiological responses, such as breathing, engaging in self-regulation to bring about a state of equilibrium, and finally orienting oneself to the here and now (Levine, 2015).

Assessment of Crisis and Trauma

Various measures have been found suitable and valuable for assessing crisis and trauma. Since crises often precede trauma, a model of crisis intervention will be explored.

The Seven-Stage Crisis Intervention Model

Roberts and Ottens (2005) proposed a seven-stage crisis intervention model as a conceptual framework for assessment and intervention. This model is designed for brief crisis management within medical settings and provides a structured blueprint that crisis workers, including social workers and psychiatrists, can follow when handling cases. The model emphasises a comprehensive approach that integrates various health dimensions, allowing for a more holistic understanding of the individual's needs.

As the model progresses through its stages – from initial assessment to follow-up – crisis workers can facilitate healing by recognising the interplay between well-being and religious beliefs. This approach ultimately promotes resilience and recovery in those affected by trauma, making the model a valuable tool in crisis management. The stages of the model are presented in Figure 1.1.

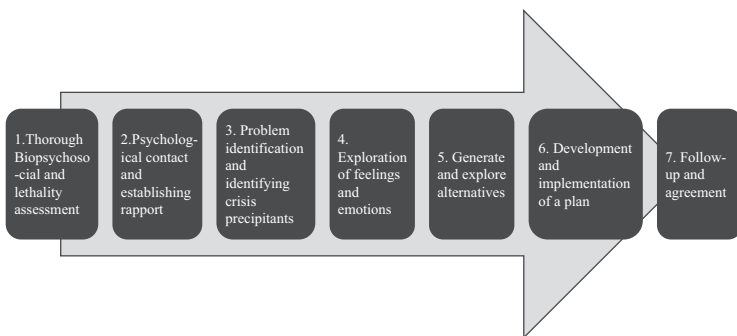


Figure 1.1 Adaptation of Robert and Ottens (2005) Seven-Stage Crisis Intervention Model

This model provides a structured framework for crisis management, emphasising rapid assessment, empathetic rapport-building, and collaborative problem-solving (Roberts & Ottens, 2005). At the outset, a thorough evaluation is conducted to understand the individual's biopsychosocial context and evaluate the risk of harm. Establishing rapport is paramount in encouraging trust and cooperation, with the crisis worker demonstrating empathy and genuineness to create a supportive environment for the individual to express their emotions. Subsequent stages focus on identifying the underlying problems contributing to the crisis, exploring emotions, and generating coping strategies collaboratively. Through active listening and validation, the crisis worker helps individuals navigate their feelings and develop adaptive coping mechanisms. Implementing an action plan integrates these strategies into practical steps to restore functioning and promote resilience. Follow-up sessions are scheduled to monitor progress and provide ongoing support, ensuring the individual receives the necessary assistance to navigate the crisis and build long-term coping skills.

By guiding crisis workers through a systematic assessment and intervention process, the model facilitates the incorporation of religious and cultural principles, including those found in Islāmic practices. Islāmic religious practices emphasise the importance of community, compassion, and ethical conduct, which can significantly influence individuals' coping mechanisms and therapeutic approaches within Muslim communities. Understanding these principles is important for integrating religious practices within therapeutic frameworks, particularly in addressing trauma and promoting holistic health. In the context of the seven-stage crisis intervention model, incorporating these religious principles allows crisis workers to better tailor their approaches to meet Muslim clients' needs. By recognising the religious dimensions of their experiences and utilising culturally relevant coping strategies, practitioners can create a more supportive and effective therapeutic environment. This integration not only enhances the therapeutic alliance but also promotes resilience and recovery among individuals affected by trauma within Muslim communities.

Religious assessments and coping strategies must be integrated and incorporated into an individual's beliefs. Thus, the therapeutic alliance is enhanced and a supportive environment is cultivated for clients. The model's adaptability is crucial in addressing the unique needs of individuals from diverse backgrounds, ensuring that interventions are culturally sensitive and effective.

Integration of Religious Principles and Worldviews with the Seven-Stage Crisis Intervention Model

The proposed seven-stage crisis model offers a versatile framework that readily incorporates Islāmic religious principles and practices. Beginning with the biopsychosocial assessment, a dimension can be included to assess religious

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