

Ihya Child-Centred Counselling Model: A Multiple-Case Study on Abused Children in Brunei

Nurrawiah Haziyah Binti Jumat, Norhazlin Muhammad, Roslinawati Roslan

Sultan Hassanah Bolkiah Institute of Education, University Brunei Darussalam

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ABSTRACT

This paper presents the empirical application of the Ihya Child-Centred Counselling Model (ICCCM), an Islamic-based counselling framework developed for Muslim children who have experienced abuse in Brunei. Grounded in Al-Ghazali's original Arabic version of *Ihya Ulumuddin* Volume Three, the model integrates the Islamic principles of *tarbiyya* (educating) and *tazkiyya* (cleansing) into a structured six-session therapy. The ICCCM aims to support the holistic recovery of abused children by promoting spiritual, emotional, psychological and behavioural healing through guided prayers (*salaat*), reading parables of the Al-Quran, reciting *dhikr*, instilling patience and learning forgiveness. This study employed three samples of abused children in Brunei and used a multiple-case study methodology. Data were gathered through pre- and post-therapy interviews and observations to examine changes in emotional, psychological, spiritual and behavioural aspects. Findings indicated positive shifts in six key areas: reason to live, positive emotional experiences, ability to control emotions, getting closer to Allah, positive psychological experiences and positive behavioural consequences. While the ICCCM is specifically developed for Brunei, where Islamic values are deeply embedded in national identity and social institutions, its adaptable structure offers potential application in other Muslim-majority countries and minority Muslim communities seeking culturally and religiously grounded therapeutic approaches. The ICCCM contributes to addressing the scarcity of empirically tested Islamic counselling models for abused children. Although preliminary, the findings indicate the model's potential for broader implementation. Ongoing research is needed to confirm these results and explore its adaptability across diverse cultural settings.

Keywords: Al-Ghazali, Brunei, Child Abuse, ICCCM, Islamic Counselling

INTRODUCTION

Child abuse remains a pervasive and distressing issue worldwide, whether emotional, psychological, sexual, or through neglect (Fayaz, 2019). In Brunei, reports of abuse are also concerning. Sulaiman et al. (2024) stated that a total of 251 children and young people in Brunei have been added to the recently established child protection register after being determined to be at risk of abuse, neglect, or other welfare issues. Therefore, there is a pressing need for a counselling therapy model that can support the holistic development of abused children.

Recognising this need, the present study introduces the Ihya Child-Centred Counselling Model (ICCCM) as a therapeutic framework specifically designed for abused children in Brunei. Unlike Western-based counselling approaches, the ICCCM is an Islamically informed model that aims to nurture the holistic personality development of children by addressing the interconnected dimensions of the *qalb* (heart), *nafs* (soul), *ruh* (spirit), and *'aql* (mind). This model is derived from the teachings of Imam Al-Ghazali, particularly from the Arabic version of Volume Three of his seminal work *Ihya Ulumuddin*, which discusses in depth the purification and nurturing of the human self.

Al-Ghazali's theory of personality offers a comprehensive understanding of human development through spiritual, intellectual, and emotional lenses. By centring therapy around the inner self, focusing on the purification of the heart, discipline of the soul, illumination of the spirit, and guidance of the intellect, the

ICCCM supports abused children in their healing journey by aligning psychological recovery with spiritual values. This alignment is especially crucial in Brunei's socio-religious context, where Islam plays a significant role in shaping individuals' worldviews and daily lives.

Furthermore, the ICCCM incorporates principles of child-centred counselling, giving voice to the child's experience and fostering a safe, respectful space where the child's thoughts, feelings, and agency are prioritized. This approach not only respects the developmental needs of children but also allows them to participate actively in their own healing process. It is designed to be empathetic, spiritually meaningful, and emotionally nurturing.

The purpose of this paper is to present the results of a multiple case study involving three children in Brunei who experienced different forms of abuse. Each child received counselling based on the ICCCM framework over a series of therapeutic sessions. The study aimed to explore how the ICCCM facilitated emotional regulation, spiritual awareness, and positive behavioural change in the children. The case study approach provided an in-depth understanding of each child's therapeutic journey, while also offering cross-case insights into common themes and outcomes.

By integrating Islamic spiritual concepts with contemporary child-centred counselling techniques, this research seeks to contribute to the development of culturally congruent, trauma-sensitive therapeutic models. The findings are intended to inform counsellors, educators, and policymakers in Brunei and other Muslim-majority contexts about the importance of tailoring counselling interventions to align with the cultural and spiritual needs of abused children.

In sum, this study not only addresses the psychological impact of abuse on children in Brunei but also presents a therapeutic model grounded in Islamic tradition. The ICCCM stands as a culturally responsive, spiritually infused, and child-focused counselling model that may serve as a valuable resource in the fields of Islamic psychology and child counselling.

Conceptual Framework

The Ihya Child-Centred Counselling Model (ICCCM) is rooted in classical Islamic psychology and is specifically designed to address the emotional and spiritual needs of abused children in Brunei. This model offers a culturally and religiously grounded counselling framework that aligns with the national philosophy of *Melany Islam Beraja* (MIB), emphasising holistic personality development through the integration of the *qalb* (heart), *'aqal* (mind), *nafs* (soul), and *ruh* (spirit) via the processes of *tarbiyaa* (spiritual and moral education) and *tazkiyaa* (purification of the soul).

The conceptual foundation of the ICCCM draws upon Imam Al-Ghazali's theory of human personality as elaborated in the Arabic version of Volume Three, *Ihya Ulumuddin*, which focuses on *tarbiyaa* and *tazkiyaa*. Al-Ghazali describes the human being as a composite of interconnected elements that must be nurtured in harmony to achieve psychological and spiritual well-being. When the *qalb*, *'aqal*, *ruh*, and *nafs* become misaligned, particularly following trauma, this can lead to emotional instability, moral confusion, and behavioural dysfunction.

The ICCCM seeks to realign and nurture these dimensions through structured counselling sessions incorporating spiritual reflection, values-based conversations, drawing, storytelling, and guided religious practices, including congregational prayer (*solat berjemaah*). These activities are not only intended to help children process their trauma but also to foster emotional resilience and spiritual rootedness through the dual processes of *tarbiyaa* and *tazkiyaa*.

This Islamically grounded counselling model is sensitive to the child's developmental stage and facilitates healing by embedding moral, emotional, and spiritual growth into the therapeutic journey. It supports the child's transformation from a state of emotional distress to one of self-awareness, self-regulation, and renewed connection with their faith and values.

Fig. 1 is the conceptual model that visually represents the ICCCM. The model applied in this study is based on the Ihya Child-Centred Counselling Model (ICCCM), developed by the authors and described in a forthcoming article (to be published on 25th June 2025 in the International Journal of Research and Innovation

in Social Science, *titled* Developing Ihya Child-Centred Counselling Model (ICCCM): An Islamic Therapy Framework Based on Al-Ghazali's Ihya Ulumuddin for Abused Children in Brunei).

In the current study, the model is implemented within the context of a multiple case study involving three abused children in Brunei.

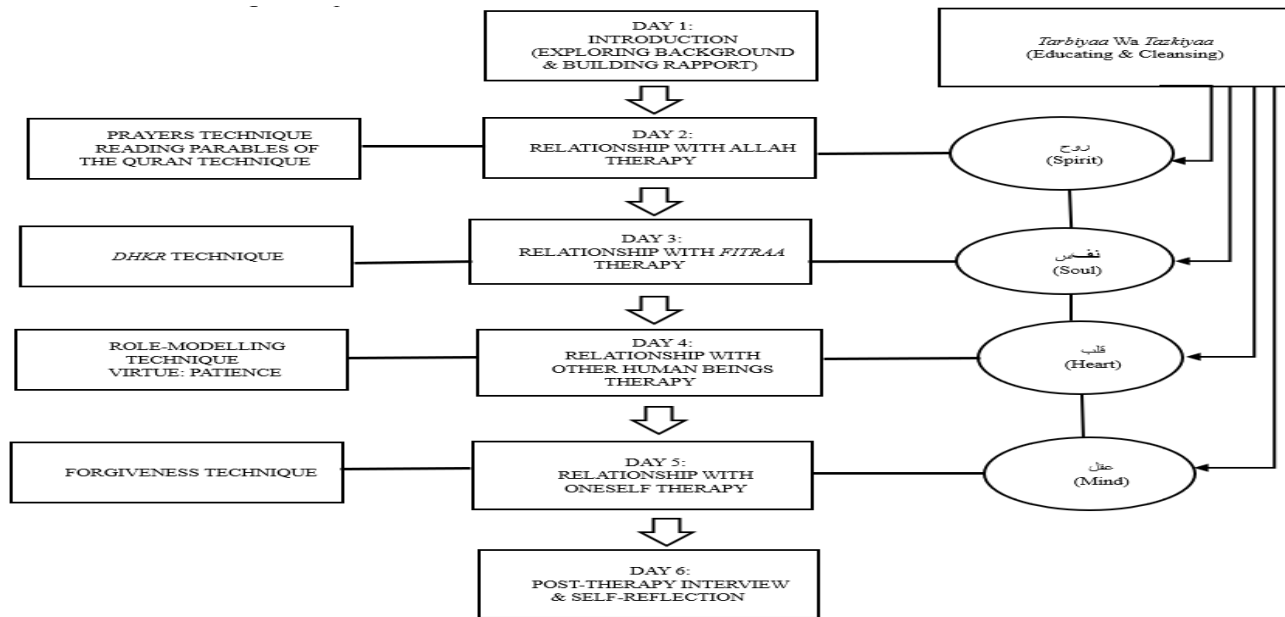


Fig 1 Conceptual Framework

METHODOLOGY

This study employed a multiple case study design to explore the impact of the Ihya Child-Centred Counselling Model (ICCCM) on the psychological, emotional, behavioural and spiritual development of three abused children in Brunei. The case study design was chosen to provide an in-depth, contextual understanding of each participant's lived experience and to identify commonalities and differences across cases.

Participants and Sampling

Three children, aged 15 to 16, who had experienced various forms of abuse, including sexual, emotional, psychological, physical, and neglect, were purposively selected for this study. All participants were referred by their respective school counsellors, who had previously conducted counselling sessions with them. Pseudonyms were used to protect their identities.

Data Collection

Data were collected through pre- and post-interviews and direct observations, serving as tools to capture changes in the participants' personalities and behaviours throughout the intervention. The individual counselling sessions were conducted in the counselling rooms of the participants' schools. Each participant engaged in six sessions over six consecutive days, with each day addressing a specific objective of the ICCCM framework.

Day 1: Building Rapport and Establishing Trust- The session began with pre-interview questions exploring each participant's background. This was followed by the 'Candy-Fact' game, designed to encourage self-expression through coloured sweets that corresponded with specific reflection prompts. For example, green sweets represented sadness, pink signified coping strategies, purple addressed current concerns, and orange invited self-description. **Day 2: Nurturing the Relationship with Allah-** This session aimed to reconnect the participants with their Creator through performing obligatory (*ṣalaat*) and non-obligatory (*ṣalaat tawbaat* and *ṣalaat hajaat*) prayers. Selected Qur'anic parables were read together to support spiritual reflection. **Day 3: Reconnecting with the *Fiṭraa* through *Dhkr*-** Participants were introduced to two of Allah's names; *Ya Qawiy* (The Strong) and *Ya Ṣabūr* (The Patient). These were recited together 33 times, followed by individual recitation 99 times to facilitate spiritual grounding and self-awareness. **Day 4: Emulating the Prophet**

Muhammad through Patience- To internalise the virtue of patience, participants were asked to draw something meaningful to give someone, which was then crumpled. After validating the emotional reaction, the counsellor introduced *dhkr* practices to manage anger, emphasising *Ya Sabūr*. **Day 5: Promoting Forgiveness and Eliminating Anger-** The focus was on addressing anger as self-destructive behaviours. Imam Al-Ghazali's remedies for anger, both knowledge-based and action-based, were explained. Participants were guided through a balloon activity where they externalised their anger, recited

أعوذ بالله من الشيطان الرجيم and released the balloon as a symbolic act of forgiveness. **Day 6: Post-Intervention Assessment-** This session involved post-interviews and observations to evaluate the participants' psychological and spiritual changes following the ICCCM intervention.

Data Analysis

A thematic analysis approach was employed to analyse the qualitative data. Interview transcripts and field notes were coded and categorized to identify recurring themes, emotional responses, and behavioural changes. Cross-case comparisons were conducted to examine both shared patterns and individual differences in participants' development.

Ethical Considerations

Ethical approval was obtained from the Department of Schools, Ministry of Education, as well as from school principals and counsellors. Given the participants' backgrounds, experiencing abuse at the hands of parents or guardians, parental consent was not sought. Informed assent was obtained directly from each child using age-appropriate explanations of the study's purpose and procedures. All data were anonymized, and the participants' emotional and psychological well-being was prioritized throughout the study. Participants were informed of their right to withdraw at any time if they experienced distress. Pseudonyms were used instead of abstract identifiers such as "Student A", as the researchers sought to maintain the participants' dignity through more personalised naming. As an additional assurance, the names used in this study are pseudonyms and bear no resemblance to the actual identities of the participants.

FINDINGS

This section presents the findings of the Ihya Child-Centred Counselling Model (ICCCM). The participants attended six counselling sessions, each lasting between 45 minutes and 2 hours.

Case 1: Fatimah (pseudonym)

Background:

Fatimah is a 16-year-old student in Year 10 at School B. She is the youngest of two siblings and has one elder brother. Her life took a traumatic turn when her mother passed away unexpectedly when Fatimah was just 13 years old. The death of her mother marked the beginning of significant emotional hardship. After the loss, her father became emotionally and physically absent, neglecting both Fatimah and her brother. As a result, the siblings were placed under the care of their maternal aunt.

Unfortunately, instead of receiving support and comfort, Fatimah endured sustained emotional and psychological abuse from her aunt. She was frequently subjected to demeaning comments and verbal humiliation. For instance, she was called "stupid" for forgetting minor things, such as not throwing away a piece of tissue, and was often made to feel like a burden in the household. The aunt regularly reminded her that basic necessities like Wi-Fi and food were provided solely because of her generosity, fostering a deep sense of guilt and unworthiness in Fatimah.

Fatimah's home environment offered little to no emotional safety or nurturing. Despite having a few close friends at school, she kept her struggles to herself and chose not to share her feelings with anyone. She described feeling completely alone and emotionally trapped, with no adult figure she could turn to for comfort or guidance. This prolonged state of emotional neglect and psychological mistreatment led to a deterioration in her mental health. Fatimah developed symptoms of depression and anxiety, and her sense of self-worth declined severely.

One of the most traumatic experiences she shared was being blamed for her mother's death. Fatimah had slept beside her mother the night she passed away. When she later recounted this to her relatives, her aunt cruelly responded, "You woke up early, why didn't you wake her up?" This statement left a lasting emotional scar. Fatimah internalised this blame and began to believe that her mother's death was somehow her fault. She carried this guilt with her, which contributed to intense emotional pain and feelings of self-hatred.

As a result of this accumulated trauma, Fatimah began experiencing suicidal thoughts and engaged in self-harming behaviour. During one of the early counselling sessions, she quietly showed the researcher the cuts on her arms, hidden beneath her school uniform. This heartbreaking moment underscored the severity of her emotional suffering and her silent plea for help.

Fatimah's case presents a complex and painful intersection of grief, parental neglect, emotional and psychological abuse, and spiritual disconnection. Her experiences had a significant impact on her personality development, contributing to feelings of hopelessness, worthlessness, and internalised guilt. These factors made her an appropriate and meaningful participant in the implementation of the Ihya Child-Centred Counselling Model (ICCCM), which sought to support her emotional healing and spiritual recovery.

Fatimah's personality before ICCCM intervention:

Prior to the intervention, Fatimah's spiritual life was notably inconsistent. Her participation in obligatory Islamic practices was minimal; she only occasionally performed the *zhuhr* and *asr* prayers, while neglecting other daily prayers, such as *maghrib* and *isha*. She did not engage in voluntary prayers, Qur'anic recitation, or *dhkr* (remembrance of Allah), and exhibited little motivation to nurture her spiritual connection. This spiritual disengagement appeared to mirror her emotional despondency, reflecting a sense of disconnection not only from herself but also from her Creator.

In terms of her outward behaviour, Fatimah was observed by the researcher to be soft-spoken, respectful, and composed. However, beneath this calm demeanour lay deep emotional turmoil. The cumulative effects of parental neglect and sustained psychological abuse had taken a profound toll on her sense of self-worth and emotional well-being. After the death of her mother at age 13, her father became absent both emotionally and physically, leaving Fatimah and her brother in the care of their maternal aunt. Rather than providing a nurturing environment, the aunt's home became a space marked by emotional hardship and constant psychological strain.

Fatimah's psychological development was significantly shaped by this dysfunctional familial environment. Her father's rejection and failure to fulfil a parental role left her feeling deeply disappointed and unloved. Further exacerbating her emotional distress were frequent conflicts between her father and maternal relatives over inheritance, often conducted in her presence. These arguments, occurring shortly after her mother's death, made her feel caught in a familial battle, deepening her grief and sense of abandonment.

Life with her maternal aunt offered little respite. Fatimah experienced frequent emotional abuse, characterised by scolding, harsh criticism, and verbal humiliation. She was regularly called names such as "stupid" for minor mistakes, such as forgetting to discard a used tissue. Her aunt's comments often made her feel as though she was a burden, with frequent reminders that the household's amenities, such as Wi-Fi or food, were provided solely through the aunt's generosity. These constant verbal assaults cultivated a toxic internal narrative within Fatimah, reinforcing feelings of guilt, shame, and low self-worth.

Despite having a few close friends at school, Fatimah kept her struggles hidden. She never disclosed the emotional turmoil she endured at home, choosing instead to suffer in silence. The lack of emotional support and understanding from adults around her intensified her sense of isolation, leading her to feel invisible and unloved.

The most devastating emotional blow came when her aunt blamed her for her mother's death. Fatimah had shared that she was sleeping beside her mother on the night she passed away, unaware of her mother's death until the morning. Upon telling this to her relatives, her aunt cruelly remarked, "You woke up early, why

didn't you wake her up?" This single statement left a deep psychological scar. Fatimah internalised the guilt, believing that her failure to wake her mother had somehow caused her death. This burden of blame fostered intense emotional pain, contributing to suicidal ideation. She even confessed to wishing she had died instead, so her father and brother could have carried on without her.

This toxic self-blame manifested physically in the form of self-harm. During an early session, Fatimah quietly pulled back her school uniform sleeve to reveal cuts on her arm, silent cries for help that she had never voiced to anyone. This moment revealed the true extent of her suffering and how deeply unsupported she felt in her current environment.

Recognising the severity of her emotional state, the researcher approached the matter with great sensitivity. During the session, Fatimah was reassured that life and death lie within Allah's divine decree (*qada* and *qadar*), and that the passing of her mother was not her fault. The researcher validated her emotions and explained that it was both inappropriate and unjust for an adult to place such an immense burden of guilt on a young child. At the time of her mother's passing, Fatimah was only 13, a child still navigating the early stages of adolescence.

Upon hearing this, Fatimah broke down in tears and cried for nearly thirty minutes, an emotional release that marked a pivotal point in her healing journey. For the first time in years, she felt heard, validated, and comforted. The researcher recognised that despite her trauma, Fatimah had demonstrated maturity and responsibility far beyond her years. She had taken it upon herself to save her pocket money to pay for her own school fees in order not to burden her caregivers. This act of self-sacrifice highlighted her resilience and strength in the face of chronic neglect.

By the end of the session, a noticeable shift had occurred in Fatimah's emotional state. The tears subsided, her posture relaxed, and her face carried a softness that had not been seen before. It was a moment that revealed a profound truth: sometimes, what a child suffering in silence needs most is a safe space, a compassionate listener, and the affirming words, "You've done well to stay strong." In the absence of emotional refuge at home, this moment of human connection began to open the door to healing.

Fatima's personality after ICCCM intervention:

Following the counselling sessions based on the Ihya Child-Centred Counselling Model (ICCCM), Fatimah began to show a sincere and meaningful transformation. One of the most notable shifts was her newfound commitment to strengthening her relationship with Allah. Prior to the intervention, she had never performed *maghrib* or *'isha* prayers. However, she gradually started making a conscious effort to incorporate these into her daily routine. Although she had not yet achieved consistency in performing all five obligatory prayers (*ṣalaat*), her deliberate effort to perform at least one or two prayers daily was a remarkable and commendable change.

This spiritual awakening did not occur in isolation; rather, it was nurtured through reflective sessions that gently guided her to view prayer not as a burden but as a form of emotional refuge and connection with the Divine. Establishing this habit, especially for someone who had previously been spiritually disengaged, demonstrated her inner motivation and growing sense of self-worth. It is essential to recognise that building a regular prayer practice can be challenging, particularly for those struggling with trauma and emotional instability. As highlighted in the Qur'an, Allah acknowledges the difficulty of consistent prayer in *Ṣūraat al-Baqaraa*, verse 45:

وَأَسْتَعِينُوا بِالصَّبْرِ وَالصَّلَاةِ وَإِنَّهَا لَكَبِيرَةٌ إِلَّا عَلَى الْخَاشِعِينَ

"And seek help through patience and prayer. Indeed, it is difficult except for the humbly submissive (Al-Khashi' iyn)"

This verse served as a spiritual anchor during Fatimah's journey, validating her struggle and affirming that even small steps towards spiritual discipline are meaningful in the eyes of Allah.

Beyond her improved prayer habits, Fatimah exhibited a significant transformation in her emotional regulation and self-perception. In her own words, she expressed:

"I like myself now. The old Fatimah was quite self-absorbed. I only thought about myself and how I was feeling. Now, I'm more understanding of others and I consider their feelings too. I feel more relaxed, especially emotionally, which helps my mind feel calmer as well. My stress levels have decreased, and I don't feel as anxious anymore."

This reflection highlighted a key shift in her internal narrative, from self-centered emotional overwhelm to empathetic awareness and emotional balance. Fatimah had begun to think beyond her own pain and started showing sensitivity towards the experiences of others, an indication of both cognitive and moral development. Her emotions, once bottled up and volatile, had become more manageable. She reported feeling emotionally lighter and mentally calmer, a stark contrast to the anxiety, depression, and suicidal ideation she experienced before.

The counselling process also equipped her with strategies for cognitive reframing. When faced with emotionally distressing situations, such as her aunt's unjustified anger, Fatimah had learned to defuse the situation internally. Instead of internalising the criticism as she had done before, she now responded with self-assurance: *"It's okay... I know myself better... What she said isn't true."* This internal dialogue reflected the development of a healthier self-concept and increased emotional intelligence.

From the researcher's observation, Fatimah now presented herself as more open and expressive. Her body language, once closed and tense, had become relaxed and animated. She smiled more often, engaged readily in conversation, and spoke enthusiastically about subjects she enjoyed. These changes, though subtle in appearance, signified profound internal growth.

In contrast to the hopelessness and emotional numbness she displayed during the early sessions, Fatimah had now rekindled a sense of purpose and optimism. She had moved from a state of wanting to give up on life to actively striving for a better future. In the researcher's view, her journey illustrated the powerful interplay between spiritual reawakening and psychological healing. Her gradual but steady progress demonstrated that with compassionate guidance, religious reflection, and therapeutic support, even deeply rooted emotional wounds could begin to heal.

Case 2: Humaira (pseudonym)

Background:

Humaira is 15 years old, from School C, and is in Year 10. Her parents emotionally abused her. She was also sexually abused by her adult ex-boyfriend. She once exchanged inappropriate images of herself with him, and he reciprocated. When they broke up, he threatened her with the images, claiming that he would send them to her parents in exchange for money. These abuses caused her to lose hope in life, feel alone and depressed, act out, and perform poorly academically. She also has suicidal thoughts and attempts, such as consuming too much Panadol and self-harming.

Humaira's personality before ICCCM intervention:

Before beginning the ICCCM intervention, Humaira's emotional and psychological state reflected profound inner turmoil and brokenness. One of the deepest wounds she carried was the emotional rejection from her mother, who explicitly told her she no longer regarded Humaira as her daughter. This verbal repudiation was compounded by her mother's distant and neglectful behaviours; rarely speaking to Humaira, seldom sharing meals with her, and offering minimal attention or warmth. These actions painfully reinforced in Humaira's mind the belief that her mother's harsh words were true.

This maternal rejection, coupled with her father's apparent indifference, left Humaira feeling utterly isolated and deprived of any meaningful emotional support. This lack of familial nurturing and care eroded her motivation to attend school regularly. For several months, her attendance became erratic and inconsistent, and

her academic performance declined significantly. This academic deterioration deepened her sense of worthlessness and despair, creating a vicious cycle of emotional and educational decline.

Despite their failure to provide comfort or encouragement, her parents maintained high expectations for her academic achievements, pressuring her to excel in her O Level exams primarily to elevate their own status among relatives. This dissonance, high demands paired with emotional neglect, left Humaira feeling unloved and unvalued, exacerbating her depression and emotional distress. The cumulative weight of these experiences overwhelmed her, and she found herself crying almost daily, engulfed in sorrow and psychological turmoil.

The sexual abuse she experienced in the form of sexual extortion of children (blackmailed using her inappropriate picture in exchange for cash) further distressed Humaira. She was afraid that her ex-boyfriend shared the inappropriate photos of her with her parents. If that happened, she would be embarrassed and fear her parents' anger towards her.

Eventually, Humaira's despair reached a critical point where she lost all hope and began contemplating ending her life. She experienced suicidal thoughts and made several suicide attempts, including cutting her arms with a cutter and overdosing on Panadol. The overdose caused severe physical symptoms such as intense headaches and vomiting, necessitating emergency hospital care.

Spiritually, Humaira was disconnected from her faith. Since completing religious school the previous year, she had ceased performing her prayers. When the researcher requested that she bring a prayer veil on day two of the counselling sessions, as part of a plan to pray together, Humaira hesitated and confessed that she had never owned a prayer veil. Her mother and younger sister possessed prayer veils, which Humaira had observed them using, but she herself had never felt a part of that spiritual practice. The researcher found this poignant, as the prayer veil, while not mandatory for prayer, often provides comfort and a sense of modesty for many Muslim women. Out of compassion and encouragement, the researcher later purchased a prayer veil and prayer mat for Humaira to support her spiritual re-engagement.

In summary, Humaira's experience prior to intervention was marked by a lack of emotional support, spiritual disconnection, and a deep sense of loneliness. She bore the heavy burden of her emotional pain in silence, with her suffering invisible to most until it became unbearable enough to seek help through the school counselling services. This case powerfully illustrates how profoundly a mother's words and behaviours can affect a child's psychological wellbeing, with even unintentional remarks leaving enduring emotional scars and complicating family relationships.

Humaira's personality after ICCCM intervention:

Following the implementation of the Ihya Child-Centred Counselling Model (ICCCM), Humaira exhibited a significant and heartening transformation across multiple dimensions; spiritually, psychologically, emotionally, behavioural and academically. Her journey toward healing began as early as the second counselling session, where a key moment set the tone for her recovery: immediately after completing her prayer, Humaira broke down in tears. This moment of spiritual release marked a turning point. It not only reflected her vulnerability but also opened the door for deeper engagement with the therapeutic process.

Spiritually, Humaira began to rebuild her relationship with Allah, a connection that had long been neglected. The act of praying, which she had not performed for over a year, now became a source of comfort and strength. Her commitment to performing the obligatory prayers consistently grew throughout the sessions. The sense of closeness she began to feel with her Creator became a spiritual anchor, grounding her in moments of emotional distress. Through learning about concepts such as patience (*ṣabr*), forgiveness (*'afw*), and the remembrance of Allah (*dhkr*), Humaira began to internalise Islamic values that promoted self-reflection, inner peace, and resilience.

Psychologically, her thought patterns underwent a marked shift. Where once she held the defeatist belief that she was incapable of passing her O Level examinations, she began to adopt a growth mindset. She expressed a new narrative: *"I can do it. I need to try first and not give up without even trying. If others can do it, I can do it too."* This reframing of her self-beliefs played a crucial role in building her confidence and sense of agency. She no longer viewed herself as a failure but as someone capable of effort, change, and success.

This cognitive shift translated directly into academic improvement. Humaira, who previously neglected her schoolwork and often received failing grades, started completing her homework, submitting assignments on time, and engaging more actively in her studies. She began to earn a grade C in her tests, a considerable

improvement from before. More importantly, she voiced a genuine belief that she could one day achieve an A, signalling restored hope and aspiration.

Emotionally, Humaira became noticeably more stable and resilient. She reported feeling much calmer, less anxious, and far less overwhelmed than before. The once-frequent emotional breakdowns and episodes of intense crying decreased significantly. Her improved mental state manifested outwardly; she smiled more often, laughed, and spoke with increased confidence and openness during counselling sessions. Her tone of voice was noticeably more cheerful, and she carried herself with greater ease and assurance.

One of the most profound changes was in her self-harming behaviour and suicidal ideation. Before the ICCCM intervention, Humaira engaged in self-harm on an almost daily basis and had attempted suicide by overdosing on Panadol. However, after the second counselling session, these harmful behaviours ceased entirely. She no longer felt the compulsion to harm herself and instead relied on prayer as her primary coping mechanism. Humaira herself acknowledged that regular prayer brought her peace, stating: *"It really calms me, and I no longer feel stressed."*

In sum, the ICCCM intervention enabled Humaira to rediscover her self-worth and strengthen her spiritual identity. Her journey reflects the profound impact of compassionate, value-based counselling that integrates psychological healing with spiritual nurturing. Through this model, Humaira not only regained control of her emotions and thoughts but also reclaimed her desire to live with purpose, faith, and resilience.

Case 3: Zahra (pseudonym)

Background

Zahra, a 15-year-old student in Year 8 from School D, had endured physical abuse from a young age, primarily at the hands of her mother. The severity of this abuse escalated in September 2022, after which a significant shift occurred in her life circumstances. Following this period, Zahra and her younger sister were placed in the care of their paternal grandparents. Her parents divorced soon after, and her father remarried. Zahra has had no contact with her mother since then and remains unaware of her mother's whereabouts.

Though the physical abuse ceased, Zahra began experiencing emotional abuse in her grandparents' home. She reported feeling unwelcome and disliked by her paternal aunt, who also lived in the household. Zahra explained that her aunt regularly instructed her to perform household chores regardless of her physical exhaustion, even immediately after returning from school. She perceived the treatment to be harsh and indifferent, lacking empathy or consideration for her well-being.

Zahra also described a sense of emotional exclusion and unequal treatment. She recalled instances where her aunt would take other children out for activities while deliberately leaving Zahra and her younger sister behind. This neglect contributed to her growing sense of alienation within the family environment.

In addition to the familial challenges, Zahra experienced social difficulties at school. She reported being persistently bullied by her peers, who frequently called her names and ridiculed her. These strained peer relationships further compounded her emotional distress and sense of isolation.

The cumulative effects of abuse at home and bullying at school led Zahra to suffer from persistent feelings of loneliness, sadness, and low self-worth. Her academic performance began to deteriorate significantly, reflecting her declining mental health. Over time, Zahra developed suicidal thoughts and eventually attempted to take her own life by cutting her hand. This act of self-harm was a distress signal, revealing the intensity of her psychological pain and her struggle to cope with the emotional burdens she carried daily.

Zahra's case illustrates the profound impact of sustained physical and emotional abuse, coupled with social rejection, on a child's mental health and academic functioning. Her narrative underscores the importance of early intervention and holistic care that not only addresses emotional trauma but also restores a sense of dignity, belonging, and hope.

Zahra's personality before ICCCM intervention:

Spiritually, Zahra's religious practice was minimal and largely limited to the formal requirements at her Religious School. At school, she consistently performed only the *ẓḥwr* and *ʿ aṣr* prayers because these were compulsory during school hours. However, outside of school, Zahra's engagement with prayer was almost nonexistent. She did not observe the *ẓḥwr* and *ʿ aṣr* prayers at home, nor did she perform the *subuḥ*, *maghrib*, or *ʿ isha* prayers. From the researcher's perspective, Zahra's observance of the two prayers at school was driven primarily by obligation and routine rather than a genuine spiritual connection or understanding. It appeared that she lacked awareness of the deeper purpose of prayer in Islam, the opportunity to connect sincerely with Allah, to find solace, and to nurture inner peace. Zahra's prayers were, therefore, superficial acts rather than heartfelt acts of worship, highlighting a spiritual void in her life that left her disconnected from the emotional and psychological benefits that sincere prayer can offer. Psychologically, Zahra was burdened by several deeply ingrained irrational beliefs that severely impacted her self-image and emotional health. Chief among these was the pervasive conviction that everyone around her hated her. This belief, although unfounded, dominated her thoughts and emotions, creating a lens of negativity through which she interpreted her relationships and experiences. She also believed that she was unloved and uncared for by anyone in her life, a perception that intensified her sense of abandonment and alienation. These irrational beliefs created a cycle of self-isolation and reinforced her feelings of low self-worth and despair. Without a positive framework or support system to challenge and reframe these thoughts, Zahra became trapped in a spiral of negative thinking and emotional distress.

The absence of spiritual grounding and the dominance of irrational beliefs significantly deteriorated Zahra's emotional well-being. She reported feeling persistently lonely, weighed down by sadness, and overwhelmed by anxiety. These feelings left her emotionally lost, as if happiness and contentment were distant, unattainable states. The crushing weight of isolation and despair led Zahra to believe that life had become unbearably painful and devoid of meaning.

The most alarming manifestation of her psychological distress was the emergence of suicidal ideation. Zahra's emotional suffering escalated to the point where she attempted to end her life by cutting her hands, extending the injuries to her arms. This self-harming behaviour was a desperate expression of her inner torment and a cry for relief from the emotional pain she felt trapped in. She communicated a sense of hopelessness and helplessness, convinced that there was no alternative to escape her suffering other than death. This critical stage of despair underscored the urgent need for compassionate intervention to restore her sense of hope, spiritual connection, and emotional stability.

Zahra's personality after ICCCM intervention:

Spiritually, Zahra experienced a profound and transformative reconnection with Allah, which emerged as one of the most significant outcomes of the counselling intervention. Among all the components of the Ihya Child-Centred Counselling Model (ICCCM), the act of performing the five daily prayers stood out as the most impactful for her. From the researcher's perspective, it was this spiritual revival that anchored Zahra's broader recovery process.

Initially, Zahra viewed prayer as a mechanical obligation rather than a source of comfort or guidance. However, as she began to perform the daily obligatory prayers consistently, a change took root within her. Prayer evolved into a deeply personal act of devotion and self-reflection. Through this practice, she felt a closeness to Allah that she had never previously experienced. Her sense of loneliness was gradually replaced by the realisation that Allah was always near, always listening.

In Zahra's own words, she said with newfound clarity and strength:

"Zahra suka Zahra yang baru sebab nada lagi rasa kan mati sebab aku tau sudah sebab apa aku hidup. Untuk Allah."

"I like the new Zahra because I don't feel like dying anymore; I now understand why I live. I live for Allah."

This powerful statement encapsulated her renewed purpose and spiritual grounding. Her identity, once fractured by pain, was now being redefined through her relationship with Allah. For Zahra, knowing that she was created for a divine purpose, to worship, do good, and strive for Jannah, became the compass guiding her healing journey.

Psychologically, Zahra demonstrated marked cognitive improvement. Her mental state, which had previously been clouded by irrational thoughts, particularly the belief that everyone hated her, began to shift toward a more balanced and rational perspective. She learned to challenge these harmful beliefs and reframe her thinking in healthier, more empowering ways.

Where she once internalised the cruel words of her peers, Zahra gradually learned to detach her self-worth from others' opinions. She expressed this change by saying that she no longer allowed the insults and labels from friends to consume her. Instead, she chose to "leave the punishment to Allah," signifying a deepening trust in divine justice and an increased capacity for emotional regulation.

Her thoughts, which had once been heavy with stress, began to lighten. She became more confident in her ability to manage distress and to focus on what she could control, namely, her own actions and intentions.

Emotionally, Zahra's transformation was equally striking. When she first entered the counselling sessions, she cried easily, was withdrawn, and showed signs of emotional exhaustion. However, over time, a noticeable emotional resilience began to emerge. She began to smile more frequently, laughed during sessions, and displayed a genuine interest in engaging with the counselling process.

This emotional shift was not superficial. It reflected a deeper internal healing. Zahra described feeling happier and calmer, and her overall levels of stress and depressive symptoms had significantly decreased. The researcher noted a dramatic contrast in her emotional expression, from a withdrawn and sorrowful child to one who was capable of expressing joy, hope, and even humour.

Arguably, Zahra's most significant breakthrough was her recovery from suicidal ideation and habitual self-harm. Prior to the ICCCM sessions, she had engaged in daily self-harm, often cutting herself as a way to cope with overwhelming emotional pain. However, with each counselling session, her reliance on this destructive coping mechanism diminished.

By the midpoint of the intervention, Zahra had reduced her self-harming to just two instances over a span of four days, an immense improvement compared to her daily patterns before counselling. By the end of the ICCCM sessions, she reported that she had completely stopped self-harming.

This remarkable progress was closely tied to her evolving spiritual awareness. She expressed that the act of prayer and the realisation of her purpose in life, *to live for Allah, to perform good deeds, and to strive for a place in the Hereafter*, gave her the inner strength to stop hurting herself. She no longer saw herself as worthless or without hope. Instead, she recognised that her life had value and meaning.

Zahra's journey through the ICCCM intervention is a compelling example of the power of integrating spiritual, psychological, and emotional support in counselling. Her transformation, from a child burdened by suicidal thoughts and spiritual emptiness to one who prays, smiles, and speaks about living for Allah, reflects the holistic healing potential of spiritually integrated counselling. Zahra not only survived her pain but grew from it, emerging with a renewed sense of identity, faith, and purpose.

Through thematic analysis of the three case studies, six key themes emerged that reflect the impact of the Ihya Child-Centred Counselling Model (ICCCM) on abused children. These themes are: (1) **Reason to Live:** All participants reported a renewed sense of purpose in life. Before counselling, they expressed feelings of hopelessness and suicidal ideation. However, through spiritual and emotional support within the ICCCM, they began to understand their life's purpose in relation to Allah. For example, Zahra shared, *"I don't feel like dying anymore; I know I live for Allah."* (2) **Ability to Control Emotions:** Participants developed greater emotional regulation. They learned to manage their anger, sadness, and anxiety, replacing harmful behaviours like self-harm with coping strategies such as prayer and patience. Humaira, who previously engaged in daily self-harm,

reported that she no longer hurt herself after the second session. (3) **Positive Emotional Experiences:** The children expressed greater calmness, happiness, and peace. Frequent crying and emotional outbursts were replaced by smiling, laughter, and verbal expressions of joy. Fatimah, for example, began to laugh and speak more confidently during sessions. (4) **Positive Psychological Experiences:** Participants exhibited cognitive improvements, such as more rational thought patterns and higher self-belief. Humaira, who initially believed she could never pass her O Levels, later said, “*I can do it. I need to try first and not give up.*” These shifts indicate the development of a growth mindset. (5) **Positive Behavioural Consequences:** Improvements in academic performance and daily functioning were observed. Participants became more motivated in their studies and more engaged in relationships with teachers, family, and peers. For instance, Zahra reduced her self-harming behaviour significantly, and Humaira began completing and submitting her schoolwork. (6) **Getting Closer to Allah:** All three girls reconnected with their spiritual practices, particularly through prayer. Initially resistant or spiritually disconnected, they gradually began to perform daily prayers and expressed a deepened relationship with Allah. This spiritual bond appeared central to their healing.

DISCUSSIONS

This section will discuss the six themes of personality development that the three children experience after ICCCM interventions.

The theme of **reason to live** highlights a profound transformation in the participants’ existential outlook. Prior to the counselling intervention, the three abused children expressed hopelessness, suicidal ideation, and a lack of meaning in life. However, after engaging with the ICCCM, they began to articulate a renewed sense of purpose, living consciously for Allah and striving for both worldly growth and eternal reward in the *ākhirah* (hereafter). This newly found purpose inspired them to re-engage with life positively and make meaningful decisions about their future.

From the perspective of Al-Ghazali’s framework, this change indicates a spiritual awakening within the *ruh* (spirit) and *qalb* (heart). The *ruh*, which originates from Allah and longs to return to Him, is naturally inclined toward recognising divine purpose. When clouded by trauma and neglect, the *qalb*, which governs intention and moral insight, becomes veiled, causing disorientation and despair. Through *tazkiyaa* (purification) embedded within ICCCM practices such as prayer, reflection, and remembrance of Allah (*dhkr*), the children’s *qalb* began to realign with their *ruh*, leading to a clearer spiritual and existential orientation. They came to realise that life was not without purpose, but rather a test, a trust, and a journey toward Divine proximity.

This empirical finding is supported by contemporary psychological research. Pfund and Hill (2018) reported that a higher sense of purpose is significantly associated with reduced daily psychological symptoms, enhanced cognitive outcomes, and increased longevity. Thus, the children’s rediscovery of purpose, grounded in Islamic spirituality, not only represents a religious or emotional improvement but also aligns with evidence-based outcomes linked to psychological well-being and resilience.

Ultimately, the shift from despair to hope and from purposelessness to divine orientation reflects the integration of the children’s inner faculties (*nafs*, *‘aql*, *qalb*, and *ruh*) toward a state of spiritual coherence and psychological stability, as envisioned in Al-Ghazali’s model of human development.

The ability to control emotions among the participants signifies a critical advancement in the management of the *nafs* (lower self). According to Al-Ghazali, the *nafs* is the aspect of the human self responsible for base desires, impulsivity, and uncontrolled emotional responses. When left unchecked, the *nafs* can dominate a person’s behaviour, leading to destructive patterns such as anger outbursts, anxiety, and emotional instability. The ICCCM intervention introduced the children to structured spiritual practices, including *salaat* (prayer), *dhkr* (remembrance of Allah), and reflective self-awareness, which served as tools to counter the impulses of the *nafs* and cultivate inner discipline.

This transformation reflects the essence of *tarbiyaa*, the Islamic process of nurturing and developing the soul through moral and spiritual education. Through this process, the participants learned to identify, pause, and

reinterpret their emotional responses. Instead of reacting impulsively with fear or anger, they began to apply rational thinking (*'aqal*) and spiritual trust (*tawakkul*) to navigate emotionally charged situations. For example, when provoked or criticised, rather than self-harming or reacting aggressively, the participants reported pausing to engage in self-talk or prayer, indicating a shift toward greater emotional resilience and maturity.

These qualitative findings align with empirical research. Vishkin et al. (2019) conducted a cross-cultural study involving American Catholics, Israeli Jews, and Turkish Muslims (N = 616), stratified by levels of religiosity, to examine the relationship between religion and emotional regulation. The study found that individuals with higher levels of religiosity tended to manage their emotions in more adaptive ways. This supports the notion that religious engagement, including rituals, spiritual reflection, and belief systems, can enhance emotional self-regulation.

In summary, the participants' growing ability to manage their *nafs* through spiritual and cognitive tools represents a successful process of *tazkiyaa* (purification), allowing the *'aqal* and *qalb* to assume a guiding role. This aligns with Al-Ghazali's vision of spiritual development, in which the soul must undergo discipline and nurturing in order to rise above impulsivity and align with divine will.

The participants' **positive emotional experiences** or increased experiences of calmness, joy, and hope indicate a significant healing process within the *qalb* (heart). In Al-Ghazali's framework, the *qalb* is not merely an emotional centre but the locus of spiritual perception, moral judgement, and inner tranquillity. A *qalb* that is clouded by sin, trauma, or neglect leads to restlessness and sorrow. However, when the *qalb* undergoes *tazkiyaa* (purification) through sincere worship, remembrance of Allah, and self-reflection, it becomes illuminated, capable of receiving divine guidance and experiencing inner peace.

Prior to ICCCM, the children were frequently overwhelmed by despair, sadness, and emotional instability, often leading to harmful coping behaviours. Through ICCCM's integration of spiritual practices such as prayer, *dhkr*, and reflective dialogue, the participants gradually transitioned from emotional turmoil to a sense of contentment and psychological safety. This transition reflects the presence of *sakinah*, a state of divine tranquillity that descends upon the heart when one is connected to Allah and acts in accordance with His guidance.

This finding is supported by a study conducted by Latifa et al. (2023), who investigated emotional experiences in relation to religious practice among 310 Indonesian Muslims. The study revealed that feelings of emotional security and peace were strongly associated with obligatory acts of worship, such as daily prayers. Specifically, they found that the emotion of "feeling secure" was a foundational experience underlying religious observance, indicating that worship not only fulfils spiritual duties but also nurtures positive emotional states.

In the context of ICCCM, the participants' growing sense of joy, hope, and calm suggests that their *qalb* was actively being purified and strengthened. The presence of positive emotional experiences signifies a shift from emotional suffering to spiritual resilience, demonstrating that healing is not merely psychological but deeply spiritual. In Al-Ghazali's model, such healing of the *qalb* allows the soul to ascend beyond pain and align with divine love and purpose.

The development of **positive psychological experiences** or a growth mindset and the emergence of more constructive cognitive patterns among the participants indicate a significant strengthening of the *'aqal* (mind). In Al-Ghazali's spiritual psychology, the *'aqal* is the faculty responsible for reason, discernment, and moral judgement. While the *nafs* pulls the individual toward impulsive desires and destructive thinking, the *'aqal* serves as a critical governor, guiding the individual towards truth, ethical choices, and alignment with divine will. A well-nurtured *'aqal* enables an individual to reflect upon their experiences, resist harmful impulses, and reframe adversity through a spiritual and rational lens.

Prior to the intervention, the abused children often held irrational and harmful beliefs, such as "I am worthless," "everyone hates me," or "I will never succeed." These thoughts perpetuated their despair and hindered emotional and academic functioning. However, as ICCCM progressed, participants began to

challenge and replace these distortions with more adaptive and empowering beliefs, such as “I can succeed if I try”. This shift represents the awakening of their *'aqal*, which had previously been overshadowed by emotional pain and internalised trauma.

ICCCM facilitated this transformation through a blend of cognitive counselling techniques and spiritually guided reflection. By incorporating elements such as prayer, self-talk grounded in Islamic values, and contemplation of divine purpose, the children's thought patterns became more coherent, hopeful, and rational. This aligns with Al-Ghazali's vision of *tarbiyaa*, the disciplined development of the soul through the cultivation of both mind and spirit.

This finding is supported by Altuwairqi et al. (2024), who found that religious practices, particularly daily prayers, had a significant positive impact on mental health and cognitive well-being. Their study demonstrated that regular spiritual routines not only reduced stress and anxiety but also enhanced psychological resilience and cognitive clarity among participants.

In this study, the children's increasing ability to interpret challenges through a spiritual lens and to adopt a more hopeful and rational outlook reflects a successful integration of faith and intellect. It shows how the *'aqal*, when aligned with the principles of *tazkiyaa* (spiritual purification), can become a powerful tool for healing and transformation.

The observable **positive behavioural consequences** or changes among the participants, such as reduced self-harm, increased academic engagement, and more respectful and open interpersonal interactions, serve as clear, outward signs of deeper internal transformation. In Al-Ghazali's view, *'amal ṣalih* (righteous action) is the natural result of a soul that has undergone *tazkiyaa* (spiritual purification). When the *nafs* is disciplined, the *qalb* (heart) is cleansed, and the *'aqal* (mind) is properly engaged, outward behaviour begins to reflect the moral and spiritual harmony within.

Prior to counselling, the children's behaviours were characterised by self-destructive actions such as daily self-harm, withdrawal from school, and poor relationships with peers and family. These behaviours were not merely disciplinary issues but symptoms of deeper psychological and spiritual disconnection. However, as ICCCM progressed, the children exhibited increased self-control, motivation, and relational awareness. This shift was especially evident in their consistent school attendance, submission of schoolwork, respectful communication with peers and family members, and, most significantly, the complete cessation of self-harming behaviours.

Al-Ghazali taught that behavioural discipline (*tarbiyaa*) stems not from fear of punishment alone, but from an inner transformation that leads the soul to seek what pleases Allah. Thus, these behavioural improvements suggest that the participants were not only reacting to external expectations but were making conscious choices rooted in Islamic virtues such as *ṣabr* (patience), *ḥilm* (self-restraint), and *rāja'* (hope in Allah's mercy). Their actions were now aligned with an internalised value system shaped by both cognitive reflection and spiritual awareness.

These findings are supported by Hidayah et al. (2021), who found that religious observances, such as prayer and remembrance of Allah (*dhkr*), contribute significantly to both internal self-regulation and external behavioural discipline. Their study demonstrated that consistent worship practices reinforce not only spiritual awareness but also practical behaviours that reflect self-discipline, moral responsibility, and social harmony.

Thus, the behavioural improvements observed in this study are not superficial but represent a profound spiritual and psychological shift. They reflect the holistic goal of ICCCM: to nurture behaviour that is guided by a heart connected to Allah, a mind grounded in truth, and a soul committed to righteousness.

Perhaps the most profound and transformative outcome of the ICCCM intervention was the children's renewed and deepened relationship with Allah, or **getting closer to Allah**. This was most visibly manifested through their consistent performance of daily prayers, increased engagement in *dhkr* (remembrance of Allah), and a heartfelt reliance on divine mercy and guidance. What began as a hesitant spiritual practice, especially for

those who had previously neglected prayer entirely, gradually evolved into a sincere spiritual commitment. The children no longer viewed worship as a forced obligation but as a source of comfort, identity, and purpose.

According to Al-Ghazali, this state of reconnection reflects the elevation of the *ruh* (spirit), the purest aspect of the human self, which yearns for its Divine origin. The *ruh*, when unclouded by the *nafs* and awakened through guidance and purification, naturally inclines toward Allah. As such, the process of turning to prayer and placing trust in Allah represents a reawakening of the soul's inherent *fitraa* (natural disposition) and its longing for closeness to its Creator.

This transformation is central to both *tarbiyaa* (spiritual training and nurturing) and *tazkiyaa* (spiritual purification). In Al-Ghazali's framework, *tarbiyaa* involves gradual, structured development of the self, while *tazkiyaa* emphasizes the cleansing of the heart from spiritual diseases such as despair and heedlessness. Through ICCCM, the children's hearts (*qalb*) and spirits (*ruh*) were directed back to their Divine purpose. They no longer saw themselves as victims of circumstance, but as servants of Allah with the strength and dignity to overcome hardship, heal, and strive toward both *dunya* success and *akhirah* salvation.

These findings are corroborated by Aisyahrani et al. (2024), who found that spirituality has a positive effect on behaviour, emotional regulation, and overall well-being. Their study affirms that spiritual connectedness fosters inner peace, reduces psychological distress, and enhances a person's sense of meaning in life. In the present study, this effect was clearly observed in the participants' emotional stability, resilience, and hopefulness, all of which were grounded in their growing spiritual awareness and trust in Allah.

In summary, getting closer to Allah was not only a personal achievement for the children, but it was the foundation of their holistic healing. This connection anchored all other forms of growth, illustrating the essence of Al-Ghazali's vision: that true well-being arises when the *ruh*, *nafs*, *'aqal*, and *qalb* are harmoniously oriented toward the Divine.

CONCLUSIONS

This study explored the therapeutic outcomes of the Ihya Child-Centred Counselling Model (ICCCM) as applied to three cases of abused children in Brunei. The findings revealed six key impacts: (1) a renewed reason to live, (2) the ability to control emotions, (3) positive emotional experiences, (4) positive psychological experiences, (5) positive behavioural consequences, and (6) getting closer to Allah. These outcomes not only addressed the children's emotional, psychological, and behavioural challenges but also fostered their spiritual awakening and inner healing.

The ICCCM, rooted in Al-Ghazali's concepts of *tarbiyaa* (nurturing) and *tazkiyaa* (purification), facilitated a balanced development of the core components of the self; *nafs* (soul), *qalb* (heart), *'aqal* (mind), and *ruh* (spirit). As the children progressed through the counselling sessions, the *nafs* was gradually disciplined, the *qalb* was purified of despair, the *'aqal* was empowered to challenge irrational beliefs, and the *ruh* was uplifted through reconnection with Allah. This holistic process brought about both internal and external transformation, offering a spiritually integrated pathway to healing.

In an increasingly secularised therapeutic landscape, this study demonstrates the value of incorporating Islamic spiritual principles into child counselling, especially for Muslim children who have endured deep emotional and psychological trauma. The ICCCM model shows promise not only as a culturally appropriate intervention but also as a spiritually enriching approach that nurtures a child's identity, resilience, and sense of divine purpose.

RECOMMENDATIONS

Based on the findings of this study, it is recommended that spiritually integrated counselling approaches, particularly those grounded in Islamic principles such as prayer and *dhkr*, be considered as part of therapeutic interventions for Muslim children who have experienced abuse. The effectiveness of the Ihya Child-Centred

Counselling Model (ICCCM) suggests that incorporating Al-Ghazali's concepts of *tarbiyaa* (educating) and *tazkiyaa* (purification) can enhance emotional healing, psychological well-being, spiritual growth, and behavioural change. Training counsellors in faith-sensitive practices is essential to ensure culturally responsive care. Educational institutions should consider implementing models like ICCCM within their student support and mental health frameworks. Future research should examine the model's effectiveness with larger, diverse populations and explore its long-term outcomes through mixed-method and longitudinal designs. Greater awareness and community involvement are also crucial in creating supportive environments for recovery.

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