

Traumatic Counseling: Counseling Approach for Counselee Who Experience Post Traumatic Stress Disorder

Evi Winingsih^{1,*}, Putri Rachmadyanti²

¹ Guidance and Counseling Department, Universitas Negeri Surabaya

² Primary School Teacher Education Department, Universitas Negeri Surabaya

*Corresponding author. Email: eviwingsihbks2a12431@gmail.com

ABSTRACT

Traumatic events can be experienced by anyone who is still alive. The role of counselors in schools is certainly very helpful in solving students' traumatic problems. Traumatic counseling is one type of counseling for clients with special needs. Counselors need to master this type of counseling because every client is at risk of experiencing a traumatic event that can lead to Post Traumatic Stress Disorder (PTSD). This article aims to understand what happens in PTSD cases in schools and how techniques can be used in dealing with PTSD cases. The techniques discussed in this paper are EMDR (Eye Movement Desensitization and Reprocessing) and Religious techniques. EMDR is one of the counseling approaches in handling trauma cases that are reported to have high efficacy. Indonesia, which has religious diversity, is a consideration. The application of EMDR in Indonesia needs to be combined with the culture and religiosity of the community.

Keywords: *Post Traumatic Stress Disorder (PTSD), Eye Movement Desensitization and Reprocessing (EMDR), Culture, Religious approach.*

1. INTRODUCTION

Everyone is at risk of experiencing a traumatic event. However, not infrequently for some people, these traumatic events result in prolonged psychological and emotional disturbances [1], [2]. After experiencing a traumatic event, some people can immediately overcome the problem, so they do not experience psychological disorders for the next time.

There are four kinds of trauma, namely: situational trauma, developmental, intra-psyhic, and existential. Trauma can cause reactions in the form of depression, anxiety, shock, violence, pseudo-adaptation [3], [4].

According to Shapiro, trauma is defined as a painful life experience and disrupts the biochemical balance of the brain's information processing system [5]. This imbalance inhibits information processing to continue the process to achieve an adaptive state. The perceptions, emotions, beliefs, and meanings obtained from these experiences are "locked" in the nervous system [6], [7]. Meanwhile, Surya stated that trauma is a condition that originates from an event with a particular strength that causes pain both physically and

psychologically for those who experience it [8]. A traumatic event is a strong attack on a psychological condition and causes deep and prolonged pain or anxiety.

A common reaction to traumatic events and experiences is to drive them out of consciousness [9], [10]. However, the image of the incident itself cannot be 'buried' in memory. The conflict between the desire to deny it openly is a dialectic of psychological trauma [11].

When what happened is finally known to the public, those who are victims of the incident can begin the healing process. However, often the incident is covered up or packaged so that the narrative of the traumatic event does not appear in the form of a verbal narrative but the form of physical and psychological symptoms [3].

Both victims and witnesses can be exposed to the dialectic of this trauma [11]. Speaking openly, especially to the public, about trauma is tantamount to inviting stigma attributed to the victim. Even if this can

happen, the available information usually will not last long in public awareness.

Psychological trauma occurs when a person faces a stressful event that ultimately causes a sense of powerlessness in overcoming anxiety and fear due to the danger he feels threatened [3]. An individual's initial response to psychological trauma in general, for example, seen in children and adolescents, includes disturbances in cognition (including memory, school performance, and learning abilities), affective disorders (mood, depression, excessive anxiety, nightmares.), interpersonal relationships (withdraws and loses interest in interacting with others), control functions and behavior (aggressive, hyperactive, and difficulty concentrating) [12]. To help clients who are traumatized as a result of traumatic events can use traumatic counseling (Perryman et al., 2019). Traumatic counseling is a form of assistance to individuals who have experienced trauma to restore them to a normal state to develop optimally [12].

2. METHODS

The method which used in this article is A systematic literature review. This method was chosen to include the key aspects of a systematic review process [13]. This search is limited to empirical studies published in English from 1985 to 2021. The search was conducted in books and the following electronic databases: Springer, Elsevier, and another publisher. Some literature was searched using permutations of the keywords: EMDR (Eye-Movement Desensitization and Reprocessing), Posttraumatic Stress Disorder (PTSD), Culture, and Religious Approach. It is relevant to identify and summarize the state of the literature about the techniques that can be used for PTSD and culture cases. By screening some articles and books, it ended up approximately 29 articles and books in total.

3. DISCUSSION

There are five points about traumatic counseling which will be discussed in this article, and they are PTSD or Post Traumatic Stress Disorder, Traumatic Counseling, EMDR or Eye Movement Desensitization and Reprocessing, EMDR approach blend with cultural and Religious Approach.

3.1. Post-Traumatic Stress Disorder (PTSD)

Humans are understood to have an information processing system based on physiological conditions (physiologically-based). This can be compared to other body systems, such as digestion, which distills nutrients for health and survival. Information processing systems process various elements of our experiences and memory stored in an accessible and helpful format [12]. Various memories are connected by networks

containing related thoughts, images, emotions, sensations [14], [15]. Here the learning process occurs when new associations are forged with materials, ready to be stored in memory.

When a traumatic condition or a very adverse event occurs, information processing is imperfect, perhaps because strong negative feelings or dissociation interfere with information processing [16]–[18]. It prevents connection forging with more adaptive information stored in another memory network. For example, a rape survivor may "know" that the rapist is responsible for their crime, but that information is not connected to her feeling that she blamed the attack. Then memory stores dysfunctionally without appropriate associations and connections and with multiple elements but is not processed [8]. When the individual thinks about the trauma or when a similar situation triggers a memory [19], the person may feel as if she is reminiscing about it or may experience strong emotions and physical sensations. A prime example is disturbed thoughts, emotional disturbances, and negative self-referencing beliefs resulting from post-traumatic stress disorder [5], [7], [20].

Every individual experiences trauma from traumatic events (stressors), especially in children and adolescents. Because children and adolescents do not have self-identity maturity, and the ability to cope with stress is still minimal [21]. Another opinion asserts that individuals' emotional response to psychological trauma can also be seen through coping patterns and self-defense mechanisms [22]. At each stage of development, children have different coping patterns and self-defense mechanisms. Children's fears can be directly seen and expressed by crying, shaking, or hugging their parents tightly at an early age. When they start to grow, they tend to be less willing to show their fears and anxieties. As a consequence, they develop a pattern of self-defense mechanisms.

The most basic self-defense mechanisms developed by children and adolescents are introjection (internalizing external experiences into oneself), identification (incorporating other people's characteristics into oneself), denial (turning reality into something the child wants), and repression (suppressing the feelings of others, unwanted feelings, memories, and thoughts into the unconscious).

The pattern of self-defense that they do is often not due to the effective repression of feelings they should express. Thus, the trauma they experience is a long-term psychological impact, namely the occurrence of post-traumatic stress disorder or known as Post Traumatic Stress Disorder (PTSD), which hinders their development [22]. Treatment that can be done for these individuals is to express affective and cognitive responses adequately.

The description above shows that PTSD arises from: (1) event stimuli, namely events that are a source of trauma into one's cognition realm; and (2) cognitive events which are then stored in memory and become part of the memory system in the form of two kinds, (a) unconscious information, and (b) conscious information. These cognitive events can be a starting point (base) for understanding the PTSD experience. Furthermore, the development of these cognitive events is influenced by the environment and socio-cultural context, affecting the personality that gives rise to the symptoms of PTSD.

People who experience PTSD show the following symptoms: re-experiencing a real traumatic event in flashback memories, nightmares, or frightening thoughts; their trauma is shown in events or objects that remind them of trauma. Furthermore, people with PTSD also experience numbness and sleep disturbances, stress, anxiety, irritability, or anger outbursts, including strong feelings of guilt [4].

Trauma is undoubtedly caused by an extraordinary event that means in human life. Events that often cause trauma in general and PTSD, in particular, is war and natural disasters. There are many reports of the impact of war on soldiers. For example, there is a study of the traumatic stress experienced by soldiers of WW1, WWII, the Vietnam war, and various other war stories. The studies generally found the same symptoms in sufferers, including restlessness, irritability, fatigue, difficulty sleeping, shock, delirium, depression, personality disorders, and memory loss. The psychological impact of natural disasters has also been studied in detail. Experts have studied the effects of various forms of natural disasters, such as earthquakes, floods, tsunami waves, hurricanes.

Violence. Some of the common symptoms experienced by sufferers or victims of natural disasters are phobias and fears, depression, impressions that make an impression (ringing), changes in eating patterns, decreased sex drive, and disruption of social activities. In addition, socio-cultural factors also affect them; for example, the victims lost their jobs or economic resources. There have been many studies on the psychological effects of various acts of violence. The effects of these acts of violence are very diverse, some of which are disastrous effects, as stated above, but there are also distinctive effects.

The most common symptoms experienced by victims of violence are feelings of regret, shame, and anti-social behavior. There are various categories of violence, including criminal violence, accidents, torture, family violence, and violence in war Another Disaster. Several non-natural disasters have also been assessed for their impact. Among other things, industrial factory disasters, technological disasters such as the Russian Chernobyl nuclear reactor outbreak. Psychological effects suffered by the victim include; health problems,

threatening the future of children, and wanting to move immediately. Several studies have also found cognitive impairment (distortion) in victims of this disaster.

3.2. Approaches in Traumatic Counseling

In trauma, counseling can combine various approaches, including the EMDR approach (Eye Movement Desensitization and Reprocessing) [23]; Game Therapy to Cope with Post Traumatic Children [21]; Culture-based EMDR Approach [7]; Religious approach [24].

Traumatic counselors perform functions: helping clients recognize the events that occurred, encouraging to reduce emotional stress, helping clients recognize the past and develop adjustment mechanisms in the present situation, discussing alternatives to be made.

The traumatic counseling approach will be discussed; the EMDR approach, the EMDR approach integrated with culture, and the Religious Approach.

3.3. EMDR Approach (Eye Movement Desensitization and Reprocessing)

The EMDR approach is a form of accelerated information processing and can unravel the brain's information processing system using various movement methods. Another possibility is that inhibited processing in a person manifests as a phase mismatch between equivalent regions in the cerebral hemispheres (left and right hemispheres) and that EMDR rhythm interventions improve communication between the hemispheres [20].

In EMDR, it is postulated that if a "traumatic" incident occurs, information processing will be excited/impeded. This traumatization causes excessive excitation of a part of the brain, and actual neurological pathology occurs [20]. This pathology triggers the "freezing" of information in its original form and results in anxiety, complete with negative self-impressions and thoughts.

There are eight stages in implementing EMDR [20], namely as follows.

3.3.1. Studying Client History Stage

This stage is a stage for presenting problems to identify memories in the past that cause dysfunction, things that are triggers at this time, and the ability of the client to behave adaptively in the future.

3.3.2. Preparation Stage

At this stage, the counselor prepares everything related to the smoothness of the counseling process. Counselors help clients make eye movements or cross touch on the palm (tapping) repeatedly. In this stage, the

counselor includes several things; a) the counselor places his chair next to the client to make eye movements out of view. Alternatively, you can also place yourself in front of the client to make clapping movements, and so on. b) build a good relationship (rapport), c) explain to the client about EMDR and the initial agreement, d) conduct a bilateral stimulation trial, and e) create a safe place.

3.3.3. Examination Stage (Assessment)

At this stage, the counselor and client examine the topics or memories the client has chosen to address in EMDR therapy. The steps follow the acronym ICES (Image, Cognition, Emotion, Body Sensation). In other words, the counselor at this stage must examine and assess the client's image of the bad from the traumatic event he experienced; negative and positive cognitions about the client's self when imagining the traumatic event; emotions felt when imagining the traumatic event; and bodily sensations (parts of the body that are disturbed by these emotions or feelings). In this bodily sensation, what is needed is the location of the disturbed body.

3.3.4. Decentralization Stage

At this stage, the emphasis is on looking back at the picture of negative cognitions and emotions and the location of the disturbed body as found in the examination stage. The counselor can say to the client; I want you to imagine pictures....., negative words (repeat negative cognition here) and notice where you feel it in your body (state location and emotion) and follow my finger (or say something similar, for example) at the same time as me clapping your hand" [20]. Then the counselor starts the movement slowly until it is at a speed that the client can comfortably tolerate.

3.3.5. Installation Stage

The fifth stage aims to link the expected positive cognition with the target memory or event. The counselor expresses the appropriateness of a number of the client's positive cognitions and feelings. If appropriate, bilateral moves are made to install further, strengthening the client's belief in his positive cognition. If the belief in positive cognition does not increase, look for possible resistance to beliefs, sensations, and other conflicts.

3.3.6. Body Scan Stage

At this stage, the counselor says: "Now close your eyes, Concentrate on the painful experience, examine your whole body. Tell me where it is when you feel something" [20].

- i) If a sensation is reported, process it with bilateral movements.
- ii) If you are told of a positive or pleasurable sensation, process it to amplify the positive feeling.
- iii) If an uncomfortable sensation is reported, proceed until the feeling subsides.

3.3.7. Closing Stage

At this stage, a final report (debriefing) is carried out regarding the session that has just been completed. There are two basic ways of debriefing, depending on whether the client has experienced an entire session or an incomplete session.

An incomplete session occurs when the client does not resolve the traumatic event, which means that the client is still annoyed. If this happens, then there are five recommended steps, namely; a) permission to close the session, explaining about, b) offering support and what the client has gained today, c) skipping positive cognition and body installation, d) counseling offering relaxation exercises.

3.3.8. Reevaluation Stage

At this stage, the counselor conducts an assessment of the previous session. In this session, the counselor does; a) review dialogue, b) focus on the future (past-present-future) c) seek total integration, individual and systemic.

3.4. MRD Approach Blends with Culture

The application of EMDR combined with culture to treat post-traumatic stress disorder (PTSD) in Aceh [25]. Syaiful Bahri found several Acehese cultures that could support the implementation of EMDR, including:

- a) A belief is often instilled in family life and even in the broader community, strengthening one's defense in the face of every traumatic and painful event, namely: "step, fortune, meeting, and death," has been determined by Al-Khalik. So the actual traumatic event has also been outlined by Al-Khalik as a servant; humans must accept it sincerely and patiently. Muslims firmly believe that behind every event, Allah knows best the consequences in the long term and certainly has its wisdom for humans. Allah will not give the burden of life beyond the reach of his servant. In addition, it is also believed that sincerity and patience in dealing with events will receive protection and mercy from Allah SWT. These beliefs are used and elaborated by the counselor when entering the third stage and the next stage to get a genuinely safe place with positive cognition.

b) The existence of a kinship system in Indonesian society in general and Aceh in particular, the family (parents, children, grandfather, grandmother, and other family members) is a unified whole and has a very intimate emotional relationship. In the counseling process, the counselor also involves family members to change the client's negative cognition due to the traumatic event.

3.5. Religious Approach

The Islamic-oriented religious approach is not entirely religious, but relaxation is still used as a step [24]. Below will be presented the stages of traumatic counseling with a religious approach.

3.5.1. Give Attention

The counselor can show concern with various techniques, including accepting clients, physical touch (for similar clients), eye contact, open-ended questions, the reflection of content, the reflection of feelings, and empathy.

3.5.2. Relaxation

Counselors can guide clients to relax according to the circumstances experienced by the client. Relaxation can reduce anxiety, various psychosomatic complaints, and restlessness. It can be simple relaxation, committed relaxation, or total relaxation. Relaxation is carried out with the client's consent; the client may choose which one they think will suit the situation he is suffering from anxiety, various psychosomatic, and restlessness.

One form of relaxation can be done while praying because praying has a muscle relaxation effect, namely muscle contraction, massage, and pressure on specific body parts [26].

3.5.3. Inviting Clients to Seek Wisdom from Every Event

Try to see many events experienced, people who feel happy to see something that happened. This happens only because of the inability to see what is shown behind the unpleasant event. Counselors can help clients to look for positive values from events experienced by clients.

3.5.4. Inviting Clients to Increase Patience

Counselors can invite clients to increase patience in dealing with the trauma they are suffering from. According to Islamic teachings, the incident that caused the trauma was a test. Every believer must first have his faith tested. A person who has a high level of patience has the right to experience problems; they will be steadfast and leave matters to God. (QS. Al-Baqarah,

2:155-156). In facing the test, as taught in the Qur'an (QS. Al-Baqarah, 2:153) means, " O you who have believed, seek help through patience and prayer. Indeed, Allah is with the patient." Humans should ask for help patiently and pray to Allah Almighty over all things, including the power to heal the trauma suffered by the human being.

3.5.5. Inviting Clients to Pray

The best way to deal with traumatic trauma, according to Islam, is to pray. The counselor can explain to the client that praying can be very helpful in recovering from traumatic suffering [27]. Suppose you see the movements people make during prayer, starting from "Takbir," standing, bowing, prostration, sitting between two prostrations, sitting at the end, and saying greetings. In that case, it can exceed relaxation because muscle contractions, massage, and pressure on specific body parts are carried out during the prayer period. Muscle relaxation can reduce anxiety, depression, insomnia, hyperactivity in children, complaints of various diseases, especially psychosomatic [26]. Prayer will affect the entire system in the body of the person who does it, such as the nervous system, blood circulation, respiration, digestion, muscles, reproductive glands [28], [29].

The following is explained among the effects and benefits of each body position in prayer movements.

- a) The body feels free from various burdens because of the equal burden distribution on both legs [26]. A straight back will improve posture. The upper and lower back muscles are relaxed.
- b) Concentration causes relaxation of the legs and back, giving rise to feelings of humility and piety. When standing, both hands are placed above the center, which is the perfect resting posture, wrist joints, and muscles of both hands are in a state of complete rest. Blood circulation, especially blood flow to the heart and the production of lymph and tissue that collects in the pockets of the two joints, becomes better so that the movement of the two joints becomes smooth and can prevent joint disease.
- c) The muscles of the lower back, thighs, and calves are fully relaxed. Blood is pumped to the upper torso to loosen the muscles of the abdomen, abdomen, and kidneys. The spine will remain in good shape because the joints between the bodies of the vertebrae remain soft and supple. This movement can prevent or cure the disease of curvature of the spine.
- d) Fresh blood moves up to the trunk in the previous posture, returning to its original state carrying toxins. The body relaxes and releases tension.
- e) Blood flow to the upper body, such as the head, eyes, ears, nose, and lungs, can clear toxins. With the knees at the right angle, they are allowing the abdominal muscles to expand and contract. Can

reduce high blood pressure, increase bone elasticity. Muscle contractions during prostration by placing the fingers and palms make the muscles big and strong. The arteries and veins and lymph vessels will be massaged so that blood and spleen circulation becomes smooth. In addition, it helps the heart work and avoids the contraction of the walls of the blood vessels, which will produce the heat energy needed for the body's digestion of food. Eliminate arrogance and egoism, increase patience, and elevate the spirit.

4. CONCLUSION

Everyone can experience trauma, and it is undoubtedly caused by an extraordinary event that means in human life. One of many strategies to help the person who experiences PTSD is EMDR. Indonesia has many different ethnic groups, cultures, and religions. Counselors can implement EMDR, which bend with the culture; it is useful to help the victim by including some culture or religious approach in traumatic counseling.

Some religion also has activities that can relax the client, like pray in Islam. This relaxation can also function as a damper of emotion, anxiety, fear, and PTSD problems. Moreover, the client's culture can help implement EMDR techniques, such as family relationships, beliefs, and several other cultural aspects.

REFERENCES

- [1] R. A. Bryant, M. L. O'donnell, M. Creamer, A. C. McFarlane, C. R. Clark, and D. Silove, "The psychiatric sequelae of traumatic injury," *Am. J. Psychiatry*, vol. 167, no. 3, pp. 312–320, 2010.
- [2] E. A. Hembree and E. B. Foa, "Interventions for trauma-related emotional disturbances in adult victims of crime," *J. Trauma. Stress Off. Publ. Int. Soc. Trauma. Stress Stud.*, vol. 16, no. 2, pp. 187–199, 2003.
- [3] S. Eth and R. S. Pynoos, *Post-traumatic stress disorder in children*. American Psychiatric Press Washington, DC, 1985.
- [4] M. E. Shaughnessy-Mogill, "Trauma, criminalization, and movements for healing justice: a theoretical study of relational theory and transformative justice interventions in the treatment of juvenile sexual offending," 2014.
- [5] F. Shapiro, D. Wesselmann, and L. Mevissen, "Eye movement desensitization and reprocessing therapy (EMDR)," in *Evidence-based treatments for trauma related disorders in children and adolescents*, Springer, 2017, pp. 273–297.
- [6] L. Isham *et al.*, "Understanding, treating, and renaming grandiose delusions: A qualitative study," *Psychol. Psychother. Theory, Res. Pract.*, vol. 94, no. 1, pp. 119–140, 2021.
- [7] F. Shapiro, *Getting past your past: Take control of your life with self-help techniques from EMDR therapy*. Rodale, 2012.
- [8] K. E. Fletcher, "Understanding and assessing traumatic responses of guilt, shame, and anger among children, adolescents, and young adults," *J. Child Adolesc. Trauma*, vol. 4, no. 4, pp. 339–360, 2011.
- [9] A. Hardy, "Pathways from trauma to psychotic experiences: a theoretically informed model of posttraumatic stress in psychosis," *Front. Psychol.*, vol. 8, p. 697, 2017.
- [10] B. T. Litz and P. K. Kerig, "Introduction to the special issue on moral injury: Conceptual challenges, methodological issues, and clinical applications," *J. Trauma. Stress*, vol. 32, no. 3, pp. 341–349, 2019.
- [11] J. Lacan, A. Sheridan, and M. Bowie, "The Subversion of the Subject and the Dialectic of Desire in the Freudian Unconscious," in *Écrits*, Routledge, 2020, pp. 323–360.
- [12] R. K. James and B. E. Gilliland, *Crisis intervention strategies*. Nelson Education, 2012.
- [13] A. Booth, A. Sutton, and D. Papaioannou, *Systematic Approaches to a Successful Literature Review*. SAGE Publications, 2016.
- [14] C. M. Tyng, H. U. Amin, M. N. M. Saad, and A. S. Malik, "The influences of emotion on learning and memory," *Front. Psychol.*, vol. 8, p. 1454, 2017.
- [15] F. Dolcos *et al.*, "Neural correlates of emotion-attention interactions: From perception, learning, and memory to social cognition, individual differences, and training interventions," *Neurosci. Biobehav. Rev.*, vol. 108, pp. 559–601, 2020.
- [16] C. J. Dalenberg, B. L. Brand, R. J. Loewenstein, P. A. Frewen, and D. Spiegel, "Inviting scientific discourse on traumatic dissociation: Progress made and obstacles to further resolution," *Psychol. Inj. Law*, vol. 13, no. 2, pp. 135–154, 2020.
- [17] K. Nader, *Handbook of Trauma, Traumatic Loss, and Adversity in Children: Development, Adversity's Impacts, and Methods of Intervention*. Routledge, 2019.
- [18] C. A. Malchiodi, *Trauma and expressive arts therapy: Brain, body, and imagination in the healing process*. Guilford Publications, 2020.
- [19] E. Howell, *Trauma and Dissociation Informed Psychotherapy: Relational Healing and the Therapeutic Connection*. WW Norton & Company, 2020.

- [20] F. Shapiro, "EMDR: Basic principles, protocols, and procedures," *New York Guilford*, 1995.
- [21] E. Sukmaningrum, "Terapi bermain sebagai salah satu alternatif penanganan pasca trauma karena kekerasan (Domestic Violence) pada anak," *J. Psikol.*, vol. 8, no. 2, pp. 14–23, 2001.
- [22] F. M. Ochberg, "Posttraumatic therapy," in *International handbook of traumatic stress syndromes*, Springer, 1993, pp. 773–783.
- [23] F. Shapiro, "Eye movement desensitization: A new treatment for post-traumatic stress disorder," *J. Behav. Ther. Exp. Psychiatry*, vol. 20, no. 3, pp. 211–217, 1989.
- [24] S. T. Gladding and J. E. Crockett, "Religious and spiritual issues in counseling and therapy: Overcoming clinical barriers," *J. Spiritual. Ment. Heal.*, vol. 21, no. 2, pp. 152–161, 2019.
- [25] S. Bahri, "KONSELING KELUARGA BAGI KLIEN PTSD: PENDEKATAN TERAPI BEHAVIORAL," *Mentari Maj. Ilm. Univ. Muhammadiyah Aceh*, vol. 10, no. 2, 2007.
- [26] Bs. (Psychology) MCSP. and R. A. Payne, *Relaxation techniques*. Elsevier, 2005.
- [27] R. Atari-Khan *et al.*, "Concepts of resilience among trauma-exposed Syrian refugees," *Couns. Psychol.*, vol. 49, no. 2, pp. 233–268, 2021.
- [28] S. Haryanto, "Psikologi Shalat Kajian Psikologi Ibadah Shalat." Yogyakarta: Pustaka Pelajar Offset, 2002.
- [29] M. B. Wulur, *Psikoterapi Islam*. Deepublish, 2015.