CHAPTER IV: FINDINGS AND DISCUSSION

4.1 Introduction

The primary purpose of this qualitative research is to conduct an Interpretative Phenomenological Analysis (IPA) to explore, understand, and describe the lived experiences of adolescents navigating traumatic stress within systemic family therapy in Selangor and its surrounding urban areas. Historically, the efficacy of family therapy and systemic interventions for child-focused problems has been evaluated primarily through adult-centric lenses, relying heavily on symptom reduction checklists or parental satisfaction surveys (Carr, 2018). While these quantitative measures establish a strong evidence base for systemic treatment, they frequently fail to capture the internal realities of the adolescents receiving the care.

To truly understand this phenomenon from adolescents' perspective, rather than relying solely on clinical observations, this research focused on the following four questions.

1. How do adolescents describe their relationship with the therapist during the family therapy sessions (Research Question 1)?
2. In what ways do adolescents believe their family's presence in therapy helped or hindered their individual healing process (Research Question 2)?
3. What specific moments or interventions in therapy did adolescents find most significant in addressing their traumatic stress (Research Question 3)?
4. How do cultural factors influence the adolescent's willingness to participate in family-based treatment (Research Question 4)

The presentation of the emergent findings in this chapter is primarily based on the individual, in-depth, semi-structured interview transcripts of 10 participants. By utilising IPA, this chapter aims to elevate the inner and outer voices of these adolescents (Seikkula, 2008), bringing their narratives from the therapeutic offside (Vossler, 2006) to the centre of clinical understanding. The first section provides a detailed profile of each respondent. It offers essential background information on the ten adolescents who were interviewed, connecting their narratives to their specific, real-life traumatic contexts before exploring their shared phenomenological themes.

4.2 Demographic Information of the Respondents

This section describes the demographic information of the respondents who were selected through a rigorous purposive sampling method based on a strict set of inclusion criteria, which include 1) adolescents aged 13 to 16 residing in the Klang Valley (Selangor, Kuala Lumpur, and Putrajaya), 2) adolescents who have experienced significant traumatic stress resulting in functional impairment, 3) adolescents who have attended systemic family therapy, and 4) adolescents who fully understood the research purpose and voluntarily provided formal child assent, alongside parental informed consent.

All respondents represent the socio-economic diversity of the highly urbanised Klang Valley area, an environment characterised by rapid development, intense academic pressure, and complex shifts in traditional family dynamics. The demographic profile of the respondents is indicated in the table below. To preserve ethical confidentiality, their original names have been substituted with pseudonyms, and highly identifiable location details have been generalised in accordance with ethical guidelines for counselling children and families (Sori & Hecker, 2015).

Table 3. Demographic information of the respondents

No.	Pseudonym	Age	Location	Type of Traumatic Stress
1	Adam	14	Bangi	Sudden traumatic loss of father (heart attack)
2	Azim	16	Bangi	Sudden traumatic loss of father (heart attack)
3	Said	13	Sepang	Severe physical, mental, and financial bullying
4	Fateh	14	Sepang	Severe physical, mental, and financial bullying
5	Hana	15	Putrajaya	Domestic violence & parents' polygamous marriage
6	Hani	15	Putrajaya	Domestic violence & parents' polygamous marriage
7	Alisha	13	Kajang	Fatal van accident & loss of younger sister
8	Sabila	16	Shah Alam	Prolonged sexual and emotional abuse by relative
9	Nadim	15	Ampang	Violent armed home invasion and robbery
10	Rayyan	14	Banting	Highly conflictual parental divorce and suicidality

Respondent 1 – Adam

Adam is a fourteen-year-old boy from Bangi. He entered family therapy alongside his older brother, Azim, following the sudden and traumatic loss of their father. The tragedy occurred abruptly after a family pickleball game, where their father suffered a massive, fatal heart attack right in front of them. During our interview, Adam displayed a quiet, numb, and emotionally flat behaviour. The trauma of witnessing his father's sudden collapse left him with severe sleep disturbances and a deep sense of

psychological disorientation in his daily life. His experience required the therapist to navigate acute grief and the sudden loss of a primary attachment figure.

Respondent 2 – Azim

Azim, aged sixteen, is Adam's older brother. While his younger brother withdrew, Azim manifested his traumatic stress by displaying intense hyper-independence and actively suppressed grief. He felt an immediate, significant societal pressure to become the man of the house following his father's sudden death, which is a common cultural expectation in Asian families facing paternal loss. During our session, Azim was highly articulate but exhibited visible physical tension when discussing his family's vulnerability. He initially viewed family therapy as a complete waste of time, believing he had to remain perpetually strong and emotionless for his mother and younger siblings.

Respondent 3 – Said

Said, a thirteen-year-old from Sepang, faced severe, systemic trauma after being placed in a highly competitive boarding school. He was physically assaulted, mentally degraded, and financially manipulated by senior students in an ongoing hazing culture and said he experienced a complete psychological breakdown characterised by severe panic attacks whenever he had to pack his bags to return to school. He presented during the interview as a highly anxious teenager who constantly looked over his shoulder, viewing the therapy room initially as an unsafe, evaluative space where adults would instruct him to toughen up and endure the abuse.

Respondent 4 – Fateh

Fateh, a fourteen-year-old also from Sepang, attended the same boarding school as Said and suffered identical systemic bullying by seniors. However, Fateh's trauma manifested entirely differently, resulting in explosive anger at home and a complete refusal to communicate with his parents. He deeply blamed his parents for sending him to the toxic environment and ignoring his early pleas for help. He entered our interview highly defensive, exhibiting sarcastic and hostile behaviour to mask his profound feelings of helplessness, systemic betrayal, and severed trust.

Respondent 5 – Hana

Hana, aged fifteen from Putrajaya, is navigating the devastating aftermath of domestic violence and the emotional chaos induced by her parents' unconsented polygamous marriage. She witnessed her father physically harm her mother during intense arguments about the second family. Hana's narrative during the interview was deeply emotional and highly charged, woven with themes of absolute betrayal, profoundly rejecting anger toward her father, and a desperate, parentified desire to protect her vulnerable mother from further psychological and physical harm.

Respondent 6 – Hani

Hani is Hana's fifteen-year-old twin sister. While they share the same systemic trauma of domestic violence and family disruption, Hani internalised the psychological pain entirely differently. She developed intense people-pleasing behaviours, perfectionism, and severe functional anxiety, constantly trying to maintain stability in a broken home. During the interview, Hani visibly struggled and hesitated to express any

negative feelings toward her father, highlighting the intense conflicts over cultural loyalty and the burden of filial piety she was grappling with internally.

Respondent 7 – Alisha

Alisha, a thirteen-year-old from Kajang, is the sole uninjured survivor of a severe van accident that occurred during a family staycation trip to Mersing, Johor. The accident resulted in severe, long-term physical injuries to her parents and the tragic death of her younger sister. Alisha struggles extensively with intense survivor's guilt and chronic, intrusive flashbacks of the crash, aligning with classic PTSD symptomology (Meiser-Stedman et al., 2017). She felt entirely disengaged or numb during the initial phases of her therapy, feeling that the clinical focus on her trauma was inappropriate given the magnitude of her parents' physical injuries.

Respondent 8 – Sabila

Sabila, a sixteen-year-old girl from Shah Alam, battled intense anxiety, dissociation, and complex traumatic stress following prolonged emotional and sexual abuse by a live-in extended family member. Because filial piety and protecting the family name are treated as paramount virtues in her culture, Sabila suffered in absolute, terrified silence for years. She entered family therapy carrying the immense burden of this cultural silencing, deeply believing that speaking the truth about the abuse would permanently destroy her family system entirely (Winley et al., 2016).

Respondent 9 – Nadim

Nadim, aged fifteen from Ampang, experienced acute post-traumatic stress after his family was explicitly targeted in a violent, armed home invasion. A gang of robbers

carrying machetes, or parang, broke into their house, tying the whole family up and violently threatening their lives. Following the event, Nadim developed severe hypervigilance, unable to sleep in the dark or stay alone in any room of his own house. His systemic therapy required intense psychoeducation and grounding techniques to help him and his parents physically and neurologically regain a basic sense of safety.

Respondent 10 – Rayyan

Fourteen-year-old Rayyan from Banting experienced complex relational trauma while navigating his parents' highly conflictual and legally prolonged divorce process. He was frequently utilised as a messenger between his warring parents, which eventually led to a complete emotional breakdown and severe suicidal ideation. Rayyan's experience highlights the intersection of relational rupture and systemic family failure, where the adults' intense conflict completely overshadowed and silenced his requests for help, making attachment-based interventions critical (Scott, Diamond, & Levy, 2016).

4.2.1 Summary of Respondents

Reflecting on the comprehensive interviews with these ten respondents, it is exceptionally clear that each adolescent carries a distinct and heavy emotional burden. Their shared experience of navigating the complex, culturally loaded environment of systemic family therapy after experiencing distinct traumas unites their narratives.

Most of these adolescents initially utilised developed defensive coping mechanisms, such as withdrawal into silence, sarcasm, or distressing physical symptoms, to manage their profound anxiety. Nevertheless, beneath these defences,

their narratives reveal a strong desire to be heard, to be securely attached, and to be understood by adults.

4.3 Findings of Research Question 1: How do adolescents describe their relationship with the therapist during the family therapy sessions?

This section presents the findings from Research Question 1, which explores the formation, fragility, and dynamics of the therapeutic alliance from the adolescent's viewpoint. Phenomenological descriptions from the raw data have identified the adolescents' subjective experiences with their therapists, emerging into two distinct superordinate themes, namely (1) Initial Invisibility and Power Imbalance, and (2) The Search for Authenticity and Open Dialogue. The findings are summarised in the table below.

Table 4. Themes and sub-themes derived from interview transcripts based on Research Question 1

Research Question 1	**How do adolescents describe their relationship with the therapist during the family therapy sessions?**
Themes	**Sub-themes**
Initial Invisibility and Power Imbalance	1. Treating the adolescent as an object to be fixed 2. Adult monopolisation of the therapy narrative
The Search for Authenticity and Open Dialogue	1. The necessity of a relaxed and non-judgmental stance 2. The therapist as a protector of the adolescent's voice

Theme 1: Initial Invisibility and Power Imbalance

In the realm of systemic family therapy, the concept of the therapeutic offside occurs when the adolescent is physically present in the therapy room but functionally and psychologically excluded from the active dialogue and decision-making processes by the adults present (Vossler, 2006). The phenomenological data extracted from this study confirm this phenomenon within the Malaysian context. Upon initially entering the therapy room, almost all participants perceived a distinct power imbalance. They acutely felt that the therapeutic dialogue was heavily monopolised by their parents and the therapist, effectively rendering them invisible.

As a researcher observing these adolescents recount their early therapy sessions, I noted a profound sense of helplessness and resignation in their tone. Rayyan, whose parents were going through a highly hostile and litigious divorce, articulated this disempowerment vividly. During our interview, he looked visibly exhausted, staring at his hands as he recalled how his severe suicidal ideation was entirely sidelined by his parents' legal battles within the therapy space.

> "I was just sitting on the couch while they screamed at each other about money and custody. The therapist tried to calm them down, but it was like I was not even there. I felt like a ghost. I literally wanted to die; I had cuts on my arms, and they were arguing about who gets the house. It was just adults fighting, and I was just a prop in the room for them to look like they cared." (Rayyan)

Similarly, Fateh experienced his early family therapy sessions as a targeted ambush. Withdrawing from the severe physical and financial threat at his boarding

school, he had expected the therapist to provide a sanctuary or a secure base (Liddle & Schwartz, 2004). Instead, he found the therapy conversation entirely dominated by his parents' anxiety over boarding school rules and his lack of academic discipline. Fateh utilised the local Manglish slang kena bash, which means being intensely criticised or ganged up on, to describe the feeling of being cornered in what should have been a healing environment.

> "My dad was just telling the therapist how I was being rebellious for not wanting to go back to the hostel. He did not even mention that the seniors were extorting my money and literally beating me up in the bathrooms. The therapist just nodded and wrote things down. I felt so small, like I was kena bash in the room. Why would I open up to a stranger who is just going to agree with my dad immediately?" (Fateh)

This profound feeling of being sidelined was not only experienced through direct criticism, but also through being forced into the role of a silent observer. Hani, whose anxiety stemmed from trying to maintain peace in her family following domestic violence, described how the adults' monopolisation of the room completely erased her presence.

> "I was just sitting at the corner of the sofa. The therapist kept asking my mom and dad how my panic attacks were affecting the family's schedule. Not once did they turn to me and ask how my chest felt or why I was terrified. I felt so invisible, like I was just a problem

> to be solved rather than a person sitting right there. It is like I was completely transparent." (Hani)

The synthesis of these narratives indicates that when a therapist inadvertently colludes with the parents' problem definition, prioritising parental anxiety over adolescent trauma, the therapy transforms into an agenda belonging entirely to someone else (Conti et al., 2017). The adolescent feels disempowered and pathologised. Unless the counsellor or therapist actively disrupts this traditional, adult-centric narrative and explicitly elevates the adolescent's subjective voice, the therapeutic intervention risks re-traumatising the adolescents by replicating the loss of agency and control that characterised their original traumatic event.

Theme 2: The Search for Authenticity and Open Dialogue

For traumatised adolescents to engage in the work of trauma recovery, the therapist must facilitate an open dialogue space, representing a relational and psychological connection where authentic, multi-voiced dialogue can occur without the threat of adult judgment or rigid diagnostic labelling (Errington, 2015). As the therapeutic process advanced for these participants, their narratives highlighted this critical turning point. The adolescents in this study were exceptionally vigilant about the therapist's authenticity and multicultural competence (Swan, Schottelkorb, & Lancaster, 2015).

My observations during the phenomenological interviews revealed that modern adolescents do not respond favourably to rigid clinical protocols, overly formal psychological jargon, or forced empathy. Rather, they sought a raw, human connection characterised by transparency. The participants frequently utilised the Manglish term

chill to describe this approachable therapeutic stance. Azim, who lost his father to a sudden heart attack and was subsequently burdened with intense family expectations, noted that his therapist's authenticity was defined precisely by his refusal to force traditional, patriarchal gender roles upon him. His posture relaxed visibly as he spoke about his therapist's intervention.

> "Everyone, my uncles, my neighbours, kept telling me I had to be the man of the house now that Abah is gone. I hated it. It was too heavy. However, my therapist... he was so chill. He did not push me to be strong. He just looked at me and said, it is okay if you want to be a 16-year-old kid who misses his dad. He did not use big doctor words. He treated me like a normal guy whose world just collapsed, not like a patient. That made me actually trust him." (Azim)

Said echoed this need for a non-authoritarian approach. Having endured severe systemic bullying and extortion at his boarding school, Said entered therapy highly paranoid, expecting the therapist to act like another punitive teacher. He highlighted how the therapist's transparent and relaxed demeanour successfully dismantled his defensive walls.

> "At school, the adults always tell us to stop complaining and be a man. I thought the therapist would do the same. Nevertheless, during the second session, he sat on the floor with me instead of behind his big desk. He just said, Listen, what happened to you at

> that hostel is messed up, and you have every right to be angry. He did not try to sugarcoat it or use therapy textbook words. He kept it real. That was the moment I finally let my guard down." (Said)

The creation of this authentic dialogue space also required the therapist to manage the concept of a balanced alliance (Collyer, Eisler, & Woolgar, 2020). Adolescents monitored whether the therapist was willing to challenge the parents' perspective when necessary. For the adolescents in the Klang Valley, experiencing a therapist who actively protects their voice against parental dominance or societal pressure is the primary catalyst for continued engagement in treatment. An approachable and authentic therapist is therefore not one who lacks professional boundaries, but rather one who prioritises the adolescent's emotional safety over polite, cultural compliance with the parents.

4.4 Findings of the Research Question 2: In what ways do adolescents believe their family's presence in therapy helped or hindered their individual healing process?

The second research question investigates the systemic nature of the treatment. It explores the inherent tension between the adolescent's need for individualised trauma processing and the systemic requirement for holistic family involvement. The phenomenological analysis emerged with two distinct superordinate themes, namely (1) The Positive and Negative Impacts of Parental Presence, and (2) Emotional Distress and Relational Ruptures. The findings are summarised in the table below.

Table 5. Themes and sub-themes derived from interview transcripts based on Research Question 2

Research Question 2	**In what ways do adolescents believe their family's presence in therapy helped or hindered their individual healing process?**
Themes	**Sub-themes**
The Positive and Negative Impacts of Parental Presence	1. The desire for parental comfort versus the fear of invalidation 2. Protecting the parent from the adolescent's trauma
Emotional Distress and Relational Ruptures	1. The paralysing fear of initiating attachment disclosures 2. The profound impact of parental empathy and accountability

Theme 1: The Positive and Negative Impacts of Parental Presence

Attachment theory suggests that traumatised adolescents frequently swing between seeking proximity to caregivers for psychological safety and actively avoiding them to prevent further emotional injury or disappointment (Liddle & Schwartz, 2004). The participants consistently described the physical presence of parents in the therapy room as a profound double-edged dynamic. On one hand, the adolescents desired their parents to understand their pain deeply. On the other hand, the parents' immediate presence was a source of anxiety, exposing the adolescent to potential criticism, swift dismissal, or the heavy burden of managing their parents' own grief and guilt (Sheridan, Peterson, & Rosen, 2010).

During the interviews, participants often fidgeted, broke eye contact, or looked visibly distressed when discussing their parents' physical proximity on the therapy sofa. Alisha articulated this profound systemic dilemma perfectly when discussing the fatal van accident that killed her younger sister. She felt an internal need to process the

trauma, but protecting her severely injured parents' fragile feelings hindered her ability to speak freely. She described her internal conflict with deep sadness.

> "When my parents are in the room, my brain just freezes. I want to tell the therapist how I still hear the crash sound every night, how I feel so guilty that I survived without a scratch and my little sister did not. However, if I say it out loud in front of my mom, she will start crying uncontrollably because she was the one driving the van. So, it is easier to say I am fine and stay quiet. I have to protect her feelings because she is already broken. I cannot break her more." (Alisha)

This burden of protecting the parent was also deeply felt by Azim. While Alisha struggled with guilt, Azim wrestled with the sudden, crushing societal expectation to be the man of the house after his father's fatal heart attack. Having his grieving mother in the therapy room made it nearly impossible for him to exhibit any vulnerability.

> "Every time I wanted to tell the therapist how terrified and lost I felt without Abah, I would look at my mom. She looked so fragile, like she was going to collapse. So, I would swallow my words, put on a fake smile, and buat derk, which means acting unbothered. If I cried in front of her, it would mean I am weak, and she needs me to be strong right now. Being in that room with her felt like I was suffocating." (Azim)

Alisha's and Azim's experiences highlight how the family's presence can actively hinder individual psychological processing if the systemic environment does not permit the adolescent to speak their truth safely. If the therapist does not properly scaffold the session to contain parental distress, the therapy room devolves into a space where the adolescent feels perpetually forced to manage the parent's emotional reactions, effectively silencing their own trauma narrative entirely.

Theme 2: Emotional Distress and Relational Ruptures

The phenomenological core of the participants' therapeutic journeys was heavily localised within the painful experience of repairing attachment ruptures (Stern, King, & Diamond, 2022). Throughout the interviews, the participants frequently utilised the evocative Manglish term koyak, meaning 'torn', 'completely shattered', or 'severely emotionally damaged', to describe the internal devastation they felt regarding their primary family bonds following their respective traumatic events.

Hana, grappling with the trauma of domestic violence and the deep betrayal of her father's unconsented polygamous marriage, expressed that she felt entirely koyak because she repeatedly witnessed her father hurting her mother. The prospect of discussing this violent betrayal directly with her parents in a therapy setting was described as physically terrifying. As Hana recalled the specific ABFT attachment task where she had to confront her father, her breathing quickened.

> "I felt so koyak inside. Sitting across from my dad... I was shaking so badly. I thought if I told him how much I hated him for hitting my mom and taking another wife, he would get angry, start yelling again, or completely deny it. It felt highly stressful. The trauma was

> not just the physical fighting... the trauma was feeling like my main protector became the person I was scared of." (Hana)

The devastating sensation of feeling koyak is profoundly magnified when the parents' ongoing conflict entirely overshadows the adolescent's distress. Rayyan, severely traumatised by his parents' divorce and battling suicidal ideation, described the despair of witnessing a relational rupture happen live in the therapy room.

> "I was sitting there with bandages on my wrists, and my parents started attacking each other about court documents right in front of the therapist. I felt totally koyak. It hit me right then; they hated each other more than they loved me. I wanted to disappear. It is the worst feeling in the world, realising that my parents were too focused on their own conflict to address my distress." (Rayyan)

However, the data also illustrates that the transition from a severed relational rupture to genuine attachment repair is highly dependent on the parents' capacity to offer a corrective emotional experience (Tsvieli et al., 2019). When parents successfully suspended their intense defensiveness and responded with genuine empathy and accountability, the adolescents reported profound psychological relief. Hana noted that when her father finally broke down, apologised without making excuses, and fully acknowledged the terror he caused her, the intense rejecting anger she carried began to dissolve. The data verifies that when the family's presence shifted from defensive to accountable and empathetic, it became the most powerful catalyst for the adolescent's individual healing.

4.5 Findings of the Research Question 3: What specific moments or interventions in therapy did adolescents find most significant in addressing their traumatic stress?

The third research question deliberately sought to identify the specific therapeutic interventions, clinical tools, or turning points that resonated most profoundly with the adolescents. The findings challenge the pervasive Western assumption that purely verbal, cognitive processing is the only viable pathway to trauma resolution, highlighting instead the profound, culturally safe impact of alternative, non-verbal modalities. The themes are summarised in the table below.

Table 6. Themes and sub-themes derived from interview transcripts based on Research Question 3

Research Question 3	**What specific moments or interventions in therapy did adolescents find most significant in addressing their traumatic stress?**
Themes	**Sub-themes**
Externalisation and the Use of Therapeutic Tools	1. The use of therapeutic tools to explain trauma 2. Validating physiological pain as a biological stress response
Non-Verbal Breakthroughs Through Art and Metaphors	1. The safety of family art therapy and visual enactments 2. Utilising Manglish metaphors to bypass direct verbal disclosure

Theme 1: Externalisation and the Use of Therapeutic Tools

The use of highly visual therapeutic tools has been shown in the literature to be an effective intervention to help externalise trauma, framing the adolescent's confusing symptoms as a natural, biological activation of the body's stress system rather than a personal failing or disciplinary issue (Cruz et al., 2014). For many of the adolescents in this study, particularly those experiencing acute physiological hyperarousal, insomnia, or somatic pain, the most significant turning point in therapy was the exact moment their panic was scientifically validated as a real, biological consequence of trauma.

By providing a scientific, externalised language, the therapist drastically reduced the immense cultural and personal shame the adolescents felt. Nadim, who suffered from severe hypervigilance after armed robbers broke into his house with machetes, found this specific psychoeducational intervention life-changing. He explained how this specific moment completely shifted his father's harsh disciplinary dynamic.

> "The therapist pulled out this picture showing how the brain's alarm system, the neurobiological smoke detector, gets stuck in an active mode after a major threat. He explained to my dad that my jumping at every small sound or keeping the lights on was not cowardice or ingratitude. My body was literally reacting to the trauma of seeing that parang at my mom's neck. Seeing it on paper... it was like a massive weight lifted off my chest. My dad finally stopped telling me to be a man and actually hugged me and said we are safe now." (Nadim)

Similarly, Adam, who had completely withdrawn following his father's sudden death, found immense comfort when the therapist used biological facts to explain his severe cognitive difficulties and memory issues, preventing his mother from mislabelling his grief as laziness.

> "My mom kept getting angry because I was forgetting to do my homework and just staring at the wall. The therapist printed out an infographic showing how intense grief physically alters the brain's frontal lobe. He told my mom, Adam is not ignoring you; his brain is running out of energy trying to process the shock. It gave me a scientific reason for why I felt so empty. It saved me from feeling like a failure." (Adam)

This targeted externalisation allowed the family to unite against the dysregulated nervous system rather than fighting each other over perceived behavioural issues. It profoundly shifted the narrative away from criticising the adolescent's weakness toward understanding what happened to their body and how the family can calm it down together. This therapy intervention was consistently cited by the participants as a pivotal moment of deep relief, effectively neutralising parental reactivity and fostering deep, systemic attunement.

Theme 2: Non-Verbal Breakthroughs Through Art and Metaphors

The findings strongly suggest that for adolescents experiencing intense traumatic stress, particularly related to abuse or severe violence, direct verbal confrontation or explicit disclosure is often far too intimidating. The integration of non-verbal, creative

modalities, such as family art therapy (Nielsen et al., 2021) and alternative elicitation techniques (Lo & Ma, 2022), provided a crucial, culturally safe alternative pathway for emotional expression. These interventions allowed the adolescents to project their trauma onto a third object, creating a much-needed psychological distance between themselves and the pain.

Sabila, who had endured prolonged, terrifying sexual and emotional abuse by a live-in relative, found verbalising her trauma physically impossible, constrained by severe PTSD symptoms and intense cultural shame (Winley et al., 2016). During our interview, she struggled significantly to find words until she began describing the specific art intervention her therapist used. Her tone shifted from hesitant and whisper-quiet to notably empowered.

> "Every time the therapist asked me to explain what he did to me, my throat would literally close up. I could not breathe. I could not speak the words; they were too dirty. However, then she gave me a huge piece of paper and some crayons and told me to draw what the darkness feels like inside me. I drew this massive, heavy black cage locking me inside. I did not have to say the words aloud. My mom looked at the drawing, and she just started crying. She finally understood how trapped and terrified I felt without me having to speak." (Sabila)

By utilising art-based enactments, the therapist expertly bypassed the adolescent's verbal freeze response and facilitated a profound moment of maternal attunement without requiring Sabila to re-traumatise herself through explicit, detailed

speech. Similarly, the use of Manglish metaphors provided a highly effective, safe bridge for communication. These non-verbal and metaphorical turning points highlight that the active ingredients in adolescent trauma therapy are frequently found in the creative, flexible, and highly attuned adaptations of systemic models rather than rigid adherence to manualized, talk-heavy scripts (Dellorco et al., 2024).

4.6 Findings of the Research Question 4: How do cultural factors influence the adolescent's willingness to participate in family-based treatment?

The fourth research question explored the unique, highly influential intersectionality of the Malaysian cultural context. The phenomenological analysis reveals that cultural values operate as a silent, exceptionally powerful third party in the therapy room, dictating the boundaries of what can and cannot be said. The themes are summarised in the table below.

Table 7. Themes and sub-themes derived from interview transcripts based on Research Question 4

Research Question 4	**How do cultural factors influence the adolescent's willingness to participate in family-based treatment?**
Themes	**Sub-themes**
Filial Piety and Cultural Barriers to Expression	1. The loyalty conflict and the fear of bringing malu (shame) and telling aib (disgrace, humiliate) 2. Protecting the family's honour over individual healing
Academic Pressure and the Evaluation of Recovery	1. Equating academic success with emotional wellness 2. Therapy is perceived as a tool for functional restoration

Theme 1: Filial Piety and Cultural Barriers to Expression

In the context of Malaysian society, the value of filial piety, encompassing deep respect, unquestioning obedience, and care for one's parents and elders, is absolute and paramount (Jo, Kim, & Yoon, 2021). While this specific cultural value fosters immensely strong family cohesion, the data indicates that it simultaneously creates a paralysing loyalty conflict for traumatised adolescents in therapy. Western-based family therapy often encourages adolescents to openly express their emotional pain, set boundaries, or voice anger toward their caregivers. However, the adolescents in this study reported that doing so felt like a direct violation of their core cultural identity and a deep betrayal of their family unit (Hashimoto et al., 2011).

My observations during the interviews highlighted the incredibly heavy burden this cultural expectation places on the adolescents. Hani, whose family was torn apart by domestic violence and forced polygamy, articulated this tension clearly, carrying a complex mix of deep resentment and deep-seated cultural obligation.

> "In our culture, you respect your father, full stop. Even if he hits your mom, he is still your dad. You cannot escape that. If I go into a therapy room and tell the counsellor that my dad is destroying our family, it brings malu and aib to everyone. It exposes our ugly truth. I felt like a traitor just being in that room. I had to swallow my words so many times because I did not want the counsellor to look down on my dad or ruin my family's name." (Hani)

Sabila, who had endured emotional and sexual abuse by a live-in relative, described how the cultural mandate to protect the family's honour acted as a severe restriction in the therapy room.

> "In Malay culture, family is everything. Aib keluarga (family flaws) must be protected at all costs. I knew that if I opened my mouth and told the therapist what my uncle did, it would destroy my parents, my grandmother, everyone. The malu would be permanently attached to our name. So for the first few months, I just sat there and lied, saying I just had normal school anxiety. I was willing to let myself rot inside to keep my family's reputation intact." (Sabila)

This intense cultural barrier, or cultural silencing, is a direct manifestation of collectivist cultural norms, in which the preservation of the family's honour and public reputation often completely supersedes the adolescent's need for psychological catharsis and safety. The adolescents felt an immense burden to protect their parents' reputation, known locally as air muka, even at the severe cost of their own trauma recovery, making their participation in therapy highly guarded and inherently resistant to standard Western interventions.

Theme 2: Academic Pressure and the Evaluation of Recovery

The socio-ecological environment of the Klang Valley, characterised by intense urban development and a hyper-competitive academic landscape, significantly influenced how both the adolescents and their families perceived the purpose of therapy. The pervasive tuition culture where a child's academic success is directly equated with family honour and future survival frequently distorted the goals of trauma treatment (Kalibatseva et al., 2024). Parents often entered therapy viewing the adolescent's

traumatic stress not as an emotional crisis requiring empathy, but as an unacceptable academic disruption requiring immediate correction.

Said, who was suffering from severe panic attacks and school refusal due to bullying, described how his parents measured his recovery entirely through his ability to return to the school environment rapidly. He expressed deep disillusionment and anger with the therapeutic process when his parents hijacked the clinical narrative.

> "My dad kept asking the therapist, how many sessions until he can go back to the hostel and focus on his studies? It made me feel like they did not care at all that the seniors were beating me up and stealing my money. They only cared that my grades were dropping because I refused to go back. It made me want to quit therapy immediately because I felt like the therapist was just another tool to fix me so I could get straight As for them." (Said)

This transactional view of therapy was also fiercely resented by Fateh. Having survived the same toxic boarding school environment, Fateh observed how his parents completely bypassed his emotional trauma, hyper-focusing instead on the financial investment of his education. The therapy room felt like a performance review rather than a sanctuary.

> "My dad literally brought my report card to the therapy session. He told the therapist, look, his grades are dropping, fix his attitude so he can go back to school, I pay thousands for that hostel. I had bruises on my ribs from the seniors, and my dad was holding up a

> piece of paper with a C on it, meaning, if you do not perform academically, your trauma does not matter. You are just considered a defective student." (Fateh)

This focus on functional, academic restoration over genuine emotional healing meant that adolescents often perceived family therapy as an arena for further parental disappointment and behavioural policing. For therapy to be successful in this high-pressure context, the therapist had to challenge this cultural metric actively, explicitly educating the parents and prioritising the adolescent's emotional safety over their academic output.

4.7 Discussions of Research Findings

This section provides a synthesis of the phenomenon under investigation. It discusses and evaluates the phenomenological findings of this research by weaving the raw data back into the theoretical framework established in Chapter 2. By comparing the narratives of the ten adolescents with the extensive global literature on systemic family therapy, this discussion illuminates exactly how Western-derived models must be critically adapted to serve the unique socio-cultural reality of Malaysian adolescents. The discussion is structured systematically around the four central themes identified.

4.7.1 Deconstructing the Therapeutic Alliance

The findings from Research Question 1 reveal a contrast between the theoretical intent of systemic family therapy and the adolescents' lived experience. The widespread experience of initial invisibility powerfully corroborates Vossler's (2006) clinical observations regarding the therapeutic offside. Vossler's research highlighted that,

despite the entire family being present in the room, therapeutic conversations inevitably default to an adult-centric dynamic in which the adolescent is treated merely as an object of clinical inquiry. In the Malaysian context, this power imbalance is exacerbated by the cultural expectation of filial piety, which dictates that adolescents remain silent when adults speak.

When participants like Rayyan and Fateh described feeling as if they were in the principal's office or were handed an agenda belonging to someone else, their narratives mirrored the qualitative findings of Conti et al. (2017). Conti's study demonstrated that when therapists rigidly follow clinical manuals at the expense of the adolescent's autonomy, the adolescent feels invaded rather than supported. When a therapist colludes with the parents' problem definition, such as focusing entirely on school attendance rather than addressing the core trauma of boarding school extortion, the adolescent completely and defensively disengages. This aligns with Collyer, Eisler, and Woolgar (2020), who found that a lack of a shared problem definition between the adolescent and the therapist is the primary predictor of therapeutic dropout in family therapy.

To effectively counter this, the adolescents in this study heavily emphasised the critical need for a relaxed, authentic, and approachable therapist. This finding is the practical, lived manifestation of what Errington (2015) defines as the Dialogical Space. Errington argues that healing requires polyphony, which is the safe, non-hierarchical coexistence of multiple, unmerged voices. The therapist's ability to use Manglish slang and maintain a non-judgmental posture is not merely a stylistic preference; it is a display of multicultural competence. As Swan, Schottelkorb, and Lancaster (2015) assert, multicultural competence for child and adolescent therapists goes far beyond racial awareness; it requires a respectful attunement to adolescent culture. By protecting the

adolescent's voice against parental dominance, the therapist transforms from an agent of parental control into a secure, dialogical base.

4.7.2 Navigating Systemic Presence

The findings from Research Question 2 examine the effects of parental presence, supporting the structural dimensions of Attachment Theory as applied to adolescents by Liddle and Schwartz (2004). Liddle and Schwartz emphasise that adolescent attachment is highly dynamic, where traumatised adolescents need autonomy, yet they simultaneously require a secure base to regulate their shattered nervous systems. The adolescents in this study inherently desired parental comfort. However, the intense fear of invalidation or adding to their parents' burden, as seen in Alisha's survivor's guilt, often forced them into silence.

The participants' frequent use of the term koyak perfectly encapsulates what Scott, Diamond, and Levy (2016) define as an attachment injury, which is a specific moment where the caregiver failed to provide protection, leaving the adolescent to face their trauma entirely alone. Hana's fear of discussing her father's abuse and abandonment highlights the extreme fragility of this bond. The data confirms that systemic therapy cannot merely focus on symptom reduction (Carr, 2018); it must actively target and repair these deep relational ruptures.

When genuine healing did occur, it mapped onto the Task Analysis model of Attachment-Based Family Therapy (ABFT) developed by Stern, King, and Diamond (2022). Stern et al. identified that successful repair requires the parent to demonstrate high affiliation and deep empathy, rather than defensive explanations. Furthermore, the findings support Tsvieli et al. (2019), who explored productive emotional processing. Adolescents like Fateh utilised rejecting anger as a shield. Tsvieli et al. argue that

therapy only succeeds when therapists look past this rejecting anger to target the primary adaptive emotions, such as fear and sadness, beneath it. The Malaysian adolescents in this study healed only when their parents were guided by the therapist to respond to their underlying vulnerability, rather than reacting punitively to their outward defiance.

4.7.3 Alternative Modalities for Somatic and Unspeakable Trauma

The findings from Research Question 3 challenge the traditional Western assumption that direct, verbal confrontation is the only pathway to trauma resolution. Because Malaysian culture often heavily discourages direct verbal expressions of anger or distress toward elders, pure talk therapy frequently leads to therapeutic gridlock or re-traumatisation.

The success of therapeutic tools in this study provides strong qualitative backing for the clinical practices described by Cruz et al. (2014). Cruz et al. found that traumatised children and adolescents often present with functional somatic symptoms. By using neurobiological tools to explain the body's stress-alarm system, the therapist successfully externalised the trauma. As seen with Nadim, this intervention stripped away the moral failing and shame often associated with mental health in Malaysia, shifting the parents' perspective from viewing the child as cowardly to viewing the child's nervous system as biologically dysregulated. Cognitive trauma models emphasise that shifting these maladaptive appraisals is key to recovery (Meiser-Stedman et al., 2017).

Moreover, the significance of non-verbal breakthroughs aligns with recent literature advocating for multi-modal systemic work. Sabila's inability to speak about her sexual abuse and her subsequent breakthrough using drawing echoes the findings of Nielsen et al. (2021) on Family Art Therapy. Nielsen demonstrated that nonverbal visual

communication enables adolescents to express hidden dysfunctions safely. Similarly, the use of Manglish metaphors supports Chan's (2013) research on Asian adolescents, who utilise metaphors to safely express suppressed family heat or emotional debt without directly disrespecting their parents. While this study did not explicitly test EMDR, the adolescents' need to process trauma through alternative, less verbally confrontational pathways conceptually supports the movement to assimilate trauma-processing techniques into systemic therapy, as strongly advocated by Field and Cottrell (2011) and Dellorco et al. (2025).

4.7.4 Cultural Silencing

The findings from Research Question 4 provide a critical contribution to the global literature, illuminating how socio-cultural factors in Klang Valley completely dictate the trajectory of family therapy. The deeply ingrained concept of filial piety acts as a barrier in the therapy room. The loyalty conflict experienced by adolescents like Hani and Sabila, who felt that speaking the truth about abuse would bring malu and aib to their family, reflects the complex reality of Asian counselling systems described by Jo, Kim, & Yoon (2021). This dynamic is further explained by Hashimoto et al. (2011), who found that an adolescent's parental image directly influences their mental health. In collectivist cultures, an adolescent's identity is inextricably linked to family harmony. Thus, a Western-derived therapy model that pushes for radical individuation and blunt confrontation may inadvertently cause more harm than good (Ruiz-Íñiguez et al., 2021). The data show that for therapy to work in Malaysia, traditional concepts must not be dismissed by the therapist as mere avoidance; rather, they must be respectfully reframed.

Finally, the pervasive tuition culture in the Klang Valley severely distorts the metric of recovery. Said's experiences, where parents viewed therapy merely as a tool

to get them back to school, align closely with Kalibatseva et al.'s (2024) longitudinal findings on Asian parenting. Kalibatseva et al. noted that while Asian parental closeness protects against depression, high parental control and intense academic expectations often act as massive barriers to effective counselling. When parents equate academic success with emotional wellness, the adolescent feels commodified. For systemic family therapy to succeed, practitioners must actively decouple an adolescent's inherent worth from their academic performance, educating parents that functional restoration cannot be sustained without genuine, deep-rooted emotional healing.

4.8 Chapter Conclusion

Chapter 4 has illuminated the complex and human experiences of ten adolescents navigating the challenges of traumatic stress within the framework of family therapy. By prioritising the adolescent voice through an IPA lens, this research has revealed that healing is not found in the rigid application of manualized clinical roadmaps, but in the authentic, moment-to-moment co-creation of a safe, open dialogical space. We have seen that while the presence of the family can initially invoke anxiety, power imbalances, and deep cultural loyalty conflicts, it also holds the ultimate key to recovery when parents are guided to provide a secure, empathetic base.

The adolescents in this study, from Adam grieving his father to Sabila surviving abuse and Nadim recovering from a violent robbery, have demonstrated that despite the immense pressures of the Malaysian socio-cultural environment, they possess a profound capacity for resilience and articulation when truly heard. Their use of Manglish metaphors like koyak and kena bash is not mere slang; it is the authentic, deeply phenomenological language of their trauma and their survival.

These findings compel the clinical and academic community to adapt global systemic models to honour this local reality. Therapists must utilise externalisation (Cruz et al., 2014), non-verbal modalities (Nielsen et al., 2021), and an authentic therapeutic stance to bridge the gap between generations. By doing so, we ensure that the adolescent is no longer an invisible participant (Vossler, 2006), but an empowered, visible co-author of their own healing journey. The following final chapter will synthesise these critical insights into comprehensive recommendations for future clinical practice and policy.