CHAPTER I: INTRODUCTION

1.1 Introduction

I begin this research by looking back at the years 2000 to 2005, the period that defined my own journey through adolescence. Growing up in the rapidly developing landscape of Shah Alam, Selangor, during that era, I remember a world in transition. It was a time before the absolute dominance of social media, yet the weight of societal and academic expectations felt just as heavy as it does for adolescents today. As I navigated my own path, I vividly recall the profound internal need to be more than just a successful student or a compliant child. I craved to be truly heard and understood as a person with my own fears and complex emotions. In the Malaysian cultural background of that time, emotional distress was often met with silence or the instruction to be patient, leaving many of my peers and me to carry our burdens in isolation.

My personal history during those formative years is the primary driver of this study. I witnessed how the silence in family systems could inadvertently create a gap, a relational rupture between parents and their children. Now, as I transition from an observer of that era to a researcher in family counselling, I realise that the adolescent experience is the most vital yet often the most neglected component of the therapeutic process. I am motivated by the belief that every adolescent deserves a safe space for dialogue where their trauma is not just diagnosed but witnessed. I want to understand how today's adolescents, who still face the same pressures of filial piety and face-saving that I did, experience opening within the family system.

This research is more than an academic requirement for me. It is a professional commitment to ensure that the unaddressed family dynamics discussed by Vossler in 2006 finally have a voice. By using a phenomenological lens, I aim to step into the

worlds of ten adolescents to see therapy through their eyes. I want to explore if the attachment repair we talk about in textbooks resonates with the local vernacular-speaking reality of a teenager today. In doing so, I hope to bridge the gap between the structured clinical protocols of the past and the authentic, deep, and human need for connection that I first felt two decades ago.

1.2 Background of Study

Adolescence is universally recognised as a period of profound transition, marked by the quest for identity, increased autonomy, and significant neurobiological maturation. In the Asian context, specifically within Malaysia, this developmental stage is further complicated by high societal expectations and academic pressures. As noted by Jo, Kim, and Yoon in their 2021 study of Asian counselling systems, adolescents in competitive environments often experience unique stressors that affect their psychological well-being. When this period of vulnerability is intersected by traumatic stress, the developmental trajectory is frequently derailed. Traumatic stress, characterised by the intrusive re-experiencing of a trauma, avoidance of reminders, and persistent physiological arousal, creates a state of somatic distress where the body's stress-regulation systems remain perpetually activated (Cruz et al., 2014; Perrin, Smith, & Yule, 2003).

The landscape of trauma for adolescents is diverse. While international literature often focuses on large-scale disasters, such as the Wenchuan earthquake in China, where Zhang et al. (2011) found persistent post-traumatic stress disorder (PTSD) symptoms three months post-event, trauma in Malaysia often takes a more interpersonal or systemic form. This includes family violence, sexual trauma, or the loss of a primary caregiver. Meiser-Stedman et al. (2025) emphasise that adolescents exposed to multiple

traumatic stressors require pragmatic and flexible therapeutic approaches. In Malaysia, where the family is the cornerstone of social stability, any trauma experienced by an individual adolescent inevitably reverberates through the entire family unit. The family can either serve as a secure base for recovery or, if the trauma remains unaddressed, a source of secondary victimisation through invalidation or silence (Levy et al., 2016).

Historically, the treatment of trauma in adolescents has been dominated by individual-focused cognitive-behavioural models. Meiser-Stedman (2017) demonstrated that early cognitive therapy can be efficacious in reducing PTSD symptoms. However, systemic family therapy offers a broader lens, acknowledging that an adolescent's mental health is inextricably linked to interactional mechanisms and family structures (Cottrell & Boston, 2002). Berry, Bruce, and Oprescu (2019) argue that family therapy is essential because it addresses the interactive space between family members, which is the invisible realm where trust and acceptance are either built or broken (Errington, 2015). For a traumatised adolescent in Malaysia, the healing process is not merely about internal cognitive restructuring but about repairing the relational ruptures that trauma has caused within the home.

Despite the established evidence base for systemic interventions, as outlined by Carr (2018), there are significant cultural nuances in how these therapies are experienced. In Malaysia, cultural values such as filial piety and the preservation of personal and family face can influence how an adolescent discloses trauma and how parents respond to the therapeutic process. Hashimoto et al. (2011) suggest that an adolescent's self-image is deeply tied to their perception of their parents. If the parent-child relationship is strained by trauma, the adolescent's mental health suffers. Therefore, exploring the experiences of these adolescents is vital to understanding how

Western-derived models, such as Attachment-Based Family Therapy (ABFT) or Functional Family Therapy (FFT), translate into the Malaysian socio-cultural reality.

1.3 Problem Statement

The central problem addressed by this research is the persistent exclusion of the adolescent's subjective voice in the family therapy process, particularly in cases of traumatic stress. While clinicians often follow evidence-based manuals, Conti et al. (2017) describe a phenomenon where therapy becomes an imposed intervention plan, which is a process that feels forced upon the adolescent rather than owned by them. This is particularly problematic in trauma recovery, where the core of the trauma often involves a loss of power and agency. When therapy is conducted in a way that prioritises parental concerns or clinical protocols over the adolescent's experience, it risks replicating the powerlessness that characterised the traumatic event (Vossler, 2006).

Furthermore, there is a critical retention gap in family-based treatments for adolescents. Research in other contexts, such as the UK, has shown that dropout rates in therapies like Functional Family Therapy (FFT) are frequently linked to a lack of a shared problem definition among the therapist, parents, and adolescents (Collyer, Eisler, & Woolgar, 2020). In Malaysia, this gap is exacerbated by the hierarchical nature of many traditional families, where the adolescent may feel they cannot safely express their unmet attachment needs or unresolved anger toward their parents. Tsvieli et al. (2019) found that when therapists focus too heavily on rejecting anger without addressing the underlying primary adaptive emotions, the therapeutic process can stall. For the Malaysian adolescent, the barrier to engagement is often the fear that therapy will be used as a tool for parental control rather than a space for mutual healing.

There is also a lack of research regarding the integration of specialised trauma techniques within the family system in Malaysia. While international studies are beginning to explore the assimilation of Eye Movement Desensitisation and Reprocessing (EMDR) into Attachment-Based Family Therapy (ABFT) (Field & Cottrell, 2011; Dellorco et al., 2024), Malaysian clinical practice remains largely siloed. Adolescents in Malaysia who have experienced trauma often receive individual trauma counselling or family therapy, but rarely a cohesive, systemic approach that prioritises their experience of the trauma within the family. Without a deep, qualitative understanding of how these ten adolescents navigate the multiple, often conflicting perspectives within the family system during therapy (Errington, 2015), we cannot develop interventions that are truly responsive to their needs.

Finally, the geographical and cultural context of Selangor presents a unique challenge. With its mix of urban stressors and traditional values, Selangor reflects the broader conflict between modern mental health practices and collectivist cultural expectations. Current literature, largely from the West or East Asian giants like China and Japan (Hashimoto et al., 2011; Zhang et al., 2011), does not fully capture the experience of a Malaysian adolescent who must balance their individual trauma recovery with the collectivist expectations of their community. This study addresses this knowledge gap by placing the adolescent's narrative at the centre of the inquiry.

1.3.1 The Rationale for Normalising and Destigmatising Traumatic Stress

A critical issue often neglected in the discourse of adolescent mental health in Malaysia, particularly within the competitive socioeconomic landscape of Selangor, is the tendency for family systems and society to pathologise the emotional reactions of adolescents to trauma. Traumatic stress is frequently viewed as an individual failure or

an abnormality rather than a standard physiological and psychological response to an abnormal event (Perrin, Smith, & Yule, 2003). This tension creates a profound stigma where adolescents experience shame regarding their distress, while parents may perceive the child's symptoms as a reflection of inadequate parenting.

Consequently, this research emphasises the critical necessity for the normalisation and destigmatisation of these emotional reactions. The primary problem addressed in this study is not merely the presence of trauma itself but the lack of a supportive family environment that recognises symptoms such as withdrawal, somatic complaints involving physical fatigue, or irritability as indicators of a dysregulated stress regulation system (Cruz et al., 2014). Without a paradigm shift toward normalisation, family therapy risks focusing exclusively on individual symptom reduction rather than facilitating systemic relational adjustments and mutual understanding.

1.4 Purpose of Study

The purpose of this qualitative study is to explore the experiences of 10 adolescents, aged 13 to 16, residing in Selangor, Malaysia, who have participated in family therapy for the treatment of traumatic stress. This research seeks to move beyond quantitative symptom checklists to explore the subjective, firsthand experiences of the adolescents (Seikkula, 2008). By employing a phenomenological approach, the study aims to document how these adolescents perceive the therapist’s role, the impact of their parents' presence in the room, and the overall helpfulness of systemic interventions in their journey toward trauma resolution. Ultimately, the study seeks to provide a roadmap for culturally sensitive adolescent-focused family therapy in the Malaysian context.

1.4.1 Research Objectives

The specific objectives of this research are as follows.

1. To investigate the subjective perception of the therapeutic alliance. Using the framework of the communicative space (Errington, 2015), this study aims to understand how adolescents in Selangor build trust with a family therapist.

2. To identify helpful and hindering factors in family-based trauma treatment. Drawing on the Task Analysis model (Stern, King, & Diamond, 2022), the study will pinpoint specific moments in therapy that the adolescents identify as pivotal for their healing.

3. To explore the role of family dynamics in trauma processing. This involves understanding how the parental image (Hashimoto, 2011) and parent-child attunement influence the adolescent's willingness to disclose traumatic experiences.

4. To analyse the influence of Malaysian cultural values on the therapeutic process. This objective seeks to understand how concepts such as filial piety and family honour affect adolescents' experiences of corrective attachment episodes (Tsvieli et al., 2019).

1.5 Significance of Study

This research is significant because it fills a critical void in the Malaysian mental health landscape. For counselling practitioners in Malaysia, the findings will provide a

qualitative evidence base for refining their approach to adolescent trauma. By understanding that adolescents value authenticity and a safe dialogical space (Errington, 2015), therapists can move away from rigid, manual-driven sessions toward a more responsive and humanistic practice. This is particularly important for therapists working with diverse populations, as multicultural competence is a cornerstone of effective therapy for children and adolescents (Swan, Schottelkorb, & Lancaster, 2015).

At the clinical level, this research provides critical empirical insight for practising family therapists regarding user experience. Much of the current literature, such as the review by Carr (2018), focuses on effective outcomes in terms of symptom reduction. However, there is a lack of empirical data on adolescents' subjective experiences. By documenting the experiences of these ten adolescents, the study provides local practitioners with a guide for fostering a therapeutic space that feels safe and authentic. It highlights the importance of the therapist's multicultural competence, encompassing both ethnic diversity and the unique behavioural nuances of adolescence (Swan, Schottelkorb, & Lancaster, 2015).

For academic researchers, this study contributes to the global dialogue on systemic therapy by providing data from a Southeast Asian context. While much has been written about ABFT and FFT in the United States and Europe, the Interfamily Therapy models seen in Latin America (Ruiz-Íñiguez et al., 2021) or the nature-based therapies in Hong Kong (Lo & Ma, 2022) suggest that systemic therapy must adapt to local environments. This study will offer a uniquely Malaysian perspective on these global models.

At the systemic and organisational level, the study is significant for mental health agencies in Malaysia. As the country moves toward more specialised care for adolescent trauma, there is a risk of adopting manualised treatments that may not fit the local family

structure. This research provides evidence of how Malaysian adolescents interact with these models and suggests ways to adapt them. For instance, if adolescents find therapeutic enactments (Tsvieli et al., 2019) too confrontational given cultural norms, the study may suggest more indirect systemic interventions, such as specific therapeutic tools (Cruz et al., 2014) or art-based therapy tools (Nielsen et al., 2021).

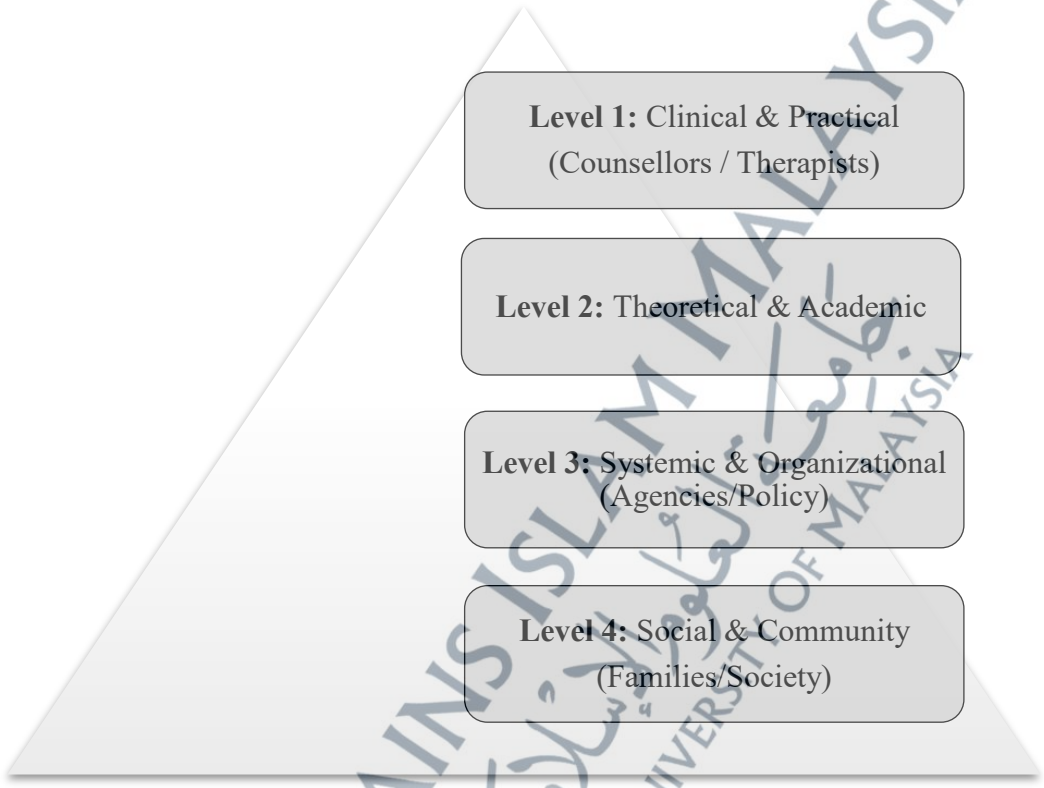
Furthermore, the study holds theoretical significance. It contributes to the broad scoping of family therapy literature (Berry, Bruce, & Oprescu, 2019) by adding a qualitative, Southeast Asian perspective to a field dominated by Western data. It challenges the assumption that systemic always means helpful and explores the counterproductive elements of family therapy, where an adolescent might perceive their privacy as compromised, or the system pathologises their trauma. By doing so, it advances the theoretical understanding of adolescent-centric care within a collectivist culture.

Finally, for families and the wider community in Malaysia, this study advocates active participation by young people in their own care (Vossler, 2006). By demonstrating the value of adolescents' voices, the research encourages parents and institutions to view adolescents not as problems to be solved but as active agents in family healing. This shift in perspective is essential for reducing the stigma associated with trauma and mental health treatment in Malaysia.

The social significance of this research cannot be overstated. Traumatised adolescents in Malaysia often face a double burden encompassing the trauma itself and the stigma of mental illness. By documenting the experiences of these ten adolescents, the study provides a detailed account of their reality. It shifts the clinical focus from investigating what is wrong with the child to understanding what has happened to the child and how the family can assist. This shift is essential for building more resilient

communities where adolescents feel empowered to seek help and participate in their own recovery.

Figure 1. Summary of Research Significance



1.6 Research Questions

The central inquiry of this research examines the subjective experiences of adolescents managing the complexities of family therapy while experiencing traumatic stress. In many clinical settings in Malaysia, adolescents' perspectives are primarily mediated by parental observations or therapists' diagnostic frameworks. This study pivots toward a phenomenological exploration guided by a central question evaluating what the experiences of adolescents with traumatic stress are as they participate in family therapy. This question does not merely seek a chronological account of sessions but rather an understanding of the collaborative relational space outlined by Errington

(2015), in which healing is negotiated. To provide a comprehensive analysis, the study is subdivided into four critical areas of inquiry.

The first sub-question investigates how adolescents describe their relationship with the therapist during the family therapy sessions. This question is grounded in the understanding that for traumatised adolescents, the therapeutic alliance represents both the most influential tool and the most vulnerable component of treatment. As Errington (2015) suggests, the multiple communication streams within the room involving parents, siblings, and the therapist can easily overwhelm the adolescent, leading to a perception of systemic misalignment against them. By exploring this relationship, the research aims to identify whether the therapist is perceived as an ally who establishes a secure foundation or as another authority figure who reinforces existing family hierarchies.

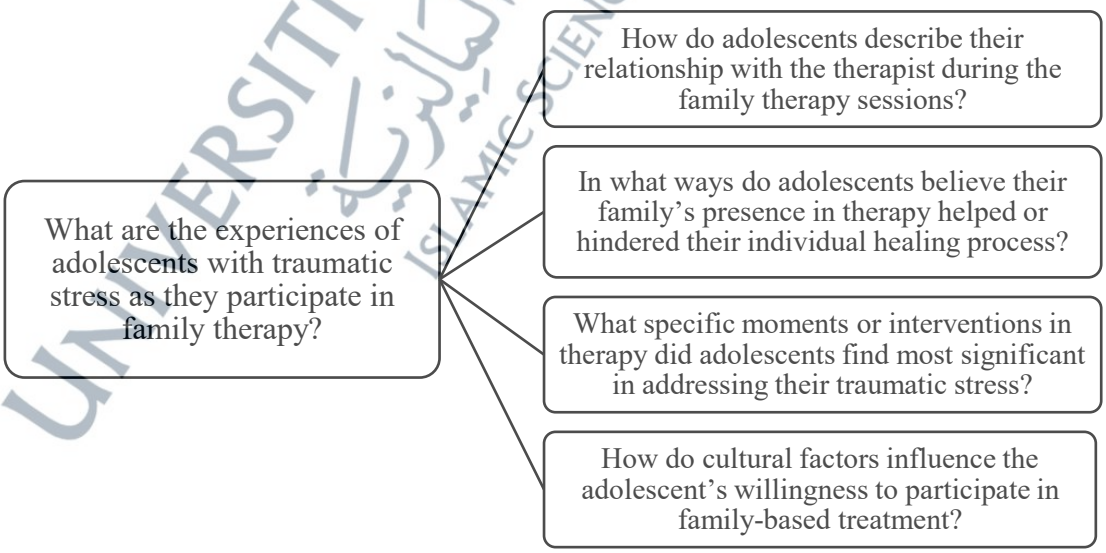
The second sub-question investigates the systemic nature of the treatment by evaluating how adolescents believe their family's presence in therapy helped or hindered their individual healing process. This represents a critical inquiry given the tension between the necessity for individual trauma processing and the systemic requirements for family involvement. While research on Attachment-Based Family Therapy (ABFT) emphasises the importance of parental support in reducing suicidality (Levy, Russon, & Diamond, 2016; Scott, Diamond, & Levy, 2016), the adolescent subjective experience of this presence can vary. In some instances, family involvement may feel like an intrusion into their private distress. In contrast, in others, it may provide the corrective attachment episode described by Tsvieli et al. (2019) that they have long required.

The third sub-question focuses on the technical and emotional pivotal phases of therapy by assessing what specific moments or interventions in therapy adolescents found most significant in addressing their traumatic stress. This question seeks to identify the mechanism that Tsvieli et al. (2019) define as productive emotional

processing. The study examines whether the moment of disclosure, the parental apology, or a non-verbal intervention such as art therapy (Nielsen et al., 2021) is what disrupts the maladaptive patterns of trauma. By identifying these specific moments, the study provides clinicians with a detailed compilation of core therapeutic components that resonate with the adolescents themselves.

Finally, the fourth sub-question addresses the study's cultural intersectionality by examining how cultural factors in the Malaysian context influence adolescents' willingness to participate in family-based treatment. This question recognises that an adolescent does not develop in a decontextualised social state. Sociocultural concepts such as face, maru representing honour, and filial piety can act as powerful delimiters on what can and cannot be articulated in the therapy room. This inquiry aims to understand how the adolescent balances the Western-centric goals of therapy, including open emotional expression, with the local cultural expectations of family harmony and respect for elders (Chan, 2011; Hashimoto et al., 2011).

Figure 2. Summary of Research Questions



1.7 Research Assumptions

As I embark on this qualitative journey, I hold several foundational assumptions that shape the methodological and analytical framework. The first assumption is that adolescents possess authoritative insight into their own lives. In family therapy research, the child's lived experience is often replaced by parent-report data. This study assumes that a 13- to 16-year-old possesses the cognitive and emotional maturity to reflect on their inner world and offer a nuanced critique of the therapy they received. This aligns with the findings of Chan (2011), who utilised metaphors to demonstrate that Hong Kong adolescents have a sophisticated and often symbolic understanding of their family dynamics.

A second assumption is that traumatic stress is a relational phenomenon. While PTSD is often categorised by individual symptoms including intrusions, avoidance, and hyperarousal (Perrin, Smith, & Yule, 2003), this study assumes that the impact of trauma is amplified or mitigated by the family system. This study assumes that family members act as active participants or primary agents rather than passive observers within the adolescent's stress-regulation system. I assume that for most adolescents, the goal of therapy is not just symptom reduction, but the restoration of a secure base (Scott et al., 2016) within the home.

The third assumption concerns the participants' honesty and depth. It is assumed that if provided with a confidential, non-judgmental research environment, the ten adolescents will provide authentic accounts of their experiences. I acknowledge that authenticity is a value highly prized by adolescents (Errington, 2015), and I assume they will be more forthcoming with a researcher than they might have been with a therapist or parent whom they felt was trying to fix or change them.

Lastly, there is an assumption regarding cultural universality and specificity. It is assumed that while the neurobiological response to trauma is universal (Meiser-Stedman, 2017), the expression of that trauma and the acceptance of family therapy are culturally bound. I assume that the Malaysian context will yield themes distinct from Western-based studies, particularly regarding the role of shame, the importance of indirect communication, and the specific pressures of the Malaysian educational and social system (Jo, Kim, & Yoon, 2021).

1.8 Delimitations of The Research

This study is carefully delimited to ensure a deep and manageable inquiry. The most significant delimitation is the geographic focus on Selangor. As a developed state in Malaysia, Selangor offers a unique urban and suburban demographic that may not be representative of more rural or traditional states such as Sabah, Kelantan, or Terengganu. The participants are drawn from this specific socio-economic environment, where families often balance traditional values with modern, fast-paced lifestyles.

The age range of 13 to 16 years is another critical delimitation. This specific window represents the developmental stage of middle adolescence, a period when the drive for autonomy peaks and the influence of the family system is often most contested. I have excluded younger children, whose trauma processing may be more play-based, and older late-adolescents (17-19), who may already be transitioning out of the nuclear family home. This ensures that the focus remains on the critical period of family therapy.

The study is also delimited by its qualitative nature. It does not seek to measure the efficacy of therapy using standardised scales like the PTSD Checklist (Zhang et al., 2011). Instead, it focuses on the meaning-making process. The sample size of ten is intentional because in phenomenological research, a small sample size allows for the

comprehensive description necessary to uncover universal themes within individual stories.

Lastly, the study focuses exclusively on family therapy sessions. While many adolescents may also be receiving individual counselling or pharmacological treatment, this research limits its scope to their experiences within the systemic family therapy framework. This allows for a concentrated analysis of the relational dynamics and the "polyphony" of the therapy room, as discussed by Errington (2015).

1.9 Definition of Terms

To ensure clarity and scientific rigour, the following terms are defined within the specific context of this study.

Traumatic Stress

This refers to the psychological and physiological distress experienced by an adolescent following exposure to a single or multiple traumatic events. Consistent with Perrin et al. (2003), it includes symptoms of re-experiencing, avoidance, and hyper-arousal, regardless of whether a formal diagnosis of PTSD has been made.

Family Therapy

A systemic intervention where the family unit functions as the primary client rather than the individual. This study includes models such as Attachment-Based Family Therapy, Functional Family Therapy, and Multidimensional Family Therapy, which emphasise that the adolescent's symptoms are maintained by and

can be resolved through family interactions (Carr, 2018; Liddle & Schwartz, 2004).

Adolescent Experience

The subjective, internal, and external reality of a person aged 13-16. This includes their thoughts, feelings, perceptions of the therapist, and their experience of being in the room with their parents (Conti et al., 2017).

Dialogical Space

A theoretical concept derived from Errington (2015) referring to the collaborative relational space in therapy that facilitates open, reciprocal dialogue. It is the safe environment where the adolescent feels heard as a person, not just a patient.

Relational Rupture

A break in the trust or attachment between the adolescent and their parent, often caused or worsened by the traumatic event or the parent's subsequent reaction (Stern, King, & Diamond, 2022).

Filial Piety

A cultural value prominent in Malaysia that emphasises respect, obedience, and care for one's parents. In the context of therapy, this can act as a silencing factor or a protective factor (Jo, Kim, & Yoon, 2021).

1.10 Chapter Conclusion

In conclusion, Chapter 1 has laid the operational and contextual foundation for investigating adolescent trauma recovery. By positioning the adolescent as the central narrator of their own therapeutic journey, this research challenges the adult-centric status quo of family therapy. We have established that while family therapy is an empirically supported necessity (Carr, 2018), its success in the Malaysian context depends heavily on the adolescent's perception of safety, agency, and cultural alignment.

The background has shown that trauma in adolescents is a systemic crisis, and the problem statement has highlighted the roadmap that is often forced upon adolescents. The research questions and objectives are designed to bridge this gap by identifying the significant moments that lead to healing. As we move into Chapter 2, the literature review will further expand on these themes, examining the global evidence for models such as ABFT and FFT while continually returning to the central theme: the vital but often unheard voice of the traumatised adolescent in the family therapy room.