CHAPTER V: CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

5.1 Introduction

The primary purpose of this qualitative research was 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 the highly urbanised Klang Valley, Malaysia. To comprehend this phenomenon, the research was anchored in four central questions exploring the therapeutic alliance, the impact of parental presence, the most significant clinical interventions, and the overarching influence of Malaysian cultural factors.

This study moved beyond generalised clinical observations by evaluating the personal and resilient narratives of ten adolescents. These adolescents faced profound traumas ranging from the sudden shock of a father's fatal heart attack during a family game and the violent intrusion of armed robbers, to the emotional distress of sexual abuse, systemic boarding school bullying, and the relational difficulties of conflictual parental divorces.

The previous chapter analysed these narratives, revealing a complex therapeutic journey characterised by power imbalances, conflicts over cultural loyalty, and a strong search for authentic dialogue. This final chapter synthesises the emergent themes, identifying the study's theoretical, systemic, and practical contributions. It presents the definitive conclusions drawn from the research questions, outlines actionable implications for theory, policy, and practice, and provides a review of the study's limitations, strengths, and recommendations for future research.

5.2 Summary of Research Findings

The overarching narrative of this research reveals that for adolescents in Selangor and its surrounding urban hubs, engaging in family therapy is an emotionally complex and culturally loaded process. The findings demonstrate that adolescents initially enter the therapy room feeling marginalised. Participants like Rayyan, whose suicidal ideation was overshadowed by his parents' bitter divorce, and Fateh, whose severe boarding school bullying was reduced to an issue of academic discipline, experienced the therapeutic offside phenomenon (Vossler, 2006). They felt like invisible participants in the room, where adults monopolised the conversation and treated them as individuals in need of functional repair.

However, the research also highlights a significant capacity for healing when the therapeutic environment is carefully adapted to the adolescent's reality. The adolescents found relief when their therapists adopted an approachable, authentic, and non-judgmental stance. For example, when Azim's therapist relieved him of the societal pressure to be the man of the house following his father's sudden death, a safe dialogue space was established (Errington, 2015).

The study revealed that parental presence involves both positive and negative impacts. While it initially triggered significant anxiety, such as Alisha's fear of burdening her injured mother with her survivor's guilt, genuine parental empathy and accountability provided the most significant emotional breakthroughs, directly facilitating attachment repair (Stern, King, & Diamond, 2022).

Furthermore, the study discovered that trauma recovery in this demographic rarely relies on direct verbal confrontation, which is often too culturally intimidating. Instead, adolescents rely heavily on the externalisation of their pain. Nadim's extreme hypervigilance after a violent home invasion was validated through neurobiological

tools (Cruz et al., 2014), and Sabila's trauma of sexual abuse was safely processed through the non-verbal modality of art therapy (Nielsen et al., 2021).

Finally, the findings strongly emphasise that Malaysian cultural values, particularly the burden of filial piety seen in Hani's silence, the fear of bringing malu (shame) to the family, and the relentless pressure of the tuition culture faced by Said, act as powerful forces that dictate how, when, and if an adolescent will disclose their trauma.

5.3 Conclusion of Findings from Research Questions

The conclusions drawn from the four specific research questions provide a nuanced understanding of the adolescent's therapeutic journey in Malaysia. Regarding the first research question, which explored the therapeutic alliance, it can be concluded that adolescents do not build trust based on a therapist's clinical credentials or strict adherence to a standardised manual. Instead, trust is forged through radical authenticity and the rejection of adult-centric collusion. Adolescents require a therapist who can expertly decentre the parental narrative, protect the adolescent's voice, and establish a transparent dialogue space. When therapists utilise local Manglish and treat the adolescent as a human being rather than a psychiatric patient, they successfully dismantle the intimidating power dynamics that otherwise leave the adolescents feeling kena bash (attacked) in the therapy room (Conti et al., 2017).

In addressing the second research question, which investigated the systemic presence of the family, the data shows that parental involvement oscillates between causing emotional distress and facilitating profound relational repair. The presence of parents initially hinders the process by triggering severe loyalty conflicts. Adolescents like Hana felt koyak (shattered) and terrified to confront her father about his domestic violence. However, when the therapist successfully scaffolds the session, guiding

parents to suspend their defensiveness and offer a corrective emotional experience without making excuses, the family's presence transforms into a powerful catalyst for resolving traumatic stress and rebuilding a secure attachment base (Liddle & Schwartz, 2004; Tsvieli et al., 2019).

For the third research question, which identified the most significant therapeutic moments, the findings demonstrate that direct, confrontational verbal disclosure is often highly re-traumatising for Asian adolescents. The most impactful interventions were those that bypassed confrontation. The use of therapeutic tools to validate functional somatic symptoms and hyperarousal as biological responses to stress, as seen with Nadim's PTSD recovery, was crucial (Cruz et al., 2014). Furthermore, non-verbal breakthroughs through drawing and the use of symbolic metaphors provided the adolescents with a culturally safe psychological distance to explore their pain, proving that the active ingredients of trauma therapy lie in flexible, creative modalities rather than rigid talk-therapy (Nielsen et al., 2021; Lo & Ma, 2022).

Finally, regarding the fourth research question on cultural factors, it is concluded that the Malaysian socio-cultural context significantly complicates the Western-centric goals of family therapy. Filial piety creates a profound cultural silencing. Adolescents like Sabila and Hani will intentionally suppress the truth of their abuse or family dysfunction to protect their parents' feelings, preserve the family's public reputation, and avoid the devastating stigma of aib (Hashimoto et al., 2011). Additionally, the pervasive tuition culture forces adolescents like Said to contend with parents who mistakenly measure emotional recovery strictly by academic performance and hostel attendance (Kalibatseva et al., 2024). Systemic therapy must actively challenge this metric, decoupling the adolescent's inherent worth from their academic output to be genuinely successful in this environment.

5.4 Implication for Theory

The findings of this study offer clear implications for the theoretical frameworks surrounding adolescent trauma and systemic therapy. Primarily, the research validates the Assimilative Integrative Model, demonstrating that the structural and clinical tasks of Attachment-Based Family Therapy (ABFT) cannot succeed in Malaysia without being deeply embedded within the philosophical stance of the Dialogical Approach (Errington, 2015). Theoretical models must evolve to recognise that attachment repair is not a mechanical sequence of disclosures; it requires an authentic coexistence of voices, in which the adolescent is viewed as a co-author of the therapeutic narrative rather than a passive index patient (Vossler, 2006).

Furthermore, this study challenges Western-centric developmental theories that universally equate psychological health and trauma recovery with radical individuation, boundary-setting, and confrontation (Ruiz-Íñiguez et al., 2021). In the Malaysian context, adolescent development is inextricably linked to the collective family identity and interdependent harmony (Jo, Kim, & Yoon, 2021). Therefore, theories of systemic family therapy must be formally expanded to include Asian Cultural Resilience. Local values like Sabar (patience) and Redha (acceptance) must be integrated into theoretical frameworks as sophisticated, active components of the healing process, rather than being pathologised by Western metrics as mere avoidance or denial.

5.5 Implication for Policy

At the systemic and organisational level, the insights from this research carry urgent, actionable implications for mental health policies in Malaysia. Currently, many governmental, educational, and private agencies operate on an individualised medical model, treating the traumatised adolescent as an isolated entity to be medicated or

individually counselled. Policymakers within the Ministry of Health and the Ministry of Education must recognise that adolescent trauma, whether stemming from a fatal car crash, boarding school bullying, or a violent robbery, is a systemic family crisis. Policies should be revised to mandate or heavily incentivise the inclusion of family-based systemic interventions when treating adolescent trauma, establishing it as the standard of care over isolated individual therapy (Carr, 2018).

Additionally, funding and training policies must advocate for multicultural competence that specifically includes adolescent-cultural training (Swan, Schottelkorb, & Lancaster, 2015). Guidelines must be developed for school counsellors and welfare officers in high-pressure states like Selangor to help them address the intersection of tuition culture and mental health. Educational policies must be enacted to ensure that institutions do not collude with parents in prioritising academic discipline, school attendance, and exam results over the emotional safety and trauma recovery of the adolescents, thereby preventing the systemic problems experienced by adolescents like Said and Fateh.

5.6 Implication for Practice

For counselling practitioners and family therapists in Malaysia, this study serves as a critical, practical evaluation that demands a reconstruction of daily clinical practice. Clinicians must adapt their methodologies to ensure they are not imposing an inappropriate agenda onto the traumatised adolescent (Conti et al., 2017). Practitioners must intentionally cultivate an approachable, authentic demeanour and explicitly advocate for the adolescent's voice in the room. This means preventing parents from monopolising the session and transforming the therapy room into an extension of parental authority.

Practically, therapists must integrate externalising psychoeducation into their early sessions. Utilising therapeutic tools to explain the neurobiology of trauma is an absolute necessity; it shifts the narrative from moral failing to biological regulation, thereby reducing the immense cultural shame and parental reactivity associated with mental health struggles in Asian families (Cruz et al., 2014). Moreover, therapists must expand their toolkit beyond traditional talk therapy. Incorporating non-verbal modalities, such as family art therapy, and adopting the adolescent's Manglish metaphors will allow practitioners to bypass the cultural freeze response mandated by filial piety. These practical, culturally attuned adaptations create safe, indirect avenues for trauma processing that respect the adolescent's boundaries while facilitating relational healing.

5.7 Assumptions Revisited

At the onset of this qualitative journey, several foundational assumptions were outlined to shape the methodological framework, all of which were rigorously tested and completely validated by the phenomenological data. The primary assumption was that adolescents are experts on their own lives and possess the emotional maturity to reflect on their inner worlds and offer a nuanced critique of the therapy they receive. The depth, reflexivity, and use of symbolic language demonstrated by the ten participants, articulating everything from survivor's guilt to the complexities of polygamous divorce, proved this assumption to be true.

A secondary assumption posited that traumatic stress is a relational phenomenon, where the impact of trauma is either amplified or mitigated by the family system rather than existing as an isolated diagnosis. The finding that parental presence was a highly dynamic factor, capable of causing anxiety but also profound healing, confirmed that

trauma recovery is inextricably linked to the restoration of a secure base (Liddle & Schwartz, 2004). Furthermore, the assumption that adolescents would be honest if provided a safe, non-judgmental research environment was validated by their willingness to share harrowing experiences, including sexual abuse and suicidal ideation. Lastly, the assumption regarding cultural specificity held; the data confirmed that while the neurobiological response to trauma is universal, the expression of that trauma is heavily bound by local pressures like malu (shame) and the relentless tuition culture.

5.8 Research Limitations

While this study provides rich and original insights into the phenomenon under investigation, several limitations must be acknowledged to delineate the research's boundaries. Limitations are conditions that restrict the spectrum of research and may affect the applicability of the outcomes. The most significant limitation is the geographic and socio-ecological constraint. By focusing exclusively on the urban and suburban sprawl of Selangor, Putrajaya, and Kuala Lumpur, the findings are heavily influenced by the fast-paced, highly competitive culture of the city. These experiences may not fully represent the realities of adolescents living in more rural or socio-economically distinct states in Malaysia, such as Sabah, Sarawak, Perlis, or Kelantan.

Additionally, the purposive sample was strictly limited to adolescents aged 13 to 16. While this captures the critical developmental window of middle adolescence, it excludes the experiences of younger children whose trauma processing is distinctly play-based, as well as older late-adolescents (17 to 19 years old) whose developmental focus is on launching from the nuclear family into adulthood. Finally, the qualitative nature of the research means that it does not provide statistical data or measure the

quantitative efficacy of PTSD symptom reduction over time, as its epistemological focus is entirely on the subjective meaning-making process of the lived experience.

5.9 Research Strength

Despite its limitations, this research demonstrates strong methodological and theoretical foundations that advance the body of knowledge in trauma counselling in Malaysia. Within the context of Malaysian literature, it is one of the few qualitative studies that intentionally decentres the adult narrative, prioritising the subjective adolescent voice in systemic family therapy. By applying a rigorous Interpretative Phenomenological Analysis (IPA) design, the study successfully captured the complex double hermeneutic process, allowing for an unprecedented understanding of how local adolescents make sense of both their trauma and their clinical environment.

A major methodological strength of this research is its commitment to Linguistic Authenticity. By preserving the raw Manglish vernacular and utilising local slang as In Vivo codes (such as koyak, kena bash, and kena palau), the research prevented the sanitisation of the data. This ensured that the findings remained grounded in the adolescents' emotional and cultural reality. Furthermore, the study's adherence to trustworthiness criteria, including reflexive journaling, comprehensive peer debriefing, member checking, and the creation of a digital audit trail using NVivo 14 software, ensures that the qualitative conclusions drawn are highly credible, dependable, and confirmable.

5.10 Future Research Recommendations

The descriptive and highly exploratory nature of this qualitative research opens numerous pathways for future academic inquiry. To build upon the foundation laid by

this study, future research must continue to explore the nuances of systemic trauma care across different demographics in Southeast Asia.

I recommend conducting replication studies in different geographic locations across Malaysia, particularly in rural settings or East Malaysian contexts, to empirically compare how different environmental and traditional cultural stressors impact adolescents' therapeutic engagement and conceptualisation of trauma. Expanding the age parameters to include late adolescents would also provide critical insights into how trauma processing shifts as adolescents secure greater autonomy from their parents.

Methodologically, future research would benefit from a dyadic or triadic qualitative approach. Interviewing the parents and the treating therapists, alongside the adolescents, about the same family therapy sessions would provide a multidimensional view of the interactional mechanisms occurring in the clinical room. Furthermore, specific research evaluating the quantitative efficacy of non-verbal interventions, such as art therapy, compared to traditional talk therapy in Asian populations is recommended. Finally, mixed-methods longitudinal studies combining the rich phenomenological descriptions of IPA with quantitative tracking of PTSD, depression, and anxiety symptoms over a multi-year period would offer a comprehensive understanding of both the experience of systemic therapy and its long-term clinical sustainability.

5.11 Research Conclusion

Reflecting on the years that define adolescence in the urban Malaysian context, the internal need to be heard and understood is often met with societal pressure to remain patient and focus exclusively on academic metrics. This research began with a professional and personal commitment to ensure today's traumatised adolescents do not

have to carry their challenges in isolation, nor remain as silent participants. At the same time, adults dictate the terms of their healing.

Through the brave, raw, and insightful narratives of these ten adolescents, from the boy grieving his father's sudden heart attack to the girl surviving sexual abuse, and the teens facing violent robberies and boarding school extortions, it has been demonstrated that adolescents are not broken objects waiting for a clinical fix. They are deeply feeling individuals with an astounding capacity for resilience and articulation when provided a safe platform.

Systemic family therapy, when executed with rigid authority or when mindlessly following a manualized adult roadmap, risks alienating the very individuals it seeks to protect. However, when therapists possess the courage to be authentic, use creative, nonverbal modalities to bypass the grip of cultural silencing, and expertly guide parents to replace their defensiveness with deep empathy, the therapy room undergoes a remarkable transformation. It ceases to be an evaluative clinic and becomes an effective space where relational ruptures are repaired, and the weight of traumatic stress is finally managed. Ultimately, this research proves that if we wish to heal the next generation from the traumas of this world, we must have the humility to sit quietly, suspend our adult assumptions, and truly listen to their voices.