CHAPTER III: METHODOLOGY

3.1 Introduction

The methodology chapter provides the core operational framework for this research, outlining a detailed plan of how the experiences of ten adolescents in Selangor were gathered, interpreted, and analysed. In the field of family therapy, especially in the Malaysian context, research has historically focused on quantitative measures of symptom reduction. However, to thoroughly explore the experiences of adolescents dealing with traumatic stress, a paradigm shift is necessary. This study adopts a qualitative approach to move beyond the superficial aspects of clinical outcomes and to examine the mechanisms of subjective meaning-making. This introduction outlines the philosophical foundations of the study. It justifies the use of a phenomenological approach as the most ethical and effective way to represent the perspectives of traumatised adolescents. By focusing on adolescents aged 13 to 16 in urban and suburban areas of Selangor, this methodology seeks to reconcile Western-centric therapeutic models with the local sociocultural realities of the Malaysian family system.

The primary objective of this research is to investigate and document the nuanced experiences of adolescents in Selangor, Malaysia, as they navigate the complexities of family therapy for traumatic stress. Adolescence is a developmental phase characterised by rapid neurological, emotional, and social changes. However, when traumatic stress, defined by the intrusive re-experiencing of trauma and persistent physiological arousal (Perrin, Smith, & Yule, 2003), occurs during this phase, the traditional family system often becomes dysregulated. This methodology is designed to prioritise the adolescent voice, a perspective that is frequently marginalised in clinical research. As highlighted by Berry, Bruce, and Oprescu (2019) in their scoping review

of family therapy, there is a significant gap in the literature regarding the transparent description of intervention processes and the subjective experience of those receiving treatment. By situating this study in Selangor, I aim to examine how universal therapeutic models, such as Attachment-Based Family Therapy (ABFT) and Functional Family Therapy (FFT), are experienced within the local cultural context of Manglish communication and filial piety.

The necessity for a qualitative exploration is further supported by the roadmap critique presented by Conti et al. (2017). Many systemic treatments, while evidence-based, are perceived by adolescents as an external plan, a journey directed by clinicians and parents where the adolescent feels passive rather than active. This study seeks to re-centre the adolescent as the primary narrator. Furthermore, traumatic stress often manifests in adolescents not just as psychological distress but as functional somatic symptoms (Cruz et al., 2014). In the suburban areas of Selangor, these somatic complaints are often the primary manifestation of trauma. Therefore, the methodology of this chapter is constructed to analyse not only the words spoken in the therapy room but also the somatic and relational experiences that the ten participants describe in their stories. This chapter provides a transparent account of the qualitative framework, the ethical safeguards, and the interpretative rigour used to transform raw narratives into scientific insight.

3.2 Research Design and Interpretative Phenomenological Analysis (IPA)

The design of this study is rooted in Interpretative Phenomenological Analysis (IPA). While various qualitative methods were available, IPA was selected for its unique dual focus on the individual's lived experience and my interpretation of it. Traumatic stress is not a static event. It is a phenomenon that is continuously interpreted and re-

interpreted by the adolescent as they interact with their parents and their therapist. IPA allows for a double hermeneutic process, in which I attempt to make sense of the participant as they attempt to make sense of their world. This is particularly relevant when discussed in Chapter 2, where many highlight that adolescents often feel treated like objects in therapy (Vossler, 2006). An IPA design ensures that the adolescent remains the active subject and the primary narrator of their own healing.

Furthermore, the research design is idiographic, meaning it focuses on the individual rather than the general. By limiting the study to ten participants in Selangor, I can perform a detailed analysis of each case, identifying the nuances of the dialogical space (Errington, 2015). This design avoids the index patient complication by acknowledging that the adolescent's trauma is inextricably linked to their family system yet prioritising their individual perspective on how that system functions during therapy. The choice of IPA also aligns with the need for multicultural competence (Swan et al., 2015), as it provides the flexibility to explore how local Malaysian values, such as the preservation of face, influence the adolescent's willingness to engage in the interpretative process of therapy.

This study utilises a Qualitative Interpretative Phenomenological Analysis (IPA) design. The selection of IPA over other qualitative methods, such as Grounded Theory or Case Study, is deliberate. While a single-case research design (Swan, Schottelkorb, & Lancaster, 2015) is excellent for measuring the efficacy of a specific intervention, IPA is uniquely suited for exploring the quality of an experience. IPA is grounded in the belief that human beings are sense-making individuals. For the ten adolescents in Selangor, family therapy is a phenomenon they must interpret. They constantly evaluate whether the therapist is supportive and whether their parents are truly listening or simply following instructions. IPA provides the double hermeneutic framework required to

capture these layers of meaning, specifically how the participant tries to make sense of their therapy, and how I try to make sense of the participant's sense-making.

Contrastingly, many studies on adolescent trauma in Asia, such as the large-scale cross-sectional study by Zhang et al. (2011) post-earthquake, focus on symptom prevalence using checklists. While these quantitative designs are vital for public health, they do not explain the interactional mechanisms (Cottrell & Boston, 2002) that lead to healing. By choosing IPA, this research aligns with the Constructivist Theoretical Framework advocated by Sheridan, Peterson, and Rosen (2010), which views reality as something co-constructed within relationships. In the context of Selangor, where adolescents often use Manglish and local phrases to describe pain, IPA allows me to preserve these linguistic nuances. For example, when a participant describes feeling ‘pishang’, meaning 'stuck' or 'bored', in a session, an IPA design does not dismiss this as mere boredom but explores it as a potential relational rupture or a defence mechanism against the multiple, conflicting perspectives (Errington, 2015) that often overwhelm adolescents in systemic settings.

The research design also addresses the Index Patient Trap. Vossler (2006) observed that adolescents often feel excluded from the primary therapeutic dialogue. This study's design specifically counters this by treating the adolescent's narrative as the primary data source. It acknowledges the systemic interventions for child-focused problems (Carr, 2018) but interrogates them from the child's perspective. This design is not intended to generalise findings to all of Malaysia. Instead, it aims for transferability through thick description, providing deep insights into the phenomenon of being a traumatised teenager in a family therapy room.

3.3 Researcher as the Primary Instrument

In this qualitative inquiry, I recognise that I am not an objective, detached observer. Instead, I am the primary instrument of the research. My own background, cultural values, and personal journey as a master's student in counselling in Malaysia significantly influence how I collect and interpret the data. This reflexivity is essential because, as a Malaysian researcher, I share a similar cultural understanding with the participants in Selangor, yet I also carry the responsibility of professional assumptions.

My journey into this topic began with a deep-seated concern about the relative silence of adolescents in the Malaysian mental health system. Growing up in a culture where filial piety and respect for elders are paramount, I often observed that children and adolescents were expected to remain passive, especially when it came to family difficulties. My personal concern as I began this study was the risk of re-traumatisation. I worried that by asking these ten adolescents to revisit their traumatic stress and their family therapy experiences, I might inadvertently cause more distress. This concern prompted me to spend significant time studying the Ethical and Legal Considerations (Sori & Hecker, 2015) and the importance of creating a safe environment during the interview process.

However, alongside this concern was a profound hope. I hoped to provide a platform for adolescents to themselves redraw the treatment plan (Conti et al., 2017). As a counsellor-in-training, I often felt the tension between the evidence-based manuals like ABFT and the complex, emotional reality of the Malaysian family. I found myself wondering if a 14-year-old in Sepang or Kajang feels the same attachment repair as a teen in Philadelphia. This curiosity drove me to remain reflexive, constantly suspending my clinical training to ensure I was truly listening to the participant's voice rather than looking for a diagnosis. I maintained a reflexive journal throughout the process to

document my emotional reactions: my sadness at stories of loss, my frustration when a system felt oppressive, and my joy at stories of connection. This journal acted as a check and balance, ensuring that the final analysis is a collaborative product between my interpretative lens and the participants' lived reality.

In this qualitative study, I am the primary instrument of data collection and analysis. This acknowledgement is central to the study's rigour, as it rejects the assumption of a neutral observer. My role as the researcher mirrors that of the dialogical therapist (Errington, 2015), in which the use of self is a critical tool for building trust. To effectively explore the trauma experienced by 10 adolescents in Sepang, Selangor, I must possess what Swan, Schottelkorb, and Lancaster (2015) define as Multicultural Competence. This goes beyond racial awareness. It involves adolescent cultural competence, which is the ability to bridge the gap between my professional academic training and the Manglish-speaking world of a 13- to 16-year-old from Selangor.

My presence in the interview room is designed to facilitate a Safe Dialogical Space. Errington (2015) posits that for an adolescent to be authentic, the adult in the room must provide a stance of acceptance and transparency. During the interviews, I must be hyper-aware of the inherent power imbalance. In Malaysian society, an adult researcher asking questions can easily be perceived as another authority figure, such as a teacher or a strict parent. To mitigate this, I employ reflexivity and suspension of assumptions. I constantly check my clinical expert voice, which might want to diagnose the participant's attachment injuries (Scott, Diamond, & Levy, 2016) and instead return to a state of empathetic curiosity. I use my own cultural identity as a resident of Selangor to act as a linguistic bridge, allowing participants to use their own slang without fear of being misunderstood or evaluated negatively.

Furthermore, serving as the primary instrument entails managing Ethical and Legal Considerations (Sori & Hecker, 2015). My role includes protecting the adolescent's private narrative. In many Malaysian families, there is a cultural expectation that parents have a right to know everything. As the researcher, I must navigate this delicately, ensuring that the adolescent knows I am a secure recipient for their story. My ability to remain attuned to the participant's somatic cues, such as changes in breathing or sudden silence, is what allows this research to go beyond a simple survey. I am the researcher who records their inner and outer voices (Seikkula, 2008), and my reflexive journal serves as the documentation trail that ensures my interpretations are grounded in their reality rather than my own biases.

3.3.1 Navigating Personal and Professional Vulnerability

As the primary instrument in this phenomenological inquiry, I acknowledge that my involvement is not merely technical but deeply emotional. Witnessing the trauma narratives of ten adolescents in Selangor exposes me to significant personal and professional vulnerability. Consistent with experiences documented in prior literature, qualitative researchers are often deeply affected when confronted with the raw suffering of their participants. I recognise the inherent risk of vicarious trauma, where the participant's distress can impact my own emotional stability.

Through rigorous reflexivity, I document these emotional challenges in a reflexive journal. Acknowledging this vulnerability is not a methodological weakness. Instead, it is a strength that allows for deeper empathy and attunement with the participants. By maintaining a strict suspension of assumptions, I manage these vulnerabilities to ensure that the final interpretation accurately reflects the adolescent's experience while upholding the professional boundaries necessary for scientific inquiry.

3.3.2 The Philosophical Rigour of Bracketing

The process of bracketing is not merely a technical step in qualitative research. It is a profound philosophical stance that ensures the integrity of the adolescent's voice. To understand how bracketing is applied in this study of 10 adolescents in Selangor, it is necessary to explore the tension between two foundational phenomenological theorists, namely Edmund Husserl and Martin Heidegger.

Husserl, the father of phenomenology, introduced the concept of epoché, which means transcendental reduction. For Husserl, bracketing involved a radical suspension of the natural attitude, which refers to the everyday assumptions and preconceived theories we hold about the world. In the context of this study, Husserlian bracketing requires me to set aside all clinical knowledge of trauma models, such as the effectiveness of cognitive therapy (Meiser-Stedman, 2017) or the structured tasks of Attachment-Based Family Therapy (Stern, King, & Diamond, 2022). By suspending the belief that family therapy should work, I can see the therapy room exactly as it appears to the teenage participant.

However, Martin Heidegger, Husserl's student, challenged the possibility of a pure bracket. Heidegger's Hermeneutic Phenomenology posits that as human beings, we are always already engaged in the world, a concept known as Dasein. We cannot fully detach ourselves from our cultural, linguistic, and historical context. For a researcher in Malaysia, Heidegger's perspective is particularly salient. It is impossible to separate the shared Malaysian identity or the Manglish vernacular that defines the interview. Instead of seeking a pure Husserlian essence, this study adopts a Heideggerian approach in which bracketing is understood as a continuous, reflexive process of acknowledging one's situatedness. The researcher does not try to become a completely objective observer but instead uses reflexivity to manage how their therapist identity interacts with

the adolescent's survivor identity. This ensures that the interpretation of the trauma is not a forced clinical diagnosis, but a co-constructed meaning that respects the adolescent's lived reality in the Klang Valley.

Applying this philosophical tension to the ten interviews entails a specific form of relational bracketing. In the Malaysian hierarchical social structure, an adult researcher is often viewed through the lens of adult authority. To hear the inner voice of the adolescent (Seikkula, 2008), I must suspend the urge to correct, teach, or counsel during the interview. When a participant uses slang like "koyak" to describe their mental state, I must suspend the clinical definition of dissociation and instead ask the participant to define the specific meaning of "koyak" in their family. This rigorous philosophical commitment transforms the interview from a standard data-collection exercise into a profound phenomenological encounter, ensuring that the results in Chapter 4 are truly adolescent-centric.

3.4 Location of the Study

The study is geographically and culturally situated in Selangor, Malaysia. As the most populated and economically developed state, Selangor represents a unique intersection of tradition and modernity. The Klang Valley, where most participants reside, is characterised by high-density urban living, heavy traffic congestion, and a fast-paced lifestyle. These environmental factors are not merely background details. They are active stressors in the lives of the ten adolescents. The quiet environment required for reflection (Lo & Ma, 2022) is often hard to find in the concrete development of Selangor.

A defining characteristic of the location is the pervasive Tuition Culture. In Selangor, academic success is often equated with family honour. Adolescents are

frequently burdened with a schedule that includes school, extra-curricular activities, and multiple tuition classes, leaving little room for emotional processing. When traumatic stress occurs, it is often viewed by parents through the lens of academic disruption, focusing on how the situation would affect their SPM or IGCSE results, rather than through the lens of emotional well-being. This cultural backdrop means that family therapy is often sought not just for healing, but for functional restoration.

Furthermore, Selangor has a higher concentration of private mental health clinics than other states. This availability means that the families in this study have access to various models of therapy, yet the stigma of mental illness remains a powerful delimiter. The location of the interviews was carefully chosen to be neutral, away from the clinical feel of hospitals or the evaluative feel of schools. By conducting the research in the suburban heart of Selangor, the study captures the specific tension of the modern Malaysian adolescent who is tech-savvy and globally connected yet deeply bound by local family expectations and the socio-economic pressures of living in Malaysia's industrial hub.

The choice of Selangor as the research location is a strategic methodological decision. Selangor is not just a geographic state. It is a high-pressure socio-economic environment that significantly shapes the Parental Image (Hashimoto et al., 2011). In the urban and suburban clusters of the Klang Valley, adolescents' experiences are often defined by Time Poverty, characterised by long commutes to school, intensive tuition schedules, and the competitive drive for academic success (Jo, Kim, & Yoon, 2021). When traumatic stress occurs, it is often managed within this demanding lifestyle, where family therapy is sometimes viewed as a rapid solution to get the adolescent back to their functional baseline.

The location influences the Dialogical Space (Errington, 2015) because the external stressors of Selangor, such as traffic, academic competition, and urban noise, often intrude into the therapy room. Many research projects cite natural disasters (Zhang, 2011) or community crises (Rowe & Liddle, 2008) as the source of trauma. In Malaysia, however, the trauma is often chronic and systemic, stemming from the stress of living up to expectations in a rapidly modernising Asian state. By grounding the study here, I explore how attachment-based repair (Stern, King, & Diamond, 2022) happens in a place where families are busy yet highly interconnected. The state's diverse ethnic mix, comprising Malay, Chinese, Indian, and other groups, also means that multicultural therapeutic competence (Swan, 2015) is not a luxury but a necessity, and this study captures how that diversity manifests in the ten specific cases selected from suburban areas of Selangor.

3.4.1 A Comparative Analysis (Malaysia vs Korea)

To justify selecting the Klang Valley as the primary site for this research, one must examine the evolution of counselling in Malaysia through the lens of other rapidly developing Asian nations. Jo, Kim, and Yoon (2021) provide an excellent comparative framework by describing the Korean Adolescent Counselling Systems. In South Korea, the counselling profession evolved as a direct response to a national crisis of adolescent academic stress and suicidality. The Korean government established the Community Adolescents Safety-Net (CYS-Net) and specialised hotlines to support adolescents overlooked by a highly competitive education system. This systemic approach reflects a society that recognises the family and the state as equally responsible for the adolescent's mental health.

The evolution of counselling in Malaysia shares striking similarities with the Korean journey, yet it possesses a distinct multicultural complexity. While the Malaysian Counsellor Act 1998 (Act 580) provided the professional legal framework, the practical reality has been shaped by the state's role as the country's educational and industrial hub. Just as Jo (2021) describes Korean adolescents experiencing excessive academic stress, adolescents in the Klang Valley face a similar tuition culture where success is a collective family obligation. However, unlike the more homogenous Korean context, a therapist in Malaysia must navigate a multi-actor dialogue (Seikkula, Laitila, & Rober, 2011) that includes diverse religious, ethnic, and linguistic influences.

Selangor and the Klang Valley represent the most suitable location for this study precisely because they are the epicentre of this modern Malaysian tension. It has the highest concentration of private family therapy practitioners attempting to apply Western-derived models, such as ABFT (Scott, Diamond, & Levy, 2016), to a population that still holds traditional filial piety values. By comparing the findings of this study with the Korean systems described by Jo (2021), I can determine whether the stress-system framework used in Western therapeutic tools (Cruz et al., 2014) is sufficient or whether a more culturally embedded systemic model is needed for the Malaysian context. Selangor serves as a primary research environment where globalised mental health standards meet the local, Manglish-speaking reality of a generation navigating trauma.

3.5 Subjects of The Study

The subjects of this study are 10 adolescents aged 13 to 16 who were purposively selected from several private and government schools across Selangor. This specific age range was chosen because it represents middle adolescence, a period where the cognitive

capacity for abstract thought and self-reflection is fully developing. However, the individual is still legally and emotionally dependent on the family system. Choosing adolescents younger than 13 would have required a play-based methodology, while adolescents older than 16 are often moving towards the transition stage of leaving the family home, which would dilute the focus on current family therapy dynamics.

The selection process was purposive because I sought information-rich cases that could illuminate the phenomenon of traumatic stress in therapy. Each of the ten participants had a history of significant trauma, ranging from physical accidents, injuries, domestic violence, and bullying cases to interpersonal losses. Notably, these adolescents were not initially brought to therapy to address traumatic stress, but rather due to noticeable behavioural changes and a decline in their academic performance. It was only later, during the family therapy process, that unaddressed traumatic stress was identified as the primary root cause of their presenting issues. Furthermore, all participants had attended at least four sessions of family therapy. This minimum session requirement ensured that the participants had sufficient experience to reflect upon.

The sample size of ten is deliberate. In IPA research, a small, homogenous sample allows for the ideographic focus necessary to identify universal themes across individual stories. Each participant was approached as an expert of their own experience. During recruitment, I was mindful of the participation issues raised by Vossler (2006). Many of these adolescents initially felt they were being directed to the research just as they were directed to therapy. Therefore, the first step in engaging these subjects was to establish a balanced alliance (Collyer et al., 2020), explaining that their role was to teach me about what it is truly like to be a teenager in the therapy room.

3.6 Research Procedures

The research procedure for this study is a carefully planned process designed to help the adolescent feel comfortable sharing their reflections openly. Given that the participants have experienced traumatic stress, the procedure must prioritise psychological safety at every stage. The process begins with Recruitment and Initial Contact, where I work closely with therapists to identify suitable candidates. Once a potential participant is identified, an introductory meeting is held to build a collaborative relationship rather than collect data. As highlighted by Collyer, Eisler, and Woolgar (2020), the lack of a shared goal is a major reason for adolescent disengagement. Therefore, this initial meeting is used to align the research goals with the adolescent's own desire to be heard.

The core of the procedure is the Semi-Structured Interview, which follows a specific Interview Schedule. Unlike a rigid survey, this schedule serves as a flexible guide that allows me to follow the participant's lead while ensuring all research questions are addressed. The schedule is divided into four chronological phases, detailed below.

Phase 1: Warming Up and Contextualization. The interview begins with introductory questions about the adolescent's daily life, including their school, hobbies, and general perception of seeking help. This phase is crucial for establishing the dialogical space (Errington, 2015).

Phase 2: The Journey into Therapy. I move the conversation toward the experience of entering family therapy. Prompts are used to help participants describe their thoughts during their first visit to the therapy room with their

parents. This targets the objective of understanding the initial relational reformulation (Stern, King, & Diamond, 2022).

Phase 3: The Relational Dynamics. This is the most intensive part of the interview, focusing on the interaction between the adolescent, the parent, and the therapist. Prompts are designed to uncover moments of rupture and repair, asking participants if they ever felt their therapist understood them better than their parents did, or how they felt discussing their stress in the immediate presence of their parents.

Phase 4: Meaning-Making and Future Advice. The final phase asks the adolescent to reflect on their overall growth. A prompt used here asks what kind of advice or plan they would share with another teenager beginning therapy (Conti et al., 2017). This allows the participant to exit the interview feeling like an expert who has contributed something valuable to their community.

3.7 Preliminary Study Report

To ensure the methodology's effectiveness, a Preliminary Study was conducted with a 15-year-old adolescent in Shah Alam who had recently completed family therapy. The primary goal of this initial test was to evaluate the clarity of the interview prompts and the researcher's ability to maintain a balanced alliance. The preliminary study provided three critical insights that led to significant modifications in the main research procedure.

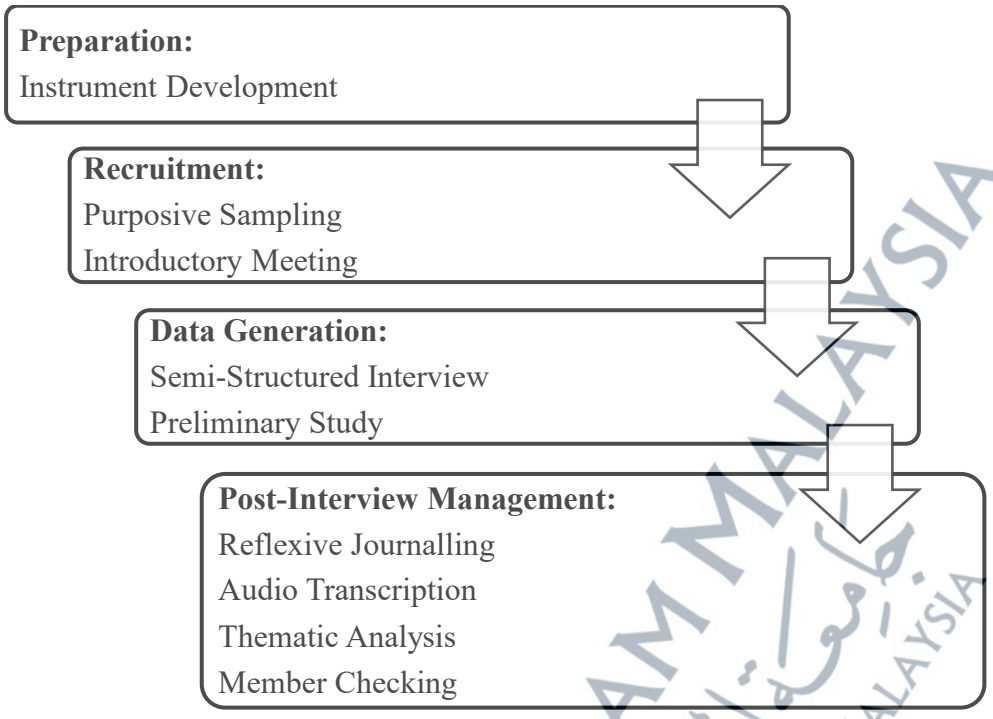
First, the participant found the term traumatic stress to be overly formal and clinical. They shared that in their school environment, using such terms made them feel

flawed. As a result, I adjusted the language for the main study, using more accessible terms such as "the big stress," "the difficult event," or "the heavy stuff." This adjustment is consistent with the findings of Cruz et al. (2014), who suggest that simplifying the language reduces shame and increases engagement.

Second, the preliminary study revealed that the power imbalance was more significant than anticipated. The participant initially gave short, polite answers because they perceived the researcher as an authority figure. To counter this, I modified the primary instrument stance, incorporating more non-verbal cues and informal check-ins. I also decided to offer participants the option to use metaphors or art during the interview, inspired by Chan (2011) and Nielsen (2021). This allowed for a more multifaceted communication style that encouraged greater openness.

Lastly, the preliminary study highlighted logistical challenges, specifically limited time. The participant was exhausted after a long day of school and tuition. For the main study, I ensured that interviews were scheduled during school holidays or weekends and provided a welcome pack containing snacks and comic books to create a casual, comfortable atmosphere. These changes ensured that the data collected from the ten participants would be rich, authentic, and reflective of their true experiences.

Figure 4. The Flow of Research Procedures



3.8 The Chronological Journey of Data Generation

The research procedures for this study are categorised into four phases: Preparation, Recruitment, Data Generation, and Post-Interview Management. This phased approach ensures that the adolescent-centric focus is maintained while adhering to the rigorous requirements of Interpretative Phenomenological Analysis (IPA).

Phase 1 Preparation and Instrument Development

The development of the semi-structured interview guide was the first critical step. Unlike structured surveys, the guide serves as a thematic map that allows me to navigate the participant's experience without imposing an external plan (Conti et al., 2017). The prompts were curated by synthesising themes from the previous literature. For instance, questions regarding bodily sensations during therapy were informed by Cruz et al. (2014) and their work on functional somatic

symptoms. Questions about the interplay of voices in the room, such as those between parents and the adolescent, were derived from Errington's (2015) dialogical space framework. This phase also included the previously mentioned preliminary study, which was essential for refining academic English into accessible Manglish that resonates with adolescents in Selangor.

Phase 2: Recruitment and Gatekeeping

Recruitment was conducted through purposive sampling via private and government schools located in urban hubs such as Ampang, Sepang, Cyberjaya, Kajang, and Shah Alam. Gatekeepers, who are the counsellors of these schools, identified potential participants who met the inclusion criteria. Initial contact was made with the parents to explain the study, followed by a direct, informal meeting with the adolescent to establish rapport. This stage is vital because, as Collyer, Eisler, and Woolgar (2020) emphasise, adolescent engagement is the single greatest predictor of retention in both therapy and research. By meeting the adolescent in a neutral environment, I began the process of relational reformulation, positioning the adolescents as the expert teacher and me as the curious student.

Phase 3: The Phenomenological Interview

Each of the ten interviews was conducted in a private, quiet space in Selangor, designed to be a safe environment. I utilised active listening and non-verbal attunement, techniques supported by the attachment repair models of Stern, King, and Diamond (2022). The interview began with a broad introductory question asking the participant to describe a typical day at home, both before and

after starting therapy. This allowed the participant to establish their own context. As the interview progressed, I used circular questioning and reflexive prompts to delve deeper into moments of trauma processing. When participants used slang like ‘koyak’ or ‘pishang’, I paused to explore the specific meaning of these words, ensuring that the Manglish vernacular was used as a tool for deeper meaning-making rather than a barrier.

Phase 4 Post-Interview Management and Transcription

Immediately following each interview, I spent 30 minutes writing in a reflexive journal. This journal captured the unspoken data, including the heavy silences, the shifting of eyes, and my own emotional resonance. The audio recordings were then transcribed verbatim. In the transcription process, I maintained the original Manglish and code-switching, a decision grounded in the need for authenticity (Errington, 2015). This verbatim record serves as the raw evidence for the thematic analysis in Chapter 4, ensuring that the final report accurately reflects the adolescent's inner and outer voices (Seikkula, 2008).

3.9 Data Analysis

The analysis of the data is an iterative process of analysing the ten narratives. I use Thematic Analysis (Braun & Clarke, 2006) to transform hundreds of pages of transcripts into a meaningful report.

In Step 1, Familiarisation, I listen to the audio recordings while reading the transcripts, noting the emotional sighs, long pauses, and changes in tone. This is where the inner voices (Seikkula, 2008) are first detected.

In Step 2, Generating Initial Codes, I use a line-by-line approach. For example, if a participant says that they felt like a ghost in the room, this is coded as Invisibility or Marginalisation. This micro-coding ensures that no detail of the adolescent's experience is ignored.

Steps 3 and 4, Searching and Reviewing Themes, involve identifying patterns across the 10 participants. I look for convergence and divergence, exploring where the adolescents agree and where their stories differ. For instance, I evaluate if all ten feel that filial piety caused them to stay silent (Hashimoto et al., 2011).

In Step 5 Defining Themes, I craft titles that are descriptive and scientific, such as The Weight of Silence and Navigating Family Expectations. Finally, in Step 6 Producing the Report, I interweave the themes with direct quotes, ensuring that the raw data remains visible to the reader. This process is supported by the task analysis principles of Stern et al. (2022), in which every speech unit is viewed as a potential key to understanding the mechanism of change.

3.9.1 Digital Data Management

In a qualitative study of this magnitude, managing data from 10 in-depth interviews, often yielding hundreds of pages of transcripts, requires a systematic and transparent approach. This study utilises NVivo 14, a leading Computer-Assisted Qualitative Data Analysis Software (CAQDAS), to facilitate the organisation and analysis of the narratives. It is important to emphasise that NVivo does not conduct the analysis. Instead, it serves as a sophisticated organisational tool that enhances my ability to interact with the data. By using NVivo, I ensure a high degree of dependability and confirmability, as per the criteria established by Guba and Lincoln (1985), by maintaining a clear and searchable documentation trail for every coding decision.

Figure 5. Example of the organisation and analysis generated in NVivo software

Word	Count	Weighted Percentage (%)	Similar Words
plan	13	3.77	plan, planned, planning, plans, program, project, projects
business	9	2.83	business
impact	9	2.67	affected, impact
operations	9	2.15	control, function, operational, operations, performance, run, work
critical	8	2.52	critical, criticality
failure	7	2.20	failure
risk	7	2.20	risk
requirements	6	1.89	demands, expectancy, need, needed, requirements
consequence	6	1.42	consequence, effect, effective, event, issues, results
future	5	1.57	future
replacement	5	1.57	renewal, replacement
support	5	1.57	funding, support
initiatives	5	1.10	initiatives, innovative, institution, institutional, knowledge
asset	4	1.26	asset, assets
customer	4	1.26	customer
expenditure	4	1.26	expenditure, expenditures, spending
management	4	1.26	deal, management
space	4	1.26	space
staff	4	1.26	staff
technology	4	1.26	technological, technologies, technology

The analysis process within the digital environment begins with the creation of Case Classifications. Each of the ten adolescents is treated as a unique Case with specific attributes such as age (13-16), type of traumatic stress, and duration of therapy. This allows for complex Matrix Coding Queries later in the analysis. For example, I can compare how male adolescents describe their relationship with a therapist versus female adolescents, or how those who experienced interpersonal trauma differ from those who experienced sudden loss. By using the Memos function in NVivo, I can link reflective journals and theoretical notes directly to specific segments of the transcripts. This ensures that the dialogical space (Errington, 2015) captured during the interview is preserved and contextualised throughout the analytical journey.

3.9.2 Navigating the Linguistic Landscape

One of the most complex methodological challenges in this study involves the linguistic nuances of the participants. Adolescents in Selangor, particularly in urban hubs like Shah Alam, often communicate in a hybrid language known as Manglish, which is a blend of Malay, English, and localised slang. This linguistic style is not merely a shorthand. It is a vital component of the adolescent's lived experience and voice. Errington (2015) and Conti et al. (2017) argue that authenticity is the cornerstone of effective therapy and research with adolescents. To translate these expressions into standard English prematurely would strip the data of its emotional intensity and cultural resonance.

Consequently, I adopted a Verbatim Transcription Strategy in the interview's original language. If a participant remarked that they felt emotionally torn and deeply distressed inside but had to hide their emotions from their parents, the transcript preserves this exact phrasing. The term koyak, which literally means torn in Malay, is a powerful expression for psychological fragmentation or extreme emotional exhaustion common in trauma survivors. In the analytical phase, these terms are treated as In Vivo Codes. By keeping the original slang, I honour the adolescent's inner voice (Seikkula, 2008), ensuring that the final themes are grounded in adolescents' actual linguistic reality rather than a sanitised, academic version of it.

3.9.3 The Strategy of Conceptual Translation

To ensure the findings are accessible within an English-language report while maintaining clinical rigour, the study employs Conceptual Translation rather than literal translation. This involves two researchers, specifically the primary researcher and a peer, engaging in a Back-Translation process for key thematic quotes. For example, the slang

term ‘pishang’, frequently used by adolescents to describe a state of extreme boredom or feeling stuck, is analysed within its psychological context. In the therapy room, an adolescent feeling ‘pishang’ may be experiencing therapeutic disengagement or a defensive withdrawal from a stressful family enactment.

I created a Psycholinguistic Codebook within NVivo to document these terms. Terms like chill, which refers to a therapist's non-judgmental stance; ‘gila’, which is used as an intensifier for trauma, such as ‘gila sedih’ to mean extremely sad; and ‘lepak’, which refers to the desired relaxed atmosphere of therapy, are analysed for their systemic implications. This approach justifies the study's qualitative depth, demonstrating that the researcher is not merely translating words but interpreting the meaning of trauma as experienced in the local context. This linguistic sensitivity is a direct application of multicultural competence (Swan et al., 2015), acknowledging that for the Malaysian adolescent, the pathway to healing is written in their own unique vernacular.

3.9.4 Implementing the Six-Step Thematic Analysis in a Digital Environment

The final layer of the data analysis involves the rigorous application of Braun and Clarke's (2006) six steps, integrated into the NVivo environment to maximise analytical depth. The steps are implemented as follows.

a. **Familiarisation through Immersive Listening.** I listen to the audio files repeatedly, noting the tone and rhythm of the Manglish. The use of particles like ‘lah’, ‘meh’, or ‘je’ can change a sentence from a statement of fact to a cry for help or a sarcastic dismissal. These are noted in NVivo Annotations.

b. **Generating Initial Nodes.** Codes are developed from the raw text. For the ten participants, over 200 initial codes were generated, covering themes like Parental Pressure, Somatic Heaviness, and Digital Escapism.

c. **Thematic Mapping.** Using NVivo's Mind Map tool, codes are grouped into candidate themes. This stage involves looking for Systemic Patterns, specifically how the adolescent's slang correlates with the family's Attachment Ruptures (Stern et al., 2022).

d. **Refinement and Cross-Case Analysis.** I review the themes against the previous literature. For instance, the theme of Invisibility in the therapy room is compared to Vossler's (2006) description of the Index Patient being pushed into a therapeutic offside position.

e. **Defining the Essence.** Themes are given professional, scientific names while retaining sub-titles that use the participants' original words.

f. **Scholarly Reporting.** The final analysis interweaves the dense Manglish quotes with high-level academic interpretation, providing a thick description that fulfils the research objective of exploring the experience in its truest form.

3.10 Rigour and Trustworthiness

To ensure that this research meets the highest standards of scientific rigour, the study adopts the Trustworthiness framework established by Guba and Lincoln (1985). Given the sensitive nature of investigating family therapy for traumatic stress among adolescents, maintaining methodological rigour and mitigating researcher bias are paramount. To ensure that personal preconceptions do not distort the data, the interview questions were carefully developed and refined through a preliminary study. Probing was conducted strictly within the frame of reference of the adolescent participants,

ensuring that my own clinical values or assumptions were not introduced into their descriptions of their lived experiences.

Consistent entries in a reflexive journal and detailed field notes were maintained throughout the data-gathering process. This practice enabled the continuous documentation of contextual nuances, emotional resonances, and concerns regarding data collection and analysis. In addition, the philosophical stance of bracketing was systematically applied to suspend professional assumptions and therapeutic theories about the efficacy of family therapy, thereby allowing the adolescents' authentic experiences to emerge clearly.

Table 2. Criteria for trustworthiness of qualitative research

Criterion	Strategy employed
Credibility	• Prolonged engagement • Peer briefing • Triangulation • Member checks
Transferability	• Providing thick description • Purposive sampling
Dependability	• Create an audit trail • Triangulation
Confirmability	• Triangulation • Practise reflexivity

3.10.1 Credibility (Internal Validity)

To ensure the findings are a credible reflection of the ten participants' lives, I employed Member Checking. This involved taking the initial themes back to a subset of the participants to verify if the synthesis captured their truth. This prevents me from imposing a Western clinical bias on the Malaysian experience. Furthermore, I used Peer

Debriefing, meeting with supervisors to critique the coding process. This aligns with the task analysis rigour employed by Stern et al. (2022), in which multiple perspectives are used to verify productive emotional processing in the data.

Member Checking

Member checking provides an opportunity for the research participants to evaluate the accuracy of the findings derived from the data they provided. This strategy ensures that the subsequent qualitative analysis remains fully congruent with the participants' lived experiences (Carlson, 2010). To enhance the credibility of this qualitative inquiry, member checking was conducted in two distinct phases.

During the first phase, immediately after transcription, verbatim copies of the transcripts were shared with the adolescent participants. They were asked to verify whether the transcribed text accurately reflected their intended meanings, and feedback was obtained to confirm that all significant statements were accurate. The second phase of member checking was conducted after data analysis was completed, during which the accuracy of the emergent themes, interpretations, and descriptive findings was reviewed. This two-step verification process ensured that the final findings presented in the study truly represented the perspectives and insights of the ten adolescents.

Peer Debriefing

Peer debriefing is a structured process in which academic colleagues familiar with the research topic or qualitative methodology provide independent consultation and feedback to the researcher (Dupré, 2012). Within a qualitative framework, peer reviewers enhance the study's trustworthiness by providing an external perspective

beyond the immediate data-collection environment, thereby strengthening researcher reflexivity (Dupré, 2012).

For this study, three peer reviewers with extensive expertise in qualitative research design and therapeutic frameworks were consulted. The review panel included an associate professor of counselling from Universiti Sains Islam Malaysia, a senior lecturer from Universiti Sains Islam Malaysia, and a senior counsellor from The Hour Mental Care, a Counselling and Psychology Centre in Cyberjaya. These experts evaluated the structural development of the emergent sub-themes from the adolescent transcripts and provided critical feedback to refine the final coding system.

From the preliminary stages of this research, consultation was maintained with the supervisory committee regarding the conceptualisation of the study, the development of the semi-structured interview protocol, and the final thematic analysis. The interview protocol was also reviewed by two peer reviewers prior to data collection to ensure that the language was accessible and appropriate for adolescents aged 13 to 16 in Selangor.

3.10.2 Transferability (External Validity)

While the goal of IPA is not statistical generalisation, the study achieves transferability through Thick Description. I provide exhaustive details on the Selangor context, urban pressures, tuition culture, and specific Manglish nuances. By describing the ecology of these ten adolescents in such depth, other researchers and therapists can determine the applicability of these findings to their own populations in other parts of Malaysia or similar Asian contexts (Jo, Kim, & Yoon, 2021).

Thick Description

The application of thick description within this interpretative phenomenological framework serves as a vital tool for establishing qualitative validity. Rather than offering a superficial summary of the interviews, this approach provides a thorough account of the intentions, meanings, and structural contexts that surround the lived experiences of the ten participants (Creswell, 2007). In this study, this translates into a detailed recording of the immediate therapeutic environment, the subtle non-verbal somatic indicators exhibited by the adolescents, and the complex family relational dynamics. By preserving these multi-layered details, the text transforms abstract clinical concepts into a visible and authentic representation of adolescent trauma within the Malaysian socio-cultural landscape.

Consequently, this deep contextualization empowers external researchers and mental health practitioners to make informed judgments regarding the applicability of the findings. In qualitative paradigms, the determination of transferability relies heavily on the reader's capacity to identify contextual similarities between the research site and their own professional settings (Merriam, 2009). By presenting a comprehensive description of the Selangor ecosystem, including specific interactional pressures such as the tuition culture and face-saving dynamics, this study offers a rich qualitative database. Practitioners operating in other high-density urban areas can thus confidently evaluate which thematic insights can be meaningfully applied to support traumatised adolescents within their respective clinical environments.

3.10.3 Dependability and Confirmability

Dependability is maintained through an Audit Trail and Triangulation. This is a transparent record of all research decisions, including how prior research influenced the

interview guide and how NVivo software was used to manage codes. Confirmability is ensured through the practice of bracketing. As discussed earlier, I consistently acknowledged and suspended my own counsellor identity to ensure that the final themes emerged from the participants' data. This is supported by the reflexive journal, which provides evidence that my interpretations are grounded in the adolescents' words rather than in pre-existing diagnostic manuals.

Audit Trail

An audit trail is critical for establishing the structural dependability and trustworthiness of qualitative research data. It comprises a transparent, chronological record of all research activities undertaken over time, allowing an independent individual to follow the study's exact operational path. The primary objective is to illustrate the evidence and conceptual processes that led to the final qualitative conclusions. As a qualitative researcher, I am responsible for providing comprehensive methodological information so that an independent reader can trace the decision-making process and verify the conclusions. This involves organising all research components into a systematic, reliable, and transparent format (Creswell, 2007; Merriam, 2009; Jorgensen, 2012).

In this study, the audit trail was used to maximise the research's internal consistency. A comprehensive description of the analytical steps, recruitment strategies, and interview contexts was provided to an independent academic auditor. The auditor reviewed the verbatim interview transcripts, the step-by-step evolution of the codes within NVivo 14, the final thematic matrices, and the emerging chapters. The auditor verified that the analytical procedures strictly adhered to the principles of Interpretative

Phenomenological Analysis (IPA) in line with the primary research questions, working closely with me to review and crystallise the descriptions of the final findings.

Triangulation

Triangulation involves combining multiple research strategies, or data-collection approaches within a single investigation to ensure comprehensive, well-grounded findings (Streubert & Carpenter, 2011). In qualitative designs, researchers can employ four primary types of triangulation: data source, methodological, investigator, and theoretical (Bauwens, 2015). To enhance the credibility of this study, data source triangulation was intentionally adopted.

The data sources gathered for this research include in-depth interview transcripts, detailed field notes, a continuous reflexive journal, and relevant theoretical literature focusing on adolescent trauma and systemic family dynamics. Following the qualitative strategies for increasing credibility through data triangulation, I continuously cross-examined the primary interview text against the reflexive journal entries and operational memos generated throughout the research process (Jorgensen, 2012).

Data collection was diversified by gathering narratives from 10 distinct participants at different times and across various urban and suburban schools within the state of Selangor. All qualitative data obtained from these sources were integrated, coded, and cross-referenced within the NVivo 14 digital environment. This systematic combination of diverse individual accounts provided a holistic description of the phenomenon, capturing the varied subjective realities experienced by adolescents undergoing family therapy for traumatic stress. This multi-perspective sampling approach fulfils the methodological requirements for establishing qualitative depth,

ensuring that conversational insights and contextual observations complement one another to produce a comprehensive scientific report (Rothbauer, 2015).

3.11 Ethical Considerations

The ethics of this study go beyond superficial forms. They represent a continuous practice of relational ethics. Given the participants' history of Traumatic Stress, I follow a strict safety protocol. This includes having a distress plan where the contact details of a crisis counsellor are readily available. I am also mindful of confidentiality challenges in family therapy (Sori & Hecker, 2015). In the Malaysian context, parents often feel entitled to know what their children said in the private interview. I explicitly explain to the parents that while the overarching findings will be shared, their child's specific words remain confidential.

Furthermore, the study addresses the Power Imbalance. Adolescents are often told what to do by parents, teachers, and therapists. This research seeks to be an anti-oppressive space. The Assent Form is written in straightforward English with clear visuals, making it obvious that the teenager is the primary authority of the interview. This ethical stance is a direct response to critiques of external roadmaps (Conti et al., 2017), ensuring that the research itself does not become another imposition on the adolescent's life.

3.11.1 The Protection of the Adolescent Voice

Research involving minors with traumatic stress requires an ethics of extraordinary care. This study adheres to the ethical principles of the American Association for Marriage and Family Therapy (AAMFT) and the specific guidelines for child-focused research proposed by Sori and Hecker (2015).

a. **Informed Consent and Assent.** In the Malaysian legal context, parents are the primary decision-makers for minors. Therefore, formal Informed Consent was obtained from the parents of the ten adolescents. However, I recognised that parental consent does not equal the child's willingness. To address this, a Child Assent process was conducted. I used clear English and simplified visuals to explain the study, making it clear that the adolescent could decline even if their parents agreed. This empowers the adolescents, directly countering the therapeutic offside experience where adolescents feel they have no agency (Vossler, 2006).

b. **Anonymity and the Management of Manglish Data.** Confidentiality is a critical ethical pillar. All participants were assigned pseudonyms, and specific details that could identify them in the small counselling community were altered. A unique ethical challenge involved the use of Manglish Slang. While keeping the slang is essential for authenticity, I had to ensure that unique phrases, such as a particular nickname or localised school slang, did not inadvertently identify the participant. Data was stored in a password-protected digital vault, and access was restricted solely to the research committee and me.

c. **The Do No Harm Protocol for Safety.** Given the focus on Traumatic Stress, the risk of re-traumatisation during the interview was carefully managed. I utilised a Trauma-Informed Interviewing approach, monitoring the participants for somatic distress (Cruz et al., 2014). If a participant became visibly upset, I followed a predetermined Safety Protocol, which included stopping the interview, providing grounding exercises, and ensuring the participant had

immediate access to their existing therapist. I also navigated the tension between Parental Rights and Adolescent Privacy (Sori & Hecker, 2015) by making it clear to parents that the interview was a confidential space, thereby protecting the adolescent from potential family repercussions for what they disclosed.

3.12 Chapter Conclusion

Chapter 3 has provided a comprehensive and transparent account of the methodology used to explore the experiences of ten traumatised adolescents in Selangor. By integrating a phenomenological design with a reflexive researcher stance and a culturally sensitive location analysis, the study is well-positioned to uncover deep, systemic truths. The lessons learned from the preliminary study in Shah Alam have refined the interview procedures. At the same time, the rigorous six-step thematic analysis ensures that the findings will be both scientific and comprehensive. Ultimately, this methodology is built on a single, unwavering commitment to ensure that the experience of the Malaysian adolescent is prominently featured in clinical literature as a primary source of knowledge for the future of family therapy.

By grounding the study in the philosophical traditions of Phenomenology and the professional rigour of IPA, I have ensured that adolescents' experiences are preserved with integrity. The use of a reflexive, bracketing stance as the primary instrument allows me to navigate the complex Manglish narratives without losing their scientific essence.

The rigorous procedures for recruitment, data generation, and thematic analysis, supported by NVivo's organisational capabilities, ensure that the findings are both credible and dependable. Most importantly, the study's ethical framework ensures that the research process itself is a safe, dialogical space that honours adolescents' agency. As the study transitions into Chapter 4, the focus will shift from the how of the research

to the what of the findings. The narratives of these ten adolescents will reveal the deep, systemic, and often hidden reality of what it truly means to heal from trauma within a Malaysian family system.